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Teenage Pregnancy among Female Garment Workers Living in Slums of Dhaka, Bangladesh: A Mixed-Method Study

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Introduction

- Teenage pregnancy is a public health concern in both high- and low-income countries [1], with much higher rates in the latter.
- 1 in 4 girls in Bangladesh aged 15-19 experiences teenage pregnancy [2].
- Employment is expected to provide females with a life trajectory less fraught with child marriage and teenage pregnancy, and literature shows that age at marriage is higher among Female Garment Workers (FGWs) in Bangladesh compared to their rural peers [3,4]. Therefore, teenage pregnancy may also be lower among FGWs.
- Since employment in the formal sector sets the FGWs apart from other females in the country, the magnitude and correlates of teenage pregnancy may be different for the FGWs.
- There is, however, little evidence on this issue.

What is Teenage Pregnancy?

Occurrence of pregnancy among girls aged 10 and 19 years has been considered as teenage pregnancy in the current study.

1 in 4 girls in Bangladesh aged **15-19** experiences teenage pregnancy.

Study Objective

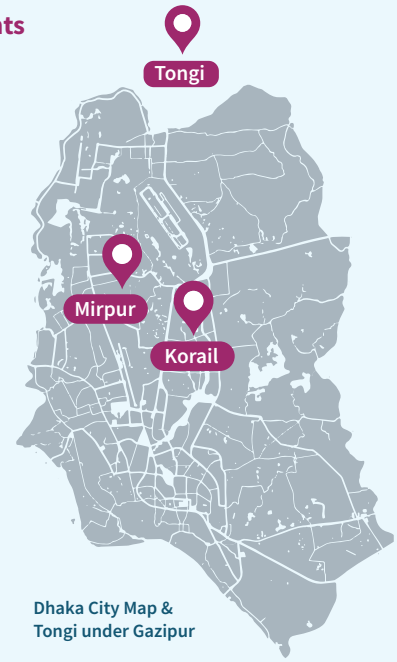
To identify the magnitude and correlates of teenage pregnancy among FGWs in Bangladesh.

Methods

Study setting and participants

This study is part of a larger mixed-method cohort study on Sexual and Reproductive Health and Rights (SRHR) of currently married FGWs aged 15-27 years. The study was conducted in three urban slums:

- **Korail**
- **Mirpur**
- **Tongi**



Dhaka City Map & Tongi under Gazipur

The current quantitative analysis included **764 FGWs** who had complete information.

The qualitative component comprised of purposively selected:

- **11 In-Depth Interviews** (IDIs) with currently married FGWs
- **9 Key Informant Interviews (KIIs)**

Measurement and analysis

Outcome variable:

Teenage pregnancy was treated as the outcome variable.

Exposure variables:

Based on the existing literature and preliminary data analyses, women's age at marriage, education, contraceptive use before any conception, employment in a garment factory before 1st conception, decision-making autonomy, and experience of physical Intimate Partner Violence (IPV) were used as exposure variables

Analysis:

Descriptive analyses and a semiparametric Cox proportional hazard model were used to identify the correlates of teenage pregnancy. In addition, thematic analysis was performed on qualitative data.

Quantitative Findings

Background characteristics

Mean age at marriage among the FGWs was 16 years (Table 1). Their education level was low. About 52% of the FGWs started working in the garment sector prior to first conception and 78% started using contraceptives before first pregnancy. Prevalence of teenage pregnancy was 65%. Approximately, 69% of the FGWs ever experienced IPV.

