Delaying Early Pregnancy in Rural Bangladesh

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Abstract

Child marriage is prevalent in many developing countries. One of the most adverse and irreversible consequences is early pregnancy, which negatively impacts girls' health and educational achievement. Given the prisoner's dilemma surrounding child marriage in South Asian countries, supporting girls in delaying pregnancy appears to be the most pragmatic approach to enhancing their welfare. In this context, we implement a randomized controlled trial aimed at delaying pregnancies among adolescent girls aged 13–17 by providing reproductive health education and services through community health workers. We target rural Bangladesh, where 75% of women aged 20–24 marry before the age of 18, typically in parent-arranged marriages that are accepted without objection, and 74% of them give birth during their teenage years. Beyond delaying first pregnancies, we anticipate the intervention will lead to the following outcomes: (1) reducing school dropout rates and promoting continued education at the secondary and higher levels, (2) improving knowledge and support regarding reproductive health, and (3) enhancing girls' decision-making capacity and autonomy within the household. This study aims to contribute to global efforts to reduce teenage pregnancy and improve reproductive health knowledge and practices.

Keywords: adolescent girls; early pregnancy; child marriage; randomized controlled trial; Bangladesh

JEL Classification: I15, J13, J16, O53

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1 Introduction

Child marriage, defined as the marriage below the age of 18, is highly associated with negative outcomes for girls' welfare, including lower educational attainment, reduced bargaining power within the marital household, and early pregnancy which carries a higher risk concerning the mother's and child's health (Jensen and Thornton 2003). Many countries legally prohibit marriage before the age of 18, and numerous programs have been implemented with the aim of delaying girls' age at marriage. Despite these legal and programmatic measures, child marriage remains prevalent in Sub-Saharan Africa and South Asia, where one-third and one-fourth of women aged 20–24, respectively, are married as children. To make matters worse, COVID-19 induced school closures are estimated to have led to an additional 10 million cases of child marriage (UNICEF 2021).

In South Asia, marriages are typically arranged by parents under pressure from relatives and neighbors. This practice reflects a deeply ingrained social norm that is difficult to change in the short run. Even parents who wish to delay their daughter's marriage may find it challenging to refuse a so-called "good" proposal (Field, Glennerster, and Nazneen 2018). Even if they are strong and considerate enough to refuse an early proposal, a neighbor may simply seize the opportunity instead. This situation can be characterized as a prisoners' dilemma, in which deviating from the prevailing norm results in individuals being worse off. If the girl lacks viable income-earning opportunities, as is often the case in South Asia where marriage is typically seen as a means of economic security for women (Banerjee et al. 2013), early marriage may be the most rational choice for her welfare.

One of the most severe and irreversible consequences of child marriage is early pregnancy, which has detrimental effects on girls' health and educational attainment. If girls can delay pregnancy, they may have the opportunity to continue their education even after marriage. Moreover, avoiding early pregnancy reduces the heightened health risks it poses to both mothers and their babies. Given the challenges of preventing child marriage in practice, supporting girls in delaying pregnancy appears to be the most pragmatic approach to improving their welfare. In this context, we implement a cluster randomized

controlled trial (cRCT) aimed at delaying pregnancy by providing reproductive health services through community health worker to adolescent girls aged 13–17.

This study investigates whether providing reproductive health knowledge and services to adolescent girls can delay their first pregnancy. We focus on rural Bangladesh, where 75% of girls aged 20–24 married before the age of 18, with marriages typically arranged by parents whose decisions are generally accepted without objection. Additionally, 74% of them give birth during their teenage years (National Institute of Population Research and Training (NIPORT) and ICF 2020). Along with delaying the first pregnancy, we expect the following outcomes from the intervention: (1) reducing the school dropout rate and helping girls continue their education at secondary and higher levels, (2) improving knowledge and support related to reproductive health, and (3) enhancing the decision-making capacity and autonomy of girls within the household.

This study will contribute to global efforts to reduce teenage pregnancy and improve reproductive health knowledge and practice. Existing evidence suggests that reproductive health education and contraceptive provision are effective; however, most of these studies have been conducted in advanced economies, particularly in the United States. There is limited rigorous evidence on the efficacy of such interventions in developing countries (see Salam et al. (2016) for a review). Some public health RCTs have been conducted in Africa and Latin America (Klepp et al. 1997; Larke et al. 2010; Ross et al. 2007; García et al. 2012), but these studies primarily focused on the incidence of sexually transmitted diseases such as AIDS, with little attention given to preventing teenage pregnancy. To our knowledge, there is no rigorous RCT studies in regions where premarital sexual intercourse is taboo, such as South Asia, focused on delaying early pregnancy through reproductive health education and practices. Our study will make a significant contribution to filling this evidence and knowledge gap.

Our study will also contribute to the literature on improving adolescent girls' rights and protection. Most existing studies have focused on interventions aimed at preventing child marriage. However, these efforts often have limited effects and are frequently associated with costly interventions. Some programs target adolescent girls with the goal of

empowering them to have better negotiating power in marriage decisions (Austrian et al. 2020; Amin, Saha, and Ahmed 2018). Unfortunately, many of these studies are ineffective because the intervention programs are often multifaceted and lack focus, while some also face implementation challenges. Moreover, the mechanisms through which empowering girls reduces child marriage are not yet clear, as such marriages are usually arranged by parents and relatives, with girls often having no choice but to accept the parental decision. Other programs focus on providing incentives to parents and girls to delay marriage by implementing cash or in-kind transfers conditional on girls' school enrollment or remaining unmarried (Baird, McIntosh, and Özler 2011, 2019; Buchmann et al. 2023). Although these conditional cash transfer (CCT) programs have shown some effectiveness (Malhotra and Elnakib 2021), their impact remains limited and mixed.

Additionally, we will contribute to the literature on social norms, which has primarily focused on the persistence of local culture and social practices (Bursztyn, Gonzalez, and Yanagizawa-Drott 2020; Alesina, Giuliano, and Nunn 2013), but has rarely examined whether interventions can change harmful social practices.

2 Background and qualitative field observations

The eradication of child marriage is explicitly mentioned as Sustainable Development Goals (SDGs) target 5.3, and existing programs have primarily focused on preventing child marriage. Though eliminating child marriage is, of course, ideal, reality does not always conform to our expectations. Apart from being ineffective in the context of weak legal enforcement, these programs can sometimes lead to unintended negative consequences.

First, since child marriage is illegal, those involved, such as parents, often hide instances of child marriage. According to local community health workers, cases of child marriage are usually revealed only when the girl becomes pregnant; by then, it is too late. Although reproductive health services are available even in remote, impoverished villages in rural Bangladesh, they often fail to reach the girls most in need.

Second, strict enforcement of child marriage laws, including fines, can sometimes lead to unintended consequences. One adverse example is the annulment of already concluded marriages, known as "marriage withdrawal." Girls who experience marriage withdrawal report negative consequences, including stigma and limited education and livelihood opportunities (Melnikas et al. 2021).

Third, many child marriage prevention programs include a reporting system in which witnesses inform local authorities about child marriage incidents. Once reported, the authorities typically intervene and halt the ceremony. While organizations such as UNFPA and UNICEF emphasize the effectiveness of such interventions (UNFPA and UNICEF 2021), our field observations reveal disappointing outcomes. Even if the ceremony is temporarily stopped, it often takes place the following day. In reality, such interventions benefit no one, as guests have already incurred costs in terms of time and money to attend the ceremony, and the marriage is ultimately concluded regardless.

The ineffectiveness of child marriage prevention programs and their unintended consequences highlight the need for a more pragmatic approach to supporting girls at risk. With this in mind, we conducted qualitative field interviews, which revealed the following insights.

First, girls often become pregnant right after marriage. This is largely due to a lack of reproductive health knowledge, including birth control and contraceptive methods. The few married girls who do possess birth control knowledge are typically those fortunate enough to receive information from older sisters, sisters-in-law, or mothers. These girls often use contraceptive pills to delay their first pregnancy.

Second, many young couples, both the girls and their husbands, who are on average about five years older, would prefer to delay pregnancy if given the opportunity. They frequently describe early pregnancy as an "accident," though in reality, it is not. Pregnancy occurs simply because contraceptives are not used due to a lack of knowledge or availability.

Third, community health workers generally provide reproductive health education, birth control measures, and free contraceptives in rural Bangladesh. However, these

workers often fail to reach young couples, primarily because child marriage are hidden in the first place due to their illegal status.

Fourth, many married girls in rural Bangladesh continue to attend school. According to the Directorate of Secondary and Higher Education, 47,000 secondary school girls are married. However, no collective action or policy effort has been made by the government or NGOs to support these married girls in continuing their schooling.[1] Until they have children, it is often feasible for them to remain in school despite being married.

In South Asia, child marriage persists as a social norm, with multiple stakeholders involved in the decision-making process, making it complex. As a result, this norm operates as an equilibrium, making deviation challenging even for parents. By contrast, pregnancy is a private matter between the young couple. As long as they cooperate, they have greater control over its occurrence compared to marriage itself.

3 Intervention

To answer the research question, the current study conducts a cRCT in Gaibandha district (Figure 1), one of the most child marriage-prevalent areas in rural Bangladesh. To achieve a minimum statistical power of 0.8, the cRCT includes a total of 120 villages, with 60 assigned to the treatment group and 60 to the control group. The 120 villages are randomly selected from those with high rates of child marriage and secondary school dropout, based on the Participatory Rural Appraisal/Census. A key eligibility criterion is that the selected villages have no existing NGO activities related to this project.

The intervention targets unmarried adolescent girls aged 13–17 at baseline, as they are particularly vulnerable to child marriage and subsequent teenage pregnancy. Qualitative interviews conducted prior to the survey indicate that most girls become pregnant shortly after marriage, often lacking any reproductive health knowledge. If the intervention were to focus on married girls, it might be too late to prevent early pregnancy.

The survey timeline is presented in Figure 2. From September to October 2023, a listing survey is conducted to identify all eligible households in each of the 120 survey

[1] https://en.prothomalo.com/bangladesh/wvlzm55zeh

Figure 1: Survey site

villages. Eligible households are defined as those with at least one unmarried girl aged 13–17. Girls who are expected to marry within a few months are excluded. Based on the listing survey, 10 households are randomly selected from each of the 120 villages, and baseline surveys are conducted from December 2023 to January 2024. Following the baseline survey, half of the villages (60) are randomly assigned to the treatment group, while the remaining 60 serve as the experimental control (status quo) group. The intervention is implemented from February 2024 to January 2025, followed by midline and endline surveys.

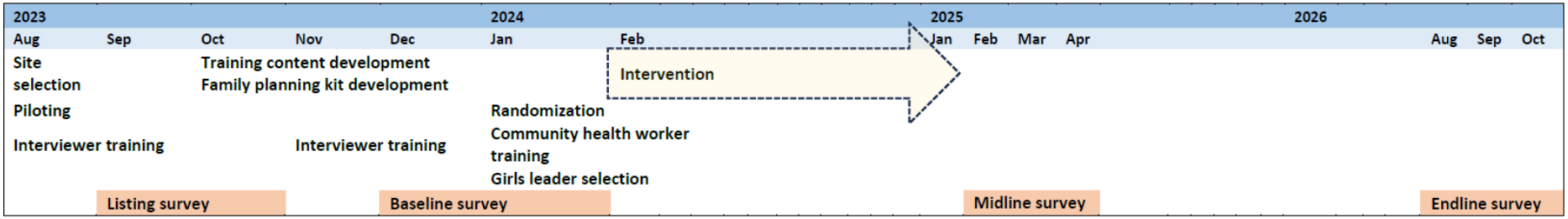

Figure 2: Timeline

The core treatment intervention consists of the following components. (1) Girls' (Kishori) club: Monthly learning and counseling sessions are conducted by trained community health workers called "field motivators" to educate girls on child marriage and reproductive health (see Appendix for session content). Girl leaders, selected based on pre-determined criteria, support the field motivators and facilitate club activities (see Appendix for the selection checklist). Participants receive a reproductive health knowledge booklet prepared by public health expertise (see Appendix for booklet content). Field motivators track attendance and administer mini quizzes to assess learning progress. If a girl's learning level is unsatisfactory, she receives follow-up support. Absentees have their reasons recorded, and field motivators follow up with them individually. (2) Family planning support: The intervention provides a Family Planning Kit (including a booklet, contraceptive pills, and male contraceptives) and ensure future contraceptive supplies on a need basis, with personal distribution of referrals (see Appendix). Girls who have migrated to their husband's village are followed up via phone and encouraged to connect with local community health workers.

4 Data

We develop the baseline questionnaire, which collects information on the basic demographic and socioeconomic characteristics of households and members, as well as some subjective measures related to social norms and reproductive health knowledge (see Appendix for the questionnaire). Our right-touch intervention also relies on the information collected in the baseline survey.

The outcome variables for main intervention, i.e., monthly girls' club providing reproductive health knowledge, are summarized as follows.

The sample size is 1200. We calculate the minimum detectable effect size (MDES) to ensure a statistical power of 0.8. According to the latest DHS Bangladesh 2017–18, the rate of child marriage for women aged 20–24 is 75% in the Rangpur region, where our study site, Gaibandha district, is located. The DHS records the age of first birth for

Table 1: Planned outcomes of the main intervention

Outcomes	Measurement	Variables of interest
Use of contraceptives	Self reported observation	Primary
Delay in early pregnancy	Self report and community clinic assessment using pregnancy test kit	Primary
School continuation	Self report	Secondary
Incident of child marriage	Self report, also verified by neighbours and friends	Secondary
Intimate partner violence (IPV)	Survey-based (verbal and non-verbal) method	Secondary
Mental health outcomes	Survey-based measurement (raw score and standardized index construction)	Secondary
Demand for contraceptives	Game based incentive compatible measurement	Secondary
Migration	Survey-based measurement	Downstream
Income generating activities	Survey-based measurement (job-type, earnings in taka [converted into log or hyperbolic sine transformation], hours of work)	Downstream

married women, and we assume that a woman was pregnant one year before the recorded age of first birth. Given that the DHS records pregnancy only for married girls and that out-of-wedlock pregnancy is rare in Bangladesh, we estimate the rate of pregnancy for our sample girls, who reach ages 14–18 by midline, based on DHS data. The expected rate of pregnancy of our sample without any intervention is 60%. Using the same data, we calculate the intracluster correlation ($\rho = 0.0353$). We calculated the MDES using the STATA command *clustersampsi*, with a control mean (without treatment) of 0.60, and a control standard deviation of 0.48, the number of individuals per cluster is 10 with 60 clusters per arm. With type I error at 0.05 level, we estimate an MDES of 0.08, or 16.7% of a standard deviation, without any attrition. Even with a 10% attrition rate, which is a reasonable assumption based on past surveys in the same region, the MDES remains 0.08.

Table 2 presents the baseline summary statistics and the balance test for the main intervention. The p-value of the randomization inference test is calculated following Heß (2017), considering cluster(village)-level randomization. The treatment and control arms are balanced at baseline.

Table 2: Summary statistics and balance test

	Controlled		Treated		Randomization
	Mean	SD	Mean	SD	p-value
Girls' number of observations	600		600		
age	14.87	1.27	14.81	1.26	0.47
years of education	8.06	1.86	8.01	1.79	0.70
currently enrolled	0.96	0.19	0.97	0.17	0.65
Fathers' number of observations	511		487		
age	46.52	8.02	46.37	8.44	0.82
married	1.00	0.06	0.99	0.09	0.25
literacy	0.53	0.50	0.52	0.50	0.70
years of education	4.06	4.44	4.25	4.52	0.53
Mothers' number of observations	574		569		
age	39.46	6.22	38.85	6.23	0.22
married	0.95	0.21	0.95	0.23	0.42
literacy	0.55	0.50	0.58	0.49	0.40
years of education	3.98	3.90	4.24	4.02	0.37
Head's number of observations	596		599		
age	45.91	8.83	46.03	9.85	0.85
sex	0.88	0.33	0.84	0.36	0.22
married	0.95	0.23	0.92	0.27	0.07
literacy	0.53	0.50	0.49	0.50	0.22
years of education	4.18	4.46	4.07	4.49	0.69
Muslim	0.95	0.22	0.94	0.24	0.82
Wealth index	-0.04	0.71	0.04	0.74	0.15
Value wealth index	-0.02	0.78	0.02	0.66	0.65

Note. Standard deviations are in parentheses. The reported p-value accounts for cluster (village)-level randomization and is calculated following Heß (2017). The wealth index is constructed using principal component analysis based on household asset ownership (e.g., vehicles, electronics, furniture). The value wealth index is based on the value of households' own assets (e.g., land, jewelry, livestock).

5 Estimation

5.1 Main estimation and results

Let's denote the outcome variable of interest of individual i in the village j is Y_{ij}. Then, assuming constant treatment effects and successful randomization (i.e., no correlation between treatment status and characteristics), we can estimate the average impact of the intervention through the following regression:

$$Y_{ij} = \beta_0 + \beta_1 T_j + \epsilon_{ij}, \tag{1}$$

where T_j refers to the treatment assignment. To increase the precision of the β_1 estimates, we could also run:

$$Y_{ij} = \beta_0 + \beta_1 T_j + \boldsymbol{X}'_{ij}\beta_2 + \epsilon_{ij}, \tag{2}$$

where X_{ij} refers to a vector of individual and household characteristics such as girl's age, socio-economic status of the household. The standard error will be clustered at the treatment level. Since assignment to the treatment groups is randomized, the OLS specifications in (1) and (2) produce consistent estimates of treatment effect. In some regression estimates (such as knowledge of reproductive health) we will run ANCOVA ITT regression (when appropriate such as using baseline reproductive knowledge score).

Mechanism:

- Reproductive health knowledge: Measured using survey-based knowledge test (test scores, threshold for passing score).
- Contraceptive access facility: Availability of health clinic or facilities nearby (distance, time taken to access the facilities).
- Empowerment, decision making autonomy: Survey-based measurements (raw score and standardized index construction).

- Bargaining position: an incentivized measure of bargaining as in Schaner (2017) and Bakhtiar et al (2024).
- Peer support, solidarity and pressure: Survey-based measurements
- Monitoring and surveillance: Survey-based measurements
- Network: Knowledge and information network: Survey-based measurements

Heterogeneity

We will test whether the impact of the treatment varies with pre-determined characteristics, measured at the baseline and denoted by K_i

$$Y_{ij} = \beta_0 + \beta_1 T_j + \beta_2 (T_j \times K_i) + \boldsymbol{X}'_{ij}\beta_3 + \epsilon_{ij} \tag{3}$$

We will consider heterogeneous effects along the following dimensions available at baseline

- Household poverty classification
- Parental education
- Parental occupation
- Age
- Number of siblings (older/younger) and their marriage/pregnancy status
- Husbands' education, age (education and age gap).
- In-law's poverty status.
- Secondary belief scores.

Multiple test correction

We will also correct for multiple testing hypotheses, by implementing Q-values adjust p-values (sharpened p-values), which can adjust the false discovery rate—implementing Benjamini, Krieger and Yekutieli (2006) method.

Index construction

For some summary measures of outcome families, we plan to group several related variables into index variables following Anderson (2008). We will construct the indices in three steps. First, we will re-code all contributing outcomes so that higher values correspond to treatment effects in the same direction ("better" outcomes). Second, we will standardize the individual outcomes using the control group mean and standard deviation for that outcome. Third, we will calculate the average of the standardized constituent outcomes, weighted by the inverse covariance matrix. We will estimate the covariance matrix and hence the weights using only observations that have non-missing values for all outcomes in the index. Where a specific outcome value is missing for a respondent, we calculate the value of the index for that respondent using the remaining outcomes.

5.2 Robustness checks

Controls

We will use LASSO to select controls variables from the set of variables available in baseline data before the intervention. We will show robustness to running out results including these controls.

Attrition

To check for systematic attrition between treatment arms, we will execute the following regression:

$$Attrition_{ij} = \beta_0 + \beta_1 T_j + \boldsymbol{X}'_{ij}\beta_2 + \epsilon_{ij}, \tag{4}$$

where $Attrition_{ij}$ is one if household i in community j has not completed the survey questionnaire and zero otherwise.

To understand if the composition of the sample changes because of attrition, we will regress an indicator of attrition on a vector of baseline characteristics.

For any specification outcome where responses are missing for more than 10% of the sample, we will use two analyses to assess the sensitivity of our results to missing data: 1. We will use the estimates from the previous analysis to construct the predicted probability of missing data for each observation, estimate model (1) using inverse probability weights, and implement the same hypothesis tests described in estimation section. We will construct standard errors using a two-stage bootstrap algorithm where we estimate both the weights and the regression parameters in each bootstrap iteration. 2. We will construct bounds on treatment parameters using the trimming procedure described in Lee (2009).

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Online Appendix

Delaying Early Pregnancy in Rural Bangladesh

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A.1

Adolescent Sexual and Reproductive Health Education and Service Programs

Project Name: Delaying Early Pregnancy in Gaibandha District in Bangladesh

Guideline For Conducting Monthly Sessions

1.0 Introduction:

The purpose of this guideline is to discuss in detail how a monthly session/meeting will be conducted in the 'Kishori Clubs' conducted as part of the intervention program of the above project. In this case, from before the monthly sessions are held to the end, giving guidance to a 'Field Motivator' about what the tasks are and how he will implement them. So that all the sessions are organized in the same way i.e. the quality of the sessions is the same.

1.1. Each 'Field Motivator' will be responsible for managing a total of 20 'Kishori Clubs'. the list will be provided to them in advance (before starting the intervention activities).

1.2. 'Field Motivators' will conduct one session per month in each club. The duration of the session will be 1 hour to 1 hour 30 minutes. Each Kishori Club will hold a total of 12 sessions in 12 months i.e. 1 per month. The topics of discussion in each month will be pre-determined i.e. in which month the topic to be discussed will be informed in advance to the 'Field Motivators'.

1.3. The “Field Motivators” will select a leader and a co-leader from among the girls participating in each girl's club. The team leader will be responsible for collecting all the participants before each session and be present at the specified time and place. On the other hand, the assistant team leader will assist the team leader in these tasks and if the team leader is absent for any reason, he will perform the duties of the team leader.

