



NATIONAL CONFERENCE ON ADOLESCENT HEALTH 2020



বাণী ও পরিবার কলার মন্ত্রণালয়



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NATIONAL CONFERENCE ON ADOLESCENT HEALTH 2020

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THEMATIC AREA: ADOLESCENT FRIENDLY HEALTH SERVICES

Impact of sharing Adolescent Friendly Health Services (AFHS) information among school-going adolescents through school assembly: Findings from an Implementation Research

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Introduction: Adolescence (10 to 19 years) is a period of life with specific health and developmental needs. School is a place where most of the adolescent spend their time in learning life skills. To access primary health care services for adolescents Government of Bangladesh has been implementing Adolescent Friendly Health Services (AFHS). But Services for adolescents are poorly publicized as there is lack of awareness among adolescents.

Methodology: An implementation research was conducted to enhance AFHS utility among adolescents in selected health facilities of Jamalpur, Tangail, Khulna, and Gazipur districts. Based on the findings of pre-intervention data and stakeholders opinion, an intervention focusing on school-going adolescents was designed to share "*AFHS information*¹" among students and teachers. The purpose of the intervention was to aware school adolescents, teachers as well as the parents of the adolescent. It also facilitated to develop a referral linkage between schools and health facility. This intervention was implemented among High schools within 2 km from the selected health facilities of the abovementioned districts. Initially, services providers and afterwards school authority shared the AFHS information in the school assembly at least 2 to 3 times in a week. A total number of 370 adolescents from class eight to ten were interviewed during the post-intervention period through a pre-tested data collection tool using tablet devices. Qualitative interviews were also done with school-going adolescents, teachers, parents and service providers.

Findings: Both quantitative and qualitative findings revealed that school intervention helped to increase awareness about AFHS among adolescents, as well as parents, teachers. In pre-intervention assessment, 86% of respondents did not aware of the services of AFHS but the situation inverses after the intervention, almost 91% of respondents knew about the services of AFHS after the intervention. In pre-intervention assessment, no adolescent was referred from school but in post-intervention assessment, 46% was referred from schools. Qualitative findings also discovered that most of the adolescents and teachers came to know about AFHS from schools assembly. It helped to increase adolescents' presence in the facilities, and develop a referral linkage between facility and school.

¹ National SRHR IEC materials like posters, class routine, leaflet containing key adolescent message

Conclusion: Sharing AFHS message in school assembly is a simple, acceptable and sustainable intervention. A large number of adolescents can be aware of AFHS through this intervention and it also helps to establish a linkage between school and AFHS.

Engaging Women Entrepreneurs in School Adolescent Health Program to Ensure Menstrual Hygiene Management in Rural Bangladesh

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Social Marketing Company (SMC)

Background: Menstrual hygiene management (MHM) and personal health-care practice is a critical issue to prevent morbidity and other reproductive health complications among adolescent girls in Bangladesh. Inadequate access to water, sanitation and hygiene (WASH) facilities lead to unhealthy MHM practices that resulted in poor reproductive health outcomes. It is evident from different studies that superstitions and misconception are more common in rural communities that limit young girls' access to and understanding of the menstrual hygiene and self care practices.

Methodology: The state-of-the-art approach of Social Marketing Company (SMC) is proved to be instrumental in delivering reinforcing health messages, making public health and hygiene products available at the door steps of the community through community mobilization programs in rural Bangladesh. School health program is one of the flagship interventions of SMC to equip adolescent girls and boys with correct knowledge of health and hygiene practices among themselves, their families and peers covering annually 500 high Schools in 65 upazilas reaching approximately 75,000 school adolescents

Findings: In Bangladeshi culture, adolescent girls often feel shy to ask fathers or male family members about buying sanitary napkin from local pharmacy and they seem to be reluctant to seek help regarding their menstrual problems. A recent study reveals that 48% adolescent girls are using sanitary napkins while majority of them are unaware of menstrual hygiene practices in Bangladesh.² Under school adolescent program, SMC organizes health education sessions for adolescent girls from grade seven to ten using enter-educate approach with special focus on sexual and reproductive health and menstrual hygiene issues including delaying marriage and first pregnancy. In addition, 2500 rural women entrepreneurs branded as community sales agents are also involved in disseminating health messages and selling priority health products including sanitary napkin at the household level. These women entrepreneurs are serving as a source of sustainable supply of the sanitary napkins for the rural adolescent girls and thereby they are earning profit margins on the sales they make. A recent study on the impact of adolescent program activities reveals that 71% of the school

² F Salim, N Begum. Hygienic practices during menstruation among adolescent school girls. Northern International Medical College Journal, 2016;7(2):139-142.

adolescent girls are currently using sanitary napkins in the intervention areas while the use rate is 49% in the control areas.

Conclusions: Health education equips and empowers adolescent girls with accurate knowledge about menstrual hygiene practices and self-care as well. Therefore, engagement of female entrepreneurs in school adolescent health program at the community level is one of the promising ways to improve menstrual hygiene practices leading to increased use of sanitary napkin in rural and semi-rural communities in Bangladesh.

“Special Service Day” in health facilities and the service utility status in selected districts of Bangladesh: Findings from an Implementation Research

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Background: Adolescent friendly health services (AFHS) are designed to meet the unique needs of adolescents. However, like other developing countries, AFHS remains a relatively new and sensitive area in Bangladesh. It was also found that limited awareness about AFHS led to low utilization of services in facilities.

Methods: An implementation research using mixed methods approach was used to increase AFHS utilization in facilities through increasing awareness. A pre-intervention assessment was done for assessing the bottleneck of this low service utilization of the adolescents. Based on pre-intervention assessment few interventions were designed to aware adolescents along with other stakeholders about AFHS expecting these initiatives would have been increased AFHS utilization. One of the intervention was arranging a “Special Service day for adolescents in health facilities” program in every 3 months. To evaluate the effectiveness of “Special service day program for adolescents in selected facilities” intervention, qualitative interviews were done with adolescents, parents, Health and Family Planning officials, service providers, and school teachers. Service providers provided free services like as anthropometric measurements, counselling, services for the general and sexual and reproductive health problem, and free medicine to the adolescents within this service hour. Thematic analysis was used to analyze qualitative findings.

Findings: In the pre-intervention, limited awareness of AFHS was found among the study population. Post-intervention findings revealed that “Special service day program for adolescents at selected facilities” helped to increased adolescents’ flow in facilities and

aware of the range of services provided by the facilities. Sharing program information through miking before the program assisted to disseminate AFHS information among all levels of community people. Besides the involvement of adolescents, school teachers, parents, service providers, and others community members in this intervention supported to aware stakeholders about AFHS, later that played an important role to increase adolescents' visit in facilities. In addition to that this intervention assisted to develop referral linkage among facility, schools, adolescent clubs, and the local community.

Conclusions: The study concluded that getting AFHS and being aware of the services through intervention have increased the utilization of the services. Efforts should be made by all relevant stakeholders to create a conducive environment for adolescents. Increasing awareness drives to sensitize the adolescents about the utilization of AFHS through 'special service day program for adolescents in selected facility' and involvement of guardians, facility authority and service providers, school teachers, and others was effective, that intervention can be scale up in others health settings.

Bottlenecks in Service Delivery of Adolescent Friendly Health Services in Selected Government and NGO Health Facilities in Durgapur and Jamalpur Districts of Bangladesh

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Background: The world is witnessing the largest number of youth and adolescent population in history, with 1.8 billion people between ages 10 and 24 (Das Gupta et al., 2014). The World Health Organization (WHO) identifies 10 to 19 as the age for adolescence and this period is a time for critical transition in life when adolescents go through a process of preparation for adulthood (WHO, 2017). Adolescence undergo profound physical and mental changes (Patton & Viner, 2007), for which they need special attention and support since adolescence is one of the most complex transitions in life associated with biological, physical, behavioral, and social transformations (Sigma, Bajracharya, & Reichenbach, 2016). It is vital that the adolescent and young people receive proper information and services that cater to support them through their mental and physical changes.

Methodology: This is a qualitative study aimed at exploring the bottlenecks of the accessibility to adolescent friendly services in Durgapur and Jamalpur. The target group included adolescents aged between 10 and 19 from the adolescent centres and vicinity. This study conducted IDIs and FGDs with male and female adolescents. In addition, we conducted KIIs with service providers (doctor, nurse, SACMO).

Findings: Bottlenecks visible at service delivery points at government facilities and the NGO facilities. Government facilities are struggling to attract male adolescents to these centers due to deep rooted patriarchy and social fabric of the society. Adolescent girls become

attracted to the centers because of incentives like provision of free sanitary napkins or to seek treatment for menstruation related complications. However, boys' are not being able to open up since they associate these facilities either with general illness or with 'womanly' conditions, and this idea of masculinity and its contribution to their reluctance to seek healthcare at AFHCs is worth exploring. Lack of publicity and awareness around AFHSCs hinders the access and utilization of health services. Adolescents were found to visit various alternative healthcare providers like traditional village doctors for their friendly approach, quick remedy and social acceptance.

Conclusions: Program perspective about the rights of adolescents to a full range of SRH information and services needs to be communicated to the public to create an enabling policy environment for the provision of ARH services. Parents and community members need to be more empathetic and understanding towards adolescents, and additionally, need to be more accepting of programs that respond to the unmet needs of adolescents' sexual and reproductive health.

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Shornokishoree Adolescent clubs at secondary schools: An innovative approach for empowering Adolescents and Change Making in Bangladesh

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Background: The transitional phase of a human lifecycle between childhood and adulthood that involves rapid physical, emotional and social change is called adolescence. Adolescents are the drive force and the change makers of any country [1, 2]. One fifth of Bangladesh's population is adolescents 10 -19 years [3]. In Bangladesh, close to 50% of children-under-five are stunted due to poor nutrition, with urban poor most affected, 41% of children-

under-five are moderately to severely underweight. Improving nutrition should be a major public health priority in Bangladesh [4]. This led to the design and launch of adolescent led secondary school-based clubs to develop leadership skills, enabling critical thinking, and empowering women.

Methodology: From each school we have selected six students from each class (IV-X) with a total 30 club members selected following criteria with boys & girls' ratio 50:50 for the formation of adolescent club. We have also selected 1-2 guide teachers for supporting the adolescent club activities. Every club leader and peer educator were selected based on their merit and their willingness to their extra-curricular activities [5]. In every Thursday, club-leaders arrange a meeting to discuss on a wide variety of adolescent health-issues, and also brief students about adolescent friendly health services supported by government of Bangladesh at various govt. hospitals and encourage their peers to receive facilities from those service centers at their time of need [5, 6].

