

Healthcare of School Going Girls: An Empirical Study from Bangladesh Perspective

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Abstract: Poverty, large population, socio- economic inequalities and inadequate access to proper health care facilities are the key causes of under nutrition in Bangladesh. Adolescents are the most vulnerable group for under nutrition and having great consequence as they will be parent in future. Studies on nutritional status of adolescent girls are fewer in number and have great effect for intervention. The objective of this study was to assess the nutritional status and predisposing factors of under nutrition among the adolescent girls in Bangladesh.

Education is critical to social and economic development and has a profound impact on population health. We review evidence for the health benefits associated with education in the context of a socio ecological model of health. The health benefits of education accrue at the individual level (e.g., skill development and access to resources); the community level (e.g., the health-related characteristics of the environments in which people live); and the larger social/ cultural context (e.g., social policies, residential segregation, and unequal access to educational resources). All of these upstream factors may contribute to health outcomes, while factors such as ability to navigate the health care system, educational disparities in personal health behaviors, and exposure to chronic stress act as more proximate factors. It is also important to consider the impact of health on educational attainment and the conditions that occur throughout the life course that can impact both health and education, such as early childhood experiences. After exploring the literature linking health and education, we may suggest to engage residents of a low-income, urban community in a process of

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creating causal models to try to identify new links between education and health and help refine our understanding of the complex phenomena that shape this relationship. We may ask community researchers to map out the pathways linking education and health in an effort to explore the possibility that people outside of academia might be able to help refine our understanding of complex phenomena by positing factors and relationships from their lived experience.

Introduction

Female education is widely presumed to affect health, including fertility and child health through its influence on health behaviors. Child health care is a public health problem which is recognized as a huge barrier for child development.

The association between education and health is that education itself produces benefits that later predispose the recipient to better health outcomes. Education offers opportunities to learn more about health and its risks, both in the form of health education in the school curriculum and also by giving the girls the health literacy about important lifestyle choices to prevent and manage diseases.

Educated women grow up in comparatively modern communities or households with implications not only for education but also preferences for health and its care.

The objective of this study is to assess the nutritional status of school going girls in rural and urban areas of Bangladesh and to find out the associated factors that affects nutritional status. Nutritional problems of these girls can be improved by implementing effective nutrition education program, providing supplementary food, facilitating primary health care program and creating awareness about nutritional knowledge.

The aim of the current study is to explore the experiences and perceptions on child healthcare in school going children specially girls in rural and urban Bangladesh, to understand healthcare in a local context and a child's perspective.

This study will focus on creating awareness of general healthcare among school going girls in Bangladesh.

Literature Review

Bangladesh, world's most densely populated country with recent decline in fertility, achieved lower- middle income status in 2015 with strong economic growth, driven by the ready-made garment sector, lowering its poverty rate from about one-half to one-

third. Approximately 98% of its population is ethnically Bengali and 90% is Muslim. In 2015, just over one-third of its citizens lived in urban areas and the average child is expected to complete ten years of education.

Despite progress, Bangladesh faces diverse threats to its future of good governance, growing religious extremism and vulnerability to climate change. Being one-tenth of Bangladeshi citizens, adolescents are yet to receive significant policy focus. This study provides an overview about girls in the context of Bangladesh, how they experience the second decade of their healthcare and what programs can be designed to support them to overcome health related problems.

School going girls (adolescents) of Bangladesh having low levels of knowledge and limited access to information and services on sexual and reproductive health and rights (SRHR) remains an area of concern for the country. Low levels of knowledge on sexual and reproductive health and STI/HIV, high prevalence of child marriage, correspondingly high levels of adolescent fertility and limited access to quality and age appropriate information and services are challenges, which need to be addressed through adolescent health programming.

Interventions providing quality, age appropriate information and services to adolescents, on their sexual and reproductive health and rights, beginning with the very young adolescent (10-14 years) and continuing until they become adults (18 years onwards) will contribute to improving the sexual and reproductive health status of adolescents in the country.

Bangladesh does not have any nationally representative data, which assesses knowledge levels on sexual and reproductive health and rights among the adolescent population. According to UNAIDS Bangladesh, only 12.8 percent of adolescents (school going) and youth have comprehensive knowledge on HIV.

