GAGE Digest

Exploring Bangladeshi adolescents’ gendered experiences and perspectives

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Key Findings and Implications

The Government of Bangladesh is strongly committed to adolescent development and wellbeing — and capitalising on young people's economic potential in terms of the demographic dividend. This is evidenced by the country’s engagement with the SDGs, its 2017 National Youth Policy, its 2017 Adolescent Health Strategy, and its commitment to eliminating child marriage. However, GAGE research findings suggests multiple challenges in terms of implementation, including:

1. Girls’ and boys’ aspirations centre on education, but girls who wanted to continue studying were less confident of their family’s support than were boys. This suggests a need for a continuation and expansion of the financial support already provided to girls. Our research suggests that financial support should be combined with a community focused component designed to encourage buy-in to girls’ education. We also note a need for improved educational quality.

2. Adolescents' clubs played a key role in helping children learn about puberty, teaching them skills, and fostering their aspirations. However, our research suggests that clubs need several modifications to make them more relevant and overcome parental concerns. Namely, they need to offer skills seen as relevant to parents (e.g. IT or English), in order to encourage parents to allow their daughters to participate — and they need to shift their curriculum to meet emerging need (e.g. to provide the tutorials which children need to pass exams). Bearing in mind the continued resistance on the part of parents’ to allowing girls to attend, it seems unwise to begin charging attendance fees at this time.

3. Girls are increasingly likely to have savings — albeit in the broader context of limited control over their own incomes. Our work suggests that moving forward girls need more access to both formal banking and informal savings associations such as those currently available to adult women (for example, the joint initiative of Save the Children and the Bangladesh Bank for street and working children).

4. Both girls and boys have access to phones and computers, even in rural areas, which is allowing them to bypass traditional gatekeepers and interact with the opposite sex. This was perceived by adults to be worsening their behaviour. Girls in particular also reported receiving inappropriate text messages and there were some concerns around exposure to harassment and ‘cyber bullying’. This suggests a need for greater education around these issues, possibly through peer educators in the context of adolescent clubs.

5. Adolescents’ aspirations for work, marriage and mobility are changing. Young girls have clear aspirations for their future spouses which signal changing gender norms. They also have aspirations relating to the kind of work they would like to be engaged in. New programmes have to take these into account.
Girls in Bangladesh remain starkly disadvantaged compared to their male peers. According to DHS (2016), 16% of 15-19 year old girls had married by the age of 15 and 59% of 20-24 year old women had married before the age of 18. Many become mothers before adulthood. While over time early marriage has been reducing, we do not yet know the impact of the Child Marriage Restraint Bill 2017, which introduces exceptions to the legal age of marriage in the “best interests” of the adolescent. We do, however, know that girls in Bangladesh are less likely to transition to – or complete – secondary school, have lower access to paid employment and decision-making, and are increasingly likely to experience sexual and gender based violence. Our research is aimed at understanding how to best address these vulnerabilities.

Adolescence has powerful impacts on children's capabilities due to the physical changes brought by puberty and the way these shift children's sense of self and place in their family and community. While there is recognition that these transitions are profoundly gendered, globally there are still significant evidence gaps in our understanding of the ways in which poor adolescents in low income countries experience these changes individually and collectively (Patton et al, 2016). This in turn impacts on the ability to invest in appropriate change strategies.

Gender and Adolescence: Global Evidence (GAGE) is a mixed-methods, longitudinal research programme aimed at tackling evidence gaps and improving understanding around catalysing change for adolescents in the Global South. This brief covers the formative qualitative work from the GAGE programme carried out in Bangladesh in 2016. Providing an overview from one rural and one urban site, the brief covers the opportunities and barriers facing poor adolescent boys and girls in regard to six different capability domains: Education and learning; bodily autonomy and freedom from violence; health and nutrition, psychosocial wellbeing; voice and agency; and economic empowerment.

Figure 1: Rural site, Gangachara, Rangpur district

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1 Lead by researchers at BRAC James P Grant School of Public Health, BRAC Institute of Governance and Development, BRAC University, Bangladesh, and University of East Anglia.
Overview
The data collection for our formative work took place in mid-2016 in one rural and one urban community. These were chosen because they each had three BRAC programmes\(^2\) and were representative of urban and rural communities across BRAC's programme area. Adabor is a relatively new private slum (crowded and poor quality housing on private land) with few government services within the megacity of Dhaka, fitting with our cross-country focus on new slums or newly urbanising areas. Rangpur is a poorer and more remote location in the North West with high rates of landlessness, malnutrition, environmental vulnerability, and internal and seasonal migration.

