EMPOWERING BANGLADESH'S YOUTH THROUGH ADOLESCENT HEALTH

Policy Brief

WORLD BANK GROUP

GLOBAL FINANCING FACILITY

PART 1

Context Setting

1.1 Adolescent Sexual and Reproductive Health in Bangladesh

Adolescence is a dynamic period of biological development and social change, and also a period when adolescent girls are at risk of school dropout, early marriage, pregnancy, and gender-based violence. Interventions that help adolescent girls reach their full potential by increasing their education, improving their skills, and delaying childbearing and marriage have the potential to create a virtuous cycle that fosters positive trajectories for adolescents as they mature as well as to facilitate improved health and wellbeing outcomes for their children.[1]

The health and wellbeing of adolescents (10–19 years) has been a neglected area of investment in Bangladesh, despite comprising approximately 22 percent of the Bangladeshi population.[2] Bangladesh has the highest prevalence of child marriage among the South Asian countries – 51 percent of girls marry before the age of 18 – and ranks among the top 10 in the world. The country is home to 38 million child brides; of these, 13 million are married before the age of 15. Married girls in Bangladesh are over four times more likely to drop out of school than unmarried girls.[3]

Adolescents have the highest unmet need for family planning in Bangladesh, and married adolescents have a significantly lower contraceptive prevalence rate than other age groups, leading to a high adolescent fertility rate.[4] Bangladesh has the highest adolescent pregnancy rate in the region, with 113 out of 1000 teenage girls falling pregnant before the age of 19.[5] Almost twice as many newborn deaths (45 per 1000 live births) occur among pregnant women less than 20 years old compared to older women.[6]

1.2 The Rationale for Utilizing Multiple Service Delivery Platforms to Support Adolescent Wellbeing in Bangladesh

Bangladesh has a long history of running school health clinics, with one in each of the old district headquarters, dating back to the years prior to independence. Initially those were constructed with the objective to provide curative and promotional health care to the school children.

The Government of Bangladesh developed a National Strategy for Adolescent Health 2017–2030 and a costed action plan to improve adolescent health, including sexual and reproductive health. The Strategy addresses overall health needs of adolescents, including menstrual hygiene management, prevention of violence and mental health. The Government of Bangladesh is currently implementing the 4th Health, Population and Nutrition Sector Program which includes support for a school-based adolescent health and nutrition program.

Cross-sectoral efforts to deliver quality sexual and reproductive health information and services will require the participation and contribution of multiple actors. While multiple agencies provide sexual and reproductive health related information and services, there is weak coordination, limited exchange of information, and documentation of existing programs. Furthermore, programme implementers often work in silos and focus on single platforms, i.e. at the health facility, school, or community levels. Presently adolescents receive sexual and reproductive health information and services largely from private sector providers with variable quality.

PART 2

Cross-Sectional Study: Empowering Bangladesh's Youth through Adolescent Health

2.1 Study Objectives and Methodology

Upon the request of the Adolescent Health Program of Directorate General of Health Services (DGHS), the World Bank conducted a cross-sectional study with the aim to review on-going and previously implemented adolescent sexual and reproductive health programs in Bangladesh and in neighboring countries, to identify the key elements of their success, and to consolidate good practices. The findings and recommendations from the study and analysis will contribute to the development of more comprehensive adolescent sexual and reproductive health programs to be supported through the next 5th Health, Population and Nutrition Sector Program.

This study was funded by the World Bank with financial support from the Global Financing Facility for Every Woman and Every Child (GFF), and was implemented in collaboration with the BRAC James P Grant School of Public Health. The study was conducted in partnership with: Directorate General of Health Service (DGHS), Directorate General of Family Planning (DGFP), Ministry of Education (MoE); Ministry of Health and Family Welfare (MoHFW); and Ministry of Women and Child Affairs (MoWCA).

The study was conducted between October 2021 and June 2022, utilizing the following approaches:

i. Literature review, identifying 28 adolescent sexual and reproductive health programs in Bangladesh and 33 programs across four neighboring countries in South Asia;

ii. Observational case studies, following field visits to selected program sites (n=18);

iii. Qualitative analysis, identifying themes surfaced through key informant interviews with stakeholders at the district and central levels (n=34), in-depth Interviews with program participants (n=39), focus group discussions with members of the beneficiary community (n=9); and

iv. Workshops, validating findings with experts in country.

The qualitative analysis for this study were focused in Dhaka, Bogura, Jamalpur, Khagrachari, Khulna, Kishorganj, Moulavibazar, Nilphamari, and Patuakhali districts.