Findings: Currently there are 2000 secondary school-based Shornokishoree clubs was created in Bangladesh. The implementation of the project helped adolescents to unlock their leadership skills, their ability to think critically and rationally, along with that also empowering women. General orientation of all students and SMC members, training of club members, problem solving sessions, peer education at schools were conducted. The establishment of Shornokishoree club also created awareness among young adolescent girls which helped them to prevent numerous numbers of child marriage with the help of their club members and guide teachers.

Conclusion: The idea of students working as a change agent to their respective family members and peers to let them know about adolescent nutrition has been positively accepted by the Govt. of Bangladesh and officially accepted secondary school-based SK clubs. Collaboration with health sector and education sector was instrumental in delivering nutritional interventions at schools. As a result of our work, we are developing operational guideline for implementing package of nutrition at secondary schools in 8 divisions of Bangladesh.

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Prevention of early marriage among adolescent girls' in rural Bangladesh: Lesson learned from an adolescent health program

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Background: Bangladesh has long been known for very early age at marriage. Delaying age at marriage has been a priority of the government and development partners alike. Advancing Adolescent Health (A2H) was a 3-year, USAID-supported program, implemented by Plan International in Rangpur district of Bangladesh, known for early age at marriage for girls. The aim of the intervention was to delay age at marriage through promoting negotiation skills among adolescents to prevent an early marriage and identify factors affecting negotiation skills related to delaying age at marriage among adolescents. The key interventions for preventing early marriage were a) foundational life skills education for unmarried and married male and female adolescents aged 10-14 and 15-19 years; and b) orientation sessions for community and family gatekeepers (parents, and in-laws). This paper presents the short-term effects of A2H program in preventing early marriage in the program area.

Methodology: In-depth interviews, focus group discussions, and key informant interviews were conducted with a variety of participants including male and female adolescents aged 15-19 years who participated in the A2H program; parents who attended in the gatekeeper's meetings and the program staffs who were involved in implementing the intervention. The study was conducted in Rangpur Sadar and Mithapukur upazila of Rangpur district of Bangladesh.

Findings: The findings showed that through attending life-skill sessions adolescents' interest in preventing early marriage increased, and their negotiation skills with family and society to delay age at marriage enhanced, while family members' attitudes towards an early marriage has also been changed through gatekeepers meetings. In addition, communication between adolescents and community leaders was also established with support of the A2H program staff. As a result, adolescents prevented a number of early marriages in their own community.

Conclusions: A2H program seemed to have generated a momentum of social change to tackle early marriage in Rangpur. The program organized adolescents and engaged parents, guardians, and community-influential persons in reducing the incidence of early-adolescent marriage.

Reference:

Human Rights Watch (2015) Bangladesh: Girls Damaged by Child Marriage. Stop Plan to Lower Marriage

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Field, Erica, and Attila, Ambrus (2008) Early marriage, age of menarche, and female schooling attainment in Bangladesh. *Journal of Political Economy* 116(5): 881-930.

Implementation research on Gender Responsive Adolescent Friendly Health Services in Multisectoral Approach

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Background: More than one-fifth of the total population of Bangladesh are adolescents (36 Millions) who are at health risk. WHO defines adolescents as individual in the age of 10-19 years. Adolescents age is a period of physical, mental, social and behavioral changes where they need special care and counselling to cope with age and sex specific changes. However, care seeking behavior from health facilities among adolescents is not demanding due to lack of awareness in both parents and adolescents. Only 3%-5% of adolescent boys received adolescent health services and information from public facilities in 2016 where girls are twice related to boys.

Methods: This is an action research to develop an effective Gender Responsive Adolescent Friendly Health Services (AFHS) model for Bangladesh. Study includes both quantitative and qualitative data collection in different level of Government existing health facilities in four districts of Bangladesh. Study has followed the action "Action learning cycle" or a "plan-do-study-act" cycle to understand the bottlenecks and action requires to improve the AFHS.

Results: Routine HMIS data reveal that there are fewer adolescent participants in the AFHS. Moreover, the ratio of boys and girls are largely disproportionate (boys 31%, girls 69%). Qualitative study shows that lack of awareness among the parents and adolescent resulted in poor participation of adolescent in the health facility. Gender specific health needs for both boys' and girls' in the guidelines and IEC/BCC materials increased utilization of services. AH information sharing in the school assembly and in adolescent clubs, Courtyard awareness session with parents and gatekeepers (teacher, local elite person, Community health workers) on AH issues and organizing special day/week for adolescents in the health facilities have a significant impact on increasing care seeking behavior.

Conclusion

Adolescents programming is a comparatively newly focused area for the health sector in Bangladesh. MOHFW is scaling the AFHS through multi-sectoral approach with different ministries. The research has identified key interventions to increase the demand among the adolescents to utilize health services. Awareness session in school, adolescent club and community has significant impact on demand generation and improve care seeking behavior among adolescents.

Reference:

Bangladesh Bureau of Statistics 2015
ADOHEARTS survey report 2017, BSMMU

THEMATIC AREA: ADOLESCENT MENTAL HEALTH

Child and adolescent mental health services in Bangladesh: which direction?

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Child and adolescent mental health is not only the health issue. It has socio-cultural components, it needs multispectral approaches and it has also multiple cross cutting issues with Sustainable development goals. This period, between 10 to 14 years represents a key opportunity for health promotion and the prevention of unhealthy behavior that increases the risk of mental health diseases and other potential non-communicable diseases. Among the all mental health conditions 50% occur before the age of 14 years of age and almost 75% occur before the age 25 years of age. Bangladesh has adolescent health strategy 2017-2030 and National Plan of Action for Adolescent Health Strategy 2017-2030. Both the documents highlight the adolescent mental health issue. The action plan emphasized on early childhood development, parenting, domestic violence, sexual abuse especially by family members and early identification of adolescent mental health conditions. Bangladesh finalized National Mental Health Policy and there adolescent mental health issue also prioritized. A National Mental Health Strategy is under development which includes the adolescent mental health service with the goal of integrated care, evidenced based service, community participation, and intersectoral collaboration. In the year of 2018 a nationwide survey conducted among 7-17 years old child and adolescents by National Institute of Mental Health, and found 14% of them have any mental health combinations.

To promote adolescent mental health services, Bangladesh need to prioritize in prevention of mental illnesses, increase awareness and reduce stigma about mental health, capacity implementation National Plan of Action for Adolescent Health Strategy. For that we have to strengthen effective leadership and governance for adolescent mental health, ensure the rights and protection of adolescents, ensure representation from various stakeholders and coordination with National Multisectoral Non-communicable Disease Control Committee (NMNCC) at all level and addressing adolescent mental health in all national policies to create adolescent mental health promoting environment.

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Mental Health is an Emerging Issue among Adolescents: Experience from Rohingya Camp, Cox's Bazaar, Bangladesh

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Background: Bangladesh has a high burden of mental health disorders nationwide [1, 2]. Due to the lack of awareness about mental health and acceptance of treatment for the illnesses the situation is getting worsened day by day [3]. Since the influx of FDMN (Forcibly Displace Myanmar Nationals) in Cox's Bazaar due to political violence, the displaced population has been suffering from various mental disorders which they are not even aware of [4]. And among them, adolescents are the main people at risk, as it is important to channel them in the right way in the right time [5] [4]. Shornokishoree Network Foundation (SKNF) has been working closely with the host community and the FDMN at cox's bazaar to address the mental health care needs and also developing acceptance of the situation of Rohingya population at the camp through secondary school-based club activities.

Methodology: Several activities have been carried out among the host community and FDMN at Ukhiya, Cox's Bazaar as part of the implementation process of the project which include : Secondary School Club orientation with students, teachers and SMC members, Leadership Training and capacity building of the adolescents, Peer Education about both mental and physical health care, Peer education among the community people, Coordination with local administration, Health, Opinion leaders and Govt. Refugee camp coordinator. The project was carried out in collaboration with two different ministries, Ministry of Education (DSHE) and Ministry of Health and Family Welfare (IPHN/NNS) and it was funded by Americares Inc.

Findings: The orientation programs at secondary school clubs in the host community has proved to be a bridge for communication with the FDMN at the camp in Ukhiya on the importance of mental health care. The secondary school-based clubs have emerged as a way of developing leadership and capacity building of the adolescents in the host community for addressing and providing necessary help to the mental health needs of the Rohingya population at the camp. 10 School based clubs at Ukhiya camp and 15 clubs in the host community have been established and activated. The training sessions and adolescent led program have increased the awareness, knowledge and interest among the Rohingya population and host community adolescents.

Conclusion: Secondary school clubs have created a way for providing necessary help by the adolescents at the host community to the FDMN at the camp. And it has been proven to be helpful for reducing the psychological trauma the Rohingya population are going through. They have positively accepted the approach and have grown keen interest to seek and provide necessary help.

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Upholding the Rights and Promoting the Well-being of Rohingya Population at Ukhiya Upazila, Cox's Bazar, Bangladesh.

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Background: Since August 2017, an estimated 745,000 Forcibly Displaced Myanmer Nationals have arrived in the Cox's Bazar district of Bangladesh [1]. These refugees joined a pre-existing Rohingya population arising from previous waves of displacements dating back to the 1970s, bringing the total refugee population to over 900,000 [2]. The local community has expressed concerns that the refugee inflow may have worsened the local resources and existing burden of unemployment and difficulties accessing essential services of their daily life [3]. The objective of this project was to bring an attitude change both Rohingya adolescents and host community.

Methodology: The project was conducted from November 2018 to April 2019. A general orientation session at 15 government secondary schools was conducted with participation of 7000 students, 175 teachers & SMC members [4, 5]. A day long comprehensive training was conducted with 450 Shornokishoree club members for promoting health, well-being & protection of rights of Rohingya population. Government officials, health professional, international and national NGOs, and other dignitaries was also participated in the program. The program was supported by two ministries of Bangladesh: Ministry of Health and Family Welfare (IPHN/NNS), Ministry of Education (DSHE) and funded by Amricares Inc.

Findings: Orientation training and adolescent club training assisted to understand the mental well-being among the adolescent community in Rohingya population and in both host community. This collaboration helped both of these community to reduce the attitude gap between them, and a strengthened positive response to one another. Shornokishoree club member's training sessions were help to develop knowledge and awareness within the school students' and a relation of responsibilities for the community towards the Rohingya community. This project has also created a positive change among the school adolescents and create better social environment at school and host community level.

Conclusion: At the result of our project, now adolescent club members and respective students are playing as a changing agent in the school and community level. If we want to sustainable change by considering make peace and harmony within the host community and Rohingya population then need to initiative comprehensive program plan on this issue.

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THEMATIC AREA: ADOLESCENT NUTRITION

Inadequate dietary diversity and its determinants among adolescent girls and boys: Evidence from a nationally representative cross-sectional survey

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Background: Bangladesh is experiencing triple burden of malnutrition (undernutrition, micronutrient deficiencies and overweight or obesity) particularly among adolescents. Dietary diversity is associated with these forms of malnutrition. As part of a nationwide cross-sectional survey, we collected data on inadequate dietary diversity and its determinants among adolescent girls and boys.