Our work in Bangladesh included 274 participants, 177 of whom were adolescents ranging in age from 10 to 15 years. It also included a sample of their parents, other adult community members and key informants at the community and sub-national levels. Our focal programmes were the BRAC Adolescent Development Programme (ADP), which operates outreach programmes such as the Kishori or ‘Girls’ clubs’, aimed at helping young women break down social barriers. We also worked on the Skill Training for Advancing Resources Programme (STAR), which provides equal access to employable skills for all, and the Advancing BRAC Graduates (ABG) programme. This ensures that graduates from BRAC primary schools are enrolled into secondary schools, progress academically, and do not drop out, with the aim of increasing secondary completion levels among this vulnerable group.

We used a variety of interactive and participatory tools to explore, with adolescents and adults, what adolescent transitions look like for girls and boys. Using community timelines, body- and community- mapping, and vignettes, for example, we focused on how local communities see adolescence as a life stage. We explored how different groups of children face different threats and opportunities in regard to their broader capabilities. Using family timelines, decision-making charts, and exercises designed to explore both adolescents’ worries and aspirations, we sought to understand the complexity of young people’s lives and how and where interventions might be aimed for maximum effect. In the next section we report key findings by capability domain.

Figure 2: Urban site: Adabor, Dhaka

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\(^2\) BRAC is the main INGO working in Bangladesh. It was started in 1972 and has a particular focus on education and female empowerment. The three programmes were Adolescent Development Programme (ADP) and the Skill Training for Advancing Resources (STAR) and Advancing BRAC Graduates (ABG) programmes.
Key findings

Education and learning

Over the last two decades, Bangladesh has made remarkable progress in enhancing girls’ access to education and equalising gender ratios, which now slightly favour girls. However, while adolescent girls in secondary school have higher enrolment rates than boys, they also have higher dropout rates, and girls are thus less likely to complete secondary school and continue to higher education compared with boys (Stavropoulou et al, 2017).

GAGE research found that early marriage could be a barrier to girls’ education in Adabor – the urban site - as although parents are more aware of the possibility of high school, drop out increases to the extent that ‘when we admit let’s say twenty children into class six and then eventually we find twelve or fifteen students then we consider it to be quite a success… [as] once they pass class six they are caught in a flurry of marriage prospects’. Other pressures on girls include poverty and discriminatory norms (see also Stavropoulou et al, 2017). We found that these often led to boys’ education being favoured over girls: ‘If I see that my daughter had become eligible for marriage and I can no longer afford to continue her studies, I will have to get her married. But I have to continue my younger son’s studies’.

Girls’ increased household responsibilities also affected their education with girls spending on average at least half an hour per day less on studying compared to boys. This was exacerbated in our research by the fact that many mothers of the adolescents interviewed in Adabor worked outside the home in garment factories or on construction sites. As in Stavropoulou et al (2017), we found there has been a rise in school enrolment, despite non-tuition fees, and this is directed towards English-focused schools. However, the latter finding may be an effect of having a BRAC-centred sample. Similarly, reported differences in school experience appeared to relate to the type of school attended rather than the gender of the students (for example, focusing on tests rather than providing a more rounded curriculum). Drop out was high among older boys in Adabor and older girls in Rangpur due to employment and marriage respectively. However, despite the earlier quote, gendered differences in drop out were less obvious in poor households. For those who remained in schooling, the emphasis on learning for the test after grade 5 affected participation in extra-curricular activities such as Kishori clubs. The ABG programme which operated in both sites offered opportunities to study in groups and stipends for secondary school. Both of these were potentially beneficial, but there appeared to be low awareness. Rubina, a 12 year old girl, said, ‘I did not know of this program at first. My parents and neighbours did not know either. I came to know of it when I talked to BRAC School madams’. Nonetheless, the program had saved her from having to take coaching classes to do well in school: ‘if I had to, then I would not be able to afford it as it costs a lot’. What the prevalence of coaching classes and private tuition means as a comment on education quality is something that requires further investigation and an issue that GAGE will seek to track over time.

