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### Knowledge, Attitude & Practice of Rohingya Adolescent Girls About Sexual Reproductive Health (SRH) Services Available from Adolescent Friendly Health Corner (AFHC) in Rohingya Camps, Cox's Bazar, Bangladesh

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#### Abstract

##### Background with objective

Adolescent friendly health corner (AFHC) aims to increase sexual reproductive health (SRH) knowledge among adolescents and to improve Adolescent Health Services which includes sexual health, reproductive health, maternal health, STI prevention and care, HIV/AIDS prevention and care, menstrual hygiene and management and family planning. This study finding will provide future directions in developing Adolescent Health Program particularly for the adolescent girls in the public health facilities to increase their knowledge on SRH and AFHC Services in the Rohingya makeshift camps. The aim of this study was to determine the level of knowledge, attitude & practice among Rohingya adolescent girls on SRH services available at Adolescent Friendly Health Corner (AFHC) in Rohingya Camps.

##### Methods

A cross-sectional descriptive study was conducted with 126 Rohingya adolescent girls at makeshift camps of Ukhiya, Cox's Bazar from June 2020 to September 2020. Statistical analyses of the results were obtained by using window based computer software devised with Statistical Packages for Social Sciences (SPSS-20.1).

##### Results

Most of the respondents (47.80%) were aged in between 14-16 years. 65.60% respondents were studied up to secondary level. Nearly two third of the respondents (64.28%) were unmarried. 64.27% respondents knew that there is an AFHC in this camp, 54.27% knew that SRH services are available at AFHC, 53.47% respondents knew that SRH knowledge are given at the AFHC, 42.04% knew that if they face any SRH related issue, they can directly take support from AFHC, 32.60% respondents knew that they can share and discuss about your physical and physiological changes at

AFHC, 55.89% knew that they can learn about SRH details at the AFHC, 52.19% respondents knew that AFHC is bound to maintain their privacy and confidentiality regarding SRH related issues and 26.38% knew that along with SRH, AFHC also disseminate knowledge on HIV. 34.27% respondents agreed that sexual education leads to more safe sex, 64.94% respondents agreed that in AFHC center, people lack sufficient knowledge concerning SRH, 61.11% respondents agreed that the teaching system at AFHC is insufficient about SRH, 9.56% respondents agreed that a teenage girl does not go into the kitchen during her menstrual cycle, 13.78% respondents agreed that during the menstrual cycle, an adolescent girl should not touch anyone, 9.11% respondents agreed that an adolescent girl during the menstrual period should not go to the AFHC and the rest 76.15% respondents agreed that in AFHC, I will receive all types of SRH related services and support. Only 37.20% respondents ever visited AFHC. Among those who have ever visited the AFHC, 54.90% respondents' ranking was very good towards the AFHC service, 32.10% respondents' ranking was moderate towards the AFHC service and the rest 13.00% respondents' ranking was poor towards the AFHC service. 78.20% have visited the AFHC 1 to 3 times, 20.10% have visited 4 to 6 times and the rest 1.70% have visited more than 6 times. 29.10% felt problems in receiving AFHC services. According to 79.10% respondents, AFHC maintained privacy and according to 7.70% respondents felt insecure in the AFHC.

##### Conclusion

The adolescent girls should be encouraged and motivated to discuss about Sexual Reproductive Health (SRH) at Adolescent friendly health corner (AFHC) which might improve the knowledge and attitude towards SRH rights.

**Keywords:** Adolescent Friendly Health Corner, Sexual Reproductive Health, Adolescent Girls

#### Introduction

Sexual and Reproductive Health (SRH) is a condition of physical, enthusiastic, mental, and social prosperity comparable to sexuality; it isn't only the non-attendance of malady, brokenness, or illness in all issues identifying with sexuality and the regenerative framework [1]. SRH rights subsequently incorporate admittance to SRH care administrations, for example, data

identifying with sexuality, sexuality instruction, regard for substantial respectability, picking own accomplice, choosing to be explicitly dynamic or not, consensual sexual relations and marriage, choice whether and when to have youngsters, and seeking after a delightful and pleasurable sexual life [2-4]. Young adult SRH is indistinguishable from all parts of juvenile well-being, giving a chance to well-being addition or misfortune, and is critical to poverty easing and financial turn of events. Therefore, SRH administrations can be gotten to generally through forestalling early youngster marriage, female genital mutilation and sexual viciousness and misuse; and getting to family arranging administrations, sheltered and legitimate premature births and far-reaching sexuality training for young ladies and young men, however SRH issues are expanding a direct result of the expanding paces of sexual movement, early pregnancies and Sexually Transmitted Infections (STIs) [5-8].

