

June 2016

Baseline Survey of Adolescent Sexual Reproductive Health Rights in Disaster Prone Areas of Bangladesh



Prepared for



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and
Plan International, Bangladesh

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Dhaka: June 2016

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Summary Table of Findings (by objectives and indicators)

Objectives and Indicators		Institution (in %)		Student (in %)		All (in %)
		School	Madrassa	Boy	Girl	
Objective a: Percentage of youth, able to describe key issues of ASRH						
a1.	Knowledge of adolescents about changes in adolescent period	61.9	40.8	53.0	54.0	53.5
a2.	Maintenance of personal hygiene during adolescent period	85.4	73.5	75.5	86.6	80.7
a3.	Knowledge of adolescents about legal age of marriage	83.3	81.7	81.0	84.3	82.7
a4.	Knowledge of adolescents about sexually transmitted infections (STIs)	50.3	35.4	42.7	46.0	44.3
a5.	Knowledge of adolescents about HIV/AIDS	65.6	47.5	60.0	56.7	58.3
a6.	Knowledge of adolescents about violence against girl/woman	58.9	30.4	47.3	47.7	47.5
a7.	Knowledge about contraceptive methods	50.3	27.9	52.7	30.0	41.3
Objective b: Percentage of youth comfortable to discussing ASRH with parents, other adult family members and teachers		25.8	26.2	25.0	27.0	26.0
Objective c: Percentage of teachers having knowledge and skills to teach ASRH						
c1.	Interactive classes taken by teachers	73.3	58.8	64.1	71.0	67.2
c2.	Following the revised ASRHR curriculum while teaching ASRH	69.2	80.8	-	-	73.8
c3.	Doesn't feel lack of training of ASRHR while teaching	36.5	47.4	-	-	39.4
Objective d: Proportion of sexually active young people using contraceptives		37.3	28.1	38.2	27.8	34.1
Objective e: Key barriers for youth to access ASRH information and services in target area						
e1.	Non-access to use of website on RH information by adolescent students	76.9	85.4	74.3	86.3	80.3
e2.	Absence of local level network of adolescents	65.0	78.3	70.0	70.7	70.3
e3.	Absence of adolescent club in school/madrassa	85.3	94.6	86.3	91.7	89.0
e4.	Non-existence of any kind of IEC/BCC materials for teaching ASRH issues	-	-	-	-	94.0
e5.	No arrangement for hygiene corner in school/madrasah	-	-	-	-	55.7
e6.	Shyness of adolescents, lack of privacy at UHFWCs, and non-provision of FP supplies and MR service to unmarried adolescents	-	-	-	-	100.0
e7.	Gaps in text books and the national curriculum on ASRHR (3 important topics are missing)	-	-	-	-	100.0
Objective f: Health facilities in target areas having functional ASRH monitoring and supervision mechanism						71.43
Objective g: Percentage of NEARS members able to describe clearly the policy issues and key learning messages on SRH						0.0
Objective h: Percentage of NEARS members (representatives from NGOs who work for ASRHR) who are directly involved in planning, implementation and monitoring to promote ASRH						81.3

Note: To prepare the summary table as per study objectives, the score of relevant indicators of the objectives have been used. Most of the indicators also contain several sub-indicators. At the first step, a score was constructed for each group of indicators, with all its associated sub-indicators (option/question). Correct answer for a sub-indicator was assigned as 1 point, and wrong answer was assigned 0. All the points for each indicator were added and total points converted using a scale 0-1 (If all answers are correct then the score is 1, and the minimum score is 0 if all answers are incorrect). For each indicator, average score was treated as cut-off point. Percentage of respondents scored above the cut-off point has been presented as the percentage score of the indicator.

Acknowledgements

“Adolescent Sexual Reproductive Health Rights (ASRHR) in Disaster Prone Areas of Bangladesh” is a new theme project implemented by Marie Stopes Bangladesh (MSB) and is supported by Plan International Bangladesh in Patharghata upazilla under Barguna district. We would like to thank Swedish International Development Cooperation Agency (SIDA) for their kind contributions to improving the adolescents’ sexual reproductive health rights among the most vulnerable adolescents in such a disaster prone area of Bangladesh.