2.0 Tasks before holding the monthly session:

2.1 All group members and adolescent girls should be informed in advance about the day, date and time of the monthly session. In this case, the leader and co-leader of each girl club must be informed one week before the session. They will inform other Kishori members directly or through mobile phone. However, the field motivators will randomly cross check that the group members are aware of the date and time of the session and finally inform them again the day before the session and try to ensure attendance.

2.2 Prepare in advance all the logistics needed to conduct a session. As example- segregation of required number of booklets/flashcards, checking if there are question papers for taking tests or quizzes, pens/pencils, marker pens etc.

2.3 At least 20 minutes before the start of the session, the 'Field Motivator' will arrive at the designated place where the session will be held. In collaboration with the Group Leader and Co-Leader, ensure that seating arrangements are appropriate and appropriate.

3.0 Tasks after starting the session:

3.1 **First 5 minutes:** Exchange greetings with everyone and record the attendance of the girls present in the attendance book. And provide session materials (Booklet). If a girl is absent, ask the girls present about the reason for her absence.

3.2 Next 45-60 minutes: The Field Motivator will discuss specific topics. In this case, how to discuss, how long to discuss a topic, what will be the learning method, follow the way taught in the field motivator training program. **Follow the 'schedule of facilitation in kishori club'.**

3.3 **Last 15-30 minutes:** The next 15-30 minutes will be a feedback session. At this time, take feedback from the teenagers. Try to find out how much they understand. In this case, they can be asked various questions about the topic discussed, and their answers can be heard. They are also knowing and answering any questions the teenagers have. There may be a short quiz at the end of each session. In this case, the question papers should be distributed among the group members present, and the test should be taken as per the instructions.

4.0 Tasks at the end of the session:

4.1 To discuss and finalize the date and time of the next session.

4.2 Thanking everyone present.

4.3 If a girl is absent, meet or talk to her on the phone to discuss the day's topics. Also, to investigate the reason for the absence. At the same time, encouraging her to attend the next session.

4.4 Providing attendance data to the reporting supervisors.

4.5 Completing the prescribed reporting form for the session and providing it to the reporting supervisor.

5.0 Session Evaluation Method

5.1 How much knowledge the youth members present have been able to acquire about the topics discussed in the session should be verified.

5.2 In this case, there will be a quiz session at the end of each session where each girl has to give one question paper and collect their answer sheets within the specified time.

5.3 The answer sheets should be evaluated to see if the youth members present could answer at least 80 percent of the questions correctly. If a participant gives less than 80 percent correct answers, she must explain the topics separately. On the other hand, if the majority of the participants give less than 80 percent correct answers, then the subject should be discussed again.

6.0 Field Motivator's Tasks for Absent Girls

6.1 If a girl is absent from a scheduled day's session, first discuss the reason for her absence with the other girls in the group.

6.2 If possible, visit the home of the missing adolescent and inquire about her, provide session materials, and give a brief idea about the session.

6.3 If a home visit is not possible, talk to him on the phone and get details about why he missed the session.

6.4 Encourage him to attend the next session.

6.5 The most essential thing is to contact the absent adolescent at least once a month, find out why the absence is, encourage her to attend the sessions, and give proper reports.

7.0 Flashcard Usage Guidelines

The flashcard will be used by:

- Field motivators will use the flashcards to conduct monthly sessions of the 'Kishori Club'.

Flashcards will be used for:

- Flashcards will be used to conduct learning/peer education with adolescents aged 13 to 17.
- It will also be used in adolescent reproductive health discussions, group meetings, health rallies, training programs, adolescent-friendly health centers, and parenting meetings.
- Among the girls who are a little older (14 years and above), child marriage, safe motherhood, danger signs of pregnancy, planned family, etc., need to be discussed with particular importance.

Flashcard Usage Rules for Assistants:

1. Before use, read well and clearly understand the subject and related images.

2. At each discussion, take only the card to the session on the day of the discussion and give it to all the adolescent members present.

3. Place all present in a row in a U shape. So that everyone can hear the speaker and see the picture.

4. Mention the topic before the meeting starts. Find out the attitude of team members by asking questions. Explain why the topic was chosen before going into detail.

5. The discussion should be as participative as possible; otherwise, everyone present may become impatient. Keep the discussion simple, lively, and concise.

6. Encourage everyone present to ask questions.

7. Ensure the active participation of members.

Adolescent Sexual and Reproductive Health Education and Service Programs

Project Name: Delaying Early Pregnancy in Gaibandha District in Bangladesh

Session wise Discussion Topic

Sl.	Topics	Lesson management method	Time Allocation (Tentative)
	Familiarization and Inertia Removal	-Introduction and use of elementary inertial ablation method	
1st Discussion	Adolescence and Adolescent Changes	- Discussion - Calling questions and providing answers - Ending	- Discussion 45-60 minutes - Question and answer session 15 minutes
2nd Discussion	Consequences and prevention of child marriage	- Review of Previous Topics - Use of Question Bank - Discussion of assigned topics - Calling questions and providing answers - Ending	- Review - 10 minutes - Discussion 45-60 minutes - -Question and answer session 15 minutes
3rd Discussion	Family planning and procedures	- Review of Previous Topics - Use of Question Bank - Discussion of assigned topics - Calling questions and providing answers - Ending	- Review - 10 minutes - Discussion 45-60 minutes -Question and answer session 15 minutes
4th Discussion	Safe motherhood	- Review of Previous Topics - Use of Question Bank - Discussion of assigned topics - Calling questions and providing answers - Ending	- Review - 10 minutes - Discussion 45-60 minutes -Question and answer session 15 minutes
5th Discussion	Unsafe abortion and post-abortion care	- Review of Previous Topics - Use of Question Bank - Discussion of assigned topics	- Review - 10 minutes - Discussion 45-60 minutes

Sl.	Topics	Lesson management method	Time Allocation (Tentative)
		- Calling questions and providing answers - Ending	-Question and answer session 15 minutes
6th discussion	Food and nutrition	- Review of Previous Topics - Use of Question Bank - Discussion of assigned topics - Calling questions and providing answers - Ending	- Review - 10 minutes - Discussion 45-60 minutes -Question and answer session 15 minutes
7th discussion	Sexual and reproductive health and sexual and reproductive health rights	- Review of Previous Topics - Use of Question Bank - Discussion of assigned topics - Calling questions and providing answers - Ending	- Review - 10 minutes - Discussion 45-60 minutes -Question and answer session 15 minutes
8th discussion	Reproductive tract infections, sexually transmitted infections and venereal diseases	- Review of Previous Topics - Use of Question Bank - Discussion of assigned topics - Calling questions and providing answers - Ending	- Review - 10 minutes - Discussion 45-60 minutes -Question and answer session 15 minutes
9th discussion	Gender and violence against women	- Review of Previous Topics - Use of Question Bank - Discussion of assigned topics - Calling questions and providing answers - Ending	- Review - 10 minutes - Discussion 45-60 minutes -Question and answer session 15 minutes
10th Discussion	Risks of smoking and drug addiction in health	- Review of Previous Topics - Use of Question Bank - Discussion of assigned topics - Calling questions and providing answers - Ending	- Review - 10 minutes - Discussion 45-60 minutes -Question and answer session 15 minutes

Important Notes:

A. 2nd, 3rd, 4th and 5th discussions of topics should be repeated every three months. Field workers will adjust their plans accordingly.

b. The signatures of the participants present at each session must be obtained.

c. The report should be presented in the prescribed table for each discussion session. Necessary photographs or other documents should be submitted along with the report.

d. Necessary accounts related to distribution of birth control materials and pregnancy kits should be kept properly.

e. The team leader should submit daily work report and communicate with him daily. Team leader should be informed about any emerging situation.

Adolescent Sexual and Reproductive Health Education and Service Programs

Project Name: Delaying Early Pregnancy in Gaibandha District in Bangladesh

Topic wise Learning Questions

Sl.	Chapter/ Topic	Learning Questions
1	Adolescence and Adolescent Changes	1. Who are adolescents? 2. What kind of changes are seen in them during adolescence? 3. What is the menstrual cycle? 4. What to do or manage during menstruation? 5. Is menstruation or dysmenorrhea natural? 6. What are the common characteristics of puberty? 7. What can adolescents do during puberty?
2	Sexual and reproductive health and sexual and reproductive health rights	1. What is health and reproductive health? 2. What are the components of sexual and reproductive health? 3. What are reproductive health requirements? 4. What are sexual and reproductive health rights? 5. What do you need to do in reproductive health education?
3	Food and nutrition	1. What do you know about food and nutrition? 2. What are the components of nutritious food? 3. What happens if you don't eat nutritious food? 4. What is the importance of nutritious food during menstruation? 5. What would be a healthy daily diet for you?
4	Consequences and prevention of child marriage	1. What is child marriage? 2. How many girls are getting child marriage in Bangladesh? 3. What is the problem of child marriage? 4. How to prevent child marriage? 5. What does our law say against child marriage? 6. If child marriage happens, what needs to be done?
5	Safe motherhood	1. Why does maternal death occur? 2. What are the risks of teenage pregnancy?

		3. What are the psychological risks of teenage pregnancy? 4. What measures should be taken during pregnancy and delivery? 5. What are the 5 danger signs during pregnancy? 6. Where can the service be found?
6	Family planning and Its' Methods	1. Why is family planning necessary? 2. What are the methods of family planning? 3. When should any methods be taken? 4. How to motivate men to take up family planning? 5. How to choose the right method for you? 6. Where can I find family planning services?
7	Unsafe abortion and post-abortion care	1. What is an unsafe abortion? 2. What is menstrual regularization? 3. Why do girls want to have an unsafe abortion? 4. What problems can occur in an unsafe abortion? 5. Where can safe menstrual regularization services be found?
8	Gender and Violence Against Women	1. Is there any discrimination between men and women? 2. What needs to be done to eliminate the discrimination between male and female in the family? 3. What are sexual harassment and sexual violence? 4. What is the way to escape from sexual harassment and violence? 5. Where to go to get help?
9	Reproductive system infections, sexually transmitted infections and sexually transmitted diseases	1. What are reproductive tract infections and sexually transmitted diseases? 2. Why and how do reproductive tract infections occur? 3. What is the problem with hiding the disease? 4. What is HIV and AIDS? 5. How is HIV spread and how is it not spread? 6. How to prevent this disease? 7. What are the misconceptions about this disease? 8. Where to get service?
10	Risks of smoking and drug addiction in health	1. What is a drug? 2. What is drug addiction? 3. Why are people addicted to drugs?

		4. What is the damage to the body and mind due to drug addiction? 5. How to get rid of drug addiction? 6. What can we all do against drugs?

Reproductive Health Services Training and Education Program (RHSTEP)

Adolescent sexual and reproductive health education and service programs

Project Name: Delaying Early Pregnancy in Gaibandha District in Bangladesh

Session wise Activity Report

Name of the Centre : .....

Program Name : .....

Full address of centre : .....

Target Population of the prgoram: Adolescents Girls/

Visit No. (Visit) : ..... Date of visit: .....

Time : ..... to ..... Means of Travel : .....

Distance from center : ..... K.M.

Guest of Honor/Observer present at the event (if any)

Sl.	Name	Designation	Signature
1.			
2.			

Description of the Educational Activities in the Session

..... Session Details:

Scheduled Discussion Topics of the Session (Modulewise)	Topics Discussed in the Session	Name and Designation of the Session Conductor	Name of Materials Distributed in the Session	Number of Materials Distributed in the Session

Type and Number of Participants in the Session

Type of Participants	Total Number of Participants in the Education Session	Number of Unmarried	Number of Married	Number of Pregnant Mother
Adolescent Girls				
Total number				

Description of Activities: (in detail)

1. What are the prescribed topics of the session, how are they discussed and what materials are used?

2. What questions did participants have about the session while conducting the session? (use separate page if necessary)

3. Are there any experiences or achievements from the session participants?

4. Field Motivator's own opinion to conduct the educational activity of the session more smoothly:

a) Do you feel the need for any new materials to conduct the session more well? Describe the material.

b) Does the 'Field Motivator' have her own methods of making the session more enjoyable? If so, describe it.

Name and signature of the Field Motivator

Name : .....

Designation : .....

Signature : .....

Name and signature of the Supervisor

Name : .....

Designation : .....

Signature : .....

Informed Consent/Assent Form

Project title: Delaying Early Pregnancy in Gaibandha District in Bangladesh, Group Session (January 2024)
Organization: IDE-JETRO, Japan and Florida International University
Name of investigators: Momoe Makino, Abu Shonchoy

Purpose of the research
Assalamu Alaikum. My name is Md. Rahidul Islam, a principal researcher from MOMODa Foundation. MOMODa Foundation is implementing a group session on behalf of IDE-JETRO. The purpose of this group session is to enahnace the reproductive health knowledge of young women in rural Bangladesh.

What will happen if you take part in the session?
If you decide to take part in the session, you will be asked to do the following activities:
Presence in the group session: We will implement the group session to enhance your knowledge on reproductive health. The implementer is the female health worker. The session will take approximately one hour of your time. Your name will be collected.
Risk
There is no risk of physical or emotional harm if you participate in this session.
Benefits
The session aims to enhance your reproductive health knowledge and, in the long run, improve household economic condition.
Privacy, anonymity and confidentiality
Identifier information collected in this study will be coded with a number and will be kept confidential. All information will be saved in a different encrypted file where only authorized research staff will have access. Your name will never appear in any publication or results from the study.
Future use of information
N/A since the name is collected only for matching with the survey indentifier.
Right not to participate and withdraw
Participation in this session is voluntary. You have the right to know about the procedures, risks, and benefits of the session. Even if you decide to take part, you can change your mind later and can leave the session at any time. No matter what decision you make, there will be no problems for you.
Answering your questions/ Contact persons
If you have any questions about this session, please contact Rahidul Islam of MOMODa Foundation either via email (rahidul93.ru@gmail.com) or via phone (+880 1737 712000).
We are very grateful for your participation.

Do you have any questions regarding this session now?	Yes	No
Do you agree to participate voluntarily in this session?	Yes	No

(If you and your guardian agree to take part in the session, please indicate that by putting your signature or your left thumb impression at the specified space below)

May I start?

A.2

Questionnaire for Selecting the Leader Girl

Section 1: Basic Questions

Questions	Answer	Mark
1. Do you live permanently in this village?	0. No 1. Yes	
2. Have completed studies up to at least the fifth grade?	0. No 1. Yes	
3. Do you have your own mobile phone?	0. No 1. Yes	
4. Have experience working as a captain/leader (class monitor) in school?	0. No 1. Yes	
5. Have experience of any kind of training or workshop participation from any Government/Non-government/Local organization other than academic education?	0. No 1. Yes	
6. Have any experience of volunteering in any kind of NGO/social organization/cultural organization?	0. No 1. Yes	
7. Have any experience of participating in debate competition or cultural competition?	0. No 1. Yes	
8. Have experience working as a youth volunteer or youth advocate under any organization?	0. No 1. Yes	
9. Are you willing to work at least 3 hours per month?	0. No 1. Yes	
10. Does any member of your family work or have worked as a local government representative?	0. No 1. Yes	
11. Have a healthy and fit body?	0. No 1. Yes	
12. Whether the family will give permission?	0. No 1. Yes	

Section 2: Leadership related Questions

1	**Communication Skills:**	
	How comfortable are you in expressing your thoughts and ideas in front of the group?	
	a) Very comfortable	3 points
	b) Somewhat comfortable	2 points
	c) Neutral	1 point
	d) Uncomfortable	0 points
2	**Empathy and Understanding:**	
	How do you approach understanding the perspectives and feelings of others in the group?	
	a) Actively listen and consider others' viewpoints	3 points
	b) Sometimes consider others' viewpoints	2 points
	c) Rarely consider others' viewpoints	1 point
	d) Not sure	0 points
3	**Responsibility and Accountability:**	
	How do you manage your responsibilities, especially when it comes to commitments within a group?	
	a) Always fulfill commitments on time	3 points
	b) Often fulfill commitments on time	2 points

	c) Sometimes fulfill commitments on time	1 point
	d) Rarely fulfill commitments on time	0 points
4	**Collaboration and Teamwork:**	
	How do you approach working with others in a team setting? Can you give an example?	
	a) Collaborate well and consider everyone's opinions	3 points
	b) Sometimes collaborate and consider opinions	2 points
	c) Prefer working alone	1 point
	d) Not sure	0 points
5	**Motivation and Commitment:**	
	What motivates you to participate in the group, and how committed are you to attending regular sessions?	
	a) Highly motivated and committed	3 points
	b) Moderately motivated and committed	2 points
	c) Low motivation and commitment	1 point
	d) Not sure	0 points
6	**Overall Leadership Potential:**	
	In your opinion, what makes a good leader, and how do you embody those qualities?	
	a) I possess the qualities of a good leader	3 points
	b) I'm developing the qualities of a good leader	2 points
	c) I'm not sure what makes a good leader	1 point
	d) I don't think I have the qualities of a good leader	0 points
7	**Problem-Solving Skills:**	
	How would you handle challenges or setbacks within the group, and what strategies would you use to keep the group motivated?	
	a) Develop solutions and motivate the group	3 points
	b) Seek help from others to solve challenges	2 points
	c) Avoid addressing challenges	1 point
	d) Not sure	0 points
8	**Leadership Style Preferences:**	
	Which leadership style do you believe aligns with your preferences?	
	a) Democratic (collaborative decision-making)	3 points
	b) Authoritarian (clear direction and control)	2 points
	c) Laissez-faire (hands-off approach)	1 point
	d) Not sure	0 points

A.3

My world, I am the one who recognizes it!

MOMODa FOUNDATION
Evidence • Advocacy • Action

RHSTEP
REPRODUCTIVE HEALTH SERVICES TRAINING & EDUCATION PROGRAM
ONE STOP SERVICE

My world, I am the one who recognizes it!

Adolescent Sexual and Reproductive Health Education and Service Program Training Assistant

Participants:
Field Motivator, IDI-DIP Project.

Guidance:
Kazi Suraiya Sultana, Executive Director, RHSTEP
Dr. Abu S. Sonchoy, Associate Professor, Department of Economics, Florida International University, USA
Professor Dr. Momo E. Makino, Senior Research Fellow, Institute of Development Economics (IDE), Japan
Md. Enamul Haque, Executive Director, MOMODa FOUNDATION

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Endorsement:
Reproductive Health Services, Training and Education Program (RHSTEP)
and
MOMODa FOUNDATION

Publication Date:
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Sponsorship and Cooperation:
IDE-JETRO, Japan; and Florida International University, USA

Ownership:
RHSTEP and MOMODa FOUNDATION

Introduction

Early and untimely motherhood poses a curse-like situation for adolescent girls. In Bangladesh, approximately one-fourth of the teenage population, aged 10-19 years, falls into the category of adolescents. Half of this group consists of females or girls, with about 54% of them getting married before the age of 15. Furthermore, around 23% of them experience early pregnancies, similar to their first conception. In a conservative society like Bangladesh, a significant portion of female children become aware of their bodies and the responsibilities associated with it before learning about marital sexual relations. Consequently, many of them experience early motherhood. As a result, many confront various physical issues or health problems and, in some cases, even face mortality due to premature motherhood. In response to the harsh reality of early marriage and its consequences, RHSTEP and MOMODa FOUNDATION have jointly undertaken a project titled "Delaying Early Pregnancy in Gaibandha District in Bangladesh." Through this initiative, they aim to empower approximately 600 adolescent girls in Gaibandha district with sexual and reproductive health information, thereby reducing the prevalence of early marriage and premature motherhood among them. It is hoped that the implementation of this project will contribute to diminishing the prevalence of early adolescence and premature motherhood among adolescent girls in the project area.

Reproductive Health Services, Training and Education Program (RHSTEP) has been working as a non-governmental voluntary organization in Bangladesh since 1983, dedicated to the protection of citizens' sexual and reproductive health and rights. Although initially started as a project under the Ministry of Health and Family Welfare of the Bangladesh government, it officially transformed into a non-governmental voluntary organization in 1989. Currently, the organization operates sexual and reproductive health and rights programs through 27 centers across 20 districts. These include 22 government hospital centers, one Mother and Child Health Center, one Community Service Center, and four Adolescent Information and Service Centers. Each year, approximately 600,000 women, men, children, and adolescents receive various services from these centers.

MOMODa FOUNDATION is a research-based development organization working in Bangladesh since 2011. Through research initiatives, it aims to alleviate poverty and promote the creation of a beautiful society in both urban and rural areas of Bangladesh. Alongside development projects, MOMODa FOUNDATION has successfully implemented more than 40 practical research (action research) projects with active collaboration from renowned educational institutes, research institutions, and local governmental and non-governmental organizations. These projects cover various subjects, including education, gender-based violence, migration, skill development, child marriage, health and sanitation, energy, microfinance, climate change, entrepreneurship development, economic inclusion, and more. Currently, MOMODa FOUNDATION operates its research programs through three project offices and one corporate office across different locations in the country.

The target demographic of these projects, namely adolescent girls, is provided with essential information through this facilitator to meet their sexual and reproductive health needs and

acquire relevant rights. The content spans ten chapters, discussing adolescence, sexual and reproductive health and rights, food and nutrition, early marriage and its transition, safe motherhood, family planning, unsafe abortion, gender-based violence, transmission of reproductive diseases, and the impact of HIV/AIDS and substance abuse on mental health. The discussions aim to support the information needs of adolescent girls in the realm of sexual and reproductive health. RHSTEP and MOMODa FOUNDATION staff have meticulously curated relevant information from various databases to ensure the success of this facilitator. It is hoped that if effectively utilized, it will enrich the knowledge of the targeted adolescent girls and empower them to access sexual and reproductive health benefits through the use of necessary services.

Finally, it is not impossible to overcome any discrepancies or inaccuracies through continuous efforts. If anyone using or reading this assistance encounters any inconsistencies or inappropriate information, we kindly request them to inform us. We will certainly take appropriate measures to address and rectify the issues.

We appreciate everyone's cooperation.

Kazi Suraiya Sultana
Executive Director
RHSTEP

Mr. Enamul Haque
Executive Director
MOMODa Foundation

Table of Content

List of Tables

Mutual Introduction and Bonding

Subject

- **Introduction:**
- The real purpose of the introduction phase is to ensure the participants' inertia relaxation and spontaneous participation in the training. Various methods are used to manage the identification phase. Any effective method can be used.