Methodology: Cross-sectional food consumption data from the adolescents were collected from 82 randomly selected clusters (57 rural, 15 urban and 10 slum) in 8 division of Bangladesh. A total of 4,808 adolescent girls and 4,761 adolescent boys were interviewed during between October 2018 and October 2019. We used 24 hours recall to collect dietary data. Food and Agriculture Organization guidelines was used for measuring dietary diversity (diversified: ≥ 5 food groups vs inadequately diversified: < 5 food groups) of adolescents. Bivariate and multivariable logistic regression were performed to identify factors associated with inadequate dietary diversity among adolescent girls and boys.

Findings: The prevalence of inadequate dietary diversity was 51.9% and 52.2% among the adolescent girls and boys, respectively. The prevalence was almost similar across both the age groups (early and late adolescents) and across both the sexes. Inadequate dietary diversity decreased with an increase of educational attainment among girls (no education 82.1% and SSC completed or more 46.8%) and boys (no education 66.7% and SSC complete or more 44.9%). Among girls, the prevalence of inadequate dietary intake was highest in slum areas (59.0%) followed by rural areas (57.1%) and non-slum urban areas (46.5%). Similar prevalence pattern was observed among adolescent boys (slum: 55.1%, rural: 53.9% and non-slum urban: 43.8%). In case of wealth quintiles, the prevalence of inadequate dietary diversity was lowest among the richest quintile (girls: 46.7% and boys: 45.0%). Administrative division, poor educational attainment, religion, poor maternal education and poor paternal education were significantly associated with inadequate dietary diversity among both girls and boys.

Conclusion: About more than half of the adolescent girls and boys consume inadequately diversified diet in Bangladesh. The study identified a number of factors significantly associated with poor dietary diversity, which should be addressed through comprehensive and sustainable public health interventions for better nutrition and health outcome of this population.

Prevalence of non-Communicable Disease risk factors among adolescent girls and boys in Bangladesh: Findings from a nationwide survey

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Background: Worldwide non-communicable diseases (NCD) and their risk factors are becoming major public health problems. Adolescence age group is important because many NCD risk

factors start in this period. As part of a nationwide food security and nutrition surveillance round, we collected data on NCD risk factors among adolescents.

Methodology: This cross-sectional study was conducted in 82 randomly selected clusters (57 rural, 15 non-slum urban and 10 slums) from eight divisions in Bangladesh. A total of 4,761 adolescent boys and 4,808 adolescent girls were interviewed for selected NCD risk factors using STEPS questionnaire. Among the behavioral and clinical risk factors of NCD, we collected information on insufficient fruits and vegetables intake (< 5 servings/day), physical inactivity (as per WHO recommendation), tobacco use, and overweight and obesity (BMI for age ≥ 25.0).

Findings: The prevalence of insufficient fruits and vegetables intake, inadequate physical activity, tobacco use, overweight and obesity among adolescent boys was 90.8%, 33.4%, 4.5%, and 7.7%, respectively. The prevalence of insufficient fruits and vegetables intake, inadequate physical activity, tobacco use, overweight and obesity among girls was 93.6%, 51.9%, 0.89%, and 11.7%, respectively. Among boys, the highest prevalence of insufficient fruits and vegetables intake was in adolescents living in slums (96.3%); the highest prevalence of inadequate physical activity was in adolescents living in non-slum urban areas (51.9%); the highest prevalence of tobacco use was in uneducated adolescents (18.3%); and the highest prevalence of overweight and obesity was in adolescents living in non-slum urban areas (18.5%). Among girls, the highest prevalence of insufficient fruits and vegetables intake was in adolescents living in the slums (97.5%); the highest prevalence of inadequate physical activity was in adolescents living in non-slum urban areas (68.5%); the highest prevalence of tobacco use was in late adolescents (1.7%); and the highest prevalence of overweight and obesity was in adolescents living in non-slum urban areas (22.5%).

Conclusion: For most of the NCD risk factors, the prevalence was high among adolescent boys and girls in Bangladesh. The government and other partners should raise awareness among adolescents about the NCD risk factors and implement interventions to prevent and control these risk factors.

Cost Benefit Analysis of Prioritized Adolescent Nutrition Interventions in Bangladesh

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Background: Even with significant development in terms of GDP per capita one in four adolescent girls remains stunted in Bangladesh. Bangladesh loses an estimated three billion dollars each year due to lost productivity and treatment costs due to undernutrition of children although effective and affordable interventions to improve adolescent nutrition exist. In order to implement these interventions at scale, the policy makers and program managers need benefit-cost analysis data of these interventions. We carried out a benefit cost analysis of six prioritized interventions—deworming, weekly iron and folic acid supplementation, multiple micronutrient supplementation, nutrition education for dietary diversity and physical

activities, school feeding and education; and livelihood training to reduce child marriage.

Methodology: We estimated ex-ante costs and benefit for each intervention for both schools based and out-of-school interventions. To estimate costs, we used both program level and micro-costing approach. Benefits were identified, quantified and monetized using the parameters from the high-quality studies. The benefits and costs were appropriately discounted to capture the time dimension. In addition, a rigorous sensitivity analysis—to understand the sensitivity of results in case of changing parameters such as compliance rates, growth rates, efficacy rates etc.—was carried out. A simulation exercise using Bayesian approach was conducted to check the robustness of the Benefit Cost Ratios (BCRs), and thousands of scenarios were taken into consideration to assess any change in BCR in the event of an external shock.

Findings: All the interventions are found very cost effective since benefit-cost ratio for interventions are discerningly larger than one. Deworming has the highest BCR of 72 for school-going adolescents and 46 for out-of-school adolescents, i.e. one USD invested in deworming would return 72 USD and 46 USD for school-going and out of school adolescent respectively. Weekly iron folic acid (IFA) supplementation produces a BCR of 32 for school-going adolescents. For multiple micronutrient supplementation, the BCR is 17 while it is 39 for school based nutrition education for dietary diversity and physical exercise. Midday meals or fortified snacks at schools have a BCR of 10. Education and livelihood training to reduce child marriage has a BCR of 10 per adolescent girl making it a gainful investment, even though this intervention is costlier than deworming, IFA, and MMS.

Conclusions: The findings of this study make a strong case for investment on a set of prioritized interventions for improving adolescent nutrition in Bangladesh. While all six interventions were extremely beneficial, the amount of investment needed per year varies significantly. If resource allocation is an issue, the government can start with low cost interventions at first and gradually move toward adopting all the interventions presented in this study.

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Prevalence of insufficient physical activity is high among adolescent boys and girls: Evidence from a nationally representative survey in Bangladesh

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Background: Evidence suggests that sufficient physical activity is associated with numerous health benefits. The World Health Organization (WHO) set a target of 15% relative reduction of the prevalence of insufficient physical activity (IPA) by 2030 among adolescents and adults globally. In Bangladesh, there is no national estimates of the prevalence of IPA to facilitate implementation of relevant interventions. We aimed to estimate the prevalence of IPA among adolescent girls and boys and determine the factors associated with IPA using data from a nationwide study.

Methodology: Data of the adolescent boys and girls were collected as part of a nationwide cross-sectional survey carried out between October 2018 and October 2019. The survey was conducted in 57 rural, 15 urban and 10 slum clusters from eight divisions. A total of 4,808 adolescent girls and 4,761 adolescent boys were interviewed for physical activity related information using Global Physical Activity Questionnaire. The WHO recommended cut off points for insufficient physical activity (5-17 years: less than 60 minutes of moderate to vigorous-intensity physical activity daily; 18-19 years: less than 150 minutes of moderate intensity aerobic physical activity throughout the week or less than 75 minutes of vigorous-intensity aerobic physical activity throughout the week) was used to estimate the prevalence of IPA. Bivariate and multivariable logistic regression were done to identify factors associated with IPA.

Findings: Prevalence of IPA among girls and boys were 51.9% and 33.4% respectively and the prevalence was significantly higher among early adolescents (10-14 years) than late adolescents in both boys and girls. The IPA prevalence was the highest among the adolescents living in non-slum urban areas (girls: 68.5% and boys 51.9%) followed by slum areas (girls: 49.1% and boys 39.4%) and rural (girls: 48.0% and boys: 27.7%) areas. For both girls and boys, higher age, areas of residence (non-slum urban, slum), division, occupation, maternal education and wealth quintile were associated with IPA. Religion and paternal education were associated with IPA only among the boys and obesity was associated with IPA only among the girls.

Conclusion: One in every two adolescent girls and one in every three adolescent boys do not meet the WHO recommended level of physical activity in Bangladesh. The study identified several potentially important factors associated with IPA among adolescents and many of these factors can be addressed through comprehensive and sustainable public health interventions to enhance physical activity level of the adolescents.

Trends of and factors associated with dietary diversity among adolescent girls in Bangladesh: Findings from Food Security and Nutrition Surveillance Project (FSNSP)

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Background: Dietary diversity is a marker of dietary practices and diet quality and is associated with nutritional status of population groups. In Bangladesh, there is a paucity of dietary diversity data particularly of adolescent girls. We analyzed the Food Security and Nutrition Surveillance Project (FSNSP) survey data to report trends of dietary diversity and factors associated with it in adolescent girls in Bangladesh.

Methodology: We analyzed data of 15,740 adolescent girls aged between 10 years and 19 years, 5,803 collected in 2012, 4,621 in 2013 and 5,316 in 2014. Dietary diversity data were collected from these adolescent girls by using a standard dietary diversity questionnaire that included 10 food groups. Poor dietary diversity was defined as consumption of less than five food groups in the past 24 hours prior to interview. For this analysis, adolescents were divided in two groups – early (10-14 years) and late (15-19 years).

Findings: The mean age \pm SD of adolescent girls was 15.37 ± 2.60 years, 15.42 ± 2.62 years and 15.59 ± 2.60 years in 2012, 2013 and 2014, respectively. More than half of the early adolescent girls fell into the poor dietary diversity group - 53.76%, 54.64%, and 60.37% in 2012, 2013, and 2014, respectively. Similarly, the majority of late adolescent girls were also classified as having poor dietary diversity - 52.7%, 57.39% and 65.34% in 2012, 2013 and 2014, respectively. In case of early adolescents, multivariable analysis revealed that food insecurity and wealth quintile were consistently associated with poor dietary diversity across the three years under study. On the other hand, in case of late adolescents, the analysis identified consistent associations between poor dietary diversity and area of residence, food insecurity, household size, maternal education, and wealth quintiles over the study period.