**Materials & method**

A cross-sectional descriptive study was conducted with 126 Rohingya adolescent girls at makeshift camps of Ukhiya, Cox’s Bazar from June 2020 to September 2020. Ethical clearance was obtained from the Department of Public Health of North South University. Systematic random sampling method was used for data collection. The collected data were entered into the computer and analyzed by using SPSS (version 20.1) to determine the level of knowledge, attitude & practice among Rohingya adolescent girls on SRH services available at Adolescent Friendly Health Corner (AFHC) in Rohingya Camps.

**Results**

According to Table 1, 24.30% respondents were aged in between 10 to 13, 47.80% respondents were aged in between 14 to 16 and the rest of the respondents were aged in between 17 to 19 years old. 1.70% respondents had no formal education, nearly one third of the respondents were studied up to primary level and the rest 65.60% respondents

were studied up to secondary level. Nearly two third of the respondents were unmarried, 32.60% respondents were married, 1.20% were separated and 1.50% respondents were divorced.

**Table 1:** Socio-Demographic Characteristics of the study subjects (n=126)

Parameter	Number	percentage
<b>Age group (years)</b>		
10-13 years	31	24.30
14-16 years	60	47.80
17-19 years	35	27.90
Total	126	100.00
<b>Educational status</b>		
Non-formal	2	1.70
Primary	41	32.70
Secondary	83	65.60
Total	126	100.00
<b>Marital status</b>		
Married	41	32.53%
Unmarried	81	64.28%
Seperated	2	1.58%
Divorced	2	1.58%

Table 2 shows the distribution of the respondents according to their knowledge on SRH services available at AFHC. The findings show that 64.27% respondents knew that there is an AFHC in this camp, 54.27% knew that SRH services are available at AFHC, 53.47% respondents knew that SRH knowledge are given at the AFHC, 42.04% knew that if they face any SRH related issue, they can directly take support from AFHC, 32.60% respondents knew that they can share and discuss about your physical and physiological changes at AFHC, 55.89% knew that they can learn about SRH details at the AFHC, 52.19% respondents knew that AFHC is bound to maintain their privacy and confidentiality regarding SRH related issues and 26.38% knew that along with SRH, AFHC also disseminate knowledge on HIV.

**Table 2:** Distribution of the respondents according to their knowledge on SRH services available at AFHC

Items	Yes		Not sure		No	
	n	%	n	%	n	%
Do you know, there is an AFHC in this camp?	81	64.27%	32	25.53%	13	10.20%
Do you know, SRH services are available at AFHC?	68	54.27%	11	8.72%	47	37.01%
Do you know, SRH knowledge are given at the AFHC?	67	53.47%	39	31.28%	19	15.25%
Do you know, if you face any SRH related issue, you can directly take support from AFHC?	53	42.04%	68	54.29%	5	3.67%
Do you know, you can share and discuss about your physical and physiological changes at AFHC?	41	32.60%	79	62.40%	6	5.00%
Do you know, you can learn about SRH details at the AFHC?	70	55.89%	52	41.47%	3	2.64%
Do you know, AFHC is bound to maintain your privacy and confidentiality regarding SRH related issues?	66	52.19%	10	7.71%	51	40.10%
Do you know, along with SRH, AFHC also disseminate knowledge on HIV?	33	26.38%	14	11.34%	78	62.28%

Table 3 shows the distribution of the respondents according to their attitude towards SRH services available at AFHC. The findings show that 34.27% respondents agreed that sexual education leads to more safe sex, 64.94% respondents agreed that in AFHC center, people lack sufficient knowledge concerning SRH, 61.11% respondents agreed that the teaching system at AFHC is insufficient about SRH, 9.56% respondents agreed that a teenage girl

does not go into the kitchen during her menstrual cycle, 13.78% respondents agreed that during the menstrual cycle, an adolescent girl should not touch anyone, 9.11% respondents agreed that an adolescent girl during the menstrual period should not go to the AFHC and the rest 76.15% respondents agreed that in AFHC, I will receive all types of SRH related services and support.