Psychosocial wellbeing

Research on emotional and social wellbeing among Bangladeshi adolescents is limited, however, having good relationships with parents, husbands and in-laws, and having friends emerge as key factors in girls’ psychosocial wellbeing (Stavropoulou et al, 2017). Friends and relationships were a key concern of the adolescents in our sample as well. Both girls and boys reported that good relationships with their families, their peers, and romantic partners, were important to their wellbeing. Adolescents shared happy memories relating to recognition for achievement at school, and talked about the importance of peer support (for older girls in Adabor this came increasingly from their boyfriends). There was a fairly free discussion of these sorts of relationships, even in Rangpur, where girls followed local codes around appropriate dress and contact with boys. Adolescents were unhappy about family conflict, often over money, the possibility that they might leave school early, and homework, tests and exams. Social networks were larger and more diverse among those in Adabor as slum communities are far less bounded than rural ones. This fits with the larger evidence base indicating higher levels of depression among adolescent girls than boys.

3 101_M03_KIPR_ID02. Another respondent in Abador described how numbers reduced from 76 in class 6 to 19-20 when it was time to sit the SSC in class 8 (KIPR_ID06).
4 BG_FQW_101001_M01_FEMYNGMOT
5 See also emerging findings from WOTRO – Breaking the Shame (2016-2019), BRAC James P Grant School of Public Health and Radboud University, Amsterdam
Sexual and reproductive health, health and nutrition

The evidence base suggests that adolescent girls generally lack access to comprehensive or accurate information on menstruation and sexual and reproductive health, especially in rural areas (Stavropoulou et al, 2017).

Our GAGE findings echoed this, but we also found that urban girls were not well-informed about puberty, unless they attended Kishori club. They had not learned anything through formal education. This left some concerned when menstruation started: One 14 year old girl said 'I did not know anything about menstruation, so the first experience made me feel scared and I thought I might be suffering from a serious health problem/disease. Later on, my parents assured me that this is not any health problem' 6. Due to high child marriage rates and norms favouring early childbearing, adolescent pregnancy rates are high in Bangladesh, especially in rural areas (Stavropoulou et al, 2017). However, despite the fact that Rangpur has one of the country’s highest rates of young motherhood, none of the girls in our research had begun childbearing.

Similarly, while malnutrition is a common problem in Bangladesh - with one study finding that more than one in four rural girls were thin and stunted (Stavropoulou et al, 2017) - our formative research found little evidence of malnutrition. Only two adolescents mentioned being food insecure. This is despite the fact that fieldwork in Rangpur took place in an area known for seasonal food scarcity. This may be because our sample was not representative. It may be because adolescents were not comfortable discussing food shortages.

The finding of alcohol and drug use by children, in rural and urban sites, and by both girls and boys, was novel and worth exploring in future rounds. One NGO worker from Adabor said that both "consume Yaba [a mixture of caffeine and methamphetamine]", even though this is not acknowledged in the curriculum of the Kishori clubs.

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6 BG_FGW_101_M12_FEMMID/Body mapping
Voice and agency

Gender roles in Bangladesh require girls and women to be obedient and dependent on their fathers and husbands, confined to the domestic sphere and responsible for domestic and care tasks. These understandings are particularly strong during adolescence as parents try to protect their daughter’s virginity which is associated with family honour (Stavropoulou et al, 2017).

We also found a pronounced decrease in girls’ mobility, relative to boys, as they aged. This was especially so in relation to playing outside and participating in sport. As a result the older they grew the less they knew about their environment in the community mapping. Boys did not experience this and had greater licence to defy their parents, for example, the adults in Adabor said that ‘Boys sometimes do not listen to any word. They want to do fun or merriments all the time with other children...’ To some extent this was also true of older girls who were working, especially if they contributed to the household, however, there were still concerns around them forming ‘inappropriate’ relationships and incurring a ‘bad’ reputation. Respondents in both sites said that children were more sophisticated in their understandings due to exposure to media. They were also willing to defy parents as they had more opportunities to escape punishment, especially if they were working which provided an income and increased mobility. While long-term evidence gathered over the course of decades charts generational shifts toward greater valuing of girls’ education (Stavropoulou et al, 2017), this was an area where girls did not feel confident of their fathers’ continued financial support. A 15 year old girl in Adabor said that while her mother and older brother supported her continuing her education, her father, who funded it, was not.

