POLICY ENVIRONMENT FOR ADOLESCENT HEALTH IN BANGLADESH

Bangladesh came into being as the People's Republic of Bangladesh when Bengali East Pakistan seceded from the union with (West) Pakistan in 1971. The country is situated in the fertile plains of the Ganges (Padma) River delta and borders the Bay of Bengal. Bangladesh borders various states of India in the west, north and east and has a short border with Myanmar (Burma) in the southeast.The country occupies an area of 143,998 km. Bangladesh is one of the most densely populated countries in the world with an estimated 171 million people (in 2021). The majority of its population are followers of Islam (nearly 90%).
The capital and largest city is Dhaka. Spoken language is Bangla (or Bengali by 98%) .

It is a relatively young country, having gained independence a little over 50 years ago. Bangladesh tells the world a remarkable story of poverty reduction and development. From being one of the poorest nations at birth in 1971 with per capita GDP tenth lowest in the world, Bangladesh reached lower-middle-income status in 2015.(World Bank Classification) . There are 29.5 million adolescents in Bangladesh, including 14.4 million girls and 15.1 million boys, together representing nearly one-fifth of the country's total population.

Although the health and well-being of this group is critical to the country's future, issues surrounding sexual and reproductive health (SRH) remain a cultural taboo, especially for adolescents and young unmarried people. Adolescents in Bangladesh too often enter their reproductive years poorly informed about SRH issues, without adequate access to SRH-related information or services. Bangladesh's cultural context generally does not encourage adolescents to share their views, raise their voices or question adults on matters affecting their live. So, their needs and vulnerabilities are often unaddressed as adolescent-friendly services continue to be unfamiliar concepts.

Risks to adolescents health

The main risk factors to adolscents involve

- A large number of these youths lack access to schools and therefore risk being trapped in low-paid jobs.
- A high rate of child marriage leads to adolescent girls in Bangladesh facing risks from early pregnancies, violence and lack in nutrition. Of the women aged between 20 and 24, as many as 53 per cent were married before the age of 18.
- Despite the high fertility rate among adolescents, they lack information on reproductive health and nutrition because of limited access to health facilities.
- Adolscents girls face much violence and exploitation because of harmful norms of a highly patriarchal system of society.
- The age-adjusted prevalence of suicidal behavior among adolescents in Bangladesh was 11.7%. The result indicated that individual psychosocial factors such as loneliness [adjusted risk ratio (ARR) 1.36; 95% confidence interval (CI) 1.02–1.81], anxiety (ARR 2.01; 95% CI 1.43–2.81), being bullied (ARR 1.88; 95% CI 1.51–2.33), and having no close friends (ARR 2.30; 95% CI 1.77–2.97) were associated with increased likelihood of suicidal behavior.
  A huge factor contributing to the above is the fact that Bangladesh is highly prone to disasters such as flooding and cyclones because of climate change. Such situations see to the rise of child labour, trafficking and child marriage. In times of crisis and disaster, adolescents are at increased risk of abuse, including rape, in shelters.

National Policies and Programs

The Government of Bangladesh (GOB) has articulated its commitment to improving access to ASRH services through numerous policy and program documents, including the National Adolescent Health Strategy 2017-2030 , The National Youth Policy 2017 and The National Child Policy 2011.

SYAN
SOUTH-EAST ASIA YOUTH HEALTH ACTION NETWORK

The National Strategy for Adolescent Health 2017-2030

The National Strategy for Adolescent Health 2017-2030 was developed to address the overall health needs of adolescents by taking a broad and holistic understanding of the concept of health. It also fills a gap where adolescent health issues were not addressed comprehensively in other policy documents. The National Adolescent Health Strategy 2017-2030 has identified four priority thematic areas of intervention: adolescent sexual and reproductive health, violence against adolescents, adolescent nutrition and mental health of adolescents.

The Vision
By 2030, all adolescent boys and girls of Bangladesh, especially those who are most vulnerable, will be able to enjoy a healthy life.

The Goal
By 2030 all adolescents will lead a healthy and productive life in a socially secure and supportive environment where they have easy access to quality and comprehensive information, education and services.