2.2 Good Examples of Adolescent Sexual and Reproductive Health Programs in Bangladesh

Adolescent health interventions take many forms, depending on the determinants or conditions of interest, the target population, the particular circumstances, context, ecological levels and sectors within which an intervention function best. The table below summarizes examples of impactful and scalable adolescent health programs from Bangladesh, the implementing partners, and the reported approaches or impacts identified through a scoping review. An expanded description of the programs, the evaluations utilized, and outcomes reported are detailed within the Empowering Bangladesh's Youth through Adolescent Health report.

Joint Initiatives of Government and Development Partners

STRUCTURE	PROGRAM NAME	IMPLEMENTERS AND/OR DEVELOPMENT PARTNERS	YEAR INTRODUCED	OBJECTIVES AND/OR APPROACHES USED
School-based adolescent health program	Adolescent & School health program	DGHS, MoHFW	1951	■ Build capacity of field health workers and secondary school teachers to provide services for and education on adolescent sexual and reproductive health, nutrition, and psycho-social counselling. ■ Deliver adolescent-friendly sexual and reproductive health services ■ Implement peer-to-peer counselling and awareness activities
	Generation Breakthrough	MoE, Embassy of the Kingdom of Netherlands (EKN), United Nations Population Fund (UNFPA), Plan International Bangladesh, Global Affairs Canada (GAC) (in 2 phases)	2012	■ Improve knowledge and attitudes of gender issues and adolescent sexual and reproductive health among teachers and adolescent students
Adolescent-Friendly Health Corners	Adolescent Health	DGHS/DGFP, MoHFW	2015	■ Create easy access to adolescent-friendly health services for unmarried adolescents
Club-based program	Adolescent Club	MoWCA	2001	■ Encourage adolescent empowerment for positive social change through provision of stipend support and improved awareness against child marriage
	Kishori Abhijan	MoWCA & United Nations Children's Fund (UNICEF), with support from the European Union (EU)	2001	■ Provide empowerment training and vocational training to the adolescents who are vulnerable to child marriage for decreasing school dropout rates, increase girls' independent economic activity, and delay the age of marriage
Outreach through multiple platforms	ADOHEARTS	DGFP & UNICEF	2016	■ Improve knowledge regarding early marriage ■ Encourage boys to visit Adolescent Friendly Health Centers
	Accelerating protection for children	UNICEF	2015	

NGO-led Adolescent Health Programs: Supported by Development Partners

STRUCTURE	PROGRAM NAME	IMPLEMENTERS AND/OR DONORS	YEAR INTRODUCED	OBJECTIVES AND/OR APPROACHES USED
Community outreach	Notun Din	Population Services and Training Center (PSTC), supported by United States Agency for International Development (USAID)	2017	■ Reach adolescents through community health workers to increase uptake of health services and products
	Joint Action for Nutrition Outcome	Plan International Bangladesh, supported by European Union (EU)	2018	■ Increase community participation and knowledge about nutrition
	Balika	Population Council, supported by EKN	2012	■ Increase girl's empowerment through livelihood trainings
	Adolescent Development Program	BRAC	1993	■ Improve awareness about social, legal, health and environmental issues.
Facility-based	Shukhi Jibon	Pathfinder, supported by USAID	2018	■ Assess health providers' knowledge and readiness to provide family planning services to adolescents ■ Ensure availability of family planning devices
	Strengthening Health Outcome for Women and Children (SHOW)	Plan International Bangladesh, supported by EU	2016	■ Improve quality of essential health services delivered to women of child bearing age, including to adolescent girls
	A2H	Plan International Bangladesh, supported by USAID	2016	■ Convert public facilities into adolescent-friendly health centers
School-based	Keeping Girls in School	Population Council, supported by UNICEF	2018	■ Engage school-attending adolescent girls to increase uptake of sanitary napkins and contraceptives and increase gender-equitable attitudes among married adolescent girls
School and Community Outreach	Child and Early Marriage in Bangladesh	Plan International Bangladesh, supported by GAC	2018	■ Reduce early and forced marriage among in-school and out-of-school adolescents by ensuring education, economic empowerment and engaging champion father-mother and other community gatekeepers
	Adolescent Girls Power Groups	World Vision	2016	■ Reduce under-five child mortality through nutrition-specific and nutrition-sensitive interventions in the first 1,000 days of life through school and community-based outreach activities such as community theatre

