

Executive Summary



VERY YOUNG ADOLESCENTS IN BANGLADESH

**A Review of Social and Behavior Change
Programs Addressing Adolescent Childbearing**

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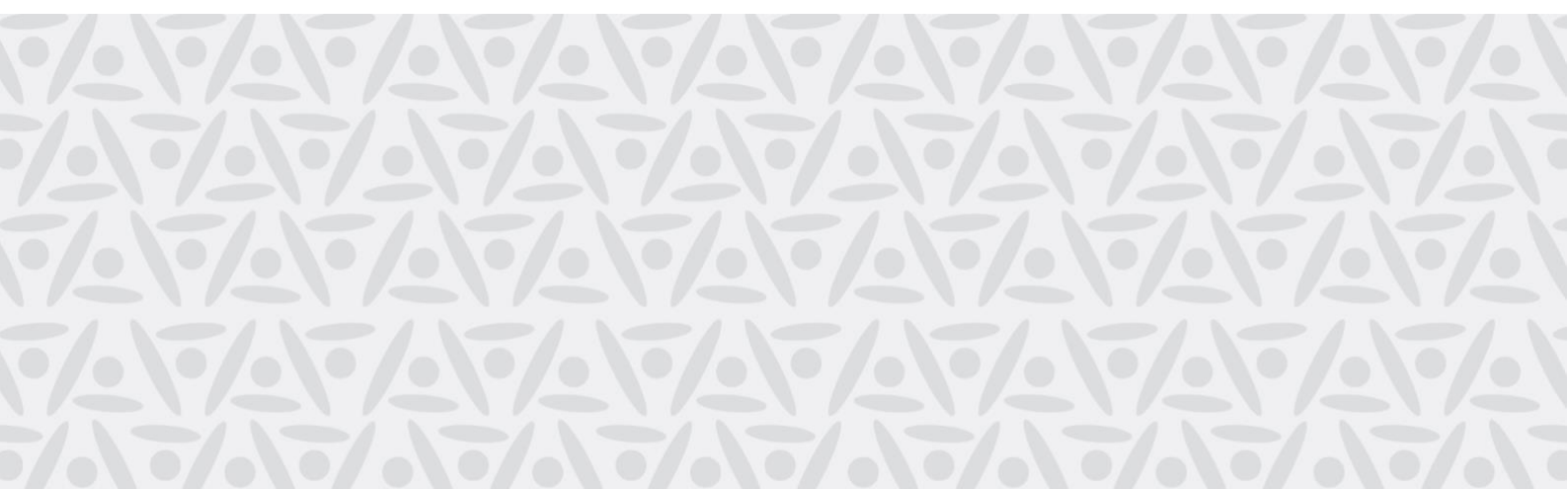
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Acronyms

ASRH	Adolescent Sexual and Reproductive Health
BDHS	Bangladesh Demographic and Healthy Survey
CCG	Core Consultative Group
CHT	Chattogram Hill Tracts
CHWs	Community Health Workers
COVID/COVID-19	Coronavirus Disease/Coronavirus Disease 2019
FP	Family Planning
GAGE	Gender and Adolescents: Global Evidence
GoB	Government of Bangladesh
HIES	Household Income Expenditure Survey
NGO	Nongovernmental Organization
MICS	Multiple Indicator Cluster Survey
SBC	Social and Behavior Change
SDGs	Sustainable Development Goals
SRH	Sexual and Reproductive Health
UNESCO	United Nations Educational, Scientific, and Cultural Organization
USAID	United States Agency for International Development
VYA	Very Young Adolescent
WHO	World Health Organization

Introduction

Persistently high rates of adolescent childbearing contribute to poor economic, social, and health outcomes among adolescent girls and their communities. Adolescent mothers, particularly very young adolescent (VYA) mothers aged 10–14, face higher-risk pregnancy complications, maternal mortality, low birth weight, preterm birth, and infant mortality. (1,2) Preventing pregnancy among adolescents and pregnancy-related mortality and morbidity are foundational to achieving positive health outcomes across the life course and imperative for achieving the Sustainable Development Goals (SDGs). The Government of Bangladesh (GoB) aspires for young people to delay childbearing to at least the age of 20, but Bangladeshi adolescents aged 10–19 continue to experience pregnancy and childbearing. (3)