Conclusion: Increasing trend of poor dietary diversity among adolescent girls in Bangladesh is highly worrisome. Food insecurity and wealth quintile were found to be associated with poor dietary diversity in both early and late adolescents. However, further investigation is needed to generate deeper understanding of the root causes. The government of Bangladesh and its development partners should take collective actions to generate additional information and improve dietary diversity in Bangladesh.

Reaching The Millions: Adolescents led Social Movement for improving food and nutrition in Bangladesh

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Background: The transitional phase of a human lifecycle between childhood and adulthood that involves rapid physical, emotional and social change is called adolescence. Adolescents are the drive force and the change makers of any country [1, 2]. One fifth of Bangladesh's population is adolescents 10 -19 years [3, 4]. Unfortunately adolescents make dietary choices without knowing its nutritional impact on health [5]. Social media are one of the promising platforms along with secondary schools to reach millions of adolescents. So, we designed and launched a social movement 'Bhalo Khabo Bhalo Thakbo' using digital platform in collaboration with the government of Bangladesh and GAIN. The objective of the project was to generate knowledge and ensuring intake of safe and nutritious food for adolescents in Bangladesh.

Methodology: The project is conceived and designed with adolescents from November, 2017 to September, 2019 in order to engage 2000 secondary school based Shornokishoree adolescent clubs [6] in all 8 divisions of Bangladesh. The implementation strategy was promoting food and nutrition through participatory leadership workshop and social movement led by adolescents using a digital platform (www.bhalokhabobbhalothakbo.com). The adolescents articulated their dreams on the social media and spread the significance of eating better food using signing a pledge form.

Findings: The combination of adolescent led movement and use of digital media has brought successful outcome of engagement for generating millions of pledges towards safer food and nutrition in the society. We have successfully collected 100,000 pledge forms both online and offline from the adolescents. The involvement of parents & teachers' validation further strengthened the movement and provided the adolescents a sense of success and a push to move way forward. The importance of improving dietary choices and its impact on achieving their dream is well understood by the adolescents and helped them spread in their community. The adolescents led as a changemaker of the society for improving food and nutrition.

Conclusions: Our program has created a transformational change in the mindset of adolescents and the choice of appropriate dietary practices. This piloted the adolescents to eat better and work massively towards better food. The government came forward to align with the movement and made the adolescents feel secured about being heard and participated. Networking of adolescents with creative approach is essential for engaging and reaching millions of adolescents in Bangladesh. Involvement of policy makers and key stakeholders is essential to validate the adolescent nutritional movement and their participation.

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Mobile games - an innovative nutrition learning tool

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Background: Considering penetration of cell phones (feature phone and smart phones) among the adolescents Global Alliance for Improved Nutrition (GAIN), Bangabandhu Sheikh Mujib Medical University (BSMMU) and M World has developed two mobile games on nutrition. In game development, the team focused on bringing nutrition as a matter of deep concern but encapsulate that with exciting fun and competitive game. While developing this mobile application analysis of daily life and activities has been considered.

Methodology: This project SWAPNO mainly works with garment workers, their families (including adolescent children, siblings and relatives). As part of comprehensive strategy, the mobile games are developed with a view to enhance capacity of adolescent and youth to create a comprehensive mechanism to facilitate nutrition information through facilitating dialogues and discussions at family, friends, peer level.

It is designed to provide easy but memorable information specifically for the adolescents on nutrition issues as they go through different challenges as the game proceeds and learns about safe food, nutritional values, promotion of hygiene and healthier practices.

The mobile games – **Pothe Pothe** (on the road) and **Radhuji Ami** (I am the cook) brings up nutrition information as the players are challenged to pass through obstacles and to create ownership feeling the game provides options to choose background of different divisions – Dhaka, Chottogram, Rajshahi, Khulna, Sylhet, Barishal and Rangpur. These games are available through android apps and also shared manually through blur tooth, share it and other online mechanisms.

Findings: A mechanism for continuous feedback and data analysis has been developed and this will be updated based on the information's.

Lessons learned:

- A low-cost innovation delivered by mobile phones (mobile games) can effectively and efficiently to impart nutrition messages in an entertainment format.
- Buy-in from family members are essential to enable adolescent and youth to access in the mobile games as in few instances' adolescents access these games using cell phone of parents / senior members of the family.

Conclusions: Mobile games along with audio-visual / audio tools are important in improving the knowledge attitude behavior and practice of adolescent boys and girls. It is evident that through mobile games health / nutrition education and promotion activities can be implemented in any set up and with low cost. Anecdotes shows positive change in knowledge and attitude of the adolescents their friends and family (specially garment workers) on nutrition related issues.

Turning the Future: Implementation of package of nutrition interventions through secondary schools for transforming policies in Bangladesh

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Background: Adolescents are the future productive workforce, leaders, and the change makers of any country. Secondary schools are one of the promising platforms to reach adolescents, especially in their early years [1, 2]. More than one-fifth of the total population of Bangladesh are adolescents between the ages of 10 and 19 years, which accounts for approximately 36 million people [3]. Currently there is no policy for school-based nutrition intervention program in Bangladesh [2, 4]. So, objective of the project was to create opportunities by coordination of two ministries for changing policies by implementing package of nutrition intervention at secondary schools.

Methodology: The program was conveyed from April, 2018 to February, 2019 at 40 secondary school-based adolescent clubs. These 40 secondary schools were selected from 250 secondary schools supported by UNICEF in 8 division of Bangladesh. It was a quasi-experimental interventional study. The implementation of the project was through promoting nutritional status to increase awareness, problem solving sessions, peer education at school, and practical discussions to improve dietary habits, and enabling environment through advocacy and mobilization of various key stakeholders to support nutritional situation.

Findings: The project has conducted orientation in all the 40 schools attending 28,352

students, and teachers and SMC members covering 805 individuals, conducted comprehensive training on basic nutrition for 1196 Shornokishoree club members, conducted 120 problem solving workshop with participation of 2412 numbers adolescent club members [5] and every guide teacher. Nutrition is one of the most important issues for the development of Bangladesh as well as to achieve Sustainable Development Goal (SDG). This was a priority project for working with adolescents through school system in collaboration with two ministries: Ministry of Education (DSHE) and Ministry of Health and Family Welfare (IPHN/NNS) and funded by UNICEF for establishing a new policy as well.

Conclusion: The idea of students working as a change agent to their respective family members and peers to let them know about adolescent nutrition has been positively accepted by the Government of Bangladesh. Collaboration with health sector and education sector was instrumental in delivering nutritional interventions at schools. As a result of our work, we are developing operational guideline for implementing a package of nutrition interventions at secondary schools in 8 divisions of Bangladesh.

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THEMATIC AREA: CHILD MARRIAGE

Exploring reasons for increasing trend of child marriage in rural areas of Bangladesh

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The adolescent population of Bangladesh is approximately 36 million: over one-fifth of the total population of Bangladesh is between the ages of 10 and 19 years.³ Adolescents in Bangladesh experience a number of issues, including high rates of early marriage, high fertility rates, restricted negotiation skills, and insufficient awareness and information regarding reproductive health.⁴ With this backdrop Plan Bangladesh, implemented a project "Creating

³ National Strategy for Adolescent Health 2017-2030, MCH Services Unit Directorate General of Family Planning, December 2016

⁴ Adolescent and Youth Reproductive Health in Bangladesh, Abul Barkat, Murtaza Majid, January 2003

an enabling environment for young people to claim and access their sexual and reproductive health rights in Bangladesh" from January 2015 to June 2019 in Barguna, Khagrachari and Kishorganj district.

In September 2019, Plan International Bangladesh conducted a qualitative study in project areas of Barguna, Kishorganj and Khagrachari to have an in-depth understanding on the factors contributing to high rate of child marriage. Total 30 FGD were conducted with Young people, Parents and family member, CSO; 22 KII were conducted with government and NGO officials.

The safety and security of young girls worries parents and they feel that an unmarried girl is vulnerable to sexual exploitation and abuse. Marriage is seen as a preventative measure to protect young girls from potential danger. In addition, when family gets a marriage proposal from a 'suitable' groom (government service, working abroad as cited by the participants), they prefer to get their daughters marry off. Interview with key informants reveals that that self-initiated love marriages among adolescents are a growing trend. This phenomenon of children choosing to marry creates fear among parents that if a young girl is not married, she may choose to run away with someone of her choice. It was also found that the children are not getting effective education regarding sexual and reproductive health neither from school nor from school which is leading them to stay at dark on health issues related to child marriage. Another finding was, in most cases, girls get priority for any SRH related interventions and for this boys are not getting effective SRH services and information. To achieve a sustainable improvement towards reducing child marriage and overall SRH situation both boys and girls need to be considered. To reduce child marriage, along with building awareness, ensuring SRH education, social safety also need to be ensured for children and adolescents.

The Invisible Adolescent Girls: IMAGE Plus in Bangladesh

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Background: According to UNFPA's State of World Population 2019 report, the rate of child marriage is 59 percent, which is the fourth highest in the world. When a girl is married, she is less likely to go to, or complete, school or travel freely outside of her home alone; more likely to be subjected to gender based violence; and less likely to know about her body and rights. Her limited mobility, schooling and knowledge in turn reinforce and perpetuate gender inequality. Moreover, as soon as a girl child is married, she is often mistreated for being 'a child', while also expected to act like 'an adult' in her family. In the eyes of society, she becomes invisible and forgotten. In order to alleviate them from their dire situations, a project named IMAGE Plus (Initiative for Married Adolescents' Empowerment) worked exclusively with 9000 Early Married Girls (EMGs) in three northern districts of Bangladesh.

Methodology: IMAGE Plus was an initiative taken exclusively for this invisible group of adolescents, so that their lives are improved through interventions in the individual, communal, societal and policy levels. This was done through taking an innovative approach where families, teachers, community leaders, civil society organisations and the government

were sensitised on the issue and prompted to act on it. Social and Behavior Change Communication (SBCC) was a primary tool used to achieve the goal of EMGs realising their potential and claiming their own rights.

Findings: Throughout the project period, EMGs and their family members were made aware of their rights and given access to adequate sexual and reproductive health services, education, nutrition, protection against domestic violence and income generating opportunities. Families and communities started to demonstrate their support to EMGs and had reduced cases of violence. Many EMGs went back to school, practiced safe family planning methods, started their own small businesses and became socially and economically solvent. There was also a significant decrease in child marriage due to community based actions against the problem.

Conclusion: Although unique projects like IMAGE Plus are being carried out in child marriage-prone regions in Bangladesh, it is not enough for us to reach the Sustainable Development Goals of 2030. Besides focusing on prevention of child marriage, we also need to pay attention to the girls and women who were victimised by this backward social norm. The best practices from the project should be replicated throughout the country, and possibly the world.