- **Objectives of the training:**
- Briefly discuss why the training is organized, what topics will be discussed, how long the sessions will last each day, etc.

- **The expectations of the trainees**

- **Training policy**

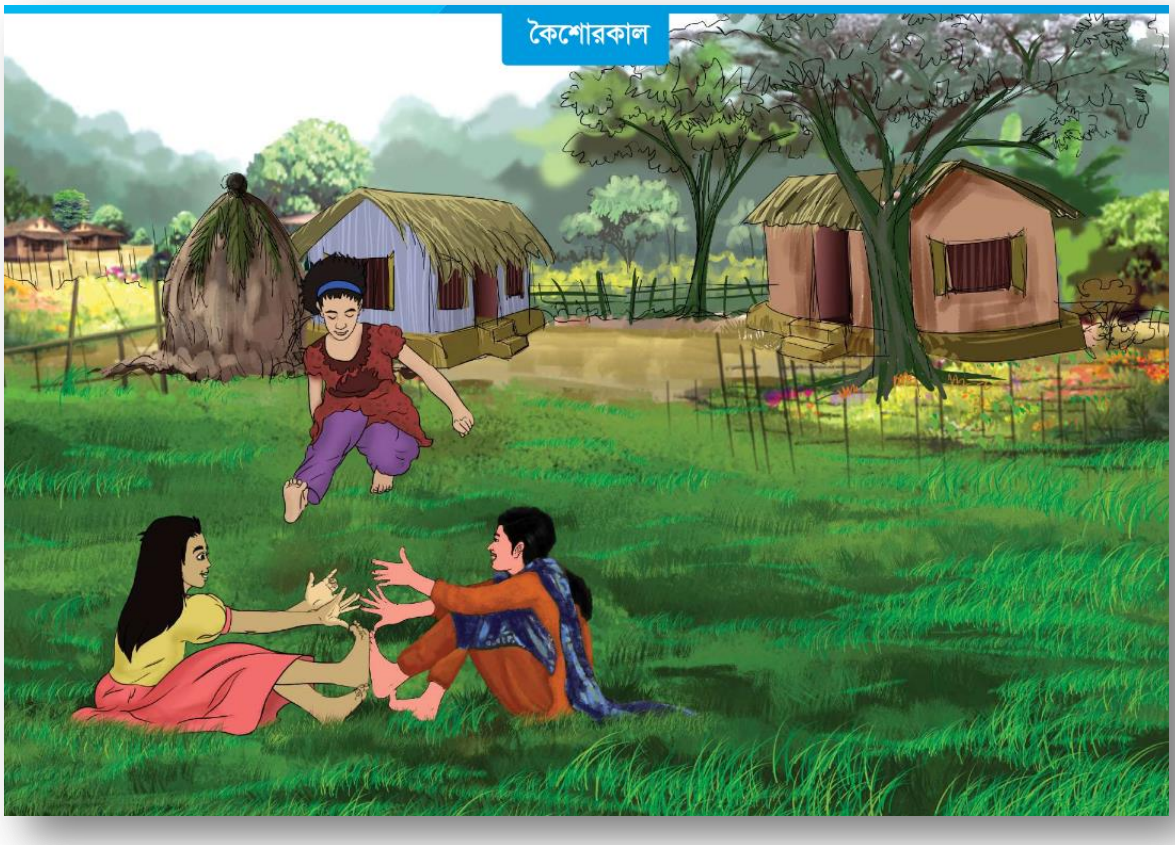
- Listen to each discussion attentively and provide your opinion when necessary.
- Stay respectful towards others' opinions.
- Refrain from speaking with the intention of targeting any individual or group.
- Avoid unnecessary talk.
- Do not engage in irrelevant discussions.
- Refrain from raising your hand or speaking simultaneously with multiple participants.
- Ask questions to clarify if you do not understand.
- Participate in team activities.
- Keep your mobile phone on silent or turned off and avoid using it in the training room.
- Be present in the training room at all times unless given permission by the trainer.

- Training etiquette or training tone during the training period

LAUGH
L = Listen/Look/Learn
A = Ask Questions
U = Understand Each Other's Perspective
G = Give/Get Feedback
H = Have Fun

Method:
Presentation, speech, and discussion.

Tools:
Handout; PowerPoint presentation (PPT); Flashcards.



Chapter One

Adolescence and Pubertal Changes

Introduction

Adolescence is a crucial period in human life, marking a transition to another phase through the attainment of puberty. It is a time where various physical and mental changes occur, shaping the individual's entry into adulthood and assuming social and familial responsibilities. We refer to this transitional phase as adolescence, particularly emphasizing the period known as puberty. This chapter extensively discusses adolescence, specifically highlighting what constitutes the term "puberty" and exploring the physical and mental transformations that take place during this time. Additionally, the chapter aims to provide a comprehensive understanding of the activities that adolescents should engage in during this period.

Learning Objectives:

- Understand the concept of adolescence and what it signifies.
- Gain insights into the physical changes experienced by adolescents during puberty.
- Explore the mental transformations that occur during adolescence, particularly among young boys and girls.
- Acquire knowledge about common characteristics of adolescence, including menstrual cycles, nocturnal emissions, and general behavioral traits.
- Explain the responsibilities and recommended activities for adolescents during puberty.

Discussion Outline:

Handout: Adolescence and Adolescent Changes

1.1. Who are Adolescents?

Adolescence is a phase in human life when a person is neither a child nor an adult. It is the transitional period between childhood and youth. According to the World Health Organization's definition, individuals aged 10 to 19 are referred to as adolescents, with boys and girls being called adolescents, and the period from 10 to 19 years being termed adolescence.

1.2. What is Adolescence?

After birth, children gradually grow up. Some physical changes can be observed in their bodies at a certain age, when they are neither considered children nor completely part of the adult group. This period is known as adolescence, during which significant physical and psychological changes occur in boys and girls, and they attain reproductive capacity.

1.3. Changes during Adolescence

During adolescence, primarily two types of changes take place:

1. **Physical changes**
2. **Mental changes**

1.3.1 Physical Changes in Adolescents

During adolescence, physical and mental changes are observed in boys and girls. These physical and mental changes occur naturally and follow a normal pattern, causing no need for concern. The physical changes in the body are governed by a type of biological chemical substance called hormones.

1.3.2 Mental Changes

Mental changes often depend on the environment. In other words, a child's growth in terms of environment and socio-economic conditions has a significant impact. Additionally, genetic or hereditary factors also play a role.

In the following diagram, we have attempted to highlight these changes-

Chart 1: Physical and Mental Changes in Adolescents

Physical Changes in Adolescents	Physical Changes in Teenage Girls	Mental Changes in Adolescents
● Height and weight increase. ● Chest and shoulders become broader. ● Hair grows on hands, legs, and face.	● Height and weight increase. ● Breast size becomes larger. ● Hair on hands and legs becomes thicker. ● Voice undergoes	● Various questions and curiosity arise in the mind. ● Becomes emotionally sensitive and engaged in work. ● Displays feelings of humiliation, embarrassment, and shyness. ● Claims more attention and love

● Adam's apple develops, resulting in a deeper or heavier voice. ● Acne may appear on the face. ● Muscles in the body develop. ● Male genitals and testicles enlarge. ● Hair growth in the armpits and genital area. ● Posture and gait become more noticeable. ● Occasionally experience nocturnal emissions during sleep. ● Skin becomes oilier.	changes in the throat. ● Acne may appear on the face. ● Body gains fat. ● Menstruation or menstrual flow begins. ● Waist becomes slender with wider hips. ● Hair growth in the armpits and genital area. ● Thighs and buttocks become heavier. ● Uterus and ovaries enlarge. ● Skin becomes oilier.	towards oneself and others. ● Experiences heightened happiness or sadness with little cause. ● Independence and self-awareness increase; some become self-centered. ● Dependency on friends grows, and there is a desire for their attention and love. ● Fantasizes about illnesses or troubles. ● Girls are attracted to boys, and boys are attracted to girls. ● Curiosity about sexual relationships increases, and there is a desire for sexual experiences. ● Desires to travel independently.

1.4 Some Common Characteristics of Adolescence

- Emotional tendencies often dominate over rational thinking.
- Limited awareness about reality may lead to involvement in various antisocial activities or substance abuse.
- Tendency towards daring actions in both thought and behavior.
- Attempts to keep health-related issues confidential.
- Limited understanding of reproductive health, infectious diseases, and other health-related matters.
- Limited awareness about the consequences of sexual behavior.

Due to these characteristics, adolescence is a crucial and risky period. The foundation for a healthy life is often laid during adolescence, especially in the early stages of puberty. Therefore, it is essential not to keep any topic hidden during this time and have open discussions with parents.

1.4.1 Menstruation/Menstrual Cycle

During adolescence, a notable physical change for girls is the onset of menstruation or the menstrual cycle. Menstruation is a natural and regular process influenced by hormones, where the inner lining of the uterus sheds and is expelled through the vaginal pathway, referred to as menstruation. Generally, menstruation occurs every 21-35 days, lasting 1-7 days. This process is extremely natural and regular in the body, not indicative of any health issues or abnormalities.

Girls typically experience the discharge of a clear, white, or light yellow fluid from the vaginal pathway during adolescence. This vaginal discharge is entirely normal. However, if

proper hygiene is not maintained, it may lead to an unpleasant odor and a change in color. In such cases, it is essential to seek advice from a doctor.

Notable Features:

- In Bangladesh, menstruation usually begins between the ages of 9 to 12, but it can occur earlier or later for some individuals.
- The menstrual cycle typically occurs every 28 days, but variations can range from 30 to 35 days, representing a natural physiological process.
- The menstrual flow usually lasts for about 1 to 7 days.
- Menstruation generally continues until around the age of 49.
- The average blood loss during menstruation is approximately 20-80 ml.

Normal Symptoms During Menstruation:

- Increased appetite
- Mood swings
- Mild headaches
- Possibility of developing acne
- Difficulty sleeping
- Occasional nausea
- Mild abdominal pain

Unusual Symptoms During Menstruation:

- Excessive menstrual bleeding
- Menstrual periods lasting more than 7 to 10 days
- Menstrual periods occurring multiple times within a month.
- Severe abdominal pain
- Fever during menstruation
- If unusual symptoms occur during menstruation, it is advisable to seek the advice of a specialized doctor.

Menstrual Management/Things to Do During Menstruation:

- If a girl experiences her menstrual cycle, there is nothing to be afraid of. It is essential to inform a family member such as the mother, elder sister, or sister-in-law about it.
- During menstruation, it is crucial to maintain cleanliness. Daily bathing is necessary, and proper hygiene of the reproductive organs must be maintained.
- Use clean cotton cloth or sanitary napkins/pads during menstruation.
- Wash the menstrual cloth with soap and water, dry it in the sun, and store it in a plastic bag for later use.
- Change the used cloth when it becomes wet. Never use a soaked or unclean cloth. After changing, hands must be washed thoroughly with soap and water.

- If possible, use sanitary pads. Sanitary napkins should not be used for more than 6 hours. Dispose of used pads in a designated place.
- Activities such as going to school, studying, playing sports, and other daily tasks can be done during menstruation.
- It is important to consume all types of food during menstruation and focus on nutritious foods such as lentils, nuts, fish, meat, milk, green leafy vegetables, tubers, and vitamin C-rich fruits like lemon, amla, and pear. Parents should also take care of adolescent girls during this time.

1.4.2 Nocturnal Emission/Wet Dreams:

During adolescence, notable changes occur in boys, known as nocturnal emission, which many refer to as wet dreams. Nocturnal emissions in boys during adolescence are entirely natural and not a sign of any illness. Generally, boys start producing semen for reproductive purposes around the age of 13-15. The excess sperm naturally leaves the body through the process called ejaculation. This expulsion of semen during sleep is termed nocturnal emission. Having wet dreams does not imply any abnormality, and it does not mean that the individual's semen is not being produced correctly. Therefore, there is no need to worry or distress oneself, thinking that life has been ruined, or seeking medical help.

Things to Do During Nocturnal Emission/Wet Dreams:

- Consume a nutritious diet regularly.
- Maintain cleanliness by changing clothes regularly.
- Engage in various activities without feeling upset about this matter (read good books, play sports, exercise, and involve oneself in personal development activities).

- Perform daily bathing, ensuring cleanliness of the genital area during the bath.
- Clean the armpits and pubic hair during bathing.
- Change underwear regularly, and after daily use, clean it with soap, dry it in the sun, and store it properly.

1.5 Things to Do in Adolescence

Adolescence is a time of physical and psychological changes that are similar to those of adulthood. There are also big changes in the family and their relationships with others. Feeling more free from the control of parents and family, they want to make independent decisions about themselves. Because many parents think of their teens as small and are concerned about their safety, they naturally want to be in control of their children. As a result, children form bonds with their parents. The age of curiosity. At this time, they want to know many things about their body, men and women. But most of the time, children of this age make mistakes in taking decisions due to various dilemmas and emotions and they do not feel comfortable discussing things with their parents. For this reason, many people try to get information from other sources, such as friends, different types of books, magazines, etc. But these sources often provide inaccurate information, which can sometimes be harmful. For this reason, children should talk to their parents. Parents always try to guide their children in the right direction. But they have to be friendly. But there should be some special rules regarding teenagers, which are for their good. If parents are indifferent to young children and let them go wherever they want, those children can get into a lot of trouble and helplessness.

Chapter Second

Sexual and Reproductive health and Sexual and Reproductive health rights

Introduction

During adolescence, young boys and girls attain reproductive capability. Therefore, it is essential to provide reproductive health education from this time. Some believe that unmarried boys or girls do not need reproductive health education or knowledge about reproductive systems. This perception is incorrect. Achieving reproductive capability should be accompanied by acquiring accurate information about reproductive health. With proper understanding of sexual and reproductive health, adolescents can make informed decisions about their own lives and utilize acquired knowledge for a healthy and beautiful future. In other words, sexual and reproductive health plays a crucial role in an individual's overall well-being. In this chapter, we will discuss the knowledge that adolescents, especially girls, can gain. This includes understanding health, sexual and reproductive health, why knowledge about reproductive health is important, and what needs to be known. Additionally, we will explore the development of reproductive health services and the essential rights related to sexual and reproductive health for adolescents. This knowledge is crucial for individuals to lead informed and healthy lives.

Learning Objectives:

At the end of the session, participants will:

- Understand and explain sexual and reproductive health.
- Acquire knowledge about sexual and reproductive health rights.

Agenda

2.1 What is health?
2.1.1 What is Reproductive Health?
2.1.2 What is sexual health?
2.2 The main components of sexual and reproductive health are
2.3 Need for Reproductive Health Care
2.4 Measures to improve reproductive health care
2.5 Sexual and reproductive health rights of adolescents
2.6 12 Rights relating to sexual and reproductive health

Handout: Sexual and Reproductive Health and Sexual and Reproductive Health Rights

2.1 What is health?

According to the World Health Organization (WHO), health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

2.1.1 What is Reproductive Health?

Reproductive health is the health of the reproductive organs. According to the World Health Organization (WHO), reproductive health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in the reproductive system.

2.1.2 What is sexual health?

Sexual health is a combination of the physical, emotional, intellectual, spiritual and social aspects of a person's sexual orientation, which allows him to control his sexual and reproductive behavior without disturbing his interpersonal pleasure and restraint, and helps his personality to flourish, express love and find pleasure or satisfaction. (The World Health Organization).

2.2 Main Components of Sexual and Reproductive Health:

- Maternal, prenatal, and postnatal care, and newborn care.
- Treatment of infertility.
- Family planning services.
- Safe abortion and post-abortion care.
- Protection from sexually transmitted infections, reproductive system infections, and HIV/AIDS.
- Detection and treatment of breast cancer and cervical cancer, along with other women's health issues.
- Sexual and reproductive health education and services for adolescents.
- Gender-based violence, etc.

2.3 Importance of Reproductive Health Services:

For the well-being of adolescents' health, in addition to other healthcare services, the uptake of necessary reproductive health services is essential. Timely and accurate reproductive health services are crucial to prevent adolescents from facing complex challenges. Often, adolescents tend to keep reproductive health problems hidden due to shame or fear. They may resort to unqualified practitioners, traditional healers, or engage in self-treatment, leading to incorrect treatments and exploitation. In many cases, early marriages are prevalent in our country. Reproductive health services are necessary for them. Generally, for adolescents -

- Information and advice on reproductive health are crucial.
- Treatment for reproductive system infections and sexually transmitted diseases.
- Services related to family planning for those who marry in adolescence.
- Necessary services during pregnancy, childbirth, and postpartum period for adolescent girls.

This ensures comprehensive care for adolescents' reproductive health and addresses their specific needs.

2.4 Actions for the Development of Reproductive Health Services:

- If there is a need for any health service related to reproductive health, adolescents should contact doctors, healthcare workers, or family planning workers without feeling shame, hesitation, or fear, as quickly as possible.
- In our socio-economic context, there might be instances where adolescents may not have the initiative to seek health services on their own. In such cases, it is essential for parents or other significant older family members to help them.
- It is important not to keep anything hidden from doctors, healthcare workers, or family planning workers. Communicating openly will enable them to provide accurate advice and services.
- Seek medical services based on the advice of doctors, healthcare workers, or family planning workers without hiding anything, to ensure proper guidance and treatment.

Adolescents should be encouraged to overcome any hesitations and promptly seek professional help when needed. In certain situations where adolescents may face difficulties accessing health services independently, the support of parents or other influential family members is crucial. Open communication with healthcare providers and family planning workers is necessary, and seeking medical services based on their advice will contribute to the overall development of reproductive health services.

2.5 Rights of Adolescents in Sexual and Reproductive Health:

1. **Right to access information on reproductive health:** Adolescents, specifically those aged 10 to 19, have the right to know and learn about sexual and reproductive health.
2. **Right to access reproductive health services:** Both boys and girls have equal rights within the scope of reproductive health services, including maintaining friendly relationships, preserving privacy, receiving trustworthy healthcare, using contraceptives judiciously, practicing respectful behavior, determining convenient service hours, and specifying the cost of services.
3. **Right to make decisions regarding reproductive health:** Adolescents, both boys (below 21 years) and girls (below 18 years), have the right to not be involved in marriage at a young age.

4. **Right to a satisfying and safe sexual life:** Adolescents, especially during puberty, have the right to live a healthy life and enjoy safe reproductive health, avoiding violence, sexual harassment, establishing consensual physical relationships, and protecting oneself and others.

2.6 12 Rights in Sexual and Reproductive Health:

At the International Conference on Population and Development, ensuring appropriate education and services for adolescents to enable responsible and informed behavior in the field of sexuality has been emphasized. The right to accurate information, confidentiality in receiving services, maintaining dignity, and actively protecting one's rights through documentation are crucial aspects. The International Planned Parenthood Federation (IPPF) Sexual and Reproductive Rights Charter, first published in 1996, outlines these rights, aiming to empower people globally to safeguard and maintain their sexual and reproductive health rights.

The 12 rights mentioned in the charter are:

1. The right to life for everyone. No woman's life should be endangered due to pregnancy-related reasons.
2. The right for every woman and man to enjoy a free and safe sexual life and control their reproductive capacity. Coercion for pregnancy, sterilization, or abortion is prohibited.
3. Equality and freedom from all forms of discrimination in every aspect of sexual and reproductive life for women and men.
4. The right to access sexual and reproductive health services with privacy, dignity, and confidentiality.
5. The right to free and open thinking on sexual and reproductive matters, free from the negative impact of cultural, religious, or traditional practices.
6. The right to learn and be educated about sexual and reproductive health for the overall well-being of individuals and families.
7. The right to decide on marriage or family formation.
8. The right to determine the number and spacing of children, including the right to decide whether, when, and how many children to have.
9. The right to health care and protection. The right to receive information, services, and regular, safe, comfortable, respectful, and trustworthy care.
10. The right to benefit from advancements in science and technology to access safe and acceptable sexual and reproductive health services.
11. The right to influence policies governing sexual and reproductive health to prioritize the provision of appropriate rights.
12. The right to protect children from abduction, abuse, and all forms of sexual violence. The right to protection from sexual exploitation and harassment, as well as the right to be free from coercion and alternative treatments.

Chapter Three

Food and nutrition

Introduction

Lifelong health depends greatly on health and food habits during adolescence and young adulthood. At present about 23 percent of the total population of Bangladesh are teenagers who are rapidly entering the reproductive age and who are the future of tomorrow. According to the World Health Organization, this large population is transitioning from puberty to adulthood without any preparation. Studies have shown that, In Bangladesh the reasons of high maternal and child mortality rates among teenage are teenage malnutrition and teenage marriage and pregnancy. About 43 percent of adolescent girls suffer from Anemia. For that reson, teenagers need proper nutrition during puberty. Because there is structural growth in the body during adolescence. In this chapter, we will discuss food, nutrition, causes of malnutrition in detail.

Also we will know from this chapter about the need of nutritious food during adolescent period. The most important thing is that there are numerous foods around us, from which we can know which one our body needs especially during adolescence. At the same time, we can learn about the available food that our body needs, as well as we can learn about a daily food list that is useful for us from this chapter.

Learning objectives

At the end of the session the participants-

- Can explain diet, nutrition, food ingredients, and the importance of nutritious foods during adolescence.
- Can talk about major nutritional problems and prevention in adolescents.
- Can explain a sample daily diet chart for teenagers.

Agenda

3.1 What is food?
3.2 What is nutrition?
3.2.1 What is nutritious food?
3.2.2 Importance of nutritious food in adolescenc
3.3 List of nutritious foods during adolescence
3.4 Causes of malnutrition
3.4.1 Nutritional problems and their effects
3.4.2 Major nutritional problems of adolescents
3.5 Sample Daily Diet Chart of Adolescents

Handout: Food and Nutrition

3.1 What is food?

Food is essential to keep the human body healthy and strong. Food refers to all those organic substances that contribute to the formation of the human body, replenishing, strengthening and building immunity. Humans get nutrients from food.

3.2 What is nutrition?

Adolescents' bodies grow rapidly during puberty. So both need a balanced diet at this time. Nutrition is a process. When we consume food, through this process of nutrition, food-

- gives energy to the body
- causes body growth
- increases intelligence and intellect
- keeps the body healthy and prevents disease
- helps in quick recovery from diseases

So, to keep the body healthy, moderate amount of nutritious food such as pulses, small fish, vegetables, fruits, eggs, milk, meat etc. should be eaten. Many people have many misconceptions about nutritious food. Many people think that nutritious food means only expensive food like fish and meat. But due to lack of proper nutritional knowledge and proper eating habits, people are deprived of many readily available sources of nutrition.