The Time Frame
This strategy will span over a period of 14 years (2017 to 2030) in line with the Sustainable DevelopmentGoals. The strategy will be revisited periodically to review and assessits relevance in a rapidly changing context.

Guiding Principles
The National Adolescent Health Strategy 2017-2030 is based on human rights principles, and highlights the right of all adolescents, those between the ages of 10 and 19 years, to attain the highest standard of health.

The National Youth Policy 2017

The National Youth Policy 2017 is framed with the spirit of nurturing in youth an exalted kind of mind, heart and soul and boosting them with the sense of responsibility to the country, society and the environment and developing them eventually into a modern and capable generation on a par with the 21st Century.

The Vision
Moral, humane and forward-looking youth capable of boosting prosperity and glory of Bangladesh.

The Goal
Ensure fulfillment of youth potential and youth empowerment to establish these in every sphere of life.

Values
Respect for the Constitution and prevailing laws of Bangladesh, awareness of national history and heritage, spirit of patriotism and of Liberation War;
Preservation and promotion of the national culture;
Respect for all irrespective of faith, colour and ethnicity;
Equality of all without distinction as to sex;
Non-communal and democratic spirit, and development of leadership;
Devotion for self-development and for national wellbeing;
Commitment to righteousness and integrity, tolerance and positive attitude towards life;
Regard for human rights and humanitarian issues.

Objectives
a.To develop youth into righteous, progressive, self-respecting and positive human beings;
b. To create congenial conditions for youth to achieve their inherent potential;
c. To develop youth into human resource;
d. To ensure quality education, health and all security for youth;
e. To provide youth with employment and choice of profession according to their ability;
f. To promote economic and innovative enterprise by youth;
g. To enable youth to play an active role in every sphere of national life through their empowerment;
h. To involve youth in the decision-making process at local, national and international levels;
i. To encourage youth to volunteer in protecting the environment, combating climate change and calamities, and in nation-building;
j. To ensure rights of youth with special needs;
k. To inspire liberal, non-communal, humane and global spirit within youth.

SYAN
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The government of Bangladesh has decided to prepare a modern and timely child policy by updating the National Child Policy adopted in 1994.The National Child Policy 2011 has been a far reaching vision in building the present and future of the children of Bangladesh. In making all national development policies, planning, program implementation and budgeting shall take into due consideration the contextual importance of the National Child policy 2011.

Aims and Objectives
The best development and growth of the children shall be ensured by providing needed standard services to the children and adolescents irrespective of their age, sex, religion, and occupation, social, regional and small ethnic group identities in matter of rights concerning education, health, nutrition, safety, recreation and other rights.

Initiatives shall be taken to extend facilities to the female child, disabled child and child with special needs.

The children shall be developed interested about his/her country and conscious of it through creation of educational and child friendly environment so that they can flourish as honest, patriotic and responsible citizen of this country.

The children shall be developed as a scientifically inquisitive generation considering science and technology to be inseparable ingredients of education to make them capable of keeping pace with the demand of the nation and the world in future.

Initiatives shall be undertaken to ensure creation of congenial family environment.

Initiatives shall be undertaken to reflect their views in deciding and planning that affect the lives of the children and adolescents. Initiatives shall be undertaken to make necessary legislations and provisions to materialize child rights.

Access to Health Benefits/Information

While there are many different types of ASRH programs, two approaches to be most common in Bangladesh:
1) awareness raising and
2) service delivery.
Under awareness raising - Community-based model, Peer model, School-based model and Community Mobilization.
The service delivery approach is implemented through two modali- ties: clinical and non-clinical services.

A more detailed representtion of the key strategies for the four priority thematic areas are:

Adolescent sexual and reproductive health

- Evidence based advocacy for comprehensive policy and programme development, investments and implementation;
- Promote age appropriate comprehensive sexuality education, which are on par with international standards, through all academic and training institutions;
- Build capacity for the delivery of age and gender sensitive sexual and reproductive health services which includes HIV/STI prevention, treatment and care;
- Create a robust system for data collection/analysis on the sexual and reproductive health of adolescents, including unmarried adolescents, to inform policy and programming.

