



Exploring the Link between Societal Norms-Customs and Female Adolescents' Well-being in Rural Area

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ABSTRACT

This exploratory study examines how social norms and customs influence the well-being of married female adolescents in rural Bangladesh. The research, conducted in Bagmara Upazila, used a mixed-methods approach, combining qualitative and quantitative data from 150 randomly selected married female adolescents and 15 focus group discussions. Findings reveal a strong link between socioeconomic status and adherence to social norms and customs. The majority of respondents were from the middle-income class (60%), who followed norms with moderate flexibility, while those from the lower-income class (23.33%) adhered to them more strictly. The study found that a significant portion of the girls (90%) experienced health problems resulting from these social norms and customs, including menstrual taboos and gender-based food inequality. These practices led to prevalent issues like malnutrition, anemia, and mental health disorders. Most adolescents (80%) mentioned care from local village doctors, indicating limited access to formal healthcare services. The findings suggest that restrictive social norms and customs significantly impact the health and overall well-being of rural adolescent girls.

Keywords: Adolescent health; Social norms and customs; Gender inequality; Female Adolescents' well-being.

Introduction

As social norms and customs direct human actions and behaviors (Durkheim, 1895) and as determinants of health-related behaviors and psychological health (WHO, 2008), social norms are very important. Norms are the expectations, standards, guides, and informal rules of behavior (Parsons, 1951), or thoughts that are shared by members in any given situation (Goffman, 1959). A tradition or usual way of behaving is defined as a custom (Sumner, 1906). Again, customs are laws that must have established usage or practices (Weber, 1922). Researchers and scholars are interested in examining the dynamics of social norms and customs theory to improve

adolescents' physical, mental, sexual, and reproductive health outcomes (Cislaghi, 2018).

Globally, adolescents have been given priority in terms of well-being following the International Conference on Population and Development held in 1994 in Cairo, which resulted in recognition of the importance of investing in future generations (Sultana and Tareque, 2019). The present scenario of adolescent health worldwide is characterized by a complex mix of persistent and emerging challenges (World Bank, 2023), often varying significantly between high-income and low- and middle-income countries (World Health Organization, 2021). Bangladesh has made substantial progress toward the Millennium Development Goals related to adolescent health and nutrition (Alam et al., 2019).

Although accessibility in urban areas is improving compared to rural areas, inequities and unequal distribution in the provision of health services limit access. While adolescents are generally considered a healthy population (UNICEF, 2021), they face a substantial burden of preventable illness, injury, and death. Increasingly unhealthy diets, a lack of physical activity, and substance use contribute to both current health problems and a higher risk of non-communicable diseases in adulthood.

Besides, rural norms and customs influence the biological aspects of a person's health and disease (Khanum, 2008). In rural areas, female adolescents believe in and follow specific norms and customs which influence their susceptibility to disease, the severity of illness, the perceived benefits of taking action, and the barriers to taking action, ultimately shaping their health behaviors (Rosenstock et al., 1988). Again, female adolescents are influenced by their immediate environment, such as family, school, and peer groups (Bronfenbrenner, 1979). Female adolescents' well-being is not just affected by their gender, but also by their family's socioeconomic status and their religious background (Crenshaw, 1991). Socioeconomic distinctions also shape health-seeking behaviors (Haque et al., 2024). The present study aims to examine the rural scenario of practicing social norms and customs regarding female adolescents' well-being.

Objectives

The prime objectives of our study are

- To identify and describe specific social norms and customs
- To analyze the direct and indirect effects of these customs on various dimensions of adolescent female well-being regarding general health issues
- To understand the perceptions and experiences of adolescent girls themselves

Methodology

This exploratory study used a mixed-methods approach. The research took place in Bagmara Upazila, a rural, agriculture-based area in the Rajshahi district of Bangladesh. The study primarily relied on qualitative data while also incorporating quantitative data on social, economic, and demographic aspects. Primary data was gathered from female adolescents

through various techniques, including scheduled interviews, informal meetings, field observations, and in-depth interviews.

Additionally, case studies and non-participant observations were used to explore social norms. A total of 150 married adolescent girls were randomly selected for in-depth interviews from a population of 1,000 (Census, 2022). This was done by assigning serial numbers and selecting participants through a lottery method (drawing odd-numbered slips from a box). The study also conducted 15 focus group discussions (FGDs) with 6–12 girls in each group to identify problems and gather recommendations. Both open-ended and closed-ended questions were used in the interview schedules. The collected data was processed and analyzed using simple statistical tools and presented in narrative form and in tables.