Girls also felt less able than boys to make decisions around participation in extra-curricular activities such as Kishori club, even though this often boosted their confidence. For example, one ex-recipient in Adabor left Kishori after getting married, but is now in her second year of a degree course and wants to have a job when she finishes. She attributes this to the confidence she acquired through attendance.

Bodily autonomy, integrity and freedom from violence

Despite the law setting the legal minimum age of marriage for girls at 18 and boys at 21, Bangladesh has one of the highest rates of child marriage in the world: 52% of 20-24 year-old women were married by age 18 (Stavropoulou et al, 2017). In fact Bangladesh’s child marriage rates are in the top five globally, and it is the only top-five country outside of Sub-Saharan Africa. While age at first marriage has risen with far fewer girls marrying before age 15, marriage before 18 has declined at a much lower rate - the proportion married before age 18 has scarcely changed between 2000 and 2011 (BDHS, 2016).

Our findings confirmed that marriage among mid-to late adolescents remains widespread. Parents of young adolescents’ in Rangpur described how ‘[child marriage] used to take place in the past, when we were kids, studying in grade 2/3. We witnessed child marriage back then; but now it does not happen. However, there are few recent cases where girls were married off earlier but just one/two years before their legal marriageable age.’ Economic pressures related to dowry apparently play a part in this as younger girls typically require a smaller dowry - a fifteen year old girl from Rangpur described how ‘I was in grade 3 then, and I had not even reached to my puberty. What could even my parents do, as they would have to give a big amount as dowry in case I was not given in marriage at an early age.’ Despite the growing (discursive) consensus in favour of later marriage, parents did say, however, that girls were ready for marriage, even from as young as 11, and that it was important to prevent dishonour. Poverty, cultural and social pressure and worries about crime and harassment and elopement by unmarried girls are key factors, particularly for those who were extremely poor. Statements such as ‘[girls] cannot wait that long [to 13 or 14]. The craze of love starts by the age of 12 or 13’ suggests the persistence of concerns around early marriage, woven into a narrative that justifies this practice. Some adolescents attending the Kishori club in Rangpur said that they stopped 5 to 6 child marriages in their area with support from female BRAC field officers. However, informal discussions with BRAC program staff...
at headquarters suggested that these ‘victories’ were not permanent as sometimes girls are moved and then married or parents just wait a few days.

Sexual harassment – known as ‘eve teasing’ – is reported to be common (80-90% of girls are affected) and some studies suggest that numbers may be rising as more girls enter public space for education or work (Stavropoulou et al, 2017). We observed that girls began to dress modestly and cover their heads from age 12, although this was more common in Rangpur than Adabor; one girl aged 12 said during body mapping ‘It is good to start now. Everyone will call me a good girl, if I start wearing hijab (head scarf)’. Girls also avoided certain places in order to reduce the risk of sexual harassment, which poorer children were more exposed to.

Economic empowerment

Child labour continues to be a major issue in Bangladesh, with boys being four times as likely to be child labourers as girls (Stavropoulou et al, 2017). This was confirmed by our findings from Adabor, where few boys aged 14-15 were still in school: ‘if any school is noticed while the classes are finished then it is seen that almost all of them are girls. If the girls are 60 then the boys are 40 in number’. The reason for this is the local availability of income generating opportunities such as work in garment factories, garages or hotels. Apparently, this causes boys to drop out, while older girls tend to combine work and school (for example, embroidering at home). Girls are more likely to be involved in unpaid household and care work, as discussed in the section on education. These data seem to confirm Stavropoulou et al’s (2017) findings that girls and young women spend overall more time working when paid work is combined with their unpaid household work and that girls from poor households migrate to urban centres for garment or domestic work. For example, one of the girls interviewed in Rangpur had got married and moved to Dhaka to work in a garment factory. As discussed earlier, while there is some evidence that this type of work can provide more space for girls’ agency and future financial security, this would need to be explored further. We were able to generate some evidence on the impact of the STAR training programme – see textbox - but would want to track participants over time to see how their careers developed, especially in the absence of financial resources and the presence of restrictive social norms.