Violence Against Adolscents

- To promote positive social norms which address age and gender based discrimination and violence, including child marriage by engaging and influencing policy makers and key stakeholders;
- To empower adolescents, especially adolescent girls, by providing them with life skills to stand up for their rights, including their rights to fully and freely consent to marriage;
- To strengthen health and social protection systems to provide services to meet the needs of the most vulnerable adolescents.

Adolescent Nutrition

- Develop nutrition education and promotion and hygiene education including hand washing into the health care system, education system as well as other systems which reach out-of-school adolescents;
- Establish programmes that promote dietary diversification, dietary adequacy, fortified foods and nutrition security through community and school based interventions;
- Strengthen the capacity of service providers to deliver effective nutrition counselling and services to all adolescents, with a special focus on raising awareness on the consequences of child marriage and meeting the nutritional needs of pregnant adolescent girls;
- Provide and promote micronutrient supplementation (i.e. IFA and MMS), consumption of fortified foods and de-worming at health facilities, schools, and workplace;
- Conduct community based awareness campaigns on the importance of good nutrition, healthy foods and the consequences of malnutrition, anaemia and obesity on the overall development and growth of adolescents;
- Promote and improve access to sports and physical activity in the community, schools and at the workplace.

Mental Health

- Enable evidence based advocacy for comprehensive programme development to promote mental health among adolescents and reduce stigma against mental ill health;
- Develop skills among adolescents to deal with stress, manage conflict and develop healthy relationships;
- Develop the capacity of the health sector to address mental health issues as per the provisions of primary mental healthcare and to screen for anxiety, stress, depression and suicidal tendencies;
- Promote school and facility level interventions which include counselling and management of mental health disorders through linkage with the national mental health programme;
- Create a robust system for data collection/analysis on mental health issues including substance use, to inform policy and programming.

This Policy includes the following programs to be implemented for ensuring and protecting the following rights of Adolscents

Adolescent Nutrition

Necessary steps shall be taken stressing the special needs of the adolescent boys and girls.

Necessary steps shall be taken for appropriate development of physical and mental health of the adolescents.

Necessary steps shall be taken to impart adolescents in surrounding environment education on reproductive health and other necessary education taking into consideration of the physiological and emotional issues of the adolescents.

The right of protection of the adolescents shall be ensured by protecting them from violence, marriage, trafficking and forcing into commercial sex etc.

Implementations capacity

Implementation Gaps

- There is a lack of SRH programs that are exclusively focused on adolescents.
- ASRH programs are unevenly distributed across Bangladesh.Programs directed specifically to adolescents do not usually focus primarily on SRH, instead incorporating SRH as a secondary component, strategically bundled with other interventions.
- ASRH programs focus predominantly on girls, with little specific attention to boys.There is a critical gap in SRH information and services for unmarried adolescents, especially girls.
- Health facilities are seen exclusively as “family planning clinics.”Traditional, awareness raising approaches remain the most common, but without a strong base of evaluation.
- School-based interventions are increasingly popular as a strategy for reaching adolescents, but face serious implementation challenges.
- More emphasis is needed on rigorous evaluation and generation of evidence of what works.Innovative, age-appropriate interventions are emerging, but must be tested.
- There is a lack of coordination between stakeholders and collaboration with the government.

Access to Health Benefits/Information

UNICEF teaches youths to demand and utilise services, and avoid risky behaviours.

UNICEF encourages adolescent girls and boys to voice their concerns by providing participation platforms.
Besides including adolescents in health services and improving access to secondary schools, UNICEF promotes their right to participation, recreation and sport.

UNICEF works to develop the awareness of adolescent rights in communities and the impact of harmful social practices on their security and potential. Adolescence is also when gender norms are either solidified, rejected or transformed.

UNICEF engages at two levels, with adolescents and their families and communities. It reaches out to youths in rural settings through radio listeners groups, and has been working to expand the community radio platform.

UNICEF works to provide high-quality content which is language and culture specific and tailor-made for remote geographic locations, ethnic minorities and people with disabilities.