According to The Bangladesh Demographic and Health Survey (BDHS) (2014) only 12 percent of ever-married adolescents had comprehensive knowledge about HIV/AIDS, is further testimony to the low levels of knowledge on sexual and reproductive health issues among adolescents.

A significant concern for Bangladesh is the prevalence of child marriage and the corresponding high levels of adolescent fertility. With the highest adolescent fertility rate in South Asia, at 113 live births per 1000 women aged 15-19 years, there is a

critical need for Bangladesh to ensure the availability of interventions to reduce adolescent fertility levels. These interventions need to start before marriage, so that young girls have adequate knowledge on sexual and reproductive health and can better plan their pregnancies.

Methodology

We have conducted this study in two phases. First one being, a primary research, browsing through Google for all the collected data from the previous individual and international research works, then this research based on the review of already relevant published documents, an exam was taken on the given questionnaire.

The data has been collected through multi approaches; peer reviewed journal articles and research reports on Google were selected for reviewing. A number of relevant personnel were interviewed who had been involved with various school institutions.

A primary research has been conducted with a questionnaire of five questions for the students. The answer was to be selected from given multiple choices. A total of twenty students were given this questionnaire. The collected data is analyzed quantitatively to get the statistical value of the current healthcare scenario of Bangladesh that adolescent female students can avail.

After reviewing all the available data on the relevant topic, we have decided to target school going girls in rural and urban areas of Chattagram, the second largest city in Bangladesh, as it is a traditionally conservative society which follows more or less strict religious values like – less opportunity for the girls to go to school after puberty, getting girls married at early ages etc.

In light of this target, we conducted a research through a structured question paper, copies of which were distributed among the girl students of various schools in the same city. The sample of the question paper is attached in this presentation file. Then, we analyzed the data collected from the above information given by the students which contributed in finalizing the conclusion of this study.

Questionnaires

The questionnaires of this study are designed to create awareness about benefit of healthcare in the long run. These questions are distributed among the girl students of different schools which are referred in next page as data analysis:

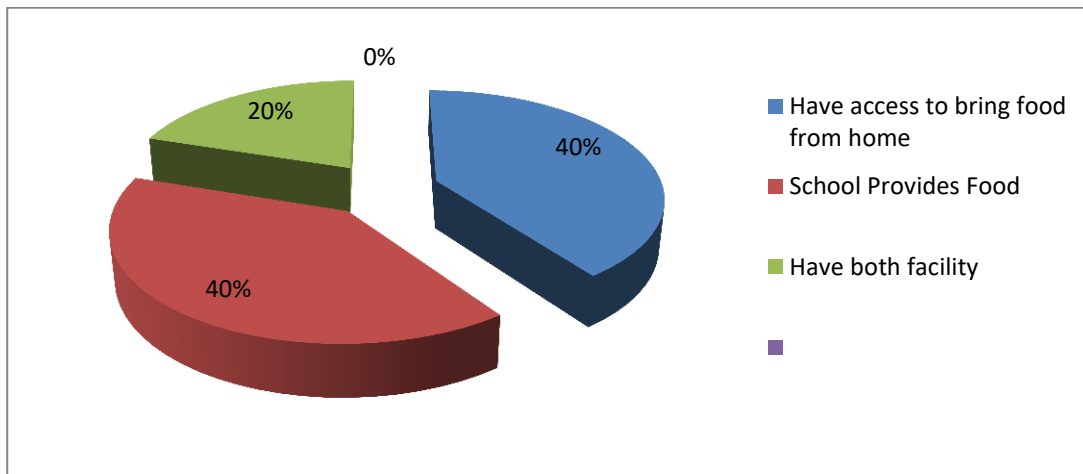
1. Do you have access to bring food from home?
2. Do you find the toilet in school clean mostly or not?

3. Are the teachers friendly enough in imparting general health tips?
4. How important is the close communication between school and parents for creating better healthcare knowledge?
5. What do adolescent girls think about the services and systems (schools, healthcare, justice etc.) with which they interact?

