

UN-WED PREGNANCY AND ITS
IMPLICATIONS IN RESPECT OF ATTITUDE,
STRESS AND DECISION MAKING
OF UN-WED MOTHERS IN BANGLADESH

A Thesis Submitted for the Degree of
Doctor of Philosophy
in Psychology

By

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DEPARTMENT OF PSYCHOLOGY
FACULTY OF BIOLOGICAL SCIENCES
UNIVERSITY OF DHAKA, BANGLADESH
JANUARY 2004

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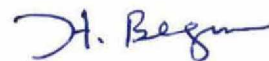
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JANUARY 2004



CERTIFICATE

This is to certify that I have read the dissertation titled **"Unwed Pregnancy and It's Implications in Respect of Attitude, Stress and Decision Making of Unwed Mothers in Bangladesh"** submitted by AFROZA AKHTER, in partial fulfillment for the degree of Doctor of Philosophy and this is an original piece of research carried out by her under my supervision and guidance.

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ABSTRACT

Due to poverty an increased trend in migration of rural people to the cities has been creating a new threat of trafficking and sexual exploitation for especially the young women in Bangladesh. Many families with economic hardship are sending their tender aged girls to the city for work who are becoming increasingly vulnerable to sexual exploitation and trafficking facing severe consequences including premarital pregnancy, unsafe and risky abortions and other health hazards. However, there has hardly been any scientific research carried out on the issue of 'premarital pregnancy' within the cultural context of Bangladesh. The present study, on unwed pregnancy was therefore undertaken which aimed at exploring answers to questions like (i) which section of the young girls (rural vs urban), (ii) with what economic background, (iii) which age groups, (iv) what education and family status and (v) which occupational groups are being affected most severely with premarital pregnancy and why. The present study also looked into the factors responsible for such incidence and the implications of these factors in respect of attitude of the un-wed mothers toward such pregnancy and associated attributes primarily about their self-esteem and confidence level and social conformity underlying their decision making, and the physical and psychological stress they go through during such pregnancy and other social corollary the unwed mothers have experienced.

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The study was of an exploratory nature and carried out using multiple methods combining both qualitative and quantitative approaches. To measure the attitude of the unwed mothers toward their pregnancy, self and society a scale consisting of three subscales with a total of 32 items was developed in Likert format. Another scale (SLS) was developed in semantic differential format containing three subscales with a total of 30 items to measure the unwed mothers' self-esteem, level of confidence and social conformity underlying their decision-making. Finally, a stress measuring scale nominal in nature containing three subscales with a total of 40 items to measure the psychological and physiological stresses of the unwed mothers was developed. Items of all three scales have been selected based on the assessment of judges. Spearman's split-half reliability and Chronbach's alpha of the three scales indicated the reliability and internal consistency of



the measure. The three scales were administered to 60 unwed pregnant mothers (70% adolescent and 30% young adult) purposively drawn living in different parts of the country (both urban and rural) i.e. Dhaka, Khulna, Mymensingh, Syedpur and Sylhet. Further, case-studies of thirty-one unwed mothers were done through in-depth interview. In addition, 26 families having adolescent son/daughter, 36 employers (factory owners and housemistresses) and 20 social workers were interviewed to have an adequate understanding of the cases of unwed pregnancy.

The obtained data were analyzed to determine the differential effect of independent variables i.e. age and socio-economic parameters such as family affiliation, economic condition, employment status and education status on the attitude of the unwed mothers toward their pregnancy, self and society and on their confidence level and degree of social conformity by computing the mean, standard deviation and through analysis of variance (ANOVA). Data were also analyzed to see the effect of employment and family affiliation in particular as part of a broader social support network on the unwed mothers' psychological and physiological state, self-esteem and level of confidence.

The findings revealed 'tender age' and 'poor economic condition' as two major factors that affected the respondents most severely by their premarital nature of pregnancy. Analysis of one-way ANOVA revealed that the unwed adolescent mothers differed significantly from the unwed young adult mothers in terms of their attitude, self-esteem, level of confidence, social conformity and stress. Significant differences were also observed between the unwed mothers who were economically poor, working and not having any formal education and family or other social affiliation. The respondents' degree of stress was found to differ significantly in terms of their status of job and family support during the crisis of pregnancy. It showed that those unwed mothers who had lost job and family due to such pregnancy had higher physiological and psychological stress than those unwed mothers who did not lose their job and/or family support. Analysis of qualitative data obtained through case studies and in-depth interviews revealed that some socio-cultural factors such as social affiliation, social power, taboo, perceived gender role and perceived legitimacy of sexuality played significant role in the incidence of pregnancy

before marriage. Further, unsafe and risky abortions, unemployment and abandonment have been identified as some direct outcome of such pregnancy.

Based on the findings a model was drawn highlighting the underlying factors (demographic, cultural and social) of the sexual behavior and opportunities of the unwed mothers that led them to sexual exploitation and/or interaction causing some immediate and/or long-term adverse outcomes. A number of recommendations including providing counseling services to the victims during crisis, mass awareness program for the victims as well as for general mass particularly the policy makers and other responsible actors of the society and developing a sound support network with concerted effort of both public and private institutions were put forward. Acknowledging the limitations of the present study it was further proposed to carry out more intensive research in the area of premarital pregnancy with more focus on a particular areas of concern, for having a better understanding of this phenomenon and for finding effective ways of dealing with the problem.

ACKNOWLEDGEMENT

It gives the author much pleasure to submit this paper as the final requirement for the Ph.D. degree. Thanks due first and foremost to my Supervisor, Dr. Hamida Akhtar Begum, Professor, Department of Psychology, University of Dhaka for her unswerving commitment to the cause of women in disadvantageous position in our society and her meticulous supervision and continuous guidance. Special mention goes to Professor Guardia and Martin Groeters for their guidance in searching necessary literature, formulating conceptual framework and allowing me to sit for classes on research methodology during my days in Leeuwarden. Special Thanks also go to Alain Covelier of IC and Shamsunnahar Khanam, Gender Specialist and a freelance Consultant for their valuable feedback on the draft as an independent reviewer.

I am keenly aware that the sensitivity of the subject matter "unwed pregnancy" required full cooperation of all referral contacts and immense patience of the respondents for a large part of each day they were involved in the interview process. Special mention goes, in this regard, to Ms. Maria Gomes, Senior Nurse, DMCH, Ms. Mahmuda Khatun, Director, CTRDW, for their commendable cooperation during field investigation and data collection. Thanks heavily due to Ms. Runa Roy and Rozina Akhter for their well-organized support and cooperation during interview, instrument testing and data collation. I also recognize the time Syed Tanveer has given for helping me to put the raw data in SPSS and help me get a guide for data analysis. I record my gratification to Asma Khatun, Mahboobur Rahman, Md. Mainuddin, A.K. Azad, Jamal Hossain, Abul Kalam, Iqbal Ahmed and Monowar Hossain for all administrative and logistical support they have provided over the years. Especially, for their assistance in traveling outside Dhaka, photocopying and collating copies, logistic support and ongoing assistance provided sometime at a very short notice.

This thesis is based on empirical study of unwed pregnancy where the unwed mothers themselves talked about their own feelings, needs, perceptions and problems. I am particularly gratified that despite difficulties in tracing unwed pregnant mothers, many of them were willing to make space in the crowded timetables for this work. Therefore, very special

thanks go to the respondent unwed mothers for their valuable response and information despite their miserable conditions. All the respondents deserve an **honorable bow** for their sensitivity and patience. I also extend my gratitude to the respondent family members, employers and housewives who sat for interview and answered some sensitive questions with endurance and passion. Their comments and experiences shared during the process will be immensely valuable in addressing the issue of premarital pregnancy within the cultural context and for making any future plan to develop strategy for solutions. At the same time I can confidently assure all the respondents that the time spent on the research work is time well spent and constitutes a significant contribution to addressing the problem of the unwed mothers in Bangladesh in order to improve their quality of life.

I can not conclude without paying my gratitude to my family especially my late father who had always believed in me and taken pride on me. My mother and sisters had great confidence in me and gave me inspirations at times when I wanted to give up. Thanks to all of them for being beside me in times I needed them most. My husband without whom this paper could never have come to an end deserves a very special thanks. It was his inspiration and motivation that pulled me ahead despite busy and vulnerable moments. His support in logistic term also needs special mention.

In fine, I hope the findings would help illuminating the implications of unwed pregnancy of young women in Bangladesh. I thank you all involved in the process once again for a job well done.

AFROZA AKHTER

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List of Acronym

ANOVA	Analysis Of Variance
BBS	Bangladesh Bureau of Statistics
BFS	Bangladesh Fertility Survey
CTRDW	Centre for Training and Rehabilitation of Destitute Women
DHS	Demographic and Health survey
DMCH	Dhaka Medical College Hospital
Fatwa	A religious verdict given by religious leaders such as Imam of a Mosque.
G.E.D.	General Education Degree
HDS	Household and Demographic Survey
HIES	Household Income and Economic Survey
HKI-IPHN	Helen Keller International- Institute of Public Health Nutrition
ICU	Intensive Care Unit
MOHFW	Ministry of Health and Family Welfare
MR	Menstrual Regulation
NGO	Non-Government Organization
SAARC	South Asia Association for Regional Cooperation
SEI	Socioeconomic index
SPSS	Statistical Package for Social Sciences (software program)
SRS	Social Registration System
TFR	Total Fertility Rate
UNB	United News of Bangladesh
WHO	World Health Organization

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Chapter One

INTRODUCTION

- 1.1 Background
- 1.2 Women and Teenage Pregnancy- Global Context
- 1.3 Major Research Questions
- 1.4 Rationale
- 1.5 Objectives
- 1.6 Variables

INTRODUCTION

Until recently, adolescence was not widely recognized in Bangladesh as distinct phase of life. This was especially true in relation to girls, most of whom moved straight from childhood to marriage around the time of puberty. Over the last decade, the needs of adolescents, especially girls, have emerged as a priority concern. This stems from their particular vulnerability that is primarily linked to their sexuality and the low value placed on them by society due the outcomes of such sexuality that is perceived as illicit.

In the growing industrial urban areas and also in the poverty stricken rural areas women are increasingly becoming destitute. Included among them are young unwed women who are increasingly becoming victims of trafficking and sexual exploitation. One of the outcomes of such exploitation is premarital pregnancy. In Bangladesh premarital pregnancy is more of an urban phenomenon (including out migration) than a rural one because of two different social set-ups. In the rural areas, young girls are generally protected by early marriage and also due to the combined family structure it is less likely to occur such pregnancy before marriage. However, concerns about teenage contraception reflect two demographic changes: the rising rates of sexual activity among teenagers, especially young girls, and the declining rates of teenage marriages. Now what has increased today is the birthrate of unwed adolescents, especially among the migrant rural girls who have formed a different sub-culture in the urban city working as day laborers, factory workers or domestic aids. The rate of pregnancy outside of marriage is higher among these rural migrant young girls (83.25%) than rural or urban girls (10.6%) who are not living alone and/or not working (Miah et al, 1988). For unwed mothers, in most cases at a very tender age, both physiological and psychosocial problems are acute (Miah et al, 1988).

Having unwed pregnancy recognized as a clear concern that puts many young girls into vulnerable conditions the present study aims at exploring answers to questions like (i) which section of the young girls (rural vs urban), (ii) with what economic background, (iii) which age groups, (iv) what education and family background and (v) which occupational groups are being affected most severely due to premarital pregnancy and why. Therefore, the present study will look into the factors responsible for such incidence and the implications of these factors in respect of attitude of the un-wed mothers toward such pregnancy and associated attributes primarily about their self-esteem and confidence level and social conformity underlying their decision making, and the physical and psychological stress they go through during such pregnancy.

1.1 Background

Bangladesh has a total population of 125.3 million. These include 27.6 million adolescents population. Over the last two decades, Bangladesh has undergone a major demographic transition, including a decline in the TFR from 6.3 to 3.4. Despite this impressive demographic achievement, adolescents still constitute over one-fifth (26%) of the total population that is the highest level in the SAARC region. Among the adolescent population, 7.6 million girl adolescents are between the ages of 0-14 years and 15-19 years. For every adolescent girl living in urban areas there are five in rural areas (BBS 1998, 1999). Thus, the adolescent population growth poses major challenge to the government to try to meet increasing reproductive and sexual health, educational and economic needs and demands of adolescents. Moreover, the rate of female-headed households has increased from 17% in 1996 to 38.3% in 2000 while the rate in rural area is 38.6% and in urban area is 37.3% (BBS, HIES 2000). The in-migration to the urban area has increased from 12.4% in 1985 to 20.8% in 1998 (SRS, BBS). At present, the rate of the floating population in the city is 15% of the total population of the country. Among them only women constitute 14% aged between 10-14 years, 9% between 15-19 years and 8% between 20-24 years (HIES 2000, BBS Census 2001). Eighty five percent (85%) of the floating population came from the landless rural households and two-thirds of them lived in single living status. Among them 73% are family type and 27% non-family type. Eighty four percent (84%) men and 92% women were found to be working as transport and day laborers. It indicates that in many cases poor parents are forced to send their daughters in the town as maids or factory workers for earning money. For migration to the urban areas in search of jobs and a livelihood, the hardcore poor people take shelter in the "bustees", footpaths and other available places. They form the core target group of trafficking as they easily fall prey to allurements for better job in city and abroad, good living conditions and especially for the young women a happy "married" life" (Bangladesh Observer, March, 1999). These *bustees* and impoverished homesteads are the potential sources of procurement of young girls and minor boys for prostitution and other forms of sexual exploitation. Some of the agents pretend to marry the young girls without dowry and the poor parents gladly consent to this so-called arranged marriage (Bangladesh Observer, March 1999). Manushi (1980, quoted in Veenkateswam, 1995: 134) pointed out that while for men extreme poverty implies starvation, for women this invariably involves sexual exploitation and a complete devaluation of their lives. Further, the victim may or may not find a shelter at her parent's home and her rehabilitation in the society becomes a problem (Miah et al, 1988). Abandonment usually takes place among the poorest, particularly among the floating population in urban slums and among squatters. However, abandonment in the event of rape may take place in any socio-economic group. In practice, in the well-to-do classes pregnancy related to rape and beyond wed-

lock is secretly taken care of by the family members through an abortion or by abandoning the new born baby to an institution (Miah et al, 1988).

Apart from social despise and neglect, there may be a sort of estrangement between the woman and her family causing psychological stress on all of them (Miah et al, 1988). Very often these woman do not find a normal living. Under all strains these women sometimes resort to committing suicide to relieve the pains of life.

The study conducted by A Miah et al (1988) looked at the relationship between marital status and whether the women were left to be destitute during their pregnancy or after child birth. It appeared that unmarried women were abandoned more frequently than the married women during their pregnancy. This study also revealed that the overwhelming majority (84%) of the destitute women constituted of pregnant mothers while 13% of the destitute constituted of being mother with children. In the cases reviewed from the record of the Govt. Vagrant home at Kashempur showed that out of 51 destitute mothers as many as 20 (40 %) marriages were not registered. Further, data reviewed from the record books of one of the private NGOs that provides temporary shelter to the destitute mothers indicated that in a majority (53 %) of cases destitution through abandonment was caused by pregnancy of unmarried women (Miah et al, 1988). Data from newspaper report also corresponded to those with the NGO record indicating destitution mostly caused by unmarried pregnancy (14 out of 23). In case of unmarried women, nearly one third of them became pregnant by their friends that they were in love with, in the next majority cases some one related to their house master was responsible for such pregnancy during their work as house-maid. The same pattern holds true as reported by the newspapers. A substantial number of women did not identify the person responsible for pregnancy (Annual Report, CTRDW 1992, 93, 94). The following paper clipping depicts the situation.

"Shilpi Akter became pregnant with an affair of a neighborhood friend and the man denied to marry her after she became pregnant. Shilpi's father tried to resolve the matter through a village shalish. The man liable for such incidence admitted to marry Shilpi in front of the shalish elite, however he is still absconding and his father filed a case against Shilpi's father. Shilpi is now in double fix having a baby without identity and a case against her father (Daudkandi, Comilla, Ittefaq, 1995)."

Most of the migrant and street children many of whom are at their early adolescence are from poverty ridden families. A good number has been disowned by a "respectable" parent unwilling to acknowledge the embarrassing outcome of an affair. Such cases do not invariably constitute the poorest families. Family size is also a major contributor to the problem. A significant proportion of

street children are the eldest of fatherless families made up of 4 to 8 children (Salauddin et al, 1997). The babies found abandoned in the city streets are mostly illegitimate, said the Assistant Registrar of the psychiatry department of the Dhaka Medical College Hospital (DMCH). The mother left the baby due to ignorance and cannot accept it not only due to absence of identity of the baby but also fear how society would accept her. The senior staff nurse of the baby Intensive Care Unit (ICU) who has so far mothered about twenty such babies in the DMCH since 1995 said that most of the babies are female. Some of them are left by their own parents and some are brought by police who found them in the roadside dustbin. In case of babies with physical deformity or handicap, even the social welfare department doesn't show interest to take care of them (babies). The social service department of DMCH however so far has found some parents who adopted the left out babies through Government and Non-government Organizations. All the time, in case of left out babies the responsibility goes upon the doctor and nurses who watch some newborns dying due to severe infection and without getting affection of their mother. The problem is deep inside society and will not help preventing such incidents in near future, said Dr. Abid Hossain, associate professor of pediatrics of DMCH (The Daily Independent, June 15, 2001). There is hardly any "home" available for abandoned population. Only very few NGOs are working in a niche that is less than sufficient for this group.

Further, the recent BBS, HDS surveys also revealed three important causes of maternal mortality i.e. unsafe abortion (16%), obstructed labor (13%) and Eclampsia (13%). Another survey by HKI-IPHN 2001 revealed that 36% of the adolescents aged 12-19 years living in rural Bangladesh are anemic while 51% pregnant mothers are anemic. Unmet need is a major public health problem because it leads to unwanted pregnancies and unsafe abortions in countries like Bangladesh where access to safe abortion is limited. Women who are pregnant against their will resort to unauthorized facilities and providers who are not trained in performing aseptic abortions. The 1990s have shown an increase of attention on the consequences of unsafe abortion worldwide. Globally, it is estimated that 20 million unsafe abortions take place annually in developing countries. The high incidence of unsafe abortion in developing countries leads to excessive reproductive morbidity and mortality. The WHO has calculated the risk of death due to these unsafe procedures. In Asia, it is estimated that one in every 250 unsafe procedures leads to maternal death. Though contraceptive prevalence in Bangladesh is considerably high, the use of traditional methods and non-use of any methods constitute more than 60% of such prevalence. In light of the severe consequences of unwanted pregnancy in countries like Bangladesh where access to safe abortion is limited it showed that religion is an important factor. Lack of knowledge about family planning also scores high. Female illiteracy is another factor that is related to lack of knowledge on family planning. Health concerns can be related to lack of appropriate counseling. If women and men are adequately informed about

the possible side effects related to the contraceptive method they select, they are less likely to become involved in changes in menstrual patterns. Also in Demographic and Health survey (DHS 1994) in six countries (including Bangladesh) it was revealed that 23% women do not use contraceptives because of religious taboo, partner's resistance, lack of knowledge and hard to reach the materials. Also important to note that the percentage of use of condom is extremely low while the country is predominantly a patriarchal society. According to the BFS of MHOFW HDS survey in 2000 the trend of contraceptive use among currently married women is 53.6% and use of male method is 6.7%. The age specific trend of contraceptive use is among 10-14 years women 25.7%, 15-19 years 38.1% and 20-24% 47.1% (BDIB 1999-2000). The following paper clipping also indicates a clear picture of unsafe abortion in Bangladesh;

"About 300 abortions are being carried out in the capital city everyday, reports UNB. Clinics, hospitals and nursing homes are getting round the ban on abortion by describing the operation as menstruation regulation (MR). The abortion is carried out in some 500 hospitals, clinics and nursing homes, only half of which are licensed. Many of such abortions are illegal and the people performing such operations are not properly trained. It has become a serious social problem... said a gynecologist. The victims cannot say anything about their bitter experience as our society and its laws don't officially permit abortion. Sources at maternity hospitals said most of those who wanted to have an abortion were young unmarried girls, including school girls. Deepa (not her real name) who is unmarried was one of the women who had come to a clinic for an abortion being pregnant by her lover was bitter that the clinic was charging Tk. 3000 for the operation. A former health official of the Health Directorate said that the existing laws are too weak to stop illegal abortion carried out by quack doctors. A total 6,375 women underwent MR operations in 1997 at the Government Fertility Centre in Mohammedpur area, according to official data. The figure for last year is believed to be much higher (The Daily Star, 1998)".

1.2 Women and Teenage Pregnancy---Global Context

Never before in the human history have sexual choices been as difficult and complex as in the 1990s. In the U.S. rates of sexual activity among the teens are high, with vast majority having sex before the age of nineteen. In one study it is found that the percentage of adolescents who have had sexual relations increases sharply from age 15 to 19 (Miller 1993, data from Moore et al., 1992). The potential negative consequences of sex are unmistakable: unwanted pregnancy, various nonfatal sexually transmitted diseases, antenatal and postnatal complications etc. (Coles, 1985).

Until fairly recently, young women who engaged in premarital intercourse were regarded as quite deviant from the norm. Early sexuality was also regarded as a working class phenomenon and/or one found mostly in the inner cities rather than in mostly posh area. Some of these beliefs are still true in the context of Bangladesh. Levels of sexual activity among teenage girls increased dramatically during the 1970s. Today approximately 45 percent of girls aged 15 to 19 are sexually active before marriage, and an estimated 36 percent of them become pregnant within two years after beginning sexual activity (Hayes 1987).

Attitudes about sexuality are more negative in the United States than in most western European countries. Unfortunately, while sex-negatives do not discourage sexual activity, they do discourage responsible use of contraception (Fisher, Byrne & White 1983). Michele Fine (1988) points out that today's sex education curriculum suppress the idea that women might feel sexual desire. It is preempted in school in highly anatomical and overly didactic manner and with little practical use (Hamburg 1986). Many schools continue to avoid sex education because of some parents' conviction that presenting this material will encourage promiscuity. However, a teenage girl's pregnancy may not be considered a problem if it occurs in the context of marriage. As one high school administrator told the researcher "Don't worry, she's dropping out, but it's a good case. She's fifteen, pregnant but getting married. She'll go for a G.E.D. (Fine & Zane 1988, p.20).

The birthrate among Latina teenagers appears to be regarded as less of social problem than that of other ethnic minorities, because they tend to marry at a younger age than North American teenagers. In 1985, more than 25 percent Latina girls aged 15 to 19 were married – usually to considerably older men (Lopez 1987). Marriage however, did not protect Latina teenage mothers from academic consequences of teenage pregnancies. In 1982, only 26 percent teenage mothers had completed high school, as compared with 41 percent white and 36 percent black teenagers (Cusick 1987).

In order to avoid being victimized, young women are taught to defend themselves against disease, pregnancy, and "being used". They are also taught that the victimization of women occurs in the context of unmarried, heterosexual involvement. They are not taught about victimization due to pervasive male dominance and existing gender, class and racial arrangements. The only protection from victimization by men offered are sexual abstinence or marriage. To avoid pressures to engage in sexual activities African-American teenage girls who are educationally ambitious tend to seclude themselves socially, backed by strong, achievement-oriented mothers (Chilman 1983, 1987).

About half of all teenagers did not use contraception the first time they had sex (Zelnick & Shah 1983). Younger teenagers were much less likely to use contraception than older adolescents

were. Also interesting to note that at least half of all children born to teenage girls were fathered by men over the age of 20 (Furstenberg, Brooks-Gunn & Chase-Lansdale 1989).

Keeping the problem stated above, the present study would look into the state of pregnancy that occurs without any marital lock with the following research questions and rationale. The role of the Government, the civic society, the human rights organizations, the women's rights activists, the NGOs and charity organizations in the country would also be investigated and examined to what extent the social support system exists and in what form these supports are offered/provided.

1.3 Major Research Questions

- Is the premarital pregnancy an accident and un-wanted?
- What are the factors responsible for such pregnancy occurring without wedlock?
- What are the social consequences a victim mother has to go through due to such un-wed pregnancy?
- What are the psychological costs and pressure these unwed mothers have to go through with no choice and perhaps, no fault of their own?
- What are the psychological correlates of decision-making the unwed mother have to take for them and their new born baby during such pregnancy?
- Do these psychological correlates help these mothers to take appropriate decision to reintegrate into the society? What happens to them once the pregnancy is over?
- What happens to their children who are being born with such premarital pregnancy?
- What is the role and response of the society towards such issue of pregnancy and the mother concern?
- What support systems are available to the pregnant mothers during and after such crisis of pregnancy?

1.4 Rationale

Despite the fact that the issue of unwed pregnancy is socially sensitive and a taboo, it is happening everywhere and at all times irrespective of geographical, cultural, religious and social boundaries. People are managing such incidents especially the victims and their nearer ones some way or the other. An informal social network is there and this network is something that people know about but no one publicly wants to endorse or talk about it. There are some institutional supports (both government and private) available for the victims in some form of legal aid, shelter and other care though extremely inadequate. However, with the increasing rate of adolescent

populations in the country the issue of premarital pregnancy needs immediate attention and special concern. There have lately been some concerns expressed by some UN organizations, development organizations and government on the issue of reproductive and sexual rights of the adolescents. However, there has hardly been any research done on the issue of 'premarital' pregnancy and/or the issue of sexuality, particularly of the adolescent girls in the country. This study will therefore, attempt to:

- understand the un-wed mothers attitude and decision making process with regard to their pregnancy experience and the subsequent action(s) regarding their new born babies and their re-integration in to the society .
- investigate what are the final outcomes of such pregnancy on the mothers and their infants in the society.
- it is also the author's quest to know how the society while tabooing such conduct in one hand addressing the problem being unable to avoid the reality on the other.
- in many ways this research would raise more questions than it answers and sets stage for further inquiry to cope with the situation and explore strategies for rehabilitation and better future for this vulnerable group.
- this research is also an attempt to make some empirical findings on the conditions of adolescent mothers in the context of 'premarital pregnancy' available for the relevant policy players and responsible actors of the society.
- it would also present one more contribution to the growing body of literature and increase an understanding of the issue of 'premarital pregnancy' in the socio-cultural context of Bangladesh.

1.5 Objectives

The major objective of the present research is to observe the implications of different factors in the state of un-wed pregnancy in respect of the attitude of the un-wed mothers toward such pregnancy and associated aspects primarily about their own self and the society at large, the stress (both physical and psychological) they go through during such pregnancy and what psychological correlates constitute their decision making.

Specific Objectives

1. To identify factors responsible for such pregnancy before marriage
2. To observe the prevailing attitude of the un-wed mothers during such pregnancy

3. To assess the degree of some psychological correlates i.e. self-esteem, level of confidence and social conformity underlying their decision making and the extent of stress (physical and psychological) the unwed mothers go through during the crisis of such pregnancy
4. To identify other social implications and/or consequences of premarital pregnancy
5. To get an understanding of the role of the Government and other responsible players in the society that are currently in place to address the issue of premarital pregnancy

1.6 Variables

Independent Variables Socioeconomic parameters (i.e. education, employment and income level), Age and Family affiliation

Dependent Variables Attitude (towards premarital pregnancy, self, society), Felt Stress (Depression, anxiety, physical), and Self-esteem, Level of confidence, and Social Conformity underlying decision making of the unwed mothers.

Chapter Two

REVIEW OF LITERATURE AND THEORETICAL FRAMEWORK

- 2.1 Theory of Sexuality**
- 2.2 Consequences of Premarital Pregnancy**
- 2.3 Operational Definition of the Central
Terms and Concepts**

Review of Literature and Theoretical Framework

A number of factors in the context of demographic, social and cultural ambiance play a vital role in the sexual behavior of young people, particularly young women who are most vulnerable to sexual exploitation leading to premarital pregnancy and other consequences. Therefore, the character of premarital pregnancy that mostly occurs during tender age and its subsequent implications must be understood in the context of gender relations and other social and psychological factors as a growing social problem.

2.1. Theory of Sexuality

To understand sexuality and relationship between men and women, it is important to view that sexuality is constructed by the gender system and women are defined by their sexuality that is a negative one. While *socio-biological explanations* emphasize in born differences between males and females, social learning theory focuses exclusively on how one's present environment shapes gender differences by observing other people's actions and through the application of reinforcement and punishment. According to social learning theorists Walter Mischel (1966) and Alberta Bandura (1977b), societies in which gender role expectations are clearly defined and rigidly enforced (for example, Islamic Iran or Saudi Arabia and to a great extent Bangladesh) there will be a great deal of consistency in how members of each sex model appropriate behavior. As a result of this consistent modeling and reinforcement of "appropriate" behavior, traditional gender roles are more likely to be passed on from one generation to the next.

On the other hand, standing in sharp contrast to the socio-biological perspective is the *social role theory*. The formulator of this theory Alice Eagly (1987) has proposed that virtually all of the documented behavioral differences between males and females can be accounted for in terms of cultural stereotypes about gender and the resulting social roles that are taught to the young. Research indicates that during childhood and adolescence, social forces push many men and women toward traditional gender roles, however, once adolescents and young adults leave home and are on their own financially or socially, they often are exposed to a greater diversity of gender roles and greater risks of sexual exploitation (Lottes & Kuriloff 1994). Further, according to Alexander Comfort (1973) sex has three important uses in our society today, (1) sex as parenthood (procreational sex); (2) sex as total intimacy between two people (relation sex); and (3) sex as physical play (recreational sex).

According to *Social Identity theory* (Tajfel & Turner 1986, Turner 1987) besides our personal identity, our self-concept is our social identity that derives from the groups to which we

belong. Research generally supports social identity theory (Branscombe & Wann 1993 & 1994, Weber 1994) that people who engage in 'in-group' biasing tend to experience an increase in self-esteem compared to those who are not given the opportunity to express this bias. *Adolescence* is the most critical stage in the life cycle denoting the transition from childhood to adulthood that denotes the development of physiological maturity- progression from puberty to sexual and reproductive maturity, psychological and emotional developments in terms of mental process and adult identity, and attainment of relative economic independence. Adolescence defined by WHO as the period between 10 and 19 years, is an important formative time, which, to a large extent, shapes the future course of girls' and boys' lives. During adolescence, the physical, intellectual and emotional characteristics and patterns of childhood are gradually replaced by adults, and girls and boys progressively evolve into a state of socio-economic independence. Similarly, there is difference in the formation of identity between *male and female*. Females appear to derive their identity differently from men. For males the formation of individual identity may come prior to intimate relationships while resolution of female identity may be held in abeyance since identity is found in merging with others or in intimacy. The female may come to know herself through relations with others. While the men identity is often contingent upon separation from the mother, female identity is often based more on an ongoing relation with the mother, which does not involve separation. Women may, therefore, not differentiate themselves from others and may feel a diffuse guilt for the welfare of their families and others (Henderson et al 1989).

From a *psychoanalytic perspective*, Erikson (1963) has conceived of development as a series of psychosocial issues that have to be resolved. For the adolescent, forming intimate relations is primary for young adults, while in middle adulthood; the ability to guide and nurture succeeding generations in their psychosocial development is of most importance. According to Erikson (1968) identity's crucial elements established in adolescence were autonomy from parents, sex-role identity, and career choice and internalized morality. For Havighurst (1972) each stage of life has development tasks. Tasks of young adulthood included selecting a mate and learning to live with a marriage partner, starting family, rearing children, managing a home, starting in an occupation, finding satisfying social groups and taking on civic responsibility. (Coleman, 1980, Coleman et al 1977) suggest, "there are few periods of life in which associations are so strong, intimate and all-encompassing as those that develop during adolescence".

To define *psychosocial identity* requires that the adolescent engage in continuing comparison with others, particularly peers, and in subsequent evaluations of attributes and characteristics of self in relation to those peers. However, some children appear to be more comfortable with adults than with others of their same age. In most cases, a greater number of

positive reinforcements for their behaviors come from adults than from their peers. Hence, they choose to be in the company of adults rather than age mates. But, some adolescents find they cannot exchange self-confidence and emotional stability provided by adult reinforcements for uncertainty. On the other, joining the company of peers presents a psychological risk. Seltzer (1982) suggests that these adolescents may often retreat to defensive flight that is outwardly masked. Their direction is decidedly maladaptive. One such mal-adaptation is *pseudoadult*. This is pro social and normative. The pseudoadult never constructs a personal set of self-elements since psychologically she does not really enter the peer arena and thus does not engage its dynamics.

Adolescents also experience a great confusion of values. While there is a strong trend toward social conformity with their peer group, there is also a shifting back and forth from childish to more adult behavior. In some ways, they suffer from the lack of clearly defined roles in the society (Bennett Berger 1965). The *conflicts and tensions of the teenage* "transitional stage" stem from the combination of an acceleration in the individual's physical and cultural growth with the continued refusal by society to grant to adolescents many of the rights and opportunities of adults: when sexual desires are more powerful than they ever will be, sexual opportunities are fewest; obedience and submission are asked of adolescence at precisely the time when their strength, energy and desire for autonomy is ascendant. During this period of life, there is experimentation with how to relate to opposite (or same) sex. Having an affair with opposite sex and socializing produces the opportunity for commitment between two individuals.

Findings also show that sexual interaction is controlled by social factors more for girls than for boys. Social norms mandate that girls engage in sexual intercourse in order to fulfill the needs of their male partner rather than their own.

Adolescence is a period of transition not only for the young person, but also for the parent. Until this stage of the child's life, the parent has been primary nurture and caretaker and has been always aware, subliminally if not consciously, of the child's health, whereabouts, and progress. During the adolescent period psychological separation of the child from the parent escalates. The child makes noticeable strides toward independent functioning. Further, good *parent-child communication* may have different effect, depending on whether the teenager is boy or a girl. In one study, mother's ability to communicate with sons and daughters was associated with later intercourse, sons' discussions with their fathers were related to earlier sexuality (Kahn, Smith & Roberts 1984). In another study conducted in Cleveland, 70 percent of the fathers surveyed wanted their sons to feel that premarital sex was acceptable (Beckstein, Dahlin & Wiley 1986). In another study it was found that children who live in *single parent families or broken families* are two to three times likely to have emotional and behavioral problems. They are more likely to drop out from

schools, to get pregnant at tender age and to get in trouble with the law (Defoe-Whitehead, 1993). Further, field experience shows that *poor women from rural areas* are more vulnerable to sexual exploitation than urban women. Lack of privacy in the neighborhood in rural areas makes it difficult to hide an occurrence of any unexpected social incidence such as pregnancy, leading to greater reporting. The taboo surrounding sexuality and the "shame" and loss of honor prevents women from seeking justice in case of sexual abuse.