The study is an outcome of team effort of the consultants of Human Development Research Centre (HDRC), the concerned officials of Marie Stopes Bangladesh and Plan International Bangladesh. We are thankful to Marie Stopes Bangladesh for entrusting us with the responsibility to conduct the study under the auspices of HDRC.

We are immensely grateful to Mr. Imrul Hasan Khan, General Manager, Special Programs who conceptualized and obtained funding for the study, Md. Shawkat Hossain, Project Manager- ASRHR, and Mohosina Akhter, Information Management Officer-ASRHR for their support and keen interest in the study as it progressed. Thanks are also due to Naushad Fajj, Director, Sadid Ahmed Nuremowla, Regional Manager, Ms. Fahmida Taleb, Manager - Special Research, Dr. Shah Halimur Rashid, Project Manager- Link Up, Mohammad Tarikul Islam, and Project Manager- Nirapod-2 from Marie Stopes Bangladesh for their kind cooperation.

We would also like to thank the officials of Plan International Bangladesh who provided invaluable assistance and the government counterparts who were very supportive. Mr. A.F.M Rukunul Islam, Assistant Project Manager-ASRHR, Plan International Bangladesh deserves special thanks for his significant contribution to the study.

We are thankful to Gisela Ivarsson, Programsamordnare/ Programme Manager, Plan International Sverige/Sweden, Dr. Mary Rashid, Project Manager, ASRHR Project, and Hossain Ahmed, Monitoring and Evaluation Specialist, Plan International Bangladesh for their comments on the findings of the draft report.

We are also indebted to ASRHR project officials at Patharghata for their sincere cooperation during data collection phase. We are sincerely indebted to those students, teachers and NEARS members, and managers and service providers of upazila and union level health/FP facilities who provided necessary information during data collection.

We are thankful to all the participants of the dissemination of the draft report held at Marie Stopes Bangladesh for their valuable comments and remarks towards the study findings.

We are indeed grateful to the Research Associates, technical and support staff of HDRC, and all the field staffs who worked in data collection process for this study.

It is hoped that, this study would assist Marie Stopes Bangladesh further in improving the quality of its ASRHR project, and ultimately benefiting adolescents throughout the country.

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Team Leader of the Study

Dhaka: June, 2016

Abbreviations

AHI	Assistant Health Inspector
AIDS	Acquired Immuno Deficiency Syndrome
ASRHR	Adolescent Sexual Reproductive Health and Rights
BCC	Behavioral Change Communication
CC	Community Clinic
CSBA	Community Skilled Birth Attendant
DDFP	Deputy Director Family Planning
ECP	Emergency Contraceptive Pill
FGD	Focus Group Discussion
FPI	Family Planning Inspector
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
GBV	Gender Based Violence
HDRC	Human Development Research Centre
HI	Health Inspector
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IMC	Institutional Management Committee
KII	Key Informant Interview
MR	Menstrual Regulation
MSB	Marie Stopes Bangladesh
NCC	National Curriculum Commission
NCTB	National Curriculum and Text Book
NEARS	Network for Ensuring Adolescent Reproductive Rights and Services
NGOs	Non-governmental organizations
RD	Rural Dispensary
RH	Adolescent Health
SIDA	Swedish International Development Cooperation Agency
SRH	Sexual and Reproductive Health
TV	Television
UFPO	Upazila Family Planning Officer
UHC	Upazila Health Complex
UHFPO	Upazila Health and Family Planning Officer
UHFWC	Union Health and Family Welfare Centre
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAW/G	Violence Against Women and Girls

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EXECUTIVE SUMMARY

Adolescent Sexual Reproductive Health and Rights (ASRHR) is a neglected issue in Bangladesh. Proper and adequate education on physical and mental changes during adolescence are essential to understand bodily facts or mental and emotional issues around friendships, relationships, desires, safe sex, sexuality, and reproduction. In Bangladesh, around two-thirds of adolescent girls are married before 18 years of age, and one-third of them begin childbearing at age 15-19. In the above context and situation, Marie Stopes Bangladesh (MSB) is implementing a project titled “Adolescent Sexual Reproductive Health Rights (ASRHR)” in disaster prone areas of Bangladesh, which is supported by Plan International Bangladesh and funded by Swedish International Development Cooperation Agency (SIDA), in Patharghata upazila of Barguna district. It will create an enabling environment at schools and *madrassas* for promoting and exchanging SRH knowledge by increasing capacity of the teachers, and advocating through teachers training curriculum authority, and will strengthen CSO Network for Ensuring Adolescent Reproductive Rights and Services (NEARS) as an advocate for adolescent SRHR issues at national policy levels. This project will also work with health and family planning service providers and their supervisors.