Result and Discussion

Correlation between Socio-economic Class of the Respondents and Following Social Norms and Customs

Socio-economic class is very important element that affects female adolescents' health and different social norms and customs followed differently according to the social class.

Table 1. Following Social Norms and Customs based on Socio-economic Class

Status	Status of Following Social Norms and Customs	Number of Respondents	Percentage (%)
Lower-income Class	Strictly Follow	35	23.33
Middle-income Class	Sometime followed Strictly and Sometime Moderately	90	60
Upper-income Class	Moderately	25	16.67
Total		150	100

The study found the biggest number of the respondents belonged in middle income class (60%) whose family's income approximately BDT 12,900–21,500 {BDT 12,900–21,500 recognize as middle income class (Fidah, 2023)}. They sometime followed different social norms and customs strictly and sometime moderately. The second largest group belonged in lower-income class (23.33%) whose family's income approximately less than BDT 12,900. So, there appears to be a clear link between income class and the manner in which social norms are followed.

General Health problems Faced by Respondents

Adolescence is a period of good physical health. Issues of independence, identity, sexuality, and relationships define this developmental stage. A country's cultural, religious, legal, political and economic contexts affect their health. In this study, among 150 respondents, 135 (90%) asserted they have specific general health problems due to follow specific norms and customs and they identify their problem through their own realization and got knowledge from local doctors.

Table 2. General Health problems Faced by Respondents

Health Problems	Social customs and norms	Practices	Number of Respondents	Percentage (%)
Regular abdomen pain	Menstrual taboo (8 respondents)	Use unhygienic absorbent and face white discharge and feel regular abdomen pain	23	15.33
	maternal altruism, gender-based food inequality (15 respondents)	Take stale food, insufficient protein or vegetable, take mashed and fried food (varta and vaji)		
Tonsil problem	Menstrual taboo	Have to take bath at very early morning before other members get rise, also take bath in the night before going to bed	2	1.33
	familial and social ritual	Have to take bath at very early morning before other members get rise (irrespective of having coitus or not)		
Cold	Menstrual taboo	Have to take bath at very early morning before other members get rise, also take bath in the night before going to bed	2	1.33
	familial and social ritual	Have to take bath at very early morning before other members get rise (irrespective of having coitus or not)		
Asthma	Menstrual taboo	Have to take bath at very early morning before other members get rise, also take bath in the night before going to bed	5	3.33
	Familial and social ritual	Have to take bath at very early morning before other members get rise (irrespective of having coitus or not)		

Mental health disorder (depression, anxiety, inferiority complex)	Gender based inequality (food and other services)	Take insufficient healthy food, didn't go to doctors, can't express any opinion	6	4
	Distortion of religious codes	didn't go to doctors, always depend on male person, ready to obey male persons, live within home and hearth and feel bore		
	Notion of different spare	Live within family and feel bore,		
Poor eating habit include under- or over-eating	Gender based inequality, maternal altruism	Intake low calorie	11	7.33
Under weight	Gender based inequality, maternal altruism	Intake low calorie	7	4.67
Weakness	Gender based inequality, maternal altruism	Intake low calorie	12	8
Malnutrition	Gender based inequality, maternal altruism	Intake low calorie	11	7.33
Stomach pain/Acidity	Gender based inequality, maternal altruism	Take stale food, insufficient curry or vegetable, take mashed and fried food (<i>varta</i> and <i>vaji</i>)	8	5.33
Sleeping disorder	Gender based inequality, notion of different sphere	Suffer from depression, anxiety and inferiority complex; Suffer from different disease	4	2.67
Headache	Gender based food inequality	Unhealthy food intake and suffer from acidity	3	2
Obesity	Gender based inequality, maternal altruism	Unhealthy food intake, didn't maintain diet routine	7	4.67
Headache	Gender based food inequality, maternal altruism	Unhealthy food intake and suffer from acidity and weakness	9	6
Anemia	Gender based food inequality, maternal altruism, notion of different sphere, distortion of religious codes	Intake of insufficient vitamin, mineral, iron, etc.	5	3.33

Anorexia	Maternal altruism	Didn't maintain diet routine	7	4.67
Rheumatism	Maternal altruism, gender-based food inequality	Taking insufficient food not contain of calcium and vitamin	1	0.67
Oral health problems	Malpractice of health guide	Use unhealthy elements for cleaning mouth and remedy from oral problems	2	1.33
Eye problems	Maternal altruism, gender-based food inequality	Taking insufficient vegetables, fish, eggs, meat and other healthy food	3	2
Low blood pressure	Gender based food inequality, maternal altruism	Intake low calorie	3	2
High blood pressure	Maternal altruism	Leading stressful life	1	0.67
Diabetes (Although create generally but increase for not following diet chart)	Maternal altruism	Didn't follow diet chart	3	2
Total			135	90

The table indicates that 15.33% of respondents experienced regular abdominal pain, which results from menstrual taboos, maternal altruism, and gender-based inequality. In rural areas, girls often use rags during menstruation and reuse them. However, due to unhygienic cleaning, drying, and storage processes, they experience infections such as white discharge and suffer from abdominal pain.