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The teenager who defied child marriage by taking her mother and intended bridegroom to court in Bangladesh

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Beneath her warm smile and easy-going manner, it is easy not to notice the extraordinary bravery of 18-year-old Sharmin Akter, a member of Shornokishoree Network Foundation. Sharmin hailing from a rural village of Barisal region of Bangladesh courageously resisted her mother's attempts to marry her off at the age of 15 and secured her right to continue education, setting an example for teenage girls across South Asia facing similar pressures. Bangladesh has one of the world's highest rates of child marriage; a trend that threatens the health, safety and education of millions of girls and degrades the country's future. She demonstrated exceptional courage and self-possession by refusing the marriage alliance with a man who is much older than her. She went against her parent's will and broke the silence expected of women and girls and advocated for her rights, eventually bringing her mother and prospective husband to justice. This courageous and outstanding action of Sharmin defied the efforts of her bullying mother to enter an arranged marriage, winning a bravery award presented by US First Lady Melania Trump in the process in 2017.

Sharmin was made aware of the evils of child marriage from an Adolescent Club at secondary school that she attended in 2015 run by the Shornokishoree Network Foundation (SKNF) at her school. "I was told on the club workshop that getting married too young would be extremely damaging for me both physically and emotionally," Sharmin said. "I knew it was wrong and wanted to carry on with my schooling."

The teenager was made to pay a terrible price for her defiance. She was confined to her room by her mother and was regularly beaten and verbally abused by her and the man who had been earmarked to marry her. Sharmin's father at the time was working in Saudi Arabia and unaware of such torture her daughter was going through. One day however she managed to escape from her room and made her way to her school to tell her friends about her plight. They advised her to report the abuse she had suffered to the police immediately. With the help of her friend, SKNF and local journalists she succeeded in filing a criminal case against her mother and her forced fiancé. They were sentenced to two years in jail but were released after four months.

Her bravery won the attention of American diplomats in Dhaka who nominated her for an International Women of Courage award. In 2017, she was flown to the White House, Washington to be presented with the honor.

Sharmin at present is a student of Rajapur Pilot Government High School and lives in a hostel in Dhaka and is in her last year of secondary school. She wants to study law at university and then work for SKNF as a counsellor to young girls who face the same pressure to get married as she did.

"I want to encourage teenager girls who are under pressure to get married to stand up and say no," she said, "they must overcome their fear and not be bullied into something that is fundamentally wrong".

"I am so much happier in my life now and feel much more mature, strong and independent. I owe a huge debt of thanks to SKNF and to UNICEF for helping me to avoid the social evil of child marriage."

"My aim in life now is not to stop until child marriage is banned throughout the country."

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Title- Improving Child Marriage Interventions in Bangladesh

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Background and problem Statement: Child Marriage is a multifactorial and multidimensional problem. There has been multi-national agreement on elimination of marriage before 18 years and still child marriage is taking place around the world and millions of children and adolescents are suffering as a result [1].

According to UNICEF -state of the world's children report in 2017, stated that, between 2010 and 2016, 2% of adolescent boys and 26% of adolescent girls have been married as a child in the Low- and Middle-Income Countries [2]. A UNICEF report published in 2018, delineated that the global estimate of child brides in 2018 was 650 million, of these the highest was in South Asia (285 million, 44% of the global burden) [3].

In 2018, Bangladesh had the fourth highest country-level rate of child marriage in the world, after Niger, Central African Republic and Chad [4]. In the report of the 2014 Bangladesh Demographic and Health Survey, cited that 22.4% under 15 girls and 58.6% of girls in total were married as children in Bangladesh [5].

The issue of child marriage has been relevant in the era of the Millennium Development Goals (MDG) due to its direct link with maternal and newborn mortality and morbidity. The Sustainable Development Goals (SDGs) 5.3 mandated elimination of child marriage as one of its targets by 2030. The latest Demographic and Health Survey (2014) showed that the prevalence of child marriage in Bangladesh is around 59% [6]. Child marriage elimination is mandatory if Bangladesh wants to achieve the SDG targets.

Study Aim: This thesis aims to understand the factors which are responsible for continuation of child marriage in the country and interventions that are addressing these factors. Along with the factors, it looked at the existing interventions in Bangladesh and interventions in other countries of South-Asia with similar context. Based on that, it suggested recommendations to reduce the rate of child marriage.

Methodology: The thesis is based on literature and desk study and findings were analyzed by using the "South-Asian framework to end child marriage" framework, proposed by UNICEF.

Results: Child marriage is both a social and a public health problem that continues to plague Bangladesh due to prevailing social norms, poverty, lack of security and climate change. There is also lack of awareness and enforcement of current laws against child marriage.

Conclusions: The fallout of child marriage brings forth a broad range of social and health complications for the individual, family, society as well as the entire nation. To achieve the SDG goals, we need to look at the initiatives of the past and build from that.

Recommendations: More scientifically sound research needs to be undertaken and interventions using mass media need to be encouraged.

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Prevention of early marriage among adolescent girls' in rural Bangladesh: Lesson learned from an adolescent health program

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Background: Bangladesh has long been known for very early age at marriage. Delaying age at marriage has been a priority of the government and development partners alike. Advancing Adolescent Health (A2H) was a 3-year, USAID-supported program, implemented by Plan International in Rangpur district of Bangladesh, known for early age at marriage for girls. The aim of the intervention was to delay age at marriage through promoting negotiation skills among adolescents to prevent an early marriage and identify factors affecting negotiation skills related to delaying age at marriage among adolescents. The key interventions for preventing early marriage were a) foundational life skills education for unmarried and married male and female adolescents aged 10-14 and 15-19 years; and b) orientation sessions for community and family gatekeepers (parents, and in-laws). This paper presents the short term effects of A2H program in preventing early marriage in the program area.

Methodology: In-depth interviews, focus group discussions, and key informant interviews were conducted with a variety of participants including male and female adolescents aged 15-19 years who participated in the A2H program; parents who attended in the gatekeepers

meetings and the program staffs who were involved in implementing the intervention. The study was conducted in Rangpur Sadar and Mithapukur upazila of Rangpur district of Bangladesh.

Findings: The findings showed that through attending life-skill sessions adolescents' interest in preventing early marriage increased, and their negotiation skills with family and society to delay age at marriage enhanced, while family members' attitudes towards an early marriage has also been changed through gatekeepers meetings. In addition, communication between adolescents and community leaders was also established with support of the A2H program staff. As a result, adolescents prevented a number of early marriages in their own community.

Conclusions: A2H program seemed to have generated a momentum of social change to tackle early marriage in Rangpur. The program organized adolescents and engaged parents, guardians, and community-influential persons in reducing the incidence of early-adolescent marriage.

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Working for improving sexual and reproductive health of adolescent in rural Bangladesh: what works and what does not

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Background: Adolescents in Bangladesh enter their reproductive years poorly informed about SRH issues, without adequate access to SRH-related information or services. To address these issues, Plan International Bangladesh implemented a project 'Advancing Adolescent Health (A2H)' in Rangpur district during January 2016 to January 2019. Major objectives of this project were to delay age of marriage, to delay first birth and space between first and second births, and to improve adolescents' sexual and reproductive health behavior. During September 2018, an effort was made in the project to understand the effectiveness of its interventions.

Methodology: This study was conducted using a onetime cross-sectional comparison design, combining both qualitative and quantitative methods. The study was conducted in two program areas and one comparison area. A household survey, in-depth interviews (IDI),

focus group discussions (FGD), key informant interviews (KII), facility observation and semi-structured interviews with facility manager/providers were the methods of data collection.

Findings: The study revealed that the interventions in the project were effective in many cases, however, in some areas more improvements were needed. The project worked elaborately for improving knowledge of the adolescent girls about legal age of marriage. The study found that knowledge of the girls regarding legal age of marriage for girls was almost universal in the program and comparison areas alike. It may be due to wide dissemination of information about the legal age of marriage by the government and national and international agencies. Due to life skill training to the adolescents negotiation skill of the adolescents in intervention areas enhanced significantly with their parents and guardians to achieve their preferred age at marriage. On the other hand, it was found that the parents responded accordingly, and together made a change. Birth spacing was similar in program and comparison areas suggesting that A2H interventions were not that effective in increasing contraceptive methods that promote birth spacing. Contraceptive use was already quite high at about 65% in both A2H and program areas. It is likely that there is high unmet need for family planning among 15-19 years old girls in A2H and comparison areas. Utilization of Adolescent Friendly health Services (AFHS) was also similar in A2H and comparison areas. The lack of improvement in AFHS utilization in the program area may be associated with the existing health systems weaknesses.

Conclusion: An A2H like program intervention with some modifications, has a potential for reducing the incidence of teenage marriage in Bangladesh.

Exploring reasons for increasing trend of child marriage in rural Bangladesh

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Background: In Bangladesh, over one – fifth of the total population is in adolescent age i.e. 10 to 19 years (1). Adolescents in Bangladesh experience a number of issues, including high rates of early marriage, high fertility rates, restricted negotiation skills, and insufficient awareness and information regarding reproductive health (2). With this backdrop Plan Bangladesh, implemented a project “Creating an enabling environment for young people to claim and access their sexual and reproductive health rights in Bangladesh” from January 2015 to June 2019 in Barguna, Khagrachari and Kishorganj district.

Methodology: In September 2019, Plan International Bangladesh conducted a qualitative study in project areas of Barguna, Kishorganj and Khagrachari district to have an in-depth understanding on the factors contributing to high rate of child marriage. Total 30 FGD were conducted with Young people, Parents and family member, CSO; 22 KII were conducted with government and NGO officials.

Findings: The safety and security of young girls worries parents and they feel that an unmarried girl is vulnerable to sexual exploitation and abuse. Marriage is seen as a preventative measure to protect young girls from potential danger. In addition, when family gets a marriage proposal from a 'suitable' groom (government service, working abroad as cited by the participants), they prefer to get their daughters marry off. Interview with key informants reveals that that self-initiated love marriages among adolescents are a growing trend. This phenomenon of children choosing to marry creates fear among parents that if a young girl is not married, she may choose to run away with someone of her choice. It was also found that the children are not getting effective education regarding sexual and reproductive health neither from school nor from school which is leading them to stay at dark on health issues related to child marriage. Another finding was, in most cases, girls get priority for any Sexual and Reproductive Health (SRH) related interventions and for this boys are not getting effective SRH services and information.

Conclusion: To achieve a sustainable improvement towards reducing child marriage and overall SRH situation both boys and girls need to be considered. To reduce child marriage, along with building awareness, ensuring SRH education, social safety also need to be ensured for children and adolescents.

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THEMATIC AREA: DIGITAL INNOVATIONS IN ADOLESCENT HEALTH

Digital Tools for Field Workers: eToolkit and eLearning course support integrated counseling in Adolescent Health.