3.2.1 What is nutritious food?

The food that produces heat and energy in the body, builds and grows the body, keeps the body strong and functional is called nutritious food. Food and nutrition are interrelated. Every food must be nutritious and safe. Consuming nutritious food regularly keeps the body and mind healthy, brings cheerfulness to the mind and increases concentration in studies and work. It should be remembered that if you do not take nutritious food, the immune system decreases and various diseases occur in the body.

3.2.2 Importance of nutritious food in adolescence

According to the World Health Organization (WHO) definition, the age range of 10-19 years is called adolescence. During this time, both boys and girls under go normal physical and mental changes. Rapid growth in weight and height and development of intelligence. Therefore, for the proper growth of teenagers, it is necessary to take adequate amounts of nutritious and balanced food. Adolescents develop brilliant knowledge and intelligence when they grow up with proper nutrition. Increases concentration, better results and performance in studies.

3.3 List of nutritious foods during adolescence

Adolescence is very important for both children. During this time, different types of changes occur in the body. Nutrition is of immense importance in allowing this transition to occur

smoothly. As they grow older, teenagers should eat a variety of nutrient-rich foods including high-calorie foods, protein, calcium, and iron. Because, at this age, physical development and growth, concentration in studies, participation in various sports and physical activities, teenagers have to ensure the necessary nutritional needs.

Adequate daily caloric intake must be ensured for adolescent weight and height growth. Generally, girls need 1,600 to 2,200 calories a day and boys need 1,800 to 2,600 calories. This amount of calories will help them in providing energy as well as increasing height and maintaining body weight. But it depends on the rate of physical activity.

Table: 2 Nutrients, various food sources and their specific functions

	Nutrients	**Food sources**	**Main 3 functions of the body**	**Should be remembered**
1	Starch or sugar (Carbohydrate)	• Rice, roti, bread, biscuits, crackers, crackers • Sugar, molasses, honey • Potatoes, Sweet Potatoes	1. Gives energy to the body, gives ability to work.	• Teens also need a balanced daily diet • Should eat at least 1 non-animal meal per day. 1 egg must be eaten if possible. • Daily food must contain some dark colored vegetables and fruits. • It is good to eat lemon, green chillies with rice every day. The vitamin C from them helps in the absorption of iron in the body. • 1 cup of milk or milk-based food should be consumed 3-4 days a week if not daily. • In addition to consuming nutritious food, drink at least 2 liters (8 glasses) of safe water a day. • Iron folic acid tablets every week and anthelmintic tablets 2
2	Oils and fats	• Oil, ghee, butter • fish-meat fat • nuts, coconut	1. Gives energy to the body, gives ability to work.	
3	Non-vegetarian (Protein))	• Animal products: fish, meat, liver, milk, eggs, dried fish • Plants: Nuts, Beetroot, various pulses, sesame/ linseed	2. Increases and replenishes the body	
4	Vitamin	• Animal: milk, fish, meat liver • Plants: Nuts, seeds, greens, vegetables and fruits • Vitamin A: A variety of colorful vegetables, red leafy vegetables, carrots, sweet pumpkin • Vitamin D: Egg yolk, fish oil, liver,	3. Helps in digestion and assimilation of all nutrients, builds immunity and protects the body from germs. • Prevents ringworm and softens the skin. • Strengthens the structure of bones and teeth, prevents rickets. • Heals wounds,	

5	Minerals	butter, cheese etc • Vitamin C: Amlaki, bitter gourd, orange, coriander, amra, fresh and sour vegetables and fruits etc. • Calcium: Milk and milk products, dark green vegetables, dried fish, small fish, molasses, chickpeas etc. • Iron: Fish, Meat, Liver, Eggs, Kale/Puey/Red Vegetables, Beets • Iodine: Sea fish, iodized salt	stops bleeding from gums, prevents ulcers. • Causes anemia, loss of appetite and weakness. • Ensures the child's mental development and prevents goiter.	times a day to prevent Anemia have been able to cure anemia even among teenagers in the world. Therefore, teenagers should also take an iron folic acid tablet after meals every week. • Adolescents do not need to avoid any food during menstruation, rather they should eat adequate amounts of nutritious food, especially iron. • Adolescent mothers face many problems due to early motherhood. So even in teenage girls who have become pregnant, special attention to diet and care may reduce the risk of teenage pregnancy.
6	Water	Food Water, various liquid and drinkable foods and watery parts of various foods		

3.4 Causes of Malnutrition

According to the World Health Organization (WHO), malnutrition means a deficiency or imbalance in a person's nutritional intake. Malnutrition is of two types. One is low weight and micronutrient deficiencies; Another is overnutrition. Malnutrition mostly affects the health of children and adults. Symptoms of malnutrition are abnormal changes in body weight, fatigue, inability to work etc. The causes of malnutrition are, wrong food habits, socio-economic factors etc. If it is not taken care of at the right time, complications may arise in the case of children and the elderly.

3.4.1 Nutritional problems and their effects

Long-term nutritional deficiency can lead to nutritional problems. Adolescent nutritional deficiency also occurs quickly due to high needs in adolescence. Iron, calcium, vitamin-A and vitamin-C nutritional deficiencies are more common among adolescents in Bangladesh.
Adolescents are short, thin, and anemic due to nutritional problems. Delayed onset of menses in affected adolescents due to delayed physical growth and development. Short stature and late puberty are risk factors for adolescent pregnancy. Nutritional problems reduce the ability

to work. Nutritional problems are responsible for causing death, disability, stunting of physical and mental growth and reducing quality of life in children, adolescents and even the elderly. As a result, the national socio-economic development is also hampered.

3.4.2 Major nutritional problems of adolescents

- Iron Deficiency Anemia: Iron deficiency anemia occurs mainly during adolescence which has severe effects on body structure and growth. Adolescents, especially adolescent girls, are more likely to suffer from iron deficiency due to adolescent eating habits, unequal distribution of food in the family due to discriminatory attitudes, and menstrual bleeding. Anemia makes the body weak and tired, chest palpitations, and immune system is reduced. As a result, the chances of contracting various infections are greatly increased. Teenage marriage and childbearing exacerbate this anemia, resulting in low birth weight babies and increased maternal and child mortality.
- Folic acid deficiency: Folic acid deficiency causes anemia during pregnancy. In order to solve this problem, iron-folic acid pills are provided to every girl from the government health service centers.
- Iodine Deficiency: Iodine is an important nutrient in the human body. Iodine deficiency causes various problems including goitre, weakness and mental retardation, which should be prevented by consuming iodized food and salt.
- Calcium deficiency: Calcium helps in building bones and teeth, keeps nerves strong and helps in normal blood clotting in the body. Therefore, in adolescence period should be eaten calcium-rich foods.

3.5 Sample Daily Diet of Adolescents

During adolescence, the body begins to grow and form, so it is necessary to eat a lot of meat, iron, iodine, calcium and other nutrient-rich foods. In addition, it is very important to have iron-rich foods such as liver, data, kachushak, red cabbage, malamach etc. in the daily diet of girls.

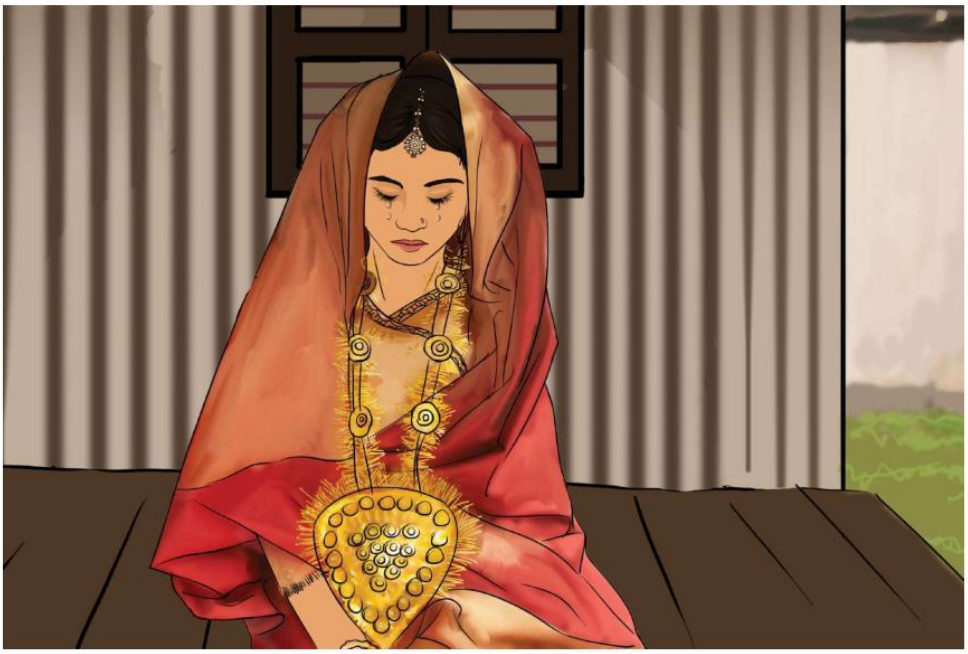
Table 3: Sample Daily Food List of Adolescents

সময়	তাপ ও শক্তি উৎপাদনকারী খাদ্য (শর্করা জাতীয় খাবার- ভাত, রুটি, চিড়া, মুড়ি, আলু, মিষ্টি আলু)	শরীরের ক্ষয়পূরণ ও বৃদ্ধিকারক খাদ্য (আমিষ জাতীয় খাবার- ডিম, মাছ, মাংস, দুধ, ডাল ও বিচি জাতীয় খাবার)	রোগ প্রতিরোধকারী খাদ্য (ভিটামিন ও খনিজ উপাদান সমৃদ্ধ খাবার- রঙ্গিন শাক অথবা সবজি, দেশি মৌসুমী ফল)
সকালের খাবার	মাঝারি সাইজের ২/৩টি রুটি অথবা ২টি পরোটা অথবা ১ বাটি ভাত	১টি ডিম অথবা ১ বাটি ডাল	১ বাটি সবজি (২/৩ রকম সবজি মিশিয়ে) অথবা সবজি ভাজি (পটল ভাজি, পেঁপে ভাজি ইত্যাদি)
মধ্য-সকালের নাস্তা	বাড়িতে তৈরি নাস্তা জাতীয় খাবার (চিড়া/মুড়ি+গুড়) ও পাকা কলা	-	যেকোনো দেশি মৌসুমী ফল (আম, কাঁঠাল, পেঁপে, আনারস ইত্যাদি)। ঋতুভেদে যেসব ফল সহজেই আমরা পাই।
দুপুরের খাবার	২/৩ বাটি ভাত	১ বাটি মাঝারি ঘন ডাল ও ১ টুকরা (মাঝারি সাইজের) মাছ/মাংস/কলিজা	১ বাটি শাক (লাল শাক, কচু শাক, পুঁই শাক) অথবা সবজি।
বিকালের নাস্তা	-	১ গ্লাস দুধ অথবা দুধ দিয়ে তৈরি ঘন যেকোনো খাবার (ফিরনি/সেমাই/ পায়েস/ পিঠা/দই ইত্যাদি)	যেকোনো দেশী মৌসুমী ফল। ঋতুভেদে যেসব ফল সহজেই আমরা পাই।
রাতের খাবার	২/৩ বাটি ভাত	১ বাটি ঘন ডাল (যদি সম্ভব হয় ১ টুকরা মাছ/মাংস)	১ বাটি শাক অথবা সবজি।

1. Menarche or menstruation is the most important time in puberty for girls. At this time, not eating enough iron (iron) food, anemia occurs. During the days of menstruation, a girl loses about one milligram of iron per day. So the girl needs iron food more than the boy of the house. While the daily requirement of iron for boys is 11 mg, the daily requirement of iron for girls is about 15 mg. To get this extra iron, teenagers should regularly eat green vegetables, especially kachu, kachushak, meat, liver, eggs, various kinds of fruits, especially currants, pineapples, dates, safeda, raisins, etc.

2. Adolescence requires plenty of calcium and vitamin-D for physical growth and strong bones. Women are more at risk of osteoporosis or bone loss with age than men. Because a woman has to bear a child, breastfeed when she needs a lot of calcium. Additionally, peak bone density is reached between 18 and 21 years of age, after which it does not increase. So for strong bones you should eat milk, dairy products like: curd, cheese, small fish with thorns, leafy green vegetables etc.

3. For proper growth and muscle growth, girls ages 9 to 13 should eat 34 grams of meat per day, and ages 14 to 18 should eat 45 grams per day. Therefore, fish or meat, eggs, milk, seeds and pulses, various types of nuts should be eaten every day. Those who do sports, their meat needs are more. Adolescent girls need more iodine, zinc, and folate-like minerals (green leafy vegetables, broccoli, beans, kidney beans, etc.). So have to eat sea fish, green vegetables and fruits.



Chapter Four

Consuquences and Prevention of Child Marriage

Introduction

According to the laws of our country, girls should be at least 18 years old and boys 21 years old for marriage. If married before then it is called child marriage. Child marriage is a punishable offense under the laws of Bangladesh. But still 51 percent of girls in our country get married before the age of 18 and 15.5 percent get married at the age of 15 (MICS, 2019). As a result, a boy or girl who is a victim of child marriage has to face various social and physical problems in their post-marriage life. In this chapter we will mainly discuss about child marriage and its ill effects. At the same time, we will know what steps we need to take to prevent child marriage and what to do if someone ends up in child marriage. Also we will try to know about one more important thing that is the prevailing law in the case of child marriage.

Learning objectives

At the end of the session the participants-

- can explain what child marriage is and the causes of child marriage;
- can get an idea about the situation of child marriage in Bangladesh; And
- can gain knowledge about Prevention of Child Marriage, Prevention of Child Marriage Act.

Agenda

4.1 What is child marriage?
4.3 Status/picture of child marriage in Bangladesh
4.3 Reasons for child marriage
4.4 What to do in case of child marriage
4.5 Prevention of child marriage/child marriage
4.6 Child Marriage Prevention Act

Handout: Consequences and prevention of child marriage

4.1 What is child marriage?

According to Bangladeshi law, girls must be at least 18 years old and boys 21 years old for marriage. If married before that, it is called child marriage. Child marriage is a punishable offense under the laws of Bangladesh.

4.2 Status/picture of child marriage in Bangladesh

- 51 percent of girls in Bangladesh are married before the age of 18 and 16 percent of girls are married before the age of 15 (UNICEF 2023).
- 14 percent of girls become pregnant before the age of 19 (UNFPA 2021)
- Married adolescents aged 15-19 give birth to 113 live births per thousand (UNFPA)
- About three mothers die per thousand in our country only due to complications during childbirth. In case of teenage mothers, this death rate is more than 6 (six).

4.3 Reasons for child marriage

- Poverty
- Social insecurity
- Lack of education and awareness
- Neglecting or treating the girl child as a burden
- Storming from school
- Lack of knowledge about marriage law
- Non-proper enforcement of Child Marriage Prevention Act
- Prevailing social customs and vices
- Gender inequality

4.4 Consequences of child marriage

- Is childhood up to 18 years. Child marriage is a violation of child rights.
- If married before the age of 18, it can be seen that due to family and social pressure, most of the teenage girls get pregnant and give birth within 1 year of marriage. A girl's body is not suitable for pregnancy and childbirth before the age of 20 years. Therefore, pregnancy and childbearing before the age of 20 are risky for the life of a teenage mother and her child.
- Adolescents who marry without completing their education are forced to drop out of educational institutions.
- Child marriage prevents access to skill-building trainings and lacks communication, subject-oriented knowledge in various fields, resulting in lack of ability to solve own obstacles and form own perspective on issues.
- Had to enter professional life at an early age to provide financial support for the family.
- Lacks higher education and skill training and is forced to engage in low-income occupations, which are mostly manual labor.

- Lack of exposure to conventional education leads to lack of family planning knowledge, leading to propensity to have more children.
- Teenage pregnancy causes girls to suffer from malnutrition and complications during pregnancy.
- Preterm delivery increases the risk of maternal and infant mortality.
- Increases the cost of health care, which becomes a burden on the family.
- Having more children leads to premature aging of women.
- Marriage at an early age creates a tendency for men to have multiple marriages.
- Tends to divorce and commit suicide.

4.4.1 What to do in case of child marriage

If for any reason you get married before the age of 18, then you have to pay attention to the following points-

- After being fully prepared physically and mentally one should decide about child birth. And in this case, you must consult with the family planning worker about the family planning method.
- Teenagers and parents need to be made aware of child marriage and use of birth control and late adoption.
- To keep alive the desire to continue education and to make parents and in-laws along with husband positive in this regard.
- Working towards your dreams.
- To create public awareness about child marriage and its dire consequences

In general, because you are a victim of child marriage, everything is over, you should be free from this idea. Work towards your goals. And the life plan should be adopted properly.

4.5 Prevention of Child Marriage / Immature Marriage

- Ensuring birth registration of all boys and girls
- Not taking the decision of marriage before standing on your own feet
- Undertaking vocational/technical training even after cessation of education
- Resuming studies and obtaining certificates through open universities if possible
- Engaging in any gainful activity and supporting the family
- If there is pressure from the family for marriage, explain to the parents through relatives, friends
- To create awareness about laws related to prevention of child marriage
- Anywhere in the society where girls are seen getting married before the age of 18 and boys before the age of 21 should be reported immediately to the local administration, law enforcement agency or concerned NGO office. Such individuals and organizations are:
- Upazila Executive Officer / Executive Magistrate
- Local police station / RAB office
- Local Office of Department of Women Affairs
- National Women's Organization
- Local concerned NGO office
- Apart from this, measures can be taken to prevent child marriage by calling the helpline.

➢ 333 (National Service Number)	➢ 999 (National Emergency Service Number)	➢ 109 (Bangladesh Government Service Number for Prevention of Women and Child Abuse and Child Marriage)

4.6 Legal measures to prevent child marriage

According to Prevention of Child Marriage Act, 2017

Punishment for child marriage-

Section-7. (1) If any adult woman or man commits child marriage, it shall be an offense and shall be punishable with imprisonment not exceeding 2 (two) years or with fine not exceeding 1 (one) lakh rupees or with both and in default of payment of fine shall be punished with imprisonment not exceeding 3 (three) months.
(2) If any woman or man who is under age commits child marriage, he shall be punished with imprisonment not exceeding 1 (one) month or fine not exceeding 50,000 (fifty) thousand or both.

Punishment for performing or conducting child marriage

Section-9. Any person who performs or conducts child marriage shall be an offense and shall be liable to imprisonment for a term not exceeding 2 (two) years and not more than 6 (six) months or to a fine not exceeding 50 (fifty) thousand taka or to both and in default of payment of fine not exceeding 3 (three) months. Shall be punished with imprisonment.

Chapter Five

Safe Motherhood

Introduction

Safe motherhood is a recognized right of every mother. There is no alternative to safe motherhood for a beautiful life and a healthy newborn. Safe motherhood is essential for the birth of a healthy baby. But it is a sad fact that girls get pregnant at a young age due to child marriage in our country. According to the 2022 data of Bangladesh Demographic and Health Survey, 23 percent of people in this country have children at an adolescent age (between 15 and 19 years). As a result, various complications occur, including the death of the mother and the newborn child. In this chapter we will mainly discuss maternal mortality, safe motherhood and complications and risks of early pregnancy. Adolescents are often physically and mentally unfit for childbearing. Pregnancy at this time is very risky for both mother and child. This discussion covers the complications or problems that early pregnancy can cause for the mother and newborn baby, what complications may occur during childbirth, and safe delivery practices. One of the parts of maternity health care is postpartum care, we will try to know about that in this discussion.

Learning objectives

At the end of the session the participants-

- Can describe the risks of teenage motherhood.
- Can gain knowledge about safe antenatal care.

Agenda

5.1 Maternal Death
5.2 Complications of early pregnancy
5.2.1 Adolescent maternal risks
5.3 Arrangements for safe delivery
5.4 Postnatal care
5.5 Psychological risk in pregnancy
5.6 Access to safe antenatal care

Handout: Safe Motherhood

5.1 What is maternal mortality?

Maternal death is when a woman dies during childbirth or within 42 days of childbirth due to pregnancy related causes. However, if a mother dies due to an accident during this period, it cannot be called maternal death.

5.2 Complications of early pregnancy

In Bangladesh, boys and girls enter puberty between the ages of 10 and 12 and girls start menstruating at this time. That is, at this age, girls have the ability to have children. However, it is not right to give birth to children even if you have the ability to conceive at this time. Because women's bodies and uterus are not yet complete. As a result, the life of both the mother and the child is seriously threatened if the child is born at this time. Adolescent pregnancy carries a high risk of maternal and infant mortality.

5.2.1 Adolescent maternal risks

- Gestational hypertension
- Anemia of pregnancy
- Pre-eclampsia
- Obstructed labour
- Stillbirth
- Preterm delivery
- Low birth weight babies
- Postpartum depression
- Insufficient breast milk

5.2.2 5 Danger signs during pregnancy

- Bleeding
- Very heavy
- Convulsions
- Prolonged labor pains, obstructed labor or expulsion of organs other than the baby's head
- Severe headache, blurred vision and watery feet

5.3 Arrangements for safe delivery

Safe delivery refers to services to mothers during pregnancy, delivery and post delivery:

- **Antenatal care/ check-up**

Table 4: Schedule of Antenatal Services/Check-ups

By a trained service provider, at least 4 times ✓ 1st time: (between 1-4 months)- 16 weeks ✓ 2nd time: (between 6-7 months)- 24 weeks ✓ 3rd time: (8 months)- 32 weeks ✓ 4th time: (9 months)- 36 weeks

- **Health education:** Nutrition, rest, work, hygiene, TT vaccination (if not given 5 doses) and birth planning
- **Delivery planning:** Pre-delivery planning can greatly reduce the risk of maternal and child mortality.

  Birth planning means - selecting the place of delivery, arranging transport to take to the hospital or clinic as soon as pain starts, saving money in advance and arranging blood donors.

5.4 Postnatal care

- Adolescent mothers cannot take proper care of themselves and their children due to various reasons and often family support is not available. Hence postnatal care with family support is very important for them.