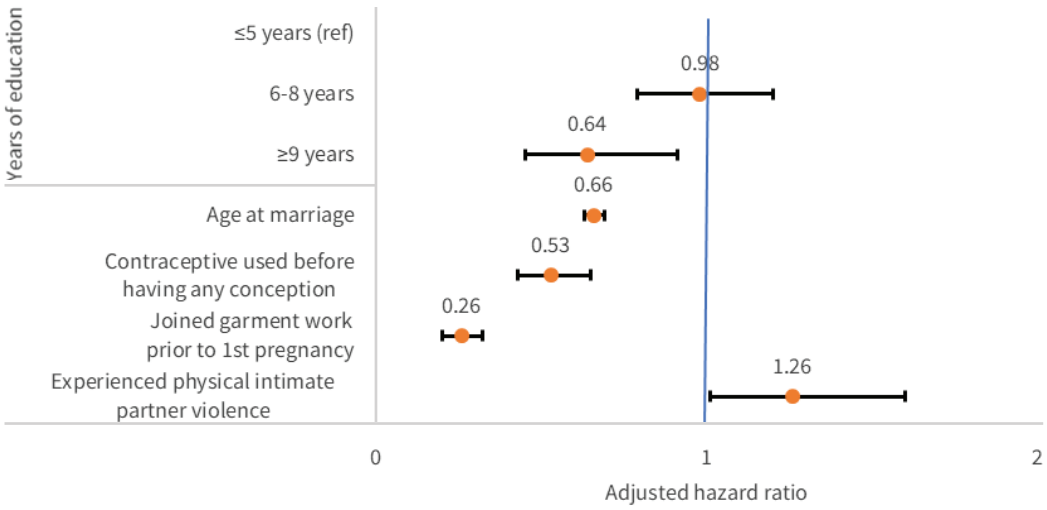
Table 1: Background characteristics of FGWs, n=764

Characteristics	Mean / %
Age at marriage (mean)	16
Years of education (mean)	6
Contraceptive used before any conception (%)	78
Joined garment work prior to 1st pregnancy (%)	52
Experienced physical intimate partner violence (%)	69
Teenage pregnancy (%)	65

Correlates of teenage pregnancy

Results from Cox proportional hazard model show that higher education and higher age at marriage of FGWs were negatively associated with teenage pregnancy (Figure 1). FWGs who started using contraceptives before ever conceiving had 47% lower hazard of experiencing a teenage pregnancy.

Figure 1: Correlates of teenage pregnancy among FGWs



Women who entered the garment sector prior to first pregnancy were less likely (HR 0.26) to experience teenage pregnancy. Physical IPV increased the hazard of teenage pregnancy by 26%.

Qualitative Findings

Age at marriage and education

Women who marry at a later age and have higher education may possess greater autonomy and agency, enabling them to articulate their intentions more confidently compared to those who marry earlier and have lower education.

> *Those who are educated know, which age would be appropriate for marriage and for having children and they follow that."*
>
> - *(KII 3, Paramedic)*

Access to contraceptives and knowledge of proper use

As seen above, the use of contraceptives before the first conception reduces the likelihood of a teenage pregnancy. The qualitative data show that there exist multiple barriers to accessing and consistently using contraceptives.

FGWs are overburdened with work and they usually do not find the time to buy contraceptives.

> *They [FGWs] remain in the factory all day, which does not allow them time to obtain [contraceptives]."*
>
> - *(KII 5, NGO worker)*

Even if some can manage the time, stigma in obtaining contraceptives from male salesmen hinder their access to contraceptives.

> *I feel shy buying it from the shop, it makes me uncomfortable... A male is in charge of sales and you can't talk about everything with a man."*
>
> - *(IDI 11, FGW)*

The FGWs, who can access contraceptives, may not know their proper use, resulting in teenage pregnancy.

> *I said, I will not take medicine every day, it makes me feel dizzy. The doctor did not say that I must take it daily."*
>
> - *(IDI 9, FGW)*

Employment in garment factory

The qualitative data lend support to the quantitative finding that garment work reduces the risk of teenage pregnancy, as it is difficult to cope with pregnancy while working in a sector known as the "Sweat shop". Also, policies and practices in some garment factories are non-conducive to a worker's pregnancy.

> *When I was transitioning from seventh to eighth month into the pregnancy, I had to leave my job. It wasn't by choice. This is the [unwritten] rule in the garment industry. Once you are eighth month into the pregnancy, they won't keep you anymore."*
>
> - *(IDI 8, FGW)*

Recommendations

- Promote education and address child marriage to reduce teenage pregnancy
- Expand women's employment opportunities
- Ensure direct access to contraceptives and proper use of it
- Address physical partner violence to create space for communication and negotiation around delaying pregnancy

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