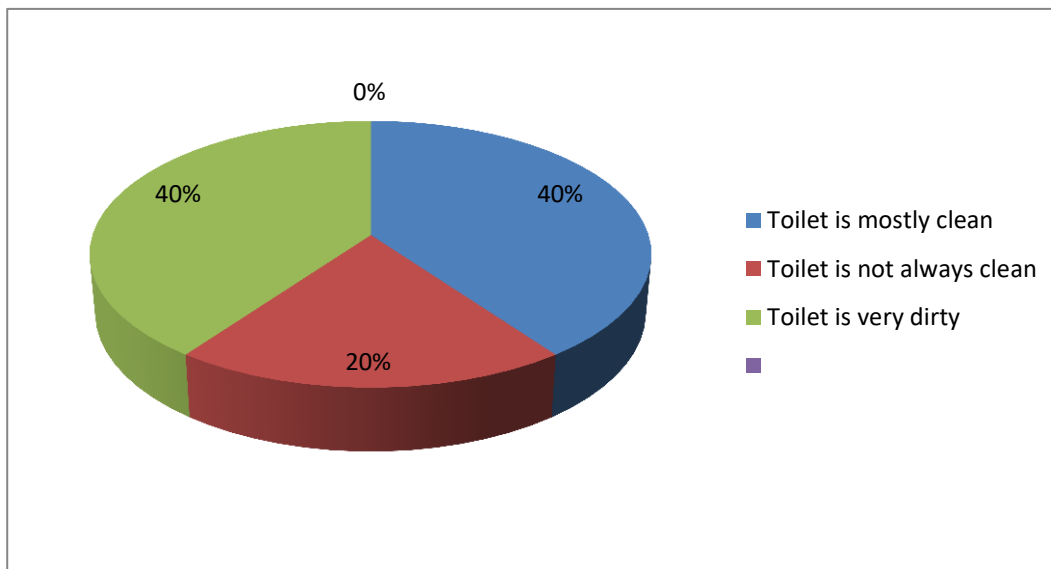
Data Analysis

A survey was conducted among 25 school going girls of several schools. They were asked and their answers were analyzed. We find following analysis and findings we are graphically shown.

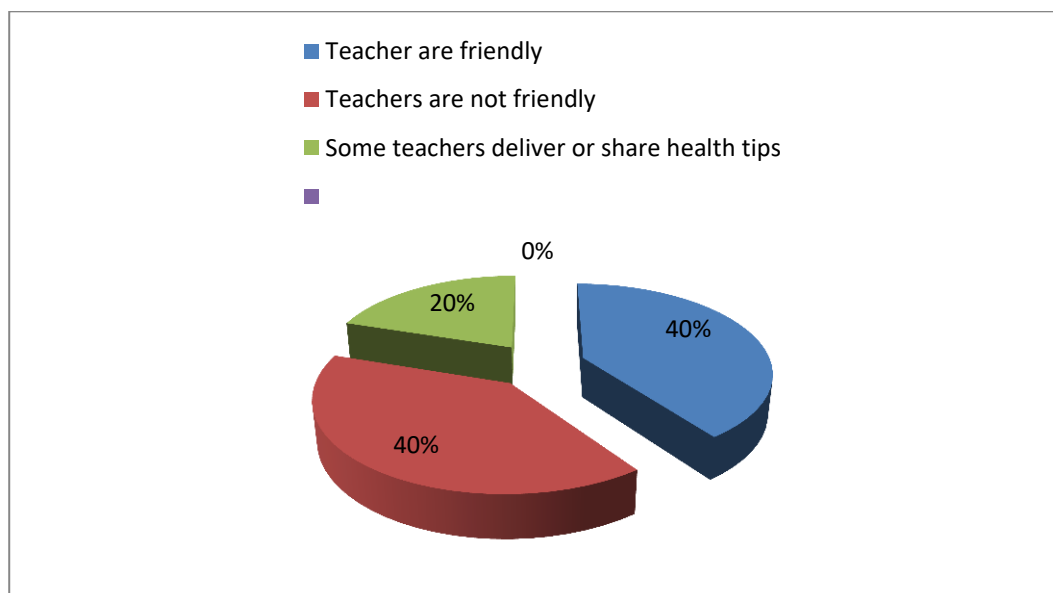
1. Students have access to bring food from home.



