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Socio-cultural Factors Affecting Reproductive Health and Hygiene Practices: A study on Young Women in Ramna, Dhaka

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Abstract: Women's reproductive health is not only a significant issue for women, but also an integral determinant shaping the entire health scenario of Bangladesh. Young women are generally identified as vulnerable regarding their health concerns primarily because of their tender age, secondarily for the unavailability of age sensitive and easily accessible sources of necessary information. Acknowledging the scenario, this study explores the link between reproductive health and hygiene concerns of women aged between 18-25 years, residing in Ramna, Dhaka and impacts of their socio-cultural realities on their reproductive health and hygiene practices. Also, socio-economic realities of the respondents were explored with a purpose to unearth the underlying causes affecting the policy implementation regarding reproductive health and hygiene practices. Findings of the study reflect that, although young women tend to appreciate latest methods concerning reproductive health management, some health practices learnt during adolescence, appropriate or not, linger through their later lives. Insufficiency of logistics support and socio-cultural stigmas take a great toll on their reproductive health. Therefore, comprehensive efforts ensuring the participation of micro and macro institutions of the society have to be induced to gradually remove the obstacles and secure safe reproductive health practices for young women.

Keywords: *Young women, Reproductive Health, Hygiene, Reproductive system, Menstruation.*

Introduction: In the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1979, conceding to the disparities in the field of health care and hygiene based on gender, nations around the world have been instructed to undertake appropriate measures to eliminate all forms of discriminations against women to secure access to health care services, incorporating the requirements of family planning, on a basis of equality [1]. Upon recognizing the gravity of the phenomenon, access to health care, including reproductive health has been declared as a basic right by The Committee on the Elimination of Discrimination against Women in 1999 under the aforementioned article of CEDAW [2].The composition of absolute physical, mental and social wellbeing comprising all issues related to reproductive system can be labeled as good sexual and reproductive health. This narrative also covers the notion of having safe and satisfying sex life, having the capacity to reproduce and having the liberty to make other crucial decisions regarding reproduction [3].Women in Bangladesh have a long history of their rights being repressed by the patriarchal conservative social structure and their health rights could never manage to escape that cultural reality. that, attitudes and behaviors

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surrounding sexuality and gender carry profound meanings for women in every society and affect the quality of their life in both direct and indirect ways. As Dixon-Mueller argued that knowledge of sexual attitudes and behaviors are important because it incorporate all the conditions of family planning, policy development and health services[4], women not having the access of wholesome knowledge regarding reproductive health and hygiene due to societal constraints are potentially impeding policy implementation .With that being said, women's reproductive health rights are one of the most exploited segments, as starting from the very beginning of their life to the end- this ill cycle of repressing reproductive health rights of women continues to take a great toll on their overall poor health scenario. Dudgeon & Inhorn believed that patriarchal structure and the kind of relationship it constructs affect women's reproductive health on both macro and micro level [5].

The predicament regarding reproductive health and hygiene is not confined to any geographical boundary, rather a global phenomenon affecting women all around the world. Intergovernmental Organizations including the United Nations have resonated with the magnitude of reproductive health rights and advocated to protect those rights globally by incorporating reproductive health as one of the key matters of concern in their policies, agendas and goals. The United Nations had a target to achieve universal access to reproductive health as part of Millennium Development Goal (MDG) 5 on maternal health by 2015[6]. As a signatory to the Sustainable Development Goals (SDGs), Bangladesh is committed to address reproductive health issues and take all the necessary measures required to secure adolescent health concerns to meet the goals by 2030. Addressing reproductive health concerns of the youth is a prerequisite for attaining multiple SDGs which includes ensuring healthy lives and promote well-being for all at all ages (SDG 3) [7], achieving gender equality and empower all women and girls (Goal 5) [8], securing availability and sustainable management of water and sanitation for all (Goal 6) [9] and reducing inequality within and among countries (Goal 10) [10]. Alongside SDGs, Bangladesh is also a signatory to the Child Rights Convention [11]. These commitments have served as significant factors influencing the policy makers to pay substantial attention towards reproductive health issues of youths, hence resulting in noteworthy improvements concerning their reproductive health care [12]. However, the scenarios regarding women's reproductive health care are yet to improve notably in developing countries, including Bangladesh by and large.

El-Gilany et al. (Year) argued that learning about menstrual hygiene is a vital aspect of health education for adolescent girls along with acknowledging the importance of a supportive environment for menstrual hygiene at home and affordable sanitary pads [13]. Narayan et al. shed light on the issue that gaining knowledge on the physiology of the reproductive system, information on Sexually Transmitted Infections (STIs) and other relevant knowledge are important for girls and women [14].In a nutshell, to duly maintain reproductive health, it is important to provide women with access to accurate information, safe, effective, affordable and acceptable contraception method of their choices, information and empowerment to protect themselves from Sexually Transmitted Diseases(STDs) and Sexually Transmitted Infections (STIs); and regarding the decision of having children, access to services that help to have a fit pregnancy, safe delivery and healthy baby[15]. In a study by the UNFPA, in over 40% of the countries where the study was conducted, women's reproductive rights were found regressing. From the same study, it was found that only 55% of women can make their own decisions on sexual and reproductive health and rights whereas a quarter of women are not able to make their own decisions about accessing health care [16]. According to Dudgeon & Inhorn, even practices of using female-centered contraceptives among women are being quite influenced by their male counterparts as economic resources required to avail these strategies might be provided by men, or they may restrain women using of these methods by imposing implicit or explicit sanctions [5].

