Communication and advocacy strategies
adolescent reproductive and sexual health

Case Study
Bangladesh

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PREFACE

BACKGROUND

Although adolescent reproductive and sexual health education is a new programme area when taken under the context of the ICPD POA framework, not a few efforts had been ventured though by a number of forward-looking countries in the region to implement educational, advocacy and communication activities in the areas of human sexuality, HIV/AIDS, and family life/population education, and of course more recently, adolescent reproductive health.

Without doubt, these programmes and activities are characterized by weaknesses and gaps as planners and implementors are usually held back from trying out innovative approaches by opposition and objections from concerned quarters. However, there is also not a dearth of successful innovative strategies and approaches which can documented and shared for others to learn from and even replicate.

Sexuality and reproductive health education is an area that generate misconceptions, confusion, fear and unwarranted caution, to say the least. These can be ascribed by many factors. First, policy makers, community members, parents and teachers are reluctant to confront issues of sexual and reproductive health. Teen-agers often get their information from their peers who may be ignorant of the topic or the mass media which may provide sensational and inaccurate information. In many programmes, curriculum and textbooks continue to limit their focus on biological, demographic, population and development and family life education issues. Sometimes, in spite of a well-designed curriculum, an ill-prepared or uncomfortable teacher can render a programme ineffective. Teaching methods used are often not suited to the sensitive nature of sexual and reproductive health education issues.

However, the developments in this field have not been held back by a few conservatives and traditionalists. Many organizations, especially the non-governmental and voluntary organizations as well as bold government agencies have taken steps to undertake innovative strategies to introduce reproductive and sexual health messages into their programmes to reach the adolescents and influence them into taking responsible decisions regarding their sexual and health behaviours.

These strategies and approaches range from energizing in-school education through co-curricular or community support from out-of-school sector; setting up counselling services inside a school campus; counselling through telephone hotlines; peer group counselling and discussions; development of IEC materials and interactive Internet discussion forum; youth camps and debates and competitions and campaigns in recreational places. Some of these strategies have worked and some failed. How is it that in one country the setting up of counselling centre for youth within a school campus is acceptable and not in another? Why is it that the use of peer approach in reaching the youth is effective in one cultural setting and not in another? How has religion been an obstacle in the introduction of reproductive and sexual health education in a few countries and how has this been overcome?

Some countries and some sectors of society have raised fears and caution in introducing reproductive and sexual health which could be unwarranted. The perceptions could be emanating from their own perspective alone and may not be shared by other sectors or even the recipients themselves, i.e., adolescents. Or even if these fears are justified, these are not really unsolvable. Bold, innovative strategies and approaches are now called for if the ICPD POA recommendations dealing with adolescent health are to see reality. As Dr. Nafis Sadik, Executive Director of UNFPA states:

> "The largest challenge facing us does not lie in resources or delivery systems or even infrastructures, but in the minds of people. We must be sensitive to cultural mores and traditions, but we must not allow them to stand in the way of actions we know are needed. We have to overcome the obstacles of superstitions, prejudices, and stereotypes. These changes may not be easy and we face formidable challenges. They involve questioning entrenched beliefs and attitudes, especially toward girls. Lifelong habits must be given up, but they have to be, because in the end Asia's future depends on all its people: and it will depend as much on adolescents as on adults".

In order to document the experiences of the countries in the planning and implementation of best practices and innovative strategies in the field of adolescent reproductive and sexual health, these series of case studies are being commissioned to selected countries which have accumulated a pool of knowledge and experiences which can be shared with other countries.

OBJECTIVES

To document the experiences of countries engaged in planning and implementing adolescent reproductive and sexual health in the areas of advocacy and IEC (information, education and communication), the UNESCO Regional Clearing House on Population Education and Communication carried out an activity whereby selected countries were asked to document their experiences in order to:

1. Identify the profile and characteristics of adolescents in various areas such as demographic profile, fertility, teen pregnancies, sexual behaviour, STDs, contraception, etc.

2. Describe the policy and programme responses of the country to address the problems and issues dealing with adolescent reproductive and sexual health

3. Document the strategies, best practices and innovative approaches used in undertaking advocacy and IEC activities on this topic and the results or impact of these strategies on the target recipients

4. To examine and bring out the factors/conditions which have contributed to the success of these best practices or failure of some strategies and from these highlight the lessons learned or guidelines for future consideration

5. To identify organizations which have achieved successes in carrying out programmes/activities on adolescent reproductive and sexual health

Seven countries were initally selected to document their experiences – Bangladesh, Iran, Malaysia, Mongolia, Philippines, Sri Lanka and Thailand.

This volume presents the experiences of Bangladesh in planning and implementing the advocacy and IEC strategies for promoting adolescent reproductive and sexual health programmes. It was compiled by Nassir Uddin, Executive Director of the Voluntary Health Services Society, Dhaka, Bangladesh.

DEMOGRAPHIC CHARACTERISTICS OF ADOLESCENTS

A. POPULATION COMPOSITION OF ADOLESCENTS

The population of Bangladesh had grown from 42 million in 1941 to about 120 million in 1995, making it the ninth most populous country in the world. In 1991, 27% of the total population belonged to the adolescent group with 45% below 15 years. In the 1995 census, the adolescent population numbered 31 million or almost 26% of the country's population.

The population of the age group 0-24 comprised about 62% of the total population. This relative young age structure of the population indicates a built-in "population momentum" which will continue to generate rapid population increase in the future.

B. AGE AT MARRIAGE

The national average age at first marriage for males is 21 and for females 18. Although in rural areas, a significant number of females are married when they are only 14-16.

In recent years, the mean age at marriage for the population has increased but adolescents' age at marriage remained below the minimum legal age of 18 and 21 years for girls and boys. The mean age at marriage during adolescence (ages 10-14) is 12.4 for girls and 13.4 for boys.

There are 10.3 marriages taking place per 1,000 persons (in the higher age groups) a year against 18.4 marriages per 1,000 adolescents. During the adolescent period, the incidence of girls' marriage is about 18 times higher than boys' marriage. For the age group of 15-19, about 85 marriages occur per 1,000 adolescent girls while only 5 marriages take place per 1,000 adolescent boys. About 63% of girls aged 15-19 are currently married compared to 3.7% of boys in the same age group.

C. EDUCATIONAL LEVEL

The literacy rate in Bangladesh is 38%. Though the enrolment rate at the elementary and secondary levels had been increased significantly over the period of 1985 to 1995, there is still a moderate gender gap in enrolment (Table 1).