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Background: Rapid digital transformation in Bangladesh opens up great opportunity to strengthen Social and Behavior Change Communication (SBCC) for health, population and nutrition (HPN) programs. One of the challenges is that health and family planning field workers in Bangladesh often lack up-to-date information, effective tools and resources to counsel effectively. In some cases, the materials are outdated; in other cases, materials aren't available. Additionally, field workers have limited opportunities for refresher trainings on specific HPN issues including adolescent health after their basic training at the start of their career.

Methodology: The digital tools for field workers have eToolkit and eLearning courses, designed to be simple to navigate, that field workers and other service providers can use as

aids for integrated counseling. Field Worker's eToolkit contains BCC materials, organized into categories and sub-categories, including specific sub-category for Adolescent Health, and are cross-posted so that information is easy to find. The eLearning courses for field workers includes a dedicated video based course on Adolescent Health for updating/refreshing knowledge. It helps frontline field workers digitally access counseling and motivational information that they are responsible for disseminating.

USAID Ujjiban SBCC project provide assistance to introduce the digital tools within Ministry of Health and Family Welfare (MoHFW) program, about 3000 field workers are trained and using this as a tool to support their client counseling. The digital tools are available online, offline, and as an App for Android-based mobile devices.

Findings: It made available in different formats, so that they are more easily available to largest number of people. The use of digital resources monitored online, over phone and onsite follow up. Field workers appreciated the use of digital tools during counseling their client including adolescent and considered this as comprehensive, faster and easy to understand tool. They felt more confident in their ability to deliver accurate and complete information; and providing integrated message to the adolescent as needed.

Conclusions: Ujjiban exploring use of existing infrastructure of public and NGO sectors for dissemination and scaling up digital tools use for quality HPN counselling. Information, Education and Motivation (IEM) Unit incorporated digital resource use in their operation plan (OP), conducted staff capacity building training, and trained their field workers in phases. Other MoHFW Units and NGOs with HPN services are also linked the digital resource use in their respective OPs. Ujjiban is also transferring skill to the Units for systematic monitoring, trouble shooting and updating the tools.

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e-Dengue teleconsultation system: An effective method of management in Bangladesh in 2019

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Background: Rainy Season is a peak time for Dengue virus (DENV) to cause Dengue Fever (DF). Patients repeatedly get infected with DENV because of its several viral strains. In Bangladesh there has been a quick spread of the infection by Aedes aegypti mosquito in

2019. Interestingly through a government-initiated organization Shastho Batayon- 16263 (SB) established in the year 2015, Bangladesh overcame the epidemic very quickly. SB has been announced by Prothom Alo (Most renown national newspaper) as the Champion in health service with innovations.

Methodology: Implementation of teleconsultation has been conducted according to a standard manual with 5 specific services, through a 24/7 service package. Services includes doctor's consultation, ambulance services, information services, complain-feedback services & emergency accident services. SB has a specific disease e-consultation protocol for DENV. Protocol contains step wise management and advices for DF along with appropriate referral systems. Well trained doctors and health information officers (HIO) provide the service in the front line, supported by other departments. Prescriptions are also sent to all in the form of SMS. This means anyone having mobile phone is capable to get the service. Patients call at 16263, then they choose from the options to seek doctor's consultation or other services and later the call is being transferred to different ends according to need of patients.

Findings: Since 2015, SB provided health services to 4.45 million patients approximately. In 2019, a total of 350,000 dengue cases had been suspected according to Health Emergency and Control Room Statistics till 22nd July. According to the disease trend from SB database, 397,500 patients call had been attended with an average of 800-3500 calls per day regarding viral fever from (March to October) in 2019. According to DGHS, there had been no outbreak of other scary viral diseases like zika and chikungunya, which concludes all the calls to be suspected for DF. Among which 66.22% were advised only and 33.78% were prescribed with medications. Furthermore, 44.36% patients took the service repeatedly, that reflects effectiveness of the service and 87.97% of patients didn't need to refer at all.

Conclusion: People in Bangladesh received an effective health service mostly without being referred. Patients are satisfied with home advices which they received over phone for managing dengue symptoms, resulting in a huge percentage of repeated calls. In future awareness and advices to mass population for diseases like AIDS and Cancer will easily be deliverable through telemedicine.

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mPossible: Utilization of ICT for creating social movement through digital innovation for improving adolescent nutrition in Bangladesh

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Background: Shornokishoree Network Foundation (SKNF) is a registered non-profit and social change maker organization in Bangladesh that connects the adolescent community of Bangladesh to the various key stakeholders. Currently 2,000 school-based adolescent clubs are in operation. The objective of this project was to create Management Information System (MIS) and Social Media platforms provide a web-based platform for improving adolescent nutrition status using.

Methodology: Communication in the 2000 Shornokishoree clubs was established through social media. A digital communication was entrenched with the club members of all over Bangladesh by providing mobile phones to the 128 SK leaders of 64 districts i.e. 2 leaders from each district. A web-based Management Information System has been developed to enable the SK Leaders to enter their club activity and other measurable indicators that consists questions regarding their daily food intakes and practices which helps the MIS to create reports on the status of health and nutrition of the adolescent network. The management of these activities in the MIS has been instructed to the district leaders from all over Bangladesh through a participatory leadership workshop. A guideline for the operation of club activities in MIS for all SKNF club members was conveyed through an online training session.

Findings: The implementation of the web-based MIS through social media platforms helped the adolescents to engage with technological tools to bring a transformational change in the adolescent community that is enhanced by the digital monitoring mechanism. Activities in the MIS, as well as Social Media platforms shows enthusiastic results by the adolescent community. SKNF has created opportunity for adolescents to engage and use ICT through these technological implementations for expressing their dream, leadership skills and communicating with the adolescent community.

Conclusion: The ICT was widely accepted by the adolescent network from all over Bangladesh (64 District). SKNF has worked to empower the adolescents utilizing the advancement of ICT

by developing digital club management information system (MIS) in all over Bangladesh. We are expecting that the engagement of the adolescent community in these digital platforms will bring a change in the development of Bangladesh.

Mr. Query – empowering adolescents on SRH and related services

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Background: The United States Agency for International Development (USAID) Ujjiban Social and Behavior Change Communication (SBCC) Project, “Ujjiban”, is a 5-year integrated effort designed to improve the health of communities across Bangladesh. Ujjiban addresses maternal, neonatal, child and **adolescent health and issues related to family planning, nutrition and tuberculosis.**

USAID Ujjiban Social and Behavior Change Communication project, Johns Hopkins Center for Communication Programs is co-producing a weekly entertaining radio show **Young Time** on a private FM radio station (Radio Today) having nationwide coverage. Primary audiences for radio program include adolescents. To support the radio program, a robust outreach and social media campaign is being implemented to develop a synergic and multiplying effect among the youth.

Methodology: **Young Time**, Ujjiban’s a radio show, covers the challenges young people face as they grow up, and how to cope with these situations. Using entertainment elements like drama, journals, inspiring stories and many more, it is aired on nationwide FM station Radio Today.

A fictional, comic character Mr. Query has been introduced on the radio show *Young Time*. Mr. Query asks naïve, yet vital questions related to adolescent reproductive health. Mr. Query has been introduced and cross promoted through all the three project platforms – radio, outreach and social media. Mr. Query’s questions are sensitive. His responses are interactive and provide a mechanism for young people and adolescents to access answers to their ARH questions.

Findings: Mr. Query and his entertaining interactions with radio jockeys, young celebrities and adolescents at the ground level facilitate adolescents and young people becoming more aware of the reproductive health facts, dismantling myths and misconception affecting their lives and take logical decisions to lead a healthy life. The design of the intervention has been developed through active participation of young people and adolescents. Besides, this innovative and entertaining engagement also facilitate a linkage between the service seekers and the providers. It has created a space for adolescents and young people to seek advice and information through mobile SMS, Facebook comments and messages.

Conclusions: Bangladesh, being religiously, socially and culturally sensitive country to address adolescent health issues in mass media. Introducing the comic, fictional character makes it easy to surface sensitive issues among adolescents. The character also serves to facilitate discussion and link to services.

Adolescent health in schools – low tech and high engagement

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Background: The United States Agency for International Development (USAID) Ujjiban Social and Behavior Change Communication (SBCC) Project, “Ujjiban”, is a 5-year integrated effort designed to improve the health of communities across Bangladesh. Ujjiban addresses maternal, neonatal, child and **adolescent health and issues related to family planning, nutrition and tuberculosis**. The Ujjiban school campaign aims to break the silence on sexual and reproductive health (SRH) among ---students. Ujjiban initiated this campaign in 60 schools in grades VII-X.

Methodology: Activities included multiple elements, such as interactive games, a quiz and essay competition, and formation of listeners’ group. Students were also offered the opportunity to submit SRH related issues and concerns using anonymous question box available in each of the schools. Considering the limited access to SRH information by Bangladeshi school children, Ujjiban distributed a small sound box with a memory card full of 20 episodes of a project weekly FM radio program on life skills. Besides, short video clips from doctors were shared regarding SRH.

Findings: This school campaign has created enthusiasm among the children as they now have increased access to SRH information. In addition, school adolescents are increasingly accessing government health centers to seek adolescent health and SRH related services. Anecdotal evidences also suggest that adolescents / children now have the courage to share ARH information among peer, with school teachers and with service providers.

Conclusions: These approaches can be easily reproduced in other contexts by other health practitioners seeking to encourage students to explore SRH within the school setting. This can be scaled up widely and expanded to include / promote other health and life skills development programs.

‘Y-Net’ Digital Innovation for Empowering Young People

Author: Dr. Mahfuza Mousumi, Program Director, Jhpiego

Background: Young people, age 10-24 years comprises 47.6 million that is about 30% of total population of Bangladesh¹. Adolescent fertility of Bangladesh is the highest in South Asia at 113 live births per 1000 women aged 15-19 years². Nearly half of young women between

15-24 years are vulnerable to closely spaced pregnancies³. Nevertheless, young people have limited awareness of health need and they often lack access to health information and services. Country has made significant progress in digitization especially with mobile phone and social media. More than 137 million population uses mobile phones while 30.5 million people are active in social media where young people are the prime users⁴.

Rational: Young people having lack of information on SRHR and FP and limited access to health services. Reaching out young people always remain challenging due to their diverse engagement when social media can be an effective tool to reach them. Facebook has been identified as the most popular social media platform by young people, validated through recent FP youth conference 2019.

Intervention: In October 2019, Jhpiego initiated 'Y-Net' digital platform for engaging and empowering young people in Bangladesh. Y-Net creates a virtual community for Young People age 10-24 to engage on issues related to their own health and well-being. The Y-Net community collaborates with existing national and international youth-led organizations to align, amplify, and advocate for issues affecting adolescents and youth.