UNICEF invests in strengthening community, local and folk media platforms, reaching out information to “media dark” areas. Since 2012, UNICEF has supported more than 300 adolescent clubs, whose members are at least 100,000 adolescent girls and boys. They are trained in Life Skills to increase their knowledge, awareness and enhance their active involvement in society. Special focus is given to building the capacity of girls in critical thinking, negotiation and decision making.
Adolescents learn through peer-to-peer life skills education as groups of peer leaders are trained to facilitate vital discussions, which enhances their leadership capacity for social action.

UNICEF supports Community-Based Child Protection Committees made up of representatives of families, communities, local government and religious leaders. These support public declarations to end child marriage. These committees are designed to have two adolescent representatives elected by their peer club members.

UNICEF works with a broad range partners in the government, NGOs, youth groups, the private sector, national and community media and other UN agencies for creating adolescent-friendly policies and programmes. Mass and trans-media initiatives including social media are used to draw attention to adolescent rights and issues, and create an enabling environment for changes in attitudes, behaviours, norms and practices.

UNICEF works with local media producers from public and private sectors to strengthen their capacity for age-appropriate, culturally-sensitive and inclusive media for entertainment and education of children. Capitalising on the large population of adolescents in Bangladesh, UNICEF empowers these youths for advocacy and awareness creation on disaster risk reduction and climate change adaptation. Adolescents are engaged through radio listeners' groups; technology based initiatives and in community media, such as phone-in shows and quiz programmes, thereby supporting capacity development of adolescents to report abuse, violence or neglect in time of emergency.

Bangladesh - Reaching Out of School Children Project by World Bank

The objective of the Reaching Out-of-School Children Project for Bangladesh is to reduce the number of out-of-school children through improved access, quality and efficiency in primary education, especially for the disadvantaged children, in support of Government of Bangladesh (GoB's) national education for all (EFA) goals. The two changes are: (i) extension of the closing date from the original closing date of June 30, 2010 to June 30, 2013 to align with the closing date of the Additional Financing (AF) approved on May 4, 2010; and (ii) amendment of the Development Grant Agreement (DGA) dated June 30, 2004 to include 'costs of transportation and distribution of textbooks' under 'operating costs' to cover unforeseen genuine and eligible expenditures that support project development outcome.

The Tarar Mela initiative

The Tarar Mela initiative, led by FPAB under the United for Body Rights (UBR) Alliance, offers adolescents a range of health services, with an emphasis on SRH, including counseling, supplies, and referrals for medical services. The program, which is open to all adolescents in the community, offers both face-to-face counseling and tele-counseling on a variety of health issues, including SRH. The GOAL project, a partnership between BRAC Bangladesh and the Dutch organization Women-Win, was de- signed to use sports to promote the health and economic status of adolescent girls, in part through providing them with ASRH information.

GOAL

GOAL offers self-defense training in addition to other interactive sports in sessions that are accompa nied by messages on menstruation, men- strual hygiene, and how HIV and STIs are spread, among other topics. These sessions provide in and out of school girls enrolled in the program a safe and informal space to ask their peers or mentors questions about their bodies without fear of judgment. GOAL also trains participating girls to be community sports instructors, who then train other girls in sports such as cricket, football, netball, karate, and self-defense. In the last three years, GOAL has reached more than 11,000 girls with sports and life skills training.

BALIKA

BALIKA (Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents) sought to prevent child marriage and improve life opportunities for girls in rural Bangladesh, in part through the application of ICT. The project, a four-arm randomized controlled trial, evaluated whether three skills-building approaches to empower girls can effectively delay the age at marriage among girls aged 12–18 in parts of Bangladesh where child marriage rates are at their highest. Girls in the program received one of three interventions: 1) tutoring in math-ematics, English, and computing or financial skills training; 2) training on SRHR, gender rights and negotiation, critical thinking and decision making; or 3) training in entrepreneur- ship, mobile phone servicing, photography and basic first aid. The interventions were partly delivered via interactive applications on laptops and tablets. All girls met with mentors and peers on a regular basis in BALIKA centers (safe, girl-only spaces), which promoted friend- ships and additional learning opportunities. The trainings and meetings were designed to enhance girls' critical thinking and decision making skills and better equip them with the skills needed to navigate the transition from girlhood to adulthood.

