

GAGE Digest

**Adolescent girls'
capabilities in
Bangladesh**

A synopsis of the evidence

Elizabeth Presler-Marshall and Maria Stavropoulou

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Introduction

Bangladesh is one of the world's most densely populated countries despite recent declines in fertility. It achieved lower-middle income status in 2015—with strong economic growth, driven by the ready-made garment sector, lowering its poverty rate from about one-half to one-third (UNDP, 2018). Approximately 98% of Bangladesh's population is ethnically Bengali and 90% is Muslim. In 2015, just over one-third of its citizens lived in urban areas and the average child could be expected to complete ten years of education (ibid.). Despite progress, Bangladesh faces diverse threats to its future. In addition to complex governance challenges and growing religious extremism, it is also considered amongst the countries most vulnerable to climate change. While about one-in-ten Bangladeshi citizens are adolescents between the ages of 10 and 19, adolescents are yet to receive significant policy focus.

This evidence digest provides an overview of what we know about adolescent girls in the context of Bangladesh (see Box 1), the ways in which they experience the second decade of life and how programming designed to support their development trajectories impacts their lives. The digest also highlights what the key evidence gaps are, and how Gender and Adolescence: Global Evidence (GAGE) and other research programmes can best contribute to a robust evidence base to support evidence-informed policy and programming.

Figure 1: Map of Bangladesh



Box 1: Why adolescent girls?

Adolescence has powerful impacts on children's capabilities – in part because of the physical transformations wrought by puberty, which are considered second only to those experienced in infancy and early childhood in terms of their scope and speed, and in part because of how children's place in the family and broader community shifts as they approach adulthood. While acknowledging that these processes affect girls and boys equally, GAGE focuses most directly on girls because of the ways adolescent transitions more sharply curtail their capabilities.

Over the course of the second decade of life, adolescents undergo significant physical, cognitive and emotional changes. As girls enter and progress through adolescence, the gendered norms of their socio-cultural environments also begin to play a heightened role in shaping their trajectories, with the years of early adolescence found to be especially important because of the ways in which social norms start to become both more rigidly enforced – and more personally salient. Critically for girls in the Global South, the years of early adolescence, rather than expanding their worlds, often see them made smaller as girls have to leave comparatively free childhoods and are forced down the gendered adult pathways of their local environments. Girls who have begun to aspire to a world different from those of their mothers and their grandmothers find as their bodies evidence maturity that they are too often required to leave school and marry, abandoning not only their educational and occupational plans but also mobility and friendships. Pressures related to domestic and care work burdens, sexual purity and family honour and heightened risks of sexual and gender-based violence combine to limit girls' possibilities in ways that often have lifelong consequences.

Methodology

One of the four knowledge generation work-streams of the GAGE research programme is synthesising the existing evidence of what works globally to enhance adolescent girls' capabilities. Two of the products produced over the course of the first year of our work were about adolescent girls in Bangladesh. The first Bangladeshi Evidence Mapping, which was based on 321 thematic studies, brought together existing evidence on the wellbeing of Bangladeshi girls between the ages of 10 and 19 (Stavropoulou, 2017a). It was organised around the six capability domains laid out in GAGE's conceptual framework – education and learning; bodily autonomy, integrity and freedom from violence; sexual and reproductive health (SRH), health and nutrition; psychosocial wellbeing; voice and agency; and economic empowerment – and sought to lay out what is known and not known about the recent progress girls have made and the vulnerabilities they still face. The second Bangladeshi Evidence Mapping, which was based on 48 impact studies and evaluations, looked at girl-focused interventions and impact assessments and sought to tease out what types of programming work best for what kinds of girls in which contexts (Stavropoulou, 2017b). Both were based on systematic searches of Google Scholar, academic and development databases, and websites of organisations known to be active in Bangladesh.