Table 1. Percentage Distribution of the Educational Attainment of Female and Male Household Population in Bangladesh, 1996-1997

Background characteristic	Percentage (%)				Total (million)
	No Education	Incomplete Primary	Completed Primary	Secondary or Higher	
Female					
Age 6-9	22.6	77.1	0.1	0.2	2,670
10-14	17.1	54.4	8.0	20.5	3,045
15-19	29.6	18.8	11.9	39.7	2,623
20-24	43.7	15.4	10.8	30.1	2,185
25-29	52.5	16.9	9.2	21.4	1,996
30-34	56.2	17.5	9.0	17.3	1,458
35-39	56.7	18.6	8.3	16.3	1,163
40-44	66.9	13.8	8.9	10.3	894
45-49	70.2	15.5	7.1	7.2	683
50-54	77.9	12.1	4.4	5.5	610
55-59	79.5	11.8	5.0	3.6	622
60-64	82.7	9.8	4.5	2.7	464
Above 65	86.5	7.9	3.0	2.2	657
Male					
Age 6-9	23.5	75.7	0.6	0.2	2,683
10-14	17.0	55.9	7.7	19.2	3,052
15-19	21.8	20.9	8.5	48.6	2,269
20-24	30.3	14.7	9.7	45.1	1,602
25-29	37.1	14.8	8.2	39.7	1,622
30-34	42.9	15.6	7.1	34.3	1,442
35-39	41.8	17.4	8.5	32.0	1,442
40-44	43.3	15.4	8.1	32.7	1,050
45-49	42.8	16.7	9.2	30.6	877
50-54	44.5	14.5	11.2	29.6	624
55-59	48.2	17.7	11.3	22.5	500
60-64	52.2	16.6	8.9	21.5	436
Above 65	52.2	17.0	9.5	20.0	1,078

According to the Bangladesh Country Report on Adolescents' Health and Development, it appeared that about half of female adolescents are illiterate (Ministry of Health and Family Welfare, 1998). The reason for the low female literacy rate is that girls miss education to take the responsibility of raising their younger siblings.

D. HEALTH AND NUTRITION

Nutrition deficiency and the lack of opportunity for nutrition supplement and medication to treat the nutrition-related diseases bring grave consequences on the adolescent females. Half of the married adolescent girls aged 15-19 are undernourished. This often leads to high mortality and morbidity in the country.

E. FERTILITY, TEEN PREGNANCY AND ABORTION

Fertility. The total fertility rate had declined from 6.3% in the early 1970s to 3.4% in the early 1990s (Mitra *et al.,* 1994). However, the adolescent fertility rate remains one of the highest in the world with 171 births per 1,000 women aged 15-19. The overall trend of adolescent pregnancy is presently declining which indicates that there is a reduction in fertility among the teenage group.

Teen pregnancy. Table 2 shows the data on adolescent pregnancy and motherhood in 1996-1997. Thirty one per cent (31%) of teenage women in Bangladesh weremothers while 5% were pregnant with their first child. Thus, 36% of the teenage women were already in the childbearing process. From the 1993-1994 data (BDHS), 33% of women aged 15-19 had begun childbearing, 27% of whom had delivered a child and 6% were pregnant with their first child (Mitra *et al.*, 1994). While the data signal an increase in early childbearing, the difference is only small because they are highly dependent on the sensitive inflation factors used to estimate the total number of women.

The proportion of women who have begun childbearing rises rapidly with age, from 14% of those aged 15 to 58% of those aged 19. Women residing in rural areas are more likely to have childbearing early compared to urban areas.

Education seems to be the strongest factor related to early motherhood since girls with no education tend to have early childbearing.

Table 2. Percentage of Adolescent Pregnancy and Motherhood in Bangladesh, 1996-1997

Background characteristic	*Percentage (%)*			*Number of women (million)*
	Pregnant with first child	*Mothers*	*Women who have begun childbearing*	
Age, years				
15	5.5	8.5	14.1	540
16	5.2	23.5	28.7	635
17	3.7	32.6	36.4	478
18	4.7	43.2	48.0	525
19	3.1	54.6	57.7	414
Residence				
Urban	4.5	20.3	24.8	329
Rural	4.5	32.2	36.7	2,291
Education				
No education	5.8	48.2	54.0	767
Incomplete Primary	5.2	33.7	38.8	494
Completed Primary	3.7	35.8	39.5	317
Secondary	3.6	15.1	18.7	1,024

The high risks associated with teenage pregnancies are pronounced in Bangladesh. Here, maternal mortality rate is three to four times higher among adolescent girls under age 18 than among older women. Low birthweight is more common to babies born to these girls than to adults.

Limited information suggests that premarital sexual activity among adolescents is substantially higher among males (61%) than females (24%) and in urban than rural areas.

Abortion. A good number of adolescent women below 20 years undergo unsafe abortions each year with a third of all women seeking hospital/clinic care for abortion complications. For young women who undergo unsafe abortion, short-term health problems include infection or injury from the procedure such as perforated uterus, cervical lacerations and hemorrhage. Long term complications from abortion are increased risk of ectopic pregnancy, chronic pelvic inflammatory diseases or infections and infertility. These health problems are very common among young women who had unsafe abortion procedures done by inexperienced and unskilled persons.

F. STDs/HIV/AIDS

Sexually transmitted diseases are a major health problem in the country. Two-thirds of all reported STDs occur among persons under 25 years of age and the incidence tends to be higher among women aged 15-19 than men of the same age group.

Data on HIV infection rate in Bangladesh is limited but its seroprevalence rate is very negligible nowadays. A recent sentinel survey of the seroprevalence rate of AIDS was done in July 1999 and will be soon published.

G. PRACTICE OF CONTRACEPTION AND FAMILY PLANNING

The Family Planning (FP) programme in Bangladesh has made a remarkable progress in the last 35 years. The Contraceptive Prevalence Rate (CPR) had increased from 8% in 1975 to 49.2% in 1997. The common contraceptives are pills, tubectomy and injectable contraceptives. However, in the last few years, the use of temporary methods of contraception has declined and the practice of male contraception has become negligible. This has initiated the action of the government with the Population Council and non-government organisations to promote and implement male contraception in their programmes.

The current contraceptive prevalence rate in married adolescent girls is 28.8% and continues to increase slowly. A study indicated that adolescent girls have greater intention to use contraceptives when they get married.