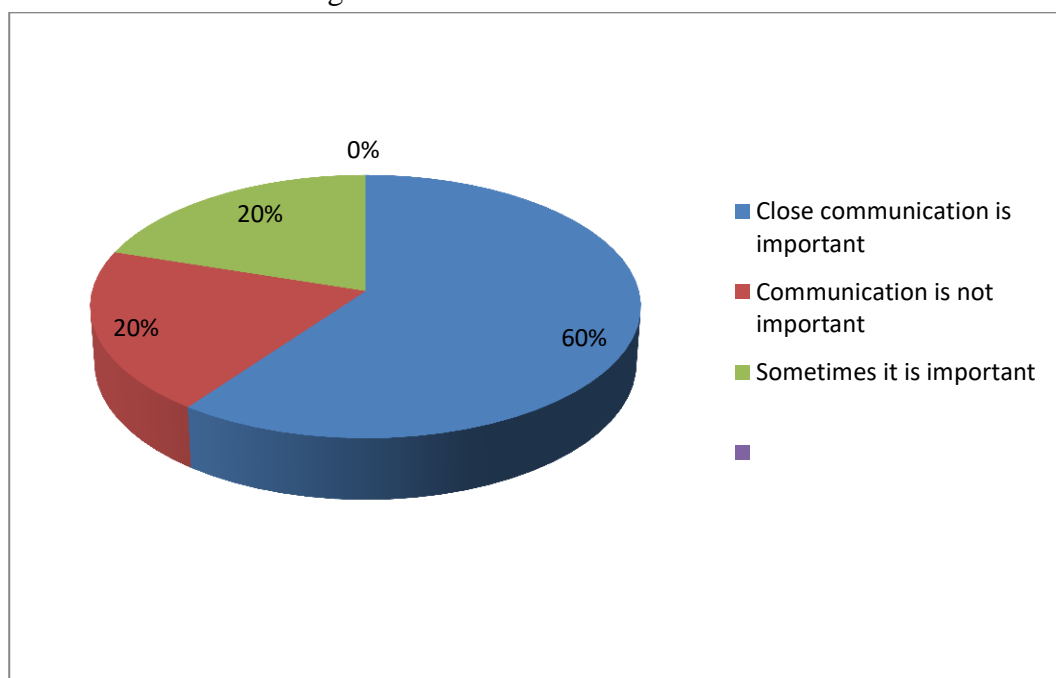
2. Students find the toilet in school clean mostly or not.



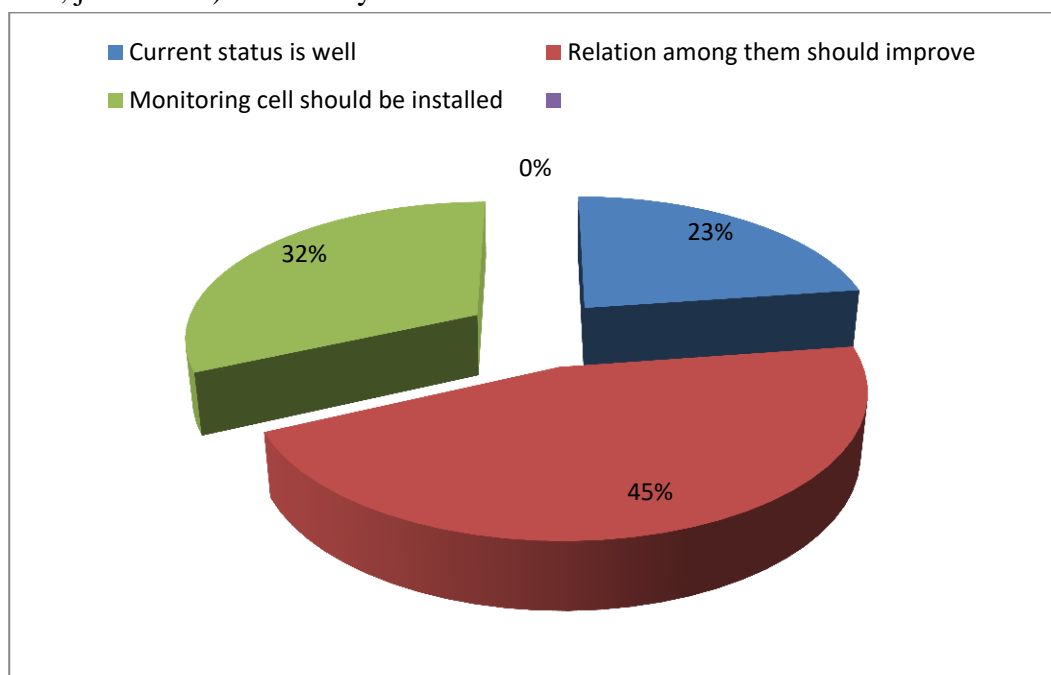
3. Are the teachers friendly enough in imparting general health tips?