Sociologically speaking, male-female relationships are also broadly structured by the institutional and historical context in which they occur (Risman 1987 & Schwartz, 1994). In most contemporary societies, this is a context that is structured by *patriarchy*—the institutionalized power relationships that give men advantages over women – and on the presumptions of *heterosexuality*. In a patriarchal society, men as a group have more power and resources than women and this institutionalized power influences the interpersonal and intimate relationships between women and men. According to Eric Depret & Susan Fiske (1993) *social power* can be defined in terms of influencing others' behaviors or controlling their outcomes. They maintain that it's outcome-control, rather than social influence, that lies at the heart of social power. In support of this view Blood & Wolfe (1960) stated that power is based on control over valuable resources. The value of relationship itself can also affect the power that partners have over each other. If the relationship is more important to one partner than to the other, the one who values it less has more power (Caldwell & Peplau 1984; Sprecher 1985). As the *principle of least interest* bluntly states: "That person is able to dictate the conditions of association whose interest in the continuation of the affair is least" (Waller & Hill 1951, p.191). Further, each individual develops her or his own sense of sexual identity and desire in the context of a particular time in history, social class and ethnic group, religion, and prevailing set of gender roles (Foucault 1978; Rubin 1984). Travis (1990) has rightly said that in sexuality the most intimate aspect of the self and the most private of experiences is clearly shaped by social order where issues of status, dominance and power prevail in a political way on that which is personal.

On the other, *cross cultural* research suggests that the woman's strategies of silence, withdrawal, and sulking are "last resort" tactics used by people of both sexes when they perceive themselves as less powerful than their partner. Particularly, women with less economic power and more restrictive gender roles use such indirect power strategies (Belk, Garcia-Falconi, Hernandez-Sanchez & Snell 1988).

The exercise of social power through *conformity* takes place due to normative and informational social influence. Normative social influence (outcome dependence) is a conformity that

is "going along with the crowd to avoid rejection, to stay in people's good graces or to gain their approval while informational social influence (information dependence) is that kind of conformity that leads people to acceptance. Research indicates that tendency for women to conform is more than men (Alice Eagly et al 1981). However, Eagly and Wendy Wood (1982, 1991) believe that gender differences in conformity may instead be a product of men and women's typical social roles. Conformity appears to be due to confusion between sex and status in society as well as people's need to conform to societal images of masculinity and femininity. Adolescents who do get pregnant are more traditional in their sex-role orientation than other sexually active young teens. They perceive themselves as competent in highly sex-typed activities, have lower aspirations and grades, and have less of a sense of control. Also, teenagers who get pregnant are more likely to rely on God to determine the course of their lives, indicating that both traditional gender roles and religious beliefs influence the problem of teenage pregnancy (Ireson 1984).

Despite conformity being universal phenomena, it varies by culture (Bond 1982, Triandis & others 1988). Compared to people in individualistic countries, those in collectivist countries are more responsive to others' influence. Most Asian culture takes pride in their sense of propriety and good manners in all areas of interactions, including, in sexual and general female-male interactions. Sexuality exists, but is rarely allowed open expression; control of individual sexual gratification and expression is expected. This control is necessary because the Asian cultural system assumes that individual needs are not as important as family and community needs. Thus, suppression of sexual desire is expected, especially for girls and women, because they are not allowed to indulge in individual needs that might bring shame or dishonor to the family. Traditionally, young Asian women have to be pure and chaste to be suitable for an arranged marriage. Even in modern times, any open expression of sexuality outside marriage is strictly forbidden and therefore, Asian adolescent girls are expected to remain not only virginal but devoid of sexual desire and expression until their marriages (Chan, C.S. 1993).

On the other hand, personal factor as proposed by Brehm & Brehm (1981) in their *theory of psychological reactance* states that people believe they possess specific behavioral freedoms and that they will react against and resist attempts to limit this sense of freedom. For example, if parents demand their daughter not date a certain boy, she might defy the parents as a way to restore a feeling of personal control over her own behavior. When reactance is aroused, the forbidden behavior becomes more desirable.

The Social Affiliation: Social scientists identified two reasons for seeking out others: the desire to gain knowledge about oneself and the world through social comparison and the desire to

secure psychological and material rewards through social exchange. When people decide on whether to remain in a particular relationship, John Thibaut and Harold Kelley (1959) stated that they would not consider the rewards and costs in isolation. Instead, the level of costs and rewards accruing in the current relationship will be compared to the possible rewards and costs available in alternative relationships. The factors that may produce commitment to a relationship include love for the partner, the status that comes with the relationship, and feelings of obligation to sustain the relation. Commitment is reduced by anxiety about the relation, the attractiveness of alternative relationships, or internal and external pressures to try such alternatives, such as loneliness, family and friends.

Psychological factors may also prompt people to seek out others. For example, when a person has a smaller or less satisfying network of social and intimate relationships (as is the case of the unwed mothers) than desired, she experiences "loneliness". Adolescents and young adults are the loneliest age groups who would seek out such relationship the most.

Proximity and *familiarity* are two important elements of social affiliation. *Proximity* means geographical nearness (more precisely "functional distance") that powerfully predicts liking or any relationship. Proximity can also breed sexual assault involve people living close together. On the other, *Familiarity* means the frequency of actual contact with individuals. Koss's (1990) research finds that approximately 85 percent of all sexual assaults are perpetrated by someone at least casually known to the victim. Romantic partners commit as many as 57% percent of all assaults.

Research by Vernon Allen and John Levine (1969) supporting situational factor indicates that social support reduces conformity by diminishing the normative social influence of the group. Further, receiving social support early is more effective than receiving such support after normative pressures have already built up (Morris et al 1977). There are a number of ways in which social support can affect health. In a buffer effect, stress and social support interact. When stress is low, social support does not matter. But when stress is high, social support protects the individual from harmful consequences. Thus high stress and little social support produce the worst health (Cobb 1976, Cassel 1974). According to Iso Ahola et al (1994) an affectionate and stimulating "parent-child" interaction in early years is likely to develop strong and healthy psychological motives (i.e. achievement, self-esteem and self-actualization) in a person, whereas social deprivation from caretakers or peers has detrimental and sometimes irreversible effects not only on a child's social behavior but also on total functioning.

Sexuality and relationship norms are also shaped by culture. For example, *low socioeconomic status* is associated with an *early age* of sexual activity for adolescent girls (Zelnik

et al, 1981). The belief that low-income women are sexually promiscuous is a prejudicial assumption. However, this prejudice is taken seriously in Bangladesh. Further, the social elites and many schools avoid sex education because of pressures from some parents and conservative religious groups who believe that knowledge about sexuality encourages "immoral" behavior. At best girls are taught that they should avoid being victims—of teen pregnancy, sexually transmitted diseases, or selfish males. Thus, the naming of desire, pleasure or sexual entitlement, particularly for females barely exists in the formal agenda of public schooling on sexuality (Fine 1988). The kind of instruction provided in the sex education curriculum promotes the view that women are sexually victimized by men's drives and needs conveying the idea that women always weak and vulnerable, undermining their self-confidence and sense of their own power (Marecek 1993).

The high rate of teenage pregnancy has also caused much concern over the issue of birth control and the sexual behavior of the young. Zelink & Shah (1983) found that about half of all teenagers did not use contraception the first time they had sex. Younger teenagers were much less likely to use contraception than older adolescents were. Further, a number of researchers have found that failure by girls to use contraception effectively is associated with a feeling of lack of control over their lives that probably contributes to a fatalistic viewpoint (Chilman 1983). Being young, poor and uneducated is associated with failure to use contraception effectively. Structural variables such as sporadic and unplanned intercourse and lack of access to a free, confidential family planning service, partner resistance also play a role, as do various psychological factors, including desiring a pregnancy or putting a high value on fertility (Chilman 1987). Similarly, in media contraception is almost never mentioned or referred to, and the negative consequences of an unintended pregnancy are rarely portrayed. TV programming and advertising, provide young people with lots of clues about how to be sexy, but *little information about how to be sexually responsible*. Further, TV advertisements about condoms emphasize physical security rather than fertility control.

Moreover, the conditions under which it is acceptable for a girl to become sexually active are narrowly prescribed in our society. It must be done to please her partner (certainly not herself), must be because she is "in love" and must be unexpected (Cusick 1987). Ironically, both men and women expect the woman to be responsible for contraception, yet she is not permitted to anticipate the possibility of sexual intercourse. This expectation is particularly unfair to teenage girls, since the majority of teen mothers are not impregnated by teen fathers (Press 1988).

Other significant correlates include a *history of family violence*, an *early and varied sexual history*, including many sexual partners, acceptance of *rape myths*, an *impulsive personality*,

hedonistic and dominance motives for sex, lower than average sense of self-worth, and lower religiosity (Koss 1988, White & Koss 1993).

However, it is difficult to distinguish between the economic, social and cultural factors associated with differences in sexual activity. Nonetheless, these factors described above put immediate and long-term consequences over the teenage mothers who become pregnant without marital bond. While some of the consequences are recoverable others stem deep-rooted psychological and socio-economic implications on the lives of the un-wed mothers and their newborn babies. These consequences are highlighted below.

2.2 Consequences of pre-marital pregnancy

2.2.i Abortions

Because traditional sexual scripts focus on male pleasure and male control, women often may be unable to assert a claim to safety during sexual activity. The consequence is an increased risk of unwanted pregnancy and sexually transmitted diseases. Abortion is a reproductive option that many women find necessary at sometime in their lives. Earlier research indicates that 91% abortions take place within the first three months of pregnancy and women choosing abortion tend to be young and the great majority (81%) of those having abortions are unmarried (Albert 1993, Bishop 1989). In Bangladesh, unsafe abortion in the hands of unskilled midwives or village quack is a common phenomenon. Apart from physical complications and risks of abortion, there are psychological effects of abortion. Women making reproductive decision today are living in a socio-cultural environment of lesser power and status. The conflict many women feel over sexuality and their right to make decisions on the basis of their own needs complicate decision-making. Research also suggests that there are psychological effects of abortion where women are living in a socio-cultural environment of lesser power and status. Some of such risk factors, both internal and external, have been identified; a woman is more likely to have post-abortion psychological problems if she has a history of prior emotional problems, has received little family support from family or friends, felt pressured into the abortion decision, or has strong religious beliefs that abortion is immoral (Public Interest Directorate, USA 1987). Majore et al (1992) further suggested that a woman obtaining abortion without the support of her partner or family had greater likelihood of psychological problems.

2.2.ii Physiological Complications and Psychological Stress

Teen mothers face higher medical risks in pregnancy and more likely to have low-birth weight babies, which, in turn is a major cause of infant mortality. The recent increase in infant

mortality in Bangladesh is probably due in large part to the increase in teenage pregnancy i.e. 83.25% in rural areas and 10.6% in urban areas (Miah et al 1988).

Similarly, the stress and coping process influence health outcome. Research shows that individuals high in negative affectivity report more negative life events, physical symptoms and psychological distress than do those low in negative affectivity (Clark & Watson 1991, Magnus et al., 1993). Kohn et al. 1991 suggests that strained relationship and everyday hassles can contribute to distress and illness. Breaking up a relationship or severe illness are examples of depression-provoking situations (Costello, 1982). Research on self-complexity indicates that having many distinct negative identities is associated with greater depression (Woolfolk et al., 1995). When a relationship ends, the experience can be traumatic (Kitson & Morgan, 1990, Stroebe & Stroebe 1983, 1986). Coping is often more difficult for both heterosexual and homosexual individuals and an unexpected loss creates more distress than one that has been anticipated (Brehm 1992, Kurdek 1991c). Couples who are in relationships that are not equitable report more feelings for guilt and more distress, as well as higher amounts of anger. They are less likely to last the relationship (Winn, Crawford and Fischer 1991).

A famous list of stressful life events developed by Holmes and Richard Rahe (1967) to measure a person's total amount of recent life stress indicates that death of a spouse, divorce and marital separations are the three most stressful events for most people. These events represent the end of a previously valued relationship, and they also force the person to make major readjustments in his/her life-style. This can take an enormous toll. Studies showed that people experiencing these events feel more anxious, helpless and have lower self-esteem. This can be a major cause of psychological and medical disorders (Bloom, Asher and White, 1978).

The *stress of relocation* involves both losses and the need to adjust to new ways. Moving is not simply leaving a house to which one has become accustomed. It also means leaving an entire community, saying goodbye and breaking ties to dears and nears. For the young unmarried pregnant girls relocation is especially stressful because it not only forces them to leave their family and friends but also put them into an endless uncertainty of their future life that is often associated with immediate unemployment. They often have no guarantees of finding new jobs or shelter.

Role conflict occurs when performing one task competes with performing another equally important task. For example, a young girl will experience role conflict when the social norm/demand for a mother contradicts with her own choice or demand. In other words, when the girl is asked to take a decision that is contrary to her own judgment or values. Such as *social or familial pressure to get rid of the pregnancy while she wants the baby born*. Role conflict takes many forms and is a

major source of life dissatisfaction. It creates antagonism towards peers and society (Matteson, 1975). In one study Deborah Baker (1989) found that social interaction and other social aspects of the mothering role was considered the most as compared with other activities. There was also some lack of consensus about the social consequences of being a mother. The study further reveals that the lack of change in patterns of identification and construction from late pregnancy to early motherhood brings with it major changes in social identity.

Over the years, one of the most important questions was "why do people usually hold positive attitude towards pregnancy if it occurs with a marital context? The answer is because it gives a social recognition. On the other hand, attitude toward premarital pregnancy is less likely to be positive because it brings social resentment and other negative consequences. Besides gain rewards and an organized view of the world, attitude can help persons cope with emotional conflicts and protect self-esteem. A number of attitude theorists have argued that functions of attitudes are to satisfy people's different psychological needs. The *utilitarian* function (also known as *adjustment* function or *instrumental* attitude) presumes a basic need of self-interest gaining rewards and avoiding punishments from the environment. Besides the need to achieve rewards and avoid punishment, functional theorists further contend that people have a need to attain a meaningful, stable and organized view of the world. Katz (1986) stated that attitudes satisfy this *knowledge* function when they provide a "frame of reference". Consistent with Freud's psychoanalytic principles, the *ego-defense* function assumes that attitudes serve as defense mechanism, shielding the self or ego from inner conflict and unpleasant truths.

Social Psychologists questioned why action affects attitude and they suspected three possible sources. (i) *The Self Presentation Theory* assumes that for strategic reasons we express attitudes that make us appear consistent. We worry about what others think about us and feign attitudes we don't really believe in. To make a good impression is often to gain social and material rewards, to feel better about ourselves, even to become more secure in our social identities (Leary 1987, Leary et al 1994). (ii) *The Self Justification (Cognitive dissonance) Theory* assumes that to reduce discomfort we justify our actions to ourselves. This focuses on what induces a desired action, rather than the relative effectiveness of rewards and punishments administered *after* the act. Thus it aims to have women say, "I agreed to have sex relation because I had no other option and my job is more important for my survival than anything else," rather than "I got pregnant because I wanted to". The emphasis on perceived choice and responsibility implies that decisions produce dissonance. After making important decisions, we usually reduce dissonance by upgrading the chosen alternative and downgrading the option we passed over. (iii) *Self Perception theory* proposed by Bem (1972) assumes that our actions are self-revealing (when uncertain about our feeling, beliefs, we look to

our behavior, much as anyone else would). That means we make similar inferences we observe in our own behavior.

Fishbein and Ajzen (1980) proposed that an attitude toward performing a particular behavior is formed according to a fairly rational process, and is the product of two factors (i) one's beliefs about the consequences of performed behavior and (ii) one's evaluation of those possible consequences. Fishbein and Ajzen argued on discussions on abortion that a woman's attitude towards being pregnant could be based on her belief about the consequences of having a child and/or her evaluation of the belief. Fishbein and Ajzen had further predicted that the women who would intend to become pregnant would believe that this event would have significantly more positive consequences than women who had no intentions of becoming pregnant.

Attitude and subjective norms may also influence behavioral intentions. A subjective norm is a person's perception of social pressure to perform or not perform the behavior under consideration. Like attitudes, subjective norms are also a product of two factors: (i) the perceived expectations of significant others i.e. what other people think about her or how other people will take it, and (ii) one's motivation to conform to those expectation i.e. people's views are biased, or outdated etc. Fishbein (1966) found that gender differences existed in predicting sexual intercourse among college students. For men, subjective norms were more important while women's intentions were more influenced by an inner sense of right or wrong. However, there are cases in which people believe the behavior in question is beyond their control and cannot be solved through subjective norms. In responding to that Ajzen (1991) added the concept of perceived behavioral control, which is one's perception of how easy or difficult it is to perform the behavior in question. Ajzen argues that attitudes cannot influence behavior unless people feel confident in their ability to perform the behavior.

2.2.iii Unemployment

In addition to the health problems, teenage parents face chronic unemployment or, when they work, low earnings and low status jobs. In 1990, the unemployment rate for Black teenage males was 32.1% while for black teenage females was 30% (Ladner et al 1984, Ladner 1986). Further, One-third of teen mothers live in poverty and those who live on their own are more likely to be poor.

2.2.iv Social Despise and Exclusion/Estrangement

Gender prescribes the way women and men ought to behave. People who do not conform to the social perceptions about the way typical and "normal" individuals of their sex behave are likely to be punished for their nonconformity. The mechanism by which such nonconformity is socially

described is *stigma* and *deviance*. Women's vulnerability to stigmatization is due to their general social subordination and relatively poor power position. They are not in a good position to define their rules that evaluate their own behavior. Some sociologists (Schur, 1983) have argued that women's subordination is maintained by defining many of their characteristics and behaviors as deviant. As Asch and Fine (1988) rightly said –"we tend to avoid stigmatized people or to deal with them only in terms of their 'handicaps'. We react to them in terms of their stigma rather than in terms of other human qualities they possess." Women's deviance is like any deviance, a social construct. The very same behavior or condition may be defined or responded to differently when it is associated with a woman rather than a man. For example, we have very different names for an unmarried woman or man who has an active and varied sex life. Depending on our values, such an unmarried woman may be considered "promiscuous" or "liberated". It is interesting to note that the same categories do not apply to men. Further, due to such promiscuous behavior by women abandonment usually takes place among the poorest, particularly among the floating population in urban slums and among squatters. However, abandonment in the event of rape may take place in any socio-economic group. In practice, in the well-to-do classes pregnancy related to rape and beyond wedlock is secretly taken care of by the family members through an abortion or by abandoning the new born baby to an institution (Miah et al, 1988). The recent surfacing of violence related to issuance of Fatwa by village Moulovies and local elite who exploits the naïve religious sentiments of rural people is in contradiction to the law of the country. The following case of a 19-year-old victim of Fatwa is not just against the law of the land but also against all kinds of human rights:

Rina, a 19 years old young unmarried woman killed herself on the night of December 15, 1994 after she was lashed 101 times following a Fatwa given at the village Shalish .The Imam of the local mosque pronounced Rina guilty of terminating her illegal pregnancy through abortion.

Apart from social despise and neglect, there may be a sort of estrangement between the woman and her family causing psychological stress on all of them (A Miah et al, 1988). Very often these woman do not find a normal living. Under all strains these women sometimes resort to committing suicide to relieve the pains of life. The study done by A Miah et al, 1988 looked at the relationship between marital status and whether the women were left to be destitute during their pregnancy or after childbirth, it appeared that unmarried women were abandoned more frequently than the married women during their pregnancy. This study also revealed that the overwhelming majority (84%) of the destitute women constituted of unwed pregnant mothers while 13% of the destitute constituted of being mother with children.

From the above discussion it is apparent that a number of demographic factors such as age, economic condition, gender and family affiliation; social factors such as Adolescent – Parent Communication, education and materials on sexuality, availability of contraceptives and birth control practices, violence, social power, gender role, role conflict, social affiliation and support and social deviance; and cultural factors such as negative attitude, taboo, Fatwa (religious verdict against premarital sexuality/ pregnancy), family history of violence, sexual history including many sexual partners, acceptance of rape myths, impulsive personality, hedonistic and dominance motives for sex, lower than average sense of self-worth, and lower religiosity play vital role in the sexual behavior of and its outcome for young girls. These factors have been analyzed with different theoretical perspectives i.e. social learning theory, socio-biological theory, social identity theory and theory of sexuality. The analysis suggests that adolescence being a crucial period for development of their identity, gender role and other socio-cultural behavior pattern, girls are more vulnerable to sexual manipulation. Further, social factors like poverty forces young girls to migrate to cities and being victims of trafficking and sexual exploitation by the male agents of the society who are socially more powerful than female. These factors contribute to young women's premarital pregnancy with a number of severe consequences such as unsafe and risky abortions that are mostly secretly done, physical complications including death of the infant and the mother, psychological stress, unemployment and abandonment by family and society. Particularly, unemployment and abandonment lead the mothers to become sex workers and do other social deviant behavior.

2.3 Operational Definition of the Central Terms and Concepts

Under the present study, a number of operational terms and concepts have been used in addition to the theoretical terms and concepts. These are elaborated below;

Abandoned woman/mother can be a pregnant woman or a mother with children who does not necessarily have unwed pregnancy or motherhood, but is left alone by her husband and/or family. Also, an abandoned mother can be one who is unwed and usually a victim of love affairs or rape and is left alone when the man involved refuses to take the responsibility of the pregnancy and of the woman.

Age is defined based on Gordon C, Gaitz C, and Scott J 1976 as followings

Early adolescence (12-15 years)
 Later adolescence (16-19 years)
 Young adulthood (19-29 years)

Attitude is any notion either preconceived or developed towards the pregnancy, self and society in the form of negative, defensive, reactive or positive during the crisis of pregnancy.

Decision Making is any course of action planned and/or taken leading to any vital decision in the context of premarital pregnancy from the day of revealing the incident till the victim tries to reintegrate into the society with or without the baby born.

Implication: Under the present study the term “implication” qualifies for both factors responsible for and consequences of premarital pregnancy over the lives of the unwed mothers.

Level of Confidence is the degree to which unwed mothers perceive their lives as internally controllable by their own efforts and/or actions or as externally controlled by chance or outside forces considering their state of pregnancy.

Occupation has been categorized based on indicators of the Socioeconomic index (SEI) of August B. Hollingshead and Frederick C. Redlich’s and The Class Structure of Giuldbert-Kahl and used under the present study in the following manner:

***Not poor** group defined as being middle class managerial, administrative or professional whose income runs slightly below the national average, education is above high school.*

***Working class** group defined as being mid level blue-collar, lower level white collar, income runs slightly below the national average, education is slightly below.*

***Working poor** group defined as being below mainstream living standard but above the poverty line; low paid service worker, operatives, some high school education*

***Poor group** defined as living below poverty line, no regular income, no schooling*

Self Esteem is consisting of the unwed mother’s positive or negative self-evaluation during the crisis of pregnancy towards their making decisions about their and/or the new born baby’s future.

The terms **Sexual assault and sexual exploitation** have been used inter-changeably in the present study to refer to instances in which the unwed mothers engaged in sexual behavior against their will or out of ignorance. The term sexual assault/sexploitation formed sexual activity falling on a continuum range from consensual sexual contact at one end to rape at the other. The male partner’s tactics ranged from psychological pressure (i.e. threatening to end the relationship, saying things he does not mean such as falsely professing love), verbal persuasion (if you loved me, you’d let me”, “you owe it to me”), verbal threats to harm, use of alcohol and drugs, physical intimidation, mild physical force (pushing, slapping, holding down), severe physical force (beating, choking), to displaying or using a weapon. Thus, cases of unpleasant sex or regrettable sex (i.e. consent was given, but subsequently regretted) and verbally pressured into sexual intercourse both counted as a form of sexual assault/exploitation under the study.

The present study examined **social support system** based on four models as described below. According to *Social Contact model* "social support" can be defined in terms of a person's number of social contacts that combined (1) marital status, (2) contacts with close friends and relatives, (3) church memberships and (4) formal and informal group associations (Berkman & Syme 1979). However, simple count of social contacts is not an adequate model of social support is that too many such contacts can actually reduce social support (Evans & Lepore 1993). A second model of social support focuses on the *number of helpers available to person in need* (Barrera & Ainlay 1983). A third model of social support emphasizes the *quality of a person's relationships* rather than quantity (Costello 1982, Brown & Gary 1985, Brown & Harris 1978). But tender loving care from others does not always improve an individual's health status. For example, over-protectiveness by family and friends can make it more difficult for an individual to engage in unpleasant behaviors necessary for recovery (Kaplan & Toshima 1990). The fourth and final model of social support defines it in terms of its perceived availability (Sarason et al. 1983, 1994) after an abortion (Majore & Cozzarelli 1992).

Stress has been defined as some disturbing psychological and physiological reactions that occurred any time during the period of pregnancy of the unwed mothers until and after the baby was born. These stresses have been categorized under depression, anxiety and physiological symptoms (ref: stress measuring scale) under the present study.

Un-wed pregnancy refers to any pregnancy that may occur with or without mutual consent for sexual interaction between a male and female and occurred without wedlock and generally clandestine in nature with a prophecy of love or promise (true or false) of marriage by the male partner. This is not a pregnancy out of extra marital affairs.

Un-wed Mothers are regarded as woman of any age and socioeconomic background under the present study having pregnancy and/or just given birth due to a pregnancy that occurred without wedlock and formal legal procedure of marriage.

Chapter Three

METHODS AND PROCEDURE

- 3.1 Sources of Data and Method**
- 3.2 Limitations of the Study**

METHODS AND PROCEDURE

3.1 Sources of Data and Methods

3.1.1 Selection of the Study Area

Due to the sensitive subject matter i.e. unwed pregnancy of the present study and non-availability of information about the unwed mothers, it was not possible to do a probability sampling of the study areas and population. However, efforts were made to have some representation of urban and rural context. Respondents were traced through some selected sources in Dhaka, Tongi, Khulna, Mymensingh, Syedpur and Sylhet. Efforts were particularly made to find out unwed mothers from the following places where they were likely to be coming for medical care, shelter and other type of help;

1. Hospitals and clinics (both private and government)
2. Shelter Homes (both government and private)
3. NGOs
4. Government Institutes
5. Brothel
6. Railway Station
7. Private Houses/Places

3.1.2 Sample Design

The present study was carried out under four different categories of samples: While the primary sample was the unwed mothers, the secondary sample groups covered three different categories of population i.e. (i) family, (ii) employer and (iii) organizations.

Due to the sensitive nature of the respondents (i.e. women with premarital pregnancy) a purposive sample has been drawn and respondents have been interviewed based on their availability and willingness to respond. A total of 60 (sixty) young women with premarital pregnancy, ranging from their 4th month of pregnancy up to the birth of the baby, have been identified and interviewed as primary respondents for this study (**Appendix A**).

The secondary groups (i.e. family, employer, organization) have been selected as follows:

Family Members: Particularly Parents having adolescent daughter and/or son living either in urban or rural setting being categorized as families who are (1) the working poor + no formal

education, (2) working class + formal education (high school) (3) middle class + formal education (ref: SEI: Gilbert-Kahl Synthesis Class Structure and Hollingshead-Frederick C. Redlich).

A total 26 families have been interviewed during the study period being selected as per the following Table 1.

Table 1: Distribution of Families Interviewed

Social Class Structure	Number	Percentage
working poor	7	27%
working class	5	19%
middle class	14	54%
Total	26	100%

Employers: (1) Housewives/House masters employing adolescent or young woman as domestic aid, (2) Factory/Enterprise/Business owners employing adolescent or young woman as worker. A total 21 housewives (both career women and homemakers) and 15 garment factory owners have been interviewed during the study period.

A total 20 social workers and employees of 20 organizations (**Appendix B**) have been interviewed during the study period.

3.1.3 Methodology

The study used a multiple methods combining both qualitative (i.e. case-study, in-depth interview) and quantitative methods through Attitude scale, scale measuring self-esteem, level of confidence and social conformity underlying the decision making of the unwed mothers and scale measuring the stress the unwed mothers go through during pregnancy. The secondary sources include review of literature, casestudies, organizations' files, Hospital Files, and Govt. Institute's Record Books.

3.1.4 Tools used

The present study combined respondents of different categories such as illiterate, poor, educated, not poor, urban, and rural-migrant. Therefore, different tools suiting the requirement to reach out different respondent groups have been developed and used. The following are the details of the tools that have been used;

Development of Attitude scale

To measure the attitude of the unwed mothers towards their pregnancy, self and society a five point Likert Type Attitude Scale has been developed.

In the Likert type scale that has been used to measure attitude of unwed mothers towards premarital pregnancy, a total of 60 items apparently seemed to have face validity have been produced. These were then given to five judges (two with psychology background, one with social welfare background, one with research methodology background and one with anthropology background) to do the content analysis and also to decide in case sub-grouping is necessary and possible. After the judges' feedback a total 50 items have been kept in the scale under three subscale/theme (i.e. pregnancy subscale, self subscale, and society subscale). This version of the scale then was tested on a pilot sample of nine respondents who were the similar to the group studied in this research. Once sampled, the items on the scale were then analyzed in terms of their validity and reliability and poorly performing items have been removed.

In the final version of the scale a total 32 items were retained. The scale consisted of a variety of items, either of a cognitive, affective and behavioral aspect of the attitude and drawn from all areas of the three content domains i.e. premarital pregnancy, self, and society. Each of the items had 5 possible responses ranging from strongly agree to strongly disagree, the response strongly agree obtained a score of 1 in case of negative attitude item and 5 in case of positive attitude item and vice versa (**Appendix C and J**). The allocation of the positive and negative (reversed) items into the scale was randomized so that there was no fixed ordering of the items. Thus, the total scores have been summated in the following manner;

Table 2: Distribution of Attitude Scale Score

Attitude Scale	Positive	Mixed	Negative	Total
Pregnancy subscale	43 and higher	42	1 up to 41	70
Self subscale	25 and higher	24	1 up to 23	40
Society subscale	31 and higher	30	1 up to 29	50
Scale Grand total	97 and higher	96	1 up to 95	160

After obtaining the total data of the respondents score were then inputted into SPSS for analysis. The above table indicates that under each subscale the scores have been added together. Taking subtotal of the mid point (i.e. 42, 24, and 30) as the medium value, the subtotal items falling above the mid value have been considered as the positive attitude and subtotal items falling below the mid value have been regarded as the negative attitude. Thus, for example, for the pregnancy subscale the subtotal value falling above 42 has been regarded as the positive attitude and below 42 as the negative attitude towards pregnancy.

A scale reliability analysis was run on the results and data obtained for the item means, inter-subscales correlations (Pearson's) and the scale statistics. The inter-subscale correlations (Pearson's split-half test of correlation coefficient) have also been analyzed. To see the level of significance, Chronbach's coefficient alpha was obtained. The following results were found:

Table 3: Distribution of Reliability Score of the Attitude Scale and Sub-scales

Reliability	The Attitude Scale	The Pregnancy Sub-Scale	The Self Sub-Scale	The Society Sub-Scale
Spearman-Brown	.7557	.8435	.7588	.9647
Alpha	.6125	.7850	.6335	.9587

Further, the correlation found significant at .01 level between the society subscale and the pregnancy sub scale and at .05 level between the society subscale and the self sub scale.

The conceptual terms of each subscale of the Attitude scale have been defined as follows;

1. Attitude towards Pregnancy before Marriage Subscale

- Any negative notion and statement about such pregnancy associated with social, legal, religious and psychological forces as distributed in the Attitude Scale under Subscale (a) item no. 1, 2, 4, 5, 6, 7, 8, 10, 13 and 14 being termed as *negative attitude towards pregnancy*.
- Any positive notion and statement about such pregnancy challenging the social, legal, and religious forces and justifying the state of pregnancy showing strong psychological force as distributed in the Attitude Scale under Subscale (a) item no. 3, 9, 11, and 12 being termed as *positive attitude towards pregnancy*.

2. Attitude towards Self being Pregnant before Marriage

- Any negative statement about own self pronouncing a sense of guilt and blame for being pregnant without wed lock will be termed as *negative attitude towards own self* as distributed in the Attitude scale under Subscale (b) item no. 1, 3, 5, and 7.
- Any statement about own self defending self or justifying the pregnancy without wed lock will be termed as *positive attitude towards own self* as distributed in the Attitude scale under Subscale (b) item no. 2, 4, 6, and 8.

3. Attitude towards the Society

- Any negative statement blaming the society and its system, norms and mores for the vulnerable condition during such pregnancy without wed lock and its consequences will be

termed *as negative attitude towards the society* as distributed in the Attitude scale under Subscale (d) item no. 1, 3, 5, 6, 7, 9, and 10.

- Any positive statement supporting the society and its system, norms and mores for not supporting the mother during the vulnerable condition of such pregnancy without wed lock and its consequences will be termed *as positive attitude towards the society* as distributed in the Attitude scale under Subscale (d) item no. 2, 4, and 8.

Development of SLS (Self-esteem, Level of confidence and Social Conformity) scale:

To study the self-esteem, level of confidence and social conformity of the unwed mothers during their pregnancy, a five point semantic differential type "SLS" scale has been developed and used. A total of 50 items apparently seemed to have face validity have been produced. These were then given to five judges (two with psychology background, one with social welfare background, one with research methodology background and one with anthropology background) to do the content analysis and also to decide in case sub-grouping is necessary and possible. After the judges' feedback a total of 30 items have been kept in the scale under three subscale/theme (i.e. self-esteem subscale, level of confidence subscale, and social conformity subscale). This version of the scale then was tested on a pilot sample of nine respondents who were similar to the group on which the final scale has been sampled. Once sampled, the items on the scale were then analyzed in terms of their validity and reliability on a total nine respondents.

In the final version of the scale 30 items were retained and drawn from all areas of the three content domains i.e. self-esteem, level of confidence and social conformity. The allocation of the items in the form of statements has been on a bipolar position (i.e. active/ passive). Each of the items had a positive statement in one pole and a parallel negative statement at the opposite pole of the scale dividing both pole in five equal intervals. For each item that describes a positive aspect of self had the highest score 5 and for each item having a negative connotation of self had a lowest score 1 (**Appendix D and K**). The items positioned onto the scale were randomized so that there was no fix ordering of the items. After obtaining the total data of the respondents scores were then inputted into SPSS for analysis. The total scores have been summated in the following manner;

Table 4: Distribution of SLS Scale Score by High Vs. Low

SLS Scale	High	Mixed	Low	Total
Self-esteem subscale	16 and higher	15	1 up to 14	25
Level of Confidence subscale	52 and higher	51	1 up to 50	85
Social Conformity subscale	25 and higher	24	1 up to 23	40
Scale Grand total	91 and higher	90	1 up to 89	150

From the above table it indicates that under each subscale the scores have been added together. Taking subtotal of the mid point (i.e. 15, 51, and 24) as the medium value, the subtotal of items falling above the mid value have been considered as the high level and subtotal of items falling below the mid value have been regarded as the low level. Thus, for example, for the self-esteem subscale the subtotal value falling above 15 has been regarded as the high self-esteem and below 15 as the low self-esteem.