Table 5: Postnatal care

At least 4 postnatal check-ups for mother and newborn
✓ 1st Time: Within 24 hours of delivery
✓ 2nd Time: Within 2-3 days of delivery
✓ 3rd time: Within 4-7 days of delivery
✓ 4th time: Between 42-45 days after delivery

Counseling including providing information on maternal vitamin A supplementation, infant formula and exclusive breastfeeding, maternal and infant nutrition, family planning methods, and infant immunization and care.

5.5 Psychological risk in pregnancy

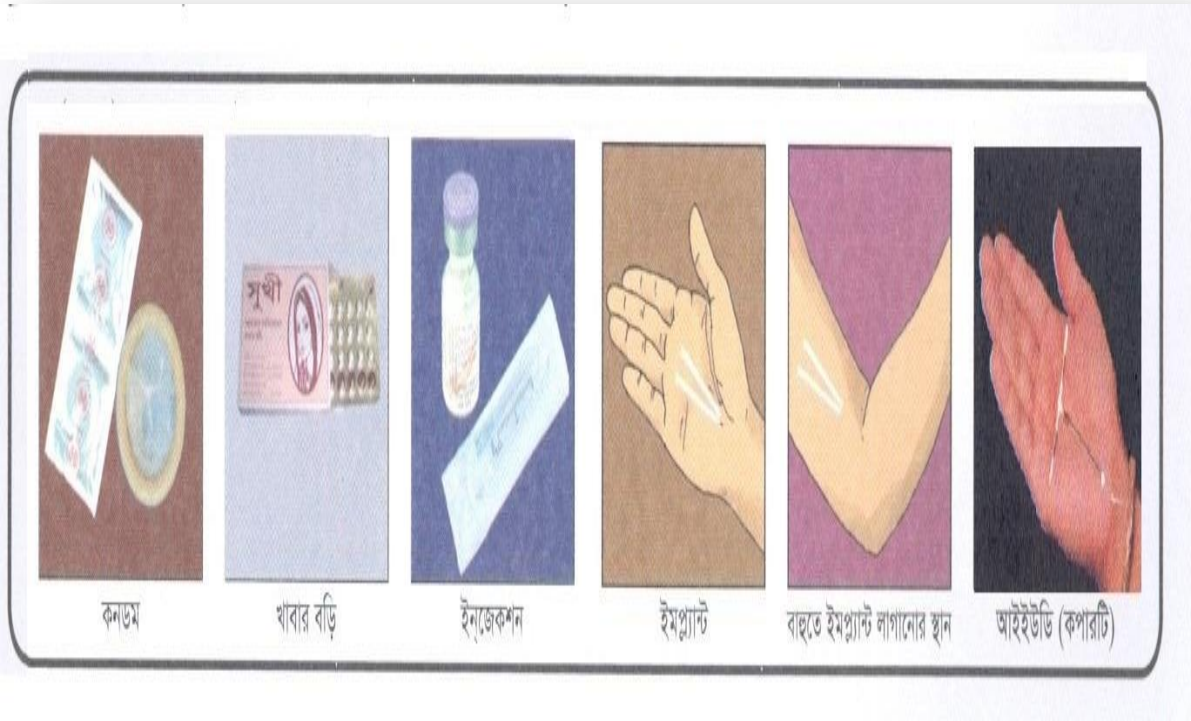
Sudden changes in mood during pregnancy: At the very beginning and end of the pregnancy period, in some cases, women's moods are seen to undergo unnecessary and sudden changes. Mood can be irritable due to increased physical and mental stress during this period, hormonal changes, changes in metabolism, negative emotions like fear and anxiety.

Things to do to keep your mind happy during this time:

- Both rest during the day and sleep at night should be adequate.
- The mother should consume a sufficient amount of balanced diet keeping in mind the nutritional needs of herself and the unborn child.
- Some physical exercises and yoga can be done as per the doctor's advice.
- If you do your hobbies in your spare time, your mind will be cheerful.
- It is important to spend regular time with your partner to make your relationship stronger.
- If these mood swings lead to excessive anxiety, anger or depression, a psychologist should be consulted. Because the mental complications created during pregnancy can remain in the mother's mind even after the birth of the child, and the risk of developing complex mental problems including postpartum depression increases.

5.6 Access to safe antenatal care

- Satellite Clinic
- Community Clinic
- Union Health and Family Welfare Centre
- Upazila Health Complex
- Mother and Child Welfare Centre
- District Hospital
- Other Specialty Hospitals
- NGO Clinic



Chapter Six

Family planning and procedures

Introduction

A decision taken consciously by a couple and other family members for the overall welfare and development of the family is called 'Family Planning'. The aim of any plan is to create a beautiful future, and through proper planning, the overall well-being and prosperity of the family. Family planning is the planning and decision-making of a family by discussing it with the husband and wife. Through family planning, a couple decides on the total number of children they will have, how many days apart they will take, etc., plans and implements it through birth control.

Learning objectives

At the end of the session the participants-

- What is family planning? And can understand its importance in social and national context;
- Can explain the use of different types of family planning methods; And
- Understand family planning hierarchy.

Agenda:

6.1 What is family planning?
6.1.1 Importance of family planning
6.2 Family planning methods
6.3 Family Planning Methods: Use and Application, Tenure
6.4 Why adoption of family planning is necessary?
6.5 Why is knowledge about family planning necessary?
6.6 Choice of Termination Method
6.7 Emergency contraception
6.8 Access to family planning and reproductive health care

Handout: Family Planning and Procedures

6.1 What is family planning?

Family planning is the process of deciding when and how often a couple will voluntarily have children, taking into account personal, economic, social and environmental conditions.

6.1.1 Importance of family planning

It is important to know information about family planning services even in adolescence. It has many importance, such as:

- Getting accurate information about family planning methods
- To protect yourself from unwanted pregnancy
- Delaying birth of first child even if married at an early age
- Even after the first child, giving a break between subsequent children
- Know where family planning methods are available
- Knowing correct information about emergency contraception
- Protection of reproductive system from sexually transmitted diseases

6.2 Family planning methods

There are various methods of family planning in Bangladesh. Government population control program has 7 modern methods in operation. A small number of recipients also use other contraceptive methods at the private or private level.

Table-6: Family planning methods

Modern methods of family planning		
Permanent method	**Temporary method**	
	Short term	**Long term**
• For women- tubectomy/ligation • For Men- •	• Diet Pills • Condoms • Injection	• Implant • IUD

6.3 Different family planning methods: use and application, duration

Table-7: Use and implementation of family planning methods, tenure

Procedures	**Usage and Application**	**Duration**
Food pills	Have to eat every day	for each day
Condoms	Every time during intercourse	Each condom can be used once
Injection	To be given intramuscularly	3 months
Implant	Placed under the skin	3/5 years depending on type
IUD	To be placed in the uterus	10 years

NSV	It is done through a small operation on the ovarian sac	Permanent arrangement for men
Tubectomy	It is done through a small operation in the lower abdomen	Permanent arrangement for women

6.4 Why is it necessary to adopt family planning?

A healthy, strong and happy family is everyone's wish. And that's why we need a proper plan. After marriage, when to have the first child, when to have the next child, how many children to have, it is necessary to decide on birth spacing after discussing these issues.

- A husband and wife can have children at any time and in any number.
- Reduces the risk of frequent pregnancies, thereby reducing maternal and infant health risks and maternal and infant mortality.
- Health of mother and child is good.
- Reduces physical, mental and financial stress on husband and wife.
- If the number of children is less, all the children can be properly taken care of, their needs can be easily met.
- Increases happiness, peace and comfort in the world.
- Slows down population growth.

6.5 Why is knowledge about family planning necessary?

A woman needs proper timing and spacing between two babies for a healthy pregnancy. In order to ensure the health of the mother, the newborn and the child, it is necessary to take a decision to take a decision with a good understanding of the methods of family planning. So that a couple can form the desired family in the socio-cultural context. Not following the correct timing of pregnancy has a negative impact on the health of the mother and the birth of a healthy child. Becoming a mother before the age of twenty (20) is very risky for health. Because before this the mother's body is usually not suitable for pregnancy.

6.6 Choice of Termination Method

Choose any one of the various birth control methods based on need and convenience. Remember that,

- Not all family planning methods are equally suitable for everyone;
- No method is more acceptable to a particular person;
- Many couples may need to adopt different family planning methods at different times during their childbearing years as needed.

Which family planning or birth control method is suitable for which type of husband and wife is given in the table below:

Table-8: Family planning or birth control method based on suitability of the couple

Type of couple	When to take the procedure	Birth control method
Newlyweds	Newly married husband and wife, 2-3 years late to have children (pregnancy before the age of 20 years poses a risk to the health of mother and child and sometimes even death).	Pills, condoms, implants
who have one child	To have children for at least 3 years after the birth of the first child (if the interval between the birth of two children is less than 3 years, the risk of infant mortality increases significantly).	Pills, condoms, injections, IUDs, implants
who have two children	To limit the family to two children (may decide on permanent arrangement).	Pills, condoms, injections, IUDs, implants
Those who have more than one child do not want any more children in the future	If there are two children and the younger child must be at least two years old; If you have more than two children, sterilization can be done at any time.	Vasectomy (NSV), tubectomy, IUD

Sukhi Parivar Call Center 16767 can be contacted for more details on family planning.

6.7 Emergency contraception

Emergency contraception is a type of contraception that can be used to prevent unprotected or unsafe pregnancies. Emergency contraception is not a regular family planning method. It can be used only in an emergency. Emergency contraception prevents pregnancy but never causes a miscarriage.

6.8 Access to family planning and reproductive health care

Where to find adolescent health care and counselling

- Family Welfare Assistant
- Community Clinic
- Satellite Clinic
- Union Health and Family Welfare Centre
- Upazila Health Complex
- Mother and Child Welfare Centre
- District Headquarters Hospital

- Azimpur Matrisdan and Child Health Training Centre, Dhaka
- Mohammadpur Fertility Services and Training Centre, Dhaka
- Medical College Hospitals
- NGO Clinic
- Private Clinic

Chapter Seven

Unsafe Abortion and Post-Abortion Care for Adolescents

Introduction

Due to lack of proper knowledge, under pressure, unconsciously and unplanned, many married and unmarried teenagers start having sex. Most married teenagers use birth control less than adults. Singles, on the other hand, face various barriers to accessing procedures. Adolescents in such situations have unplanned/unexpected pregnancies and subsequent abortions which are mostly unsafe. Adolescents, whether married or not, suffer from various physical, psychological and social consequences caused by unprotected sex, such as unwanted pregnancy, early motherhood, unsafe abortion and other sexually transmitted infections including HIV/AIDS, social harassment, etc. Menstrual regularization (MR) and post-abortion care are essential to reduce the risk of unsafe abortion complications among married adolescents. In our discussion at this stage, we will shed light on the above issues.

Learning objectives

Participants at the end of the session

- Gain insight into unsafe abortion and MR programs in Bangladesh;
- Can tell about the consequences of unsafe abortion; And
- Can explain the management of post-abortion complications.

Agenda

7.1 Unsafe abortion and MR practices in Bangladesh
7.2 Causes of unsafe abortion
7.3 Management and complications of unsafe abortion
7.4 Consequences of unsafe abortion
7.5 Secure MR Service Access Point

Handout: Unsafe Abortion and Postabortion Care for Adolescents

7.1 Unsafe abortion and MR practices in Bangladesh

- According to the Bangladesh Penal Code 1860, abortion is applicable only to save the life of the woman. Besides, abortion for any other reason is punishable by law.
- Nationally, the abortion rate is 18.2 per 1,000 women (ages 15-44) and the MR rate is 18.3 per 1,000 women per year.
- Two-thirds of all MRs are in government service centers, one-fourth in NGO service centers and one-tenth in private service centers.
- According to the decision of the 62nd meeting of the National Technical Committee of the Department of Family Planning, MR trained doctors can provide MR services to women up to 6-12 weeks after menstruation stops. Private and NGO paramedic service providers including MR trained family welfare inspectors, female assistant community medical officers can provide MR services to women up to 6-10 weeks after menstruation stops.
- Medical MR" or "menstrual regularization by medication" has emerged as a new method. The National Technical Committee meeting in Bangladesh has decided that the use of Mifepristone and Misoprostol tablets can be given for 6-10 weeks in the service centers of the Directorate of Family Planning following the necessary guidelines.

7.1.1 Menstrual regularization or MR

Abortion is legally illegal in Bangladesh. Only if the mother's life is in danger, abortion can be done according to the doctor's advice. However, in case of unwanted pregnancy, from the 1st day to 10 weeks of the last menstrual period, trained family welfare inspectors, female assistants including community medical officers, paramedics, midwives and nurses and doctors up to 12 weeks can perform menstrual regularization or MR. Many teenage girls die and suffer complications from excessive bleeding and sepsis as a result of unsafe abortions. This complication can be prevented by regular menstruation. To stop unsafe abortions, unintended/unplanned pregnancies must first be prevented.

7.2 Causes of unsafe abortion

- To cover the immorality, shame and slander of extramarital affairs
- Unintended/unplanned pregnancy
- To end a temporary relationship
- If not using family planning method
- If pregnant due to forced sex/rape
- If not financially capable
- Fear of stopping school or writing due to pregnancy

7.3 Complications and Management of Unsafe Abortion

Women of childbearing potential who present to health centers with vaginal bleeding, irregular periods, or lower abdominal pain should be evaluated for pregnancy complications. History should be taken and early management if possible with prompt referral to appropriate center for management of MR or post-abortion complications.

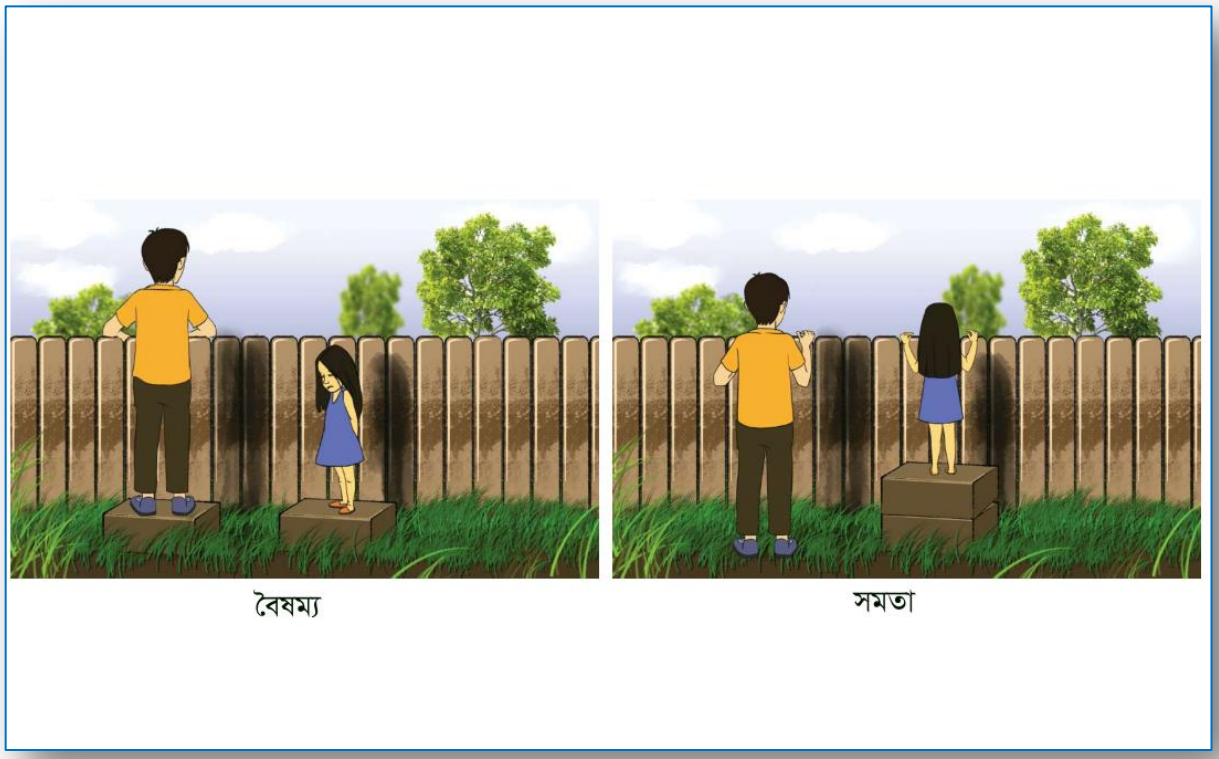
7.4 Consequences of unsafe abortion

Unsafe abortions cause serious illness and death, with rates higher among adolescent girls. Because they realize late that they are pregnant and delay in taking decision /treatment. Most of the cases do not seek the help of trained health care providers and use dangerous and unsafe methods for abortion.

7.5 Location of Safe Menstrual Regularization (MR Services) Services

Government health centers or government-approved private and privately owned institutions/hospitals/clinics where there are trained and skilled MR service providers and adequate and adequate supplies and equipment can provide MR services. These include:

- Government medical institutions such as: Bangabandhu Sheikh Mujib Medical University (IJGAGOT); Mohammadpur Fertility Services and Training Center (GRI), Matri Sadan and Child Health Training Institute (GIHI) and Institute of Child and Maternal Health (IHI), Matuail Medical College Hospitals (Government and Government Authorized Persons Owned)
- District Hospitals
- Mother and Child Welfare Centres
- Upazila Health Complex
- Union Health and Family Welfare Centres
- Govt Approved Private Institutions/Hospitals/Clinics
- Government Approved Privately Owned Institutions/Hospitals/Clinics
- Approved NGO Clinic/Hospital



Chapter Eight

Gender and Violence against Women

Introduction

Sexual harassment is a social disorder. Women, girls and adolescents continue to be victims of sexual violence across time and space. From children to the elderly, no one is spared. Although women in many countries can move freely, they are sexually assaulted or harassed in various places such as homes, schools, colleges, universities, roads, vehicles, footpaths or public places. Experts also believe that many people do not have a clear idea of what sexual harassment is. Most people are not aware of it. As a result, many unknowingly behave in ways that fall into sexual harassment. Again, in many cases, the victim is not aware of it and avoids it. As a result, it becomes difficult to eliminate sexual harassment from society. Sexual harassment can take many forms. In this chapter, we will attempt to discuss sexual harassment in detail, but first, we will discuss 'Sex and Gender' and the kind of discrimination between boys and girls in our society or family. We will discuss what sexual assault and torture are and why girls are victims of torture. We will also learn about what is eve teasing and what can be done to prevent it at the end of this chapter.

Learning Objectives

At the end of the session the participants-

- Gain understanding of sex and gender;
- Can tell about types of gender-based violence; And
- You will also know about what to do to prevent torture.

Agenda:

8.1 What is sex and gender?
8.1.1 Difference between sex and gender
8.2 Discriminatory treatment of adolescents or between women and men
8.2.1 Discrimination that is generally made between girls and boys in our society
8.3 Actions to Eliminate Discriminatory Behavior
8.4 Sexual harassment and torture images
8.4.1 Types of Gender-Based Violence
    a. sexual harassment
    b. sexual harassment
    c. sexual violence
8.5 Causes of Torture
8.6 Possible ways or actions to protect yourself from sexual harassment
8.7 Actions to Prevent Torture
8.8 Precautions to Prevent Litigation

Handout: Gender, and violence against women

8.1 Sex and Gender

Sex' refers to the physical differences between men and women. There are differences in body parts between men and women. It does not change or differ according to place, time, or society. Eg: Women can conceive and breastfeed but men cannot.

'Gender' refers to the differences between men and women created by society. Although at birth there is no difference between male and female children apart from gender differences, later on, social causes show wide differences in behaviour between men and women. Gender is the socially constructed identity of men and women, their relationships and roles.

8.1.1 Difference Between Sex and Gender

Table 9: Difference between sex and gender

Sex	Gender
▪ Physical ▪ Universal or the same throughout the world ▪ Congenital ▪ Usually unchanged ▪ Differences are not observed according to time and space	▪ Social, cultural and psychological ▪ Society is different from culture to culture ▪ Acquired/assigned ▪ Can be changed if desired ▪ Differences are observed across time periods

8.2 Discriminatory treatment of adolescents or men and women

Almost half of the population of Bangladesh are women. Women are considered to have a lower position than men in society. As a result, girls or women suffer discrimination from birth to death. In almost every sphere of life a woman or a girl is deprived of her rights as a human being. Boys and girls are not seen as equals, not given equal opportunities and equal rights, neglect and neglect of girl children is often observed. Boys are the bearers of the family name or clan due to social norms. When the parents grow old, the sons take over their responsibilities. Parental responsibility is not given to girls. Girls move into the husband's house after marriage, are dependent on the husband, have no decision-making power, no earning power, or control over what they earn. So parents don't want to spend on girls' education or health. As a result, girls are neglected in education, nutrition, and treatment. Despite having equal opportunities, a girl falls behind by not being able to become as skilled as a boy. But if given proper opportunity, both can be educated in higher education and established in life. can earn income. Can play a role in family and society. Currently, such examples are not few.

8.2.1 Discriminations that are generally made between girls and boys in our society are-

- Nutrition: Adolescents' bodies grow rapidly during puberty. So both of them need a

lot of non-vegetarian and vitamin-rich food at this time. But it is often seen in our families, they give more food to the boy, but neglect to give enough food to the girl, resulting in the girl suffering from malnutrition. Grows physically weak. But as a future mother, it is very important to ensure nutrition for the teenager.

- Education: When a girl in the family grows up, parents or society thinks she is fit for marriage, so she no longer needs education. Also, girls are often stopped from going to school due to lack of safety on the streets. As a result, a girl always lags behind boys in shaping life or establishing herself. If girls get education, they will get opportunity to earn and only then they will be able to take responsibility of family and parents like children in future. Society is not yet ready to accept this reality. But it is also true that the traditional or traditional discriminatory values of the society are changing slowly.

- Health and Medical Care: Girls are also sometimes neglected in the field of health care. Even during pregnancy its proper care is not taken. As a result, the risk of maternal mortality and infant mortality increases.

- Sense of Dignity and Decision Making: Usually a girl child is looked down upon in the family from childhood. As a result, he is neglected in the recognition of work and decision making. Growing up without dignity like this, girls become mentally weak and sometimes do not even understand their own dignity or rights.