Using evidence-based social and behavior change (SBC) approaches that engage VYAs, their families, communities, and the systems that shape their lives can contribute to delaying childbearing among VYAs and lay the foundation to enable adolescents to delay childbearing as they age into later adolescence. The United States Agency for International Development (USAID) Bangladesh requested the [Agency for All project](#)¹ to conduct a series of activities to synthesize and curate learning on VYA SBC programming that contributes to reducing adolescent childbearing in Bangladesh in order to identify gaps and inform the development of a set of actionable recommendations for strengthening SBC programming. This executive summary synthesizes the key findings from the full report, *VERY YOUNG ADOLESCENTS IN BANGLADESH: A Review Of Social And Behavior Change Programs Addressing Adolescent Childbearing*.

Research Activities

Agency for All conducted a set of iterative research activities between October 2022 and June 2023, including a comprehensive scan and curation of literature and documentation relevant to VYA SBC and adolescent childbearing in Bangladesh published between 2016 and 2022; key informant interviews with stakeholders in Bangladesh with expertise in VYAs, adolescent childbearing, and related topics such as child marriage; an organizational mapping of local nongovernmental organizations (NGOs) implementing programs to address adolescent pregnancy or its related drivers; community consultations in all eight divisions of Bangladesh; and a series of “Solutions Workshops” to engage diverse stakeholders in co-creating programmatic recommendations. A Core Consultative Group (CCG) composed of representatives from government, NGOs, civil society, academia, and adolescents and youth was established to contribute to the design of research activities, the interpretation of findings, and development of recommendations.

Global Evidence for VYA SBC Programming

The VYA age group experiences the second most significant period of rapid brain development after the first 1,000 days of early childhood and immense physical and socio-emotional changes as they go through adolescents. (2,4) They also progressively experience constraints and expectations rooted in gender inequality—with girls increasingly seen as ready for marriage and childbearing and boys expected to take on financial and other household burdens. (5) This confluence of changes creates a unique opportunity for interventions to improve gender attitudes, behaviors, and norms before they are firmly entrenched;

¹ [Agency for All](#) is a five-year (2022-2027), USAID-funded project led by a consortium of diverse research and implementation organizations with a mission to generate evidence on the role of agency in effective social and behavior change programming to improve health and well-being for individuals and communities. Agency for All works to advance cross-sector development outcomes, including family planning and reproductive health; maternal, newborn, and child health; nutrition; infectious disease; and HIV/AIDS.

support positive social and emotional development; improve sexual reproductive health (SRH) knowledge and behaviors; and potentially contribute to delaying child marriage and preventing adolescent pregnancy and childbearing. (6,7)

SBC programs that engage VYAs, their families, their communities, and the systems that impact VYA lives are important to addressing adolescent childbearing for two related, yet distinct, reasons: 1) these programs may contribute to delaying childbearing during the VYA stage of life (i.e., pregnancy between ages 10–14); and 2) SBC programs can intervene with VYAs and the people and contexts that shape their choices to influence intermediate gender and reproductive health indicators, including knowledge, attitudes, skills, behaviors, and norms, enabling the delay of childbearing at later stages of adolescence. (6,8) There is growing evidence that suggests that SBC programming effectively improves intermediate gender and reproductive health indicators among VYAs when it follows best practices, including:

- Working at **multiple levels of the socio-ecological model** to engage VYA boys and girls, their families, communities, and the systems that impact their lives. (5,6,9–11)
- **Addressing inequitable social and gender norms** that drive child marriage and adolescent childbearing. (2,9,11–13)
- **Using gender-synchronized strategies** to engage both VYA boys and girls, separately and together. (14)
- **Tailoring content** to the unique VYA life stage and brain development and adjust strategies to meet the unique needs of VYAs who are **most impacted by inequality and discrimination**. (2,11,15)

Drivers of Adolescent Childbearing in Bangladesh

The report identifies and describes the following key drivers of adolescent childbearing in Bangladesh.