A scale reliability analysis was run on the results and data obtained for the item mean, inter-subscale correlations (Pearson's) and the scale statistics. To see the level of significance, Chronbach's coefficient alpha was obtained. The following results were found:

Table 5: Distribution of Reliability Score of the SLS Scale and Sub-scales

Reliability	The SLS Scale	The Self Esteem Sub-Scale	The Level of Confidence Sub-Scale	The Social Conformity Sub-Scale
Spearman-Brown	.7770	.7897	.9199	.6214
Alpha	.7761	.7045	.8763	.6839

The inter sub scale correlation found significant at .01 level for all three subscales.

The conceptual terms of each subscale of the SLS scale have been defined as follows;

The Self-esteem, Level of Confidence and Social Conformity (SLS) Scale

1. Self Esteem

- Any statement expressing meaning and purpose over her existence and self will be termed as *High Self Esteem* as distributed in the PIL scale under subscale "Self Esteem" item no. 1, 3 and 5.
- Any statement expressing apathy, frustration and sense of guilt over her existence and self will be termed as *Low Self Esteem* as distributed in the PIL scale under subscale "Self Esteem" item no. 2, and 4.

2. Level of Confidence

- Any statement expressing a meaning, plan and purpose over her life and the new born will be termed as *High Level of Confidence* as distributed in the PIL scale under subscale "Level of Confidence" item no. 2, 4, 6, 8, 9, 10, 12, 13, 16 and 17.
- Any statement expressing a confusion, apathy and inability to plan or decide over her life and the new born will be termed as *Low Level of Confidence* as distributed in the PIL scale under subscale "Level of Confidence" item no. 1, 3, 5, 7, 11, 14, and 15.

3. Social Conformity

- Any statement expressing an intention to comply/conform with the existing social norm and mores to plan for her life and the new born will be termed as *High Social Conformity* as distributed in the PIL scale under subscale "Social Conformity" item no. 1, 2, 4, 5, 6, 7, and 8.
- Any statement expressing defiance and/or confusion over the existing social norm and mores will be termed as *Low Social Conformity* as distributed in the PIL scale under subscale "Social Conformity" item no. 3.

Developing Stress Measuring Scale:

To study the felt Stress in terms of depression, anxiety and physical stress of the unwed pregnant mothers a nominal type Stress Measuring Scale has been developed and used. This scale had a total of 40 items falling under three subscales i.e. depression subscale containing 12 items, anxiety subscale containing six items and physical stress subscale having 22 items. Each item had an option to state the respondent's felt stress either by "Yes" in case of stressed felt or "No" in case of no felt stress. For each "yes" 2 score and for each "No" 1 score has been allocated (**Appendix E and L**). Thus, the total score for each subscale and total scale comes as per the following Table 6.

Table 6: Distribution of Stress Measuring Scale Score by "Yes"/"No"

Stress Measuring Scale	Yes	No	Highest Score
Depression subscale	13 and higher	1 up to 12	24
Anxiety subscale	7 and higher	1 up to 6	12
Physical Stress subscale	23 and higher	1 up to 22	44
Scale Grand total	41 and higher	1 up to 40	80

To study the level of stress in terms of high and low, the total scores in each sub-scale have further been broken into two equal intervals. See the following Table 7.

Table 7: Distribution of Stress Measuring Scale Score by High Vs. Low

Stress Measuring Scale	High	Low
Depression subscale	19-24	13-18
Anxiety subscale	10-12	7-9
Physical Stress subscale	34-44	23-33
Scale Grand total	61-80	41-60

A scale reliability analysis was run on the results and data obtained for the inter-subscale correlations (Pearson's) and the scale statistics. To see the level of significance, the scale alpha using Chronbach's coefficient alpha was obtained. The following results were found:

Table 8: Distribution of Reliability Score of the Stress Measuring Scale and Sub-scales

Reliability	The Stress Measuring Scale	The Depression Sub-Scale	The Anxiety Sub-Scale	The Physical Sub-Scale
Spearman-Brown	.5650	.5902	.4108	.6610
Alpha	.6435	.3384	.3970	.6031

The items for each subscale of the Stress measuring scale have been adopted from the stress list as developed by Wilner, Kaltreider & Alvarez (1980) and Fuller (1977) and the Social Readjustment Rating Scale of Holmes & Rahe (1967) as follows;

The Stress Measuring Scale

The Depression Subscale and The Anxiety Subscale

1. **Depression** meaning 13 symptoms as distributed in the Depression Sub scale of the Stress Measuring Scale
2. **Anxiety** meaning 7 symptoms as distributed in the Anxiety Sub scale of the Stress Measuring Scale

The Physical Stress Subscale

30 symptoms as distributed in the Physical Sub scale of the Stress Measuring Scale.

Structured Questionnaires:

To interview selected families, employers and social workers/employees of organizations three sets of structured questionnaire have been developed and used (**Appendix F, G, H, M, N and O**).

Interview Guideline for Development of Case-Study

To develop some case studies of the unwed mothers a guideline for in-depth interview has been developed (**Appendix I and P**).

3.1.5 Data management and Analysis

Data obtained under the present study were both qualitative and quantitative in nature. Therefore, data analysis was done using both qualitative and quantitative analysis. For example, data obtained from using interval (type) scale was analyzed through parametric statistical test such as ANOVA. Some non-parametric test such as univariate analysis i.e. frequency distribution and bivariate analysis i.e. contingency coefficient have also been used through SPSS program.

The data derived from Attitude scale and SLS scale that are interval in nature were analyzed through parametric test i.e. descriptive statistics like Mean and SD were also calculated. Besides, to

study the effect of socioeconomic variables such as education, economic status, family tie/contact, age, on the attitude of the respondents, oneway analysis of variance and mean and standard deviation has been obtained. For data derived from Stress Measuring Scale that is nominal in nature, percentage and frequency has been obtained.

To derive data on the factors responsible for premarital pregnancy mostly univariate and case-study analysis was done.

For data on immediate consequences of premarital consequences some univariate analysis and bivariate analysis was done handling variables such as support received during premarital pregnancy, loss of job due to pregnancy, loss of family due to pregnancy etc. Finally data obtained on existing support systems has been analyzed through univariate analysis. All data have been presented in Tables and figures.

3.2 Limitations of the Study

- Due to the non-probability nature of the sample population it was not possible to draw them through a precise sampling procedure that is possible in case of probability sample. Therefore, a number of parameters could not be determined for the sampling that would be possible in a probability sample.
- It was extremely difficult to trace participants (i.e. unmarried pregnant mothers). One obvious reason was that reporting premarital pregnancy and rape is least likely to result in conviction, particularly if it is committed by an acquaintance. Not only do many women not report their assault to the family or authority, many never tell anyone. In many instances it so happened that after reaching the place (after duly being informed) the unwed mothers were not found.
- Due to the sensitive nature of the study topic/issue, the researcher had to rely on subjective reporting and consistency check of the data was not possible in some cases. For example, while the respondents were interviewed from private sources the absence of any written record was a limitation to verify their reporting from multiple sources. Further, in few cases the researchers were denied to conduct the survey and/or even approach officially. The severe resistance came from the government institutions than from the non-government institutions and from the middle class family than from the families who are economically poor.
- Due to the extremely socially sensitive nature of the topic, a considerable amount of time took to collect relatively a smaller number of sample/respondents. The present study took a

time period between 2000-2002 to interview particularly the unwed mothers. This has further limited the study to conclude any generalization based on the findings.

- Also, due to the poor education level (60% illiterate) of the respondents (unwed mothers) data collection through the 'one to one' interview method using three different scales i.e. Attitude scale, PIL scale and Stress Measuring Scale was quite arduous and time consuming. It took more than two hours to complete each scale for each respondent. This is also a reason for having some respondents disqualified who refused to continue until the last scale is complete.
- Data was difficult to collect from the rural areas than from the urban areas.

Chapter Four

FINDINGS AND INTERPRETATIONS

- 4.1 Factors Responsible for Premarital Pregnancy
- 4.2 Attitude of the Unwed Mothers toward their Pregnancy, Self and Society
- 4.3 The Self-esteem, Level of Confidence and Social Conformity underlying Decision Making Behavior and the Felt Stress of the Unwed Mothers
- 4.4 The Immediate Consequences of Premarital Pregnancy
- 4.5 The Existing Support Network and Its Implications ^{for} over the Unwed Mothers

FINDINGS

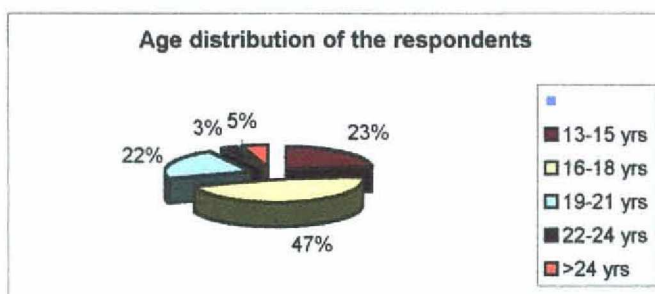
The present study was undertaken to investigate the implications of different factors (demographic, social and cultural) causing premarital pregnancy in respect of the attitude of the un-wed mothers toward such pregnancy and other associated aspects primarily about their self-esteem and confidence level and social conformity underlying their decision making, and the physiological and psychological stress they go through during such pregnancy. The obtained data were analyzed to determine the differential effect of those factors i.e. age and socio-economic parameters such as family affiliation, economic condition, employment status and education status on the attitude of the unwed mothers toward their pregnancy, self and society and on their confidence level and degree of social conformity by computing the mean, standard deviation and through T-test and F-test i.e. analysis of variance (ANOVA). Data were also analyzed to see the effect of particularly family affiliation as part of a broader social support net and employment condition on the unwed mothers' psychological and physiological state, self-esteem and level of confidence. All the findings have been elaborated in this chapter and the findings through case-studies have been elaborated in the following chapter.

4.1 Factors Responsible for Premarital Pregnancy

One of the objectives of the present study is to identify factors causing premarital pregnancy. The findings depicted some socioeconomic factors such as age, economic condition, occupation, education, and family affiliation playing a significant role in sexual exploitation of the respondents causing their pregnancy before marriage. These findings are presented below.

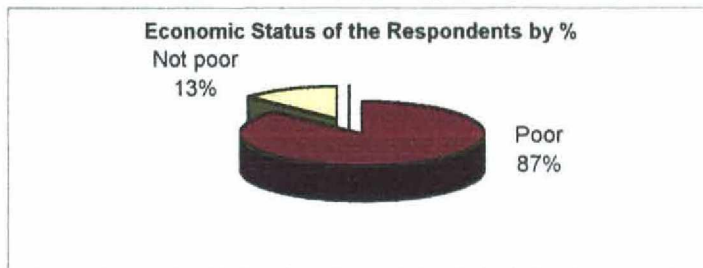
4.1.1 Age: Among the total 60 respondents 42 (70%) were at their adolescence and 18 (30%) in early adulthood indicating that majority of the respondents who were victims of sexual exploitation were in their tender age (i.e. adolescence). Figure 01 shows the age distribution of the respondents.

Figure 1 **Distribution of Unwed Pregnant Mothers by Age Category**



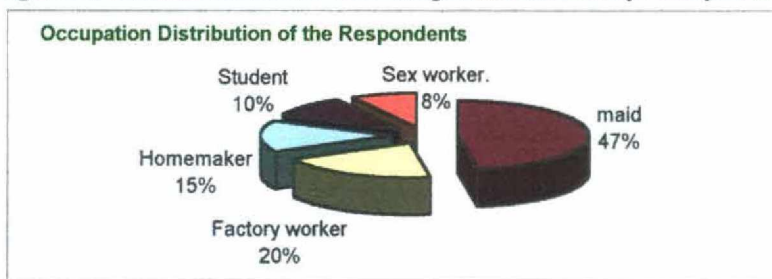
4.1.2 Economic status: Among the 60 respondents, majority of them i.e. 52 (87%) were from poor family background and only 8 (13%) were from relatively economically solvent family. Figure 02 shows the economic status of the respondents.

Figure 2: Distribution of un-wed Pregnant Mother by Economic Status



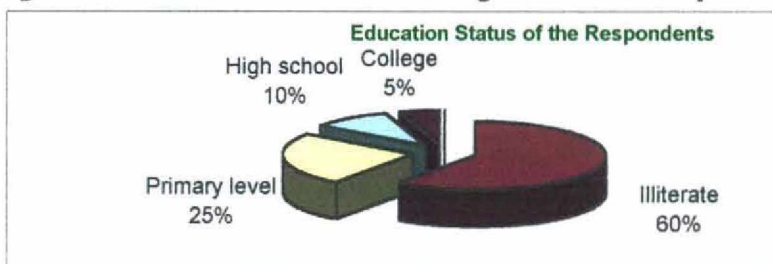
4.1.3 Occupation: Closely associated with the economic factor, it is important to notice the occupational pattern of the respondents. Among the 60 respondents, 29 (47%) were working as maid in private houses and 12 (20%) as garment factory workers totaling 68% and 8 (15%) were homemakers, 6 (10%) students and 5 (8%) sex workers. Figure 03 shows the occupation of the respondents in detail.

Figure 3: Distribution of un-wed Pregnant Mothers by Occupation



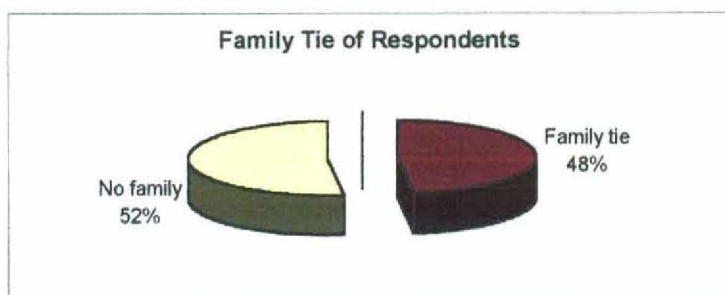
4.1.4 Education: Majority of the respondents 36 (60%) were illiterate, while 15 (25%) had some education at primary level, 6 (10%) high school and 3 (5%) were studying at college Figure 04 shows the education status of the respondents in detail.

Figure 4: Distribution of un-wed Pregnant Mothers by Education Status



4.1.5 Family Status: More than 50% of the respondents did not have any (contact with) family. Figure 05 shows the family tie of the respondents.

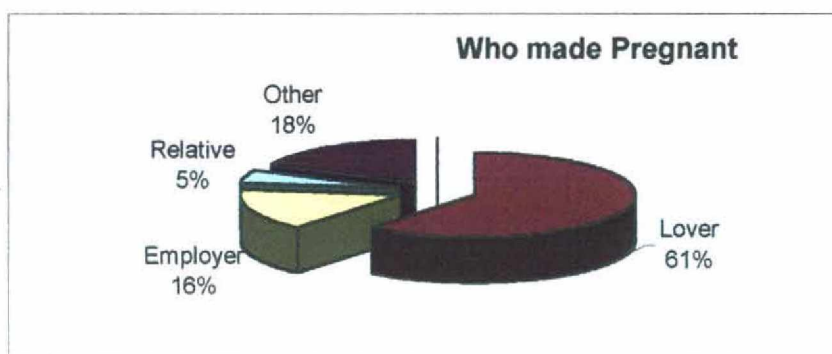
Figure 5: Distribution of un-wed Pregnant Mother by Family Status



4.1.6 Social Affiliation:

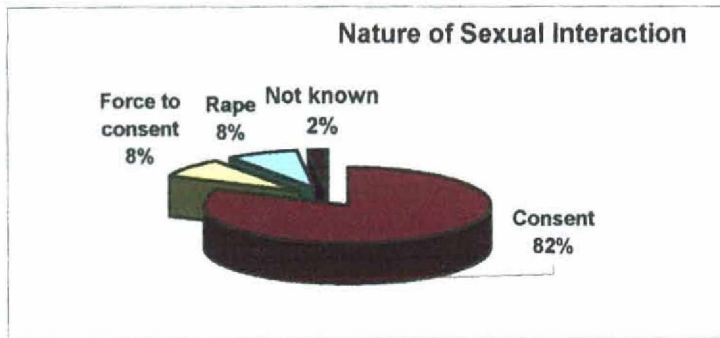
The study revealed that most of the lovers/persons involved in such relationship was someone living near and familiar to the respondents. The present study further shows that out of 38 respondents, 23 (61%) reported that they were made pregnant by their lover (cousin = 4, colleague = 4, driver/shopkeeper/ guard = 8, college student=2, other = 5), while 6 (16%) reported the employer/housemaster or his son and 2 (5%) mentioned about relative who they were not in love with but made them pregnant. The remaining 7 (18%) also mentioned about some one who is casual acquaintance in nature. The following Figure 06 shows these data.

Figure 6: Distribution of un-wed Mothers Impregnated By Who



4.1.7 The Perceived Gender Role, Identity and Power Relations in the Society

The present study revealed that such pregnancy did not occur for all cases due to rape or forced sexual interaction. 31 (82%) respondents reported that they had an affair with the person who made them pregnant and they were under sexual interaction for more than just once. However, 8% reported some kind of consent through threat/force while 10% reported rape as a reason for such pregnancy. The following Figure 07 shows these data.

Figure 7: Distribution of un-wed Pregnant Mother by the Nature of Sexual Interaction

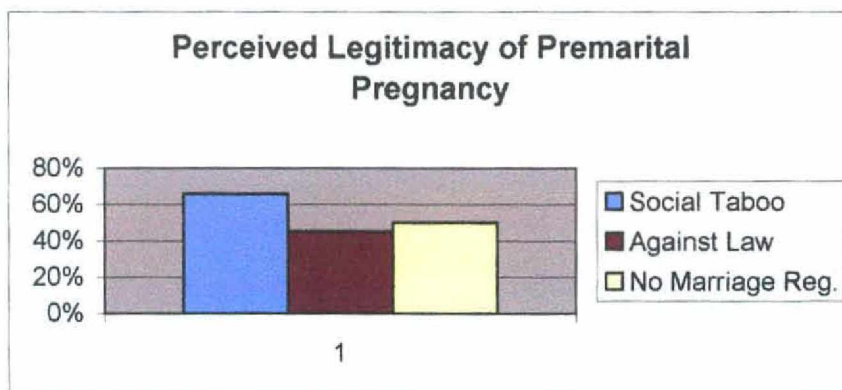
4.1.8 Perceived Legitimacy of the Relationship:

The present study suggests that romantic love is seen as sufficient for sexual activity and regardless of race, religion, socioeconomic class, and urban or rural background, respondents who were mostly teenagers believed that love made sexual activity more permissible. On the other, religion in a society like Bangladesh has not traditionally accepted pleasure for women as a legitimate motive for engaging in sexual activity. The families and employers interviewed had also opined that the issue is socially tabooed and against the law of the country. The following Table 09 and Figure 08 show these data.

Table 9: Distribution of Respondents by Factors responsible for Illegitimacy

Factors for Illegitimacy	Housewives N=21		Factory Owners N=15		Family Members N=26		Grand Total	
	Response	%	Response	%	Response	%	Response	%
Social taboo	17	81%	8	53%	16	62%	41	66%
Against law	13	62%	6	47%	9	35%	28	45%
Need Marriage Registration	11	52%	7	40%	13	50%	31	50%

Note: responses are in cumulative figure

Figure 8: Distribution of Respondents in terms of How they Perceive Premarital Pregnancy

Note: figures in cumulative

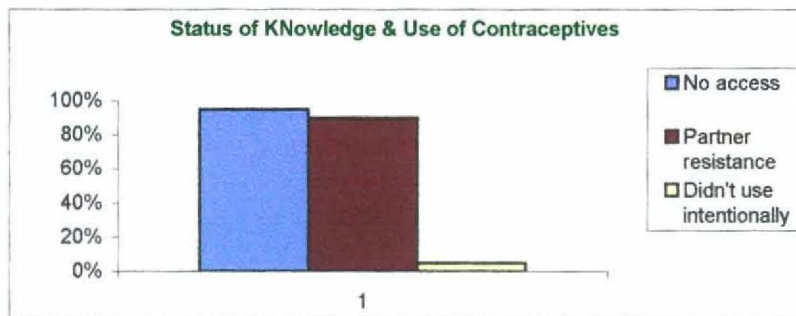
4.1.9 Privacy Factor:

The present study reveals that sexual interaction has occurred in circumstances of privacy where 41 (68%) respondents reported to have sexual interaction at home and/or some place private in nature (e.g. aunt's house, lover's friend's place).

4.1.10 Lack of Knowledge about Contraceptives, Family Planning and Other Materials

The present study shows that 57 (95%) respondents have reported that they had no access to contraceptives and did not know how to use or convince the partner to use contraceptive, and 54 (90%) reported that their partner had refused to use or let use contraceptive. However, 3 (5%) respondents reported despite knowing about the consequences of unsafe sex they did not use contraceptive. One of them did so in hoping to get her partner hooked up in nuptial bond. Figure 09 shows the data.

Figure 9: Respondents' Report on their Knowledge about and Access to Contraceptives



Note: figures in cumulative

In the present study, also families being interviewed identified the following reasons for premarital pregnancy as given in Table 10.

Table 10: Distribution of Responses by Reasons for Premarital Pregnancy

Sl.	Reasons (N-26)	Response	Percentage
1	Lack of Sex education	23	88%
2	Poverty	22	85%
3	Tender Age	21	81%
4	Social taboo and religion	21	81%
5	Illiteracy	22	85%
6	Lack of proper guidance	20	77%

Note: responses are in cumulative figure

The study identified few factors, having tender age (70% adolescence) and poor economic condition (87% poor) the two predominant factors. Lack of family affiliation and family guidance (52% living on their own and the remaining 48% lacked regular and proper family guidance) has also been

identified as one important factor that put these young women at risk of sexual exploitations. Social affiliation played a very vital role in making sexual relationship with these young girls as majority of the respondents (82%) reported that they have been impregnated by someone known and living near to them. The study further reveals that the respondents who were working as maid were more vulnerable to sexual exploitation not only by their own employer but also someone living in the same house or neighborhood. Other factors as identified are perceived gender role and power relations, perceived legitimacy of sexual relationship, privacy factor, and history of sexual interaction (and with multiple men) at an early age. Also the lack of knowledge about sexuality and access to contraceptives has been reported by the respondents that have yielded the negative consequences of a risky sexual relationship like premarital pregnancy.

4.2 Attitude of the unwed mothers towards their pregnancy, self and society

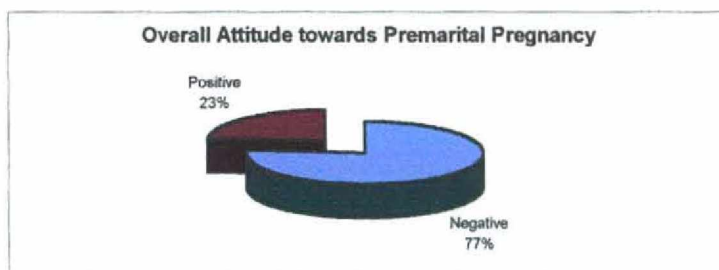
To examine the prevailing attitude of the unwed mothers toward their pregnancy, the mean and standard deviation of the total score of each subscale have been computed. The mean and standard deviation of the Attitude scale shows a clear negative leaning towards pregnancy i.e. 3.55 (<42) and society i.e. 28 (< 30) in the subscales while attitude towards self is found to be somewhat mixed i.e. 25 (>24) leaning towards positive direction. The mean of the Attitude Scale i.e. 88 represents a score below 96 indicating a clear negative attitude towards the state of premarital pregnancy. The following Table 11 shows these data.

Table 11: Mean and Standard Deviation of Unwed Mothers towards their Pregnancy

	Total Score of Pregnancy Subscale	Total Score of Self Subscale	Total Score of Society Subscale	Grand total of Attitude Scale
mid point	-ve< (42) > +ve	-ve< (24) > +ve	-ve< (30) > +ve	-ve< (96) > +ve
Mean	36.55	25	28	88
Std. Deviation	11.01	3.5	13.6	12.6

Also, the cross tabulation analysis reveals that 46 (77%) respondents held negative attitude and 14 (23%) respondents held positive attitude towards the state of premarital pregnancy. Figure 10 shows the data.

Figure 10: Respondents' Attitude Toward Their Pregnancy



Further, the effect of age, socio-economic status, education, family affiliation and economic condition has been observed separately as detailed below.

4.2.1 Age

Among the 60 respondents 42 (70%) were adolescents (between the age 13-18) and 18 (30%) were young adults (between the age 19-25). The results of the ANOVA presented in Table 12 shows that there had not been any significant effect of age on the attitude toward pregnancy and self of the respondents, however it had significant effect on their attitude toward society ($F = 2.988$, $df = 4, 54$; $p < 0.026$).

Table 12: Summary of ANOVA of Attitude Scale as a Function of Age Category of the Respondents

Source of Variance	df	MS	F	Sig
Pregnancy Subscale				
Age (adolescent vs. adult mothers)	4	183.342	1.570	.195
Within Group	55	116.754		
Self Subscale				
Age (adolescent vs. adult mothers)	4	9.812	.773	.547
Within Group	55	12.686		
Society Subscale				
Age (adolescent vs. adult mothers)	4	485.164	2.988	.026
Within Group	55	162.377		

In Table 13 mean scores indicate that respondents of all age groups scored low i.e. 30.36, 38.89, 37.92, 35.00 and 38.67 (<42) in pregnancy subscale indicating a negative attitude toward pregnancy. On the other hand, the young adult groups scored high i.e. 25.23, 25.50 and 27.00 (>24) indicating a positive attitude toward self while the adolescent groups held a somewhat mixed attitude toward self. About the attitude towards society the scores were mixed among the groups. It was found that while the early adolescent group scored high i.e. 36.71 (>30) indicating a positive attitude toward society the late adolescent group scored low i.e. 25.04 (<30) indicating a negative attitude toward society. Similarly, the young adult groups of 19-21 years and above 24 years scored low i.e. 22.08 and 20.00 (<30) indicating a negative attitude toward society while the adult group of 22-24 years scored high i.e. 32.00 (>30) indicating a positive attitude toward society.

Table 13: Means and Standard Deviation of Respondents by Different Age Group

Scale	Variable	Adolescence		Young Adulthood		
		13-15 yr.	16-18 yr.	19-21 yr.	22-24 yr.	> 24 yr.
Pregnancy Subscale	N	14	28	13	2	3
	Mean	30.36	38.89	37.92	35.00	38.67
Self Subscale	SD	10.12	10.76	9.73	18.38	15.63
	Mean	24.64	24.29	25.23	27.50	27.00
Society Subscale	SD	3.89	3.23	3.56	6.36	3.61
	Mean	36.71	25.04	22.08	32.00	20.00
Society Subscale	SD	12.19	13.62	11.46	19.80	3.61

4.2.2 Socio-economic Status

Out of the total 60 respondents 22 respondents had no family, no formal education and poor and 8 respondents were from higher income group family with formal education. To examine the effect of socio-economic factors (family tie + education status + economic condition), oneway analysis of variance of the respondents' scores on their attitude towards their pregnancy, own self, the society and their level of confidence has been computed. The results shown in Table 14 indicate that the socio-economic factors had significant effect on the attitude toward pregnancy ($F=3.338$, $df=4$, 55; $p<0.05$), self ($F=3.020$, $df=4$, 55; $p<0.05$), society ($F=2.916$, $df=4$, 55; $p<0.05$) and the level of confidence ($F=2.562$, $df=4$, 55; $p<0.05$) of the respondents.

Table 14: Summary of ANOVA of Attitude Scale as a Function of Socio-economic Factor (i.e. Family+Education+ Economic Condition) of the respondents

Source of Variance	Df	MS	F	Sig
Pregnancy Subscale				
Family + Education + Economic Condition	4	349.377	3.338	.016
Within Group	55	104.679		
Self Subscale				
Family + Education + Economic Condition	4	33.177	3.020	.025
Within Group	55	10.987		
Society Subscale				
Family + Education + Economic Condition	4	475.513	2.916	.029
Within Group	55	1663.079		
Level of Confidence Subscale				
Family + Education + Economic Condition	4	406.852	2.562	.048
Within Group	55	158.792		

Inspection of means presented in Table 15 shows that the respondents with education, family ties and better economic status scored lowest mean i.e. 25.12 (less than 42) indicating most negative attitude toward pregnancy than the respondents with poor economic background who scored relatively higher i.e. 36.93, 37.59 and 38.5 (less than 42) still holding negative attitude towards pregnancy. Interestingly, respondents with poor economic background having education and family tie held somewhat positive attitude i.e. 43 (>42) toward pregnancy. On the other hand, respondents with no education and family tie and poor economic background scored high i.e. 26.68 (>24) indicating a positive attitude toward self than the respondents with education, family tie and better economic background who scored 24.63 indicating mixed attitude toward self. About their attitude toward society, respondents with poor economic background invariably scored low i.e. 29.00, 25.73, 20.29, 21.78 (<30) indicating a negative attitude toward society than the respondents with education, family and better economic background who scored higher i.e. 39.50 (>30) indicating a positive attitude toward society. The level of confidence has been found low among all groups except the group with education and family tie and poor who scored somewhat a borderline i.e. 51.35 (>51). It indicates that the level of confidence was low among all groups during their pregnancy.

Table 15: Means and Standard Deviations of Respondents of Socio Economic Status

Scale	Variable	Edu. + Fam. + Not Poor	No Edu. + Fam. + Poor	No Edu. + No Fam. + Poor	Edu. + Fam. + Poor	Edu. + No Fam. + Poor
	N	8	14	22	7	9
Pregnancy Subscale	Mean	25.12	36.93	37.59	43.00	38.5
	SD	5.91	12.43	9.66	10.30	10.64
Self Subscale	Mean	24.63	23.64	26.68	22.86	23.78
	SD	3.58	2.68	3.67	3.85	2.49
Society Subscale	Mean	39.50	29.00	25.73	20.29	21.78
	SD	11.43	15.12	12.77	11.54	10.38
Level of Conf. Subscale	Mean	33.88	14.00	11.18	51.29	19.67
	SD	7.38	8.79	13.81	16.35	14.74

4.2.3 Education Status

Among the respondents, 36 (60%) had no formal education and 24 (40%) had formal education. The ANOVA analysis in the following Table 16 shows that there had not been any significant effect of education on the attitude toward pregnancy and society of the respondents, however education tended to have significant effect on their attitude toward self ($F = 3.056$, $df = 1, 58$; $p < 0.061$).

Table 16: Summary of ANOVA of Attitude Scale as a Function of Education Status

Source of Variance	df	MS	F	Sig
Pregnancy Subscale				
Education Status	1	55.225	.451	.504
Within Group	58	122.407		
Self Subscale				
Education Status	1	42.025	3.507	.066
Within Group	58	11.982		
Society Subscale				
Education Status	1	.900	.005	.945
Within Group	58	187.422		

Further, the mean scores indicate that both groups irrespective of education status held negative attitude toward their pregnancy i.e. 37.33, 35.38 (< 42) and society i.e. 27.00, 27.25 (< 30). However, attitude towards self was found a slight more positive among the illiterate group i.e. 25.50 (> 24) than the educated group who scored low i.e. 23.79 (< 24) indicating a somewhat negative attitude toward self. The following Table 17 shows these data.

Table 17: Means and Standard Deviations of Respondents of Different Education Status

Scale	Variables	No Education	Education
	N	36	24
Pregnancy Subscale	Mean	37.33	35.38
	SD	10.66	11.66
Self Subscale	Mean	25.50	23.79
	SD	3.61	3.23
Society Subscale	Mean	27.00	27.25
	SD	13.61	13.81

4.2.4 Family Tie

Among the respondents 33 (52%) had no family tie or contact and 29 (48%) had family tie and contact. The ANOVA analysis in the following Table 18 shows that there had not been any significant effect of family affiliation on the attitude toward pregnancy and society of the respondents, however family affiliation had significant effect on their attitude toward self ($F = 5.800$, $df=1, 58$; $p < 0.019$).

Table 18: Summary of ANOVA of Attitude Scale as a Function of Family Tie of Respondents

Source of Variance	Df	MS	F	Sig
Pregnancy Subscale				
Family Tie	1	111.918	.922	.341
Within Group	58	121.430		
Self Subscale				
Family Tie	1	66.997	5.800	.019
Within Group	58	11.551		
Society Subscale				
Family Tie	1	407.093	2.256	.138
Within Group	58	180.419		

Further, the mean scores indicate that both groups irrespective of family affiliation held negative attitude toward their pregnancy i.e. 37.87, 35.14 (<42) and society i.e. 24.58, 29.79 (<30). However, attitude towards self was found a slight more positive among the group with no family tie i.e. 25.84 (>24) than the group with family tie who scored low i.e. 23.72 (<24) indicating a somewhat negative attitude toward self. The following Table 19 shows these data.

Table 19: Means and Standard Deviation of Respondents According to Family Tie

Scale	Variables	No Family	With Family
	N	31	29
Pregnancy Subscale	Mean	37.87	35.14
	SD	9.79	12.20
Self Subscale	Mean	25.84	23.72
	SD	3.59	3.18
Society Subscale	Mean	24.58	29.79
	SD	12.09	14.74

4.2.5 Economic Condition

Among the respondents 52 (87%) were poor and 8 (13%) respondents were from higher income group. The ANOVA analysis in the following Table 20 shows that there had not been any significant effect of economic status on the attitude toward self of the respondents, however it had highly significant effect on their attitude toward pregnancy ($F = 11.745$, $df=1, 58$; $p < 0.001$) and society ($F = 8.709$, $df=1, 58$; $p < 0.005$).

Table 20: Summary of ANOVA of Attitude Scale as a Function of Economic Condition of the Respondents

Source of Variance	Df	MS	F	Sig
Pregnancy Subscale				
Economic Condition	1	1204.898	11.745	.001
Within Group	58	102.585		
Self Subscale				
Economic Condition	1	.339	.027	.871
Within Group	58	12.701		
Society Subscale				
Economic Condition	1	1419.323	8.709	.005
Within Group	58	162.967		

Further, in Table 21 mean scores indicate that respondents with better economic status held relatively more negative attitude toward their pregnancy scoring lowest i.e. 25.12 (<42) than the respondents with poor economic background i.e. 38.31 (<42) who also held negative attitude toward their pregnancy. However, attitude towards self was found a slight more positive in both groups scoring 24.85 and 24.63 (>24). On the other hand, respondents with poor economic background scored low i.e. 25.19 (<30) indicating a clear negative attitude toward society while the group with better economic status scored high i.e. 39.50 (>30) indicating a clear positive attitude toward society.