13 BG_FGW_101_M12_FEMYNG/Body Mapping
14 101_M03_KICOMM_ID03
15 Although officially these do not take children, one respondent described girls as young as 10 being accepted (‘Now they disguise their age and request the supervisor to employ them in the garments. They say my girl has become 17-18. Please give her a job’). Children were also used in the colouring, printing and embroidery sections where they were presumably less visible (M03_KICOMM_ID03, 101001_M01_MALMID).
16 ADL_102002
Box 1: Shawpna's Story

Shawpna: Age: 17 years, ADP programme recipient of STAR training, Adabor | Education: Class five
Father’s occupation: Bus driver | Mother's occupation: House wife
Siblings: 1 brother, 13 years old, studying in class six
Home district: Barisal, Bangladesh | Born: Dhaka in 1998

Shawpna has been working as a beautician at the “Beauty Green Room” in Adabor for the last 10 months. Every day she works from 10.00 am to 9.00 pm and then walks 30 minutes home, wearing a Burkha to avoid comments in the street. She dropped out of school in class five as her parents could not fund her education.

She was then approached as a potential trainee by the BRAC programme and trained for six months. ‘My mother told me not to get engaged, rather learn tailoring, but my father told me ‘do what you would like to do’”. One day a week she received training on life skills, communication and language and the rest of the time she learned practical skills at the parlour to which she was attached. She feels that her dedication enables her to progress and that many things have changed after taking part in the training.

The most important thing is that she has enjoyed the training course. ‘I like to come every day because I like to learn and work here, especially facial beauty care.’ She now receives BDT 5000 each month, although during her first six months in the parlour she only observed beauty care activities without receiving a salary. The owner of the parlour watched her carefully and based on her performance the owner increased her salary from BDT 3000 to BDT 5000. She usually gives her money to her mother who saves it in a bank account for her future wedding costs. Her father insists that her mother gives him the money to spend as he cannot get work every day, but her mother refuses. In the future Shawpna would like to own a Beauty Parlour because she found that the demand for parlour services is higher than in the past. She would also like to educate her brother. ‘My mother wants me to get married, and even told me that she will be happy if I find someone for myself, but of course that [person] has to be a good groom’. But she is not ready and does not want to get married now.
Conclusions

Our research design was framed around our desire to see how programmes address adolescent vulnerabilities on the ground. On an individual basis, the positive impact of programming seemed clear: although potentially vulnerable to a shift to a social enterprise/cost-recovery model as young girls do not have control over their own incomes and their parents may not recognise the value of what they are getting. However, a common problem is establishing the extent of impact and which groups are benefitting due to the poor quality of the M&E data held at local and national levels.

We were surprised to find that younger and older adolescents were open in discussing topics such as sexuality, substance use, and harassment and violence within the community. This led us to believe that even these difficult topics can be explored on a much larger scale through a questionnaire. Areas we identified as important and plan to generate further evidence on are:

- **Social media**: Texts, Facebook, instant messaging and access to the internet have changed the way in which young people understand marriage and relationships. Expectations and aspirations around marriage and childbearing are also changing spousal relationships, fertility, and expectations around access to sexual and reproductive health care. Social media is shaping the way adolescents expect information to be delivered in terms of both context and accessibility, for example, the anonymity offered by call centres, hotlines or apps addressing sexual and reproductive health issues.

- **Gender**: Girls who are working or participating in programs experience gendered changes in power relationships, mobility and household decision making. These have been accompanied by changes in male understandings of their roles and responsibilities, which have affected female expectations, roles and economic opportunities.

- **Programming**: Adolescent programmes are responding to new challenges, for example, by changing the context of their life skills courses or the ways in which they are funded, or even by including boys. This has affected their accessibility and effectiveness and shows a need for a deeper understanding of the networks and services that support adolescents and how these can be strengthened.

- **Geography**: Although currently there are differences between rural and urban spaces, these may change in the future, for example, by becoming more or less similar, with rural areas becoming “rurban”. We will also see whether rural spaces are potentially more open to change than urban ones.