Family planning, skilled birth attendants at deliveries, antenatal, post-partum and emergency obstetric care services are much critical life-saving means of support that impact fertility, maternal mortality and morbidity [17]. By illustrating the necessity of ascertaining the contribution of poor maternal mental health to maternal mortality, Fisher et al. emphasized that there are increasing number of evidences regarding the predictors and prevalence of poor postpartum mental health in developing countries [18]. In Bangladesh, there are still considerable gaps and unmet needs in providing these types of support services. For that reason, an estimated 5,200 mothers die each year due to pregnancy-related causes in the country [17].

As young people form the most potential segment of the demographic in Bangladesh considering the prospects and opportunities projected by the rapid transition towards an era based on technology, acknowledging their reproductive health and hygiene concerns with a special consideration on women appears as the cornerstone of this study. Hence, with a primary focus on the health condition of the young women dwelling in Dhaka city, this study explores their hygiene practices related to their reproductive health with an effort to underline the limitations in existing policy and literature in addressing specific needs from a socio-cultural viewpoint. The inadequacy of required social capitals to access all the opportunities out there offered by the society put Bangladeshi women in a vulnerable condition and leave them dependent on their male counterpart. Besides that, numerous socio-cultural and economic factors serve as external forces that implicitly put women in a vulnerable reproductive health situation. Women cannot, in general, combat those situations quite well due to their initial lack of necessary social means, thus cannot help falling victim to various socio-cultural drawbacks that hamper their reproductive life greatly. Even though women's hygiene practices are supposed to be primarily on their own hands, they cannot manage to behave accordingly due to the external factors refraining their efforts and goodwill. There are many studies on the topic of reproductive health, but this study in particular is distinctive as it attempts to find out the gap between the expected standard scenario and the unexpected lived reality of young women despite much exposure to the standards. In this study, women's reproductive health and their hygiene practices serve as dependent variables; whereas various socio-cultural factors including access to education, economic condition etc. serve as independent variables. Therefore, this study revolves around the research question, 'How do reproductive health and hygiene practices of women aged between 18-25 years belonging from diverse socio-economic backgrounds get affected by various socio-cultural factors even in a relatively advanced area in the capital of Bangladesh?'. On that account, the objectives of the study are narrowed down to investigate the connection between reproductive health and hygiene practices of young women of Ramna area and their socio-cultural realities as well as to explore if the reproductive health practices learnt during the adolescence period linger in the later life among these women. Through addressing the research question and the objectives with ample empirical evidence, this study is aiming towards building possible connections between the external socio-cultural factors and the spectrum of their influences on women's health and hygiene with a view to identifying the crucial areas hampering the expected outcomes. To illustrate an all-embracing scenario, this article has been structured with different sections elaborating and interpreting the concerned issue from multiple perspectives. A separate section discussing the policies and initiatives regarding current reproductive health care and hygiene facilities has been incorporated, followed by theoretical frameworks engaging alternative perspectives to provide the theoretical base for the central argument of this study. Subsequently, in result and discussion section, the findings of the study have been presented with elaborative, critical and interpretative explorations have been provided with a view to rationalizing the results. Finally, conclusion has been drawn by portraying how this study addresses the knowledge gaps, bridges between reproductive health and hygiene and socio cultural reality of young women and eventually by directing the attention towards

measures that require involvement of multiple parties to effectively recognize the needs of young women's reproductive health care and hygiene.

Reproductive Health and Hygiene Scenario in Bangladesh Policies and Limitations: Before diving into the findings of this study, it is necessary to explore the already existing state of affairs regarding reproductive health and hygiene with reference to young women in Bangladesh, for rationalizing the research question of this study. Although Bangladesh has made significant progress in securing reproductive health rights and facilities for women over the years, and the efforts have been recognized by international communities, there are specific areas where due to absence of implementation of existing policies and lack of sensitivity towards special needs are constraining the pace of progress. The synergy among government, non-governmental organizations and other private sectors has been effectively changing reproductive healthcare scenario around the country [19] which reflects in the chart below (Chart 1).

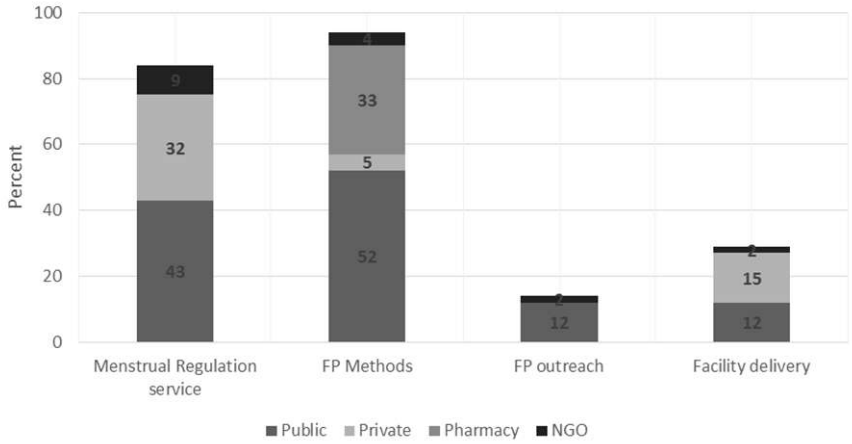

Chart 1: Source of Selected Reproductive Health Services, Bangladesh, 2011[20]

The National Strategy for Adolescent Health 2017-2030 (NSAH) is one the recent most important additions to the long list of government initiatives for acknowledging and improving health care facilities and make them accessible for everyone that fits the age limit. This is a comprehensive strategy which includes provisions addressing crucial health concerns of both girls and boys, irrespective of their identity and background [21].