Table 21: Means and St. Deviations of Respondents by Economic Condition

Scale	Variables	Poor	Not Poor
	N	52	8
Pregnancy Subscale	Mean	38.31	25.12
	SD	10.58	5.91
Self Subscale	Mean	24.85	24.63
	SD	3.56	3.58
Society Subscale	Mean	25.19	39.50
	SD	12.94	11.43

The findings show that the

- Unwed adolescent mothers differed significantly from the unwed young adult mothers in terms of their attitude toward society
- Significant differences also observed between the unwed mothers who were economically poor, having no family tie and education and who were from better socio-economic background on their attitude toward pregnancy, self, society and level of confidence
- Particularly family tie had significant effect on the respondents' attitude toward self
- Economic condition alone had highly significant effect on the respondents' attitude toward pregnancy and society

4.3 The Self-esteem, level of confidence and social conformity as psychological correlates of decision-making and the felt stress (physical and psychological) of the unwed mothers

The mean and standard deviation of the SLS scale shows a clear low score in self-esteem i.e. 12 (<15) and level of confidence i.e. 43 (<51) in the subscales and high in social conformity i.e. 28 (>24). The overall SLS score is low i.e. 84 (<90) that indicates a general pattern of low self-esteem and level of confidence among the respondents. The following Table 22 shows these data.

Table 22: Distribution of SLS Subscales Score by Mean and Standard Deviation

	Total Score of Self-esteem Subscale	Total Score of Level of Confidence Subscale	Total Score of Social Conformity Subscale	Grand total of SLS Scale
mid point	(15)	(51)	(24)	(90)
Mean	12	43	28	84
Std. Deviation	5	13.25	6.13	15

The ANOVA analysis in the following Table 23 shows that there had not been any significant effect of age on the self-esteem of the respondents, however it had highly significant effect on their level of confidence ($F= 4.621$, $df=4, 55$; $p< 0.003$). and significant effect on their social conformity ($F= 2.763$, $df=4, 55$; $p< 0.036$).

Table 23: Summary of ANOVA of SLS Scale as a Function of Age of the Respondents

Subscale	Source of Variance	Df	MS	F	Sig.
Self-esteem Subscale	Age (adolescent vs. adult mothers)	4	44.788	1.850	.132
	Within Group	55	24.208		
Level of Confidence Subscale	Age (adolescent vs. adult mothers)	4	651.574	4.621	.003
	Within Group	55	140.994		
Social Conformity Subscale	Age (adolescent vs. adult mothers)	4	92.619	2.763	.036
	Within Group	55	33.522		

Further, in Table 24 mean scores indicate that respondents of all age groups scored low i.e. 10.36, 11.93, 13.85, and 8.00 (<14) in self-esteem subscale and level of confidence subscale i.e. 32.50, 44.71, 49.23 and 42.50 (<51) except the age group above 24 years who scored high in both self-esteem i.e. 16.77 (>14) and in level of confidence i.e. 55.7 (>51) indicating more control over themselves. On the other hand, all age groups scored high in social conformity subscale i.e. 32.71, 26.86, 28.08, 26.50 and 25.00 (>24). This further revealed that the early adolescent group scored highest i.e. 32.71 indicating more tendency to social conformity than the other age groups while the group of above 24 years shows a relatively less tendency to social conformity scoring 25 that is slight above the borderline (>24).

Table 24 Means and Standard Deviations of Respondents by Different Age Group

Scale	Variable	Adolescent Group		Adult Group		
		13-15 yr.	16-18 yr.	19-21 yr.	22-24 yr.	> 24 yr.
	N	14	28	13	2	3
Self-esteem Subscale	Mean	10.36	11.93	13.85	8.00	16.77
	SD	5.29	4.95	4.78	.00	4.04
Level of Confidence Subscale	Mean	32.50	44.71	49.23	42.50	55.67
	SD	9.08	11.97	13.25	.71	18.77
Social Conformity Subscale	Mean	32.71	26.86	28.08	26.50	25.00
	SD	5.06	5.34	5.94	10.61	10.15

The oneway ANOVA reveals that the economic status of the respondents had significant effect on their level of confidence ($F= 5.004$, $df= 1, 58$; $p<0.029$) and social conformity behavior ($F= 5.326$, $df= 1, 58$; $p<0.025$). Table 25 shows these data.

Table 25: Summary of ANOVA of Level of Confidence and Social Conformity Sub-scales as a Function of Economic Status of the Respondents

Source of Variance	df	MS	F	Sig
Level of Confidence Subscale				
Economic Status	1	822.878	5.004	.029
Within Group	58	164.450		
Social Conformity Subscale				
Economic Status	1	186.231	5.326	.025
Within Group	58	34.965		

In Table 26 Mean scores indicate that respondents of both groups (i.e. poor and not poor) scored low i.e. 44.77, and 33.88 (<51) in level of confidence subscale indicating less control over themselves. However, respondents with poor economic background had scored relatively higher indicating better control over self. Similarly, though both groups scored high in social conformity subscale i.e.27.91 and 32.88 (>24), the respondents with better economic status showed more social conformity than the respondents with poor economic status.

Table 26: Distribution of Means and Standard Deviation of Respondents According to Economic Condition

Scale	Variables	Poor	Not Poor
	N	52	8
Level of Confidence Subscale	Mean	44.77	33.88
	SD	13.40	7.38
Social Conformity Subscale	Mean	27.69	32.88
	SD	5.97	5.46

The findings further revealed that irrespective of education status, the mother scored low in SLS scale indicating a loss of control over their decision-making behavior. The following Table 27 shows these data.

Table 27: Means and Standard Deviations of Respondents by Education Status

Scale	Variables	No Education	Education
	N	36	24
Self-esteem Subscale	Mean	11.44	13.04
	SD	4.63	5.61
Level of Confidence Scale	Mean	42.28	44.87
	SD	12.05	15.01
Social Conformity Scale	Mean	27.33	29.96
	SD	6.56	5.14

On the other, the cross tabulation analysis shows that all groups had reported to have high stress in terms of depression, anxiety and physical stress during such pregnancy. Table 28 shows that while respondents of age group 13-15 yr. and 16-18 yr scored highest in reporting anxiety and physical stress, respondents of age group 19-21 reported highest in physical stress and respondents above the age 24 reported highest in depression. The respondents of age 22-24 yrs scored highest in all three areas of stress i.e. depression, anxiety and physical stress.

Table 28: Frequency and Percentage of Respondents Reported to have High Stress by Age

Age	N	Depression		Anxiety		Physical Stress	
		Total	%	Total	%	Total	%
13-15 yr	14	13	93%	14	100%	14	100%
16-18 yr	28	27	96%	28	100%	28	100%
19-21 yr	13	12	92%	12	92%	13	100%
22-24 yr	2	2	100%	2	100%	2	100%
>24 yr	3	3	100%	2	67%	2	67%

Further, Table 29 reveals that the mean scores of the stress measuring scale and the three subscales show a high stress in terms of depression, anxiety and physical stress.

Table 29: Distribution of Stress Subscales Score by Mean and Standard Deviation

	Total Score of Depression Subscale	Total Score of Anxiety Subscale	Total Score of Physic. Stress Subscale	Grand total of Stress Scale
Stress indicating score	13 - 26	7 - 14	23 thru highest	41 & above
Mean	18	9	33	60
S.D.	2.39	1.67	4.55	4.94

Further, the degree of stress in terms of high or low has been measured and the following Table 30 shows that 95% respondents scored high in depression, 97% in anxiety and 98% in physical stress and the overall degree of stress as scored high by 90% of the respondents indicate a clear stressful state the unwed mothers went through during their pregnancy that was premarital in nature.

Table 30: Distribution of Felt Stress of the Respondents by Degree of High or Low

	Depression Subscale	Anxiety Subscale	Physical Stress Subscale	Stress Scale
High stress range	19-24	10-12	34-44	61-80
Frequency	57	58	59	54
Percentage	95%	97%	98%	90%

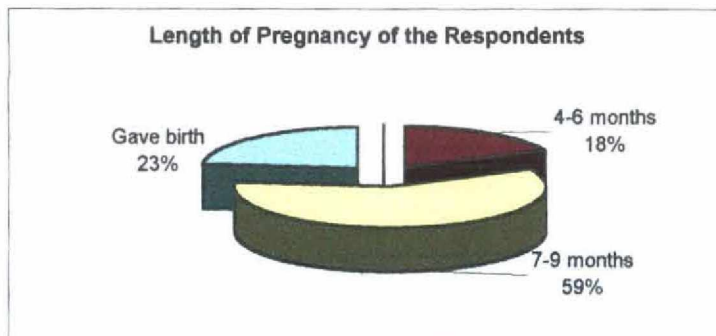
The study findings revealed that

- Age had highly significant effect on the respondents' level of confidence and social conformity. For example, the self-esteem and level of confidence are lowest and social conformity highest among the adolescents.
- Significant differences have also been observed between the respondents of poor economic status and better economic status in terms of their level of confidence and social conformity
- the stress (both physiological and psychological) was reported highest among the older respondents i.e. 19 years and above.

4.4 The immediate consequences of premarital pregnancy

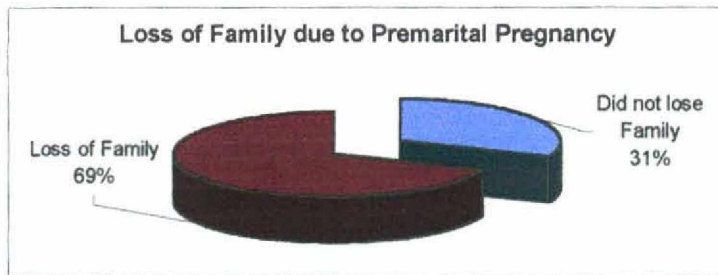
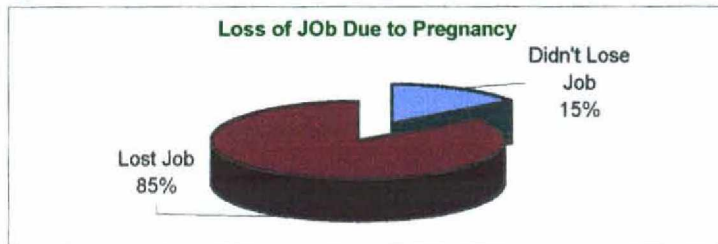
4.4.1 Abortion: The study revealed that the mothers with premarital pregnancy did not become visible until the 4th month or later stage of their pregnancy. Abortion was one obvious choice once the pregnancy was revealed. The duration of pregnancy of the respondents of the present study shows that 59% were between the 7-9 months pregnancy and 18% between 4-6 months while the remaining 23% had just given birth. Figure 11 shows these data.

Figure 11: Distribution of un-wed Pregnant Mother by Duration of Pregnancy

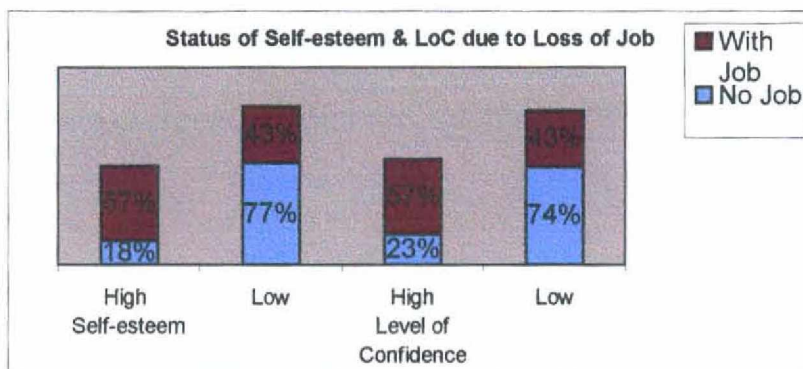


4.4.2 Destitution of the Unwed Mother with their Newborn who Lost Job

The study findings revealed that soon after the respondents' pregnancy was disclosed which was perceived as illegitimate due to its occurrence before marriage, 69% of the respondents lost their family and out of 46 respondents who had gainful employment (63% with food and shelter) 39 (85%) lost their job outright as soon their pregnancy was reported and/or visible being stigmatized for such pregnancy. The following Figures 12 and 13 show the data.

Figure 12: Distribution of un-wed Pregnant Mother by Loss of Family due to Pregnancy**Figure 13: Distribution of un-wed Pregnant Mother who Lost Job due to Pregnancy**

Further, majority of respondents who lost job due to premarital pregnancy scored low in self-esteem (77%) and level of confidence (74%). Those who did not lose job scored high in self-esteem (57%) and level of confidence (57%). Naturally, social conformity was high among those who did not lose job (86%) than those who lost (62%). Also the latter group leaned more toward low social conformity (31%). Figure 14 shows this data.

Figure 14: Status of Self-esteem and Level of Confidence of the respondents due to Loss of Job

The oneway ANOVA further reveals that the state of loss of job had significant effect on the respondents' attitude toward pregnancy ($F = 5.477$, $df = 1,58$; $p < 0.024$), level of confidence ($F = 4.489$, $df = 1,58$; $p < 0.040$), and tended to be significant effect on their attitude toward society ($F = 3.455$, $df = 1,58$; $p < 0.070$). The following Table 31 and Table 32 show these data.

Table 31: Summary of ANOVA of Level of Confidence as a Function of Respondents' Job Status

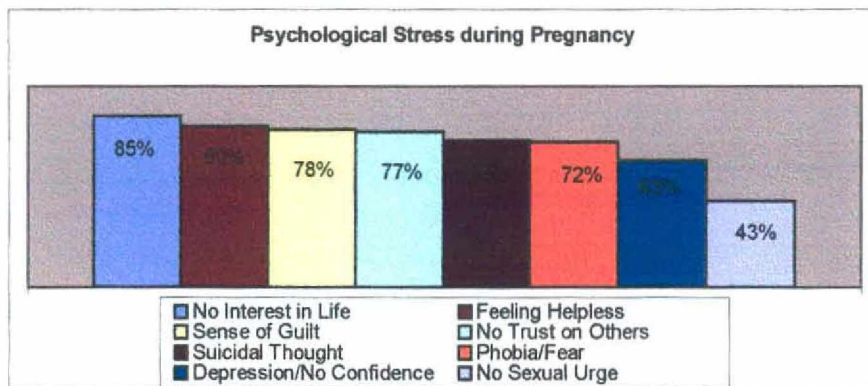
Source of Variance	Df	MS	F	Sig
Attitude toward Pregnancy Subscale				
Loss of Job (with job vs. without job)	1	565.129	5.477	.024
Within Group	58	103.184		
Level of Confidence Subscale				
Loss of Job (with job vs. without job)	1	741.249	4.489	.040
Within Group	58	165.116		
Society Subscale				
Loss of Job (with job vs. without job)	1	556.676	3.455	.070
Within Group	58	161.117		

Table 32: Means and St. Deviations of Respondents by Job Status (With vs. Without Job)

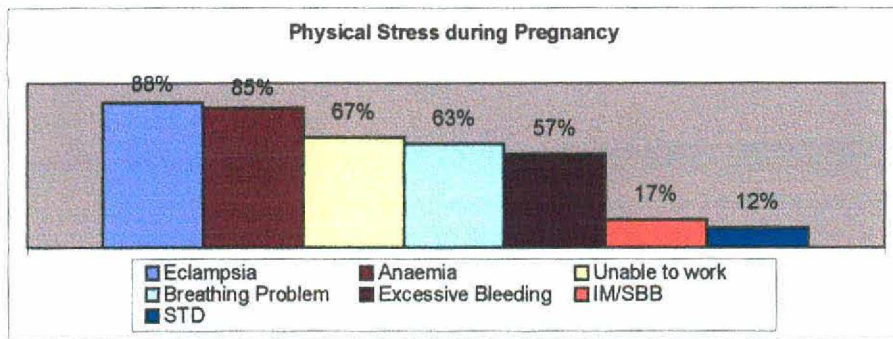
Scale	Variables	Without Job	With Job	Total
	N	39	7	46
Pregnancy Subscale	Mean	36.38	46.14	37.87
	SD	10.76	4.85	10.65
Level of Confidence Subscale	Mean	42.54	53.71	44.24
	SD	12.50	14.86	13.34
Society Subscale	Mean	27.26	17.57	25.78
	SD	13.45	5.97	13.03

4.4.3 Physical and Psychological Stress and Consequences:

The following table shows that 12% respondents reported to have STD and 17% had still born baby or the newborn died soon after the birth. There were other medical complications as described in the following Figure 15 and Figure 16.

Figure 15: Psychological Stress of the un-wed Pregnant Mother during their Pregnancy

The present study also shows that 78% expressed a sense of guilt, 77% loss of trust on others, 72% of the respondents reported to have a sense of fear (many times without any valid reason), 63% excessive depression and 43% loss of sexual urge. Many of them also reported a bitter feeling towards men and did not know whether they would marry again though they wished to go back to their family and friends.

Figure 16: Physical Stress of the un-wed Pregnant Mother during their Pregnancy

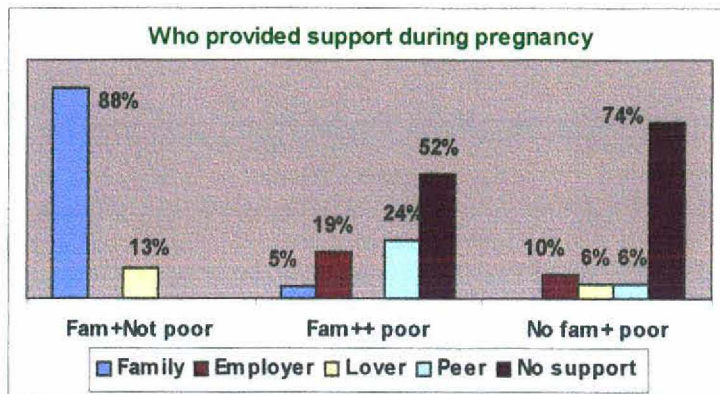
Under the present study, Respondents in all categories have scored high in depression, anxiety and physical stress and 68% respondents reported to have severe depressions in terms of sense of guilt, loss of interest on work, loss of hope, feeling of being victimized, suicidal thought, feeling helpless and loss of trust on others. For example, a total of 41 (68%) respondents have reported to have symptoms of depression, 39 (65%) have reported to have symptoms of anxiety and 39 (65%) have reported physical stress. On the other hand, 10 (16%) in case of depression, 9 (14%) in case of anxiety and 13 (22%) in case of physical stress, did not respond as they reported it as stressful to recall or think about the questions asked.

In sum, the study findings revealed that

- abortion, loss of job and loss of family were three obvious outcome of a pregnancy before marriage. The respondents have not been visible during the study period until the 4th month of their pregnancy that suggests they tried abortions (presumably risky and unsafe in the hands of untrained and unknown quacks) secretly before it was too late to be visible.
- loss of job had further effect on the respondents' negative attitude toward pregnancy, low level of confidence that influenced their decision making about their new born and their future
- being extremely vulnerable with a pregnancy that is perceived as illegitimate and with no shelter and earning these respondents had several physiological and psychological stresses.

4.5 The Existing Support System and its Implications for the Unwed Mothers

Out of the total 60 respondents, 28 (47%) had received some kind of support during pregnancy from family, employer, peer and lover while 32 (53%) did not receive any support as such. Further, Figure 17 shows the loss of family due to such pregnancy that depicts that family with better economic condition and education is likely to abandon their daughter. It also indicates the absence of a responsive and responsible support network.

Figure 17: Physical Stress of the un-wed Pregnant Mother during their Pregnancy

The oneway ANOVA further reveals that the support net had significant effect on the overall decision-making behavior i.e. SLS scale score ($F = .3341$, $df = 4, 54$; $p < 0.016$) and level of confidence ($F = 3.585$, $df = 4, 54$; $p < 0.011$) and tended to be significant on the attitude toward pregnancy ($F = 2.402$, $df = 4, 54$; $p < 0.061$) of the respondents. The following Table 33 shows these data.

Table 33: Summary of ANOVA of Level of Confidence as a Function of Support Net

Source of Variance	df	MS	F	Sig	Mean	SD
SLS Scale						
Support Net (with vs. without)	4	649.546	.3341	.016	83.78	15.01
Within Group	55	194.436				
Level of Confidence Subscale						
Support Net (with vs. without)	4	535.713	3.585	.011	43.32	13.25
Within Group	55	149.421				
Attitude toward Pregnancy Subscale						
Support Net (with vs. without)	4	266.021	2.402	.061	36.55	11.01
Within Group	55	110.741				

The analysis of mean scores reveals that peer group support and support from lovers had greatly influenced on their attitude toward the state of pregnancy scoring low i.e. 87.43 and 93.00 (< 96) in the Attitude scale indicating a negative attitude and indicating higher self esteem and level of confidence of the respondents scoring high i.e. 97.86 and 97.67 (> 90) in SLS scale. The following Table 34 shows these data.

Table 34: Distribution of Scores on Attitude and SLS Scale by Support Net

Support provided by	Total Number	Attitude Scale		SLS Scale	
		Mean	SD	Mean	SD
Peer/Colleague	7	87.43	13.55	97.86	17.57
Family	10	8.40	10.97	80.80	15.70
Employer	8	86.50	16.48	76.13	8.90
Lover	3	93.00	8.54	97.67	20.79
No support	32	89.41	13.55	82.25	12.95
Total	60	88.47	12.59	83.78	15.01

The following Figure 18 and 19 show the stress level of the respondents who lost their family and job as a result of their pregnancy.

Figure 18: Stress of the un-wed Pregnant Mother due to Loss of Family

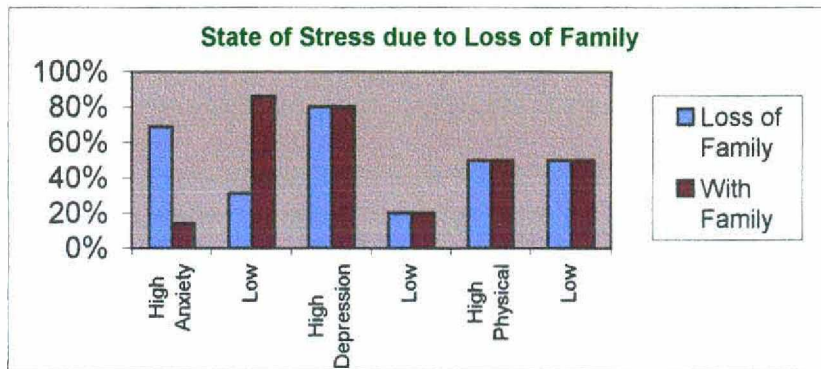
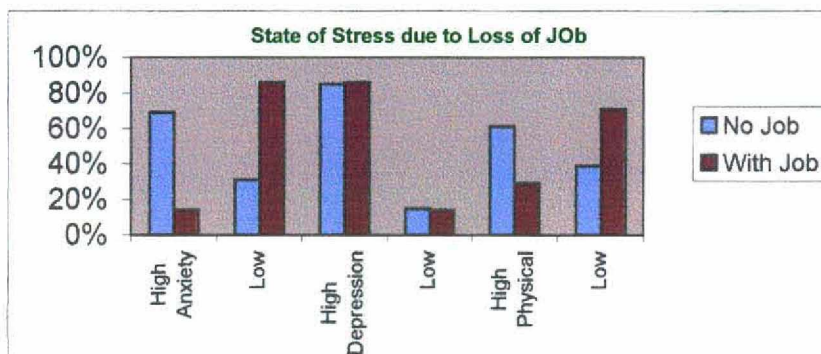
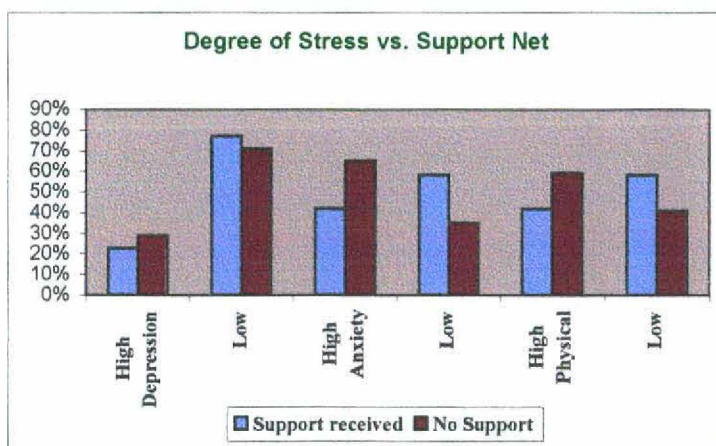


Figure 19: Stress of the un-wed Pregnant Mother due to Loss of Job



The following Figure 20 shows the degree of stress the respondents went through due to loss/lack of support net.

Figure 20: Degree of Stress of the un-wed Pregnant Mother due to Lack of Support Net



In this connection, an attempt was made to measure the stress of the inmates of the CTRDW to see if such institutional support has put an impact on their stress pattern. The following Table 35 shows that the mean scores under the stress measuring scale (mean score from 60 to 49) and all three subscales i.e. depression (mean score from 18 to 14), anxiety (mean score from 9 to 7), and physical stress (mean score from 33 to 28) have noticeably dropped off after having support from the center in terms of shelter, medical care, counseling and functional and vocational training.

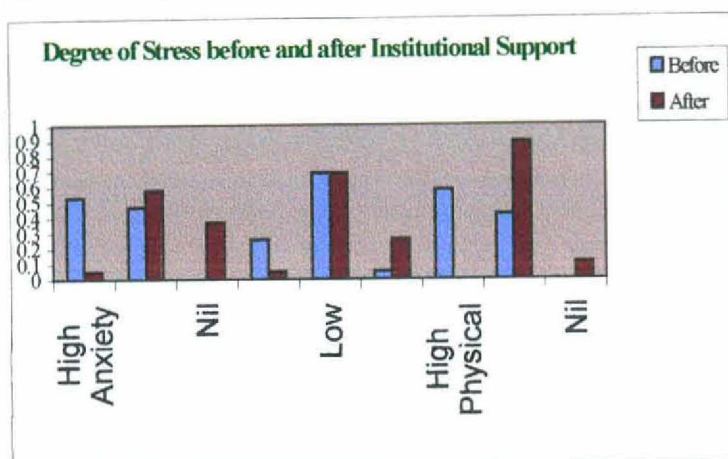
Table 35: Mean and SD of Depression, Anxiety & Physical Stress Before & After Support Provided

	Depression		Anxiety		Physical Stress		Total Scale	
Stress Score	13 - 24		7 - 12		23 - 44		41- 80	
Intervention	Before	After	Before	After	Before	After	Before	After
Mean	18	14	9	7	33	28	60	49
S.D.	2.39	2.17	1.67	1.13	4.55	3.59	4.94	5.67
Chi.sq. sig. level	.083		.046		.044			

Further, Table 36 indicates that before the interventions 18 respondents reported to have depression and after six week 14 of them reported to have depression meaning that the remaining five respondents have overcome depression. Similarly, before the interventions 19 respondents reported to have anxiety and after six weeks 12 of them reported to have anxiety meaning that the remaining seven respondents have overcome anxiety. It is important to note that before interventions 11 respondents reported to have high physical stress while after six weeks none of them reported to have high physical stress. The total score of the stress measuring scale also indicates that institutional interventions have put significant impact on reducing stress of the respondents. It shows that before interventions 8 respondents had high stress and after six weeks only one reported to have high stress. Also see Figure 21.

Table 36: Frequency and Percentage of Degree of Stress Reported Before & After Support Provided

Degree of Stress	Depression N = 18		Anxiety N= 19		Physical Stress N = 19		Total N = 19	
	Before	After	Before	After	Before	After	Before	After
High	5 (28%)	1 (7%)	10 (53%)	1 (5%)	11 (58%)		8 (42%)	1 (6%)
Low	13 (72%)	13 (93%)	9 (47%)	11 (58%)	8 (42%)	17 (100%)	11 (52%)	17 (94%)
Chi. sq. sig.	.059	.001	.819	.004	.49	all low		

Figure 21: Degree of Stress of the un-wed Pregnant Mother before and after Interventions

In a further search to identify any institutional support network in the country, a total 20 organizations and hospitals (both government and private) have been visited during the study period. It was found that 50% of the organizations provide health services (few of them also have program on adolescent's reproductive health), 25% have awareness raising program and 20% have legal aid program for specific group of women such as for acid survivors, trafficked women and children, women garment factory workers etc. 35% of the organizations work countrywide while the remaining 65% based in Dhaka and few other parts of the country. Only four organizations found that provide a shelter to disadvantaged women (one for women garment factory workers, one for trafficked women and children, one for destitute women and one for the destitute pregnant mothers (Appendix B). The employees of these organizations reported that there had not been any seminar, colloquium or research carried out on the issue of pregnancy (esp. premarital pregnancy) as a consequence of sexual exploitation. However, the issue of adolescent's reproductive health has lately been addressed by the UN organizations and some local NGOs in the country. Most of the organizations (80%) reported premarital pregnancy as an outcome of sexual exploitation as a social problem as it is socially forbidden.

The study observed a general pattern of indifference among the government officials and policy players. The study further observed prevailing negative attitude, religious and social taboo towards sexuality (particularly women's sexuality) before marriage, lack of family affiliation and guidance, traditional and stereotyped education system that is also not accessible to poor girls, absence of institutional support network and lack a coordinated effort among the government and private social organizations to safeguard the displaced and poor women of tender age from all odds including sexual exploitation. The study particularly found the respondents who received minimum or no support had high stress, support net had significant effect on their decision making in terms of level of confidence and attitude toward pregnancy that eventually led most of them to abandon their

new born baby. However, the study revealed that institutional support system and family support could play a positive and vital role to reduce stress and help these young women to take vital decisions in life.

Summary of Findings

- Premarital pregnancy affected majority of those respondents (70%) who were adolescents, illiterate and poor, displaced and/or abandoned by family and working as domestic maid and factory workers in the city.
- Some socio-cultural factors such as social affiliation, perceived gender role and power relations, perceived legitimacy of the relationship, privacy factor and lack of knowledge about safe sex and contraceptives have been identified causing premarital pregnancy.
- Age had significant effect on respondents' attitude toward society. While the young adolescents (13 - 15 yrs) held positive attitude toward society respondents of all other age groups held negative attitude toward society during their pregnancy. Their age also had effect on their attitude towards self showing the adolescents group a somewhat confused about self while the young adult group held positive attitude toward self.
- Socio-economic index also had highly significant effect on respondents' attitude and level of confidence. Unwed mothers with family tie, education and better economic background held somewhat more negative attitude towards pregnancy and positive attitude toward society while it is just the opposite in case of the respondents with no family, education and poor economic background.
- Economic condition had significant effect on the level of confidence and social conformity of the respondents.
- Family tie had significant effect and education status tended to have significant effect on their attitude toward self.
- While all age groups below 24 years reported high physiological stress, anxiety was reported high by the adolescents and depression was reported high by the young adult group aged 22 years and above.
- Abortions, loss of family, and loss of job have been identified as three obvious outcome of such pregnancy other than the unwed mothers' physiological and psychological stresses.
- The unwed mothers received minimal support from any support network and this lack of social affiliation/support system had significant effect on the unwed mothers' attitude and level of confidence underlying their decision-making choices.
- The institutional support helps reduce physiological and psychological stresses the unwed mothers go through during the crisis of pregnancy.

Chapter Five

CASE STUDIES

Case Studies

The present study covered interview and review of case studies of a total 40 respondents. Some respondents could not be traced back after having interviewed therefore, necessary information was lacking for an adequate analysis. Finally, thirty-two (32) case studies have been consolidated and analyzed based on available data. The case studies have identified few factors, having tender age (i.e. adolescence) and poor economic condition the two predominant factors, other factors as identified are perceived gender role and power relations, perceived legitimacy of sexual relationship, lack of family guidance, privacy factor, and history of sexual interaction (and with multiple men) at an early age. On the other, the immediate consequences that affected the young women most adversely due to the premarital nature of their pregnancy have been identified as unsafe and risky abortion, health complications including loss of child and STD, loss of job and family and vulnerable to further sexual exploitation leading to act of deviance. These are elaborated below.

Poor economic condition and loss of family at tender age put young women more vulnerable to sexual exploitation leading to consequences like abortion, physical and psychological complications, sexually transmitted diseases, and abandonment

Case 01] She was a 21 years unmarried nine months pregnant unlucky girl who lost her parents during the liberation war and took shelter to a Hindu family who were killed too. She then took shelter to a Muslim family. After few years this family left her at Kamalapur Railway station while she was asleep. She found nobody around when awoke. She used to do different kinds of things ranging from working as maid, sweeper and sometime entertaining men. This way she became pregnant one day. The local police sent her to the Kashimpur Vagrant home. While talking to her at the vagrant home it appeared that she was a neglected child since her childhood. She never had love and affection and worked hard in life. She talked a lot about her godmother who loved her very much. She lost interest in everything. She was very concerned about her child and her future. The vagrant home authority reported that "what should she do, where should she go and how would she give her baby an identity, she used to think about this all the time".

Case 02] She was a 21 years old unmarried woman. Her father and mother both died when she was very little and she was given to a woman for adoption. Her stepmother got married to a man who already had two more wives and eight children by those two wives. She had one brother and she was the youngest. She used to make handicrafts at home and earn money. That's why her mother did not want to get her married off. She developed an affair with a neighbor and had physical relationship with him. When their relationship was revealed her mother did not approve it

and she fled away to Dhaka and started working as maid. Here she had another affair with a shopkeeper and became pregnant and lost her job. She is four months pregnant. She then went to DMCH with the help of another maidservant. She became very ill and was sent to the Department of Social Welfare for help. She had asthma and gonorrhea. She blames her stepmother most for everything. However, she does not have much complain about life.

Case 03] The 17 years unmarried poor girl is the daughter of a Farmer. She had two brothers and was the youngest in the family. Her mother died when she was 5 or 6 year old and her father got married again. When she was twelve, her father sent her to Dhaka with a neighborhood uncle for work. She started working as a maid in a city house. She used to send money to her father at the village home. After two and half years of her stay in Dhaka she had a relationship with the driver of the same house. She eventually had physical relationship with that man who promised to marry her. During interview she told that she never realized that she would get pregnant out of such physical relationship. At one stage their relationship was disclosed to the housemaster and mistress. She was driven away from that house. She was two months pregnant at that time. Instead of going back to her village home, she started spending nights on the street and became a street girl. She was taken to the center one day while she was wandering helplessly in the Assembly building area. She was five months pregnant and suffering from syphilis.

The case study revealed that all through her life she lived in extreme poverty. It appeared from the interview that she used to enjoy having sexual relationship with men and did not get that disappointed being refused or betrayed. She took it as part of her life. She took life as it came by. It was not very clear if she had a steady family life while staying with her parents in the village. However, she had a grievance against he father and lamented that had her mother been alive her life would have been different. It was a surprise to her to have discovered herself in such a center in the city that cared about girls like her. It was beyond her expectation. She wanted to be economically independent but wanted to abandon the child. Perhaps, with the hatred towards her father and men, in general, she denied the baby.