Despite the existence of sexually active youth, denial to access to contraceptives had done more harm

than good. The adopted Health Population Sector Programme remains silent on the provision of reproductive health and family planning services to unmarried adolescents. Its policy states that contraceptive services are not to be provided to unmarried adolescents. However, condom and oral pills of marketing and pharmaceutical companies are available in drug stores all over the country. The sale of oral pills does not require prescription since it is believed that only married women use these.

H. KNOWLEDGE, ATTITUDE AND BEHAVIOUR ON SEXUALITY AND REPRODUCTIVE HEALTH

The prevailing socio-cultural norms inhibit the disclosure of information about the sexual activities of adolescents, thus preventing accurate information on their reproductive health to be obtained. The Population Council conducted a study and found that the young population had very poor knowledge on reproductive health issues. About 60% of the adolescents gave no or incorrect response with regards to RTI symptoms, 50% could not identify a single STD symptom and 64% gave no answer or failed to identify an AIDS symptom.

The Council also found that more than 50% of the adolescents could not identify the mode of transmission of STDs and more than two thirds gave no or incorrect response on the mode of transmission of RTI and AIDS. Furthermore, the majority of the adolescents could not give or identify any preventive measure for STDs, RTIs or AIDS. The BDHS 1996-1997 also suggested that only 17% of the married adolescent women had ever heard of AIDS.

Information on adolescents' knowledge and practice regarding personal hygiene is not available but unhygienic practices during menstruation period were reported.

PROGRAMME RESPONSES TO ADOLESCENT REPRODUCTIVE HEALTH PROBLEMS

A. GOVERNMENT PROGRAMMES

In the past, the main target groups of the National Health and Family Planning Programme are the married women and children, with no particular emphasis on adolescents. It was then suggested by ICPD that the government should collaborate with non-governmental organisations to meet the specific needs of adolescents. The challenge facing the government at the present time is to honour its global commitment to meet the social needs of this segment of the population.

1. Health and Population Sector Programme (HPSP)

A new 5-year health programme of HPSP is directed to adolescent health. It is included in the Essential Services Package (ESP) and a separate programme entitled "Maternal Nutrition and Adolescent Health" has been created to deal with adolescent health issues.

The objectives of the programme are:

- ⇨ To address the adolescents' sexual and reproductive issues including the prevention of unwanted pregnancy, prevention and reduction of unsafe abortion, STDs, HIV/AIDS through the promotion of responsible and sound reproductive health and sexual behaviour. It will include setting up of voluntary activities and providing appropriate services and counselling for the adolescents.
- ⇨ To reduce adolescent pregnancies.

Its plan of action stipulates that:

- ⇨ All health and family planning service providers will engage in the delivery of adolescent health services as a component of the ESP package in reproductive health.
- ⇨ The health and family planning service providers will conduct counselling and health education services in the community and schools and will refer suspected cases of anaemia, malnutrition and RTI/STDs to nearby health care centres.

With this, it hopes to achieve the following goals:

- ⇨ To impart Behaviour Change Communication (BCC) through effective Information Education Communication
- ⇨ To strengthen the school health education programme
- ⇨ To prevent unwanted pregnancy and to encourage postponement of first childbirth through proper IEC
- ⇨ To increase the use of contraceptives by newly married couples
- ⇨ To give special antenatal and safe-delivery care to pregnant women aged 24 and younger

- ⇨ To create awareness on RTI/STDs and to promote the availability of high quality management services for RTI/STDs
- ⇨ To involve private and non-government organisations in promoting adolescent health
- ⇨ To encourage intersectoral coordination among the sectors of education, law, labour, social welfare and youth, culture and sports

2. School Health Pilot Project, Directorate General Health Services (DGHS)

The activities under this project are:

- ⇨ Introduction of health education with emphasis on population education, STDs/HIV/AIDS
- ⇨ Development and circulation of information on Behavioural Change Communication (BCC) including:
  - ♣ reproductive process
  - ♣ safe sex
  - ♣ STDs/HIV/AIDS
  - ♣ proper nutrition and hygiene
  - ♣ proper sibling care
  - ♣ adolescent contraception
  - ♣ demerits of early marriage and matrimony
  - ♣ treatment of iron deficiency (anaemia)
  - ♣ treatment of gynaecological problems like dysmenorrhea

B. NGO PROGRAMMES

1. Adolescent Family Life Education (AFLE), Bangladesh Rural Advancement Committee (BRAC)

The AFLE is aimed at adolescents in the secondary level, non-formal primary education and out-of-school system (Kishoree Pathagar). Its main objective is to improve the reproductive health status of adolescents. Its specific objectives are:

- ⇨ To increase the awareness of adolescents on reproductive health through education
- ⇨ To develop an effective reproductive health curriculum in both formal and non-formal education settings
- ⇨ To study the effect of reproductive health education on the knowledge and attitudes of adolescents
- ⇨ To examine the responses of family members and teachers to the reproductive health curriculum

The contents of AFLE curriculum focus on awareness building, adolescent life/future life, health and hygiene, preparation for safe motherhood, avoidance of adolescent abuse, early marriage prevention, and population planning.

Its long-term goals are:

- ⇨ To secure full involvement of adolescents in identifying their

reproductive and sexual needs and to help in designing programmes that respond to those needs

- ⇨ To stress the importance of becoming a responsible and healthy citizen

It has been found that girls trained in AFLE are more knowledgeable and vocal on maternal and child health and gender issues than those who did not go through AFLE.

2. South South Centre

The objective of the centre is to develop a system that would foster the sharing of experiences, information, knowledge and best practices on reproductive health through the formation of a Public-Private Partnership Committee (PPPC) on population and development in adolescent reproductive health. Its target group includes government, non-government organisations and partner countries.

The mission of the centre is to facilitate and coordinate the in-country and inter-country sharing of skills, knowledge and expertise in reproductive health and family planning, adolescent reproductive health, STDs/HIV/AIDS, maternal health and morbidity, and gender and development.

The Centre will form three committees, each of which will work on its respective areas for networking and compilation of a Directory of Public-Private agencies and NGOs. Each committee will comprise seven to nine members from the government, private sectors and NGOs. These committees are:

- ⇨ PPPC on Reproductive Health and Safe Motherhood
- ⇨ PPPC on Adolescent Reproductive Health
- ⇨ PPPC on STDs/HIV/AIDS

The responsibilities of the PPPC on Adolescent Reproductive Health are to thoroughly survey public sector/ institutions, private agencies and NGOs in terms of its activities, lessons learned, success stories, innovative approaches, available strengths and skills. From these report extracts, organisations will be evaluated and recommend for documentation in order to be taken up for the inter-country and in-country sharing under the South South Collaboration.