The Children Act 2013, Women and Children Repression Prevention Act 2000 (amended in 2003) and the Human Trafficking Prevention and Deterrence Act 2012 are already enacted to acknowledge child security, sexual abuse, rape, trafficking and dowry related concerns. In addition to that, the Child Marriage Restraint Act 1929 (amended in 1983) is enacted to prevent child marriage and recognize the legal age of marriage. In addition to that, the Bangladesh Population Policy of 2012 and The National Health Policy of 2011 have been serving as key agents in addressing issues such as family planning, reproductive health, reproductive tract infections and HIV/AIDS and suggesting a comprehensive guideline to ensure quality health care for every citizen regardless of their socio-economic and cultural backgrounds. The Education Policy of 2010, the Child Labour Elimination Policy of 2010 and the Nutrition Policy of 2015 corroborate the aforementioned child and youth specific policies to substantially support the causes.

The roles and responsibilities of The Ministry of Health and Family Welfare (MoHFW) are also crucial in endorsing women's reproductive health care. Initiatives and programmes such as Adolescent Friendly Health Services (AFHS), school health programmes, counseling and raising awareness among adolescents on

reproductive health issues and preventing STIs and HIV/AIDS through education and treatment services are undertaken and operated under the direct supervision of MoHFW. Besides MoHFW, The Ministry of Local Government, Rural Development and Cooperatives, under the Urban Primary Health Care Project (UPHCP) share responsibilities of providing health services to adolescents [12]. However, due to several socio-economic and demographic factors and some policy loopholes, women's sexual and reproductive health still remain as an area of concern. A good number of drawbacks are affecting Bangladesh's family planning program. Although long-term contraceptive methods happen to be the more viable strategy to intrigue the fertility transition towards completion, short-term methods are dominating the current contraceptive program. In addition to that, no distinguishable change has been noticed regarding the gap between age at marriage and first childbirth. Also, almost a quarter of the country's teenage girls aged between 15 to 19 are having at least one child [20]. There is a prevalent pattern found in couples consisting early marriage followed by rapid childbearing, while relying on short-term contraceptive methods in an effort to avoid subsequent pregnancies. Altogether, in broader context, family planning strategies and subsequent health services are not as well coordinated operationally as they are expected to be [19]. Population is one of the significant factors, if not the most important one, when it comes to resource distribution and accessibility of social services and capitals. As per the estimation of Bangladesh Bureau of Statistics (BBS), Bangladesh had a population of about 158 million, with 1,070 persons living in per square kilometer in 2014[22]. This huge population has a profound impact on the resource distribution, and the health care system is no exception. A significant number of adolescents are ending up having adverse health outcomes, such as experiencing risky sexual practices and not receiving rapid care and support service which refrain them from making conscious and informed life choices. Adolescent girls confronting gender-based discrimination, child marriage, domestic violence, sexual abuse and drop-out from secondary education due to prevalence of patriarchy are no exception to such unexpected yet predominant reality [12].
In addition to all the adverse realities mentioned above which are constraining youths from availing reproductive health services, there are some policy loopholes as well adding to this crisis. For instance, the NSAH identifying adolescent age group from 10–19 years are leaving the youth aged between 20 to 25 years out from the safety umbrella provided by the strategy. As a consequence, only adolescents can access the adolescent friendly health corners. Despite being called a 'youth friendly' strategy, this loophole is depriving a large portion of unmarried youth from accessing sexual and reproductive health services [21]. This condition is evident of the inadequacy of policy coverage and provides a ground for this study to explore the extent of vulnerability of young women in accessing reproductive health care and effective hygiene practices.

Considering the overall unfavorable circumstances refraining women to have a wholesome reproductive health and hygiene experience elaborated above, this article is primarily focused on identifying the socio-economic and cultural factors that are constraining government policies to function properly and impeding the young women from accessing the reproductive health services to facilitate their health and hygiene.

Theoretical Framework: As this study revolves around the central idea of linking the impacts of socio-cultural factors stemmed from the reality of the subjects of this study with their reproductive health and hygiene practices, theoretical frameworks concerning both feminist and health perspectives compliment the core arguments and provide a comprehensive guideline to comprehend the structure and intention of the study to grasp the scenario as it is.