Case 04] 15 years old un-married 7 months pregnant is the daughter of a day laborer. She lost her mother while she was three months old and her father got married again. Then, her aunt brought her up till the age of three until she (aunt) got married. Her aunt gave her to a childless couple for fosterage. She stayed with the foster parents until the age of 7. After that, she came to Dhaka with a neighbor. She began to work as a maid in the city and used to send money regularly to her foster parent in the village home. At the age of 14 she developed a relationship with a Guard who used to work in the same house. The Guard promised her to marry. However, after having physical relationship several times when he came to learn about her pregnancy he absconded. She

did not stay in that house any more and went to her village home. But, her stepmother advised her to go back to Dhaka and give away the child to some one. So, she came back to Dhaka and started working again as maid. She couldn't tell exactly how many months pregnant she was. She was ill with anaemia and weakness. She was getting disoriented and couldn't continue working as maid. She happened to have heard by mouth about the centre and came there for help. The social worker and the medical staff of the centre presumed that she was 7 months pregnant.

The case study revealed that her father and foster father both were day laborers and very poor. She loved her foster-mother very much and avoided talking about her own father during interview. She wished to send money to her foster mother once she would start earning. She was a girl of tender age, deprived of love and care from her own father. The Guard who she trusted and loved betrayed her. The economic condition of her family also compelled her to come to city for work. She became the victim of pregnancy before she realized what consequences were awaiting her. Because of being pregnant at a tender age she became very ill with multiple complications. At a later stage it was also diagnosed that she had Asthma. Because of a traumatic life she went through she could not bear the fact that she became pregnant before marriage and she always reacted violently if asked about the child, the center's Social Worker reported. She desperately wanted to abandon her child. She also promised that she would never ever make any physical relationship again with anyone before marriage. She wanted to be on her own foot. In a follow up visit it was learned that after the baby was born she changed her mind and left the centre along with baby for her village home where her foster-mother lives.

Case 05] The 19 years old un-married woman was in horrible condition and found in DMCH along with her newborn baby. She had her legs swollen, yellow and catheter in her urinals. A week later when her catheter was removed she felt better and started talking about her life. She was the daughter of a saw mill worker and used to live with her step mother and four step siblings. She lost her mother at a tender age. Her stepmother used to abuse her a lot. One day she ran away from the house and started working in another house as maid. She stayed in that house for five years. During that time she had illicit relation with the third son of that house. When it was revealed she was thrown out of that house. She came back to her father's place. But, she did not know that by that time she got pregnant. Her stepmother came to know about her pregnancy and her father beat her severely. She ran away from the house again. She came to Dhaka and began to work as maid. At the advance stage of her pregnancy she could no longer continue work. She started living in the street. Being physically severely ill and starved at the state of her pregnancy she was admitted to DMCH by someone unknown. She was in severe physical and mental state during pregnancy. After few weeks of the child's birth she gradually recovered. She did not have much hope or aspiration in

life. She did not either want to stay in Dhaka anymore. Despite knowing that the child is illicit she wanted to keep the child with her and go back to her village home.

Case 06] The 16 years old exceptionally beautiful un-married 9 months pregnant girl is a daughter of a day laborer. At the age of 10 she came to Dhaka with her Father in search of work. Her father left her in a house where she began working as maid. At the age of 16 she had an affair with the Driver of the same house who promised to marry her. They had physical relationship and as a result she became pregnant. The housemistress came to know about this and insisted her to tell everything. When she (housemistress) came to know about everything she called the Driver and advised him to marry her. The Driver denied and fled away. Interestingly, that driver secretly kept in touch with the girl. She was then compelled to leave that house. She began to work in another house but at the advance stage of her pregnancy she was again driven away. She not only lost her job but also a place to live. She went to her lover Driver and the man proposed her to stay with him in a bustee pretending they were married. She agreed. After a month one day the Driver left her behind quietly. With the help of an old lady of the bustee she came to the centre. She wished to keep her child but realizing the fact that she could not give her (child) any identity she abandoned the baby girl for fosterage. However, she urged the center to wait for few months in hope that she could manage to get some job and get her baby back to her.

Case 07] The 16 years old un-married 8 months pregnant was the daughter of an auto rickshaw driver. She used to live in Dhaka with her family. She studied up to class V. Due to poverty she was given to her maternal aunt to look after their children. At the age of 14 she began to work in a garment factory. There she had an affair with a colleague. She eventually got pregnant and the man denied it. She told everything to her aunt. Her aunt immediately took her to this center fearing the social reaction and possible estrangement by the community. She had a strong sense of guilt. She often worries about her family and the possible consequences because of her.

Case 08] A 23 years old un-married 9 months pregnant, second child of her parents, came to Dhaka at young age in search of work. Her father was a day laborer and very poor. She had an affair with a rickshawala and started living together in a bustee without wedlock. When she got pregnant that man ran away leaving her alone. Being abandoned by her lover she eventually became a floating sex worker. She was physically very ill and vulnerable. She had a still born baby through cesarian. Through interview it appeared that she had no purpose in life. She lamented over all the mistakes she did and took blame on her for everything. She desperately wanted to go back to her village home and not to stay in Dhaka.

The existing gender power relation and social taboo put women in inferior/ disadvantageous position and makes them vulnerable to sexual assault

Case 09] The 15 years old 8 months pregnant girl first came to Dhaka with a family to work in their home as maid. After two and half years her father arranged marriage for her, so she went back home. But, her poor father could not arrange dowry money for her wedding and she could not be married off. She again came to Dhaka with another neighbor who happened to be a Principal of a college. This Principal used to lure her while nobody was at home and one day he raped her. After that he threatened her that if she told this to anyone she would never be taken to her village home. However, she found herself pregnant eventually and the principal left her at village home. Her mother first tried to abort the child but failing to do so she was sent to Dhaka again for help. Her family could not keep her in the village as the news spread over. Being very young she remained depressed most of the time. Her uncle said that she would be married off to the culprit through a village shalish and they would take her back to the village after the delivery.

Case 10] The 18 years old un-married girl was raped by the driver of the house where she used to work. In absence of her housemistress and other members one day the driver came to the house and forcefully had physical relationship with her. She became pregnant and the driver was put in jail. Her housemother told her to abort the child. She did not know what to do. If she wouldn't listen to her housemother she would lose the job meaning losing both shelter and job.

Case 11] The 19 years old un-married 8 months pregnant woman used to work in Dhaka as maid due to extreme poverty. She used to support her family financially. One day, in absence of the housemistress, the housemaster proposed her to have physical relations and offered some money for that. After that the housemaster lured her with more money and threatened not to tell the housemistress about their relationship. They continued this clandestine relationship until the housemaster knew that she got pregnant. Being puzzled with such news the housemaster gave her some money and told her to leave the house immediately before the housemistress would know about it. She then went to her village home and told everything to her grandmother and mother. But, they could not allow her to stay in the village for long with the fear of social reactions and consequences. She came back to Dhaka and started working in another house again. At the advance stage of her pregnancy, she was unable to work and the housemistress relieved her hearing about her pregnancy. She in desperate need of help went to DMCH and from there to the center. From her case history, it was revealed that as she began working in houses as maid since long before, she was used to having offer for physical relationship with housemasters and/or sons or relatives of that

house. She somehow accepted the fact that if she wanted to continue her job as maid she had no alternatives but to please the males. But, she was not aware about the family planning methods.

Case 12] The 14 years old un-married girl came with a neighboring uncle and aunt who used to live in Dhaka. These aunt and uncle gave her work as a maid next door. She sometime used to visit them in free time. The uncle one day quietly proposed her indecent thing and she was shocked hearing that. When she told her uncle that she regarded him as her father the man offered her some money. One day, when the aunt was not at home she was called on and the man raped her. She was threatened not to tell it to anybody. Afterwards, the man had physical relationship with her forcefully several times saying if she disclosed it she would not be allowed to stay in the city. One day she found herself pregnant and told everything to her housemistress. The man denied and ran away from that neighborhood leaving his family behind. She lost her job. She then went to another house and the house lady took her to this centre for help.

Case 13] The 14 years old un-married 4 months pregnant girl is the daughter of a day laborer and lost her father a very tender age. She is the youngest among the three children of her parents. She came to Dhaka along with her sister and brother-in-law in search of work. She began to work as a maid in a house. A friend of her brother-in-law used to visit their place and one day proposed her. She ran away with that man. The man used to sell vegetables door to door. She started living with that man in the bustee without wedlock. She however insisted the man to marry her. The man promised that he would soon marry her. She eventually became pregnant and the man ran away leaving her in the bustee alone. She went back to her village home and told her mother about the incidence. Her mother told her to go back to Dhaka before the news spreads around. She came back to Dhaka and began working in another house. When the housemistress revealed the incidence she relieved her from work.

Case 14] The 17 years old un-married used to work in a house where there was a mess on the ground floor. A man living in that mess, used to propose love to her. The girl knew that it wouldn't be appropriate for her to respond to such proposal because that man was educated and she thought the relationship would be an asymmetrical. The man however did not give up and lured her in different ways. Once he threatened that if she would not agree to marry him he would take his life. She surrendered and eventually she became pregnant. When the news spread out the man denied it. Her housemistress filed a case against the man. The man was absconding at the time of writing this case study.

Perceived Legitimacy of Relationship some time indulges men to sexually exploit the disadvantaged young girl. Also, despite family support such perception put young women at a state of temporary abandonment if not permanent in nature

Case 15] The 17 years old un-married 7 months pregnant girl was the youngest among her parents' two children. She had a brother. Her mother died when she was a child. As her Father was very poor she came to Dhaka along with a neighbor at the age of nine. She started working as a maid servant. At the age of 15 she had an affair with a boy who used to visit her aunt's house. She developed the relationship when she used to visit her aunt too. She told that this boy was a college student and promised to her aunt that he would marry her. Gradually, they started mixing closely and she became pregnant as a result. When the boy came to know about her pregnancy he took her aunt's house and after staying few days there he along with her went to Sylhet. She told the researcher that they stayed in a friend's house and the boy ran away one day leaving her his friend's house. She came back to Dhaka again and met her aunt. But her aunt refused to give her any shelter. She was then desperately looking for a job, any kind of job. But she couldn't get any. She was also seeking for shelter and incidentally a lady gave her the centre's address. She gave birth to a baby girl.

The Social Worker reported that she loved to talk about her lover. She missed him so much. She believed that after taking training from the centre she would get a job and her lover would come back. She will then explain to him that she is no longer a maid. She believed that he would then agree to marry her. That's why she was doing well in the literacy and other classes. She got a job as an Over-lock Machine Operator in a Garment factory and left the centre abandoning her child.

Case 16] 18 years old un-married 7 months pregnant is the eldest daughter of her parents who lost her mother at a tender age. Her father got married again. At the age of 10 she came to Dhaka with her father in search of work. At the age of 16 she developed an affair with a Driver who proposed to marry her. She told the man to put the proposal to her housemistress. The housemistress was happy to hear the Driver's intention and let her leave the house with that Driver to meet his parents (as he told the lady). But, instead of going to the village home where the Driver told his mother was staying, she was taken to a bustee. In that bustee, there was a lady whom the driver used to call Bhabi. With the sweet words of the Bhabi and the Driver one day she had physical relations with the Driver. She stayed in that bustee for a week. She realized that she was pregnant and told the man about it. The Driver gave her some medicines to abort. She did not want to do that and she came back to her housemistress. Hearing about everything, house-lady did not want to

keep her anymore in the house. She then went to her village home. She told her grand mother about the incidence. Her grand mother told her to go back to Dhaka before the news spreads around. In despair she came back to Dhaka again and started working in another house. When the housemistress revealed the incidence she took her to Mohammedpur fertility center for antenatal checkup. First, they wanted to abort but it was too late.

Case 17] The 21 years old un-married 9 months pregnant was an educated middle class woman. Her parents lived in Pakistan and she lived in Dhaka with her elder sister. She had an affair with a friend of her brother-in-law. Eventually they got engaged. That man used to come to her sister's house often since long before the engagement. Their intimacy went so far that she got pregnant. When her fiancé came to know about her pregnancy he insisted her to do MR. But She did not want to do that. Meanwhile, her sister came to know that the man (finance) had another wife. When they confronted the man he stopped coming to their place and shifted from the place he used to live without informing about his whereabouts. She was in advanced stage and admitted in a private clinic. During interview she seemed to be a strong-headed woman. She said she would do a job and support her child. She wouldn't need any man to give the baby an identity. Her sister was found to be supportive but the brother-in-law was already making problem. She feared if her sister's marriage would break off because of her. She wouldn't want that.....

Case 18] The 15 years old beautiful un-married 4 months pregnant girl came from an educated but economically poor large family. One of her brothers who served in the army used to contribute to the family. She used to work in garment factory. She had an affair with a colleague of the same factory. She started living with her lover in a slum as spouse. Meanwhile, a policeman (OC) used to visit their home regularly. In absence of her lover She had physical relation with that police. She claimed that her lover knew about it but did not tell anything. Eventually she got pregnant. At this stage her lover disappeared and she went in search of that police. But she couldn't find him anywhere. Seeing her miserable condition other police personnel took her to the Mirpur Vagrant home. While talking to the vagrant home authority it was reported that she sent a letter to her army brother and the brother came to visit her at the vagrant home. But, hearing about her story he forbade her not to write to him or to her parents any more. He also told her not to try to go home (village) in this situation.

Case 19] The 16 years old un-married 9 months pregnant girl is an orphan who lost both parents at a very tender age. She used to live with one of her sisters and look after her (sister) children at home. Her sister used to work at a garment factory and at the age of 13 she also joined her sister to work in the same factory as Helper. There she had an affair with a colleague and eventually became pregnant. When her sister came to know about this illegitimate pregnancy, both

her sister and brother-in-law threw her out of the house. She then went to her lover and stayed with him for three months until she discovered that the man left her alone quietly. Instead of going back to her sister, she took refuge in a house and started working as maid. When the housemistress came to know about this pregnancy she took her to Mohammedpur Fertility center for possible abortion. But, it was already late. She was then taken to the centre where she stayed until the baby was born. She abandoned her baby girl to the center for fosterage. The Social Worker reported that during pregnancy she was absentminded and couldn't take literacy and machine training class properly. She used to forget whatever she learnt. After the baby was born, she became more attentive to the classes and had planned to work in garment factory. She also remembered her sister and wished to go back to her hoping that she (sister) would forgive her.

Fear of Social Stigma compels many young women to leave family and home and face the consequences of premarital pregnancy as an outcome of an illicit relationship

Case 20] The 14 years old un-married 7 months pregnant girl was brought up at her Grand mother's (father's aunt). Despite poverty, her father had two wives and having six more children. Her stepmothers used to work door to door while she used to look after her stepbrothers and sisters. Her cousin brother, who used to live next door, professed false love with a promise to marry her. He used to make love with her often. When her pregnancy was disclosed her cousin brother ran away from the village. She did not tell her stepmothers about her pregnancy and quietly came to Dhaka along with a neighborhood aunt. When this aunt came to know about her pregnancy she (aunt) took her to the Mohammedpur fertility centre for abortion. But at such an advance stage the abortion couldn't be done. Through a student of the Dept. of Social Welfare she was brought to the centre for help.

The case study revealed that the girl never had love of her parents. Her mother died when she was only two months old and her father was busy working in the field as day laborer to feed a large family. She used to talk a lot about her grand mother who brought her up. During interview she expressed concerned about her father and grandmother who lived in the village. That's why she said she quietly left the village so that the village elite would not estrange her family for her misdeed. With follow-up it was learned that she gave birth to a low weight baby girl and soon after she changed her mind about her future plan. The Social Worker reported that she was a good student in the training class and planning for staying in Dhaka and working in the garment factory. But, after the baby was born she desperately wanted to go back to her grand mother in the village abandoning the baby. It was not surprising to note that her future plan changed. At such a tender

age what this young girl went through is beyond imagination. During pregnancy she lost her all sense of reasoning and listened to whatever other people told her to do. However, once the baby was born she suddenly became an adult. She regained her identity. She realized that it was her Grandmother whom she belonged and felt secured. So, she finally left the centre without completing the training and abandoning the child to the centre for fosterage.

Sometime Better Economic status of the family cannot protect the girl from the obvious outcome of a socially perceived illicit relation and that obvious outcome is nothing but a complete abandonment and prostitution becoming prey at the hands of the sex agents

Case 21] The 18 years old un-married girl, whose father was a Block Supervisor, ran away to Dhaka having a pregnancy through illicit relation with her uncle. She feared that if she stayed at home her family would be disgraced and her Father would kill her. She accidentally met a man who took her to his father-in-law. Lucky started working at that house as maid. Meanwhile she had a miscarriage. She lost her job. She took another job in another house and became the prey of the son of that house. She ran away again. This time a pimp agent trapped her and took her to a house at North Badda. After few days she managed to escape with the help of another girl from there. Unfortunately, the girl who helped her to escape actually tactfully sold her to a photo studio owner. She begged to that man and asked for a decent work. Being starved for two days she was desperate to get a shelter and some food. The studio owner helped her to get a job in a garment factory with condition that she will come to him thrice a month. Meanwhile, Lucky managed to get shelter in a mess run by a woman. When the woman came to know that she ran away from her village home and she did not have any guardian in Dhaka she drove her away from her place. She then went back to that studio man and that man took her to Bizli Mahalla. Here she used to work as hotel sex worker. She used to go to different hotels and earn money ranging from Tk. 80 to Tk. 500 and sometime Tk. 1000 per day. One of her clients expressed love to her. This time to make sure that the man won't leave her she consciously got pregnant. When the man came to know about it he never showed up again. She searched for that man at every possible place but failed to find him. Meanwhile she had another miscarriage. She then met a man at Gulshan Lake who told her to give a job in a house in Gulshan. She came to a house in Gulshan along with that man and found a middle aged lady and few more girls there. She stayed there for a year. She had to attend 15 clients daily. She ran away from that house and began to work as maid in a house at Karwan bazaar. Here she had an affair with a shopkeeper who proposed to marry her. She agreed and the man suggested her to meet his mother. His mother did not accept her as daughter-in-law. So, the man quietly ran away without telling anything to Lucky. Being despaired again and again she did not go back to the house

she used to work. A truck driver then took her to an "Adda khana". she got pregnant, the truck driver told her to abort the child and sent her to Mitford Hospital. She knows that she cannot stay in this center forever. She doesn't know where will she go from here. If she doesn't have any place to go then perhaps she will again continue her journey the same way.

Lack of Family Guidance sometime put young woman at the risk of sexual exploitation. However, organized institutional support provide some hope for the vulnerable group of young women

Case 22] The 15 years old un-married 7 months pregnant girl is the daughter of late Abdul Majid, who had two wives. Her mother was his Father's first wife. She used to live in her grandpa's house along with her mother and two brothers who used to work in the town. When she was 12 she had an affair with her cousin brother and became pregnant as a result of such relationship. Her mother did not say anything against this relationship until she found her pregnant. Her mother then hit her severely. Soon after, she ran away along with her cousin brother to Dhaka. She came to Dhaka with the intention to get an abortion. But, her cousin brother quietly left her in a slum. She then started working as a housemaid. But with her advance stage of pregnancy no body was interested to keep her as maid. She became unemployed. She was found in the DMCH severely ill and came to the Centre with the help of a social worker. She gave birth to a healthy baby boy.

While talking to her she told the author that she did not know how a Father's love felt like. She loved her mother the most. It was not that she ran away because of her mother's beating but because of the fear that the village Matbor would estrange her uncle (mother's brother) and her mother from the community once they knew about it. So, she thought it's best to run away and keep her mother's shelter safe. She didn't wish to start working as maid again and wished to work in an office. She was very cautious about her child and herself. She realized that she couldn't give her child a legitimate life and she would lose her future too. So, she decided to abandon the baby to the centre for fosterage to a good family. She left the centre after receiving training on industrial sewing machine. She got a job as a Helper in a Garment Factory.

Even the close relatives don't spare the opportunity to sexually assault the tender aged girls, however if family economically better off provides some hope for support

Case 23] She is a 13 years old un-married 8 months pregnant girl. She is the fourth child of her parents who both work in the Audit section of the secretariat, was studying at class VII. She became pregnant by her own maternal uncle who took advantage of her innocence while sleeping in

the same bed. Being a middle class family, she couldn't be kept at home. Her parents were also very distressed. She wished to be a Magistrate. Delivered a forceps baby. Due to family support she could go back to her family and normal life again.

Sexual Interaction takes place in private places and by someone known to the woman. Also, ignorance among the teenagers about possible threat of sexual exploitation makes them more vulnerable. In case of pregnancy made by acquaintance, the family doesn't dare to seek social justice or go in public in fear of social rejection and loss of family prestige

Case 24] The 14 years old un-married 4 months pregnant girl used to study in class VI in her village school. Her elder sister along with her husband used to live in their parents house. In absence of her sister and other members of the house one day Her brother-in-law had illicit relation with her. Everything happened so quickly before she could realize. When she started crying the brother-in-law consoled her that it was nothing but fun. She should not be upset and should not tell it to anyone. If she would tell he would divorce her elder sister. She became pregnant and she did not know that such relationship would make her pregnant. When her parents came to know about it they became puzzled and scared. They did not know what to do. On the other hand, the brother-in-law was indifferent and pretended as if he did not know anything. The girl's parents despite knowing about who is the culprit couldn't do anything fearing that the man would leave their elder daughter. Finding no other solution her Father came to Khulna along with her. She remained sick and depressed most of the time. She wished to go back to her school again. Her father also wished the same. While talking to the Father he was about to go back to his village home leaving the girl in the hospital promising that he would come back in a day or two. But, will he truly come back.....?

In case of premarital pregnancy abortion is the first choice. This puts young women at the risk of physical complications. However, organized institutional support provide some hope for the vulnerable group of young women

Case 25] The 16 years old un-married 7 months pregnant girl is the daughter of a Rickshawala and lost her mother. Her father married again. She grew up in her sister's place. When her sister arranged marriage for her she resented because she loved her cousin. One day she left the house with her lover cousin. She came back to her sister with 4 months pregnancy saying that her lover betrayed her. Her sister and other members of the family were not willing to keep her at the house in this situation. They took her to Mohammedpur fertility center for abortion but it was too late. The author observed during her visit to the Fertility center that despite knowing that it was too

late her sister was desperately begging to do the abortion. But the Ayahs did not agree and suggested to take her to that center.

Case 26] The 16 years old un-married 9 months pregnant girl's Father was a day laborer and died when she was 15. Her mother then used to work door to door for their living. She developed a physical relationship with one of her cousin brothers while her mother was not at home. As a result she became pregnant and she informed her lover about that. The man threatened her not to tell about it to anyone and advised her to abort the issue. But, all efforts failed and her physical state became vulnerable with multiple complications. One day she left home along with her cousin brother for Dhaka. She started working as a maid in a house. After a couple of months the house lady came to know about her pregnancy and sent her to the centre with the help of a friend. The Resident Social Worker informed that during pregnancy she couldn't attend the training classes in the centre attentively, however the baby was born she completed the training course successfully and got a job in garment factory. During pregnancy, she wanted to abandon the child and work independently and go back to her mother in the village. She used to tell that she loved her mother very much and there is no one but her mother in this world who cared about her. It was apparent that she did not have control over her own pregnancy and her cousin brother threatened her for disclosing the truth to anyone else. That man also tried her several times for abortion. After getting a job she wished to look after her mother. After the baby was born, she changed her mind about the baby and she wanted to keep the baby with her. She was also enthusiastic about learning new things and having a plan for her future. The exposure and training she got in the centre made her to be on her own foot and gain confidence. She was saying if now she goes back to her village home and tells people that she married off in Dhaka and the baby is her legitimate child it won't be a big problem for her. She found a new meaning of life for her and the baby. She now has a dream to live with. She makes plan for her child. She regularly keeps the baby in the day care of the centre and continues her job in the garment factory.

Romantic relations and trust developed during adolescence which is a risky period for sexual exploitation and can take the young women to prostitution

Case 27] The 17 years old un-married 8 months pregnant girl lost her mother at very tender age and was brought up by her aunt. Her father was a day laborer and very poor. At the age of 14 she developed a romantic relationship with a neighborhood boy. She trusted that boy so much that one day with provocation she ran away from home with that boy. They went to Chittagong and started living together without wedlock. She came to know afterward that the man had another wife and a child. After few days, the man brought another man and forced her to have physical relation with him. Day by day, the number of strangers increased. Eventually she became pregnant. The

worst part was that during such pregnancy she was forced to please men. If she refused she was tied up with rope. One day she managed to escape to Dhaka. At the Kamalapur railway station she met an old lady who helped her to get admitted at DMCH.

During adolescence a sense of independence grows and there is tendency to overpower adult pressure.

Case 28] The 15 years old unmarried girl who recently gave birth to a boy child lost her mother while she was three. Her grand mother brought her up. At the age of 13 she fell in love with a neighbor in her village, but her grandmother did not approve of this affair. So, she in anger came to Dhaka with one of her neighborhood Aunts. She began to work as a maid in one of the houses in the city. In a year she again fell in love with a nearby shopkeeper and this relation took her up to sexual contact and as a result she became pregnant. While this was disclosed to the housemother (Begum saheba) she was relieved from her job. She then went to her shopkeeper lover and sought for shelter. But the shopkeeper despised her in denial. She then went to a Bustee (slum) and stayed few days there. Her physical condition became critical and she was sent to the Dhaka Medical College Hospital through the Department Social Welfare.

During interview she talked a lot about her grandmother. She wished to go back to her granny. Her father's economic condition was not well. She did not tell anybody at her village that she was pregnant again. The Social Worker reported that she did not have any serious concern about her child and wished to abandon the child. She also developed absent-mindedness during pregnancy that prolonged even after childbirth.

Adolescent girls sometime don't apprehend the consequences of sexual relationship that is illicit in nature and at an early age

Case 29] The 13 years old un-married 8 months pregnant girl is the third child of her parents. Her father is a Carpenter and had plenty of land. Now their economic condition is not that good. She came to Dhaka and had an affair with a rickshaw puller and despite knowing the consequences of having physical relation before marriage she continued the clandestine relation. She has a strong sense of guilt and blames herself for not telling the truth to the housemistress. She feels that her life is lost and she has to live a life as a bad girl. She couldn't go back either to her village home or to the house she used to work.

Some Young women had a history of sexual relationship since at an early age and became a deviant due to absence of proper guidance/affiliation

Case 30] The 16 years old 9 months pregnant girl came to Dhaka with her cousin brother and started working as a maid. She used to enjoy going out and thus developed relationships with aged men that eventually made her pregnant. She had a baby girl who survived for one month. She again had another affair with a blind man and got pregnant for the second time. The man left her and she started begging on the street. During pregnancy she used to behave abnormal and after delivery she did not want to leave the child for a moment. She loved her child more than her life. It was like a treasure to her. The case study revealed that due to economic hardship her father gave her, at the age of seven, to a family for fosterage. But, she couldn't stay with them and she came back to her mother and at the age of ten she came to Dhaka and started working as domestic maid. In the center she used to talk only about her mother. She loved her very much. During pregnancy she was very ill and after her baby was born she was unwilling to come to the class without her child. Finally, she left the center along with her baby girl for her village home.

Some young women develop the habit of sexual interaction with multiple men ignoring the existing social norm and suffer the consequences

Case 31] The 17 years old un-married 8 months pregnant woman was brought up by her paternal aunt. Her father died when she was three months old. Her mother got married again. Due to poverty she was sent to work as maid. The house lady was kind to her and planned to send her to their (lady) own garment factory to work. She started working in their garment factory and soon had affair with several colleagues resulting her pregnancy. When the house lady came to know about it she drove her out of the house. She lost her job and the place and a kind family who used to love her. She became a street girl. At the advance stage with the help of an old lady she came to the center. She herself did not know who was the father of her child. She was mentally in a distressed condition and physically very ill. Now, she literally doesn't have any guidance or support anywhere but this center. She lost everything for her so called socially termed 'deviant behavior'.

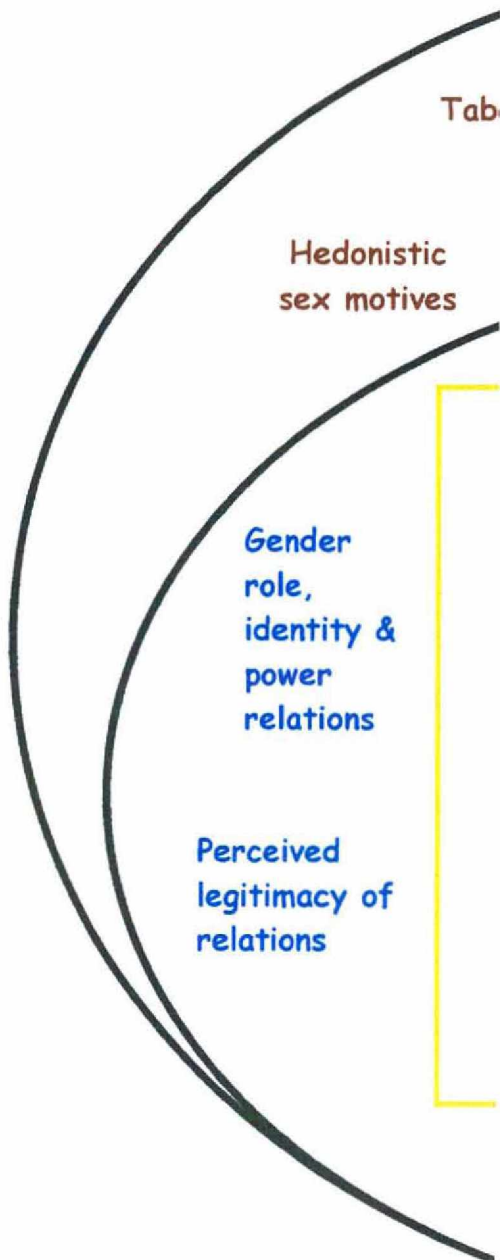
In sum, the findings as elaborated in Chapter four and Chapter five reveal that a number of demographic factors are directly responsible for causing premarital pregnancy. These are tender age (70% adolescent and 30% young adult), poor economic condition (87% poor), lack of family affiliation/guidance (52% living on their own and the remaining 48% lacked regular and proper family guidance), and occupation (48% housemaid, 20% factory worker) that exposed them to sexual exploitations in a patriarchal society like Bangladesh. Some cultural and social factors have also been found responsible for such occurrence. For example, majority of the respondents (82%)

reported that they have been impregnated by someone known and living near to them. The study further reveals that the respondents who were working as maid were more vulnerable to sexual exploitation not only by their own employer but also someone living in the same house or neighborhood. On the other, respondents who were working in factories impregnated mostly by their colleagues whom they termed as their lover. Ironically, respondents who were staying at home as homemaker or studying have not been spared from the lust of someone they knew and trusted eg. Brother-in-law, uncle etc. Also interesting to find is the perceived gender role and identity and power relations played around such sexual game. Majority of the respondents' (82%) partner have let them down once their pregnancy was revealed, ironically the respondents termed these men as their lover. In some instances, their employer (in this case the housemistress) had silent approval on such relationship having been assured that the man was going to marry her (the respondent). This indicates that perceived legitimacy of the relationship is one important factor that the men in the society are well aware and take advantage of women in sexual relationship. Further, 68% respondents reported to have sexual interaction at home and/or some place private in nature (e.g. aunt's house, lover's friend's place). The study also found respondents' lack of knowledge about and access to contraceptives, family planning methods and related materials an important factor that yielded such an outcome of sexual exploitation in the form of pregnancy.

All these factors contributed to hold a negative attitude by the respondents about their pregnancy, society and life. Their self-esteem and level of confidence scored significantly low during such pregnancy that suggests a severe psychological stress in terms of depression and anxiety. The respondents had undergone a number of adverse consequences because of being pregnant before marriage. They have not been visible during the study period until the 4th month of their pregnancy that suggests they tried abortions (presumably risky and unsafe in the hands of untrained and unknown quacks) secretly before it was too late to be visible. Not only that, 85% of the respondents who had gainful employment (65% with food and shelter) had lost their job and shelter and 69% of the respondents' family disowned them soon after their pregnancy was revealed. Being extremely vulnerable with a pregnancy that is perceived as illegitimate and with no shelter and earning these respondents had several physical stresses. Among them 88% had eclampsia, 85% anemia, 57% excessive bleeding, 17% delivered stillborn child and 12% STD. Their psychological stresses ranged from loss of interest in life/work (85%), feeling helpless (80%), sense of guilt (78%), loss of trust on others (77%), suicidal thought (73%), sense of fear (72%), lost confidence (63%) and loss of sexual urge (43%).