There is a wealth of evidence about Bangladeshi adolescent girls, largely centred around their engagement with formal education and their SRH needs. This evidence also speaks to the country's extremely high rate of child marriage. Despite the volume of research that includes girls, however, GAGE's Evidence Mapping found that those under 15 are comparatively invisible outside of educational statistics and even older adolescents are often considered only in the broader category of married women. Indeed, programming aimed at adolescent girls rarely acknowledges the developmental and social differences between younger and older adolescents. Most interventions target girls between the ages of 10 and 19 or 12 and 19 – and some include young women up to the age of 29. We did not find any studies that were purely focused on giving adolescent girls a voice, though their perspectives do come through in some of the qualitative studies we examined.

Evidence across capability domains and gaps

Education and Learning

- **Girls are more likely to enrol in both primary and secondary school than boys – but boys remain more likely to complete secondary school than girls. Boys are also over-represented in both technical/vocational and higher education and have better access to information and technology.**
- **While poverty is a significant driver of school leaving for both girls and boys, social norms that prioritise girls' reproductive roles mean that as the real and opportunity costs of their education grow during adolescence, parents increasingly prioritise sons' schooling – with girls receiving fewer financial resources and being forced to do more household chores.**

Bangladesh has invested heavily in girls' education over the last several decades. Government policy, such as the 2010 National Education Policy, and government programmes, such as the Female Secondary School Stipend Programme, have worked in tandem with NGO efforts to expand non-public schools and madrasa efforts to modernise curricula (MoPME, 2015; Badrunnesha, 2015; Jahan et al., 2011). Because investment outcomes have been tracked – albeit sometimes without sex disaggregation – our evidence review found almost 120 sources, mostly in the grey literature, addressing adolescent girls' education. While only a small proportion of those sources focus specifically on adolescent girls, there is substantial focus on the role of incentive programmes and changing social norms concerning girls' education. On the whole, progress has been remarkable.

Bangladeshi girls almost universally enrol in primary school. In 2013, the Net Enrolment Rate (NER) was 98%, although the attendance rate was only 76% (BBS and UNICEF, 2015). Furthermore, while in 1970, girls were slightly less than half as likely to enrol in primary school as boys (Gender Parity Index of .49) (World Bank, 2017), today their primary enrolment, attendance and completion rates are higher than those of boys while their dropout rates are lower. Overall, 83% of girls (compared to 78% of boys) make it to the last year of primary school (MoPME, 2015) – though it takes an average of 8.5 years to complete the 5-year primary cycle (UNICEF, 2009).

Encouraged by girls-only stipends for secondary school, which reached 3 million girls in 2013 (MoPME, 2015), and the expansion of madrasas in conservative areas (Badrunnesha, 2015; Asadullah and Wahhaj, 2012), girls today are also more likely to transition to secondary school than boys. Girls' secondary NER is 68%, compared to only 57% for boys (BANBEIS, 2015). However, despite recent progress in enrolment, girls remain far less likely than boys to complete their secondary education (52% versus 65%) (MoPME, 2015). Indeed, while girls are promoted more than boys through 6th grade (94% vs. 92%), and have lower drop-out rates (5% vs. 7%), starting in 7th grade girls are less likely to be promoted and more likely to drop out than boys. By 10th grade, only 78% of girls (vs. 85% of boys) are promoted and the girls drop-out rate is 16% (vs. 10.5% for boys) (BANBEIS, 2015).