3. Women Empowerment Pilot Project (WEPP), 1992

In response to the growing urgency to address health needs, the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR, B) has undertaken several initiatives pertaining to adolescents. The former urban MCH-FP extension project, successor of the Urban Volunteer Programme, completed a two-year Women Empowerment Pilot Project (WEPP). Under this programme, training was provided to adult women and adolescent girls in the development of interpersonal skills, basic literacy, legal awareness and basic reproductive health. A reproductive health curriculum was developed specially for the project.

4. Other NGOs

Other NGOs involved in adolescent reproductive health and their activities are:

- ⇨ Organisation for Mother and Infants (OMI)

- ♣ Arranged a satellite health clinic for adolescents

⇨ Nari Maitree

- ♣ Holds periodic health clinics at garment factories
- ♣ Plans to organise special health clinics at school level

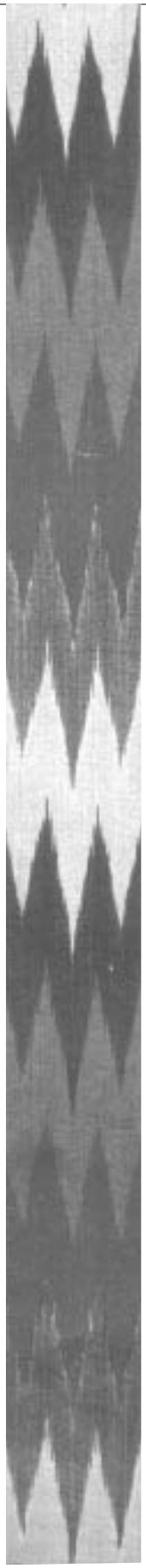
⇨ Concerned Women for Family Planning (CWFP)

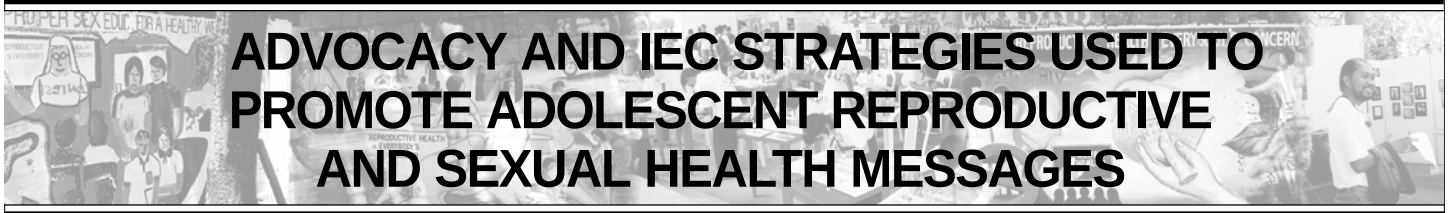
- ♣ Holds special clinic hour at the Chittagong project site

⇨ Marie Stopes Clinic Society

- ♣ Established adolescent health clinics

Adolescent girls who participated in the programme of Nari Maitree became aware of their health and reproductive rights as well as their human rights. The graduates were able to talk about health and other issues openly and freely with doctors, organisers and their mothers. They also developed a sense of responsibility.





ADVOCACY AND IEC STRATEGIES USED TO PROMOTE ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH MESSAGES

A. ADVOCACY STRATEGIES

1. Training in advocacy skills

The Voluntary Health Services Society (VHSS), BRAC and CWFP implement training in advocacy skills for schoolteachers, mid-level workers, and grassroots level and field NGOs. The Government School Health Pilot Project offers the same for trainers and teachers.

The objective of the training for the field workers is to create awareness among community people about adolescent reproductive health. The other target groups are being trained to become the trainers in the field related to adolescent reproductive health. The training content heavily relies on adolescent family life education or AFLE.

2. Advocacy meetings

The South South Centre implements advocacy meetings with government and NGO representatives to identify and document the best practising agency in the field of reproductive health including adolescent reproductive health, family planning, STDs/HIV/AIDS, and maternal mortality. It also uses these meetings to disseminate messages on STDs/ HIV/AIDS to its target group.

Likewise, VHSS organises advocacy meetings among office managers and office workers to discuss adolescent reproductive health-related programmes and to assess their progress.

In addition, several fora have been formed by the following organisations to focus on adolescent issues: Adolescent and Family Life Education, DAWN, BPHC, ACTION AID, USC-Canada, and CMES.

B. INFORMATION, EDUCATION AND COMMUNICATION (IEC) STRATEGIES

IEC strategies are used to address the needs and problems of adolescents on the following issues: reproductive health and family life education, STDs/ HIV/AIDS, RTI, early marriage, malnutrition and hygiene practices, puberty, safe sex and ways to avoid health-risks, health and psychological

needs, abortion and its complications, and life-threatening complications of adolescent pregnancy and child birth.

3. Seminars, workshops

From 1991-1999, numerous seminars or workshops had been organised in relation to adolescent reproductive health. Details of these are found in Table 3. The target audience ranged from adolescents, government and NGO representatives, health professionals, to decision-makers. The organisers included government (ESP and DFP) and non-government organisations (Breaking the Silence, South South Centre, VHSS, BPHC, and FPAB).

The seminars/workshops covered a range of issues from adolescent reproductive health needs, in general, to more specific areas, including nutrition, STDs/HIV/AIDS, and sexual child abuse.

4. Peer and individual counselling

At least three organisations are actively taking this strategy. Breaking the Silence is an NGO that serves adolescents aged 9-20 and children aged 6-9 in the area of non-commercial child abuse and adolescent drug abuse.

Another organisation, Marie Stopes, targets couples, adolescents, and unmarried pregnant women for counselling. More emphasis is being given on adolescent girls. The centre for counselling is found in Dhaka, Chittagong, Comilla, and Feni.

Lastly, FPAB caters to adolescents or youth aged 9-24. It has 20 district clinics all over Bangladesh. Its message includes family planning, STDs/AIDS prevention, AFLE, and capacity building. Its services has covered a large portion of the adolescent population.

5. In-school and out-of-school education

The Concerned Women for Family Planning (CWFP) provides services to mothers and adolescent girls: married and unmarried girls aged 9-19 and in-school girls aged 12 and above and out-of-school girls aged 9-12. The group organises community meetings with parents and explains to them their programme and its intentions and advantages. It also asks the approval of the parents to allow their daughters to attend their activities. Over the years, the CWFP has earned the trust and respect of the community.