Child marriage: There is consensus both in the literature and among respondents in this research that most adolescent pregnancy and childbearing in Bangladesh occurs in the context of marriage. (16) Child marriage is driven by **poverty, lack of education** and **economic pathways**, and **social and gender norms** that limit girls' agency in decision-making and portray marriage as protective from other gender-based risks.

Rapid childbirth soon after marriage: Marriage almost invariably leads to sexual initiation. Pregnancy soon after marriage is primarily driven by two factors: social and gender norms and lack of access to contraception. Prevailing **social norms** and **gender norms** lead to an expectation among families and community members of pregnancy in the first year of marriage to prove fertility, demonstrate fidelity, and please in-laws. **Lack of access to high-quality and non-judgmental contraceptive services** for married adolescents also contributes to rapid childbirth after marriage.

Pre-marital sexual activity: Pre-marital sex, while highly taboo, is a driver of not only pregnancy, but also child marriage. Three out of every four ever-married women aged 15–24 were married before the age of 18, one-third of which had sexual intercourse prior to marriage. (17) Research suggests that marriage may be used to “cover up” instances of premarital sex and/or pregnancy. Unmarried adolescent access to and use of contraception is also highly taboo and constrained by a common policy interpretation restricting access to only married women and eligible couples. (18)

New and emerging drivers: Climate change, health crises like the COVID-19 pandemic, conflicts, and humanitarian crises are creating instability, uncertainty, and new pressures that can further drive child marriage and associated adolescent pregnancy.

Key Insights from the Research

Agency for All analyzed the rich insights from the range of research activities and synthesized the findings into nine key insights, which are described in detail in the full report and summarized below.



INSIGHT 1: Very few interventions tailor strategies to reach VYAs, especially those aged 10–12.

There are a number of interventions and organizations in Bangladesh that include subsets of ages within the VYA category. However, VYAs are typically addressed as part of a larger bracket of ages, and very few interventions specifically and intentionally target VYAs as a specific group. Although global best practice is clear that content must be tailored to specific, smaller, age-based subgroups within the adolescent age range, programs covered in this review did not, for the most part, articulate such specific strategies or activities to engage with VYAs. Respondents across the research activities identified two primary reasons for this omission of VYA-specific strategies: 1) VYA-specific programming is not seen as needed or a priority for implementers or donors, and 2) implementers perceive significant challenges in reaching VYA audiences, including reluctance of parents to consent to VYA participation.



INSIGHT 2: While some interventions directly address delaying pregnancy, more focus on health education or child marriage.

A relatively low number of interventions and organizations directly address delay of pregnancy—seven out of 17 interventions described in the literature and five out of 22 organizations interviewed in the mapping study—while a much higher number have programmatic objectives focused on delaying child marriage or addressing health education, life skills, gender inequities, and/or agency. Respondents indicated that reasons for this include that the topic of delaying pregnancy is typically seen as inappropriate for the unmarried adolescent life; addressing the topic with married adolescents conflicts with the prevailing social norms that expect adolescents to demonstrate fertility in the first year of marriage; and a perception that donors have limited interest in funding such programs.



INSIGHT 3: Most SBC interventions fall into one of four intervention types but show limited impact on key outcomes, and data needed to consider scale-up is slim.

The SBC interventions reviewed in this research were classified as falling into four intervention types: health information, media-based approaches, curriculum-based approaches, and multi-level approaches. Although, these categories are not mutually exclusive, and some programs may fall into two categories. Despite promising findings from several programs, no programs identified in this review have been evaluated in a way to inform their readiness for scale, as they lack sufficient

information on cost, institutionalization considerations, or other considerations needed to inform scaling.

Programs that provide **health information** to adolescents are necessary but insufficient to address highly complex and normative issues, such as adolescent childbearing. Several programs identified were able to complement health information with other SBC and/or structural interventions, such as school retention support, but some struggled to go beyond health information interventions to engage families, communities, and systems and to use norms-shifting strategies (as further described in Insights 4 and 5).