Adolescent Health Initiatives by Private Sector

STRUCTURE	PROGRAM NAME	IMPLEMENTERS AND/OR DONORS	YEAR INTRODUCED	OBJECTIVES AND/OR APPROACHES USED
Public Private Partnership	Marketing Innovation for Sustainable Health Development	Social Marketing Company (SMC)	2012	▪ Improve knowledge and access to health services among married adolescent girls to increase contraceptive use
Public campaigns	Menstrual Hygiene Management (MHM) Campaigns	Square	2016	▪ Menstrual hygiene management campaigns to improve male engagement, especially fathers of adolescent girls, around use of menstrual products

2.3 Good Examples of Adolescent Sexual and Reproductive Health Programs in Neighboring Countries: India, Nepal, Sri Lanka and Pakistan

In an effort to determine effective approaches to strengthening adolescent health, this review also considered impactful and scalable programs targeting adolescents and youth in neighboring countries, drawing on experiences from India, Nepal, Pakistan, and Sri Lanka. The table below summarizes key aspects of impactful and scalable programs focused on improved adolescent sexual and reproductive health through provision of counselling, family planning, life-skills education, gender-based violence prevention, maternal health and nutrition as well as broader services targeting adolescent wellbeing more broadly (menstrual health, sanitation), and human capital (vocational training, and economic empowerment).

COUNTRY	EXAMPLES OF IMPACTFUL AND SCALABLE ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH PROGRAMS
India	▪ Facilitates access to services and information related to sexual and reproductive health, nutrition, gender-based violence, and mental health through school-based and facility-based programs ▪ Offers an integrated approach to provide sexual and reproductive health services, including hygiene and sanitation, through school-based programs ▪ Encourages economic empowerment through school-based interventions ▪ Develops the capacity of health service providers and teachers to provide services and information, Improves life skills for leadership, communication, decision-making, problem-solving and critical thinking through formal and non-formal educational platforms
Nepal	▪ Facilitates access to facility-based and demand-driven adolescent and youth-friendly health services ▪ Offers adolescent mental health and nutrition services ▪ Encourages economic empowerment through micro-enterprises ▪ Promotes school enrolment of marginalized and married adolescent girls
Pakistan	▪ Offers non-formal education for out-of-school adolescents ▪ Provides nutrition education, deworming, and WASH interventions ▪ Scales up technical and vocational education and job placements ▪ Promotes school enrolment of marginalized and married adolescent girls ▪ Increases the percentage of female health service providers
Sri Lanka	▪ Facilitates access to services and information related to sexual and reproductive health, nutrition, gender-based violence, and mental health ▪ Provides mental health counseling to school students ▪ Promotes adolescent nutrition and food-related hygiene practices through schools

PART 3

Themes Identified Through the Review of Good Practices Across Countries

This section summarizes the experiences gained from integrated, comprehensive and scalable adolescent sexual and reproductive health programmes across Bangladesh and neighboring countries to support the design of future sexual and reproductive health programmes in the future.

3.1 Breadth of Impact Associated with Adolescent Health Programs

- **Awareness raising:** The evidence reviewed indicate that child marriage interventions improved awareness about the negative impacts of early marriage on human capital (e.g., increased risk of school drop-out). Similarly, menstrual hygiene management programs improved knowledge and use of relevant products and services and nutrition interventions improved knowledge of healthy diets;

- **Improved safety:** Gender-based violence programs achieved reasonable awareness around domestic and intimate-partner violence, including harassment, rape, and acid attacks;
- **Increased access and utilization of services:** Educational interventions enhanced knowledge of sexual and reproductive health and lowered the barriers for adolescents to access information, counselling, and sexual and reproductive health services. Adolescents sought health services but awareness of customized services available through the Adolescent Friendly Health Corners was limited; and
- **Independence:** Vocational skills training and economic empowerment programs saw positive effects, including increased personal and family income which help the adolescent to spend on nutritious food, education and medical care.

3.2 Enabling factors

- **Capacity building:** Ensuring program implementers were well trained to deliver their respective interventions;
- **Utilizing multiple platforms:** Increasing the opportunity to deliver services to adolescents through multiple channels, including schools, health facilities, community outreach, and digital channels;
- **Establishing tailored settings for service delivery:** Creating safe spaces for adolescents to seek health services;
- **Engaging beneficiaries:** Engaging youth and/or peer groups in the program design to ensure service uptake and message dissemination and engaging communities to ensure acceptance; and
- **Regular monitoring and evaluation:** Using program monitoring data to ensure interventions are achieving their intended objectives, and iterating where needed.