The CWFP objectives are:

- ⇨ To provide adolescent girls with basic and practical knowledge on reproductive health, population issues, pregnancy, childbirth and the fundamentals of physiology, nutrition, personal hygiene and family life.
- ⇨ To introduce the rights of adolescent girls to education and in society within the religious and legal framework.
- ⇨ To provide health care services to adolescent girls.

The teaching methods used by CWFP are in-school curriculum, visual aids, lectures and participatory discussions. The frequency of sessions in communities is twice a week and once a week in schools. The topics discussed are family life, personal hygiene, nutrition, menstruation and human rights for girls aged 9-13. For those aged 14-19, additional topics on legal rights,

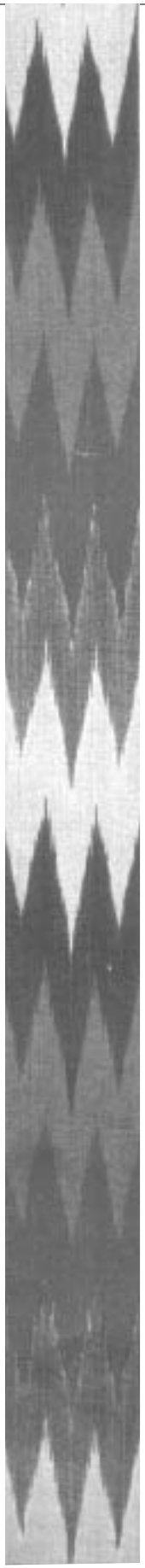


Table 3. Seminar/Workshops Related to Adolescent Reproductive Health in Bangladesh, 1991-1999

Seminar/Workshop	*Date*	*Organiser*	*Methodology*	*Target*	*Remarks/Results*
Seminar on Adolescent Health Issues	August 1991	VHSS	Paper presentation, discussion	Government and NGO representatives interested in adolescent issues	
Discussion Session of AFLE	1993	VHSS	Lecture/discussion	NGO workers	
National Seminar on Adolescents	July 14-15, 1993	VHSS and BPHC	Paper presentation, discussion	NGO workers, government officials, donors, social scientists	
Seminar on Adolescent Food Necessity and Availability	August 1993	VHSS	Paper presentation, discussion	150 adolescent boys and girls	Informed adolescents about nutrition
Seminar Workshop on Development of IEC Strategies and Implementation Plan	December 4-6, 1995	FPAB	Lecture/discussion	Government and NGO high and mid-level officials	
First Stock-taking Workshop on Adolescent Health Activities in Bangladesh	October 27, 1998	ESP – Directorate of Family Planning and Operations Research Project, ICDDR, B	Paper presentation, discussion	Decision-makers, programme designer, health professionals (government/NGO officials), health managers, adolescents	Lessons learned from on-going intervention by the government and NGOs addressing adolescent health issues
National Workshop on ARH/STDs/HIV/AIDS	April 1999	South South Centre	Paper presentation, discussion	Government and NGO representatives working in related fields	
Dissemination Seminar on Reproductive Health Needs of Adolescents in Bangladesh	June 17, 1999	ESP- Directorate of Family Planning and Operations Research Project, ICDDR, B	Paper presentation, discussion	Decision-makers, programme designer, health professionals (government/NGO officials), health managers	Disseminated adolescents' perception on reproductive health needs and their suggestion to address those needs
Seminar on Non-Commercial Sexual Child Abuse	July 26, 1999	Breaking the Silence	Research paper presentation	Government and NGO representatives, counsellor/ trainers, media	A scenario on non-commercial sexual child abuse in Bangladesh was observed

pregnancy and childbirth and population issues are included.

Other services of CWFP to the community include accessibility to health centres and a complete course of tetanus immunisation.

6. Family life education

In January 1997, the Bangladesh Rural Advancement Committee (BRAC), developed and introduced a pilot programme on Adolescent Family Life Education (AFLE) for adolescents of the in-school and out-of-school system. The specific target groups are as follows:

- ⇨ In-school
  - ♣ In the secondary school category, there are 1,553 students (aged 13-16) from 6 girls' schools and 15 co-education schools.
  - ♣ In the non-formal primary education category (NFLE), there are 6,666 students (aged 9-12) from 202 schools.
- ⇨ Out-of-school
  - ♣ The Kishoree Pathagar has 7,102 students (aged 10-19) from 210 pathagars.

The BRAC male and female programme organisers conduct one AFLE session per month. The secondary school curriculum lasts for 7 months and discusses one topic a month. Issues discussed in secondary schools are food and nutrition of adolescents, EPI and growth monitoring, helminthiasis and goitre, reproductive health and menstruation, marriage and pregnancy, RTI/STDs and family planning.

Non-formal primary education discusses issues on basic health hygiene and nutrition (such as personal hygiene, environment, water and sanitation, helminthiasis and goitre, infectious disease and food and nutrition) and reproductive health (such as reproductive health and menstruation, marriage and pregnancy, RTI/STDs and family planning).

The programme organisers are given a one-day orientation on adolescent health and attend a one-hour class monthly. These trainers are experts, experienced in their fields and have undergone a general training of trainers. The area manager and the head office staff monitor the trained programme organisers using a structured checklist. A quality control team supervises the programme using a quality clarification checklist. In addition, a monthly report is sent to the MIS unit.

The activities of BRAC in relation to AFLE are described below:

- ⇨ Workshops for headmasters and teachers from selected schools were held to gain support for the programme, build consensus and develop a formal agreement between the school and BRAC.
- ⇨ Orientation of 84 programme organisers, who teach AFLE, was held.
- ⇨ An AFLE session is organised monthly.
- ⇨ Meetings with parents, teachers and community leaders are held to solicit ideas and opinions on the improvement of the programme.
- ⇨ A mid-course workshop with schoolteachers is held as a venue for sharing their experiences and concerns, as well as to solicit feedback.
- ⇨ A refresher training course, if needed, is given to teachers after observance of their class.

Specific outputs of BRAC are described below:

- ⇨ Developed 2 sets of curriculum for non-formal primary education and secondary schools
- ⇨ Implemented the AFLE programme in 21 areas of reproductive health and disease control for Grade 1 students
- ⇨ Collected baseline date to assess the knowledge of adolescents about reproductive health
- ⇨ Established a network of government and community members to channel their sharing of experiences, advice and suggestions

The Adolescent Family Life Education (AFLE) has attracted wide attention and is the main activity of most NGOs for adolescents. Most organisations use the AFLE curriculum developed by the Voluntary Health Services Society (VHSS).

