

Photo by Girl Effect

# UNDERSTANDING PREGNANT ADOLESCENT GIRLS

A brief on their knowledge, attitudes and healthcare-seeking behaviour in Bangladesh



## Introduction

In Bangladesh more than half of adolescent girls (55.6 percent) have begun childbearing by age 19 (BDHS 2017-2018).<sup>1</sup> Adolescent pregnancy can result in serious risks to the mother and her baby, yet adolescents are among the least likely to access health care.<sup>2</sup> Complications during pregnancy and childbirth are the leading cause of death for 15 to 19-year-old girls around the world.<sup>3</sup>

Nutrition International sought to better understand the experience of pregnant adolescents and adolescent mothers in Bangladesh to guide stakeholders on improving accessibility to—and quality of—health care and nutrition services for this population. It is vital to ensure these services are responsive to adolescents' unique social, health, and nutrition needs. However, very little is known about pregnant adolescents' and adolescent mothers' experiences, needs and perceptions relating to health care and nutrition.

In 2019-2020, Nutrition International partnered with Girl Effect to conduct in-depth qualitative research to fill this knowledge gap. This brief highlights key findings.



1 Bangladesh Demographic and Health Survey (BDHS) 2017-18 available at <https://dhsprogram.com/pubs/pdf/PR104/PR104.pdf>

2 ASM Shahabuddin, Delvaux T, Abouchadi S, Sarker M, and De Brouwere V. Utilization of maternal health services among adolescent women in Bangladesh: A scoping review of the literature, *Tropical Medicine and International Health* 2015; 7: 822-829 <https://onlinelibrary.wiley.com/doi/full/10.1111/tmi.12503>

3 World Health Organization (2020)

## Key takeaways

1. Good nutrition during pregnancy is valued by families, adolescents, and health care providers; but adolescents sometimes receive conflicting guidance on dietary practices from these sources.
2. Influencers strongly feel that pregnant adolescents and mothers need much more care and support than older mothers/pregnant women; adolescents value this support, however, they also report a decrease in autonomy once becoming pregnant.
3. Financial constraints and accessibility are the biggest barriers to adolescents receiving quality health care and good nutrition in pregnancy and after childbirth.
4. Families are the primary decision-makers over pregnant adolescents' medical care and nutrition, so they must be engaged to:
  - a. Promote early ANC attendance,
  - b. Dispel misinformation about nutrition during pregnancy, and
  - c. Build self-efficacy in adolescents by providing ways young women can be involved in their own health care.



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## Objective

Pregnant adolescent girls, adolescent mothers, and influencers of these adolescents (both family members and health care providers) were interviewed to understand:

- Adolescents' needs and experiences of seeking antenatal care (ANC) both within and outside formal healthcare systems,
- Barriers and enablers to ANC and good nutrition for adolescents during and after pregnancy, and
- Attitudes of family and health providers and their influence on adolescents' behaviour.

## Methodology

Using Girl Effect's innovative Technology Enabled Girl Ambassadors (TEGA) research approach, adolescent girls were trained in digital interviewing techniques. They used the mobile research app to conduct peer-to-peer interviews in their communities, collecting video, audio, and survey data.<sup>4</sup>

TEGAs conducted 288 in-depth interviews with 48 pregnant adolescents, 48 adolescent mothers, and influencers of the adolescents (64 family members and 32 health care providers) in Dhaka and Rangpur, Bangladesh (including urban, slum, and rural areas).

The research team translated and spot-checked the data for quality. Using qualitative analysis software, all information was coded for thematic analysis and the dataset was also analyzed quantitatively. The research team determined key findings in relation to the research themes and objectives.

<sup>4</sup> TEGAs are certified as digital interviewers by the Bangladesh Market Research Society (MRS).

## Results

### ADOLESCENT EXPERIENCES OF ANTENATAL CARE

Many pregnant adolescents and adolescent mothers sought care for support and information during and after pregnancy (whether from health care providers such as doctors, nurses, NGO clinics, or village midwives), but there was a heavy reliance on **families as the main source of support and information**. Some adolescents had the misconception that they only needed to seek care if complications arose in their pregnancy. Though adolescents had little decision-making power regarding their health care, families often recognized the need for care, especially when complications arose, and did what it took to get them necessary services.

**“My child was delivered at home... I didn’t have a problem so I didn’t go to the hospital.”**

– ADOLESCENT MOTHER, RANGPUR

Several respondents reported use of subsidized or free services which allowed adolescents to overcome the main barrier to their health care: cost. Traditional birth attendants were often preferred due to their low cost. Although maternity services were officially free, in practice there were many costs associated with having a hospital birth or a skilled birth attendant. Despite financial barriers, there were high rates of private care-seeking. Proximity to health care services remained a barrier for many adolescents in accessing care.