Outcome: Y-Net digital platform is being popular rapidly and already has 346 members within two months and continuously reaching out with updates. 'Y-Net' organized Youth Advocacy Workshop in December 2019 at Cox's Bazar. Approximately 35 youth leaders participated across country. The participant were thoroughly engaged and discussed issues affecting their health and wellbeing; they actively discussed the barriers and co-created solutions through vision mapping exercises using a human-centered design (HCD) approach. Through this interactive workshop, youth themselves were able to landscape the issues affecting their health and well-being and prioritized them to co-create the solutions, such as SRHR and FP, Mental Health, Drug Abuse, Sexual Harassment and Climate Change which will be the pressing agenda for youth led advocacy in national and international forum.

Conclusion: Y-Net digital platform links young people to trusted digital information and strengthens youth networks in Bangladesh, while its reach extending globally. Y-Net encourages building youth-led advocacy infrastructure to champion; it challenges health systems and national leadership to make the needed changes to youth policies, programs and investments.

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5. Facebook/Y-Net and twitter @YNetBangladesh

THEMATIC AREA: ADOLESCENT FAMILY PLANNING

Factors influencing the use of contraception among adolescent mothers: Findings from a qualitative study in rural Bangladesh

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Background: Adolescent child-bearing has been found to be associated with negative consequences for the mother and child, and increases the risks of maternal deaths, stillbirths, neonatal deaths, and preterm births. Despite this, about 60 percent of women get married before the age of 18 in Bangladesh. The adolescent (14-19 years) fertility rate is high at 30 percent and the use of contraceptive methods is low with about 50 percent of adolescent girls using any methods. The unmet need for family planning in Bangladesh is also higher among adolescents than that of adult women. The aim of this study is therefore to identify the factors influencing the choice and use of contraception among adolescent women in rural Bangladesh.

Methodology: Eighteen in-depth interviews were conducted with adolescent mothers who gave birth six months prior to data collection in the Baliakandi sub-district of Bangladesh from July to November 2019. Experienced qualitative researchers were involved in data collection, transcription and data analysis.

Findings: Most of the adolescent mothers reported that they were married between fourteen to sixteen years of age. Almost all adolescents reported that they had no to very limited knowledge about the use of contraception before their marriage. Their first source of information was their husbands immediately after marriage and later on relatives (especially sisters-in-law), neighbours and sometimes health workers. The use of modern contraceptive methods after marriage was low and the decision regarding the use and choice of method was influenced by the husband and senior relatives (mothers, in-laws, aunts). Misconceptions (e.g., use will cause infertility) prevailed among these senior relatives, forbidding adolescents to use any modern methods before their first pregnancy. Most adolescents reported the use of oral contraceptive pills following child-birth and preferred Femicon to government-supplied free oral contraceptive pills due to misconceptions and side-effects (e.g., drying up of breast milk). Some adolescents reported that their husbands considered the use of contraception to be against religion and did not permit their wives to use any long-term methods. Regarding birth spacing, most adolescent mothers wished to delay their next pregnancy by 5 years. A few adolescents, however, thought that long-time birth-spacing and use of methods may reduce the chances of the next pregnancy.

Conclusion: This study found that adolescent girls had little knowledge and autonomy and the decision to use contraceptive methods and delay in first pregnancy was greatly

influenced by key family members i.e., husbands and mothers-in-law. We, therefore, recommend that family members be involved in family-planning counselling sessions so that the misconceptions can be addressed comprehensively.

Opportunities for adolescent friendly services to increase access and use of sexual and reproductive health services, including family planning

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Background: Bangladesh has among the highest adolescent fertility ratios in the Asian region (113/1000 live birth) and the unmet need for contraception is higher (17%) among married adolescents (BDHS 2014). Health and well-being of adolescents is critical to offer adolescent friendly services (AFS). USAID's Accelerating Universal Access to Family Planning (AUAFP) project, also known as Shukhi Jibon, conducted an assessment to identify the opportunities and barriers in providing sexual and reproductive health (SRH) including family planning (FP) services to adolescents at the facility level and to explore the community perspectives as well.

Methodology: The study followed mixed methods, incorporating a qualitative and quantitative data collection – surveys, observations, and focus group discussions (FGD). Sixty-nine facilities were assessed at different levels including district to community across six districts in Bangladesh (Mymensingh, Dhaka, Faridpur, Chattogram, Rangamati, and Sylhet). Services were observed to understand the quality and readiness of facilities for adolescent health services; and FGDs (18) were conducted with adolescent boys and girls (married and unmarried) and opinion leaders to understand their perspective of adolescent and family planning services.

Findings: Twelve out of 69 inspected facilities (17%) had established separate space providing limited or no services for adolescents and few other facilities were instructed to build separate space of same. Approximately, 55% of service providers think there is a minimum age to provide contraceptive which is out of policy. The Family Planning service delivery guideline is almost uniformly available and 59% of service providers could recall what is written about adolescent regarding service provision. The key area of concern is lack of privacy and confidentiality; and non-essential interruptions happen frequently (42%) irrespective of facility type.

Adolescents, irrespective of marital status, are fairly aware about SRH related matters and practices. It is commonly believed that services related to FP were limited to married women. Opinion leaders perceive FP methods to be adopted by women and not fit for men.

Conclusion: Though the Shukhi Jibon project, Pathfinder International has been working with the MoHWF to design specific interventions addressing adolescents, newlywed, and first-time parents that include: facility readiness, improving counseling skills of the providers, mentoring & supportive supervision, and community engagement. These approaches are being tested in the six districts. To measure the effect, the Project advocates for the national reporting system to incorporate disaggregated family planning data by age.

Skilled Health Entrepreneur (SHE): Prospect of improvement in Family Planning Knowledge and Practices in hard to reach Sunamganj

Author: Dr. Md. Ahsanul Islam; Shahidullah Ahmed, Affiliation: CARE Bangladesh

Background: Bangladesh has made commendable achievements during the last decades in reducing the total fertility rate (TFR) from 6.3 births per woman in 1975 and 2.3 in 2011 is very encouraging. However several areas require more attention for effective FP in the future, early age at marriage, stagnation of TFR and contraception usage (with regional variations) over reliance on temporary methods of contraception, declining in the use of long acting and permanent methods (LAPM) of contraception, high FP discontinuation rate and the quality of FP service delivery in both urban and rural areas (BDHS 2014) and Bangladesh health facility service 2014. If we look at the fertility trend in Sylhet division and Sunamganj shows consistently higher level in fertility and less contraceptive use. CARE formed a public-private partnership with the Government of Bangladesh to design and implement a sustainable solution, developing a cadre of 300 Skilled Health Entrepreneurs (SHEs).

Methods: This analysis presents the results of a pre-post cross-sectional study. Prior to project implementation, a baseline survey of women of reproductive age (15-49) who had given birth in 12 months prior to the survey (n=1800) was conducted using a multistage cluster sampling procedure in intervention and control area. Six years post-baseline a second cross-sectional survey (n= 3590) was conducted across the same geographic areas. To assess effect of the intervention a difference-in-differences analysis was conducted.

Results: As compared to the control area and baseline in 2012 and end line in 2018 , the intervention area experienced statistically significant improvements in knowledge about almost all family planning methods, for female sterilization (baseline 32% VS end line 44%), Intrauterine devices (IUD) (baseline 12% VS end line 31%), Implant or Norplant (baseline 27% VS end line 41%), condom (baseline 19% VS end line 30%) etc. though mean age at first marriage found to be almost same 17.7 at baseline in the intervention area. The current use of any method and modern method of contraception showed increase in the intervention area than comparison area. In the intervention area, use of any method increased to 57% from 52% of base line and use of modern method was 39% in baseline whereas 48% was in end line survey along with decreasing unwanted pregnancy since baseline (21%) to end line (15%).

Conclusion: These findings illustrate the success of a strategy developing SHEs in remote hard to reach rural communities, where public health system is not adequately functioning and expanding their services with family planning beyond their initial MNCH services. The entrepreneurs register couples in their working area as part of their household registration exercise introduced to a range of contraceptive options and refer the appropriate clients for long term methods. SHEs offer a promising solution for ensuring quality family planning services and referral.

THEMATIC AREA: SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Changes regarding SRHR knowledge and attitude of Secondary Institutions Teachers: Studies conducted in a disaster-prone area of Bangladesh

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Background: Bangladesh, a densely populated country where adolescents ages of 10 and 19 years (BBS, 2015) constitutes more than one-fifth of the total population. Due to their age structure, this large cohort of population is vulnerable to social, economic, environmental and health related threat. Study reveals that the adolescents in Bangladesh have lack of access to sexual reproductive health rights (SRHR) knowledge, information and services. To meet these unmet demands of SRHR in Bangladesh, a project titled as Adolescent Sexual Reproductive Health Rights (ASRHR) in disaster prone areas of Bangladesh, was implemented by Marie Stopes Bangladesh with technical support from Plan International Bangladesh and, funded by the Swedish International Development Cooperation Agency (SIDA). The intervention area was Patharghata, Barguna from Barisal division. The studies assessed the behavior of Teachers taking the SRH classes as well as the perception of Students.

Methodology: The studies followed a cross-sectional survey where both qualitative and quantitative data collection methods were applied to assess the SRHR need scenario. Study population were adolescent girls, boys and teachers from thirty educational institutions (Schools and Madrasahs) in the project implementing area, Patharghata, Barguna. Randomly 15 out of 30 institutes (8 schools and 7 madrasahs) were selected. Eight teachers were selected randomly from each institute and 10 students (5 boys and 5 girls) were selected from class 8, 9 and 10. The sample size for the baseline were 700 (600 adolescents; 100 teachers) and for the end line 570 (484 adolescents and 120 teachers). For the interview, informed written consents were taken.

Findings: Through the study it is found that after project intervention, 93% teachers are now taking interactive SRHR classes without any hesitation, significant change from the baseline, 67.2%. Students (98%) informed that teachers interact with them while taking SRH classes, as compared to baseline (67%) a significant difference is noticeable here. While teaching ASRHR, 99% of them follow the new curriculum on ASRHR which is comparatively higher than the baseline study.

Conclusion: The study significantly generates the evidence that School-based ASRHR education is a common and easily accessible intervention strategy for providing information on ASRHR to adolescents and such type of activities should be replicated throughout the country for the betterment of adolescent reproductive health situation.

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Share-Net Bangladesh: A Knowledge Platform on Sexual and Reproductive Health and Rights

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Background: Sexual and Reproductive Health and Rights (SRHR) is a field where vast amount of work is carried out in Bangladesh. Each individual who is contributing to this field is a hub of knowledge themselves. However, this knowledge remains unshared and unexplored. Share-Net Bangladesh is a platform whose aim is to create space for SRHR practitioners to come together and exchange knowledge with each other. The website forms a one stop platform for users to find all information on SRHR.