Liberal Feminism: As one of the prominent advocates of liberal feminism, Mary Wollstonecraft underscored the significance of equality irrespective of gender-based identity for a society thriving towards development and duly acknowledged how the absence of it is going to refrain it from reaching its destination [23]. To begin with the arguments of liberal feminism, the narrative of women's autonomy comes right at the inception. Personal

autonomy is envisioned as the path towards the emancipation of women from the enslavement of patriarchy by liberal feminists. Personal autonomy entitles women to a wide spectrum of autonomy-enabling conditions, including equal access to all forms of socio-cultural and economic capitals. This theoretical argument resonates with women being unable to avail necessary reproductive health care, and the apathy of the patriarchal social structure altogether culminating in hindering the societal progress. The conundrum regarding women's reproductive health care and hygiene practice in a patriarchal, conservative social setup strip women off not only from their basic rights to get access to health services like every other citizen, but also hampers their ventures to access social capitals, leaving them forever dependent and soliciting shelter from patriarchy for the rest of their lives.

Intersectionality: Intersectionality, a theoretical framework stemmed from the arguments developed by black feminists during 1970s, is also apropos of having a detailed and more specific understanding of the young women's susceptibility to the existing discrepancies in accessing reproductive health care, hygiene services and logistics. This framework incorporates a multidimensional approach to comprehend the extent of exploitation and inequality from a multilateral viewpoint, therefore successfully addresses the needs of concerned marginal subjects with precision. As the violence experienced by many women is often an outcome of different aspects of their identities including their race, class and so on, hence the elision of difference regarding the identities of women is problematic to understand violence against women [24]. Young women failing to access reproductive health care services provided by the society and society failing to acknowledge and protect women's reproductive rights, both realities can be argued concurrently under this theoretical framework, as it is sensitive towards the subjective realities such as their class identities and economic conditions and their effects on the distribution of resources.

Figure 1: Intersectionality in Explaining Factors Refraining Young Women from Seeking Reproductive Health Care Services

Health Belief Model: Health Belief Model (HBM) [25] (Rosenstock, Becker, Kirscht, et al.) is a widely recognized model in the field of studying health seeking behavior that amalgamates behavioral science with health issues to interpret the latter with the former one. Threat perception and behavioral evaluation are the two primary focal points of HBM considering individuals' representations of health and health behavior. Perceived susceptibility to illness, and anticipated severity of the consequences of illnesses, these two beliefs fall under the interpretation of threat perception. Besides that, behavioral evaluation stems from two different sets of beliefs: perceived benefits of a recommended health behavior, and ones' beliefs concerning the barriers to enact the

behavior [26]. HBM is helpful to generate a comprehensive knowledge of young woman's perception regarding the possibilities of getting a certain physical condition concerning her reproductive health, perceiving the severity of that particular physical condition, recognizing the effectiveness of some advised action for minimizing the perceived risk accompanying that physical condition and the physical and psychological barriers they experience to follow the advised action. This particular model fits the scenario of this study as it provides a comprehensive understanding women's perceived susceptibility and severity concerning their reproductive health influenced and shaped by their socio-cultural exposures and accordingly affects their behavioral evaluation through constructing their perception regarding the benefits and barriers to access reproductive health and hygiene cares.

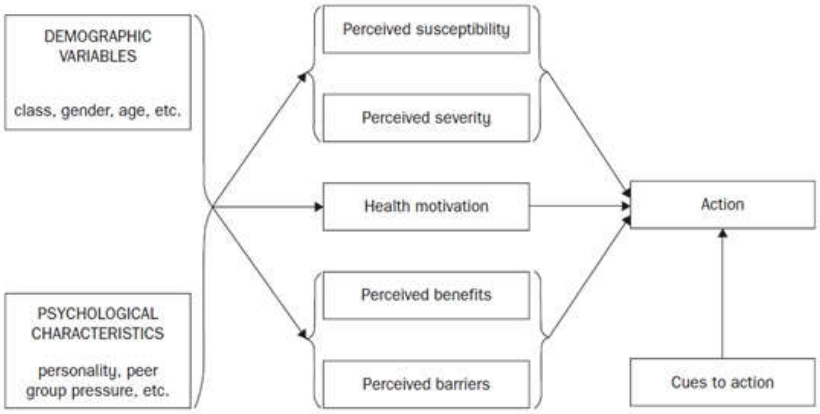

Figure 2: The Health Belief Model [26]

Methodology: This study has been conducted following quantitative approach with an intention to establish causal relationship between young women's reproductive health care and hygiene and the socio-cultural realities they are part of. As quantitative methodology effectively guides towards producing a generalized and definitive overview through interpreting the nature and extent of association among dependent and independent variables by analyzing empirical data set, and women's reproductive health care requires to adopt rights-based approach to secure sexual and reproductive health care and to their reproductive rights, this method appears to be an appropriate strategy to generate a pragmatic and conceivable outcome that may address the existing research gap and come helpful for policymakers to identify the policy lacks and take due measures.

This study focuses basically on the reproductive health and hygiene practices of women. Reproductive health refers to a state of physical, mental, and social well-being in all dimensions relating to the reproductive system. Women's reproductive health indicates all factors regarding their reproductive system. For this study, as it includes women who belong to the age group between 18-25, issues such as menstruation, sexual practices, contraception use, pregnancy related complications and STDs were taken under primary consideration as significant indicators of reproductive health of young women. Hygiene refers to conditions and practices that help to maintain health and prevent the transmission of diseases. Women's typical health behaviors as well as behaviors related to reproductive health- all fall under the category of hygiene practices. Contraceptive denotes the strategies or methods that are being adapted to prevent or at best minimize the probability of pregnancy by a couple who are sexually active. There are various types of contraceptive methods available out there, for both men and women. As the word 'young' does not suggest a particular age spectrum with two definite points to begin and end with, therefore women aged from 18 to 25 years were considered as 'young' for this study.