The Baseline Survey has been conducted by Human Development Research Centre (HDRC) to collect and analyse information on the same.

Study Objectives: General objective of the study is to assess the current situation of targeted adolescents regarding Sexual and Reproductive Health Rights (SRHR) as well as barrier analysis.

The *specific objectives* of the study are:

- a) To assess the percentage of youth in target areas, able to describe key issues of ASRH;
- b) To assess the percentage of youth in target area comfortable to discussing ASRH with parents, other adult family members and teachers;
- c) To assess the percentage of teachers and students in targeted area having knowledge and skills to teach ASRH;
- d) To identify the proportion of sexually active young people in targeted area using contraceptives.
- e) To identify key barriers for youth to access ASRH information and services in target area;
- f) To assess health facilities in target areas having functional ASRH monitoring and supervision mechanism;
- g) To assess the percentage of NEARS members able to describe clearly the policy issues and key learning messages on SRH ; and
- h) To assess the percentage of NEARS members (representatives from NGOs who work for ASRHR) who are directly involved in planning, implementation and monitoring to promote ASRH in target areas.

Methodology: This was a cross-sectional survey where both qualitative and quantitative data/information collection methods were applied to assess ASRHR need scenario.

Quantitative survey involved 600 adolescent boys and girls in school and madrassa (grade VIII, IX and X) and 100 teachers interviewed using a structured questionnaire that was self administered by the respondents themselves. NEARS members were also interviewed one to one by the Consultants for collecting quantitative data. Qualitative information was collected through IDIs, KIIs, FGDs, and facility observations conducted by the field data collection team. Findings from quantitative data and qualitative information analysis were triangulated.

Key Findings

Knowledge of physical and psychological changes of adolescent period: Overall, 53.5 percent students were found knowledgeable of most of the changes in adolescents. More than 70 to 80 percent students were found aware of the most pronounced physical changes among boys. Likewise, more than 60 to 80 percent students were found aware of the most pronounced physical changes among girls. According to more than 80 percent surveyed students, adolescents develop increased curiosity to the opposite sex, and deserve high attention, care and love from near ones. Furthermore, according to more than 70 percent students, they seek more independence and increased tendency to be guided by emotion.

Knowledge of maintenance of personal hygiene: About 80.7 percent students reported of knowing about maintenance of personal hygiene during adolescent period from the text book. According to 56.3 percent of girls, how to keep someone clean has been taught in the classes. However, nearly half (49.3%) of them used new rag/cloth, followed by sanitary napkin (33.7%) during menstrual period, and 46.3 percent dry the wet rag/cloth inside the room without sufficient sunlight after washing it.

Knowledge about contraceptive and its sources: Overall, 41.3 percent the students in school and madrassa were found aware of most of the contraceptive methods. Awareness is higher among boys. They are most familiar with injectables, followed by condoms and oral pills. Among those aware of contraceptives, more than four-fifths are aware about sources of contraceptives. According to them, emergency contraceptive pill (ECP) was not taught in classes.

Knowledge of legal age of marriage: The legal age of marriage for women and men in Bangladesh is 18 and 21 years respectively. Overall, 82.7 percent adolescents were found aware of legal age of marriage. Survey findings revealed that, legal age of marriage for women is correctly known to almost all (99%) students. On the other hand, legal age of marriage for men was correctly known to 83 percent students, higher among school boys.

Perception of effects of early marriage: Irrespective of sex, almost all (96%) the students think that marriage before legal age is bad for health. Other effects reported are- responsibility shouldered at a very young age, possibility of breakdown of marriage is increased, and bringing up of child becomes difficult for them. Text book remains the most pronounced (81%) source of knowledge on effects of early marriage, followed by school teacher (71%) and parents (63%).