Methodology: The activities of Share-Net Bangladesh are based on the following 5 pillars- Knowledge Generation, Knowledge Dissemination, Knowledge Sharing, Knowledge Translation and Networking. The members form the most important part of this platform. They are always encouraged to share their SRHR knowledge on the platform.

- *Knowledge Generation:* This platform has produced researches, desk reviews and literature reviews on the following topics: Breast Cancer, Sexual Harassment, Child Marriage, MHM for Women and Girls with Disability and Violence Against Transgender.
- *Knowledge Dissemination:* The website is used as a knowledge hub for SRHR research and tools so that users can have all SRHR knowledge material in one place. Organisations and individuals are encouraged to share their research and findings to help them reach a wider and more relevant audience.
- *Knowledge Sharing:* Practitioners are identified and formed into groups called Communities of Practitioners (CoPs). Share-Net Bangladesh organises round table meetings to enable the CoPs to come together and learn from each other. Currently, there are 5 CoPs- Child Marriage, GBV, Infertility, Adolescence and Youth SRH, and SRHR in Fragile Settings. Knowledge Sharing also takes place in the Knowledge Fairs that take place once every year.
- *Knowledge Translation:* Tacit knowledge is translated into explicit knowledge by interviewing experts and practitioners.
- *Networking:* Every year, an SRHR Knowledge Fair is organised to enable SRHR practitioners to come under one roof. The last knowledge fair took place on 8th December 2019 where more than 250 individuals participated.

Findings: This platform has 1035 individual members and 58 organisational members. In the year 2019, 4 CoP meetings took place where members exchanged their learning and experience. 1 SRHR Knowledge Fair took place where more than 250 individuals participated. In this event, practitioners shared their best practices and identified new issues in the field of SRHR. In a survey, 100% of respondents answered that they would like to be a part of the next knowledge fair.

Conclusions: Share-Net Bangladesh is funded by KIT Royal Tropical Institute, the Netherlands. It is the first country hub of Share-Net International. It was initiated in 2015. In 2019, it received a 5 year extension to run up to 2024.

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Website: <https://www.share-netbangladesh.org/>

Midwives as change agents to improve Sexual and Reproductive Health status of adolescents in Bangladesh

Author: Raiful Alam, Khairul Alam, Save the Children; Arif Mahamud, Save the Children

Background: Early marriage and motherhood among adolescents remain as a challenge in Bangladesh for decades. Limited access to quality healthcare is a key concern to tackle huge number of adolescent pregnancies. Bangladesh recently introduced professional midwives into its health system to ensure quality along the continuum of care of sexual reproductive and adolescent health and rights. Mentorship program has been demonstrating in targeted sub-district hospitals to standardize the capacity of midwives for providing evidence based and respectful maternity care in accordance with WHO quality of care standards. This analysis was done to assess the access to and quality of midwife-led services among pregnant adolescents.

Methodology: Data were collected from selected 15 sub-district hospitals during the period October 2018 to September 19 as a part of ongoing monitoring of Strengthening the National Midwifery Program. Contribution of midwives in providing antenatal care (ANC) and normal vaginal deliveries (NVDs) among adolescent mothers were collected from hospital registers. In addition, 21 NVDs of adolescent mothers conducted by midwives were directly observed by clinical mentors using standardized checklist. Data were analyzed descriptively to assess midwives' adherence to evidence-based practices during childbirth.

Findings: Midwives conducted significant number of ANC and NVD among adolescent mothers. During study period, 15 sub-district hospitals registered total 31,656 ANC visits, of which midwives conducted 28,917 visits (91%). Total number of adolescent received ANC visits were 4,626, of which midwives conducted 4,322 (93%). During the assessment period, total 7,048 NVDs were reported by these hospitals, of which midwives performed 4,873 (69%) deliveries. Total 770 NVDs were done for adolescents, of which midwives conducted 509 (66%). Clinical mentor's direct observation found that compliance with major evidence-based practices were maintained significantly by midwives during conducting NVDs to adolescent mothers. Continuous companionship was maintained 90%; hydration and nutrition 100%; correct use of partograph 86%; upright non-supine and non-lithotomy birthing position 86%; delayed cord clamping and skin to skin contact for at least 1 hour maintained 90% of each.

Conclusions: Midwives as an agents of change can play significant role in improving sexual and reproductive health status of adolescents by improving equitable access to quality healthcare. Adequate utilization and task shifting to newly deployed midwives is important. The Government should consider continued capacity development of these newly deployed midwives for delivering a wide range of services for adolescents.

Menstrual hygiene management among Bangladeshi adolescent girls: Results from assessment of an adolescent program

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Background: Menstrual hygiene management (MHM) is a constrained topic, mostly because of limited knowledge as well as social and cultural stigma. Menstruation presents a set of physical, sociocultural and economic challenges to adolescent girls that may interfere with their ability to contribute with full potential. Barriers to MHM among Bangladeshi girls may hamper progress towards the 3rd, 4th and 5th goals of the SDGs. This paper aims to describe the current state of MHM among adolescent girls in a rural area of Bangladesh.

Methodology: The data for this analysis is taken from a household survey among 8,501 girls aged 15-19 years from the two selected program areas (Rangpur Sadar and Mithapukur upazilas) under the Advancing Adolescent Health (A2H) of Plan International and 3,005 girls from the same age from a comparison area (Nawabganj upazila in Dinajpur district). We define “hygienic menstrual practice” as “Use of Sanitary Napkin OR Anything Disposable + Change of Sanitary Material at least 4 times a day AND Use of cloth + washing with Water and soap/ detergent OR Washing with Water and soda OR Dettol/Savlon + Change of Sanitary Material at least 4 times a day”.

Findings: The hygienic practices during menstruation were quite low (16%-25%) across all areas and all types of respondents. Use of Sanitary pads were as high as 70% and the proportion adolescent girls, who followed the almost appropriate washing practices for cloths and reusable products was almost universal (over 96%). However, the practice of changing sanitary material (disposable or reusable) at least four times a day during menstruation, was quite low across all areas. That is why, the overall hygienic menstrual practice became low in all areas and among all participants.

Two misconceptions were examined during the assessment: “menstrual blood is unhygienic” and “during menstruation, the body becomes impure”. Despite being taught at sessions, these misconceptions about menstruation prevailed in all areas. Among unmarried adolescent girls in the program areas, 8 in 10 adolescents still thought that menstrual blood was unhygienic, and 95 percent of unmarried adolescent participants and non-participants still thought that the body become impure during menstruation.

Conclusion: Enabling girls to have better MHM practices requires a holistic approach. This requires providing knowledge and management methods prior to menarche, privacy and a positive social environment around menstrual issues from both family and community.

Barriers and facilitators of implementing an adolescent program in Bangladesh: findings from an assessment

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Background: Advancing Adolescent Health (A2H), was a 3-year, USAID-supported program, implemented by Plan International in Rangpur district of Bangladesh. The program organized life skills training sessions for adolescents, and engaged parents, and local community to create enabling environment for improving sexual and reproductive health of married and unmarried adolescents participated in the program. This paper presents the barriers and facilitators in implementing the program.

Methodology: An assessment was conducted using a onetime cross-sectional design using mixed methods. A household survey was conducted in two program areas covering 8501 unmarried and married girls aged 15-19, at the end of the program period. Qualitative data were collected through 45 in-depth interviews, 11 focus group discussions and 13 key-informant interviews.

Findings: In the program area, 38% of unmarried girls and 13% of married adolescent girls in the same age group attended at least one of the 8 life skill sessions arranged by the program. Qualitative findings revealed that circumstances in favour of the program were motivational skills of the community facilitators, involvement of parents through gatekeepers meetings and self-interest of adolescents. The majority of the barriers involved unplanned scheduling, conflicting session time with school time and exams, household chores, looking after children, non-supportive in laws and traditional approach to delivering sessions resulting in dropping out from the program or not participating in the program at all.

Conclusion: For A2H, community mobilization through engagement of parents, guardians, and community-influential persons alongside adolescents was the key to success. The results suggest that strategies to address program side barriers should be used in adolescent programs. The number of life skills training sessions may be reduced to have maximum attendance in the program. The sessions may be conducted at school for those who are still in school (after school sessions) and at the community for those who are dropped from school. This strategy is likely to provide convenience to session attendance and thus increase the level of participation and continuation of the participation in all the sessions. Sessions should be planned, and participants be notified, well in advance.

THEMATIC AREA: VIOLENCE AGAINST ADOLESCENTS

Winning in the Battlefield: Combating sexual harassment against girl students in urban Bangladesh

Author: Mohammed Kamruzzaman, Research Investigator, icddr,b

Background: Bangladesh has a constitutional obligation for human rights identifying that both women and men are equal. Different policies also ensure equal rights for women and men. The National Women Development Policy 2011 has one of objectives to establish human rights of women. The National Education Policy 2010 gives importance on women's education to ensure their comprehensive development and empowerment and participation in a balanced social advancement. In line with such policy frameworks, the country has made tremendous success in girls' education over the years. According to the latest data the net

enrolment for girls in primary education is 98.8% compared to 97.1% for boys (BBS 2016); dropout rate for girls are less (17.5%) than boys (24.3%) (GoB 2014); the gross enrolment in secondary school is higher among girls than boys; it is 55% for girls against 50% for boys (UNICEF 2016). There is, however, ambiguity too with the progress. Sexual harassment against girls, popularly known as 'eve teasing', has been one of critical issues in the country (P Nahar et. al. 2013). A recent study reveals that about 94% women experienced sexual harassment in public transport, mostly in urban space. While the country has closed gender gap in primary education and reduced at secondary level, the increasing trend of sexual harassment causing a range of risks including drop out from schools and child marriage that might challenge international commitments such as SDGs for ensuring universal education and gender equality and women's empowerment.

Methodology: The paper focuses on a development project which works on girls' safety in public space in Bangladesh. The findings of the paper come from case stories on 20 school girls in three cities and towns. Data was collected in 2017.

Findings: The school girls aged of 12-16 face sexual harassment in public space. They were reluctant to protest such sexual harassment because of existing patriarchy led social stigma and not used to share an experience with others, teachers and parents in particular. A school-based awareness campaign started to break the silence. It engaged school authority, students (including boys), teachers, local administration and communities in a common platform to talk about the issue and protest as well as report any incident the girl students face on their way to schools. The intervention increases level of confidence of the students and enables them to speak once a sexual harassment in any form takes place. It also stops child marriage as well as drop out from schools.

Conclusion: Sexual harassment against girls is a critical issue which becomes a form of violence against adolescents. It hampers girls schooling and increases threats for child marriage. A comprehensive approach involving multilevel stakeholders can reduce the incidents of sexual harassment against girls.

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