Young women from all economic, religious and social classes between the age group 18-25 of Ramna area were the primary population of this study. Ramna was selected as the research area as this part of the city consists a good number of educational institutions of secondary and tertiary level along with destitute from poor socio-economic background and therefore serves the purpose of the study to reach respondents of different socio-cultural realities conveniently. Since it was practically impossible to survey a huge sample for this exploratory study due to resource and time constraints, a representative sample is chosen from the population. The sample size of the study was 50, to secure a sample covering a wide spectrum of respondents from different socio-economic class. As the characteristics of sample are identical to the population, conclusions for this sample can be inferred to the population. A non-probability sampling method named haphazard or convenience sampling was followed for selecting the sample for the study. The notion of reproductive health is a sensitive one especially in a conservative social context like Bangladesh and not something preferred by people to discuss generally; thus convenience sampling seemed as a suitable measure to collect data for the study.

As this study is an exploratory one with a goal to identify the socio-cultural factors and their influences on young women's reproductive health and hygiene, survey method has been used as a data collection strategy to establish the causality. Also, survey method provides researchers with the opportunity to evoke discussions and for such a sensitive issue as reproductive health care, this window is profoundly significant to address respondents' point of view. Nevertheless, survey offering the capacity to compare the frequency of respondents' observation is crucial for this study.

Data were collected from the respondents within the sample size through direct interviews. A semi-structured questionnaire was used as a tool to convey the data collection procedure. Questionnaire consisted of mostly close-ended questions combined with few open-ended queries to comprehend the holistic scenario of reproductive health and hygiene practices and to identify the influential latent factors lying underneath to shape the hygiene practices of young women has been used. A five-point Likert Scale was used for few questions to measure respondents' attitudes towards reproductive health behaviors. For analyzing the collected data, methods that conventionally suit quantitative studies were applied. The collected data from the respondents has been distributed systematically using Statistical Package for the Social Sciences (SPSS) and presented through tables and charts. Also frequencies of any event and expected outcomes were calculated and presented through pie charts and bar charts and interpretative analyses were accommodated to complement those quantitative findings accordingly. This particular strategy has been adapted for data analyzing to acknowledge the objectives and to provide substantial empirical evidences to answer the research question of the study.

To keep this study ethically sound, as the study is exploring sensitive issues, privacy and anonymity of the respondents were given much importance all through. Data were collected after taking both verbal and written consent of the respondents. Written consents were taken in the form of spontaneous signatures. They were also assured of the confidentiality of their data and for that reason, their names and addresses were not collected while interviewing. Furthermore, they were guaranteed that, upon completion of the study, only the researchers would possess the ownership and access to their information thus preventing the misuse of their personal details.

This study, though covered a crucial health issue from an empirical standpoint, has some limitations; which were discovered while going through different phases of the study. Due to inadequate logistics support, respondents who were from relatively upper socio-economic class and therefore educated, were provided with the questionnaire to fill it by themselves whereas respondents from relatively lower socio-economic class, and

thus found uneducated were interviewed directly. Despite ensuring participation of respondents from different socio-economic classes, the sample size of the study is relatively small compared to usual sample size of a quantitative research due to the limitations of time and resource. Therefore, rather than suggesting any decisive and generalized conclusion, this study reflects an overview of the situation concerning reproductive health and hygiene practices of young women of the study area.

Results and Discussion: To begin with, respondents were asked about their primary source of information regarding menstruation and the percentage of responses are portrayed below in a pie chart (Chart-2). This chart shows that most of the young women learned about menstruation from their mother (64%). Others got the initial idea either from elder sister or female relatives in the family (25%) and some (11%) from their friends. Even in this age of information technology, it is still the mothers or female members of the family who play the role of primary informant for adolescent girls when it comes to their reproductive health.

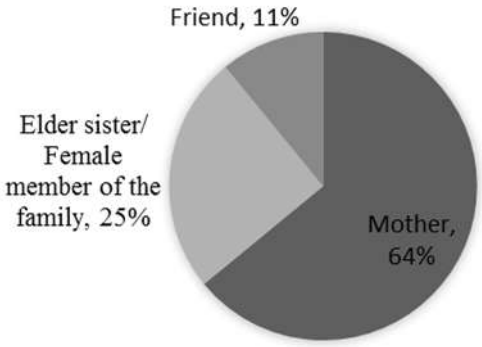

Chart 2: Percentage of Primary Information Providers Regarding Menstruation

When asked about menstruation management strategy, 52% of the respondents said that they use sanitary pads while menstruating, 42% use clothes and rags and 6% of them use cotton or tissue (Chart 3). It is important to mention here that, though majority of the respondents were found using sanitary pads, the fact that this study was conducted in an urban setting must be kept in mind, hence the scenario may vary in sub-urban and rural areas. However, the second major menstruation management strategy is still clothes and rags according to the frequency of