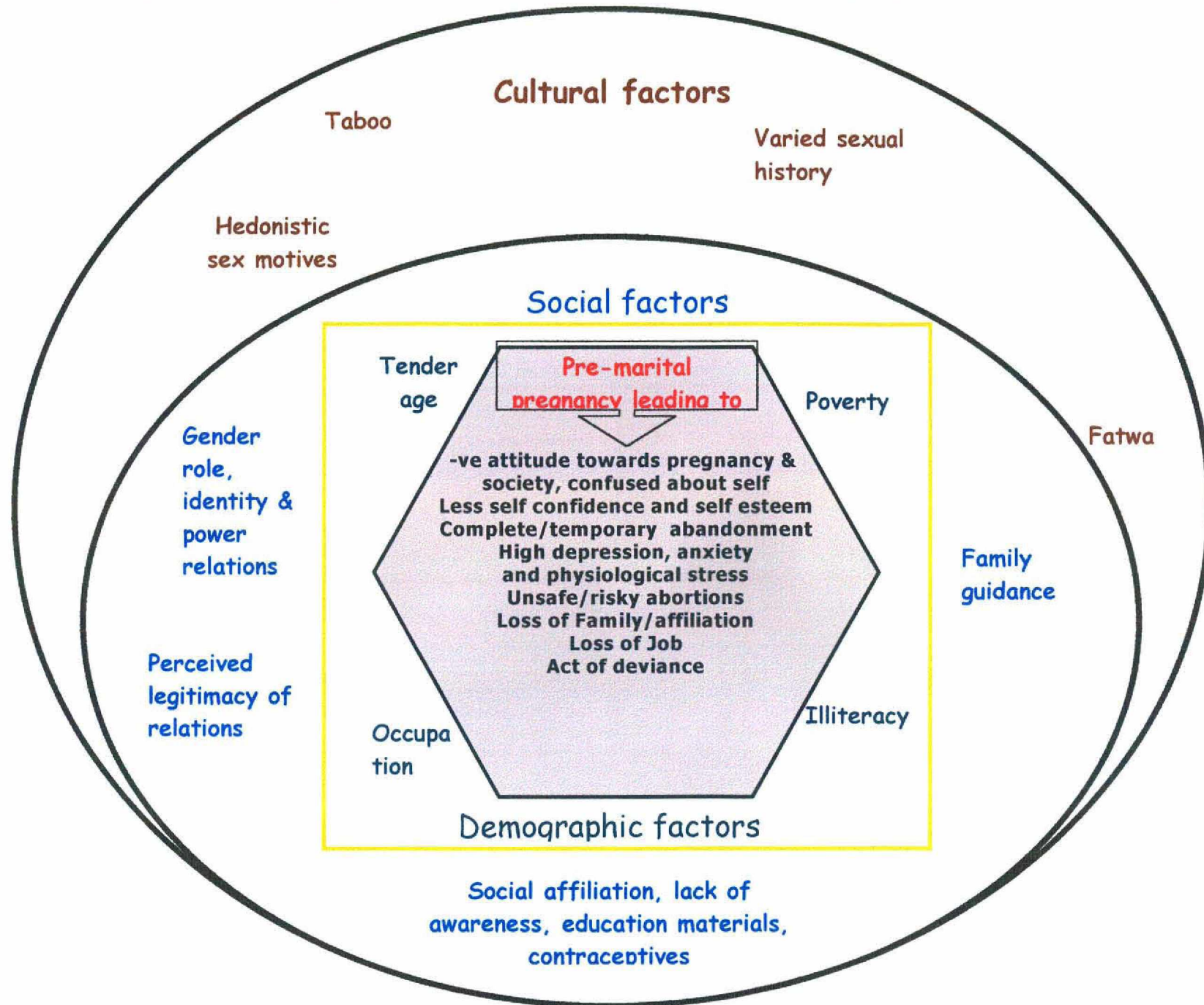
Based on the findings of the present study (as elaborated in Chapter Four and Chapter Five) a model has been drawn as presented in the following page.

Model: Factors Causing Pre



Model: Factors Causing Premarital Pregnancy and the subsequent Consequences

Dhaka University Institutional Repository



Chapter Six

DISCUSSIONS AND ANALYSIS

- 6.1 Factors Responsible for Premarital Pregnancy**
- 6.2 Consequences of Premarital Pregnancy**
- 6.3 The Role of Government and Other Support Network**

ANALYSIS AND DISCUSSIONS

The findings of the present study have identified some effects of age, socio-economic condition on premarital pregnancy for unwed mothers and their attitude toward such pregnancy, self and society. The study also found some implications of premarital pregnancy in terms of its negative consequences.

5.1 Factors Responsible for Premarital Pregnancy

5.1.1 Age and Socio-economic factors

From the present study it appears that majority of the respondents (unwed mothers) are adolescents. All the case studies as elaborated under the study also suggest that 'tender aged' women are more vulnerable to sexual exploitation causing premarital pregnancy than adult women. The finding is in consistence with almost all researches conducted that adolescence is a sexually active and highly risky period involving potential unmistakable consequences. This further supports the view according to Social role theory (Alice Eagly 1987) that "conflicts and tensions of the teenage "transitional stage" stem from the combination of an acceleration in the individual's physical and cultural growth with the continued refusal by society to grant to adolescents many of the rights and opportunities of adults: when sexual desires are more powerful than they ever will be, sexual opportunities are fewest; obedience and submission are asked of adolescence at precisely the time when their strength, energy and desire for autonomy is ascendant." From a psychoanalytic perspective, Erikson's (1971) identities, crucial elements established in adolescence were autonomy from parents, sex-role identity, and career choice and internalized morality. For Havighurst (1954) each stage of life has development tasks. Tasks of young adulthood included selecting a mate and learning to live with a marriage partner, starting family, rearing children, managing a home, starting in an occupation, finding satisfying social groups and taking on civic responsibility.

The respondents of the present study are mostly from 'lower socio-economic' background and none of the respondents were found from economically affluent class. Also after tracing few cases with education and higher economy background it was difficult to continue contact with them or during interview they denied information and cooperation. It suggests that the issue of premarital pregnancy is taken care of by the affluent class and does not want to expose to public attention. Only those who cannot afford to hide it become victims of such incident. This finding is consistent with an earlier research of Miah et al (1988) that the rate of pregnancy outside of marriage is higher among these rural migrant young girls (83.25%) than rural or urban girls (10.6%). Miah et al (1988)

further observed that in the well-to-do classes pregnancy related to rape and beyond wedlock is secretly taken care of by the family members through an abortion or by abandoning the new born baby to an institution. This finding further supported the research of Zelnik et al, (1981) that low 'socioeconomic status' is associated with an early age of sexual exploitation and assault particularly against adolescent girls.

Closely associated with the economic factor, it is important to notice the 'occupational pattern' of the respondents. The present study reveals that the premarital pregnancy occurred in all groups affecting more those who were living on their own working as maid and/or factory workers, losing their job and shelter soon after their pregnancy was revealed. Research also indicates that during childhood and adolescence, social forces push many men and women toward traditional gender roles, however, once adolescents and young adults leave home and are on their own financially or socially, they often are exposed to a greater diversity of gender roles and greater risks of sexual exploitation (Lottes & Kuriloff 1994).

It is equally important to note that though 40% of the total respondents had some amount of 'education' but they did not or could not continue formal education due to poverty and therefore, 30% dropped off school. It suggests that the economic status and lack of access to education are closely related. This drove many young girls to seek out work for survival and become exposed to sexual exploitation.

It also appears from the study that more than 50% of the respondents are abandoned and living on their own having no 'family tie'. They were deserted and displaced due to poverty. Their own family and/or relatives have abandoned them. They also lost parents (father, mother or both) at a tender age. Those who had their parents alive did not get them as family and some of their father had more than one wives. Poverty, large family, and abuse by stepmother had driven many of them to relocate in other places in search of work and survival. In the study of Miah et al (1988) it appeared that unmarried women were abandoned more frequently than the married women during their pregnancy. This study also revealed that the overwhelming majority (84%) of the destitute women constituted of unwed pregnant mothers while 13% of the destitute constituted of being mother with children. Data from newspaper report also corresponded to those with the NGO record indicating destitution mostly caused by unmarried pregnancy (14 out of 23). This is also in consistence with the research finding that "Children who live in *'single parent families or broken families'* are two to three times likely to have emotional and behavioral problems. They are more likely to drop out schools, to get pregnant at tender age and to get in trouble with the law (Defog-Whitehead, 1993)".

The case studies of the present study also confirm that poor economic condition and loss of family at tender age put young women more vulnerable to sexual exploitation leading to consequences like abortion, physical and psychological complications, sexually transmitted diseases, and abandonment.

5.1.2 Social Affiliation as a Factor responsible for Premarital Pregnancy

The study findings as elaborated in chapter four and five reveal that those who were working as maids (29) had intimate relationship with or being sexually abused by someone they knew and lived close by i.e. housemaster, the driver of the same house or the nearby shopkeeper and vendor. Those who were working in the garment factory mostly had intimate relationship with their male colleagues. It suggests that "proximity" and "familiarity" were two powerful factors that contributed to such relationship. Koss's (1990) research finding also suggests that someone at least casually known to the victim perpetrates approximately 85 percent of all sexual assaults. Romantic partners commit as many as 57% percent of all assaults. All the case studies of the present study also confirmed it.

Further, the present study reveals that particularly the unwed mothers who were working as maid and factory workers had sexual relationship with men much older than them and they did not have any peer affiliation. This can be defined by "psychosocial identity" that the adolescent engage in continuing comparison with others, some children appear to be more comfortable with adults than with others of their same age. In most cases, a greater number of positive reinforcements for their behaviors come from adults than from their peers. Hence, they choose to be in the company of adults rather than age mates. On the other hand, joining the company of peers presents a psychological risk. Seltzer (1982) suggests that these adolescents may often retreat to defensive flight that is outwardly masked. Their direction is decidedly maladaptive. One such mal-adaptation is *pseudoadult*. Case study no. 11, 18 and 31.

Psychological factors may also prompt people to seek out others. For example, when a person has a smaller or less satisfying network of social and intimate relationships (as is the case of the unwed mothers) than desired, she experiences "loneliness". Adolescents and young adults are the loneliest age groups who would seek out such relationship the most. This is particularly visible in the study where it shows that 50% of the total respondents did not have any family or friends what so ever. Most of them (47%) used to work as maid in private houses where they were basically a "out-group" being almost completely confined within the household and estranged from the outside world, in the garment factory they are not only an out-group, they are a "subculture" who are

migrant in the city from rural villages in search of work for living. Case study no. 2, 3, 4, 5, 21 and 23 also suggest that the unwed mothers had no continuous or happy family life, some of them (case study no. 6, 8, 14, 17, 19, even started living with men in the 'bustee' without wedlock to have a sense of security psychologically if not otherwise financially or socially.

Social scientists (John Thibaut and Harold Kelley 1959) also stated that in a relationship they would not consider the rewards and costs in isolation. Instead, the level of costs and rewards accruing in the current relationship will be compared to the possible rewards and costs available in alternative relationships. The factors that may produce commitment to a relationship include love for the partner, the status that comes with the relationship, and feelings of obligation to sustain the relation. Commitment is reduced by anxiety about the relation, the attractiveness of alternative relationships, or internal and external pressures to try such alternatives, such as loneliness, family and friends. The study finding also suggests in the same line that the respondents had physical relationship considering some of these factors (i.e. status of the partner, perceived threat, feeling of obligations, fear of losing job & shelter etc.). Case study no. 3, 5, 9, 12, 13, and 15 of the present study also reiterated such finding.

5.1.3 The Perceived Gender Role, Identity and Power Relations in the Society

The present study revealed that such pregnancy did not occur for all cases due to rape or forced sexual interaction. Majority of the respondents (82%) reported that they had an affair with the person who made them pregnant and they were under sexual interaction for more than just once. This is in consistence with research findings that intimate relationships are an important context in which gender identity is created, recreated and understood (Risman & Schwart, 1989). The character of any given male-female relationship is shaped by the individual attributes and attitudes of the persons within the relationship. There is evidence for "complementary characteristics" leading to attraction in heterosexual male selection, where men are attracted to female beauty and women are attracted to high male social status. The case study no. 9 thru 14 particularly support the argument based on *patriarchy*—the institutionalized power relationships that give men advantages over women.

According to Eric Depret & Susan Fiske (1993) *social power* can be defined in terms of influencing others' behaviors or controlling their outcomes. They maintain that it's outcome-control, rather than social influence, that lies at the heart of social power. In support of this view Blood & Wolfe (1960) stated that power is based on control over valuable resources. The value of relationship itself can also affect the power that partners have over each other. If the relationship is

more important to one partner than to the other, the one who values it less has more power (Caldwell & Peplau 1984; Sprecher 1985). As the *principle of least interest* bluntly states: "That person is able to dictate the conditions of association whose interest in the continuation of the affair is least" (Waller & Hill 1951, p.191). Here, though the term "consent" may seem a defense for men the underlying truth is that this whole power game played a role for such "consent" where women were in a disadvantageous position. During the interview, many respondents reported that the consent was taken through different tactics such as falsely professing love, threatening to end the relationship, verbal persuasion (if you loved me, you'd let me", "you owe it to me"), verbal threat (I will kill myself if you don't let me, I'll kick you out of this job), offering money and other gifts etc. The case studies no. 3, 4, 5, 6, 9, 10, 12, 13, 15, 16, 17, 21, and 28 also confirmed this observation.

In the context of the present study, women's consent was determined by a number of factors such as their position in the society that is destitute in nature associated with poverty, lack of education, absence of peer group influence and a perceived threat of social power that has been exercised by their employers and lovers (male counterpart). Most of the case studies also suggest that the unwed mothers were basically displaced having no family or peer affiliation, poor and vulnerable to all kinds of manipulations by the powerful agents of the society (in this case the men who were either their employer, pseudo-guardian, or so called lover). This finding supported the view of Travis (1990) that sexuality the most intimate aspect of the self and the most private of experiences is clearly shaped by social order where issues of status, dominance and power prevail in a political way on that which is personal.

On the other hand, cross cultural research suggests that the woman's strategies of silence, withdrawal, and sulking are "last resort" tactics used by people of both sexes when they perceive themselves as less powerful than their partner (Case no. 03, 08,12, 14, 17 & 19). Particularly, women with less economic power and more restrictive gender roles use such indirect power strategies (Belk, Garcia-Falconi, Hernandez-Sanchez & Snell 1988).

It is also interesting to note that the un-wed mothers termed the perpetrators as their lover who literally betrayed them and left them in time when they needed them most. The reason behind this may be found from the whole concept of "sexual assault" and the difference between the perception of "sex" as taken by the respondents and their so called "lover". According to the theory of Sexuality, "Sex" has three important uses in our society (Alexander Comfort 1973); (1) sex as parenthood (procreational sex);(2) sex as total intimacy between two people (relation sex); and (3) sex as physical play (recreational sex). It is clear from the findings that the unwed mothers perceived sex as relational while their male partner took sex as recreational. This further supports

that females derive their identity differently from men. For males the formation of individual identity may come prior to intimate relationships while resolution of female identity may be held in abeyance since identity is found in merging with others or in intimacy. The female may come to know herself through relations with others (Henderson et al 1992).

Further, Fishbein (1966) indicated that gender differences existed in predicting sexual intercourse among men and women. For men, subjective norms were more important in determining their sexual intentions whereas, for women their personal attitudes were more important. Thus, men's intention to have sex was more determined by perceived social pressure/rejection and women's intentions were more influenced by an inner sense of right or wrong.

The case study no. 3, 4, 5, 6, 21, 23, 27, & 31 further reveals that the lack of change in patterns of identification and construction from late pregnancy to early motherhood brings with it major changes in social identity. A similar research (Deborah Baker 1989) supported this research finding.

5.1.4 Perceived Legitimacy of the Relationship

Research also suggest that romantic love is seen as sufficient for sexual activity and regardless of race, religion, socioeconomic class, and urban or rural background, teenagers believe that love makes sexual activity more permissible. One study (Coles 1985) showed that although only 3 percent approved of a teenage girl having sex with a stranger, and 10 percent with a date, 41 percent approved if the girl was "in love" and about two-thirds of the teens interviewed said they had been "in love" at some time, including 52 percent of 13 year old girls. This research finding has particularly supported some case studies of the present study (Case study no. 6, 15, 16, 17 18 & 19) where the family and the employers despite knowing intimate relationship of their daughter/maid were complacent about the relationship and gave silent approval and at times explicit consent to take her (unwed daughter/maid) on a date.

Further, organized religion in our society has not traditionally accepted pleasure for women as a legitimate motive for engaging in sexual activity. The families and employers interviewed had also opined that the issue is socially tabooed and against the law of the country. It is important to note that the law regarding marriage and family is guided by Islamic shariah (religious) law for the Muslims in Bangladesh.

5.1.5 Privacy Factor

Research revealed that sexual assault is most likely to occur in circumstances of privacy, when the opportunity of detection and likelihood of victim escape are lowest (Janice Belknap 1989). It supported the present study finding where 41 (68%) respondents reported to have sexual interaction at home and/or some place private in nature (e.g. aunt's house, lover's friend's place). On the contrary, it is interesting to find that the one of the reasons behind "the loss of family" was "lack of privacy in the neighborhood in rural areas that made it more difficult for the family and the woman herself to hide an occurrence of an un-expected social incidence such as premarital pregnancy, leading to greater reporting. The taboo surrounding sexuality and the "shame" and loss of honor also prevents women from seeking justice in case of sexual abuse (Case study no. 23, 24). Therefore, their family abandoned them (Case study no. 4, 5, 7, 9, 11, 19, 21 & 26) or estranged temporarily (case study no. 23 & 24) in fear of social rejection and loss of social prestige

5.1.6 Lack of Knowledge about Contraceptives, Family Planning and Other Materials

Research suggests that accidental pregnancies can be the result of lack of contraceptive knowledge or skill, lack of access to contraceptives, and failure to use contraception. Although women are expected to take most of the responsibility for contraception, psychological factors, and lack of power within heterosexual relationships make it difficult for many women, particularly young and inexperienced ones, to take control in this area. This is particularly true for the present study where 57 (95%) respondents have reported that they had no access to contraceptives and did not know how to use or convince the partner to use contraceptive, and 54 (90%) reported that their partner had refused to use or let use contraceptive.

One of the reasons for such ignorance can be explained by the fact that the *kind of sex education and materials* produced in school or elsewhere (eg. Media) do not allow young women to come to terms with their own feeling of sexuality. By emphasizing to girls the many ways that they can be victimized, it may convey the idea that women are always weak and vulnerable, undermining their self-confidence and sense of their own power (Marecek 1998). This is also in consistence with earlier researches that failure by girls to use contraception effectively is associated with a feeling of lack of control over their lives that probably contributes to a fatalistic viewpoint (Chilman 1983). Being young, poor and uneducated is associated with failure to use contraception effectively. Structural variables such as sporadic and unplanned intercourse and lack of access to a free, confidential family planning service also play a role (Chilman 1987). Further, the conditions under which it is acceptable for a girl to become sexually active are narrowly prescribed in our

society. It must be done to please her partner (certainly not herself), must be because she is "in love" and must be unexpected (Cusick 1987). Ironically, both men and women expect the woman to be responsible for contraception, yet she is not permitted to anticipate the possibility of sexual intercourse.

Further, in media, contraception is almost never mentioned or referred to, and the negative consequences of an unintended pregnancy are rarely portrayed. TV programming and advertising, provide young people with lots of clues about how to be sexy, but *little information about how to be sexually responsible*. Further, TV advertisements about condoms emphasize physical security rather than fertility control.

5.2 Consequences of Premarital Pregnancy

5.2.1 Negative Attitude toward Pregnancy, Self and Society of the Unwed Mothers as a Consequence of Premarital Pregnancy

In regards to attitude toward Premarital Pregnancy the study finding (including case study no. 3, 4, 7, 8, 15, 22, 23, 24, 25 & 29) is consistent with Fishbein and Ajzen's (1980) proposition that woman's attitude towards being pregnant could be based on her belief about the consequences of having a child and/or her evaluation of the belief. Under the circumstances of the present study, majority of the respondents have shown negative attitude because of their belief about the consequences of a premarital pregnancy and having an illegitimate child. Fishbein and Ajzen had further predicted that the women who would intend to become pregnant would believe that this event would have significantly more positive consequences than women who had no intentions of becoming pregnant. The present study suggests that the incident of premarital pregnancy was mostly unintentional and without cognizance. This attitude also supported the subjective norms such as (i) the perceived expectations of significant others i.e. what other people think about her or how other people will take it, and (ii) one's motivation to conform to those expectations i.e. premarital pregnancy being a social taboo respondents were highly de-motivated and feared reactions and rejection from others.

This finding of negative attitude of the respondents may also be explained through different functional approaches of attitude. For example, respondents held negative attitudes because their becoming pregnant before marriage would not gain them reward and they wanted to avoid punishments from the environment (utilitarian function). Besides the need to achieve rewards and avoid punishment, functional theorists further contend that people have a need to attain a meaningful, stable and organized view of the world. Katz (1960) stated that attitudes satisfy this

knowledge function when they provide a "frame of reference". For example, people might hold positive attitude towards pregnancy if it occurs with a marital context because it gives a social recognition. On the other hand, attitude toward premarital pregnancy is less likely to be positive because it brings social resentment and other negative consequences. Besides gain rewards and an organized view of the world, attitude can also help a person cope with emotional conflicts and protect self-esteem.

Similarly, respondents' negative attitude toward their pregnancy and somewhat positive or mixed attitude about their own self can be explained through different theories of attitude; (i) The *Self Presentation* Theory assumes that for strategic reasons we express attitudes that make us appear consistent. We worry about what others think about us and feign attitudes we don't really believe in. To make a good impression is often to gain social and material rewards, to feel better about ourselves, even to become more secure in our social identities (Leary 1994). (ii) The *Self Justification* (Cognitive dissonance) Theory assumes that to reduce discomfort we justify our actions to ourselves. This focuses on what induces a desired action, rather than the relative effectiveness of rewards and punishments administered *after* the act. Thus it aims to have women say, "I agreed to have sex relation because I had no other option and my job is more important for my survival than anything else," rather than "I got pregnant because I wanted to". The emphasis on perceived choice and responsibility implies that decisions produce dissonance. After making important decisions, we usually reduce dissonance by upgrading the chosen alternative and downgrading the option we passed over.

5.2.2 Socioeconomic Variables Influencing Attitude of the unwed mothers toward their pregnancy, self and society

Age

Earlier research findings supported that adolescents who do get pregnant are more traditional in their sex-role orientation than other sexually active young teens. They perceive themselves as competent in highly sex-typed activities, have lower aspirations and grades, and have less of a sense of control. The present study finding also shows that the adolescents held the most negative attitude toward their pregnancy perceiving it as illegitimate. They also maintained a mixed attitude toward their own self and significantly low level of self-confidence struggling to find identity for them (case study no. 3, 4, 5, 6, 9, 15, 19, 20, 22, 23 & 28). This is consistent with earlier research that adolescents experience a great confusion of values. While there is a strong trend toward social conformity with their peer group, there is also a shifting back and forth from childish to more adult behavior. In some ways, they suffer from the lack of clearly defined roles in the society (Bennett Berger 1965).

The finding regarding attitude toward society was remarkable. It appears that the early adolescent group held positive attitude toward society showing greater social conformity while the late adolescent group and the adult group held more negative attitude to society suggesting a greater control over themselves and less social conformity. This is consistent with earlier research finding that teenagers who get pregnant are more likely to rely on God to determine the course of their lives, indicating that both traditional gender roles and religious beliefs influence the problem of teenage pregnancy (Ireson 1984).

The *poor economic condition* has had a greater influence over the attitude of the respondents. Under the study, socio-economic index where respondents with economically better off family had expressed most negative attitude toward their pregnancy and positive attitude toward society suggests that they inclined to social conformity more than those respondents with poor economic background who held negative attitude toward society indicating lesser social conformity. Here, the poor perceived themselves as an "out-group" and the not poor group as "in-group" therefore conforming more to the "in-group" norms as universally valid. Thus, it supported that most of the nonconformity that occurs in a collectivist culture is to the norms of out-groups, not in-groups (Shweder & LeVine 1984, Triandis 1989, Yamaguchi, 1994).

The study finding further reveals that respondents with formal *education* had more negative attitude toward self than the respondents with no formal education who leaned to express more positive attitude toward self. This suggests that the existing education system reinforced the perceived gender role and illegitimacy of premarital pregnancy as a social taboo.

Similarly, *family* as an important social institution played significant role in reinforcing existing gender role and sexual behavior of the respondents. Under the present study respondents who did not have any family affiliation held more positive attitude toward self than those having family tie. The effect of *Family Tie* has thus been in consistence with the social conformity attributes of a society like Bangladesh. Women who did not have any family tie formed more of an individualist out-group and tended to nonconformity.

During interview, the respondents who scored low in self-esteem and level of confidence had difficulties in deciding on whether they should keep their baby with them or abandon. Through follow-ups it was further revealed that these respondents had changed their decisions regarding their child and reunite with family. The follow-up visits during the study period in one center and few homes and clinics further revealed that the adolescent group who scored lowest in 'level of confidence' and 'self-esteem' had abandoned their baby most and went to their village home and/or

did not want to leave the place (case study 3, 6, 9, 15, 19, 20, 22, 23 and 28). Their performance in the vocational classes and functional educational classes were also low and intermittent. Case study 4, 5, 6, 7, and 8 also confirmed this finding.

The present research finding also supports researcher's argument that due to the inherent social nature of the self and to a considerable degree of cultural dictation of what it means to be a person, self-esteem is defined by social and cultural elements. Louis Zurcher (1977), Snow & Phillips (1982), Trafimow, Triandis & Goto (1991) found that college students described themselves in terms of their social role. They have further said that economic recession, increasing rate of family failure, fragmentation of nuclear family and growing problems in the educational systems and in reaction to this dissatisfaction, people may identify themselves in terms of their own qualities rather than in terms of institutional affiliation.

Also, pregnancy can be viewed as a time of *loss of control* over one's body. Changes will occur to the pregnant woman no matter what she does or does not do. She is helpless to govern her own body, and yet she remains defined to society largely through her body. Moreover, society encourages a more general helplessness. All these reflected in their scoring low in self-esteem and level of confidence. This has put implications on their whole decision making behavior pattern i.e. abandoning baby, changing mind to go back to village home, fear of getting married, fear of working and living in the city etc.

5.2.3 Physical and Psychological Stress and Consequences

The study findings have strongly supported the fact that teen mothers face higher medical risks in pregnancy and more likely to have low-birth weight babies, which, in turn is a major cause of infant mortality. Further, because traditional sexual scripts focus on male pleasure and male control, the respondents have been unable to assert a claim to safety during sexual activity. The consequence was obvious, unsafe abortion, increased risk of unwanted/unwed pregnancy and sexually transmitted diseases (STD) associated with other complications (case study no. 2, 4, 5, 8, 9, 10, 18, 19, 20, 22, 24, 28, 30 & 31). The study revealed that the mothers with premarital pregnancy did not become visible until the 4th month or later stage of their pregnancy. Abortion was one obvious choice once the pregnancy was revealed (case study no. 9, 10, 17, 18, 21, 23 & 26). This fact suggests that the victims first and foremost invariably tried to terminate the pregnancy and sometime even at a later stage when abortion was risky and medical practitioners refused to do it. The study findings reveals that since the issue of premarital pregnancy is a social taboo, people don't want to talk about it and don't want to handle this problem until it is absolutely unavoidable.

This finding supported earlier research that 91% abortions take place within the first three months of pregnancy and women choosing abortion tend to be young and the great majority (81%) of those having abortions are unmarried (Albert 1993, Bishop 1989). In Bangladesh, many of such pregnancies that are illegitimate in the eyes of law are being terminated in the hands of unskilled midwives, ayahs and quacks secretly and many time at the risk of the lives of the mothers (Miah et al, 1987). The present study also found reporting from sources i.e. MSCS, Fertility center and other hospitals that at least 30% of all MR cases come with adolescent pregnancy and suspected to be premarital. They further reported that these groups usually come alone without any partner, family member or friend (Akhter 2001).

Research also suggests that there are psychological effects of abortion where women are living in a socio-cultural environment of lesser power and status. Some of such risk factors, both internal and external, have been identified; a woman is more likely to have post-abortion psychological problems if she has a history of prior emotional problems, has received little family support from family or friends, felt pressured into the abortion decision, or has strong religious beliefs that abortion is immoral (Public Interest Directorate, USA 1987). Major et al (1992) further suggested that a woman obtaining abortion without the support of her partner or family had greater likelihood of psychological problems. These findings supported some of the present study findings (i.e. high stress scores, low self-esteem and low level of confidence of the respondents despite having family and other supports).

The higher score in depression, anxiety and physical stress as reported by the respondents of the present study finds a link with the consequences other than physical complications they went through in terms of unsafe abortion, becoming deserted and unemployed.

Recently, clinical psychologists have argued that the victims' emotional reactions to the assault include persistent fear and anxiety, phobias, depression, diminished self-esteem, sexual dysfunctions and posttraumatic stress disorder. Behavioral reactions can include drug use, dependency and behavioral deviancy including sexual promiscuity, and an increased risk of future victimization.

The disorder that has received the most attention in terms of sex and gender issues is depression. Depressed individuals describe their emotional state in highly negative terms. Under the present study, 68% respondents reported to have severe depressions in terms of sense of guilt, loss of interest on work, loss of hope, feeling of being victimized, suicidal thought, feeling helpless and loss of trust on others. Respondents in all categories have scored high in depression, anxiety and physical stress. Therefore, it can be established that they go through stressful life event during

premarital pregnancy. This is consistent with a meta-analysis study finding (Oliver & Hyder 1993) that due to social rejection women express more anxiety, fear and guilt about their sexual act that is of casual, premarital or extramarital in nature.

Research suggests that victims may not experience all of these symptoms, and they may not experience them all at the same time. Features of the assault, including the victim-assailant relationship, place of occurrence and nature of consent affect the victim's reactions. Various family characteristics, prior sexual victimization, personality attributes, and the support received from family, friends, and the medical and legal communities also affect the victim's reactions to the state of pregnancy and speed of recovery.

5.2.4 Destitution of the Unwed Mother and their Newborn Associated with Loss of Job

The study findings are consistent with different aspects of the social conformity theory. Majority of the case studies also suggest that 'loss of job' and 'loss of family support' were two obvious outcome of premarital pregnancy. Asch & Fine (1988) rightly said –"we tend to avoid stigmatized people or to deal with them only in terms of their 'handicaps'. We react to them in terms of their stigma rather than in terms of other human qualities they possess." Women's deviance is like any deviance, a social construct. People who do not conform to the social perceptions about the way typical and "normal" individuals of their sex behave are likely to be punished for their nonconformity. The mechanism by which such nonconformity is socially described is stigma and deviance. These processes impose social control. Women's vulnerability to stigmatization is due to their general social subordination and relatively poor power position. They are not in a good position to define their rules that evaluate their own behavior. It also appears from the present study that more than 70% of the respondents who lost job due to premarital pregnancy scored low in self-esteem and level of confidence. Social conformity was high among those who did not lose job (86%) than those who lost (62%) indicating the latter group to become stigmatized as deviant group. This is perhaps due to economic hardship they least cared about what the society would react.

Some sociologists (Schur 1983) have argued that women's subordination is maintained by defining many of their characteristics and behaviors as deviant. For many victims their relationship with family members, friends and intimate partners frequently become severely strained. As a result, soon after the respondents' pregnancy was disclosed which was perceived as illegitimate due to its occurrence before marriage, 69% of the respondents lost their family and out of 46 respondents who had gainful employment (63% with food and shelter) 39 (85%) lost their job outright as soon their pregnancy was reported and/or visible being stigmatized for such pregnancy.

The study also revealed that as most of the respondents are from poor family and migrant from the rural villages, they are more vulnerable to sexual exploitation. In the context of Bangladesh, the honor of a family depends on the sexual purity of its women and the cultural imperatives of virginity, and subordination continue to exert influence over the experience of love for women. Thus, the loss of family and the loss of job supports research findings that lack of privacy in the neighborhood in rural areas makes it more difficult to hide an occurrence of any un-expected social incidence such as pregnancy, leading to greater reporting. The taboo surrounding sexuality and the "shame" and loss of honor prevents women from seeking justice in case of sexual abuse. Therefore, their family abandoned them in fear of social rejection and loss of social prestige.

Through review of case studies and follow up visits few cases were found where abandonment of child (CTRDW record of abandonment of children) and becoming sex worker have been a direct outcome of such pregnancy (case study no. 3, 5, 8, 22, and 28). The case studies particularly revealed that due to traditional attitude toward premarital pregnancy, low self esteem and level of confidence and high social conformity associated with family pressure majority of the respondents abandoned or expressed intention to abandon their child (case study no. 3, 6, 9, 15, 19, 20, 22, 23 & 28). On the other hand, mothers who had confidence and somewhat high self-esteem and some family support were able to decide on their future plan and about the baby. However, the premarital pregnancy left those unwed mothers with a complete state of abandonment who had no family, no job, no shelter and a complete absence of any support net what so ever.

Further, The *stress of relocation* involves both losses and the need to adjust to new ways. Moving is not simply leaving a house to which one has become accustomed. It also means leaving an entire community, saying goodbye and breaking ties to dears and nears. For the young unmarried pregnant girls relocation is especially stressful because it not only forces them to leave their family and friends but also put them into an endless uncertainty of their future life that is often associated with immediate unemployment and desertion. They often have no guarantees of finding new jobs or shelter (Clark & Watson 1991, Magnus et al., 1993).

5.2.5 Playing a Double Standard

It is also important to address one missing point here and that is that these women have all been ditched off by their so called 'lover' whom they trusted and were in love with. The reason can clearly be explained with the double standard of the society. The high rate of abandonment losing family, job and shelter indicates that the traditional double standard of sexual behavior has been widely endorsed by the men and the society where men's sexual activity was expected and tolerated and women were severely sanctioned against and punished for such activity. Also perceiving

premarital pregnancy as illegitimate gave a clear message that “men had sow their wild oats” while women were warned that a future husband “won’t buy the cow if he can get the milk for free”.

5.3 The Role of Government and other Support System

The present study reveals that more than 50% of the respondents had no support system (either perceived or available) particularly during their state of pregnancy. Those who had received some sort of support from family, friend or strangers were extremely inadequate. Such support (during pregnancy) ranged from abortion, admission to the hospital, govt./private home, and clinic and just for once. Through follow-up it was revealed that none of the employers or the lovers have been reported to be in contact with the mother during crisis or taken the mother back to job or relationship afterward. The study revealed that the respondents who remained with family during crisis of their pregnancy are all from the educated family while seven are from middle class and two are from poor families. The 20 respondents who had been abandoned by their own families in crisis were invariably from families with poverty and illiteracy. It suggests that the families with education and economic status have some control and power to protect their women from social stigma and vulnerability. So, economic status of the family is found a strong parameter to offer social support as it had more social power and status. Further, the study reveals that respondents with lack of support system showed higher negative attitude towards pregnancy, lower self-esteem and level of confidence.

Women are more vulnerable to the life stresses associated with parenthood than men, because they are assigned primary responsibility for child rearing and are given little support from society to make their job easier. The rate of abandonment of child by the respondent mothers is due to this reason of lack of social support. We have seen from the present study findings that the stresses associated with childbirth and the transition to motherhood, are increased by respondent’s isolation within family, by a loss of control during pregnancy and childbirth and by lack of governmental and societal commitment to their well-being.

The findings of the present study also suggest that women have been more vulnerable to stressful life being affected more by their loss of job than by their loss of family. Depression was higher among the respondents who lost job than who lost family. While the loss of job had put more stress in terms of anxiety and physical stress, both the absence and presence of family put stress on the respondents in terms of anxiety. This can be best described by the existing culture of “stigmatization of women” for an incidence that is highly sensitive and tabooed. The study also revealed that the stated support was provided at the minimal and sometime against the will of the

support provider. There was always a pressure (physical and psychological) on the part of the pregnant mothers that was created by the providers.

However, the study finding in consistence with earlier research (Cobb 1976, Cassel 1974) suggests that institutional support can help minimize stress during crisis i.e. state of pregnancy. The present study reveals that there are some organizations and infrastructure facilities available in the country to address the issue of premarital pregnancy, however lack of recognition and the indifferent gesture particularly by the government machinery needs to change in order to create a favorable support network for the young women to safeguard them from sexual exploitation in the country.