Early adolescence marks a turning point for Bangladeshi girls – especially the poorest, given the high number of hidden costs that accompany ostensibly free education (GoB, 2015; Shonchoy and Rabbani, 2015; UNICEF, 2009). Due to social norms, which continue to position them as wives and mothers, concerns about girls' chastity begin to take centre stage (Das, 2007; HRW, 2015a; Sarkar et al., 2014; Amin, 2015). Particularly in rural areas, where many parents continue to see girls' education primarily as a vehicle for improving their marriage prospects (Shonchoy and Rabbani, 2015), the real and opportunity costs of schooling begin to outweigh its benefits in some parents' minds. Many girls are removed from school to keep them safe from rampant sexual harassment; most are ultimately married as children (GoB, 2015; Amin, 2015; HRW, 2015a; Amin et al., 2014). Only about 12% of married girls continue their education. Girls' workloads also increase in adolescence, as they are pushed to develop the skills and stamina they will need for marriage, with one study finding that girls do about 130 hours more chores each year than boys (Amin and Chandrasekhar, 2009). Lack of girl-friendly features has also been implicated in adolescent girls' school leaving. Only 25% of secondary teachers are female (BANBEIS, 2015) and according to a large scale study, only 12% of girls have access to gender-specific latrines with water and soap, and only 3% have a sanitary pad disposal bin inside the latrines (Alam et al., 2014).

Specific populations of adolescents continue to face especially high barriers to education. Wealth differentials, for example, are large. For children aged 11-15, 78% of

poor girls – compared to 89% of non-poor girls – were enrolled. For boys, the comparable figures were 62% and 82% respectively (BBS, 2012a). Geography also matters: girls in Dhaka and Sylhet are the most likely to be out-of-school at the secondary age (BBS and UNICEF, 2015). Child labourers, children in urban slums and char areas, those with disabilities, and ethnic minorities also have limited access. The government estimates, for example, that only 11% of those with disabilities receive some form of education (GoB, 2015).

Educational quality also remains a significant concern. Student achievement levels are below national targets; only about half of primary school graduates achieve the minimum national curriculum competencies due to a combination of factors, including little emphasis on developing analytical skills, overcrowded classrooms and a shortage of trained teachers (MoPME, 2015; UNICEF, 2009). In addition, the average annual classroom contact time, set officially at 578 hours annually, is low by international comparison and in reality is often less than this. Almost 80% of schools run on two shifts (MoPME, 2015). Concerns are particularly pressing when it comes to quality of education provided by madrasas, which educate over 1.5 million girls. Research has found that they are more likely to promote stereotypical gender roles (Asadullah et al., 2006; Asadullah and Chaudhury, 2006), have inadequate teacher training, a limited number of female teachers, poor quality of curriculum, higher rates of early marriage, low parental and community involvement, and lack of involvement by government, NGOs and donors (Badrunnesha, 2015).

Technical and vocational education and training (TVET), while growing, remains rare in Bangladesh, especially in the rural areas where most adolescents live. Only 6% of male youths and 3% of female youths were enrolled in formal and non-formal TVET institutions in 2012 (MoPME, 2015). Girls only account for 27% of TVET students and tend to be siloed in particular types of training (BANBEIS, 2015). Government reports point out that girls have lower enrolment rates than boys due to non-availability of TVET facilities close to home, social norms about appropriate jobs for women, and an inability to cover attendance costs (MoPME, 2015). Girls' more limited ability to meet minimum entry requirements such as grade 8th completion, students' 'strong white-collar job aspirations', and resources for further schooling are additional barriers (ADB, 2010; Islam, 2008). Indeed,

although average household spending for girls was about 10% less than for boys in general education, it was 30% less in formal TVET and about 50% less in non-formal TVET and apprenticeships (Ahmed et al., 2013).

Girls' access to higher education also remains more limited than that of boys. While on a national level girls account for 48% of university students and just over 47% of college students, their enrolment at professional institutions (39%) and teacher training schools (34%) remains far lower (BANBEIS, 2015).

Information and technology also remain difficult for many girls to access. The latest Multiple Indicator Cluster Surveys (MICS) report, from 2012-2013, estimated that among adolescent girls aged 15-19, only 12% read a newspaper at least once a week and only 10% listened to the radio at least once a week – although 60% watched television at least once a week. Furthermore, only 10% had used a computer and 3% the internet in the past 12 months (BBS and UNICEF, 2015). In general, gender differences in internet use are stark. Overall, 28% of women and 72% of men use the internet, with women in urban areas using it more than those in rural areas – 33% compared to 18% (BBS, 2012b). Girls are also less likely than boys to own their own mobile phones. Of adolescents aged 13-14, 3% of girls and 15% of boys own phones. Of those aged 15-19, 31% of girls and 63% of boys have phones (Ministry of Health and Family Welfare et al., 2016).