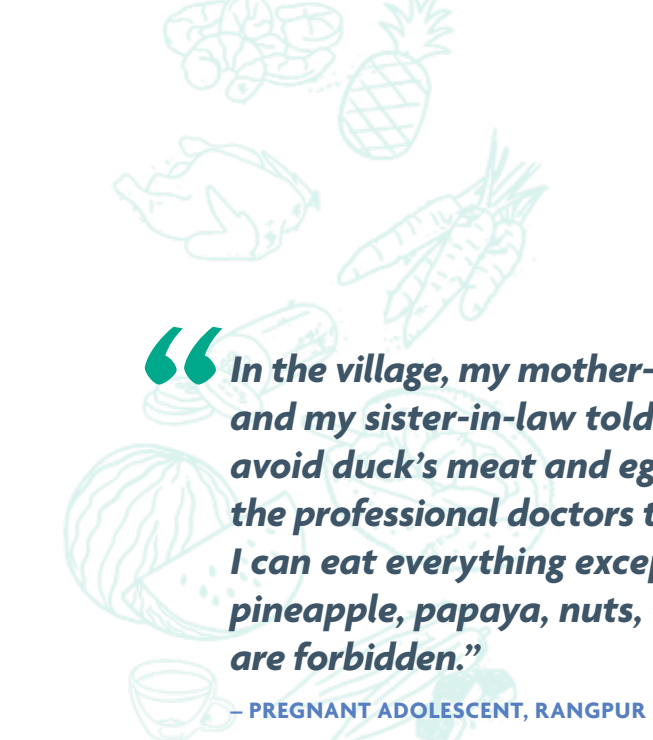
In general, families saw it as preferable for adolescents to deliver their babies in a clinic setting; however, **35% of adolescent mothers gave birth at home**, sometimes due to fear of the cost of medical facilities. Family members ultimately decided the location of delivery. Many who gave birth at a hospital did so primarily due to complications with the pregnancy such as the baby being “too weak” or because a C-section or other emergency care was needed.

After delivery, **the vast majority of mothers breastfed** and many reported do so exclusively for six months. It was common for new mothers to receive advice from health care providers to breastfeed.

When asked how pregnancy affected their lives, girls most often discussed their **loss of autonomy**, citing how they used to be able to work or move about freely, but were no longer able or allowed to do so. The effects rippled on past pregnancy as well; many of the adolescent respondents who were either working or going to school before they became pregnant had stopped these activities and had no plans to resume after childbirth. Adolescent respondents also felt low self-efficacy during pregnancy and thus valued family support.

**“I was able to live independently. Now I walk less, hang around less; I have to sit at home, can’t go anywhere outside. Can’t live willingly.”**

– PREGNANT ADOLESCENT, 18, DHAKA



**“In the village, my mother-in-law and my sister-in-law told me to avoid duck’s meat and egg but... the professional doctors told that I can eat everything except for pineapple, papaya, nuts, these are forbidden.”**

– PREGNANT ADOLESCENT, RANGPUR



**“I don’t have any control in my food habit. I eat everything that my mother cooks because it’s for my benefit.”**

– PREGNANT ADOLESCENT, DHAKA

**“Because since we cannot eat nutritious food, so, for this reason we are given iron tablets and calcium tablets to take.”**

– PREGNANT ADOLESCENT, DHAKA

## **BARRIERS AND ENABLERS TO GOOD NUTRITION**

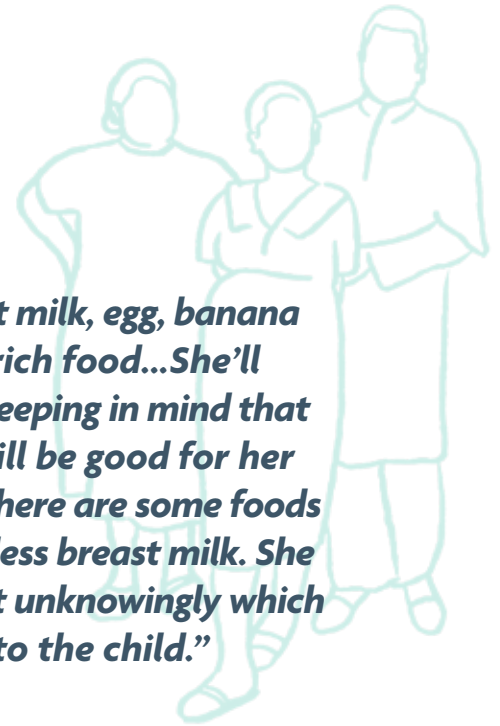
Adolescents and their families considered **good nutrition a high priority** during pregnancy and generally had a common understanding of foods that are nutritious. Despite their knowledge, the cost of nutritious food was a barrier. Furthermore, meals were often selected and prepared by mothers or mothers-in-law, so adolescents did not always have control over their food choices. Even so, their families sometimes made sacrifices in other areas to support pregnant adolescents’ nutrition needs.