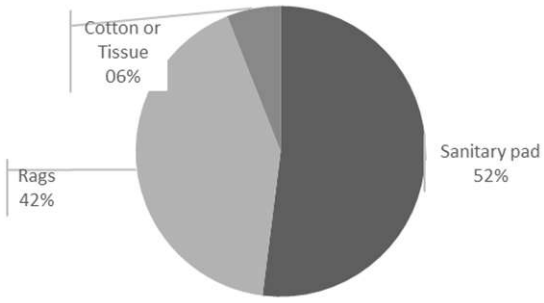

Chart 3: Adapted Strategies to Manage Menstruation

responses, which is not considered hygienic always by reproductive health experts. Women who use clothes and rags generally use soap or detergent (90.5%) along with water to wash them and 9.5 % of the respondents use germicide while washing. 23.8% of women dry their rags in well ventilated and clean place. 38.1% of the respondents said the drying place is clean but not ventilated and another 38.1% dry those in dump, suffocated and dirty places. These indicate that a considerable amount of young women are well aware of the need of cleaning and drying the rags they use for menstruation properly but another significant portion of them are in constant health risk by not drying the clothes or rags properly.

70% of the respondents said that they manage their menstruation the way they were taught in the adolescence. 52% of the participants faced several socio-cultural difficulties and other limitations during menstruation in their adolescence but most of them (72.4%) have managed to overcome those in adulthood. However, the basic management strategies of menstruation that they learned in their adolescence, either proper or improper, were found to be continued by them even in adulthood. Analytically, there is significant (significance 0.33) relationships among menstruation management and women's income, accuracy and sufficiency of lessons learnt in the adolescence period.

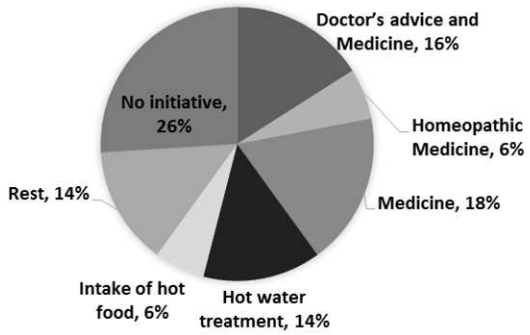

Chart 4: Initiatives for Dealing Physical Disturbances During Menstruation

While analyzing menstruation, the physical disturbances affixed to it that women have to go through are also significant to be considered. Therefore, to find out the initiatives taken by the respondents for dealing physical disturbances during menstruation was crucial for this study. In Chart-4, wide spectrum of initiatives is to found undertaken by women to deal with such disturbances. But a considerable portion of them (26%) do nothing when they suffer from physical disturbances during menstruation and remain completely silent about it. Being in a conservative country like Bangladesh, women from a very young age cannot spontaneously talk about and deal with their very regular health issues even in their most private life within their respective families. A thought-provoking finding was that, even if majority of the respondents were found not conducting their personal menstruation management properly at many levels, when asked about suggesting others for better management of menstruation, their answers reflected that they more or less possess the knowledge regarding the standard measures necessary to manage reproductive health. Chart-5 shows the percentage of all the options suggested by the respondents considering menstruation management in a healthy and better way.

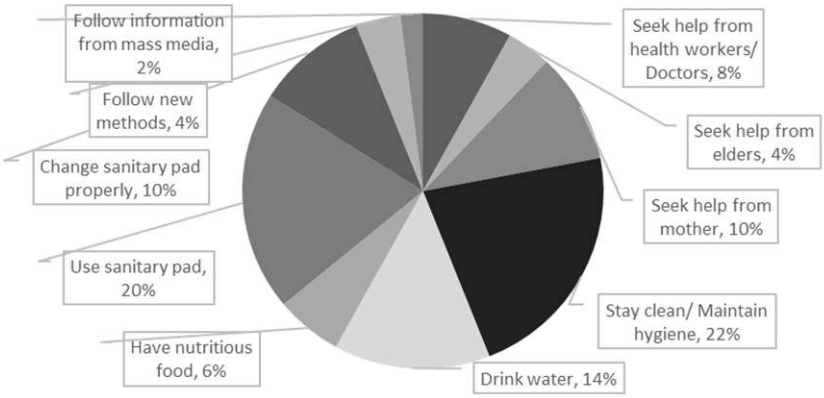

Chart 5: Suggestion for Better Management of Menstruation

As the social structure of Bangladesh is still too conservative to discuss about pre-marital sexual relationships, mostly married respondents of this study answered the questions regarding their sexual life. 17 out of 50 women were married when the interviews were taken; rests were unmarried (40%) and belonged to 'other' group (26%) which refers women who are divorced or separated from their husbands or abandoned by their husbands and such cases. 44.7% of the respondents mentioned that they were engaged in sexual relationships. In 30% cases, male counterparts of the respondents took the decision to have sexual intercourse and 85.7% used some kind of contraceptives, by either partner. In majority of these cases, men were the ones making the decision of whether to use contraceptive or not. 61.1% of the respondents said that they did not consult with doctors or health professionals about the necessity and methods of using of contraceptives. The power relationships embedded in the social structure of the participants' lives reflect on the crucial decision makings concerning their sexual lives. In most cases, men decide what to do and their female counterparts comply with it.