While there is a great deal of evidence about girls' educational outcomes vis-à-vis boys and over time, there has been very little attention directed to disentangling the factors and processes that lead to different outcomes. Indeed, most research is quantitative and cannot therefore speak to the 'whys' that would enable better programming. There has also been little attention paid to the ultra-poor children who are the most likely to be out of school. Indeed, the evidence mapping was unable to find gender-disaggregated statistics for those children. GAGE, with its mixed-methods approach and careful sampling frame, is poised to address these gaps.

Bodily autonomy, integrity and freedom from violence

- **Despite significant recent progress in reducing child marriage, especially for the youngest girls, 16% of girls are married by the age of 15 and 59% are married by the age of 18.**
- **Nearly 90% of adolescent girls experience sexual harassment. Of married girls, over 40% experience physical violence and nearly 25% sexual violence at the hands of their husbands.**

The majority of Bangladeshi adolescent girls, but especially those who are poor and socially isolated, face multiple threats to their bodily autonomy and integrity. Indeed, despite decades of effort aimed at eliminating child marriage, child marriage and other forms of violence against girls remain the norm. Social norms that put a high value on female chastity and position boys and men as inherently more valuable than girls and women drive these phenomena.

The latest Bangladesh Demographic and Health Survey (DHS), which closely matched the latest MICS (BBS and UNICEF, 2015), found that 16% of adolescent girls aged 15-19 were already married by the age of 15 and 59% of young women aged 20-24 were married before age 18 (NIPORT et al., 2016), despite the 1984 Child Marriage Restraint Amendment Ordinance, which outlawed marriage for girls before the age of 18 (and men before the age of 21).

While its rate of child marriage is still among the world's highest, Bangladesh has made considerable progress and in the last decade, the median age at first marriage among women aged 20-49 has increased by almost two years and reached 16.1 years. Women's residence, education and socioeconomic status affect their age at first marriage. Urban women marry, on average, one year later than rural women and the median age of marriage is 15.3 in Rangpur compared with 17.6, of those aged 20-49 in Sylhet. Women who have completed secondary or higher education marry, on average, five years later than those with no education and women from the highest wealth quintile marry two years later than those from the lowest (NIPORT et al., 2016). Two-thirds of married 15-19 year olds are married to a man who is more than five years older than they are and nearly one in five is married to a man ten years older (BBS and UNICEF, 2015). In the latest DHS, half of women aged 15-49 married before age

18 reported that they would have preferred to marry later (NIPORT et al., 2016).

The key drivers of child marriage are gendered social norms that put a high value on family honour (as signified by female chastity), condone male dominance, and necessitate female obedience (Yarrow et al., 2015; Camellia et al., 2012; Seddiky et al., 2015). That said, economic pressures also encourage child marriage, as poorer families do not have the resources to invest in alternative options for girls, such as an education (ICRW, 2014; Kamal et al., 2015; HRW, 2015a). Indeed, marriage of an adolescent girl, often to an older man, is frequently viewed as a survival strategy (Kamal et al., 2015). Dowry, which started in the 1960s and was made illegal in 1985, appears to be becoming more common and is also implicated in child marriage (Rao, 2012; UNICEF, 2008; UNICEF, n.d.). Younger brides typically require smaller dowries (Jackson et al., 2014; Yarrow et al., 2015).

Adolescent girls face a plethora of other forms of violence against them as well. Verbal abuse and harassment, physical violence and sexual violence are all endemic. For example, a study released by the Bangladesh National Women Lawyers' Association found that 87% of girls aged 10-18 have been victims of 'eve-teasing' (Bakker, 2013). Indeed, evidence indicates that public harassment of adolescent girls is on the rise in Bangladesh, with some perceiving this as a consequence of the increased mobility of girls, their attendance in secondary schools, and their visibility in the public sphere (ibid.).