- Freedom of expressing opinion: Many family members do not value the opinion of girls in any kind of small or big matter. For example, marrying a girl against her consent, marrying at a young age, stopping her education, not allowing her to mix with friends, not allowing her to play sports, not taking her opinion on any family matter, etc.

- Distribution of wealth: Many a time in our country girls are deprived of their rights in the inherited wealth. But the female members, being unaware of their rights, assume that only sons have rights in the property. Sometimes girls have to accept it due to family and social pressure.

- Discrimination at work: Both men and women have equal rights to work and pay. But sometimes this right is being violated in our country. It is seen that a boy and a girl are doing the same work but they are not paid the same. When girls get pregnant, they are often not given the facilities they deserve. Sometimes the girl even loses her job. But employment is the basic right of all people.

- Reproductive Rights: Reproductive rights of men and women include the right to marry at an older age, the right to decide when and how many children to have, and the right to receive reproductive health information and services. But in our country, girls or women are often denied the right to get reproductive health information and

services. Discrimination between men and women severely affects a girl's growth and health.

Table-10: Gender Discrimination and Its Negative Impact on Girls or Women

Gender Discrimination	Its Negative Impact on Girls or Women
▪ Preference for sons ▪ Undervaluation of the girl child ▪ Less diet in case of girl child ▪ Child marriage of girls ▪ Women have less decision-making power ▪ Women have less control over their reproduction ▪ Unequal division of labour and wealth distribution between men and women ▪ Harmful social practices imposed on women	▪ Health hazard ▪ Malnutrition ▪ Drop out of education ▪ more sickness ▪ High maternal mortality rate ▪ mental illness ▪ Violence against women ▪ Women are not mentally developed

8.3 Actions to Eliminate Discriminatory Behavior

- To create awareness at all levels of society to prevent gender discrimination
- Ensuring all human rights including women's education, women's employment opportunities, access to health care and prevention of women's abuse
- To ensure equal participation of men and women in all activities according to skill
- Ensuring all types of legal assistance to protect women's rights
- Ensuring women's empowerment by maintaining equality between men and women
- Implementation of existing laws of the country to provide protection to women

8.4 Sexual harassment and torture images

Anyone can be a victim of sexual harassment, abuse or sexual violence at any time. However, women, children, teenagers and young women are more victims of this condition. Many times, teenagers, especially women, have to face various indecent and uncomfortable behaviors, words, or unwanted physical touches from men on the street, in public transport, at work or in other places. It has been seen that acquaintances, neighbors, relatives or relatives are more likely to be sexually harassed or abused. Gender-based violence is observed not only in Bangladesh but all over the world. According to the World Health Organization 2021 report, one in three women (30%) worldwide experience sexual violence, physical abuse or conflict by an intimate partner or others. Women in developed countries (23.2%) and Southeast Asia (37.7%) experience sexual violence, physical abuse or intimate partner conflict or violence by others. This intimate partner conflict also exists in Bangladesh, Bangladesh has achieved the fourth place in the list of this conflict (Prothom-alo).

Violence against women refers to any act or gender-based violence that occurs or may occur in public or in the domestic environment, including coercion or restriction of free movement, that causes physical, mental or other harm or suffering to women.

8.4.1 Types of Gender Based Violence

a. Sexual Assault
b. Sexual Harassment
c. Sexual Violence (rape)

A. Sexual Abuse

Using a person against their will to fulfill their sexual desires is called sexual harassment. Any type of non-consensual sexual behavior, speech or physical touch by anyone, if it is sexually suggestive and uncomfortable, can be called sexual harassment. People of any age, whether male or female, can be victims of sexual assault, but women and children are the most common victims. Sexual harassment means not only physical but also emotional abuse. For example, one can feel oppressed by someone's words or even by the rude look of the eyes. Sexual harassment can happen anywhere, such as on the street, in vehicles, at work, or even at home. Many times, your loved ones can also sexually harass you. Those who sexually

assault often show various fears so that others do not find out about it. Remember sexual harassment is a crime.

b. Sexual Harassment

Sexual harassment is any unwanted behavior related to sex. It can also be anywhere - work, school, on the way or anywhere. Sexual harassment can be women, men or anyone. The victim of sexual harassment and the harasser may not be of the opposite sex.

Sexual harassment can take many forms. For example-

- Non-verbal (obsessive) or gestural: making obscene gestures or gestures, whistling or showing obscene pictures. For example, on the street, at school, on the way, many boys whistle at girls or make any bad gestures or hints. Trying to show pornographic pictures again if given a chance etc.
- Verbal (slaps): Sexual jokes or jokes, obscene comments etc. Any girl, woman can be a victim of sexual harassment. For example, a girl or woman was passing through the road, when a boy saw her and said to his companion, "Look how Malda goes." This statement is also a form of verbal sexual harassment.
- Physical (Chaungrapadsha): Physical sexual harassment or abuse such as touching someone's body against their will, pinching, kissing etc. For example, if a girl or a woman is about to board a bus, the bus conductor or a male passenger of the bus intentionally touches her body or sensitive parts of the body and makes her feel very uncomfortable - this is physical sexual harassment.

c. Sexual Violence (Rape)

Forced or attempted sexual intercourse of any kind, unsolicited comments related to sex, trafficking for the purpose of sexual activity or for any reason, or involuntary use of sexuality by inducement or coercion where the victim may or may not have a relationship with the abuser. Sexual violence can happen anywhere, in any environment or situation, not just at home or at work. Women and children are the most victims of sexual violence.

Violence against women can take two forms

- Physical violence
- Psychological violence

Physical violence: physical injury, rape (gang rape, marital rape, wartime rape), acid throwing, sexual harassment, genital mutilation, sexual harassment at workplace or educational institution, kidnapping, trafficking, forced prostitution, murder etc.

Emotional violence: verbal abuse, teasing, intimidation, incitement to suicide etc.

8.5 Causes of torture

- The reasons for abuse can be varied. But we usually see
- Degradation of values and different social customs

- Drug use
- Lack of proper enforcement of laws
- Dowry
- Extramarital affairs
- Property disputes, etc

8.6 Possible ways or actions to protect yourself from unwanted sexual harassment

- Rather than traveling alone, travel in groups as much as possible
- If you like someone, don't fall in love with him
- Tell everyone about the harasser so that everyone is aware and alert
- When someone comes to help or benefit, accept it thoughtfully
- Beware of physical intimacy from peers, elders, relatives or neighbours
- The harasser should be told that this matter will be reported to others
- Discuss openly with parents or older siblings if any doubts, questions or problems arise
- Don't trust anyone who scares or tries to backmail you

8.7 Actions to prevent torture

- Creating awareness about women's rights in family, society and educational institutions
- Creating awareness about women's rights laws and ensuring proper implementation of laws
- Women victims of violence contact the below toll free number for legal assistance and safety

Hotline numbers

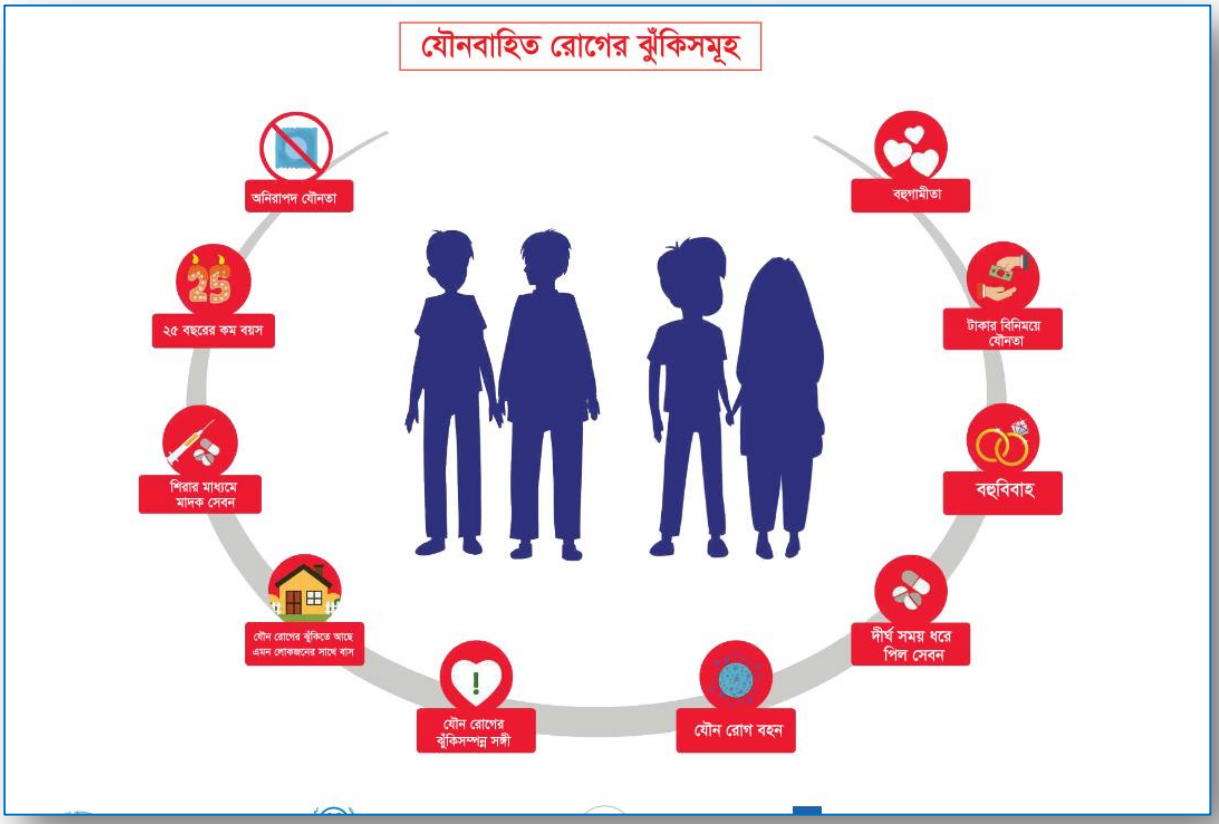
999 **(National Emergency Service Number)**	**109** **(Bangladesh government's service number for prevention of child marriage and abuse of women and children)**

8.8 Precautions to Prevent Evtigation

- Awareness of family members should be increased.
- Teachers and students of educational institutions should take steps to stop eve teasing.
- In workplaces where male and female employees work together, male colleagues should be wary of female colleagues.

- Common people traveling on roads should raise their voice against women harassment or eviction.
- Every Friday in the sermon of Friday prayers, the imam of the mosque can give a statement about the evening meal.
- Law enforcement agencies can organize anti-eviction meetings, rallies through community policing. It will create public awareness.
- Local public representatives should take a vocal role in Evtizing. The public representatives should take steps to hand over the person or persons who are doing evtizing to the hands of the law.

Above all, a social movement should be built against eve teasing or harassment of women. In case of any kind of eve teasing, everyone should stand by the victim and immediately seek the help of the law enforcement agencies for redressal. It should be remembered that every woman of the country has the right to live a healthy and normal life. If we all take a stand against evtijing from our respective positions then surely the path of our daughters, Jaya and mothers will be safe.



Chapter Nine

Reproductive System Infections, Sexually Transmitted Infections and Sexually Transmitted Diseases

Introduction

In this chapter we have mainly discussed about reproductive system infections or different types of sexually transmitted infections or diseases. In particular, we will learn about why our reproductive organs are affected by germs and how we can be protected from these diseases or germs. Also we will get an idea about different types of sexually transmitted diseases from this chapter.

Learning Objectives

Participants at the end of the session

- Learn about reproductive system infections and sexually transmitted diseases.
- Can tell about the consequences of diseases of the sexual and reproductive system.
- Can understand and talk about HIV and AIDS.

Agenda:

9.1 Reproductive tract infections or RTIs
9.1.1 Reproductive system infections and sexually transmitted diseases
9.2 Causes of Reproductive System Infections
9.3 Sexually Transmitted Infections (STI)
9.4 Sexually Transmitted Disease (STD)
9.5 Notable Sexually Transmitted Diseases
9.6 Consequences of sexual and reproductive system diseases
9.7 Reproductive system infection and sexual diseases should be done
9.8 HIV and AIDS
9.9 Where does the AIDS virus live?
9.9.1 How the AIDS virus spreads
9.9.2 How does the AIDS virus spread?
9.10 HIV and AIDS - Symptoms and signs
9.11 Actions to Prevent AIDS
9.12 Misconceptions about HIV and AIDS
9.13 HIV/AIDS and social discrimination, slander

Handout: Reproductive System Infections, Sexually Transmitted Infections and Sexually Transmitted Diseases

9.1 Reproductive tract infections or RTIs

An infection of any part of the reproductive system is called a reproductive tract infection. It is an infectious disease. In addition to sexual contact, infection of the reproductive tract can occur in various ways (consumption of infected blood, blood products, infected needles or equipment, breast milk of an infected mother).

9.1.1 Reproductive system infections and sexually transmitted diseases

Reproductive system infection definition refers to any infection of the reproductive system. Such as syphilis, gonorrhea, chlamydia, genital warts, HIV and AIDS, Hepatitis B, C etc. In addition, inflammation of the reproductive system can occur in different ways. However, some sexually transmitted diseases, including Hepatitis and HIV and AIDS, can be transmitted through means other than sexual contact, such as through sharing the blood of an infected person, using needles or syringes used by an infected person, and from an infected mother to her child. Infections of the reproductive system other than sexually transmitted diseases can also be caused by using unclean clothes during menstruation and not using safe measures during childbirth or abortion.

There are basically three causes of infection in the reproductive system:

1. Sexually transmitted disease (STD)

2. Reproductive tract infection – which is organized in the reproductive system, but is not sexually transmitted. Such as candidiasis and bacterial vaginosis.

3. Iatrogenic infections - caused by the carelessness of healthcare workers. For example, if you do not use safe and sterile equipment.

9.2 Causes of Reproductive System Infections

- If you don't have healthy sex
- Ingestion of infected blood, blood products
- Bacterial overgrowth in the reproductive tract
- Using unclean clothes during menstruation can lead to infection.
- If delivery is not performed in a sterile environment and personal hygiene is not maintained afterwards.
- Infections can occur if the IUD is not worn hygienically and in a sterile manner.
- If menstrual regularization (MR) equipment is not hygienic and properly sterilized.
- Any injury to the vagina or as a result of any unsanitary surgery on the vagina.

Females have a higher rate of reproductive tract infections. Because women are too shy to talk about this disease and hesitate to seek treatment.

9.3 Sexually Transmitted Infections (STDs)

Infections (wounds, sores, etc.) that occur in the genitals as a result of unsafe sexual behaviour or intercourse are called sexually transmitted infections (STIs). However, some sexually transmitted diseases can be transmitted in other ways than sexual intercourse.

9.4 Sexually Transmitted Diseases

Diseases that spread from one person to another through sexual contact are called sexually transmitted diseases (STDs). According to the medical definition, when symptoms appear as a result of an infection, it is called a disease. Since many times the symptoms of sexually transmitted diseases are not manifested, this condition is not called a sexually transmitted disease but is called a sexually transmitted infection. These diseases and infections can be avoided only through safe sex.

9.5 Notable Sexually Transmitted Diseases

- Syphilis or pharyngitis
- Gonorrhea or dysentery
- Chlamydia
- Trichomoniasis
- Genital herpes
- Genital Warts
- Hepatitis B and C (Complex E)
- AIDS (HIV)

9.6 Consequences of sexual and reproductive system diseases

a. Biological

Table-11: Consequences of Sexual and Reproductive System Diseases (Biological)

Woman	Male	Newborn
Infertility Abortion Premature delivery Chronic abdominal pain Cervical cancer Ectopic Neurological syphilis Risk of HIV infection	Infertility Urethral stricture Neurological syphilis Risk of HIV infection	Congenital abnormality Eye infections including blindness Pneumonia Stillbirth

b. Social and economic consequences

- Physical and mental discomfort
- Social Harassment
- Family conflict, divorce

- Medical expenses
- A waste of productive time
- Social Inequality

9.7 What to do in case of infection of the reproductive system and venereal disease

- Patient and partner should be treated together
- Medicines should be taken according to the doctor's advice
- Other restrictions of the doctor should be followed
- Care must be taken to prevent disease later

In most cases, the symptoms of sexually transmitted diseases are not understood. Especially compared to men, the symptoms of women are not revealed, so treatment is often delayed. This can result in complications. So you have to take treatment at the right time.

9.8 HIV and AIDS

HIV is a type of virus, infection of which causes AIDS. The virus enters the human body and slowly destroys the body's immune system. This condition of the body is called AIDS. As a result, immunity decreases and the body is affected by various infectious diseases. HIV takes time to manifest as AIDS after entering the body. But once HIV enters the body, AIDS will appear at some point. AIDS results in certain deaths.

9.9 Where does the AIDS virus live?

There are 4 main components of HIV infection

- Blood of an infected person
- Semen of an infected person
- Vaginal fluid of an infected person
- Breast milk of the affected mother

9.9.1 How the AIDS virus spreads

- If a man or woman has this virus in their body, this retrovirus can easily enter the body of another person through unprotected sex.
- The idea that there is no chance of contracting HIV by using a condom during sex is also not true. Because if a condom leaks during sexual intercourse with an infected person, the virus can also enter the body of others.
- If new syringes and needles are not used when injecting, the virus can quickly enter the body of others.
- A child born to a mother with AIDS can also develop AIDS. The virus enters the baby's body through breastfeeding. According to UNICEF statistics, every 2 minutes a child is diagnosed with AIDS in the world.
- Injecting syringes, various surgical instruments inserted into the body of an HIV-infected person can spread the disease if they are mistakenly used in the body of a healthy person.
- The virus can spread from saliva and fluid from wounds on the gums and body of people infected with HIV.
- Some modern medicines can prolong the life of patients with this disease for some time, but all those treatment methods are very expensive.

9.9.2 How the AIDS virus is not transmitted

- Through sneezing, coughing, expectoration or inhalation
- If you live in the same room or sleep in the same bed
- When eating and drinking together or in the same dish
- If you play sports together or study in the same school
- A mosquito or insect bite
- If you use the clothes of the affected person
- If you shake hands or cuddle
- Using the same bathroom or bathing in the same pool does not spread HIV.

9.10 HIV and AIDS - Symptoms and signs

The World Health Organization has defined certain symptoms to diagnose AIDS. These symptoms are as follows:

Common symptoms:

- Continuous cough for more than a month
- Itchy skin disease all over the body
- Recurring herpes zoster all over the body; (special type of skin disease) infection
- Fungal sores in the mouth and throat
- Swelling in the neck, armpits and groin
- Loss of memory and intelligence
- Fatigue and loss of appetite.

Serious symptoms:

- Loss of body weight by more than 10 percent
- Persistent or intermittent loose stools for more than a month
- Persistent fever or fever for more than a month

9.11 Actions to prevent AIDS

- Practice safe sex
- Abstain from sexual contact with a person infected with AIDS
- Use sterile syringes and needles
- Take precautions while taking blood
- Living in religious discipline
- Avoid polygamy and
- AIDS can be avoided by using a condom every time you have sex

Remember - As there is no cure for AIDS, prevention is the best cure. Therefore, the only way to stay free from AIDS is to practice safe sex, avoid polygamy, live a religiously disciplined married life, and take precautions while receiving and donating blood. A person living with HIV/AIDS cannot be neglected in any way. It is the social duty of everyone to ensure all his rights as a human being.

9.12 Misconceptions about HIV and AIDS

- There are many misconceptions about HIV and AIDS around the world.
- Cleaning and washing the genitals after sex does not spread HIV.
- HIV spreads through sneezing and coughing.
- Eating together and bathing in the same pool can lead to HIV infection.

9.13 HIV/AIDS and Discrimination and Defamation

Eliminating discrimination and stigma is critical to preventing and treating HIV/AIDS. For this purpose, it is necessary to remove all kinds of misconceptions of people about HIV and AIDS. And this work can start with the family. Many people think that HIV is only contracted through sex outside of marriage or with sex workers and drug users. Some think of punishing such acts as unethical. Because of this, people living with HIV are looked down upon, slandered, discriminated against and neglected. Even deprived of rights. For example: not behaving well, not providing treatment, not providing education and job opportunities etc. As a result,

- HIV/AIDS patients are deprived of necessary mental health services and nursing.
- The affected person is afraid of his condition and hides the disease.
- Preventing HIV transmission is disrupted.
- People infected with HIV avoid seeking treatment out of fear.

Chapter Ten

The Impact of Smoking and Substance Addiction on Good Health

Introduction

A substance is any material that, when used, leads the user to become addicted or dependent, and not accepting these substances can result in various mental and physical problems. This condition is known as substance addiction. The rate of substance use is higher among adolescents and young adults worldwide. Substances are typically taken through the mouth, smoking, or inhalation, and sometimes through injection. Regular substance users are not limited to one substance; they often become dependent on multiple substances. In this chapter, we will discuss the causes of smoking and substance addiction. We will also explore the symptoms of substance addiction, the progression of substance use, and ways to overcome addiction.

Learning Objectives:

By the end of the session, participants will-

- Understand what smoking and substance addiction are, their causes, and their harmful effects.
- Gain knowledge about methods of resisting smoking and substance use.
- Be aware of their role in raising awareness about substance abuse among friends and acquaintances.

Agenda:

10.1 Effects of Smoking on Physical Reactions
10.2 Causes of Substance Addiction
10.3 Impact of Smoking and Substance Addiction on Good Health
10.4 Potential Effects of Smoking's Smoke on Nonsmokers
10.5 Mental Damage Due to Smoking and Substance Addiction
10.6 Ways to Resist Smoking and Tobacco Use
10.7 Your Responsibility in Creating Awareness Against Substance Abuse Among Friends and Acquaintances

Handout: Impact of Smoking and Substance Addiction on Good Health

10.1 Effects of Smoking on Physical Reactions

Smoking is a curse. There is no benefit in smoking; instead, it is a significant cause of various complex diseases. Research has shown that smokers may die up to 22 years earlier than non-smokers. Every day, new diseases are being discovered due to smoking. Smokers are most at risk of a heart attack. Additionally, smoking reduces the physical stamina and capacity for exertion.