Chapter Seven

SUMMARY AND RECOMMENDATIONS

SUMMARY AND RECOMMENDATIONS

The goals of the present study were two fold. The first one was to investigate the factors responsible for and implications of premarital pregnancy over the lives of the unmarried young women in Bangladesh in order to have some data handy based on scientific research. The second goal was to investigate the availability of support network and its importance to address such a crucial issue like premarital (sexuality) pregnancy and its negative implications over the lives of poor young women who are most vulnerable to sexual exploitation.

On the basis of the obtained data a model has been drawn showing major factors responsible for premarital pregnancy and its consequences as identified in the present study. The study findings elaborated in chapter four and five strongly suggest that

- The present study calls for further researches with more focused questions, such as while premarital sexuality is socially tabooed why is it still occurring at an increasing rate in the country? Despite of the absence of an explicit institutional support network, the government institutions (including hospitals) and private organizations are addressing these issues secretly--- how does this dichotomy help them or prevent them to redress this issue and help young women from severe health risks, disorders and abandonment? Is marital status the only form of perceived legitimacy of the issue of sexuality and/or pregnancy that has direct implications in terms of abandonment and unemployment and other psychosocial consequences? Which group of mothers are more adversely affected by an illicit pregnancy: the unwed mothers or the mothers with extramarital affair, why and how? Is premarital pregnancy an outcome of sexual exploitation or less satisfying social affiliation/network? What stress (if any) do men encounter while revealing pregnancy of their partner out of a clandestine sexual relationship? In case of social pressure how do men justify their action of betrayal or escape?
- To safeguard the young migrant working women by a state policy where the employers, be it in a private house or a factory, should be responsible for the protection and well-being of their particularly women workers
- In case the employers and/or lovers (male partners) traceable, more human rights organizations and legal aid institutions should come forward to extend legal and other forms of assistance to the young women

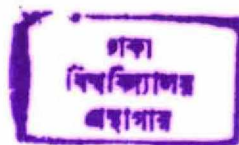
- More social and health service organizations should cater for the need of these young women in distress in the form of health services and counseling both immediate, short term and long term
- Some private institutions as well as government social organizations should develop some behavior protective education package for the young girls, family members and employers to help prevent undesired social incidence that has long term adverse consequences
- The institutional support network should be more concerted having coordination between public and private institutions including hospitals and clinics.
- More support network needs to be visible outside Dhaka and particularly in all the major metropolitan cities and possible zones such as railway stations, hotels, launch terminals etc.
- The education system of the country should need to incorporate some sex education and awareness curriculum and materials to help adolescents and young adults act responsibly. Such awareness can also prevent many young women from going for risky sexual relationship.
- There are men and women with history of family violence, varied sexual history, impulsive personality, hedonistic/dominance motives for Sex, lower sense of self-worth, and lower religiosity. They need intensive counseling. Some organizations should target this group as well.
- The media has a very important and vital role to play to disseminate adequate information on family planning, contraceptives use and source, sexual behavior change communication mechanism etc. Media can also play a vital role to mind bend the male psyche by creating massive awareness campaign highlighting the conscientious, sensible and responsible behavior of the men who play a double standard taking advantage over the gender power game.
- Last but not the least, in a growing urbanized society like Bangladesh where trafficking and sexual exploitation has been increasing at a faster pace than ever before, the people at the policy making level need to be more responsive and responsible to deal in such problem. The attitude of the society particularly the decision makers, employers and community elites also calls for a change toward sexuality to perceive it with more objectivity and less biased favoring only men. It is important to realize that majority of the respondents of the present study were earning and supporting their family; therefore their desertion had put direct

economic hardship on their family in addition to the social resentment due to the prevailing perceived gender role (in sexuality).

In fine, I hope this research finding will have some knocking effect on the minds of the responsible people in the country and the young women will get less affected for a conduct that they are alone not responsible. In hoping to have more future research on this area I hereby conclude with the following quote from Betsy et al (1998):

"adolescence is a crucial time in women's lives for trying on and establishing gender identities. So that it is also a crucial time for resisting traditional passive, submissive, other-directed femininity. Women require strategies or alternative resources to fulfill their need for pleasure and to resist the patriarchal society in which they find themselves, but they have a right to choose their experiences without damaging their health. They have the right to choose rather than to be manipulated in their adolescence into a dependency at a young age that is likely to last for life".

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References

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Process*. 50, 179-211.

Ajzen, I., & Fishbein, M. (1980). *Understanding attitudes and predicting social behavior*. Englewood Cliffs, NJ: Prentice-Hall.

Albert, J. L. (1993). Who is getting abortions? USA Today, A11

Allen, V. L., & Levine, J. M. (1969). Consensus and conformity. *Journal of Experimental Social Psychology*, 5, 389-399.

Annual Report, Centre for Training and Rehabilitation of Destitute Women, 1992-93, and 1993-94

Baker, Deborah., & Skevington, Suzanne (1989) *The Social Identity of Women*, SAGE Publications, pp. 94, 123, 130-133

Bandura, A. (1977b). *Social Learning Theory*. Englewood Cliffs, NJ: Prentice-Hall.

Bangladesh Bureau of Statistics (1998, 1999). *Report on Household Survey 1997-98 and 1998-99*, Dhaka: Ministry of Planning.

Barrera, M., Jr., & Ainlay, S. L. (1983). The structure of social support: A conceptual and empirical analysis. *Journal of Community Psychology*. 11, 133-143.

Beckstein, D., Dahlin, M., & Willey, D. (1986). Overview of sexuality education for young men. In C. H. Gregg and S. Renner (Eds.), *Sexuality educational strategy and resource guide: Programs for young men*. Washington, DC: Centre for Population Options.

Belk, S. S., Garcia-Falconi, R., Hernandez-Sanchez, J., & Snell, W.E. (1988). Avoidance strategy use in the intimate relationships of women and men from Mexico and the United States. *Psychology of Women Quarterly*, 12, 165-174.

Bem, D. J. (1972). Self-perception theory. In L. Berkowitz (Ed.), *Advances in experimental social psychology*. (Vol. 6, pp. 1-62), New York: Academic Press.

Berger, B. (1965). Teenagers are an American invention. *The New York Times Magazine*, (June 13), p. 47.

Berkman, L. & Syme, S. L. (1979). Social network: host resistance and mortality: A nine-year follow-up study of Alameda county residents. *American Journal of Epidemiology*. 109, 186-204.

Bishop, N (1989). Abortion: The controversial choice. In J. Freeman (Ed.), *Women: A feminist perspective* (4th ed.) (pp. 45-56). Mountain View, CA: Mayfield.

Blood, R. O., & Wolfe, D. M. (1960). *Husbands and wives*. New York: Free Press

Bloom, B., Asher, S. J., & White, S. W. (1978). Marital disruption as a stressor: A review and analysis. *Psychological bulletin*, 85, 867-894.

Bond, C. F., Jr. (1982). Social facilitation: A self-presentational view. *Journal of Personality and Social Psychology*. 42, 1042-1050.

Branscombe, N. R, & Wann, D. L. (1994). Collective self-esteem consequences of out-group derogation when a valued social identity is on trial. *European Journal of Social Psychology*. 24, 641-657.

Branscombe, N. R, & Wann, D. L. (1993). In-group or out-group extremity: Importance of the threatened social identity. *Personality and Social Psychology Bulletin*. 19, 381-388.

Brehm, S. S. (1992). *Intimate relationships* (2nd. Ed.). New York: McGraw-Hill.

Brehm, J. W., & Brehm, S. S. (1981). *Psychological reactance: A theory of freedom and control*. New York: Academic Press.

Brown, D. R., & Gary, L. E. (1985). Social support network differential among married and nonmarried black families. *Psychology of Women Quarterly*, 9, 229-241.

Brown, G. W., & Harris, T. (1978). *Social origins of depression: A study of psychiatric disorder in women*. New York: Free Press.

Caldwell, M. A., & Peplau, L. A. (1984). The balance of power in lesbian relationships. *Sex Roles*, 10, 587-599.

Cassel, J. (1974). Psychosocial processes and "stress": Theoretical formulation. *International Journal of Health Services*, 471-482.

Population Census of Bangladesh 2001, Bangladesh Bureau of Statistics (BBS).

Chan, C. S. (1993). Issues of identity development among Asian-American lesbians and gay men. In L. D. Garnets & D. C. Kimmel (Eds.), *Psychological perspectives on lesbian and gay male experience* (pp. 376-388). New York: Columbia University Press.

Chillman, C. S. (1983). *Adolescent sexuality in a changing American society* (2nd. Ed). New York: John Wiley & Sons.

Chillman, C. S. (1987). Some psychosocial aspects of adolescent sexual and contraceptive behaviors in a changing American society. In B. A. Hamburg & J. B. Lancaster (Eds.), *School age pregnancy and parenthood* (pp. 191-217). New York: Aldine De Gruyter.

Clark, L. A., & Watson, D. (1991). General affective dispositions in physical and psychological health. In C. R. Snyder & D.R. Forsyth (Eds.), *Handbook of social and clinical psychology. : The health perspective*. (pp. 221-245). New York: Pergamon Press.

Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic medicine*. 38, 300-314.

Coleman, J. (1980). Friendship and the peer group in adolescence. In J. Adelson (Ed.). *Handbook of adolescent psychology*. (pp. 408-431). New York: Wiley.

Coleman, J., Herzberg, J., & Morris, M. (1977). Identity in adolescence: Present and future self-concepts. *Journal of Youth and Adolescence*, 6, 63-75

Coles, R. (1985). *Sex and American teenager*. New York: Rolling Stone Press.

Comfort, A (1973). Future sexual mores: Sexuality in a zero growth society. *Current*. (February), pp. 29-34.

Costello, C., & Stone, A. J. (Eds.) (1994). *The American woman 1994-1995: Where we stand-Women and health*. New York: Norton.

Costello, C. G. (1982). Social factors associated with depression: A retrospective community study. *Psychological Medicine*, 12, 329-339.

Cusick, T. (1987). Sexism and early parenting: Cause and effect? *Peabody Journal of Education*, 64, 113-131.

Defoe-Whitehead, B. (1993). Dan Quayle was right. *Atlantic monthly*, pp. 47-84.

Demographic and Household Survey (DHS) 1994, Bangladesh Bureau of Statistics (BBS), Dhaka, Bangladesh

Depret, E. F., & Fiske, S. T. (1993). Social cognition and power: Some cognitive consequences of social structure as a source of control deprivation. In G. Weary, F. Gleicher, & K.L. Marsh (Eds.), *Control motivation and social cognition*. (pp. 176-202). New York: Springer-Verlag.

Eagly, A. H. (1987). *Sex differences in social behavior: A social role interpretation*. Hillsdale, NJ: Erlbaum.

Eagly, A. H., & Wood, W. (1991). Explaining sex differences in social behavior: A meta-analytic perspective. *Personality and Social Psychology Bulletin*, 17, 306-315.

Eagly, A. H., & Wood, W. (1982). Inferred sex differences in status as a determinant of gender stereotypes about social influence. *Journal of Personality and Social Psychology*, 43, 915-928.

Eagly, A. H., Wood, W., & Fishbaugh, L. (1981). Sex differences in conformity: Surveillance by the group as a determinant of male non-conformity. *Journal of Personality and Social Psychology*, 40, 384-394.

Erikson, E. (1963). *Childhood and society* (2nd. Ed), New York: Norton.

Erikson, E. (1968). *Identity, Youth and Crisis*, London: Faber & Faber.

Evans, G. W. & Lepore, S. J. (1993). Household crowding and social support: A quasiexperimental analysis. *Journal of Personality and Social Psychology*, 65, 308-316.

Farber, Naomi. (1990). The Significance of Race and Class in Marital Decisions Among Unmarried Adolescent Mothers. *Social Problems*, 37, 51-63.

Fine, M. (1988). Sexuality, schooling and adolescent females: The missing discourse of desire. *Harvard Educational Review*. 58, 29-53

Fine, M., & Asch, A. (1988). *Women with disabilities: essays in psychology, culture and politics*. Philadelphia: temple University Press.

Fine, M., & Zane, N. (1988). Bein' wrapped too tight: When low income women drop out of high school. In L. Weis (Ed.), *Dropouts in schools: Issues, dilemmas, solutions*. Albany: SUNY Press.

Fishbein, M. (1966). *Sexual behavior and prepositional control*. Paper read at the Psychonomic Society meetings. [Cited in Fishbein, M., & Ajzen, I. (1975), pp. 311-312]

Fisher, W., Byrne, D., & White, L. (1983). Emotional barriers to contraception. In D. Byrne & W. Fisher (Eds.), *Adolescent, sex, and contraception* (pp. 207-239), Hillsdale, NJ: Erlbaum.

Foucault, M. (1978). *The History of Sexuality*. New York: Pantheon.

Furstenberg, F.F., Jr., Brooks-Gunn, J., & Chase-Lansdale, L. (1989). Teenaged pregnancy and childbearing. *American Psychologist*. 44, 313-320.

Hamburg, B. A (1986). Subsets of adolescent mothers: Developmental, biomedical, and psychosocial issues. In B. A. Hamburg & J. B. Lancaster (Eds.), *School age pregnancy and parenthood* (pp. 115-145). New York: Aldine De Gruyter.

Havighurst, R. (1972). *Developmental tasks and education*. New York: McKay.

Hayes, C. D. (Ed.) (1987). *Risking the future: Adolescent sexuality, pregnancy and childbearing*. Washington, Dc: National Academy Press.

Heatherton, T. F., & Polivy, J. (1991). Development and validation of a scale for measuring self-esteem. *Journal of Personality and Social Psychology*. 60, 895-910.

Henderson, K., Bialeschik, D., Shaw, S., and Freysinger (1989). *A leisure of one's own: A feminist perspective on women's leisure*. State College, PA: Venture Publishing, Inc.

Holmes, T. H. & Rahe, R.H. (1967). The Social Readjustment Rating Scale. *Journal of Psychosomatic Research*. 11, 213-218.

Household Income and Economic Survey (HIES) 2000, Bangladesh Bureau of Statistics, Dhaka, Bangladesh

Ireson, C. (1984). Adolescent Pregnancy and Sex Roles. *Sex Roles*, 11, 189-201

Iso-Ahola, S., Jackson, E., and Dunn, E. (1994). Starting, ceasing and replacing leisure activities over the life span. *Journal of Leisure Research*. In press.

Kahn, J., Smith, K., & Roberts, E. (1984). *Familial communication and adolescent sexual behavior*. Final report to the office of Adolescent Pregnancy Programs. Cambridge, MA: American Institutes for Research. Cited in J. Brooks-Gunn & F.F. Furstenberg, Jr. (1989)

Kaplan, R. M., & Toshima, M. T. (1990). The functional effects of social relationship on chronic illness and disability. In B. R. Sarason, I. J. Sarason, & G.R. Pierce (Eds.), *Social Support: An interactional view* (pp. 427-453). New York: Wiley.

Katz, P. A. (1986). Gender identity: Development and Consequences, in R. D. Ashmore and F.K. Del Boca (eds.), *The Social Psychology of Male-Female Relations: A Critical Analysis of Central Concepts*. New York: Academic Press. Pp. 21-68

Kitson, G. C., & Morgan, L. A. (1990). The multiple consequences of divorce: A decade review. *Journal of Marriage and the Family*. 52, 913-924.

Koss, M. P. (1988). Hidden rape: Sexual aggression and victimization in a national sample of students in higher education. In A. W. Burgess (Ed.), *Rape and sexual assault*. Vol. II, (pp. 3-25), New York: Garland

Koss, M. P. (1990). Changed lives: The psychological impact of sexual harassment. In M. A. Paludi (Eds.), *Ivory power: Sexual harassment on campus* (pp. 73-92). Albany, NY: State University of New York Press.

Kurdek, L. A. (1991c). Sexuality in homosexual and heterosexual couples. In K. McKinney & S. Sprecher (Eds.), *Sexuality in close relationship*. (pp. 177-191). Hillsdale, NJ: Erlbaum.

Ladner, Joyce (1986). Teenage Pregnancy: The Implications for Black Americans. In *The State of Black America 1986*, edited by James D. Williams, 65-84. New York: National Urban League

Ladner, Joyce., & Gourdine, R. M. (1984). Intergenerational Teenage Motherhood: Some preliminary Findings. Sage 1 (Fall 1984): 22-24.

Leary, M. R. (1987). A self-presentation model for the treatment of social anxieties. In J. E. Maddux, C.D. Stoltenberg, & R. Rosenwein (Eds.), *Social processes in clinical and counseling psychology* (pp. 126-138). New York:Springer.

Leary, M. R., Tchividjian, L. R., & Kraxberger, B.E. (1994). Self-presentation can be hazardous to your health: Impression management and health risk. *Health psychology*. 13, 461-470.

Local Correspondent (Daudkandi, Comilla 1995). Unmarried Mother along with her child running door to door for justice, *The Daily Ittefaq*, p. 13

Lopez, N. (1987). *Hispanic teenage pregnancy: Overview and implications*. Washington DC: National Council of La Raza. Reported in Cusick (1987).

Lottes, I. L., & Kuriloff, P. J. (1994). The impact of college experience on political and social attitudes. *Sex Roles*. 31, 31-54.

Magnus, K., Diener, E., Fujita F. & Pavor, W. (1993). Extraversion and neuroticism as predictors of objective life events: A longitudinal analysis. *Journal of Personality and Social Psychology*. 65, 1046-1053.

Majore, B., Cozzarelli, C., Testa, M, & Mueller, P. (1992). Male partners' appraisals of undesired pregnancy and abortion: Implications for women's adjustment to abortion. *Journal of Applied Social Psychology*, 22, 599-614.

Marecek, J. (1993). Sexual development and girls' self-esteem. Paper presented at the Seminar on girls: Promoting self esteem, sponsored by the Girls' Coalition of Southeastern Pennsylvania, Swarthmore, PA.

Matteson, D. (1975). *Adolescence today: Sex roles and the search for identity*. Homewood, IL: Dorsey Press.

Mia, A., Akhter, S., Talukdar, A.H., and Akhter, S. (1988) *An Exploratory Study on Unwed Pregnant and Abandoned Women in Bangladesh*, Centre for Training and Rehabilitation of Destitute Women, Dhaka, pp. 3, 11-12, 14, 18-23

Miller, B. C. (1993). Families, science and values: Alternative view of parenting effects and adolescent pregnancy. *Journal of Marriage and Family*, 55, 7-21.

Ministry of Women and Children Affairs and Bangladesh Bureau of Statistics, Government of the People's Republic of Bangladesh (2002) *Statistical Profile of Women in Bangladesh*, Policy Leadership and Advocacy on Gender Equality (PLAGE), Dhaka, pp. 18, 23, 25, 29-33, 47, 187-88,

Mischel, W. (1966). A social learning view of sex differences in behavior. In E. Macoby (Ed.), *The development of sex differences*. Stanford, CA: Stanford University Press.

Morris, W. N., Miller R. S., & Spangenberg, S. (1977). The effects of dissenter position and task difficulty on conformity and response to conflict. *Journal of Personality*, 45, 251-266.

Moore, T. E., Griffiths, K., & Payne, B. (1987) Gender, attitudes toward women and the appreciation of sexist humor. *Sex Roles*, 16, 521-531.

Oliver, M. G., & Hyde, J. S. (1993). Gender differences in sexuality: A meta-analysis. *Psychological Bulletin*. 114, 29-51.

Press, M. (1988). Sex and sex roles: What are we really telling kids? *Equal Play*, 7 (1), 9-10.

Public Interest Directorate of the American Psychological Association (1987)> Follow-up report of oral presentation of December 2, 1987. Psychological sequelae of abortion.

Risman, B. J. (1987). Intimate relationships from a microstructural perspective: men who mother. *Gender & Society*, 1, 6-32.

Rubin, G. (1984). Thinking sex: Notes for a radical theory of the politics of sexuality. In C. S. Vance (Ed.), *Pleasure and danger: Exploring female sexuality*. (pp. 267-319). Boston: Routledge & Kegan Paul.

Salahuddin, Dr. Khaleda et al (1997) *Women and Poverty*. A publication of Women For Women. pp. 3-4,12-13,23,29,31,73

Sample Registration System (SRS), Bangladesh Bureau of Statistics (BBS), 2000

Sarason, I. G., Levine, H. M., Basham, R. B., & Sarason, B. R. (1983). Assessing social support: The social support questionnaire. *Journal of Personality and Social Psychology*, 44, 127-139.

Sarason, I. G., Pierce G. R., & Sarason, B. R. (1994). Social support: Global and relationship-based levels of analysis, *Journal of Personality and Social Psychology*, 11, 295-312.

Schur, E. M. (1983). *Labeling women deviant: Gender, stigma and social control*. Philadelphia PA: Temple University Press.

Seltzer, V. (1982) *Adolescent social development: Dynamic functional interaction*. Lexington, MA: Lexington Books, D.C. Heath.

Schwartz, P. (1994). *Peer marriage*. New York: Free Press.

Sprecher, S. (1985). Sex differences in bases of power in dating relationships. *Sex Roles*. 12, 449-462.

Staff Correspondent (June 15, 2001) There is hardly any "home" available for abandoned population, *The Daily Independent*, p. 8

Staff Correspondent (March, 1999). The migration to the urban areas and trafficking of women. *The Bangladesh Observer*, p. 7

Staff Correspondent (1998) 300 Abortions carried out daily in the city. *The Daily Star*, A 7

Strobe, M. S. & Strobe, W. (1983). Who suffers more? Sex differences in health risks of the widowed. *Psychological Bulletin*. 93, 279-301.

Strobe, W. & Strobe, M. S. (1986). Beyond Marriage: The impact of partner loss on health. In R. Gilmour & S. Duck (Eds.), *The emerging field of personal relationships* (pp. 203-224). Hillsdale, NJ: Erlbaum.

Tajfel, H., & Turner, J. (1986). The Social Identity Theory of Intergroup Behavior, in S. Worchel and W. G. Austin (eds.). *Psychology of Intergroup Relations*. Chicago: Nelson-Hall.

Taylor, S. E., & Langer, E. J. (1977). Pregnancy: A social stigma? *Sex Roles*., 3, 27-35.

Thibault, J. W., & Kelley, H. H. (1959). *The social psychology of groups*. New York: Wiley.

Triandis, H. C., Bontempo, R., Villareal, M. J., Asai, M., & Lucca, N. (1988). Individualism and collectivism: Cross-cultural perspectives on self-ingroup relationships. *Journal of Personality and Social Psychology*. 54, 323-338.

Travis, C. (1990). *The social construction of women's sexuality*. Paper presented at the meeting of the American Psychological Association, Boston, MA.

Turner, J. C. (1987). *Rediscovering the social group: A self-categorization theory*. Oxford, England: Basil Blackwell.

Turner, J. C., & Oakes, P. J. (1989). Self-categorization theory and social influence. In P. B. Paulus (Ed.), *Psychology of group influence*. (2nd ed., pp. 233-275). Hillsdale, NJ: Erlbaum.

Veenkateswam, S (1995). *Environment Development and the Gender Gap*, Sage Publications, New Delhi.

Waller, W. W., & Hill, R. (1951). *The family, a dynamic interpretation*. New York: Dryden Press.

Walter, M Phillips (1995) Institute of Living, Connecticut, *Journal of Clinical Psychology*, vol. 36, No. 3, p. 661-67

Wearing, Betsy; Wearing, Stephen and Kelly, Kathy (1994) Adolescent women and identity: leisure experience as resistance, *Sociology of Health & Illness*, vol. 16, no. 5, pp. 626-631

White, J. W., & Koss, M. P. (1993). Adolescent sexual aggression within heterosexual relationships: Prevalence, characteristics and causes. In H. E. Barbarbee, W.L. Marshall, & D.R. Laws (Eds.), *The juvenile sexual offender* (pp. 182-202). New York: Guilford.

Winn, K., Crawford, D., and Fischer, J. (1991). Equity and Commitment in Romance Versus Friendship. *Journal of Social Behavior and Personality*. 6(2), pp. 301-314.

Woolfolk, R. L., Novalany, J., Gara, M. A., Allen, L. A., & Polino, M. (1995). Self-complexity, self-evaluation, and depression: An examination of form and content within the self-schema. *Journal of Personality and Social Psychology*, 68, 1108-1120.

Zelnik, M., Kartner, J. F., & Ford, K. (1981). *Sex and pregnancy in adolescence*. Beverly Hills, CA: Sage.

Zelnik, M., & Shah, F. K. (1983). First intercourse among young Americans. *Family Planning Perspectives*. 15, 64-70.

APPENDICES

List of Organization

Sl.#	Name of Organization	Nature of Services
1.	Nari Nirjaton Protirodh Cell, Dept. of Women Affairs, Ministry of Women Affairs, Dhaka	Awareness Raising program, Skill Training, Legal Aid, Day Care services
2.	Dhaka Medical College Hospital, Dhaka	Medical (clinical) Services
3.	Government Vagrant Home, Kashimpur	Shelter for vagrant people
4.	Mohammedpur Fertility Services, Dhaka	Medical (clinical) Services
5.	Mohakhali Chest Disease Hospital, Dhaka	Medical (clinical) Services
6.	Family Planning Association of Bangladesh	Family Planning and Health Services
7.	Bangladesh Red Crescent Society	Family Planning and Health Services
8.	Centre for Training & Rehabilitation of Destitute Women, Dhaka	Shelter, Skill Training, Non-formal Education and Medical Services, Fosterage program for abandoned children
9.	Bangladesh Women's Health Coalition	Health Education and Services
10.	Bangladesh National Women Lawyers' Association	Awareness Raising program, Legal Aid, Shelter for Trafficked women and children
11.	Marie Stopes Clinic Society, Bangladesh	Family Planning and Health Services
12.	Save the Children, UK, Dhaka & Khulna	Health Education and Services
13.	Acid Survivors' Foundation	Awareness Program for Acid Victims
14.	Organization for Mother and Infants	Non-formal Education, Skill Training and Health Services
15.	Ain O Shalish Kendra	Legal Aid
16.	Nari Uddog Kendra	Hostel for Garment Factory Women Workers,
17.	Bangladesh Independent Garment Workers Union and Federation	Awareness program and legal aid
18.	Utsho Bangladesh	Hostel for Destitute women
19.	Naripokkho	Women Activist Group
20.	Women For Women	Women Research and Study Group

বিবাহপূর্ব গর্ভধারণের প্রতি মনোভাব মানক

ক্রমিক নং	মনোভাব বক্তব্য	সম্পূর্ণ একমত	অনেকটা একমত	জানিনা	কিছুটা দ্বিমত	সম্পূর্ণ দ্বিমত
ক. বিবাহ পূর্ব গর্ভবহ্নার প্রতি						
১.	বিবাহপূর্ব গর্ভধারণ সকলের জন্য একটি অসহনীয় অভিজ্ঞতা।					
২.	বিবাহপূর্ব গর্ভধারণ একটি ধর্মীয় ভাবে গর্হিত কাজ।					
৩.	গর্ভধারণ একটি মেয়ের মানবিক অধিকার, তা সে বিবাহপূর্ব বা বিবাহোত্তর যাই হোক না কেন।					
৪.	বিবাহপূর্ব গর্ভধারণ বেআইনী।					
৫.	বিবাহপূর্ব গর্ভধারণ সামাজিক ভাবে একটি ঘৃণ্য কাজ।					
৬.	বিয়ের আগে গর্ভধারণ করলে তা অবশ্যই গর্ভপাত করানো উচিত।					
৭.	বিবাহপূর্ব গর্ভধারণ একটি সমাজ বহির্ভূত আচরন। এ ধরনের আচরনের কারণে সংশ্লিষ্ট মা ও শিশুকে পরিত্যাগ করাই যুক্তিযুক্ত।					
৮.	বিবাহপূর্ব গর্ভধারণ একটি শাস্তি যোগ্য অপরাধ।					
৯.	গর্ভধারণ একটি প্রাকৃতিক স্বাভাবিক প্রক্রিয়া। এর জন্য বিবাহ বন্ধন অপরিহার্য নয়।					
১০.	গর্ভধারণ একটি পবিত্র বিষয়। কোন মেয়েরই সমাজ/পরিবারের অনুমতি ছাড়া বিবাহপূর্ব গর্ভধারণ করা উচিত নয়।					
১১.	বিবাহপূর্ব গর্ভধারণ একটি দুর্ঘটনা।					
১২.	বিবাহপূর্ব গর্ভধারণ একটি রোমাঞ্চকর অভিজ্ঞতা।					
১৩.	বিবাহপূর্ব গর্ভধারণ সামাজিক মূল্যবোধের অবক্ষয়েরই নমুনা।					
১৪.	গর্ভধারণ একটি গুরুত্বপূর্ণ সিদ্ধান্ত। বিবাহপূর্ব গর্ভধারণে জটিল সামাজিক প্রক্রিয়া ও প্রতিক্রিয়া জড়িত। সুতরাং বিবাহবন্ধনই এ সমস্যার সুস্থ সামাজিক সমাধান।					
ক্রমিক নং	মনোভাব বক্তব্য	সম্পূর্ণ একমত	অনেকটা একমত	জানিনা	কিছুটা দ্বিমত	সম্পূর্ণ দ্বিমত
খ. নিজের প্রতি						
	এ ধরনের গর্ভধারণের ফলে					
১	নিজের প্রতি ঘৃণা হয়।					
২	নিজেকে অসহায় মনে হয়।					
৩	নিজেকে অপরাধী মনে হয়।					

৪	নিজেকে প্রভাবিত মনে হয়।					
৫	যদি সুযোগ থাকত বা বুঝতে পারতাম তাহলে এ গর্ভধারন করতাম না।					
৬.	নিজের মাতৃ সন্তান ব্যাপারে সচেতনতা তৈরী হয়েছে।					
৭.	আত্মহত্যা করতে ইচ্ছা হয়।					
৮.	নিজেকে অহেতুক দুর্ঘটনার শিকার মনে হয় যা আমার প্রাপ্য নয়।					
	গ. সমাজের প্রতি					
১.	এ সমাজকে আমি ঘৃণা করি, কারন গর্ভধারন অবস্থায় এই সমাজ ব্যবস্থা শুধুমাত্র মা'কে বিভিন্নভাবে লাঞ্চিত করে।					
২.	বিবাহ পূর্ব গর্ভবতী মায়েদের প্রতি বর্তমান সমাজে বিদ্যমান রক্ষণশীল মনোভাবকে আমি সমর্থন করি।					
৩.	বর্তমান সমাজ ব্যবস্থায় গর্ভবস্থায় একজন মেয়ে লাঞ্ছনা ও বঞ্চনার শিকার হয়, যা তার প্রাপ্য নয়।					
৪.	বিবাহপূর্ব গর্ভধারনের ফলে সংশ্লিষ্ট নারী ও নবজাতকের প্রতি বিদ্যমান সমাজ ব্যবস্থা ও রায় যথেষ্ট যুক্তিযুক্ত।					
৫.	বর্তমান পুরুষ শাসিত সমাজ ব্যবস্থার কারনে বিবাহপূর্ব গর্ভবতী মা মানবেতর জীবন যাপন করতে বাধ্য হয়। যা সম্পূর্ণ অমানবিক।					
৬.	এই সমাজ এক দিকে ধর্ষন ও নারী পাচার প্রতিরোধে ব্যর্থ। অন্যদিকে, একারণে অনেক ক্ষেত্রে বিবাহপূর্ব গর্ভধারনের শিকার মা'কে দোষী সাব্যস্ত করতে এবং নির্যাতন করতে দ্বিধাবোধ করে না।					
৭.	বিবাহপূর্ব গর্ভধারনের জন্য সমাজ শুধু মা কেই শাস্তি দেয় কিন্তু সংশ্লিষ্ট পুরুষটির বিরুদ্ধে কোন শাস্তি মূলক ব্যবস্থা কার্যকর করতে ব্যর্থ।					
৮.	সমাজ ব্যবস্থা নয়। বরং পারিবারিক শাসন ও সঠিক দিক নির্দেশনার অভাবই এ ধরনের সমস্যার কারন।					
৯.	বিদ্যমান পুরুষ শাসিত সমাজ ব্যবস্থার কারনে অনেকে বিবাহপূর্ব গর্ভধারন সহ, অন্যান্য যৌন হয়রানির শিকার হন।					
১০.	বিবাহপূর্ব গর্ভধারনের ফলশ্রুতিতে নবজাত শিশুটির প্রতি বর্তমান সমাজের দৃষ্টিপাত এবং রায় খুবই নিষ্ঠুর, যা মা এবং শিশুটির মধ্যে বিচ্ছেদ ঘটায় এবং তাদের স্বাভাবিক জীবন যাপনে বিঘ্ন ঘটায়।					

আত্মবিশ্বাস ও সামাজিক আনুগত্য পরিমাপ অভিক্ষা

ক্রমিক নং	উদ্দেশ্য / সিদ্ধান্ত	১	২	৩	৪	৫	উদ্দেশ্য / সিদ্ধান্ত
ক.	অহমবোধ						
এই গর্ভধারণের ফলে							
১.	আমার নিজস্ব আত্তিত্ব অত্যন্ত অর্থবহ						এখন সম্পূর্ণরূপে অর্থহীন।
২.	নিজের জীবন সম্পর্কে ভাবলে অবাক হই যে, কেন আমি বেঁচে আছি।						সব সময় বেঁচে থাকার একটা অর্থ খুঁজে পাই
৩.	আমার এ জীবন থেকে মুক্তি পাওয়ার উপায় হিসেবে কখনই আত্মহত্যার কথা মনে স্থান দেইনা।						প্রায়ই আত্মহত্যার ইচ্ছা হয়।
৪.	এই গর্ভধারণের কারণে নিজেকে অপরাধী এবং ঘৃণ্য মনে হয়।						মোটাই দায়ী মনে হয় না।
৫.	এই গর্ভধারণের ফলে সমাজ/ সংসার আমাকে পরিত্যাগ করেছে, তাই এই সমাজ ব্যবস্থার বিরুদ্ধে রুখে দাঁড়াতে চাই।						আমি আর বাঁচতে চাই না।
খ.	আত্মবিশ্বাসের মাত্রা						
এই গর্ভধারণের ফলে							
৬.	আমার জীবনে এখন কোন লক্ষ বা উদ্দেশ্য নেই।						সুনির্দিষ্ট লক্ষ বা উদ্দেশ্য আছে।
৭.	আমি যদি মারা যাই, তবে এই অনুভূতি নিয়েই মারা যাব, আমার জীবন খুবই অর্থবহ ছিল।						একেবারেই অর্থহীন ছিল।
৮.	এই গর্ভবস্থায় আমি কি করবো একেবারেই জানিনা।						সন্তান জন্মের পর আমার সুনির্দিষ্ট পরিকল্পনা আছে।
৯.	নিজের পছন্দমত কাজ করার বা চলার স্বাধীনতার ব্যাপারে আমি মনে করি, মানুষ তার সকল পছন্দ অপছন্দের ব্যাপারে সম্পূর্ণ স্বাধীন।						সমাজ ও পারিপার্শ্ব দ্বারা সম্পূর্ণ নিয়ন্ত্রিত।
১০.	আমার সন্তানের ব্যাপারে কি করা উচিত, সে ব্যাপারে আমি সম্পূর্ণ বিভ্রান্ত।						খুবই সচেতন এবং আমার সুষ্ঠু লক্ষ্য আছে।
১১.	আমার জীবন আমার হাতে এবং আমি তার নিয়ন্ত্রা।						আমার উপর নির্ভরশীল নয়, বাইরের শক্তিদ্বারা নিয়ন্ত্রিত।
১২.	আমি মনে করি জীবনের অর্থ, উদ্দেশ্য বা লক্ষ ঠিক করার ব্যাপারে আমার একেবারেই কোন ক্ষমতা নেই।						ক্ষমতা অত্যন্ত বেশী।
১৩.	আমি আবার স্বাভাবিক জীবনে ফিরে যেতে চাই -সন্তানটিকে সাথে রেখেই						সন্তানটিকে পরিত্যাগের মাধ্যমে