Physical violence against girls and women is very common in Bangladesh and is closely linked to the low status assigned to them. In 2011, the Bangladesh Bureau of Statistics (BBS) conducted the first national Violence against Women (VAW) survey of 12,600 women aged 15 and over. The survey found that 65% of married women had experienced physical violence – mostly at the hands of their husbands. Adolescent girls were especially at risk. In the previous 12 months, 42% had experienced violence at the hands of their husband and 11% had experienced violence at the hands of a non-partner. For girls, other oft-mentioned perpetrators of physical abuse included fathers, other male or female family members, and teachers. Rates of physical violence against girls are higher in rural areas (BBS, 2013). Physical violence against girls is broadly considered an accepted norm (UNICEF, 2008). The 2016 DHS found that a significant

proportion of married girls aged 15-19 felt that husbands were justified in beating their wives if she argued with him (20%), neglected the children (14%), or went out without informing him (15%) (NIPORT et al., 2016). Nearly, one-third (29%) agreed with at least one of those views (ibid.) – yet these rates are lower than the ones reported in the previous DHS.

Sexual violence is also rampant. The VAW study found that three-quarters of women had experienced forced sex in adolescence, with 40% having been forced before the age of 15. Rates are closely related to child marriage. Of girls aged 15-19, 24% had experienced sexual violence in the last year at the hands of their husband and only 2% by a non-partner (BBS, 2013; see also Garcia-Moreno et al., 2005).

Adolescent girls and young women in Bangladesh are at risk of several other forms of violence, including acid attacks, dowry-related violence, honour killings and trafficking. The country has the world's highest rate of acid attacks (Farouk, 2005), with adolescent girls the most likely to be targeted (Rahman et al., 2014; Zafreen et al., 2010). Dowry-related violence also appears to be widespread, with cases of women suffering beatings and even death when the bride's family have failed to make dowry payments. Less than 1% of respondents in the VAW survey reported that female family members became victims of trafficking (BBS, 2013), although there is lack of accurate and up-to-date data about the number of girls trafficked (Mohajan, 2011). While accurate numbers are not available, it is estimated that thousands of Bangladeshi women are trafficked to India and Pakistan each year (ILO, 2013a), many destined for prostitution (CEDAW, 2015).

A lack of disaggregation emerges as a key gap in the evidence about girls' bodily integrity. Not only are girls under the age of 15 all but invisible – despite the fact that in Bangladesh around 16% are quite likely to be married – but even older adolescents are all too often grouped with adult women. This makes it very difficult to identify emergent trends, to ascertain which groups of girls are especially vulnerable to the earliest child marriages, and to target programming to girls' needs.

Sexual and reproductive health, health and nutrition

- **Due to child marriage and a continued preference for early childbearing, adolescent pregnancy is common in Bangladesh – 58% of girls have begun childbearing by the age of 19. Young mothers are unlikely to receive skilled delivery or postnatal care.**
- **Malnutrition remains common among Bangladeshi girls, which is especially problematic given their pregnancy rates.**

Unsurprisingly, given Bangladesh's high rate of adolescent pregnancy – an artefact of its high rate of child marriage – our review found that two-thirds of the 89 studies on adolescent girls' physical health were focused on reproductive and sexual health. Fortunately, in Bangladesh this topic covers a vast array of different subthemes, ranging from puberty to relationships, and from pregnancy to parenting.