7. Youth clubs

The Directorate of Youth Development, Ministry of Youth and Sports was funded by UNFPA to implement a youth club programme from July 1995 to December 1997. A total of 200 Youth Clubs in 54 districts and 97 thanas participated. The general goal of the clubs is to involve youths in population and family welfare activities that carry messages on AFLE, adolescent reproductive health, and sex education.

Their objectives are as follows:

- ⇨ To involve the youth in the learning process that will enable them to broaden their understanding of family life education and to induce responsible parenthood among the young and to bring qualitative change in young women's role and status in the family life.
- ⇨ To help the youth achieve maximum physical, intellectual, emotional, social and spiritual growth to live harmoniously with the members of the family and to fulfil their role as a dynamic force in the family life.
- ⇨ To develop better understanding of the reproductive health needs of young people and to sensitise youth club members to different values and attitudes working with young people on population issue.

The activities of the Youth Club include training on AFLE, group meetings, the Health Card Programme, seminar/workshops on AFLE and reproductive health preparation of IEC materials. Advocacy programmes on reproductive health and gender issues have also been conducted through the Youth Clubs since January 1999.

The Bangladesh Women's Health Coalition (BWHC) Youth Club targets those in the age group of 10-19. The Club has been running for nine years. It takes up issues related to adolescent reproductive health, AFLE, reproductive health and care, integration of NFPE with BRAC and education programme with the government education programme. This is done through lectures and discussions.

The Family Planning Association of Bangladesh (FPAB) Youth Club targets those in the age group of 9-19. The Club has been running for five years. It is concerned with issues related to reproductive health, personal hygiene, AFLE, and sex education. Voluntary agencies such as local clubs and women's clubs are utilised on population activities. The methodology includes group discussion, seminars, and non-formal health education.

8. Use of mass media

Video drama. A video drama, funded by the USAID, "Sundar jiboner Audhikar – right for better living," was developed and supported by the Behavioural Change Communication Programme. This was a pilot project in three specific areas of Bangladesh and covered the reproductive health component and women's reproductive right. This project aimed to create awareness among the target audience.

Folk songs. Seventy to eighty per cent of people in the country live in villages and the use of folk songs to convey reproductive health messages is an appropriate strategy for IEC programmes. In this regard, NGOs like FPAB and BCCP have developed audio folk songs.

Television shows. Television is a useful medium to convey messages to urban as well as rural people. Recently, the Bangladesh State television aired a programme on health and welfare. Other TV spots and talk shows also began broadcasting on reproductive health to create awareness to the viewers.

The FPAB produced *Mithoskria*, a five-episode show on adolescent and youth problems in Bangladesh. The talk show was the first to introduce sex education to adolescents and young adults and was telecast in Bangladesh TV (BTV) as a regular fortnight programme. At present, the show is produced by BTV with the assistance of FPAB. The episodes discussed adolescent feelings of growing up, eve-teasing, gender discrimination, boy-girl relationships and drug abuse.

Other shows related to adolescent reproductive health are:

Balika Badhu (Teenage Bride) – a 20-second cinema spot produced in 1988. The theme is about the refusal of a father to the marriage of his under-aged daughter after the sad demise of her elder sibling who married at an early age.

Ballya Bibaho (Early Marriage) – a motivational TV spot aimed to create mass awareness about the hazard of early marriage. A popular folk singer sings the message on the benefits of getting married at the right age.

Nayanjulir Dinrati (Life at Nayanjuli) – a short film with reproductive health messages that include consequences of early marriage, early pregnancy, proper care of reproductive organs, and the role of parents and elders. This film has been evaluated as a good training resource material.

9. Magazines, newsletters and other publications

The publications which address adolescent reproductive health are summarised in Table 4.

10. Telephone hotlines, mail and others

The FPAB has telephone hotlines and facsimile numbers that accept information and enquiry on STDs/AIDS.

The Confidential Approach to AIDS Prevention (CAAP) supplements the government's effort in combating HIV/AIDS by disseminating information, education, messages and counselling through mailbox, telephone and mobile units. Its main objective is to create awareness and social mobilisation to prevent HIV/AIDS. It specifically aims

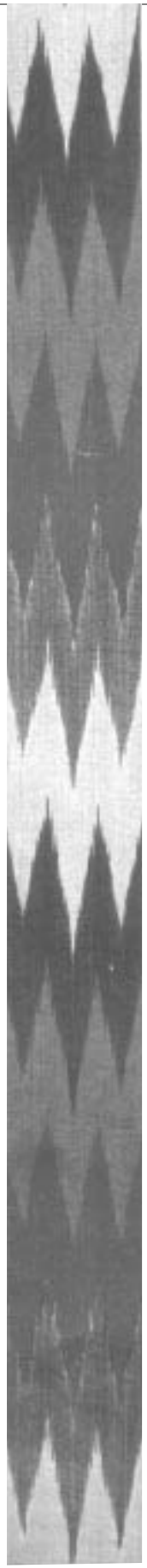
Table 4. Publications on Adolescent Reproductive Health in Bangladesh			
Publisher	*Publication*	*Frequency*	*Description*
VHSS	Jogajog	Monthly	Bangla health magazine for general reading and for health workers at the grassroots level
	Dhatri Kotha	Quarterly	Publication for traditional birth attendants
	AIDS Samachar	Quarterly	Newsletter for STDs/AIDS network
	Update AIDS	Quarterly	English Publication on AIDS
	In-touch	Monthly	Magazine on adolescent reproductive health
FPAB	Sukhi paribar (happy family)	Quarterly	Bangla magazine on reproductive health and family planning issues
	FPAB Highlight	Quarterly	English newsletter that contains news and articles on reproductive health, family planning and other relevant issues
PSTC	Projanma	Monthly	Magazine on health and population
	Shorir o Mon (Body and Mind)		An illustrated book focused on adolescent sexuality and information on body changes in boys and girls during adolescence
	Nupur Bithi Kahini (Story of Nupur and Bithi)		An illustrated book focused on adolescent sexual health. It also provides scenarios and demonstrations of the perils of early marriage and benefits of education for women.
	Manual On Reproductive Health For Health Workers		
	Jouna Bahito Rog Ebong AIDS/STDs		

to establish confidential channels of information, dissemination and education on the prevention of HIV/AIDS and provide short-term crisis/situation counselling and referral for anonymous blood test.