Additionally, as a result of maternal altruism and gender-based inequality, girls often eat after male family members and consume leftover food, which is typically insufficient and nutritionally poor. Most of the time, they consume stale food, take little curry, and do not consume adequate vegetables. They also frequently eat mashed and fried foods (varta and vaji), which may contribute to acidity and abdominal pain.

Among the respondents, 1.33% had tonsil problems, 1.33% had cold-related issues, and 3.33% were asthma patients. Respondents believed that these problems were caused by following menstrual taboos and familial and social rituals. For instance, during menstruation, girls are required to bathe early in the morning and again before going to bed, even during very cold weather. Married girls must also bathe before other family members wake up, regardless of circumstances. Adolescents reported that excessive bathing and frequent contact with cold water led to severe colds, which sometimes developed into asthma or tonsil

problems. Furthermore, 4% of respondents experienced mental health disorders due to gender-based inequality, distorted religious interpretations, and the notion of separate gendered spheres. Adolescents could not move freely, received little attention, had limited access to health services, and faced barriers in daily activities, leading to depression, anxiety, and feelings of inferiority.

Due to gender-based inequality and maternal altruism, 7.33% of respondents had poor diets, characterized by insufficient and unhealthy food intake. As a result, 4.67% were underweight, 8% felt persistent weakness, 7.33% suffered from malnutrition, and 5.33% experienced stomach pain or acidity. Additionally, 2.67% had sleeping problems due to psychological stress. Gender-based inequality and maternal altruism also contributed to dizziness (2%) and headaches (6%), which respondents associated with weakness and poor nutrition.

A total of 3.33% of respondents reported visiting health centers, where they were diagnosed with anemia caused by insufficient intake of vitamins, iron, and minerals. Moreover, 4.67% did not maintain regular dietary routines due to maternal altruism, often eating late and remaining on an empty stomach for long periods, which led to loss of appetite and, in the long run, anorexia.

Although only 0.67% were identified as rheumatic patients, they attributed their condition to a lack of calcium-rich foods. Additionally, 1.33% reported using ash or burnt clay from traditional stoves for oral hygiene, as well as plant leaf juices, which led to infections and long-term oral health problems. About 2% reported eye problems due to insufficient intake of nutritious foods such as vegetables, fish, eggs, and meat. Similarly, 2% experienced low blood pressure due to low calorie intake, as diagnosed by local village doctors. Another 0.67% reported high blood pressure due to stress related to depression and patriarchal social structures.

Although 2% of adolescents were identified as diabetic, this condition was not directly linked to social norms and customs; however, it was exacerbated by them. Due to gender-based inequality, female adolescents often ate after male members and were required to consume foods unsuitable for their condition, such as sweets, due to household food practices.

Overall, 90% of respondents reported experiencing significant general health problems, while the remaining 10% reported no major issues. Additionally, 43.34% suffered from chronic conditions such as asthma, sleeping problems, underweight, malnutrition, depression, obesity, diabetes, anemia, blood pressure issues, oral health problems, eye problems, anorexia, and rheumatism, typically for a duration of 2–7 years.

Sources of Taking Health Services for General Health Problems

The Government of Bangladesh has recognized the importance of adolescent health and has incorporated it into several policies. However, evidence suggests that although private primary healthcare services are available, access remains limited as these services are largely fee-based.

Table 3. Sources of Taking Health Services for General Health Problems

Source	Number of Respondents	Percentage (%)
Public Hospital/Village Health Clinic	12	8.90
Private Hospital	6	4.44
Village Doctor	108	80
<i>Kobiraj</i>	4	2.96
Self-treatment	5	3.70
Total	135	100

The present study found that among the 135 respondents who had some general health problems, 8.89% of them took general health service from public hospital or village health clinic, 4.44% from private hospital, 80% from village doctor, 2.96% depended on ‘cobiraj’ 3.70% were generally take medicine from their own perception (Sometimes they got treatment experience from their neighbor or relatives, that mean if the same problem faced by others and take any medicine they follow that in their own problems). The study arrived the decision that the major percentage of the total respondents dependent on village doctors.