১৪.	সন্তান জন্মানোর পর আমি শিশুটিকে নিয়ে জীবন যুদ্ধে নামব।					কি করবো বুঝতে পারছি না।
১৫.	পরিবার / সমাজ পরিত্যাগ করলে অর্থনৈতিক ভাবে স্বনির্ভর হওয়ার মাধ্যমে স্বাভাবিক জীবন ফিরে যেতে পারব।					সামাজিক কুসংস্কার ও ভ্রান্ত মূল্যবোধ আমাকে স্বাভাবিক জীবনে ফিরে যেতে দিবে না।
১৬.	আমার জীবন শুণ্য, শুধু হতাশায় ভরা।					উদ্বেজনাপূর্ণ ও আনন্দময় ঘটনায় ভরা।
১৭.	জীবন আমার কাছে এখন উদ্বেজনাপূর্ণ।					সম্পূর্ণ সাদামাটি।
১৮.	প্রতিদিনের কাজগুলো এখন আমার কাছে আনন্দ ও বেঁচে থাকার উৎস।					কষ্টকর, একঘেয়ে ও বিচ্ছিন্ন অভিজ্ঞতা ও অসহনীয়।
১৯.	আমি এখন সব সময় এক ঘেয়েমি জনিত ক্লান্তি অনুভব করি।					
২০.	আমি জীবনের কোন লক্ষ্য বা উদ্দেশ্য খুঁজে পাই না।					সুস্পষ্ট লক্ষ্য খুঁজে পেয়েছি।
২১.	প্রতিটি দিন এখন নতুন ও বৈচিত্র্যময়।					একই রকম / এক ঘেয়েমি
২২.	আমার মতে এই গর্ভধারন একটি দুর্ঘটনা। এটা কে ভুলে গিয়ে স্বাভাবিক জীবনে ফিরে যাওয়ার জন্য আমার ও আগত সন্তানের সুখাস্থের জন্য যত্নবান হওয়া জরুরী।					গর্ভপাত করানো জরুরী
গ.	সামাজিক আনুগত্য					
২৩.	আমার সুযোগ থাকলে / বুঝতে পারলে এই গর্ভধারন করতাম না।					এরকম গর্ভধারন বার বার করতে চাইতাম।
২৪.	পরিবারের কাছে ফিরে যেতে পারলে আমি জীবনে অর্থপূর্ণ কিছু করব।					কি করব জানিনা।
২৫.	এই সমাজ ও সমাজ ব্যবস্থা আমাকে সম্পূর্ণরূপে বিভ্রান্ত করে।					আমার জীবনের সাথে অর্থপূর্ণ ভাবে মিলে যায়।
২৬.	যেহেতু এই গর্ভধারন বিবাহপূর্বক, গর্ভপাতই সর্বাপেক্ষা উত্তম।					যে কোন কিছুর মূল্যে এই সন্তানকে রাখব।
২৭.	আগত সন্তানটি - জারজ সন্তান, ওর বেঁচে থাকার কোন অধিকার নেই, তাই আমি সন্তানকে রাখতে চাই না।					একটি নিষ্পাপ শিশু এই দুর্ঘটনার জন্য দায়ী নয়। তাই আমি ওকে রাখতে চাই।
২৮.	শিশুটিকে সাথে রেখে কোন ভাবে স্বাভাবিক জীবন ফিরে যাওয়া সম্ভাব না।					বেঁচে থাকা সম্ভব
২৯.	আমার দৃঢ় বিশ্বাস গর্ভপাতের মাধ্যমে আমার স্বাভাবিক জীবনে ফিরে যেতে পারব।					আগত সন্তানটি নিষ্পাপ, ওকে হত্যা করার অধিকার আমার নেই।
৩০.	যদি আগত সন্তানের বাবা ফিরে আসে এবং আমাকে সন্তান সহ গ্রহণ করতে চায় তবে আমি অবশ্যই ফিরে যাব।					কখনই তাহাকে গ্রহণ করব না।

চাপ (মানসিক) পরিমাপ মানক
Stress Measuring Scale

ক্রমিক নং	বিষয় (Area)	লক্ষণ (Symptom)	হ্যাঁ	না
ক.	অবসাদ			
	১	যে কোন কিছুর ব্যাপাওে অতিরিক্ত উদ্বেগ হয়।		
	২	সবকিছুর জন্য নিজেকে দোষী / অপরাধী মনে হয়।		
	৩	একটুতেই কান্না পায়।		
	৪	কোন কাজে আগ্রহ পাইনা।		
	৫	ভবিষ্যৎ সম্পর্কে হতাশা বোধ করি।		
	৬	নিজেকে অপদার্থ ও মূল্যহীন মনে হয়।		
	৭	যৌন আগ্রহ/অনুভূতি হারিয়ে ফেলেছি।		
	৮	নিজেকে অহেতুক কোন দুর্ঘটনার শিকার মনে হয়।		
	৯	আত্মহত্যার ভাবনা আসে।		
	১০	অসহায় বোধ হয়।		
	১১	আত্মবিশ্বাসের অভাব বোধ করি।		
	১২	অন্যের উপর আস্থা / বিশ্বাস হারিয়ে ফেলেছি।		
খ.	উদ্বেগ			
	১	অস্থির লাগে, ফলে কোথাও সুস্থির হয়ে বসাও যায় না।		
	২	বুক ধরফর করে।		
	৩	শরীর কাঁপে।		
	৪	কোন কারন ছাড়াই হঠাৎ ভয় লাগে।		
	৫	ভয়ের ঘটনা বর্ণনায় মুখ ফ্যাকাশে হয়ে যায়।		
	৬	পরিচিত জিনিসকে অপরিচিত বা অবাস্তব মনে হয়।		

চাপ (শারিরীক) পরিমাপ মানক

ক্রমিক নং	বিষয় (Area)	লক্ষণ (Symptom)	হ্যাঁ	না
গ.	শারিরীক			
	১	মাথাব্যথা হয়।		
	২	তন্দ্রালুভাব হয়।		
	৩	মুখ শুকিয়ে যাওয়া আসে।		
	৪	শরীরের বিভিন্ন অংশে দুর্বলবোধ হয়।		
	৫	বুকে ব্যাথা হয়।		
	৬	হাতের তালু ঘেমে যায়।		
	৭	নার্ভাস বোধ করা/ টেনশন বোধ করা হয়।		
	৮	বারবার এবং অতিরিক্ত প্রস্রাব করা হয়।		
	৯	হাত পা ঠান্ডা হয়ে আসে।		
	১০	কোমড়ে ব্যাথা হয়।		
	১১	হাত পা ভারী হয়ে আসে।		
	১২	পেট কামড়ায়।		
	১৩	বমি বমি ভাব লাগে।		
	১৪	শ্বাস নিতে কষ্ট হয়।		
	১৫	ক্লান্তি বোধ হয়।		
	১৬	প্রসব কালীন জটিলতা		
	১৭	পুষ্টিহীনতা		
	১৮	রক্ত শূন্যতা		
	১৯	অতিরিক্ত রক্ত ক্ষরণ		
	২০	অতিরিক্ত বমি ভাব		
	২১	অতিরিক্ত জ্বর		
	২২	কাজ করতে অসমর্থ		

পরিবার

স্বাক্ষরকার প্রশ্নমালা

১। আপনার মতে বিবাহপূর্ব গর্ভধারণের সর্বপ্রথম এবং সর্বাপেক্ষা গুরুত্বপূর্ণ সমস্যা কোনটি? আপনার যুক্তির পিছনে কারণ দেখান

- | | |
|--------------------|--------------------|
| - মানুষিক সমস্যা | - পারিবারিক সমস্যা |
| - ব্যক্তিগত সমস্যা | - রাজনৈতিক সমস্যা |
| - কোন সমস্যা নয় | - অন্যান্য |

২। এধরনের গর্ভধারণ জর্নিত ঘটনার জন্য কোন কোন কারণ দায়ী বলে আপনি মনে করেন। নিম্নলিখিত “সবচেয়ে বেশি” এই ক্রমানুসারে চিহ্নিত করণ :

- | | | |
|--|-----------------------------------|------------|
| - দারিদ্র্য | - অজ্ঞতা | - অল্পবয়স |
| - বিদ্যমান সমাজ ব্যবস্থা | - ধর্মীয় বাধা | |
| - সমাজিক মূল্যবোধের অবক্ষয় | - যৌন শিক্ষাসহ সঠিক সচেতনতার অভাব | |
| - সমাজিক সহযোগিতা ও সমর্থনের অভাব | | |
| - অভিভাবকত্ব / সঠিক দিকনির্দেশনার অভাব | | |
| - অন্যান্য | | |

৩। আপনার নিজের অথবা আপনার পরিবারে / পাড়ায় আপনার জানামতে কারও এধরনের দুর্ঘটনার অভিজ্ঞতা হয়েছে কি?

☐ হ্যাঁ ☐ না

৪। যদি হ্যাঁ হয়, তবে এধরনের পরিস্থিতিতে আপনার ভূমিকা কি ছিল? অর্থাৎ আপনি কিভাবে পরিস্থিতির মোকাবিলা করলেন। বলবেন কি?

৫। আপনার উত্তর যদি না হয়, তবে কল্পনা করুন একদিন জানতে পারলেন আপনার কিশোরী মেয়েটি গর্ভবতী এধরনের একটি পরিস্থিতি আপনি কিভাবে মোকাবেলা করতেন?

৬। কল্পনাকরুন কেউ একজন আপনার ছেলের বিরুদ্ধে যৌন হয়রানীর অভিযোগ করছে বাড়ীর কাজের মেয়েকে জড়িয়ে। আপনি নিজেও একসময় আবিষ্কার করলেন যে পরিচারিকাটি গর্ভবতী। এপরিস্থিতিতে আপনি কি করবেন / করতেন?

- ৭। বাড়ীর কিশোর-কিশোরীদের যৌন হয়রানী মূলক পরিস্থিতির কারণে পরিবার সদস্যদের বিশেষ করে অভিভাবক বা বাবা-মাকে কি ধরনের প্রতিক্রিয়া ও চাপ মোকাবিলা করতে হয় ?
- ৮। যে সমস্ত পরিবারে কিশোর-কিশোরী সম্ভান এবং পরিচারক / পরিচারিকা আছে তাদের কি ধরনের সাবধানতা অবলম্বন করা উচিত বলে আপনি মনে করেন।
- ৯। আপনি যদি জানতে পারেন যে আপনার বাড়ীর অবিবাহিতা কাজের মেয়েটি গর্ভবর্তী, আপনার তাৎক্ষনিক প্রতিক্রিয়া কি হবে এবং এ পরিস্থিতিতে আপনি কি করবেন ?

মালিক পক্ষ/ চাকরীদাতা

স্বাক্ষরকার প্রশ্নমালা

১। কোনধরনের গর্ভধারন কর্মক্ষেত্রে একটি সমস্যা?

- ক) যে কোন ধরনের গর্ভধারন। খ) বিবাহিত কিন্তু অবৈধ গর্ভধারন।
গ) বিবাহপূর্বক গর্ভধারন। ঘ) বিবাহ পরবর্তী গর্ভধারন।

২। বিবাহপূর্বক গর্ভধারন যদি একটি সামাজিক সমস্যা হয়ে থাকে তবে সমাধানে আপনি কি কি পদক্ষেপ সুপারিশ করবেন?

৩। আপনার কর্মক্ষেত্রে বা ব্যক্তিগত জীবনে বিবাহপূর্বক গর্ভধারন সংক্রান্ত কোন কর্মীর অভিজ্ঞতা হয়েছে কি?

☐ হ্যাঁ ☐ না

৪। যদি হ্যাঁ হয়, তবে এধরনের পরিস্থিতি কি ভাবে মোকাবিলা করলেন বলবেন কি?

৫। যদি “না” হয়, কল্পনা করুন যে আপনি জানতে পেলেন আপনার সংস্থার একটি অবিবাহিত কর্মী অথবা আপনার বাসায় অবিবাহিত কাজের মেয়েটি গর্ভবর্তী এক্ষেত্রে আপনার প্রতিক্রিয়া কি হবে। পরিস্থিতি / সমস্যাটি আপনি কি ভাবে মোকাবিলা করবেন?

৬। কর্মীটি বিবাহিত অবস্থায় গর্ভবর্তী হলেও কি ৫ নং এ উদ্ধৃত আপনার প্রতিক্রিয়া একই হতো?

পেশাজীবী প্রতিষ্ঠান /
মানবাধিকার সংস্থা / নারী
অধিকার সংস্থা এবং অন্যান্য

স্বাক্ষাৎকার প্রশ্নমালা

১। গর্ভধারণ কি একটি সমস্যা? আপনার(দের) মতে নিম্নোক্ত কোন ধরনের গর্ভধারণ সর্বাপেক্ষা গুরুত্বপূর্ণ সমস্যা?

- ক) যে কোন ধরনের গর্ভধারণ। খ) বৈবাহপূর্বক গর্ভধারণ।
গ) বিবাহিত কিন্তু অবৈধ গর্ভধারণ। ঘ) বিবাহ পরবর্তী গর্ভধারণ।

২। এটি যদি একটি সামাজিক সমস্যা হয়ে থাকে তবে সমাধানে আপনি কি কি পদক্ষেপ সুপারিশ করবেন?

৩। আপনার কর্মক্ষেত্রে বা ব্যক্তিগত জীবনে এ ধরনের কোন সমস্যা / অভিজ্ঞতা হয়েছে কি?

☐ হ্যাঁ ☐ না

৪। যদি হ্যাঁ হয়, তবে পরিস্থিতি মোকাবিলায় আপনার ভূমিকা কি ছিল?

৫। গর্ভধারণ জনিত সমস্যা নিয়ে আসা কেইস গুলোর সংখ্যা আনুমানিক কত?

৬। যদি দায়ী ব্যক্তিটিকে আপনি চিহ্নিত করতে পারেন, আপনি কি করেছেন/ করবেন?

- দোষী ব্যক্তির শাস্তি দাবী করব
- কর্মীটির জন্য আইনি সহায়তা চাইব
- লোকটির সাথে কর্মীটির বিয়ের ব্যবস্থা করবো
- দায়ী ব্যক্তিটির থেকে ক্ষতিপূরন আদায় করবো
- কর্মীটিকে চাকুরী থেকে অব্যাহতি দিব সামাজিক নিষেধাজ্ঞা ও ঝামেলার কারনে
- দোষী ব্যক্তির শাস্তি ও মেয়েটির প্রয়োজনীয় সাহায্য (যেমনঃ চিকিৎসা, ছুটি) ইত্যাদির ব্যবস্থা করবো
- জানিনা
- কিছু করবো না কারন এটি আমার ব্যপার / সমস্যা নয়
- অন্যান্য

আমার নাম.....। আমি একটি গবেষণার কাজে তোমার সঙ্গে একটু আলাপ করতে চাই। আশা করি তুমি আমাকে সহযোগীতা করবে। যদি কোন প্রশ্নের উত্তর দিতে তোমার আপত্তি থাকে উত্তর দেবে না। আমি কিছু মনে করবো না।

স্বাক্ষাৎকার নির্দেশিকা

- ১। তোমার নাম কি? তোমার বয়স কত? পড়া শুনা করেছ?
- ২। বাবা কি করেন?
- ৩। বাড়ীতে আর কে কে আছে? ক'ভাই বোন?
- ৪। তুমি কি একা থাক না কি পরিবারের সাথে?
- ৫। তুমি কি কর?
- ৬। কি সমস্যা তোমার?
- ৭। কয় মাস চলছে?
- ৮। বাচ্চার বাবা কি করেন? তিনি এখন কোথায়? কেন তোমাকে ছেড়ে গেলেন?
- ৯। কতদিনের সম্পর্ক ছিল তোমাদের?
- ১০। তুমি কি জানতে না যে বিয়ের আগে এ ধরনের সম্পর্ক সমাজ মেনে নিবে না?
- ১১। যখন জানতে পেলো তুমি গর্ভবর্তী তখন কি করলে, কাকে জানালে, তোমার প্রেমিক কি করলেন / বললেন?
- ১২। তোমার পরিবার কি করলো যখন এই সমস্যাটা জানতে পেল?
- ১৩। সালিশ বা কোন বিচারের জন্য চেষ্টা করেছে কি?
- ১৪। তুমি Family Planing সম্পর্কে কি জান? কখন ও তোমার সাথীকে “কনডম” ব্যবহার করতে বলেছিলে? তুমি নিজে কিছু ব্যবহার করতে কি?
- ১৫। এবার তোমার সম্পর্কে কিছু কথা বল। কি ভাবে ঢাকায় এলে, কি ভাবে তোমাদের সম্পর্ক হলো ইত্যাদি?
- ১৬। এখন তোমার কি অবস্থা। কি পরিকল্পনা করছো?

তোমার ধৈর্য ও সহযোগীতার জন্য আন্তরিক ধন্যবাদ। আশা করি আবার দেখা হবে।

স্বাক্ষাৎকার গ্রহণের

তারিখ :-

Attitude Measuring Scale & Score Sheet

Sl.#	Attitude statement	Fully agree	Mostly agree	Don't know	Mostly disagree	Fully disagree
A: attitude towards un-wed pregnancy						
01.	Unwed pregnancy is a nightmare for all	1	2	3	4	5
02.	Unwed pregnancy is a sin by religion	1	2	3	4	5
03.	Pregnancy is a human right of a woman be it before or after marriage	5	4	3	2	1
04.	Unwed pregnancy is illegal by law	1	2	3	4	5
05.	Unwed pregnancy is socially disgraceful	1	2	3	4	5
06.	Unwed pregnancy must be terminated	1	2	3	4	5
07.	Unwed pregnancy is an unsocial behavior. Therefore, it is fair to abandon the woman and the child concerned	1	2	3	4	5
08.	Unwed pregnancy is a punishable offence	1	2	3	4	5
09.	Pregnancy is a natural process. Marital bond is not necessary for it.	5	4	3	2	1
10.	Pregnancy is sacred. No woman should get pregnant before marriage without the consent of her family and/or society	1	2	3	4	5
11.	Unwed pregnancy is an accident	5	4	3	2	1
12.	Unwed pregnancy is an experience of thrill and adventure	5	4	3	2	1
13.	Unwed pregnancy is the expression of moral degradation of a society	1	2	3	4	5
14.	Pregnancy is an important decision of life. Pregnancy before marriage involves a complex process and reaction. Therefore, marriage is the fair solution of such problem.	1	2	3	4	5
B: attitude towards self						
	Due to such pregnancy/incidence					
01.	I hate myself	1	2	3	4	5
02.	I feel helpless	5	4	3	2	1
03.	I feel guilty	1	2	3	4	5
04.	I feel betrayed	5	4	3	2	1
05.	If I had any opportunity or realized I would not have conceived	1	2	3	4	5
06.	I became conscious about motherhood	5	4	3	2	1
07.	I tend to commit suicide	1	2	3	4	5
08.	I feel victim that I don't deserve	5	4	3	2	1

Sl.#	Attitude statement	Fully agree	Mostly agree	Don't know	Mostly disagree	Fully disagree
C: : attitude towards the society						
01.	I hate the existing social system. Because, this system only harasses the woman.	1	2	3	4	5
02.	I support the prevailing conservative attitude of the society towards the unwed pregnant mothers	5	4	3	2	1
03.	Under the present social system, the mother with such pregnancy becomes victim of harassment and deprivation that she doesn't always deserve	1	2	3	4	5
04.	The present social system and attitude towards an unwed mother and the child is fair	5	4	3	2	1
05.	Due to the patriarchal system, an unwed pregnant mother has to live a miserable life. This is inhuman	1	2	3	4	5
06.	This society fails to prevent rape and trafficking of women and children in one hand. On the other, it punishes the mother for pregnancy that sometime is an outcome of such sexual abuse.	1	2	3	4	5
07.	The society only punishes the woman concerned, but fails to punish the man responsible for such cause.	1	2	3	4	5
08.	Lack of proper and adequate family guidance is the cause of such problem and not the social system.	5	4	3	2	1
09.	Due to the existing patriarchal system, many women become victims of sexual exploitation including pregnancy before marriage.	1	2	3	4	5
10.	The societal attitude towards an unwed mother and her newborn is cruel that adversely upsets the lifestyle of the mother and the child	1	2	3	4	5

Total Possible Score Indicating Positive, Negative and Mixed Attitude

Attitude Scale	Positive	Mixed	Negative	Total
Pregnancy subscale	43 thru highest	42	1 thru 41	70
Self subscale	25 thru highest	24	1 thru 23	40
Society subscale	31 thru highest	30	1 thru 29	50
Scale Grand total	97 thru highest	96	1 thru 95	160

Appendix K

Self-esteem, Level of Confidence & Social Conformity (SLS) Scale & Score Sheet

Sl.#	Purpose/Decision	1	2	3	4	5	Purpose/Decision
Self Esteem							
	Due to such pregnancy						
1	My existence is very meaningful	5	4	3	2	1	Completely meaningless
2.	I wonder why am I alive	1	2	3	4	5	Always find a meaning for life
3.	I Never give suicide a place in my thought	5	4	3	2	1	I often feel like committing suicide
4.	I feel guilty and disgusted for this pregnancy	1	2	3	4	5	I am not at all guilty
5.	I would like to stand against this society that abandoned me	5	4	3	2	1	I don't want to live in this world anymore
Level of Confidence							
	Due to such pregnancy						
6.	I don't have any purpose in life now	1	2	3	4	5	I have definite purpose in life
7.	I shall die with the feeling that my life was meaningful	5	4	3	2	1	I shall die meaningless
8.	I don't know what to do under such situation (pregnancy)	1	2	3	4	5	I have plan once my baby would be born
9.	I believe in human freedom of choice	5	4	3	2	1	Human is enchained by social surroundings
10.	I am completely confused about my child	1	2	3	4	5	I am completely aware and know what to do with my child
11.	I have control over my life	5	4	3	2	1	don't have control
12.	I am unable to decide on my life	1	2	3	4	5	I am quite capable of deciding
13.	I want to go back to my normal life with my child	5	4	3	2	1	 without my child
14.	I shall embrace struggle in life after my baby is born	5	4	3	2	1	I don't what I should do after my baby is born
15.	Through financial independence I can go back to normal life despite being abandoned by family/society	5	4	3	2	1	The social prejudices and taboos won't let me have a normal life
16.	My life is full of misery. I feel empty	1	2	3	4	5	My life is full of excitement and happiness
17.	Life is exciting to me	5	4	3	2	1	Life is dull/boring to me
18.	Everyday things are my inspiration of life	5	4	3	2	1	Everyday life is miserable and boring
19.	I am always tired of monotony	1	2	3	4	5	Not tired
20.	I don't find any meaning of life	1	2	3	4	5	I find definite meaning of life
21.	Every day is new and exciting	5	4	3	2	1	boring
22.	I should take care of myself for a healthy life of my baby and myself forgetting everything. This pregnancy is an accident	5	4	3	2	1	I should abort

Social Conformity							
23.	Had I have another chance I wouldn't have conceived	5	4	3	2	1	I would have wanted to conceive again and again
24.	I would do some thing meaningful if I could go back to my family	5	4	3	2	1	I don't what I shall do if I could go back to my family
25.	This society and its system completely confuse me	1	2	3	4	5	I find meaning in my life with the existing social system
26.	Abortion is the best choice as it is pregnancy without marriage	5	4	3	2	1	I will keep my child at any cost
27.	The expecting baby is illegitimate and I don't want to keep it	5	4	3	2	1	The baby is innocent and I want to keep it
28.	It is impossible to go back to a normal life along with the baby	5	4	3	2	1	It is possible to
29.	I am certain that after abortion I can go back to normal life	5	4	3	2	1	I don't have any right to kill an innocent baby
30.	I shall go to the father of the child if he acknowledges my child and comes back to me	5	4	3	2	1	... will never accept him

SLS Scale Score Sheet: High Vs. Low

SLS Scale	High	Mixed	Low	Total
Self-esteem subscale	16 thru highest	15	1 thru 14	25
Level of Confidence subscale	52 thru highest	51	1 thru 50	85
Social Conformity subscale	25 thru highest	24	1 thru 23	40
Scale Grand total	91 thru highest	90	1 thru 89	150

Stress Measuring Scale and Score Sheet

Stress	Symptom	Yes	No
Depression		2	1
1	Excessive tension		
2	Guilty feelings		
3	Cry without reason		
4	Lost interest		
5	Lost of hope		
6	Lack of self esteem		
7	Lost sexual desire		
8	Sense of self pity		
9	Suicidal tendency		
10	Feel Helpless		
11	Lack of confidence		
12	Lack of trust on Others		
Anxiety			
13	Restlessness		
14	Palpitation		
15	Shivering		
16	Fear without reason		
17	Panic		
18	Illusion		
Physical			
19	Headache		
20	Drowsiness		
21	Dehydration		
22	Weakness		
23	Chest pain		
24	Sweat palm		
25	Tension/Nervousness		
26	Frequent urination		
27	Cold palm/toe		
28	Waist paint		
29	Lethargy		
30	Stomach griping		
31	Nausea		
32	Breathing problem		
33	Tiredness/Fatigue		
34	Complications during child birth		
35	Malnourished		
36	Anemia		
37	Excessive bleeding		
38	Excessive Nausea		
39	Excessive fever		
40	Unable to work		

Stress Measuring Scale Score Sheet by "Yes"/"No"

Stress Measuring Scale	Yes	No	Highest Score
Depression subscale	13 thru highest	1 thru 12	24
Anxiety subscale	7 thru highest	1 thru 6	12
Physical Stress subscale	23 thru highest	1 thru 22	44
Scale Grand total	41 thru highest	1 thru 40	80

Stress Measuring Scale Score Sheet by "High"/"Low"

Stress Measuring Scale	High	Low
Depression subscale	19-24	13-18
Anxiety subscale	10-12	7-9
Physical Stress subscale	34-44	23-33
Scale Grand total	61-80	43-60

Structured Questionnaire for family

1. What is the most severe problem of premarital pregnancy? Give reason behind your answer

- Social problem, - Familial problem, - Economic problem,
- Personal problem, - Not a problem, - Political problem, - Other
2. What are the major factors responsible for such incidence? Please give your answer in order of most to least:
- poverty, - ignorance - tender age, - existing social system,
- religious taboo, - degradation of social values,
- lack of awareness including sex education,
- lack of social support, - absence of proper guidance
- other
3. Have you ever encountered any such crisis of your own/neighbors?

☐ Yes ☐ No
4. If yes, what was your role in such crisis? In other words, how did you cope with such crisis?
5. If your answer is 'no', imagine that one fine morning you have discovered that your adolescent daughter is pregnant, what would be your immediate reaction and how would you handle such situation/problem?
6. Imagine that some one has brought allegation against your son on sexual abuse of your housemaid? You have also found that, as a result, the maid has become pregnant. What would be your immediate reaction and how would you handle such situation/problem?
7. In case of sexual harassment of an un-wed daughter or son what reactions and stress the family members (esp. the parents/guardian) have to go through?
8. What precautionary measures should a family, having teenaged daughter, son and/or domestic maid, take?
9. If you discover that your house-maid who happens to be unmarried is pregnant, what would be your immediate reaction and how would you handle such situation/problem?

Structured Questionnaire for Employer

1. In your opinion, from the following which kind of pregnancy a problem at the workplace? Give reasons for your answer.
 - a. any kind of pregnancy
 - b. pre-marital pregnancy
 - c. extra-marital pregnancy
 - d. marital pregnancy
2. If you consider premarital pregnancy a social problem what would be your suggestion for solution?
3. Have you encountered/handled any such incidence at your home/work place?
☐ Yes ☐ No
4. If yes, how did you cope with/handle such incidence/crisis?
5. If No, imagine that you have discovered that one of your maids/workers who happens to be unmarried is pregnant, what would be your reaction and how would you handle the problem?
6. If your worker were a married pregnant would your reaction be the same or different? Explain.
7. Would you react the same way if your worker becomes pregnant with lawful marriage? Give reason behind your answer.

Demographic Information of the Respondents

Subject	Age	Education	Economic Status	Religion	Occupation	Duration of Pregnancy	Sexuality by	Impregnated by
R1	13 years	High school	Educated middle class	Muslim	Student	8 months	Not known	Uncle
R2	21 years	Primary	Poor	"	House maid	4 months	Consent	Lover/shopkeeper
R3	21 years	Illiterate	"	"	sex worker	9 months	"	unknown
R4	23 years	"	"	"	Sex worker	9 months	"	Lover/ rickshaw-puller
R5	19 years	"	"	"	Maid	7 months	"	
R6	20 years	"	"	"	"	6 months	"	
R7	18 years	Class VI	Middle class	"	sex worker		"	
R8	14 years	Class VI	Middle class	"	Student	4 months	"	
R9	18 years	Class IV	Lower middleclass	"	Home maker	8 months	"	
R10	18 years	Class V	Poor	"	"	4 months		
R11	19 years	primary	"	Hindu	House maid	8 months	Forced consent	House master
R12	17 years	Illiterate	"	Muslim	"	8 months	Consent	Lover/day laborer
R13	18 years	Class V	"	"	Garment worker	7 months	"	
R14	19 years	Class VII	"	"	"		"	
R15	17 years	Class VI	"	"	"		"	
R16	15 years	Primary	Middle class	"	Student	7 months	"	Lover/cousin
R17	16 years	"	Poor	"	Garment worker	9 months	"	Lover/cousin
R18	16 years	Illiterate	"	"	House maid,	9 months	"	Lover/blind man

Subject	Age	Education	Economic Status	Religion	Occupation	Duration of Pregnancy	Sexuality by	Impregnated by
R19	15 years	Illiterate	Poor	Muslim	House maid	9 months	Consent	Lover/shopkeeper
R20	15 years	“	“	“	House maid	8 months	Forced consent	House master
R21	17 years	“	“	“	“	5 months	Rape	Lover/Driver
R22	18 years	“	“	“	Housemaid	7 months	F. consent	Driver
R23	17 years	“	“	“	Sex worker	8 months	Rape	unknown
R24	17 years	“	“	“	House maid		Consent	
R25	18 years	“	“	“	“		“	
R26	25 years	Graduate	Middle class	“	Student		“	
R27	20 years	College student	Educated middle class	“	Student		“	
R28	17 years	Primary	Poor	“	House maid	7 months	“	Lover/student
R29	18 years	Illiterate	“	“	Housemaid	8 months	“	Lover/rickshaw puller
R30	15 years	“	“	“	House maid	7 months	“	Lover/Guard
R31	15 years	Class IV	Educated poor	“	Garment worker	4 months		
R32	17 years	Illiterate	Poor	“	House maid	6 months		
R33	19 years	“	“	“	“	7 months		
R34	14 years	“	“	“	Home maker	9 months	Consent	Lover/cousin
R35	16 years	“	“	“	Factory Helper	8 months	“	Lover/colleague
R36	19 years	Illiterate	Poor	Muslim	Housemaid	8 months	F. consent	housemaster
R37	25 years	“	“	“	Maid			
R38	18 years	Class V	“	“	Garment worker	9 months		
R39	21 years	College student	Middle class	“	Student	9 months		
R40	18 years	Illiterate	Poor	“	Home maker			

Subject	Age	Education	Economic Status	Religion	Occupation	Duration of Pregnancy	Sexuality by	Impregnated by
R41	16 years	Class V	“		Garment worker	7 months		
R42	16 years	Illiterate	“	“	Homemaker	8 months		
R43	17 years	“	“	“	Garment worker	8 months		
R44	16 years	Class V	“	“	Garment worker	7.5 months		
R45	24 years	Illiterate	“	“	Home maker	9 months		
R46	16 years	“	“	“	Housemaid	4 months	Consent	Lover/Driver
R47	17 years	“	“	“	Home maker	8 months		
R48	25 years	“	“	“	Maid			
R49	20 years	“	“	“	Maid	7 months		
R50	18 years	“	“	“	Maid	8 months		
R51	19 years	Class III	Poor	Muslim	Home maker	8 months		
R52	14 years	Illiterate	“	“	Housemaid	4 months	Consent	Vegetable Hawker
R53	13 years	“	“	“	“	5 months	Rape	Son of Housemistress
R54	13 years	“	“	“	“	8 months	Not certain	Lover/rickshaw-puller
R55	15 years	“	“	“	Sex worker	5.5 months	Consent	Lover/student
R56	14 years	“	“	“	Housemaid			
R57	21 years	Class V	“	“	“			
R58	16 years	unknown	“	“	“	8.5 months	Consent	
R59	18 years	Class VIII	“	Hindu	Garment worker			
R60	13 years	Class IV	“	Muslim	“			

Structured Questionnaire for Social Organization

1. Is pregnancy a problem ? In your opinion, from the following which kind of pregnancy is a problem? Give reasons for your answer.
 - a. any kind of pregnancy
 - b. pre-marital pregnancy
 - c. extra-marital pregnancy
 - d. marital pregnancy
2. If it is a social problem what is your suggestion for solution?
3. Have you ever encountered/handled any such incidence at your work place?
☐ Yes ☐ No
4. If yes, what was your/organization's role in such circumstances?
5. Can you give a rough estimate of how many premarital pregnancy cases do you handle in a day or a month?
6. In case you identified the man responsible for such action of your worker, what would have been your/organization's action?
 - demand punishment of the culprit
 - seek for legal help for the worker
 - try to arrange marriage with that man and the worker
 - try to get compensation from the man responsible
 - convince the woman to get abortion/keep the pregnancy
 - make the girl realize that it was her fault however, provided necessary help such as medical check up, leave etc.
 - don't know
 - do nothing as it was not our concern
 - other.....