CAAP activities are described below:

- ⇨ Telephone hotlines are on-line 5 days a week (Sunday to Thursday) from 9 a.m. to 5 p.m. Callers can receive information, education, counselling and advice on how to handle problems on HIV/AIDS.
- ⇨ Mobile teams disseminate education messages, counselling in communities, slum students and general workers, organisations and institutions that cannot be contacted by telephone or mail.
- ⇨ The Centre gives information, in-house counselling and education through group presentation, face-to-face communication and slide showing.

The number of people who have been served by CAAP through its centre and mobile units are outlined below:



- Centre

  3,402 → By telephone information, education and counselling

  1,266 → By letter information, education and counselling

  1,253 → By group discussion, informal education and counselling

  189 → Other treatment information, education and counselling

- Mobile team

  4,706 → Slum information, education and counselling

  5,284 → Student information, education and counselling

  6,784 → Garment worker information education

  4,501 → Maternity patients information education

LESSONS LEARNED

A. SUCCESS/FAILURE FACTORS FOR ADVOCACY STRATEGIES

1. Support of parliamentarians and influential members of society

Parliamentarians who attended seminars, workshops and meetings on adolescent reproductive health became aware and informed on the situation, issues and problems of adolescents. As a result, they have committed to address those issues.

Influential people from all strata of society were involved in building the awareness on adolescent reproductive health. They also extended support to programmes designed to make adolescents become healthy citizens. However, the extent of involvement and support from them and the parliamentarians has been limited.

2. Socio-cultural transition

Culture, tradition and religion are seen as barriers in the promotion of adolescent reproductive health. However, concepts and views on this issue have changed a bit and a transition towards consideration of adolescent needs is in effect. Organisations such as FPAB are trying to penetrate socio-cultural barriers and lessen the resistance on promoting adolescent issues by publishing the following booklets: *Family Planning and Islam*, *Family Welfare in Quran and Hadith, Family Welfare in Islam and the Role of the Ulema*, and *Family Planning and Islamic Shamiyah*.

3. Lack of active support and commitment from government and schools

There is an observed lack of support and commitment from Ministries of Health and Education and school officials.

4. Lack of documentation and evaluation of programmes

Activities on adolescent reproductive health are poorly documented and evaluated, thus the formulation of an appropriate plan of action is difficult. Mechanisms and strategies for supervising, monitoring and evaluating programmes are not in place. Otherwise, the lessons learned from the failures and successes of these programmes could have been extracted to improve future interventions.

B. SUCCESS/FAILURE FACTORS FOR IEC STRATEGIES

1. Quality of personnel

The presence of competent and well-trained counsellors, adult and youth leaders, trainers and instructors with good communication skills can be observed in every successful programme on adolescent reproductive health.

Nevertheless, the lack of national resources, particularly personnel, training and materials, is acknowledged.

2. Use of popular materials and media

The use of multi-colored IEC materials with relevant pictures has been found to be attractive for adolescents. IEC campaign in electronic media was popular to many people and helped change attitudes on adolescent reproductive health.

3. Availability of reproductive health services at various levels

Reproductive health services are rendered by many government and non-government organisations in different ways. Government services, in particular are available at community, thana, union, and district levels. A number of international agencies are also offering reproductive health services. Despite these, adolescents' needs do not seem to be adequately addressed by these service providers. The factors preventing adolescents from seeking services in existing clinics must be further investigated in order to come up with appropriate and effective strategies that will better suit their requirements.

4. Over reliance on AFLE as a strategy and methodology

In Bangladesh, a common strategy for IEC and even advocacy is the AFLE programme. While this is generally successful, there is further need to try other approaches that might lead to greater success. The current AFLE programme tends to limit its target to adolescent girls. Its methodology is lecture-oriented (BPHC). It allows very little room for adolescents to discuss their feelings or ask questions during the session.

5. Lack of parent and community support

Parents and other members of the community are reluctant to cooperate with adolescent programmes. They forbid NGOs to talk about family planning, life cycle, and STDs/HIV/AIDS. Some parents do not allow their children to get involved in non-traditional activities (such as receiving information on adolescent issues), go to clinics and participate in counselling sessions about adolescent reproductive health.

C. OVERALL LISTING OF LESSONS LEARNED

1. On research

Fill information gaps through research. Studies must address serious discontinuities in information about adolescents' knowledge, attitudes and practice related to adolescent reproductive health; how they make decisions about reproductive health; and what factors influence adolescent risk-taking.

Look at norms. Include the role of peers, adults, family members and community norms when doing research on adolescent decision-making.

Look at reasons. Find out why adolescents do not avail of services in existing health centres. Findings will help in developing strategies to stimulate demand for health services.

2. On programme impact

Find ways to expand the impact of programmes in terms of scale and target audiences. Many organisations undertake pilot projects with limited impact. Similarly, many reproductive health projects are limited to adolescent girls and are not designed to accommodate adolescent boys. There is lack of knowledge on how to scale up programmes and implement strategies that cater to a larger number of adolescents.

3. On parent and community support

Involve parents and communities in the process of designing programmes. Findings of NGOs suggest that parents and communities are generally supportive of adolescent programmes if they have a full understanding of the contents and benefits of these programmes and perceive themselves as stakeholders.

4. On designing curricula

Be flexible in designing a reproductive health curriculum. In Bangladesh, the different sets of AFLE and reproductive health curricula are adapted to the various needs of NGO programmes.

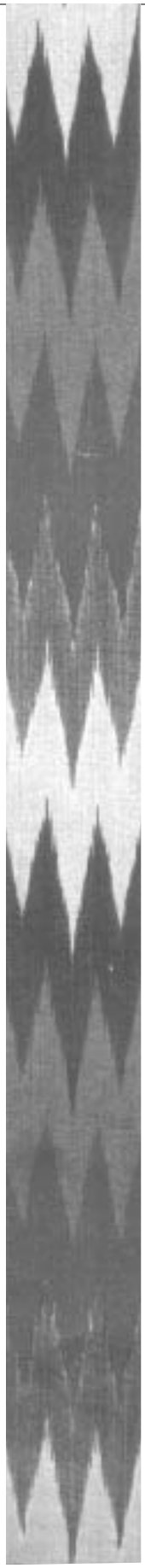
Consider the needs and opinion of adolescents to create a well-targeted and meaningful curriculum. BRAC, for instance, found that among the adolescents who received AFLE, there is a greater desire to learn more about sexual development and reproduction than family life and general health. And the boys wanted more information on issues such as menstruation and contraception. Taking these views into serious consideration can lead to the development of a more suitable curriculum.