Knowledge of consent from girls and boys for marriage: In Bangladeshi culture, parents having no education do not feel taking permission from boys or girls at the time of marriage. However, 92 percent students reported that permission should be taken both from boys and girls before marriage. Such opinion is higher among boys as compared to girls.

Knowledge of sexually transmitted infections (STIs), transmission and protection: Overall, 44.3 percent students are aware about STIs, including its transmission and protection. Among those aware of STIs, more than 70 percent had knowledge of transmission of STIs. Around one-third believes that, condom use and limiting sexual intercourse to one uninfected partner can save from STIs.

Knowledge on HIV/AIDS, transmission and protection: More than 90 percent students heard of HIV/AIDS. However, overall 58.3 percent are aware of its mode of transmission, and preventive measures against it. HIV/AIDS has been given more emphasis in curriculum than STIs.

Knowledge of contraceptive providing dual protection: Review of text book, namely “Physical Education” for the classes of VIII-X, showed a very little information on family planning and nothing is mentioned about dual protection role of condom. In response to a question on dual protection role of a contraceptive, survey findings showed a high level of misconception among the adolescents.

Knowledge of Violence against Women and Girls (VAW/G): Findings on knowledge and perceptions revealed that, 47.5 percent adolescents are knowledgeable about the VAW/G issues. However, 81.8 percent of the adolescent students were oriented on VAW/G concepts by their respective educational institutions. Regarding ‘wife battering’, 35.0 percent students still think that it is justified.

Youth comfortable to discussing ASRH with parents, other adult family members and teachers

Overall, 26.0 percent adolescents are free to discuss ASRH matters with their parents, other adult family members, and teachers. Precise analysis of survey findings disclosed that, merely 8 percent students of school/madrassa feel free to discuss ASRH matters with their parents or other adult family members, and 21 percent with teachers. Although it did not differ much between boys and girls and by types of educational institutes, nonetheless, it is relatively higher among the girl students and the students in school.

Sexually active young people using contraceptives

Only 15 percent of the surveyed unmarried adolescents admitted to have experience of sexual act (penetrative sexual intercourse in the context of Bangladesh). Of the few who admitted of having such experience, merely one-third (34%) admitted that they have used contraceptive during the sexual acts. Among those admitted using contraceptives, condom was the most common (45%), followed by injectables (23%) and oral pill (13%).

Perception on ASRH as right: Quite a high percentage (89%) of adolescent students perceived that it is their right to be informed of SRH.

Teachers having knowledge and skills to teach ASRH

According to teachers, 48 percent have been provided training on taking ASRH classes. The trainings were mostly organized by NGOs, where the ‘problems of child/early marriage’ were more focused. In contrast, the issues like: ‘correct use of condoms’ and ‘condom as dual protection’ were focused least. Around 65 percent of them are aware of incorporation of new ASRH issues in revised curriculum. According to them, 90 percent schools and madrassas are co-education, and they take classes on ASRH for boys and girls together. Around 71.0 percent admitted that, they feel problems while taking classes on ASRH issues. Among those reported of problems, 83.1 percent advise the students to read those chapters at home. According to 72.0 percent of teachers, NGOs organized campaign/workshops for students in their schools/ madrassas on ASRH.

Classes on personal hygiene: Almost all teachers reported that they took classes on personal hygiene. Around 78 percent took classes on ‘risk of infection’ in absence of personal hygiene and 60 percent on ‘what to do’ in case of such infection. Regarding basic personal hygiene habits taught in their institution, more than 80 percent teachers reported of teaching about 7 out of 12 subjects mentioned in school curriculum.

Advising students on maintenance of personal hygiene: Overall, 61 percent teachers reported of advising students on maintenance of personal hygiene. Among those reported of advising students on personal hygiene, 87 percent advised ‘to share hygiene problems with parents,’ 62 percent ‘to share with elder siblings’, and 73 percent ‘to share with the persons they feel comfortable’. However, irrespective of schools and madrassas, two-thirds (31.1%) of teachers advised students ‘to go to local clinics’ for hygiene-related problems.