10.2 Causes of Substance Addiction

- Peer pressure or influence from friends or social circles.
- Curiosity and the tendency to take risks.
- Imitation, especially the desire to appear 'cool' or 'modern,' particularly among adolescents.
- Easy accessibility of drugs.
- Mental instability and despair (due to family unrest or deficiencies).
- Unemployment.
- Influence of the surrounding environment.
- Lack of awareness about the dangers of drugs.

Chart-12: Symptoms of Substance Addiction

Physical Symptoms	**Behavioral Symptoms**
● Red and watery eyes, yellowing of teeth, and darkening of the tongue. ● Loss of appetite, nausea, a feeling of vomiting. ● Lack of balance. ● Trembling hands and feet. ● Palpitations. ● Excessive weakness, drowsiness, and fatigue. ● Bruises and wounds on the veins of the hands and feet from injecting drugs. ● Loss of taste, body dehydration, and lack of enthusiasm. ● Severe coughing (if unable to use drugs).	● Sleeping excessively at night and during the day. ● Neglecting studies. ● Showing indifference towards personal hygiene and clothing. ● Going out late at night, returning home late, and often staying out overnight. ● Not contributing to family responsibilities and constantly seeking more money. ● Keeping empty strips of tablets around the bed and under the pillow. ● Attempting to hide bruises and wounds from injecting drugs with full-sleeve shirts. ● Spending a significant amount of time in an unresponsive state at home and mistreating family members. ● Irritable mood. ● Frequently telling lies and engaging in theft. ● Falling into debt. ● Frequently changing mobile SIM cards. ● Being involved in accidents on the streets.

	● Engaging in antisocial and criminal activities. ● Avoiding contact with old friends and forming relationships with new friends who are substance users. ● Not trusting anyone.

10.3 Impact of Smoking and Substance Abuse on Health

Smoking not only harms the individual's health but also has adverse effects on the environment and society. A smoker not only endangers their own health but also contributes to the degradation of the surrounding environment due to tobacco smoke. The consequences of substance abuse include:

- Family unrest
- Social isolation
- Deterioration in educational achievements, employment, and earnings
- Inclination towards criminal activities and violence
- Decreased memory and cognitive abilities
- Mental stress and depression
- Physical damage to organs such as lungs, liver, and cardiovascular system
- Reduced libido and sexual dysfunction
- Increased susceptibility to HIV
- Suicide tendencies

10.4 Possible Effects of Smoking on Passive Smokers

- Bronchitis
- Ear infections in children
- Increased coughing, sneezing, and wheezing in children
- Weakened immune system in pregnant women, leading to increased risks for the baby
- Cardiovascular diseases or birth defects in newborns
- Premature birth

10.5 Psychological Consequences of Smoking and Substance Abuse

- Impaired learning and work performance
- Lack of emotional control
- Reduced decision-making abilities
- Increased psychological distress
- Aggressive behavior
- Tendency towards suicidal thoughts

10.6 Strategies for Smoking and Substance Abuse Prevention

- Encourage family members to quit smoking.
- Educate individuals about the negative aspects of smoking.
- Promote sports, cultural events, and developmental activities.
- Advocate adherence to religious prohibitions against smoking.
- Enhance anti-smoking campaigns and awareness.

10.7 Actions Against Smoking and Substance Abuse

- Raise awareness among friends and family about the hazards.
- Address the negative aspects of addiction and provide necessary medical assistance.
- Promptly seek medical intervention for those affected.
- Encourage a healthy lifestyle and engagement in sports and cultural activities.
- In order to find joy and alleviate fatigue, various alternatives should be explored.
- It is essential to communicate to the service provider that quitting substance abuse is a personal decision made for one's own well-being.

Reference Books:

- Training Manual for Adolescent Health Service Assistants; MCH-Services Unit, Family Planning Department, Ministry of Health and Family Welfare; 2019.
- Training Manual on Adolescent Health for Health Assistants; Adolescent Health Program; Maternal, Neonatal, Child, and Adolescent Health; Department of Health, Health Service Division, Ministry of Health and Family Welfare; 2019-2020.
- Training for Trainers on Menstrual Regulation and Family Planning: Reproductive Health Services, Training and Education Program (RHS-STEP); 2022.
- "Me and My World" (Comprehensive Curriculum on Sexual and Reproductive Health and Rights); YWCA Bangladesh Alliance Secretariat; November 2019.
- Life Skills Education for Adolescents; YWCA Bangladesh Alliance; November 2019.
- Training Manual on Sexual and Reproductive Health Rights and Youth-Friendly Services; ARFSDP/ SRHR Consortium, Bangladesh; 2016.
- "Safe Talk: Mother and Newborn Care," AIE Unit, Family Planning Department, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh.
- Image source: "Adolescent Health Flashcards," Health Department, Government of the People's Republic of Bangladesh.
- Image source: "Adolescent Sexual and Reproductive Health Service Assistant," RHS-STEP.

A.4

Family Planning Kit Distribution Guideline

1. **Introduction**: This guideline outlines the distribution process for family planning kits in the Gaibandha District of Bangladesh. The birth control kit is designed to provide effective contraception. It includes various components to ensure comprehensive reproductive health management.

2. **Components**:
   - **Contraceptive Pills**: These are oral medications taken daily to prevent pregnancy.
   - **Condoms**: Used during intercourse to prevent pregnancy and reduce the risk of sexually transmitted infections (STIs).
   - **Emergency Contraceptive Pills**: Taken after unprotected sex to prevent pregnancy.
   - **Intrauterine Device (IUD)**: A small device inserted into the uterus to prevent pregnancy.

3. **Usage Instructions**:
   - **Contraceptive Pills**: Take one pill daily at the same time each day.
   - **Condoms**: Use a new condom for each act of intercourse.
   - **Emergency Contraceptive Pills**: Take as soon as possible after unprotected sex, within 72 hours.
   - **IUD**: Must be inserted by a healthcare professional.

4. **Side Effects**:
   - **Contraceptive Pills**: May cause nausea, weight gain, mood changes, and breast tenderness.
   - **Condoms**: Generally safe, but some people may experience latex allergies.
   - **Emergency Contraceptive Pills**: May cause nausea, fatigue, and changes in menstrual cycle.
   - **IUD**: May cause cramping, irregular bleeding, and in rare cases, infection.

5. **Precautions**:
   - Always consult with a healthcare provider before starting any birth control method.
   - Follow the instructions carefully to ensure effectiveness.
   - Report any severe side effects to a healthcare provider immediately.

6. **Storage**:

- Store all components in a cool, dry place away from direct sunlight.
- Keep out of reach of children.

7. **Additional Information**:
   - Regular check-ups with a healthcare provider are recommended to monitor reproductive health.
   - Discuss any concerns or questions with a healthcare provider to ensure the best contraceptive method for your needs.

Referral card

Part of the Referrer

1. Refer ID Number:
2. Date of Referral:
3. Name of service recipient:
4. Mobile number of service recipient:
5. Referrer Name:
6. Mobile Number of Referrer:

Referral card

Part of the service recipient

Will be filled by the referrer

Refer ID Number:
Date of Referral:
Referrer Name:
Mobile Number of Referrer:
The type of service sent for:

Clinic health workers will fill in

Name of service recipient:
Mobile number of service recipient:
Date of Acceptance of Service:
Has the service been provided? ☐
If the service is not provided, why?

Submit this report to the health worker at the clinic.

RHSTEP Clinic
Sadar Hospital Road Gaibandha.
Phone: 01958399646, 01866234993

Our Services

- ☐ Menstrual Regularization (MR)
- ☐ Treatment of abortion complications
- ☐ Providing family planning methods
- ☐ General healthcare
- ☐ Adolescent health care
- ☐ RTI/STI treatment
- ☐ Other pathological tests including blood/sputum
- ☐ Ultrasonogram
- ☐ Referral

RHSTEP

Committed to promoting sexual and reproductive health and rights

RHstep Clinic
Sadar Hospital Road Gaibandha.
Phone: 01958399646, 01866234993

Reproductive Health Services, Training and Education Program (RHSTEP)

Contraceptive Diet Pills (Pill) Register

Center Name: **Month:** **Year:**

Date of pill receipt	Number of Pill in stock	Total in stock	Distribution Diagram				Total Number of Alive Child	Number of Distributions		Current in stock	Receiver Signature	Signature of Provider	Comment
			Reg. No	Distribution Date	Recipient Name	Age		Newly Married	Follow-up				

Reproductive Health Services, Training and Education Program (RHSTEP)

Register for Condom Distribution

Center Name: **Month:** **Year:**

Date of Condom receipt	Number of Condom in stock	Total in stock	Distribution Diagram				Total Number of Alive Child	Number of Distributions		Current in stock	Receiver Signature	Signature of Provider	Comment
			Reg. No	Distribution Date	Recipient Name	Age		Newly Married	Follow-up				

A.5

Informed Consent/Assent Form

Project title: Delaying Early Pregnancy in Gaibandha District in Bangladesh, Baseline Household Survey (September 2023)
Organization: IDE-JETRO, Japan and Florida International University
Name of investigators: Momoe Makino, Abu Shonchoy

Purpose of the research
Assalamu Alaikum. My name is (insert interviewer's name), a researcher from MOMODa Foundation. MOMODa Foundation is conducting a baseline survey on behalf of IDE-JETRO. The purpose of this survey is to academically understand the level of young women's reproductive health knowledge in rural Bangladesh.

What will happen if you take part in the study?
If you decide to take part in the study, you will be asked to do the following activities:
Face to face interview: I will conduct face-to-face interview using a tablet computer with you at your home/any other convenient location, which will take approximately one hour of your time. Your contact details will be collected and you will be recontacted at a later time.
Risk
There is no risk of physical or emotional harm if you participate in this study.
Benefits
In the long term, the findings from this study may help to enhance girls' reproductive health knowledge and improve household economic condition.
Privacy, anonymity and confidentiality
Identifier information collected in this study will be coded with a number and will be kept confidential. All information will be saved in a different encrypted file where only authorized research staff will have access. Your name or any other privacy related information will never appear in any publication or results from the study.
Future use of information
If there is a need for future use of the information collected by data collectors, we will provide only de-identified data so that privacy, anonymity and confidentiality of the participants are ensured.
Right not to participate and withdraw
Participation in this research is voluntary. You have the right to know about the procedures, risks, and benefits of the study. Even if you decide to take part, you can change your mind later and can leave the study at any time. No matter what decision you make, there will be no problems for you.
Answering your questions/ Contact persons
If you have any questions about this survey, please contact Rahidul Islam of MOMODa Foundation either via email (rahidul93.ru@gmail.com) or via phone (+880 1737 712000).
We are very grateful for your participation.

Do you have any questions regarding our study now?	Yes	No
Do you agree to participate voluntarily in this interview?	Yes	No

(If you and your guardian agree to take part in our study, please indicate that by putting your signature or your left thumb impression at the specified space below)

May I start?

Reproductive Health Knowledge and Delaying Pregnancy in Bangladesh

Household Survey Questionnaire

Baseline Survey (September 2023)

MoMoDa Foundation, IDE-JETRO and Florida International University

Identification: File name: Identity.xls

01. (Survey number) ☐ (GPS) latitude: ☐ longitude: ☐ Altitude: ☐

02. (Respondent Name) ☐

03. (HHH_Name) ☐

04. (Religion) ☐ [1= Muslim, 2= Hindu, 3= Christian, 4= Buddhist, 5= Others (specify.....)]

05. (Location).....

06. (Village)..... ☐☐

07. (Union)..... ☐☐

08. (Upazila).....

09. (HHID) ☐☐☐☐☐☐☐☐

10 08 Short Survey ID

10. (CELL NO) ☐

11. (Alternative CELL NO) ☐

Name of the Enumerators.....

Name of the RA .....

First date of Interview ☐☐☐☐☐☐

Start time: _____ End time: _____

Second date of Interview ☐☐☐☐☐☐

Start time: _____ End time: _____

RA sign after Check (After Check)

Section 1 Lvbvi MVVb (HOUSEHOLD COMPOSITION): File name (Section1.xls) hhid (MZ 6 gvm GKB nvwo‡Z ivbœv nq)
(Cook food using the same kitchen for the last 6 months.) (¯§iY ivLyb: MZ eQ‡ii Gmgq†_‡K 9[2 ch©šÍ

Mem ber ID	Name bvg	1. Relation to the Head of the House cwiev‡ii cÖav‡bi mv‡_ m¤úK© HHH (Code 1)	2. Father MID (99 if not in MID)	3. Mother MID (99 if not in MID)	4. Age* eqm (Age)		5. Sex wj½	6. Marital Status ‰eevwnK Ae¯'v (Code 2)	7. Currently staying in HH eZ©gv‡b evwo‡Z _v‡K wK	8. Have you migrated temporarily within last one year?	9. What was the main reason for this migration? 1.Monga 2.Flood 3.Extra Income 4.Unemplyment 5.Repay Debts 6.Others..........	10. Literacy A¶i Ávb (Code 3)	11. Highest grade completed wk¶v (m‡e©v”P †kÖYx DËxY©) (Code 4)	12. Currently enrolled in school? eZ©gv‡b ¯‹z‡j fwZ© Av‡Q wKbv? If aged 5-16, why not attending school? (Code 5) †Kb ¯‹z‡j †h‡Z bv?	
MID	MEMNAME	REL_HHH	FMID	MMID	AGY	AGM	SEX	MAR	CSTAY	TMPMIG	TMPMIGRSN	LITRCY	EDUC	CSCH	CNSCHRSN
							☐1. Male ☐2. Female		☐1. Yes ☐2. No	☐1. Yes ☐2. No ----→				☐1. Yes ☐2. No ----→	
							☐1. Male ☐2. Female		☐1. Yes ☐2. No	☐1. Yes ☐2. No ----→				☐1. Yes ☐2. No ----→	
							☐1. Male ☐2. Female		☐1. Yes ☐2. No	☐1. Yes ☐2. No ----→				☐1. Yes ☐2. No ----→	
							☐1. Male ☐2. Female		☐1. Yes ☐2. No	☐1. Yes ☐2. No ----→				☐1. Yes ☐2. No ----→	
							☐1. Male ☐2. Female		☐1. Yes ☐2. No	☐1. Yes ☐2. No ----→				☐1. Yes ☐2. No ----→	
							☐1. Male ☐2. Female		☐1. Yes ☐2. No	☐1. Yes ☐2. No ----→				☐1. Yes ☐2. No ----→	
							☐1. Male ☐2. Female		☐1. Yes ☐2. No	☐1. Yes ☐2. No ----→				☐1. Yes ☐2. No ----→	
							☐1. Male ☐2. Female		☐1. Yes ☐2. No	☐1. Yes ☐2. No ----→				☐1. Yes ☐2. No ----→	
							☐1. Male ☐2. Female		☐1. Yes ☐2. No	☐1. Yes ☐2. No ----→				☐1. Yes ☐2. No ----→	
							☐1. Male ☐2. Female		☐1. Yes ☐2. No	☐1. Yes ☐2. No ----→				☐1. Yes ☐2. No ----→	

** Please leave the Months column blank if the age is equal to or more than 5 years. (hw` eqm 5 eQ‡ii AwaK _ev Avil †ewk nq Z‡e gvm K‡jvgwU dvuKv ivL‡eb)*

Code 1: Relation to HHH (Q1)

cwiev‡ii cÖav‡bi (head)[main breadwinner].....1
¯^vgx/¯¿x(husband/wife)...........2
cyÎ/Kb¨v(Son/Daughter)..........3
fvB/†evb (Brother/sister).......4
wcZv/gvZv.(father/mother).........5
k¦ïi/kvïwo...(father/mother in law)...6
cy‡Îi ¯¿x/RvgvB..(son/daughter in law).7
k¨vjK/kvjxKv(brother/sister in law)...8
bvwZ/bvZwb(grand son/daughter.....9
fvBsw/fvMœx..(nephew/niece)....10
Ab¨vb¨ AvZ¥xq...(other relatives)...11
jwRs gvóvi...(lodging master)..12
¯'vqxPvKi...(permanent servant)...13
Ab¨vb¨ AbvZ¥xq(other non relatives).....14

Code 2: Marital Status (Q6) ‰eevwnK Ae¯'v

AweevwnZ...(unmarried)...1
weevwnZ (married)...2
wePvi/weaev ZvjvK......(widowed)....3
ZvjvKcÖvß...(divorce).....4
Avjv`v fv‡e _v‡Kv..(seperated).....5

Code 3: Literacy (Q10)
A¶i cwiPq

co‡Z I wjL‡Z cv‡i bv
(can't read and write)....1
ïay ¯^v¶i Ki‡Z cv‡i (only sign)......2
ïay co‡Z cv‡i.(can read).............3
co‡Z I wjL‡Z cv‡i (can read and write).......4

Code 4: Education (Q11) (wk¶v

KLbI ¯‹z‡j hvqwb (never been to school)........99
cÖvK-¯‹zj (mavi Y)(pre-school/Kindergarden)..98
eq¯‹ wkÿv(adult school/ mass education....97
KZ †kÖYx cvk K‡i‡Q(Class1-10)
for class 1-10, write in years ....(1-10).
gva¨wgK GmGmwm/`vwLj (finished SSC/dakhil)......11
K‡jR cov(college)....................................12
D”P gva¨wgK GBPGmwm/Avwjg(finished HSC/alim).......13
weG/weGmwm/dvwRj (BA/BSC/Fazil)...............14
GgG/GgGmwm Gi Dc‡i (MA/MSC)..................15

CODE 5 Reason for not attending school (Q12)

Can't afford cost Ams_©.......1
Far away/no avialble school nearby Av‡k cv‡k ¯‹zj bvB.....2
Sick Amy¯'.................3
Help with family work msmv‡i KvRi Rb¨......4
To earn money outside Av‡q ©Dc vR©b......5
Married weevwnZ..................6
Doesn't like school ¯‹z‡j †h‡Z fvj jv‡M bv.....7
Quality of school is low ¯‹z‡ji gvb fvj bv......8
Not yet ready for school ¯‹z‡j hvIqvi eqmnq bvB...10
Other, specify(....................) Ab¨vb¨ D‡j-L................11

Section 2 Main economic activity (only for household members who work for pay) and other income sources File name (Section2.xls) hhid

Member ID	1. Over the past 7 days what was the main (most time-consuming) economic activity? How many hours did you spend on this activity?		2. What is the frequency of payment? (->Q4)	3. How much did you make from this activity over the past 12 months (If Q1 is 2 or 3, after subtracting the cost of business?)	4. Over the past 7 days what was second most time-consuming economic activity? How much time do you spend on this activity in a typical weekday?		5. What is the frequency of payment? (->Q8)	6. How much did you make from this activity over the past 12 months (If Q.5 is 2 or 3, after subtracting the cost of business?) (->Q9)
(MID)	POCC	POCCHR	PFRQPAY	PINC	SOCC	SOCCHR	SFRQPAY	SINC

Other income sources

Recipient* Member ID	9. Income source (->Q10)	10. How much did the recipient received in the last 1 year?
(MID)	INCS	INCAMT

** Please MID = HHH ID if there is no specific recipient of this income*

Activity codes (for Q1)

WAGE/SALARIED EMPLOYMENT.....1 (->Q2)
SELF-EMPLOYMENT (INCL FAMILY BUSINESS) IN AGRICULTRE, FORESTRY AND LIVESTOCK.....2 (->Q3)
OTHER SELF-ENGAGEMENT (INCL FAMILY BUSINESS) IN PRODUCTION, BUSINESS AND SERVICES.....3 (->Q4)
OTHER, Specify.....4 (->Q4)

Activity codes (for Q5)

WAGE/SALARIED EMPLOYMENT.....1 (->Q6)
SELF-EMPLOYMENT (INCL FAMILY BUSINESS) IN AGRICULTRE, FORESTRY AND LIVESTOCK.....2 (->Q7)
OTHER SELF-ENGAGEMENT (INCL FAMILY BUSINESS) IN PRODUCTION, BUSINESS AND SERVICES.....3 (->Q8)
OTHER, Specify.....4 (->Q8)

Payment frequency (Q2 and Q6)

DAILY.....1
MONTHLY.....2
YEARLY.....3
CONTRACT BASIS.....4
OTHER, Specify.....5

Own farm product code (Q3 and Q7)

1. Rice
2. Wheat
3. Maize
4. Livestock
5. Other, specify.....

Other income source (Q9)

1. Remittance
2. Pension
3. Government support (other than pension)
4. Non-government charity
5. Other, specify.....

Section 3: Asset: Household Asset holdings (Section3.xls) hhid

Do you have these assets now?		
Asset Item	Code	
Radio	AS01	☐1.Yes ☐2. No
Television	AS02	☐1.Yes ☐2. No
Bicycle	AS03	☐1.Yes ☐2. No
Motor cycle/Scooter	AS04	☐1.Yes ☐2. No
Car	AS05	☐1.Yes ☐2. No
Electric Fan	AS06	☐1.Yes ☐2. No
Air conditioner	AS07	☐1.Yes ☐2. No
Stove/Gas Burber/Metal cooking pots	AS08	☐1.Yes ☐2. No
Wardrobe/Almirah	AS09	☐1.Yes ☐2. No
Washing Machine	AS10	☐1.Yes ☐2. No
Sewing Machine	AS11	☐1.Yes ☐2. No
Refrigerator	AS12	☐1.Yes ☐2. No
Generator set / UPS	AS13	☐1.Yes ☐2. No
Wristwatch	AS14	☐1.Yes ☐2. No
Wall clock	AS15	☐1.Yes ☐2. No
Mobile Phone	AS16	☐1.Yes ☐2. No

	Code	
Residential (homestead) Land	AS31	□1.Yes □2. No
Value (Taka)	AS31v	
Agricultural Land	AS33	□1.Yes □2. No
Value (Taka)	AS33v	
Fallow/Submerged Land	AS34	□1.Yes □2. No
Value (Taka)	AS34v	
Jewelry	AS36	□1.Yes □2. No
Value (Taka)	AS36v	
Livestock	AS37	□1.Yes □2. No
Value (Taka)	AS37v	
Other, valuable assets, Specify (.....)	AS38	□1.Yes □2. No
Value (Taka)	AS38v1	

Section 4: Attitudes File name (Section4.xls) hhid [ ] **Who answered in the family? (AS41)** MID [ ]

4-1. Gender (we ask about general views, NOT about your personal family)

Using the scale below, please indicate how much you agree with each statement:

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

GA1. Household work (like cooking, washing, and cleaning) is the responsibility of all members and not just of women_____

GA2. A woman does not need her husband's permission to visit her friends/relatives in the neighbourhood _____

GA3. A woman does not need her husband's permission to visit outside the neighbourhood_____

GA4. Women should go to cast their own votes_____

GA5. The important decisions in the family should be made only by men of the family _____

GA6. A woman should not argue with her husband even though she disagrees with him_____

GA7. Boys should be more educated than girls_____

GA8. If a girl continues to study up to the university graduation level, that increases her chances of finding a better groom_____

GA9. If a girl continues to study up to the university graduation level, that decreases the amount of dowry that the parents need to pay _____

GA10. Women should not work outside but should rather take care of the family _____

GA11. Women should not work outside even if other household members (e.g., sisters) can take care of the family_____

GA12. Income earned by a women should be remitted to her husband_____

GA13. A woman should ask her husband for permission if she wants to work outside_____

GA14. If a girl works outside home, that increases her chances of finding a better groom_____

GA15. If a girl works outside home, that decreases the amount of dowry that the parents need to pay_____

4-2. Decision Making

How are the husband and the wife involved in the following decision making matters? Please answer the % of involvement for each.