3.3 Challenges to be addressed

- **Programmatic silos:** The programs and projects focusing on adolescent health and sexual and reproductive health in Bangladesh have mostly been implemented in silos with limited collaboration, and the publication of programmatic evaluations are rare;
- **Socio-cultural and religious barriers:** Topics related to sexual and reproductive health can limit engagement and support from the intended beneficiaries, their families, and their communities; this challenge extends to topics related to gender equality;
- **Sustainability plans:** Time-bound interventions often are designed and implemented without a clear pathway to sustain and scale, even if proven to be successful;
- **Limited implementation capacity:** Shortage of resources, including trained human resources and health-promoting infrastructure, limits the scope of programs;

- **Reaching marginalized populations:** Few programs targeted to adolescents included tailored strategies for the most marginalized and vulnerable peers, including LGBTQ adolescents and those living with disability. In addition, there has been a near-absence of interventions targeted to specific age groups, unmarried adolescents, and adolescent boys.

PART 4

Suggested Programmatic Actions to Improve Adolescent Sexual and Reproductive Health Programs

A key conclusion from this review is that multi-sector collaboration and resource allocation are needed to reach adolescents with quality health services, particularly for underserved and marginalized groups. Drawing upon the findings of the Empowering Bangladesh's Youth through Adolescent Health report, there are supply-side, demand-side, and cross-cutting actions that can be considered for effective, inclusive and scalable adolescent sexual and reproductive health programs in Bangladesh.

4.1 Supply-side actions

- Strengthen community-based platforms to reach out-of-school adolescents by training close-to-community service providers to deliver quality SRH services at scale and by developing coordination/ referral mechanisms between this community-embedded cadre and the formal health sector.

- Use multiple platforms to deliver an integrated package of age-appropriate services, including levering digital channels, to reach both in-school and out-of-school adolescents.
- Develop age-appropriate, comprehensive gender and sexuality education based on scientific evidence and global good practices and deliver as part of the mandatory school curriculum.
- Deploy the existing mental health care workforce for different tiers to fill in the gaps in counselling services for adolescent populations.

4.2 Demand-side actions

- Create demand for Adolescent Health (AH)/Sexual and Reproductive Health (SRH) services by ensuring an adolescent-friendly service environment in all platforms where health services are provided. Examples of good practice include ensuring female adolescents can see female care providers, if requested, having standards to maintain privacy and confidentiality, and offering services during hours when most adolescents can attend.
- Ensure active engagement of the beneficiaries, their parents, and community gatekeepers, including religious leaders, in the design and

implementation of adolescent health and SRH programs to ensure that the adolescents' needs, priorities and socio-cultural concerns are given due consideration.

- Embody 'leaving no one behind' by designing customized and flexible interventions to reach the most vulnerable populations, such as those who are from remote and hard-to-reach areas, adolescents with all forms of disability, adolescents from tea gardens, street-dwellings, slums, refugees, Commercial Sex Workers (CSWs), and transgender/ LGBTQ community.
- Develop behavior change communication on sexual and reproductive health concerns relevant for adolescent populations that is culturally sensitive and context-specific, and disseminate through multiple platforms, including social media, hotlines, among other approaches.

4.3 Cross-cutting actions

- Build coordination and strategic partnership among the ministries, agencies and non-state actors responsible for schools, health facilities, and community support (which includes and goes beyond the health sector) to scale up successful programs, expand outreach, avoid duplication, and support sustained programming.
- Prioritize monitoring and evaluating of all interventions at regular intervals to inform programmatic course correction, where necessary, and document results to guide future actions.
- Ensure the sustainability of successful adolescent health/SRH interventions beyond program duration by integrating activities within a dedicated national or sub-national budget and by formalizing linkages with mainstream health systems for integrated and continued service delivery.

Endnotes

1 GAGE 2017. GAGE Conceptual Framework. Available at: https://www.gage.odi.org/publication/gage-conceptual-framework/

2 UNICEF 2020. From: https://www.unicef.org/bangladesh/en/improving-health-adolescents

3 United Nations Children's Fund, Ending Child Marriage: A profile of progress in Bangladesh, UNICEF, New York, 2020.

4 UNFPA. Family Planning: Bangladesh. From: https://bangladesh.unfpa.org/en/topics/family-planning-4

5 UNFPA. Young People: Bangladesh. From: https://bangladesh.unfpa.org/en/topics/young-people-10

6 NIPORT, Mitra and Associates, and ICF International (2013) 'Bangladesh Demographic and Health Survey 2011'. Available at: https://dhsprogram.com/publications/publication-FR265-DHS-Final-Reports.cfm

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