In 2015, UNFPA reported that Bangladesh is one of the seven countries where half of all adolescent births occur (UNFPA, 2015). Indeed, DHS data – which is again broadly similar to the recent MICS – indicate that 9% of 15 year olds and 58% of 19 year olds have begun childbearing, with the highest rates seen in Rangpur and the lowest in Sylhet. It also reports the expected relationships between early childbearing and three key factors including: poverty, with the poorest almost twice as likely to be pregnant or parenting at the time of the survey as the wealthiest (41% vs 23%); education, with those with no education almost three times more likely to be pregnant or parenting than those with at least a secondary education (48% vs 18%); and rural residence, with rural girls more likely to be pregnant or parenting than those from urban areas (32% vs 27%) (NIPORT et al., 2016). Notably, while adolescent pregnancy is the norm in Bangladesh, total fertility has fallen to replacement levels (2.14 in 2015) (World Bank, 2017).

Bangladeshi adolescent mothers tend to receive inadequate maternity care. The latest MICS found that 29% of those under the age of 20 received no antenatal care, less than half were delivered by a skilled attendant and only one in three had a facility delivery (BBS and UNICEF, 2015). Unsurprisingly, adolescent girls make up over half of those who die of complications related to childbirth (CEDAW, 2015). They are also especially prone to obstetric fistula.

While only about half of married girls aged 15-19 use contraception (NIPORT et al., 2016), adolescent pregnancy in Bangladesh is not, by and large, a result of lack of knowledge or access per se. The DHS found that 19% of married girls aged 15-19 had been exposed to messaging about family planning on TV (NIPORT et al., 2016) and a household survey of 320 similarly-aged slum-dwellers indicated that almost all (97%) knew about the contraceptive pill (Petroni, 2014). Indeed, the government has made family planning a national priority for decades and provides doorstep delivery of contraception to women with limited mobility (Das, 2007). Social norms that encourage early fertility, among married girls, deny girls input into decision-making, and leave them with insufficient information drive adolescent pregnancy in Bangladesh (Pachauri and Santhya, 2002) – although cost has also been implicated in non-use (Huda et al., 2014). The most recent DHS found that only 21% of mothers under the age of 20 reported their pregnancies to be wanted later and that 17% of married adolescent girls had an unmet need for contraception (NIPORT et al., 2016). This is in line with another study with married girls in Dhaka's slums, that reported similar high rates (15%) of unmet need for contraception, though again almost entirely for spacing pregnancies rather than delaying motherhood (Huda et al., 2014).

While married girls' knowledge of family planning is high overall, adolescent girls' broader knowledge about sexual and reproductive health has been found by many studies to be sharply limited by religious superstition and social norms (Uddin and Choudhury, 2008; Das and Roy, 2016). For example, a large survey found that half of girls between the ages of 12 and 19 had not known about menstruation prior to their first period (Amin, 2015) and a small study of urban slum-dwellers between the ages of 10 and 19 found that 94% did not know why girls menstruated, while only 5% used a pad or clean cloth during their periods (Choudhary and Rahman, 2015). Similarly, HRW (2015a) found that although young women have an awareness of contraception, particularly the pill, they may be ignorant of how to use it correctly or how to obtain regular supplies. Zaman et al. (2010) found that in a sample of 118 mothers from Dhaka city, 64% did not want to provide information on reproductive health to their daughters.

Given that malnutrition is a common problem in Bangladesh, about one-fifth of the sources of evidence we found on adolescent girls' physical health spoke to nutritional status. Data from the 2014 DHS shows that 31% of married girls aged 15-19 are undernourished (NIPORT et al., 2016). The situation among unmarried girls is also alarming. The largest study we found analysed nutritional status, dietary intake and nutritional knowledge among nearly 5,000 unmarried girls aged 13-18 across 708 rural clusters (Alam et al., 2010). It found that 26% of girls were thin, 32% were stunted, and overall dietary knowledge was low. Other studies of girls report high levels of anaemia (ranging from 23% to 37%) (Harun-Or-Rashid et al., 2009; Khambalia et al., 2009; Kabir et al., 2010), which is particularly problematic given its implications for foetal development. Another issue raised by the literature was the emerging problem of obesity. Latest BDHS data found that 7% of married girls aged 15-19 were overweight or obese (NIPORT et al., 2016). A study of 500 girls aged 9-17 attending a Bengali-medium school near Dhaka also found an obesity prevalence of 14%, an overweight prevalence of 23% and central obesity of 26% (Zabeen et al., 2015)