Source of information of adolescents about ASRHR: According to teachers, advice/support seeking by students from them in case of physical changes is very low (20.0%). For menstrual problems, 74 percent advised girls ‘not to be panicked’, 55 percent asked ‘to share it with parents’, 31 percent advised ‘to share it with elder siblings’, and 40 percent ‘to share that with the persons they feel comfortable with’. In addition, 40 percent asked them ‘to go to nearby clinics/hospitals’. Advice/support seeking by students from teachers in case of suffering from STIs is very low (8%). Teachers are not supposed to be trained to counsel the students. However, they can help students by provision of information in situations mentioned above.

However, despite some limitations, text book, teacher, health worker and parents are considered as dependable sources of knowledge of ASRHR by the students.

Health facilities having functional ASRH monitoring and supervision mechanism

Overall, 71.4 percent health facilities are having functional ASRH monitoring and supervision mechanism in Patharghata. According to the UHFPO and UFPO, ASRH services offered from Patharghata Upazila Health Complex (UHC) as well as at the field level are adequate enough to meet the health demands of adolescents. Quality of ASRH services are usually supervised by the UHFPO himself and periodic supervision from higher authorities. Facility observation of Patharghata UHC revealed that, most of the ASRH services are available there. However, there was no separate waiting room for adolescents. Although both hard and soft copy of monthly HMIS report have been submitted timely, it was not visited by any higher authority during the month previous to survey. FWVs had required knowledge on provision of ASRH services. Two-thirds of them received special training on the subject. The ASRH services including counseling, treatment, family planning, and menstrual regulation (MR) services are available at Union Health and Family Welfare Centre (UHFWC). As to FWVs, proper privacy is difficult to maintain in their facilities due to lack of adequate space. District and upazila health/FP officials and inspectors from union level visit UHFWCs regularly. Both hard and soft copies of monthly HMIS reports were submitted timely. Separate data management and reporting system on ASRH services are not there. However, age-wise data is there in HMIS from where the ASRH data can be generated. The surveyed FWAs have training on ASRH from MSB. They are providing services to adolescents including counseling on ASRH. However, FP supplies and MR services are not provided to unmarried adolescents in government facilities.

Key barriers for youth to access of ASRH information and services

The key barriers to access of ASRH information and services according to students are- low knowledge of websites providing information on ASRH issues, absence of local level network of adolescents, and absence of adolescent clubs in schools and madrassas.

Although, the headmasters, Institutional management committee (IMC) members and religious society members reported that they didn't face any obstacle regarding teaching ASRHR subjects according to current curriculum, a small proportion of teachers reported that they face obstruction from some teachers, IMC members, and guardians.

According to health service providers (FWAs), adolescents do not share their problems openly with them and also with their parents, and unmarried adolescents do not come at union level facilities due to lack of privacy, and non-provision of FP supplies and some other services are there.

Gaps in text books and the national curriculum on ASRHR is there

Situation of NEARS members and NEARS activities

NEARS includes members from all over Bangladesh. Currently, its Secretariat is situated in Dhaka at Marie Stopes Bangladesh, Head quarters. It has been revealed that, around 81.3 percent of its members are directly involved in planning, implementation and monitoring of ASRHR programme in their areas. None of the members were able to describe the policy issues and key learning messages on SRH clearly. However, some of them mentioned of stopping early marriage as a key learning message. The members asked for regular meeting of NEARS to activate it, and expressed their interest to activate NEARS web-site.

Opinion of National Curriculum and Text Book (NCTB) Board and Madrassa Board

According to senior specialists of NCTB Board, and Madrassa Education Board, existing ASRHR topics in the text books are consistent with current national curriculum updated in 2012, and the Madrassa Board updated in 2013. If the situation demands, total or partial review of the curriculum will be done after an evaluation. According to them, NGOs working on ASRHR demand to incorporate many new topics in text books, but NCTB Board and Madrassa Education Board cannot accommodate all those immediately. They are to go through a lengthy procedure of survey, and consider constitution, prevailing laws, social acceptability, liveliness, language, load on the students, equal importance for girls and boys, teaching technique/materials, priority of topics, etc. They acknowledged that, there are some limitations in providing ASRHR education to students due to poor infrastructure and lack of required skill of teachers.