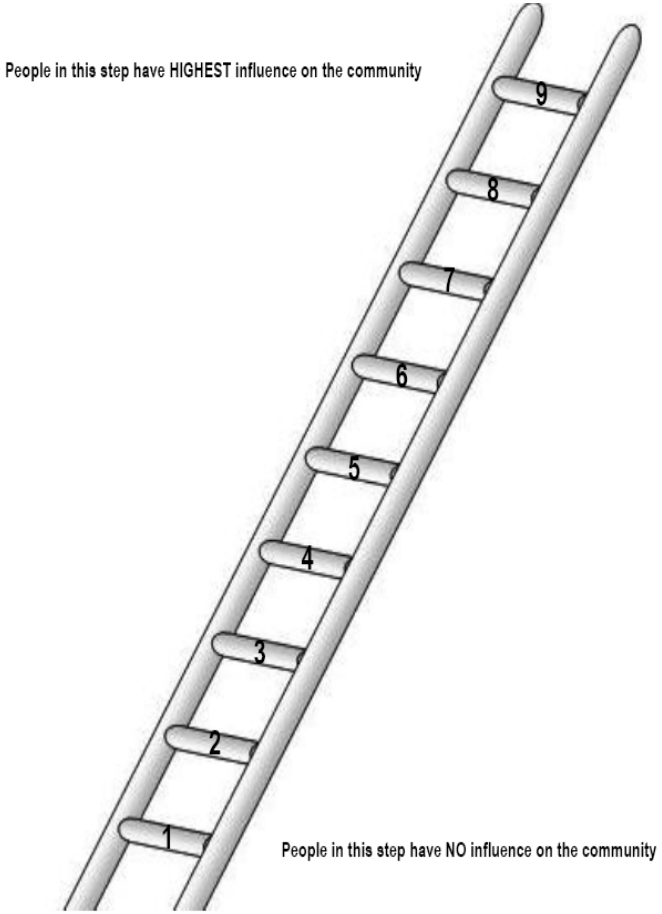
	Questions	Husband (%) DMA_h	Wife (%) DMA_w	Daughter (%) DMA_d	Other (specify who, %) DMA_ots, DMA_ot
	(Example) What to cook on the daily basis?	e.g., 30	e.g., 50	e.g., 10	e.g., Son, 10
DMA1.	What to cook on the daily basis?				
DMA2.	Whether to buy an expensive item such as TV or fridge?				
DMA3.	How many children you have?			n.a.	
DMA4.	What to do if a child falls sick?			n.a.	
DMA5.	Whether the wife should go out to visit her friends/relatives?			n.a.	
DMA6.	Whether the wife should wear burqas/scarf outside the home?			n.a.	
DMA7.	Whether your daughter should work?				
DMA8.	If your daughter takes a job, which job?				
DMA9.	To whom your children should marry?				
DMA10.	At what age your children should marry?				

4-3. Attitudes about Daughters Marriage			
	Questions	Answer	Answer Options
DM1	Do you have a specific plan for your unmarried daughter's marriage (potential husband, timing of marriage, etc.)?		1= Yes, I already have her potential husband in my mind. 2= Yes, but no idea about her potential husband. 3= No
DM2	What is the ideal age at marriage for your daughter?		Age in specific numbers, or 97= No idea
DM3	What is the minimum legal age at marriage?		Age in specific numbers, or 97= I don't know
DM4	Do you think it a good idea for your daughter to marry before 18?		1= Yes 2= No
DM5	Only if YES =1 in above DM4, why? (Multiple answers)		1= Good proposal for your daughter likely comes below her reaching age 18 2= The neighbors/society think it good to marry early 3= Pressure from relatives too strong 4= My daughter wastes her time if she waits till age 18 5= Dowry amount will be lower 97= Other (specify DM5_ots)
DM6	Only if NO =2 in above DM4, why? (Multiple answers)		1= My daughter needs to be educated 2= My daughter has a career plan before having own family. 3= Health concern if marry early 4= My daughter is too immature to marry below age 18 5= Simply illegal 97= Other (specify DM6_ots)
DM7	Do you think it important for your daughter to get pregnant right after the marriage (even if she is married before 18)?		1= Yes 2= No
DM8	Only if YES =1 in above DM7, why? (Multiple answers selection possible)		1= Giving birth is the most important responsibility for women 2= She is going to have a problem with her husband and in-laws if she does not get pregnant soon after the marriage. 3 = Late pregnancy brings a lot of physical and family related complicacy 97= Other (specify DM8_ots)
DM9	Do you think your daughter's future in-laws will pressurize her to get pregnant right after the marriage (even if she is married before 18)?		1= Yes 2= No

DM10	Do you think your daughter's future husband will pressurize her to get pregnant right after the marriage (even if she is married before 18)?		1= Yes 2= No
DM11	Do you think it a good idea for unmarried daughters to have practical reproductive health education and knowledge before marriage?		1= Yes 2= No
DM12	Only if NO =2 in above DM11, why? (Multiple answers)		1= It is immoral for girls to know too much before their marriage, and such education increases risk of disrespected behavior. 2= It is not acceptable in society. 3= Not specific reason, but simply embarrassing. 97= Other (specify DM12_ots)
DM13	Do you think that your unmarried daughter(s) have the correct reproductive health education and knowledge?		1= Yes 2= No
DM14	Only if YES =1 in above DM13, why? (Multiple answers selection possible)		1= Learned from school 2 = Learned from Ngo/Community health workers 3 = Learned from girl's club 4 = Learned from Elder girls (daughter, cousins, neighbors) 97 = Others (Please specify DM14_ots……)
DM15	Do you have daughter(s) who was already married off?		1= Yes 2= No
DM16	Only if YES =1 in above DM15, how many?		
DM17	Only if YES =1 in above DM15, at what age did she marry (years old)? Answer about all married daughters.		
DM18	Only if YES =1 in above DM15, and if she ever got pregnant, at what age did she become pregnant (years old)? Answer about all married daughters.		
DM19	Only if YES =1 in above DM15, and if she ever gave birth to a child, at what age did she have the first child (years old)? Answer about all married daughters.		
DM20	Do you agree with the following statement? *In my opinion girls should not get pregnant immediately after marriage. They should follow family planning to delay pregnancy by at least 1-2 years after marriage to adjust with new life and should become physically and mentally mature to take the childbearing role.*		1= Yes 2= No
For the following questions: If you can guess all the correct answers based on the response, we will collect from this village/community, you will be rewarded with 200 Taka.			

DM21	Say there are 100 families in your village/community. If you had to guess, how many families among 100 in the village/community would agree with the same statement as stated above in DM15 with you? We will match your response with the answers collected from this village/community and if your answer matches correctly with the community response, you will be rewarded.		……. [Answer in %]
DM22	How confident are you about your guess regarding the opinions of the other participants?		1 (1) <-Not at all confident 2 (2) 3 (3) 4 (4) 5 (5) <-Very confident
DM23	Do you agree with the following statement? *In my opinion girls should continue education after marriage.*		1= Yes 2= No
DM24	Say there are 100 families in your village/community. If you had to guess, how many families among 100 in the village/community would agree with the same statement as stated above in DM18 with you? We will match your response with the answers collected from this village/community and if your answer matches correctly with the community response, you will be rewarded.		……. [Answer in %]
DM25	How confident are you about your guess regarding the opinions of the other participants?		1 (1) <-Not at all confident 2 (2) 3 (3) 4 (4) 5 (5) <-Very confident
DM26	Do you agree with the following statement? *In my opinion girls should not get married before 18 years of age*		1= Yes 2= No
DM27	Say there are 100 families in your village/community. If you had to guess, how many families among 100 in the village/community would agree with the same statement as stated above in DM21 with you? We will match your response with the answers collected from this village/community and if your		……. [Answer in %]

	answer matches correctly with the community response, you will be rewarded.		
DM28	How confident are you about your guess regarding the opinions of the other participants?		1 (1) <-Not at all confident 2 (2) 3 (3) 4 (4) 5 (5) <-Very confident



4-4. Social Status and Networks

SN1. Do your family get invitation to attend local meetings/school committee meeting on a regular basis?

1.☐Yes 2.☐ No

SN2. Does your household participate in or are you a member of any social, political, or religious organizations?

1.☐Yes 2.☐ No

SN3. If yes, which organization do you belong to/participate in? (Check all that apply)
1.☐Religious group, 2.☐Poiltical party, 3.☐Some local committee,
4.☐Business or farmer association, 5=☐Other (specify SN3_ots)

SN4. If no, what is the main reason why you don't participate? (Check all that apply)
1.☐I don't have enough time, 2.☐I don't think they are worthwhile,
3.☐I don't feel welcome/included, 4=☐Other (specify SN4_ots)

SN5. How many number of relatives/friends from whom you can borrow the money when you are in need do you have?

Number of relatives/friends_____

SN6. Using this ladder next to you, please tell me overall what is the social status of your household in the neighborhood?

SN9. How strong is the feeling of unity in your neighborhood?
1.☐Very close, 2.☐Somewhat close, 3.☐Somewhat distant, 4.☐Very distant

Section 5: Questions to daughter (menstrual hygiene question added) File name (Section5.xls) hhid

Who answered in the family? (AS51) MID

Note, the respondent of this section should be an eligible woman, i.e., unmarried daughter aged 13–17.

Variable	Question	Answer options
D1.	Please tell us your educational aspiration.	1=I have completed my education and do not intend to pursue higher education. 2=I plan to complete matric (10 years), but do not intend to pursue higher education. 3=I plan to complete intermediate (12 years), but do not intend to pursue higher education. 4=I plan to complete tertiary education (bachelor' degree). 5= plan to complete master's or higher degree.
D2.	Please tell us your job aspiration in the future. Do you want to work for pay?	1=Yes, 2=No, 3=Not sure
D2.1	Yes above (D2=1), which kind of jobs or occupation do you have in your mind?	1= Agriculture job (informal) 2= School Jobs (formal) 3= Ngo work (formal) 4= Jobs in manufacturing sector such as garments (formal) 5= Any other office/factory/service work (formal), 96=Other (specify_____), 97=No answer, 98=Don't know
D3.	At which age do you like to marry? Ideal age of marriage? State in years.	
D4.	Do you know what is the legal minimum age at marriage for girls? State in years.	
D5.	Do your parents and relatives start to discuss your marriage already with a potential groom?	1=Yes, 2=No, 3=Not sure
D6.	Do you have any say (decision making) on your own marriage?	1=Yes. If I disagree, my parents will listen to my opinion, and delay my marriage. 2=Yes. But if there is disagreement between my parents and me, I will follow what my parents decide. 3=No. I have no say.
D7.	Have you already experienced puberty (menstruation for the first time)?	1=Yes, 2=No

DMen_1	If yes above (D7=1), did you know about menstrual before experiencing it for the first time?	1=Yes, 2=No
DMen_2	If Yes above (D7=1), how many days ago when you had last menstruation? State in days.	
DMen_3	If Yes above (D7=1), What is the date you first experienced menstruation?	Day Month Year
DMen_4	Do you know what is menstruation?	1. Natural Process (Physiological) 2. Disease (Pathological) 3. Curse from God 4. Don't know 97. Other (specify)
DMen_4_oth	Please specify others	
Menstrual Hygiene Management Practice		
DPra1	What absorbent materials do you frequently use during menstruation? (More than one answer is possible)	1. Reusable cloth pad 2. Disposable sanitary pad 3. Disposable rag or piece of Cloth 4. Cotton wool 5. Underwear/pant 6. Toilet paper 7. Paper (newspaper, pages from books) 97. Other (specify)_
DPra1_oth	Please specify others	
DPra2	What influences your choice of menstrual absorbent materials?	1. Comfort 2. Safety 3. Cost 4. Availability 5. Ease of disposal 6. Ease of re-use 97. Other (specify)_
DPra2_oth	Please specify others	
DPra3	Are sanitary pads available for sale in the shops in your town?	1. Yes, 2. No, 3. Don't know

DPra4	Have you bought disposable sanitary pads from a shop in the last two months?	1. Yes, 2. No
DPra5	If yes, how much money do you usually spend on sanitary pads every month?	
DPra6	If no, why have you not bought some?	1. I still have some pads 2. I don't have money 3. My parents buy for me 4. It is not yet time to buy for next period 5. I am embarrassed to purchase pads 97. Others (Specify)
DPra6_oth	Please specify others	
DPra7	Do you wash your genitalia during menstruation?	1. Yes, 2. No
DPra8	If your answer for question DPra7 is yes, what medium do you use for your genital cleaning purpose?	1. Only Water. 2. Soap and water. 97. Others; specify
DPra8_oth	Please specify others	
DPra9	If your answer to question DPra7 is yes, how often do you wash your genitalia per day?	1. Once 2. Twice 3. Thrice 4. >=Four times.
DPra10	Do you change your sanitary material(s) during menstruation?	1. Yes, 2. No
DPra11	How often do you change absorbent material per day?	1. Once 2. Twice 3. Three times 4. More than three times
DPra12	Do you consult about Menstruation issues concern including menstrual hygiene management with someone (like your mother, friends, teacher etc.)?	1. Yes, 2. No
DPra13	If DPra12=Yes, to whom do you consult about Menstruation issues concern including menstrual hygiene management? (Multiple answers)	1. School 2. NGO program 3. Community health worker 4. Local Clinic 5. Friends

		6. Elder Sisters 7. Sisters-in-law 8. Mother 97. Other Relatives (specify)
DPra13_oth	Please specify others	
DPra14	How often do you usually discuss this with them?	1. Every time during period 2. Occasionally 3. Very little time 3. Never
DSch1	Ever missed school because of menstruation in the last 6 months? [write '-99' if she does not continue schooling]	1. Yes, 2. No
DSch2	If your answer is yes, on average how many days per month are you absent from school for this reason?	
DSch3	If your answer is 'Yes' for question DSch1, main reasons for missing school (Multiple answers)	1. Afraid of odor/being teased/ staining clothes 2. Pain 3. Lack of water/place a convenient place to wash 4. Unclean/no latrine to change pad 5. No access to pads or cloths in school 97. Others (specify)
DSch3_oth	Please specify others	
Questions Related to Reproductive Health Knowledge		
D8.	On Average, how frequently menstrual regulation happens for an adult girl?	1 = Once a month 2 = Twice a month 3 = Once in two Months 4 = It is irregular and can come in any frequency. 96=Other (specify_____), 97=No answer, 98=Don't know
D9.	When during a menstrual cycle a girl is more likely to get pregnant, if she has sexual relations?	1=During menstruation, 2=Within 10-20 days of menstrual cycle, 3=Within first 10 days of the cycle, 4=Within last 10 days of the cycle, 96=Other (specify_____), 97=No answer,

		98=Don't know
D10.	Can you please tell me, what are the physical changes that a girl experiences when transitions into adulthood? (Multiple answers possible, answer all that apply)	1=Hair grows in different parts of body, 2=Breasts develop, 3=Acne appears, 4=Menstruation starts, 5=Rapid physical development, 6=Voice Changes, 7=Other (specify_____), 97=No answer, 98=Don't know
D11.	If a girl gets pregnant in her teenage years (before the age of 19), what are the potential issues or health risks she might have to face? (multiple answers possible, answer all that apply)	1=No potential issues or health risks 2=Risk to child at birth, 3=Risk to Mother at delivery, 4=Immature and incapable of running household, 5=Immature and incapable of raising children, 6=Unable to complete education, 7=May not be able to continue working, 8=Depression and anxiety 9=Others (specify_____), 97=No answer, 98=Don't know
D12.	Do you know the places and persons you can go if you have any reproductive health problems or need for consultation?	1=Government hospital/ Medical college/ MCWC (facilities of district level and above), 2=Upazila Health complex, 3=Union level Govt. Health Centre, 4=Private clinic/ hospital, 5=Maries Stopes clinic, 6=Another NGO clinic, 7=Pharmacy, 8=MBBS doctor, 9=Nurse/Midwife/ Paramedic/ SACMO/FWV/CSBA/SBA, 10=Govt field worker and inspector (FPI/FWA/HA/HI/AHI/HA) , 11=Marie Stopes field worker, 12=Other NGO Field workers, 13=Traditional healers, 14=Street Canvasser, 15=Other (specify_____),

		97=No answer, 98=Don't know
D13.	Who do you discuss with if you face any reproductive health related problem, including puberty and menstruation?	1=Doctor, 2=Friend, 3=Parents, 4=Siblings, 5=Grandfather/grandmother, 6=Relative, 7=Didn't discuss with anyone, 8= Kept silent, 99= NA (not puberty yet.)
D14.	Do you know how a girl gets pregnant?	1=Yes. I know what activities can lead to pregnancy. 2=Yes. But I do not know concrete activities leading to pregnancy. 3=No, I have no idea.
D15.	Have you ever heard of following contraceptives to avoid pregnancy? (multiple answers, answer all that apply)	
D15.1	Pill: women take pills daily.	1=Yes, 2=No
D15.2	IUD: women, with doctors or nurses, put a coil or loop inside their body	1=Yes, 3=No
D15.3	Injection: women, with doctors or nurses, can get an injection so she will not pregnant for a few months	1=Yes, 4=No
D15.4	Condom: men use this rubber protection device to avoid the pregnancy during intercourse	1=Yes, 5=No
D15.5	Emergency contraception: women take three birth control pills after sex	1=Yes, 6=No
D15.6	Temperature method: women monitor temperature in order to determine which days they are more likely to become pregnant.	1=Yes, 7=No
D15.7	Safe days: by counting the monthly cycle of menstruation, women can determine on which days they are more likely to become pregnant	1=Yes, 8=No
D15.8	Withdrawal	1=Yes, 9=No
D15.9	Other methods (interviewer, these include non-scientific methods such as washing vagina, etc. please provide descriptive answers, if girls said any).	

D16_condi	Is this participating girl married?	1=Yes, 2=No
D16.	How old were you when you first had sex? State in years of 99 if NA.	
D17.	Are you pregnant now?	1=Yes, 2=No

D18	Do you think it important to get pregnant right after the marriage?		1= Yes 2= No
D19	Only if YES =1 in above D18, why? (Multiple answers selection possible)		1= Giving birth is the most important responsibility for women 2= She is going to have a problem with her husband and in-laws if she does not get pregnant soon after the marriage. 3 = Late pregnancy brings a lot of physical and family related complicacy 97= Other (specify D19_ots)
D20	Do you think your future in-laws will pressurize to get pregnant right after the marriage?		1= Yes 2= No
D21	Do you think your future husband will pressurize to get pregnant right after the marriage?		1= Yes 2= No
D22	Do you think it a good idea for unmarried girls to have practical reproductive health education and knowledge before marriage?		1= Yes 2= No
D23	Only if NO =2 in above D22, why? (Multiple answers)		1= It is immoral for girls to know too much before their marriage, and such education increases risk of disrespected behavior. 2= It is not acceptable in society. 3= Not specific reason, but simply embarrassing. 97= Other (specify D23_ots)
D24	Do you think that you have the correct reproductive health education and knowledge?		1= Yes 2= No
D25	Only if YES =1 in above D24, why? (Multiple answers selection possible)		1= Learned from school 2 = Learned from Ngo/Community health workers 3 = Learned from girl's club 4 = Learned from Elder girls (daughter, cousins, neighbors) 97 = Others (Please specify D25_ots……)
D26	Do you agree with the following statement? *In my opinion girls should not get pregnant immediately after marriage. They should follow family planning to delay pregnancy by at least 1-2 years after marriage to adjust with new life and should become physically and mentally mature to take the childbearing role.*		1= Yes 2= No

For the following questions: If you can guess all the correct answers based on the response, we will collect from this village/community, you will be rewarded with 200 Taka.			
D27	Say there are 100 families in your village/community. If you had to guess, how many families among 100 in the village/community would agree with the same statement as stated above in D26 with you? We will match your response with the answers collected from this village/community and if your answer matches correctly with the community response, you will be rewarded.		……. [Answer in %]
D28	How confident are you about your guess regarding the opinions of the other participants?		1 (1) <-Not at all confident 2 (2) 3 (3) 4 (4) 5 (5) <-Very confident
D29	Do you agree with the following statement? *In my opinion girls should continue education after marriage.*		1= Yes 2= No
D30	Say there are 100 families in your village/community. If you had to guess, how many families among 100 in the village/community would agree with the same statement as stated above in D29 with you? We will match your response with the answers collected from this village/community and if your answer matches correctly with the community response, you will be rewarded.		……. [Answer in %]
D31	How confident are you about your guess regarding the opinions of the other participants?		1 (1) <-Not at all confident 2 (2) 3 (3) 4 (4) 5 (5) <-Very confident
D32	Do you agree with the following statement? *In my opinion girls should not get married before 18 years of age*		1= Yes 2= No
D33	Say there are 100 families in your village/community. If you had to guess, how many families among 100 in the village/community would agree with the same statement as stated above in D32 with you? We will match your response with the answers		……. [Answer in %]

	collected from this village/community and if your answer matches correctly with the community response, you will be rewarded.		
D34	How confident are you about your guess regarding the opinions of the other participants?		1 (1) <-Not at all confident 2 (2) 3 (3) 4 (4) 5 (5) <-Very confident