Pregnancy is another crucial segment of a woman's reproductive life. Analysis of this study shows that the minimum age of the respondents was 14 when they gave birth to their first child. In 12.5% cases, it is the husbands of the women who took the decision of having a baby. They mutually decided it in 37.5%cases and in 50% cases the decision was taken by family members or in-laws. Considering their age of having their first child, it is not very surprising that these women had very little to contribute to the decision of having a baby all by themselves, as well as negotiating their way through with much aged counterparts or family members as they are typically considered as the guardians of these young women and decision makers of the family. 4 of the participants with children said that they had to abide by several socio-cultural restrictions during their pregnancy. 33.3% of them suffered from health complications while they were pregnant and among them 2 respondents mentioned their consultation with doctors regarding pregnancy related health problems. Though not all 50 of the respondents could answer these questions as they have not experienced pregnancy yet, it is evident that the participants who had the experience, were not much concerned about the complications a pregnant woman might face as they did not consult with professionals for pregnancy related issues despite living in a comparatively privileged area of the city. Their lack of awareness stems from lack of proper guidelines concerning pregnancy and inadequate financial support; as these women mostly belong to the lower or lower-middle socio-economic groups. The notion of abortion came accordingly with the discussion of pregnancy. In this study, 4 respondents were found who have experienced abortion. According to them, those were very unexpected events for them, hence they did not feel comfortable to discuss further about how it happened. To

maintain the ethical standard of research, those participants were not pressurized further to answer those questions after a fair amount of effort for convincing them to answer.

Evaluation of self-health behavior is a pivotal part of this study because it creates the scope for improvement of one's hygiene practices through comparison if needed. So at the end of the questionnaire, respondents were asked how they would evaluate their self-health behaviors. This question had two interrelated motives: firstly, to find out whether they are satisfied or not with their existing hygiene maintenance and secondly to identify whether they feel the necessity of upgrading their current practices or not. Values were ranged from 1-5 where 1=fully, agree, 2= agree, 3=neutral, 4= disagree, and 5=fully disagree.

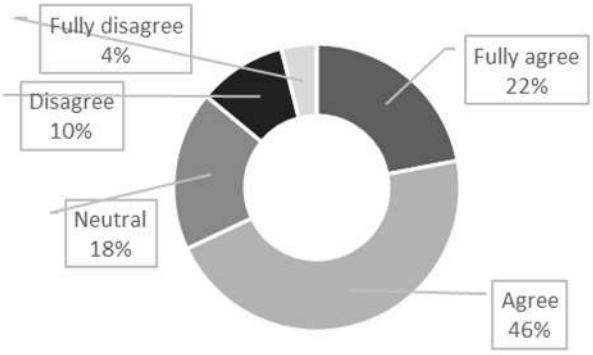

Chart 6: Evaluation of self-health behavior : Percentage of Level of Agreement on Existing hygienic maintenance is satisfactory)

From chart 6, total 68% respondents accepted their existing hygienic maintenance as satisfactory (22% fully agreed and 46% agreed). Only 14% of the respondents agreed that their hygiene practices are not much satisfactory. It is compelling to find out that no matter what the quality of the respondents' hygiene maintenances are, they are content with their health behaviors and 18% of the respondents remained neutral when evaluating their hygiene management.

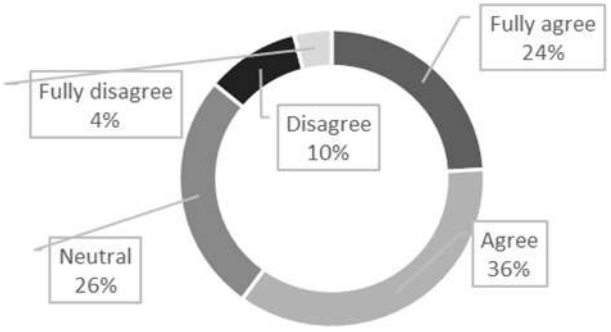

Chart 7: Evaluation of self-health behavior : Percentage of Level of Agreement on Betterment of hygienic maintenance is necessary)

This leads to the reality that these women do not possess much knowledge and information to evaluate their health behavior; moreover, they do not quite understand the requirement of evaluating and comparing one's already learnt health behavior with professional standards. Despite all these, 60% of the respondents (24% fully

agree and 36% agree) approved that betterment of their hygiene maintenance is necessary if given logistics and support (Chart 7).

From the empirical analysis of the collected data, some decisive arguments can be formed concerning young women's reproductive health and hygiene issue. As a social institution, family has always been the building block of individual's identity and personality formation process, and therefore plays a crucial role in the development of women's perception regarding their reproductive health. A significant portion of the respondents also reflected that reality by acknowledging family as their initial source of information regarding reproductive health. This particular finding substantially appropriates the Health Belief Model (HBM) as young women's perceived risk corresponds with their perceived benefits and barriers regarding reproductive health and hygiene practices later in their life. Taking this significant role of family into account, members of family, specially mothers should come forward to help adolescent girls by keeping them well-informed with factual, scientific information through consulting with health experts and help adolescents develop healthy reproductive health practices by encouraging them to take part in open and informative discussions ignoring all social stigmas and taboos. To attain SDG 3 which demands reducing global maternal mortality ratio and to promote well-being for all at all ages, the roles of family as the primary care giver of the adolescents are decisive, as it is visible from this study that young women tend to rely on family members as their source of sensitive information concerning their reproductive health. In absence of a mother, or family, alternative primary caregivers can take that responsibility. Also, a growing and widely shared tendency of using sanitary pads during menstruation to maintain reproductive hygiene was found in young women. Even the women who cannot afford sanitary pads themselves expressed their will to refer others to use them. That behavioral pattern reflects their growing awareness regarding reproductive health care despite being surrounded by social and cultural adversities and stigmas, hence empowering women by making reproductive health care information more accessible for them. This particular finding concedes with SDG 5, that narrates the significance of ending every sort of discrimination against all women and girls everywhere by entitling them to reproductive health care information and raising awareness among them. Even though some respondents were still found following whatever strategies and methods about reproductive health care they were taught at a tender age, most of the respondents made their way out of those social taboos concerning reproductive health and were found not following those socio-cultural restrictions which they used to abide by in their adolescence. The framework of intersectionality fits at this point and complements the findings above as the perceived setbacks in reproductive health and hygiene practices experienced by young women do not just share a linear connection with their family or socio-economic realities, rather a complex interrelated web of causes incorporating family role, socio-economic reality, access to education, exposure to information and cultural constructions directly influencing each other.