The advice on foods to avoid during pregnancy varied greatly by family and community and even between health care providers. This presented another barrier to girls’ accessing appropriate nutrition, as myths regarding diet may have prevented them from eating food that they could afford to buy. Some of the restricted foods included those that can be important sources of nutrients in the diet of pregnant adolescents such as meat, certain fruits and vegetables, and nuts.

**Micronutrient supplements** (such as iron folic acid and calcium tablets) were also seen as important by adolescents and their families and were commonly offered to expectant mothers by health workers. Most respondents (88% of pregnant adolescents and 75% of adolescent mothers) reported consuming a form of micronutrient supplement. Some respondents reported receiving supplements for free, while others reported purchasing them with money provided by husbands or families.

## ATTITUDES OF INFLUENCERS

Mothers and mothers-in-law were the key influencers and decision-makers with respect to pregnant adolescents' care. They felt that adolescent girls did not have the knowledge and/or ability to make important decisions about pregnancy care. Therefore, they took responsibility for which medical services she accessed. As well, they funded pregnant adolescents' care, decided where the delivery would take place, and provided day-to-day support around meal choices, rest, and emotional support. Husbands had some knowledge about their wives' specific needs and helped in deciding which supports his wife received.



**“She should eat milk, egg, banana and vitamin-rich food...She'll choose food keeping in mind that which food will be good for her child or not. There are some foods which causes less breast milk. She might eat that unknowingly which causes harm to the child.”**

– HUSBAND, DHAKA

Families and health providers both had a **strong focus on an adolescent girl's nutrition needs**. Keeping pregnant and breastfeeding adolescents healthy via a good diet and micronutrient supplements were key preoccupations for families and families-in-law. Influencers linked a healthy diet to a healthy baby and good breastmilk production.

**“One decision is need to take with family. That where would we go, what would we do or how to move after having the baby. Mother-in-law or mother should take care as she's young she doesn't understand. That taking care of a baby, of her own, she understands nothing.”**

– SKILLED BIRTH ATTENDANT, DHAKA

Due to increased risks that adolescents face during pregnancy and birth, health workers (both formally- and non-formally trained) and faith healers also thought it was **important that pregnant adolescents get clinical support** from formally trained doctors and midwives. Like the girls who were interviewed, influencers identified the same barriers to accessing appropriate health care and achieving good nutrition: cost and proximity to medical facilities.

**“The adolescents face many problems. They have anaemia, might have eclampsia, might give birth to a preterm child. If they are made aware of these, they might have advantages. If they are told, they'll be aware. We advise them so that they go to the clinic, do four check-ups, have [vaccines].”**

– COMMUNITY HEALTH WORKER, RANGPUR

## Conclusion and recommendations

Adolescents have the right to participate meaningfully in programs that are meant to reach them. They also have the right to demand and use quality gender-responsive, youth-friendly sexual and reproductive health and nutrition services. Yet despite being the centre of this study, pregnant adolescents seemed to have a limited voice. The findings show that pregnant adolescents were not the primary decision-makers for their health care and nutrition needs. Instead, their families took most responsibility for their health. Family and other influencers were keenly aware that pregnant adolescents and adolescent mothers require special care, clinical support, and good nutrition during this life stage; however, financial constraints remain a barrier. Adolescent girls and their influencers had a shared desire to ensure a nutritious diet during and after pregnancy.

Family members of the pregnant adolescents are valuable role models and should be engaged in ANC and initiatives to promote improved dietary practices among this population. Families and health systems have the opportunity to better support the unique social, health, and nutrition needs of pregnant adolescents, keeping them at the centre of care.

Understanding the influence of family, health care providers, health systems and society on pregnant adolescents provides the opportunity to strengthen the enabling environment and better support the unique social, health and nutrition needs of pregnant adolescents.

**Listening to girls' voices, together we can help increase their self-efficacy and provide the information and support they need to make informed decisions about their health and nutrition during and after pregnancy. Making health and nutrition services more adolescent-friendly will improve accessibility to, and quality of care for, pregnant adolescents in Bangladesh.**



## More information

This work was conducted by Girl Effect with financial support and technical guidance from Nutrition International with funding from the Government of Canada through Global Affairs Canada.

Founded in 1992, Nutrition International is a global organization dedicated to delivering proven nutrition interventions to those who need them most. Working in partnership with countries, donors and implementers, our experts conduct cutting-edge nutrition research, support critical policy formulation, and integrate nutrition into broader development programs. In more than 60 countries, primarily in Asia and Africa, Nutrition International nourishes people to nourish life. [NutritionIntl.org](http://NutritionIntl.org)

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