Media-based approaches have the potential to reach large numbers of adolescents and adults with high-quality information and education on SRH, child marriage, and adolescent childbearing, and can contribute to norms shifting. Several programs in Bangladesh demonstrate this potential; however, the extent to which these programs, particularly those using digital media, can reach VYAs is less clear given most did not disaggregate reach data by age. In addition, many of the media programs identified in Bangladesh reported primarily on reach and lacked robust evaluations to understand impact.

Several programs in Bangladesh demonstrated that **curricula** that are well-tailored to the VYA age and life-stage, align with global guidance for curriculum-based programming (such as that articulated in the United Nations Educational, Scientific, and Cultural Organization’s [UNESCO] comprehensive sexuality education guidance), and are delivered to VYAs with quality and fidelity can improve health knowledge, life skills, gender attitudes and norms, and some selected behaviors. When these curricula-based approaches were implemented alongside other **multi-level interventions**, including SBC and norms-shifting interventions with parents, communities, and/or education and economic support, at least two interventions demonstrated impacts on child marriage and/or adolescent childbearing. (19,20)



INSIGHT 4: SBC programs face constraints in effectively working across levels of the socio-ecological model to address determinants.

Global evidence calls for SBC interventions that work across multiple levels of the socio-ecological model, as VYAs are rarely, if ever, primary decision-makers about their lives. Constraints cited by respondents for not implementing at multiple levels included lack of technical capacity to design, implement, and monitor multi-level programs (in particular, gaps were noted in strategies to reach parents and strengthen systems) and project durations that are too short to implement robust activities across multiple levels.



INSIGHT 5: Strategies that address social norms and related determinants of adolescent childbearing are largely absent in current VYA SBC activities.

Global best practice calls for VYA SBC programs that adopt norms-shifting approaches to change the inequitable gender norms driving child marriage and adolescent childbearing. The findings indicate that despite practitioners in Bangladesh recognizing the importance of social norms,

organizations are constrained by a lack of resources, knowledge, and capacity for implementing activities that go beyond awareness creation to those that can demonstrably shift social norms, especially at the community level. Social norms measurement is also a challenge. Only three programs covered in this review included research to measure social norms change, and only one, Ichedana, reported changes in social norms.

It is well established that shifting inequitable gender norms requires engaging men and boys. In the Bangladesh context, men, especially fathers, are key reference groups that uphold social norms and serve as main decision-makers related to childbearing. Reaching VYA boys is also critical to laying the groundwork for long-term changes in gender norms and gender roles that could affect outcomes later in adolescence and adulthood. Yet, this research indicates that implementers struggle to reach fathers, citing failed attempts to engage men and fathers in clubs or discussion groups, resorting to less efficient methods, such as reaching men at tea stalls and bazaars. Implementers perceive boys as easier to reach and recruit to participate in SBC programs than men and girls but struggle to sustain their interest and participation.



INSIGHT 6: SBC programs addressing adolescent childbearing and child marriage are not consistently intervening where the need is greatest.

The report compared adolescent childbearing prevalence at the division and district levels with the number of organizations identified in the mapping that deliver programming on adolescent sexual reproductive health (ASRH) in those areas. With the exception of one division, findings revealed a misalignment between the divisions that have the highest concentration of actively implementing organizations and the divisions with the highest prevalence of adolescent childbearing. In addition, in Bangladesh, there is significant intra-division variation in district prevalence rates. (21) A comparison of organizational presence in high-prevalence districts showed that organizations' presence did not correspond to those districts of highest needs. Organizations find it hard to reach these "hot spots" due to difficult geographies or community distrust. Ethnic minority communities are often located in these "hard-to-reach" locales, making it difficult to engage these communities, a problem compounded by the lack of materials available in languages other than Bangla. Finally, despite the increasing need for programmatic focus in urban areas, especially urban slums due to rapid rural-to-urban migration, the mapping found that organizational implementation presence is still more heavily concentrated in rural areas.



INSIGHT 7: SBC programs addressing adolescent childbearing and child marriage are not evolving to meet changing conditions.