- **Politics**: Increases in religious conservatism may be affecting the opportunities available to young women, although we cannot assume that this is a phenomenon that is more prevalent in rural areas than urban ones.
References and suggested reading


### Table 1: National policy commitments and international commitments including SDGs

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<th>Insights highlighted by formative qualitative research</th>
<th>Need for strengthened evidence base</th>
<th>Resonance with Bangladesh policy commitments</th>
<th>Resonance with international commitments, including SDGs</th>
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<tr>
<td><strong>Education and learning</strong></td>
<td>Disincentives of costs and quality of education need to be better understood. Early marriage has been successfully reduced in some settings, the factors that enabled this to happen need identification.</td>
<td>National Education Policy and Youth policy seek to ensure secondary school completion and skills education. The Child Marriage Restraint law sets a legal age of marriage for women of 18 and for men 21.</td>
<td>SDG Goal 4: Education ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and Goal-4 effective learning outcomes</td>
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<td><strong>SRHR, health and nutrition</strong></td>
<td>Prevalence of drug and alcohol use needs to be assessed. Girls’ clubs appear to be successful in providing SRH education to the girls who attend, but how can other girls and boys be reached effectively.</td>
<td>New Adolescent Health Policy approved in 2017 emphasizes reproductive and sexual health education and services. Action Plan in process of being prepared.</td>
<td>SDG Goal 3: Health and Wellbeing Ensure universal access to sexual/ reproductive health-care services, including family planning, information, education; strengthen prevention/treatment of substance abuse. Post ICPF and post Beijing debates emphasizing SRHR</td>
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<td><strong>Bodily integrity</strong></td>
<td>Prevalence of sexual harassment of girls and boys needs to be better understood and documented, as does the motivation for parents to marry their daughters early.</td>
<td>Action Plan on Violence Against Women and Girls. New Adolescent Health Policy approved in 2017 emphasizes addressing violence. Various policy and programme measures against child marriage although latest revision to child marriage restraint act allows marriages of girls under 18 under special circumstances</td>
<td>SDG Goal 5: Gender Equality Eliminate all harmful practices, such as child, early and forced marriage, FGM; eliminate all forms of violence against all women and girls in the public and private spheres</td>
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<td><strong>Psycho-social wellbeing</strong></td>
<td>Collect better data on psychosocial wellbeing and mental health and individual and family responses in order to inform tailored responses for adolescents. Explore role of adolescent clubs in community and in school in providing support</td>
<td>New Adolescent Health Policy approved in 2017 emphasizes mental health and well being</td>
<td>SDG Goal 3: Health and Wellbeing Promote mental health and well-being Mental health recognized as priority in BPFA and ICPD</td>
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<td><strong>Voice and agency</strong></td>
<td>Adolescents have limited opportunities to exercise voice and agency, especially younger and female adolescents including in community institutions, local government bodies and religious institutions. Adolescent girls mobility decreases over time</td>
<td>Track adolescents’ engagement with media, cell phones and internet over time and approaches that encourage positive use as this may provide opportunities to exercise voice and agency. Study impact of life skills education in enabling adolescents to voice their opinions, negotiate with others and influence decision-making.</td>
<td>National Child Policy emphasizes participation of children, including adolescents, and taking their views and priorities into account</td>
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<td><strong>SDG Goal 10: Inequalities</strong> Ensure responsive, inclusive, participatory and representative decision-making at all levels</td>
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<td><strong>Economic empowerment</strong></td>
<td>Child work, especially for boys, is common. Opportunities for economic participation are better for boys than girls in rural areas, but better for girls in urban areas. Adolescent migration increasing in rural communities</td>
<td>Explore extent to which young people are benefiting from the new youth employment strategies and opportunities for strengthening these programmes. Look at the extent to which employment can be successfully combined with education.</td>
<td>National Skills Development Policy and big investment programmes for skills development in collaboration with the private sector, recognizes need for vocational and skills development responsive to market needs. Education Policy also emphasizes this as well as the 7th Five year Plan</td>
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<td><strong>SDG Goal 8: Decent Work</strong> Achieve full and productive employment and decent work for all women and men, including for young people</td>
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About GAGE
Gender and Adolescence: Global Evidence (GAGE) is a nine-year longitudinal research programme generating evidence on what works to transform the lives of adolescent girls in the Global South. Visit www.gage.odi.org.uk for more information.

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