Apart from these emerging positive reproductive health care practices, instances of other typical physical disturbances were found prevalent in women going through menstruation cycle which are also necessary to be addressed with great care. Due to factors like changes in hormones during menstruation, women may experience several psychological issues which require sensitive and caring treatments. In addition to that, mental health status of young women, constantly dealing with social taboos and stigmas concerning reproductive health issues, is found getting ignored and unacknowledged, and therefore taking a significant toll on their reproductive health. A wide variety of suggestions were gathered from the respondents referring different strategies and measures to take care of reproductive health ranging from traditional to modern and scientific ones, while all of them were commonly emphasizing on hygiene and cleanliness. That pattern indicates that all of them, regardless of their different socio-economic and cultural realities, are perceiving the significance of healthy reproductive

health and hygiene practices. Despite sharing this common belief, their socio-economic status and their overall position in the larger social structure were found serving as significant determinants influencing the reproductive health care choices they were making. That outcome can be considered as a pivotal barrier hindering reproductive rights based approaches and initiatives, therefore projecting a threat towards accomplishing SDG 10, that stands for reducing inequalities of every form irrespective of their age and sex.

Sexually active women and their partners were found using contraceptives more or less, but the decision making capacity in sexual relationships, such as using contraceptives prior to, during or after sexual intercourse to prevent unwanted pregnancy was not in the hands of women usually. Therefore, it can be assumed that, women have a little, if not no role in making crucial decisions like pregnancy and are tend to be more prone to STDs. Most of the sexually active respondents were found not feeling comfortable discussing about having venereal diseases or STDs or even expressing their concerns regarding these complications with their closest ones or in any private/public social platforms and such realities make it difficult for them to pin down their actual health status regarding STDs. The arguments of equality irrespective of gender identity projected by liberal feminism harmonizes with the arguments above indicating that women, due to the prevalence of male dominance within the microstructure of family, cannot effectively participate in crucial decision making processes even if those decisions concern their own reproductive health and hygiene issues.
Due to the absence of appropriate social capitals, such as detailed knowledge, open discussion sessions and easy access to information, young women were found in a confused state, with their minds overwhelmed with whatever information they could gather from their surroundings and mostly unreliable available sources, hence unable to objectively evaluate their health seeking behavior, including their reproductive health care and hygiene practices. That reflects one of the primary objectives of this study by portraying how deceiving and fallacious learnings from an early age continue to shape choices and reproductive health-seeking behaviors by leaving the subjects in a dilemma.

With all the aforementioned discussions, it is very much evident that socio-cultural as well as economic factors have a great influence over young women's reproductive health and hygiene practices, thus addressing another primary objective projected by this study of apprehending the intrinsic impacts of socio-cultural realties on young women's reproductive health care practices and choices. All the social and cultural stigmas refraining women to access and maintain appropriate means and methods necessary to secure a sound reproductive health are also explored from an interpretative point of view with an intention to portray the holistic scenario.

Conclusion: Despite constituting almost half the population of the country, women face countless difficulties in their lifetime which constrain their ability and life choices significantly yet today. In a conservative cultural context, where patriarchy has been dominating for ages, oppressing women both physically and mentally is a very prevalent social problem. The findings of this study pinpoint the gaps and limitations of already existing programs and policies which are hindering their implications and accessibility irrespective of socio-cultural background of the subjects as well as acknowledge the extent of significance of family as primary source of information regarding reproductive health. Therefore, this study connects macro perspectives incorporating policy generation, promotion of agendas and appropriation of more rights based approach to acknowledge health concerns of the youth with micro level social institutions as family and kinship by securing a comprehensive socialization experience for the adolescents. With a view to meeting the requirements of Sustainable Development Goals (SDGs) by 2030[8, 7], it is high time policy makers started focusing on addressing reproductive health concerns of women. The respondents of this study expressed specific concerns for the

betterment of the scenario such as lowering the price of sanitary pads, making pads easily accessible for everyone, encouraging open discussions regarding the use of contraceptives from both micro and macro institutions of the society to raise awareness among men and women from an early age and so on. Taking these suggestions into account, necessary measures should be taken to deal with women's reproductive health problems by combining efforts from both public and private spheres. Also developing gender-sensitive policies, launching Edu-entertainment programs in educational institutions, ensuring successful implication of the laws and rights to protect women and collaborating the efforts of governmental and non-governmental organizations can secure a sustainable future for women to explore their full potentials.

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