Bangladesh is, like many places in the world, experiencing rapid social and environmental changes. As one respondent interviewed for this research observed, "(t)hings have changed but we are still implementing the same programs as before." This programmatic stasis is likely to limit the ability of SBC programs to reach VYAs who are most likely to bear children early and can potentially result in backslides in progress. The following are contextual changes to which programming must adapt:

- The impact of the COVID-19 pandemic on school closures, economic instability, and a lack of other opportunities for girls besides marriage
- Climate change and its impact on social and economic instability and loss of wealth

- Rural-to-urban migration exacerbating issues of social insecurity and safety of girls
- The impact of the Rohingya humanitarian crisis on both refugee and host communities
- The 2017 revisions to the 1929 marriage law that introduced an exemption for girls to marry at age 16 with parental permission
- The rapidly changing landscape of communication technology



INSIGHT 8: A lack of data, learning, and evidence on VYA SBC programming in Bangladesh constrains development of programs and policies to address adolescent childbearing.

Gender and Adolescents: Global Evidence (GAGE) has generated a significant amount of information on key aspects of VYA’s lives in Bangladesh in relation to education and learning; bodily autonomy, integrity, and freedom from violence; health, nutrition, and SRH; psychosocial well-being; voice and agency; and economic empowerment. However, routine data on VYA SRH is less available, as the GoB does not have nationally representative data that captures adolescents’ knowledge levels on SRH and rights. VYAs are not captured in national surveys, such as the Bangladesh Demographic and Health Survey (BDHS), which only collects data from married women aged 15–49, and the Multiple Indicator Cluster Survey (MICS), which provides a range of data on children aged 5–17, but only reports SRH data for adolescents aged 15–19. National surveys including the Household Income Expenditure Survey (HIES), the Labor Force and Child Labor Force Survey, Education Household Survey, and the Urban Health Survey cover this age group as members in the household roster, but these surveys do not gather information on SRH.

Programmatic data is also limited. Only four SBC programs identified in the literature review conducted evaluations that measured behavioral or social change outcomes. (19,20,22,23) Instead, most SBC programs identified focused on reporting output data, such as the numbers of adolescents reached (although data is rarely disaggregated by age), complemented with qualitative data from focus group discussions or key informant interviews. Implementers perceive that donors deem programs to be successful when they reach large numbers of adolescents, which contributes to a tendency to focus on outputs over outcomes. Respondents point to a lack of technical competencies to design and administer age-appropriate data collection activities with VYAs.



INSIGHT 9: VYAs may fall through the cracks between different sectors and ministries, limiting the ability to scale and institutionalize programming.

The Population Council’s 2017 report on ASRH programming in Bangladesh observed a “(l)ack of coordination between stakeholders and collaboration with the government” and views “(c)reating opportunities for increased collaboration between the various implementing NGOs and stakeholders working in ASRH and the Government of Bangladesh (as) critical for the advancement and sustainability of ASRH programs.” (24) Agency for All’s findings validate this observation.

Respondents identified relevant ministries, such as the Ministry of Health and Family Welfare, Ministry of Women and Children’s Affairs, Ministry of Social Welfare, and the Ministry of Education, important to addressing the SRH needs of VYAs and adolescent. Yet, these ministries do not all prioritize VYAs and adolescent childbearing, which leads to 1) a dearth of government-led efforts to

reach VYAs, impacting VYA outcomes as well as the ability to scale, institutionalize, and sustain VYA-focused programs initiated by NGOs; and 2) challenges in coordination and harmonization of VYA programs. Findings point to the need for greater coordination at the community level between government, NGOs, and community actors, particularly those working in health, education, and child protection, and addressing capacity gaps in local administrative bodies to support implementation of the National Adolescent Health Strategy and the National Plan of Action to End Child Marriage and to institutionalize and scale VYA SBC programming.

Recommendations

1

Increase investment in programs and strategies to intentionally reach VYA boys and girls to lay the foundation for delayed marriage and childbearing.

Improve stakeholder understanding of the rationale for working with VYAs and how investing in SBC programming with VYAs can facilitate reductions in child marriage and adolescent childbearing.

2

Increase programmatic emphasis on delaying adolescent childbearing, including with married VYAs.