5. Documenting experience

Document activities. In Bangladesh, the activities of most adolescent programmes are not documented systematically. Without such documentation, the programmes cannot be evaluated objectively.

6. On effectiveness measures

Widen the range of effectiveness measures. Not all programmes can be assessed on the basis of impact alone. In fact, this indicator may take time to measure. Alternative measures should be considered, including process indicators (such as community mobilisation, in the case of community-based programmes), products and programme effectiveness.



GUIDELINES FOR FORMULATING AND IMPLEMENTING ADVOCACY AND IEC PROGRAMMES ON ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH

A. GUIDELINES FOR ADVOCACY PROGRAMMES

- ⇨ Collect in-depth information on the needs of adolescent reproductive health. Qualitative and quantitative studies must be made to understand adolescents' knowledge, behaviour, health problems and decision-making.
- ⇨ Document and evaluate existing adolescent reproductive health programmes. Use lessons learned to scale up successful interventions.
- ⇨ Explore, design and test other programmes. Go beyond one strategy and experiment with various methods for advocacy.
- ⇨ Design more programmes for adolescent boys with information and services relevant to their needs. Increased condom use should be a major target of such programmes.
- ⇨ Involve the adolescents in various ways in the stages of design, planning and implementation of the programmes. Some of these ways include engaging the community youth in programme strategy development, training adolescents to serve as peer educators and community mobilisers, and getting them as advisers to adolescent-targeted programmes.
- ⇨ Get adults of the local community to actively participate in adolescent programmes. Mobilising adult groups such as parents, teachers and guardians will encourage recognition of adolescent needs, support to adolescent programmes, changes in socio-cultural norms with negative impact on adolescent reproductive health, and sustainable community responses to the problems adolescents face.
- ⇨ Document community dynamics. Understand and document the dymanics of community involvement and the shifts from community resistance to social action.
- ⇨ Enlist the support of the parliamentarians, decision-makers, political leaders, the influential elite and the mass media.
- ⇨ Have a national forum. Build networks, coalitions and strategic alliances to strengthen adolescent health programmes and policies. Ideally, all activities carried out by various organisations should be coordinated through one national forum. This forum can encourage sharing of learning experiences, accelerate learning on how to reach adolescents, and ensure that the activities of one organisation complements or reinforces rather than duplicates the activities of the others.
- ⇨ Make adolescent health a single, distinct and exclusive programme. Linking or combining it with other projects will merely make the smaller programme suffer.
- ⇨ Lobby and advocate to get media coverage for adolescent issues.
- ⇨ Promote a multi-sectoral approach to undertake studies on married and unmarried adolescents. The

government must initiate the preparation of a database of organisations involved in adolescent reproductive health and that are to be part of these studies.

- ⇨ Target all groups. Extend the scope to all rural areas and all socio-economic groups – not just the low-income ones.

B. GUIDELINES FOR IEC PROGRAMMES

- ⇨ Conduct operations research in designing, implementing and evaluating adolescent reproductive health programmes to test aspects of programme strategies.
- ⇨ Draw up appropriate indicators to evaluate the progress of interventions for adolescent reproductive health.
- ⇨ Develop a core reproductive health curriculum which is adaptable to the concerns of adolescents at different ages and life stages: puberty and sexual development for younger adolescents and relationships with the opposite sex for older adolescents. The curriculum must be developed as a joint effort of all stakeholders – parents, teachers, health care professionals and adolescents. A training course on how to use, adapt and expand this curriculum for meeting the different needs of adolescents should be developed.
- ⇨ Develop user-friendly training materials. Materials need to be developed to help programme managers overcome political, cultural, structural and other barriers to adolescent programmes. Managers should be shown programme strategies and messages that work. To help trainers adjust to behavioural changes in adolescents, modules and guidelines on these should be developed for them.
- ⇨ Continuously review IEC curriculum and contents of IEC materials to include or update on topics such as reproductive tract infections, STDs, and HIV/AIDS.
- ⇨ Produce materials for difficult or sensitive topics. These include: consequences of early marriage, unwed pregnancy, premarital sex, drug and substance abuse, rape, unsafe abortion, and male involvement in family planning.
- ⇨ Improve workers' capability to use IEC materials effectively. The capability of mid-level health workers in government and with NGOs to effectively use IEC materials as tools of communication should be improved.
- ⇨ Upgrade the healthcare system to address the health needs of adolescents. Protocols, guidelines and standards on how health service providers can cater to adolescents' needs should be clearly spelled out. Healthcare providers should be updated on the needs of adolescents, the medical issues on providing contraceptives to adolescents, and how to communicate with adolescents and preserve confidentiality.
- ⇨ Encourage experimental and innovative approaches. Among the approaches are: mobile exhibition, theatrical show, talk-show, TV spots, drama series, expert lectures for youth, national and international days observation, reproductive health education through sports or cultural programmes.

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APPENDIX 1: DIRECTORY OF ORGANISATIONS

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APPENDIX 2: GLOSSARY

AFLE	Adolescent Family Life Education
AIDS	Acquired Immuno-Deficiency Syndrome
ARH	Adolescent Reproductive Health
BCC	Behaviour Change Communication
BDHS	Bangladesh Demographic and Health Survey
BPHC	Bangladesh Population Health Consortium
BRAC	Bangladesh Rural Advancement Committee
BWHC	Bangladesh Women's Health Coalition
CDS	Centre for Development Studies
CMES	Centre for Mass Education in Science
CPD	Cephalo Pelvic Disproportion
CWFP	Concerned Women for Family Planning
DFP	Directorate of Family Planning
ESP	Essential Service Package
FPAB	Family Planning Association of Bangladesh
FPHP	Forth Planning and Health Programme
HIV	Human Immuno-deficiency Virus
HPSP	Health and Population Sector Programme
ICPD	International Conference on Population and Development
ICDDR, B	International Centre for Diarrhoeal Disease Research, Bangladesh
IEC	Information, Education and Communication
MCH-FP	Maternal and Child Health and Family Planning
NFPE	Non-formal Primary Education
NGO	Non-government Organisation
NIPORT	National Institute of Population Research and Training
NM	Nari Maitree
OMI	Organisation for Mother and Infants
ORP	Operations Research Project
PSTC	Population Services and Training Centre
RTI	Reproductive Tract Infection
STD	Sexually Transmitted Disease
SHPP	School Health Pilot Project
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organisation
VHSS	Voluntary Health Services Society