**Table 3:** Distribution of the respondents according to their attitude towards SRH services available at AFHC

Statement	Agree		Neutral		Disagree	
	n	%	n	%	n	%
Sexual education leads to more safe sex	43	34.27%	42	33.06%	41	32.67%
In AFHC center, people lack sufficient knowledge concerning SRH	82	64.94%	19	15.24%	25	19.82%
The teaching system at AFHC is insufficient about SRH	77	61.11%	17	13.87%	32	25.02%
A teenage girl does not go into the kitchen during her menstrual cycle	12	9.56%	15	12.29%	98	78.15%
During the menstrual cycle, an adolescent girl should not touch anyone	17	13.78%	11	9.03%	97	77.19%
An adolescent girl during the menstrual period should not go to the AFHC	11	9.11%	15	12.21%	99	78.68%
In AFHC, I will receive all types of SRH related services and support	96	76.15%	10	8.02%	20	15.83%

Table 4 shows the distribution of the respondents according to their practice on SRH services available at AFHC. The findings show that 37.20% respondents ever visited AFHC. Among those who have ever visited the AFHC, 54.90% respondents' ranking was very good towards the AFHC service, 32.10% respondents' ranking was moderate towards the AFHC service and the rest 13.00% respondents' ranking was poor towards the AFHC service. 78.20% have visited the AFHC 1 to 3 times, 20.10% have visited 4 to 6 times and the rest 1.70% have visited more than 6 times. 29.10% felt problems in receiving AFHC services. According to 79.10% respondents, AFHC maintained privacy and according to 7.70% respondents felt insecure in the AFHC.

**Table 4:** Distribution of the respondents according to their practice on SRH services available at AFHC

Items/questions	Frequency	Percentage
<b>History of visiting of AFHC (n=126)</b>		
Ever visited	47	37.20%
Never visited	79	62.80%
<b>Response of the respondents on ranking of AFHC services (n=47)</b>		
Very good	26	54.90%
Moderate	15	32.10%
Poor	6	13.00%
<b>Response of the respondents on times of visiting AFHC (n=47)</b>		
1 to 3	37	78.20%
4 to 6	9	20.10%
More than 6	1	1.70%
<b>Do you feel any problem in receiving AFHC service? (n=47)</b>		
Yes	14	29.10%
No	33	70.90%
<b>If yes, who created the problem? (n=14)</b>		
Service Provider	1	7.20%
Support Staff	2	17.20%
Outsiders	1	7.80%
Others	9	67.80%
<b>AFHC maintained privacy (n=47)</b>		
Yes	37	79.10%
No	10	20.90%
<b>Feeling insecurity in AFHC (n=47)</b>		
No	43	92.30%
Yes	4	7.70%

## Discussion

The WHO surveyed in 2008 that "regenerative and sexual sick wellbeing represents 20% of the worldwide weight of sick wellbeing for ladies and 14% for men." Reproductive well-being is a piece of sexual and contraceptive well-being and rights. As indicated by the United Nations Population Fund (UNFPA), neglected requirements for sexual and regenerative well-being deny ladies the option to settle on "vital decisions about their own bodies and fates," influencing family government assistance. Ladies bear and ordinarily sustain youngsters, so their regenerative well-

being is indivisible from sex uniformity. Disavowal of such rights likewise declines destitution [9-13]. Studies in Nigeria uncovered that most of the youths 60.3% in Ikeja and 62.3% in Ikorodu knew about sexual reproductive health (SRH) rights. In Ethiopia, passionate damage brought about by youth sexual maltreatment seems to sabotage typical and sound mental advancement that can upgrade casualties' capacity to ensure their sexual health. [32-36] Furthermore, youth marriage is one of the difficulties in the nation and practically 50% of wedded young ladies conceived an offspring inside the age of 15-19 years. Actually, reproductive health needs of the young people have been neither investigated nor tended to enough; however a few examinations in Ethiopia demonstrated that information on members about sexual reproductive health issues differs from 31.6 to 67% [14-18].

## Conclusion

The adolescent girls should be encouraged and motivated to discuss about SRH at AFHC which might improve the knowledge and attitude towards SRH rights. Similar types of study should be conducted with larger sample size to generalize the findings and making policy to disseminate knowledge in camp on SRH.

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## Conflict of Interest

Authors declare no conflict of Interest.

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