Explore and evaluate different strategies to increase the emphasis on delaying the first pregnancy in SBC programs.

3

Design and implement VYA SBC programs that work across all levels of the socio-ecological model, in alignment with global and national evidence and promising practices.

- Reach VYA boys and girls using evidence-based curricula in school and through out-of-school small group approaches.
- Engage parents and families to improve their knowledge, skills, attitudes, behaviors, and norms.
- Engage men and boys, alongside girls and women, in gender synchronized strategies.
- Go beyond awareness raising to reach communities, including government officials, faith leaders, health workers, teachers, and other influential community members, to shift social norms and strengthen community agency.
- Adopt an adolescent-responsive systems strengthening approach to engage the health sector and foster cross-sectoral partnerships.
- Use multimedia channels in combination with dialogue and community engagement to reach multiple levels of the socio-ecological model.
- Fund and implement VYA SBC programs for longer duration to allow time for behavior and social norm change.

4

Prioritize VYA SBC programming in areas with the greatest burden and ensure programs reach adolescents most vulnerable to child marriage and adolescent childbearing.

- Invest in supporting NGOs to expand their coverage and/or thematic areas to better serve districts with the highest prevalence of adolescent childbearing.
- Target SBC programs to the most vulnerable adolescents and ensure those who are most affected by inequality are reached with appropriate support.

5**Innovate and learn about new strategies to engage VYAs within the changing context and conditions of Bangladesh.**

- Increase SBC activities and investment for VYAs in urban settings, especially in slum areas, and identify new approaches for engaging communities in urban contexts.
- SBC programs should conduct research on VYA media and technology habits to inform future programming.
- Develop the capacity of organizations working on climate change to integrate SBC programs for VYAs and their communities into existing interventions.

6**Increase routine and systematic data collection with VYAs to better understand their lives, practices, and evolving needs.**

- Include VYAs in the national health information system.
- Incorporate VYAs in relevant surveys and include lines of inquiry to assess the SRH of VYAs as well as other important aspects of VYA development.
- Conduct analysis of existing data to share what is known about the lives of VYAs in Bangladesh.
- Encourage use of existing data collection tools tailored to VYAs.

7**Conduct implementation learning, research, and evaluations with a focus on scale and institutionalization of VYA SBC programs in Bangladesh.**

- Evaluate the effectiveness of existing and new VYA SBC approaches and test different implementation strategies and combinations of interventions.
- Assess VYA SBC approaches for scalability and identify pathways for institutionalization and sustainability.
- Apply state-of-the-art participatory research methods, VYA-specific research instruments, and social norms research tool.

8**(Re)invigorate and formalize cross-sectoral collaboration and coordination among government, NGOs, and private sector organizations to operationalize national policies and plans that contribute to reducing adolescent childbearing at all levels of government.**

- Reinvigorate national coordination groups, technical working groups, and networks that have a mandate to improve VYA health and well-being, including the prevention of child marriage and adolescent childbearing.
- Provide technical assistance to lower tiers of government (e.g., *upazilas* and union parishads) to strengthen their capacity to implement national policies.
- Strengthen local standing committees as influential groups in the implementation and enforcement of laws and policies.
- Encourage multi-sectoral coordination among NGOs that work with VYAs and their families in different capacities, including health, education, child protection, poverty alleviation, and climate change.
- Support agency of adolescents by ensuring their representation and participation in national and local committees and networks.

9

Invest in adolescent and youth leadership and support their agency to advocate for stronger responses to child marriage and adolescent childbearing.

- Allocate funding to youth-led organizations to lead implementation and learning activities related to VYA SBC programming.
- Provide funding to establish and/or strengthen platforms for youth and youth-led organizations to advocate for the needs and rights of VYAs and hold their government accountable for action on child marriage and adolescent childbearing at all levels.
- Support adults to confront their biases around adolescents and to develop an improved understanding of the value of working in partnership with young people.

10

Strengthen capacity of a range of stakeholders in VYA SBC programming to lay the foundation to reduce adolescent childbearing.

Use proven capacity development methodologies to improve the organizational, technical, and network capacity of GoB, NGOs, and research entities.

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