4. How important is the close communication between school and parents for creating better healthcare knowledge?



5. What do adolescent girls think about the services and systems (schools, health-care, justice etc.) which they interact with?



Findings

Adolescent girls generally lack access to comprehensive or accurate information on menstruation and sexual and reproductive health; such knowledge generally increases among older girls, in urban areas and among girls with primary education or more. Lack of knowledge can underpin unhygienic practices for managing menstruation. Due to high child marriage rates and norms favoring early childbearing, adolescent pregnancy and childbearing rates in Bangladesh are high. Data indicates that 31% of adolescent girls have begun child bearing, with the proportion rising from 9% among girls aged 15 to 58% among 19 year olds. Rural residence, limited education and poverty, all increase the likelihood of early childbearing. Moreover, 29% of adolescent girls younger than 20 do not receive antenatal care during pregnancy, and only one in four have four or more antenatal visits. Nearly two-thirds deliver at home, and the majority (58%) do not have their delivery assisted by a medically trained provider. Data also shows that 61% of girls do not have any postnatal care visits.

Malnutrition is a common problem in Bangladesh and thinness and stunting among adolescent girls is widespread and persistent. Data from the latest DHS shows that 31% of married girls aged 15-19 are undernourished, while a study found that more than one in four rural girls were thin and stunted. As is the case for adolescent sexual and reproductive health status, nutritional status is also related to socioeconomic status, place of residence and other contextual factors.

Basic human rights by international conference declaration and legal instruments selected that women have the right to have timely, affordable and good quality of health care. The millennium development goals are also highlighting that part. So like other countries the Bangladeshi women also have the rights to have women friendly health service. But it is quite difficult for the distance of the health care. The women in our country are not allowed to move such a far distance place and the religious issue is also a great fact here. They need separate kind of health service in the health care to feel comfortable. The government of Bangladesh and UNICEF has been working tighter for this (BDHS, 2007).

Girl's education is one of the major issues which have an impact on the health sector of a country. If the girls and women are educated then they will be concerned about their health, family and environment. It is easier for an educated mother to take care of her child than an uneducated mother. If we can involve the women into work then they will be conscious about their family planning and also be aware about their rights and responsibilities.

Limitations

The study has a number of limitations in relation to sample size and sample selection. Mostly low and lower middle income group were selected. The sample may not represent the national nutritional status of adolescent girls of Bangladesh.

The rapid and desk-based nature of this study means that some key literature may have been missed. Some relevant studies may have been discarded as the age group was not specified precisely enough to be sure that these studies were relevant to adolescent girls. Some other relevant studies may have also been discarded because inclusion and exclusion decisions were made by a single researcher.

Conclusion and Recommendation

Majority of adolescent girls found under-nourished both in rural and urban areas. Under nourishment found higher among younger and low literate girls. Prevalence of illness found higher among undernourished girls. Adolescent nutrition should be considered as a public health problem. An intervention need to be developed to address the adolescent nutrition problems in Bangladesh.

The last three decades are more impressive in development stage condition. The utilizations of health care facilities and services have sharply increased due to awareness development, upliftment of socioeconomic capacity of the people over the years with the enhancement and improvement of systemic health management. The progress of health care system has worked much, the government should support funding and logistics, to continue and promote the enhancement of overall health care system in Bangladesh.

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