Social Customs towards General Health Problems of the Respondents

Social and physical environments that mean social determinants have a big impact on our health. Adolescents begin to develop unique belief systems through their interaction with social, familial, and cultural environments. These belief systems encompass everything from religion and spirituality to gender, sexuality, work ethics, and politics. The range of attitudes that a culture embraces on a particular topic affects the beliefs, lifestyles, and perceptions of its adolescents, and can have both positive and negative impacts on their development.

Table 4. Social Customs towards General Health Problems of the Respondents

Social customs and norms	Practices	Pattern of health problems	Number of Respondents	Total	Percentage (%)
Notion of different sphere	Can't access health facilities in right time	Anemia	1	3	2.22
		Feeling depression	2		
Restriction on movement	Can't take health facilities in due time				
Distortion of religious codes	Can't take health facilities timely				

Familial and social ritual	Take bath twice or more even during very winter	Asthma, cold and tonsil problem	9	32	23.70
Menstrual taboo	Take unhealthy foods		23		
		Regular abdomen pain			
Maternal altruism,					
Gender based food inequality					
Gender based inequality	Unhealthy, smashed, stale as well as insufficient foods intake	Under weight	7	61	45.19
		Weakness	7		
		Rheumatism	1		
		Low blood pressure	3		
		Anemia	2		
		Malnutrition	6		
		Mental health disorder	2		
		Stomach pain/acidity	8		
		Head spin, headache	12		
		Sleeping problem	2		
		Eye problem	2		
		Poor diet	9		
Food taboos	Take smashed, stale as well as insufficient foods	Under weight	2	11	8.15
		Obesity	3		
		Poor diet	2		
		Malnutrition and weakness	3		
		Anemia	1		

Maternal altruism	Unhealthy and less nutrition-based foods intake	Malnutrition	2	13	9.63
		Feeling depression	2		
		Eye problems	1		
		Anemia	1		
		Under weight	3		
		Obesity	4		
Distortion of religious codes	Can't take health facilities timely	Sleeping problem	2	2	1.48
Restriction on movement					
Malpractice of health guide	Use unhealthy materials for cleaning mouth and teeth as well recovering mouth and teeth.	Oral problem	2	2	1.48
Maternal altruism	Follow unhealthy diet routine	Anorexia	7	11	8.15
		High blood pressure	1		
		Diabetes	3		
Total				135	100

The above table represents the specific norms and values towards the adolescents. Here, among 135 respondents the major portion 45.19% respondents suffered from about twelve different kinds of health problems (underweight, weakness, rheumatism, Low blood pressure, low blood pressure, anemia, malnutrition, mental health disorder, stomach pain/acidity, head spin, headache, sleeping problem, eye problem, poor diet) for gender based social norms and customs. 23.70% adolescents have to follow Familial and social ritual, menstrual taboo, maternal altruism and genders-based food inequality and suffered from different kinds of problems; 9.63% girls faced malnutrition, depression, eye problems, anemia, underweight and obesity for maternal altruism only. Moreover, adolescents faced various health problems as the result of notion of different spare, restriction on movement, distortion of religious codes, familial and social ritual, menstrual taboo, food taboos, Malpractice of health guide. So, it is vivid that social norms and customs have much negative influence towards adolescent girl's health.

Conclusion

General health problems are common among everyone; however, in rural areas, certain conditions—such as obesity, asthma, mental health disorders, eating disorders, poor diet, underweight conditions, weakness, malnutrition, stomach pain/acidity, dizziness, colds, and headaches—are often caused by adherence to social norms and customs (e.g., notions of separate spheres, gender-based inequality, food taboos, restrictions on movement, distortion of religious codes, maternal altruism, and social or familial rituals). As a result, many

adolescents suffer from various long-term health problems, including asthma, sleeping disorders, underweight conditions, malnutrition, depression, obesity, diabetes, low and high blood pressure, anemia, menstrual disorders, anorexia, and rheumatism.

Rural adolescents generally have limited knowledge about health and often perceive the absence of visible illness as being healthy, which contributes to their indifferent attitude toward their well-being. Moreover, they receive very limited healthcare services for their conditions. They typically rely on Kobiraj (traditional healers), village doctors, and local healthcare centers, and only in severe cases do a small number of affluent respondents travel to cities to seek treatment from private or public hospitals.

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