

## FOCUS ON YOUNG ADULTS

### **The RSDP/Pathfinder Bangladesh Newlywed Strategy: Results of an Assessment**

#### **Background**

In Bangladesh, where marriage tends to occur early, newlywed adolescents have become a priority group for reproductive health programs. Pathfinder/Bangladesh, through its Rural Service Delivery Program (RSDP), has developed a Newlywed Program to address the needs of young marrieds by supporting delayed first birth, smaller families, birth spacing, and pre-natal care. The program identifies and registers newlywed couples that are visited by family planning field workers (depot holders) and attend orientation meetings for newlyweds.

#### **Data and Methods**

In August 1999, a qualitative assessment using participatory research methods was undertaken to assess factors such as social norms, newlywed contraceptive decision-making and reproductive health concerns in an effort to provide the Newlywed Program with insight on how the program could be improved. Data were collected from two sites, Kalihati and Romgati, where different nongovernmental organizations (NGOs) are implementing the program.

#### **Findings**

##### The social context of newlywed life

- A wide variety of institutions and individuals influence the social norms of rural communities where the newlyweds program works. Teachers are considered to be among the most influential people in the community. Although the social stigma of new brides leaving the house was the norm most cited by study participants as inhibiting the success of the newlyweds program, most community members recognized the program's benefits, including its stress on education, small family size and use of family planning by newlyweds.
- The social networks of male and female newlyweds are very different. Female newlyweds rarely leave their homes, and their social network is the household and their surrounding neighbors. All newlywed females reported that life had gotten worse for them after marriage, citing lack of freedom as the primary reason. In contrast, newlywed males have broader social networks than their wives, even though the large majority also said that their quality of life had worsened since getting married because of increased tension. Males reported spending more free time out of the house, and peer networks are still an important part of newlywed males' lives.

### Newlywed decision making

- There is evidence that young husbands and wives are communicating, at least about family planning and contraception. Both male and female newlyweds ranked the RSDP and the depot holder as important influences on their contraceptive decision-making. Sisters-in-laws also clearly influence the contraceptive decision making of young couples. Few newlyweds mentioned feeling pressure from their parents or in-laws to conceive.

### Reproductive health concerns of newlyweds

- Knowledge about contraceptives is high among both male and female newlyweds. Most learned about them either from the depot holder or their sisters-in-law.
- Most newlyweds who participated in the assessment were using contraceptives; so eliciting reasons for non-use was difficult. Reasons cited for non-use included lactation, trying to become pregnant, concerns about the pill's effect on future fertility, females who had not moved into their husband's home yet, and husbands who were working abroad. Side effects of contraceptives were also a major concern, as was the belief that hormonal methods may cause infertility.
- Male and female newlyweds most frequently mentioned menstrual problems as a reproductive health concern, with female discharge and vaginal infection also commonly noted. Females were concerned that discharge causes weakness, while males were concerned about whether it causes loss of "sexual power" and strength during intercourse.
- Both male and female newlyweds expressed concerns about male impotence, defined as a male's inability to get an erection or to have intercourse for very long without ejaculating. At some point, almost every male group brought up sexually transmitted infections (STIs) and HIV/AIDS as concerns.

### Health service utilization

- Male newlyweds seem slightly more knowledgeable about where they can get reproductive health services than do females. Both male and female newlyweds know quite a bit about what health services are recommended for maternal and child health.

### **Implications**

- Both the RSDP as a whole and its depot holders are obviously well regarded as a source of information for newlyweds. The depot holder is key to the success of the newlywed program as she is the primary source of information and contraceptives. Home visits by the depot holder continues to be very important, given the social norm for female newlyweds to stay at home.
- As most newlyweds and community members thought that some kind of reproductive health information should be provided to adolescents before marriage, it is important to find a way to develop appropriate means to reach young people earlier than at present.
- Certain improvements could make the program more effective, including, for example: improving the capacity and skills of the depot holders; developing IEC

messages based on the concerns of newlyweds; holding small group discussions for newlywed females; increasing male participation in the program; and addressing community norms that create barriers to newlywed program implementation.

Source: Barkat, Abul, Irit Houvras, Laurel MacLaren, Shamsia Begum, Ezazul Islam Chowdhury, Meghla Islam, Tawheed Reza and Nazma Sabina, August 1999. *The RSDP/Pathfinder Bangladesh Newlywed Strategy: Results of an Assessment*. FOCUS on Young Adults. Washington, D.C.

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