SSCOPE

SSCOPE (Schooling, Sexual and Reproductive Health and Rights, Gender and Counseling for Adolescents of Post-Primary Education) is a low cost, secondary education school model developed by the BRAC Institute of Educational Development, BRAC University (BIED, BRAC U). One of the unique elements of SSCOPE is the Sexual and Reproductive Health and Rights and Gender (SRHRG) curriculum and emphasis on the psychosocial development of adolescents. Recognizing the importance of addressing adolescents' emotional needs.

SSCOPE includes SRHRG lessons and psychosocial counseling to provide adolescents with accurate information about their bodies and bodily rights and integrity, and a better understanding of their emotions.

The adolescent- and women-friendly Surjer Hashi (Smiling Sun) Pharmacy

The adolescent- and women-friendly Surjer Hashi (Smiling Sun) Pharmacy, operated by the Surjer Hashi clinic net- work, is an innovative health service delivery approach for improving the health of girls, women and their families by increasing girls' and women's comfort with and use of phar- macy services. As well as being a source for girls and wom-en to purchase sanitary napkins, contraceptives and other reproductive health products without embarrassment, SH pharmacies will have a private space where girls and women can receive checkups and general and reproductive health-related medical services from female service providers. By employing female pharma- cists and paramedics, the SH pharmacies will also create economic opportunities for women.

Implementations capacity

Bangladesh also ratified the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1984 but with reservations on articles 2, 13(a), 16.1(c), and 16.1(f), citing conflict with Sharia law based on Holy Quran and Sunna.19 The county is also signatory to the UN Convention on the Rights of Persons with Disabilities and has introduced domestic legislation in compliance.The policy and legislative landscape for overall adolescent wellbeing is comprehensive. Despite the widespread coverage, however full implementation lags behind. The relevant policy instruments for adolescents include:

- **Population Policy 2012** incorporates an Adolescents Welfare Programme with policy directives to educate adolescents in health and life skills, and to increase awareness of parents, teachers and service providers for orienting adolescents on health issues.
- **The National Nutrition Policy 2015** includes specific key objectives for improving the nutritional status of the population in gener-al and children, adolescent girls, pregnant and lactating women in particular; enhancing dietary diversity; scaling up nutrition-specific and nutrition-sensitive activities; and strengthening the multi- sectoral approach and coordination among relevant stakeholders.
- **The 2010 Education Policy** extends universal primary education from class 5 to class 8 in general Madrassa, and vocational education streams; proposes reforms to Madrassa education, for restructuring the evaluation and examination system, and for removal of the practice of rote learning. This policy acknowledges education as fundamental for human capital development.
- **The National Skills Development Policy 2011** targets youth, women and other marginalised groups, and specifically addresses working adolescents and adolescents with disabilities.
- **The National Child Labour Elimination Policy 2010** aiming to make meaningful changes in the lives of the children by withdrawing them from all forms of child labour including the hazardous work and worst forms of child labour.
- **The Draft National Youth Policy 2017** places an emphasis on supporting adolescents in making a smooth transition towards work life.

Links

https://evidenceproject.popcouncil.org/wp-content/uploads/2017/02/Bangladesh-ASRH-Report_January-2017.pdf.

https://www.unicef.org/bangladesh/sites/unicef.org.bangla-desh/files/2018-10/National-Strategy-for-Adolescent-Health-2017-2030.pdf.

http://ecd-bangladesh.net/document/documents/National-Children-Policy-2011-English-04.12.2012.pdf.

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https://www.unicef.org/bangladesh/en/adolescents-development.

https://projects.worldbank.org/en/projects-operations/project-detail/P086791.

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https://mowca.portal.gov.bd/sites/default/files/files/mow-ca.portal.gov.bd/npfblock//National%20Adolescent%20Strategy_15.12.2020.pdf