Existing research on Bangladeshi adolescent girls' physical health is narrow, a reality which GAGE is poised to address. The existing research is largely focused on SRH while effectively ignoring the youngest and most at-risk girls. It also tends to emphasise reproduction itself, rather than the knowledge and skills that girls need to stay healthy (e.g. puberty and sexually transmitted infections), and fails to explore the needs of unmarried girls, which if they track international trends are likely to grow as the incidence of child marriage declines. Finally, there is a significant absence of up-to-date data on abortion rates for unmarried adolescents.

Psychosocial wellbeing

- **There is very little evidence about adolescent girls' broader psychosocial wellbeing.**
- **Research has found that girls – especially urban girls – are likely to have mental health problems, due to their social isolation and experiences with sexual harassment, abuse, and child marriage.**

The evidence on girls' psychosocial wellbeing is particularly thin – only 17 sources – and almost exclusively overlaps with other capability domains. The majority of the evidence was based on small-scale quantitative studies with little reporting of girls' perspectives and voices. That said, existing evidence suggests that Bangladeshi girls are at significant risk of mental health issues, with the majority in some studies reporting stress, confusion, and anxiety (Amin, 2015; Amin et al., 2014).

On the one hand, the accessed literature notes that overall research into the experience of happiness or wellbeing in Bangladesh is limited – even for adults (Camfield et al., 2009). One study of women over the age of 15 found that the vast majority (93%) felt hopeful about the future and most (65%) believed that they had considerable control over their own lives (Kabeer et al., 2011). Camfield et al. (2009) found that women between the ages of 18 and 44, who in this regard are likely similar to their younger counterparts, emphasised the importance of good relationships with their husbands – but also with their mothers- and sisters-in-law.

On the other hand, evidence of unhappiness and ill-being is stronger and also includes information about adolescents. For example, the Population Council's Urban Adolescent Needs Assessment, which included nearly 3,600 adolescent girls and boys, found that most adolescent girls (59%) reported increased stress to be a result of adolescence (compared to 50% of boys). A further 44% reported greater confusion (compared to 27% of boys) (Amin, 2015). These findings were echoed by another study, which found that urban adolescents had higher levels of stress and anger than rural adolescents and that girls had higher rates than boys (Dey et al., 2014). To cope with stress and anxiety, urban adolescents prefer being on their own, listening to music, stopping talking to others, or chatting with friends. The three major coping strategies for girls include being on their own (44%), listening to music (27%) and stopping talking to others (14%) (Amin, 2015).

Reliable data on mental health problems in Bangladesh is scarce, particularly for young people – in part because services and reporting are rare (Hossain et al., 2014; WHO, 2011). The few studies available have indicated higher rates of depression among Bangladeshi girls than among boys. For example, Nasreen et al. (2013 in Amin, 2015) found depressive symptoms to be more common in urban slums and among girls. Reproductive health problems and sexual abuse were particularly associated with depressive symptoms for girls. Similarly, Amin's (2015) survey results from Dhaka city show differences in depression level by age group, with 5% of 12-15 year olds and 8% of 16-19 year olds reporting severe depression. Airin et al. (2014) found that 32% of urban girls had moderate depression, 18% had mild mood disturbance, 10% had borderline clinical depression, 5% had severe or extreme depression and 35% of respondents had none. They partly attribute these exceptionally high rates to social isolation and lack of networks, but also suggest that eve-teasing is an important factor for female adolescent depression. A literature review noted that suicide rates are higher among women than men in the country, with younger women being at highest risk compared not only to women of all ages but also men of the same age group. However, national-level accurate data does not exist.

GAGE's ability to contribute to our understanding of adolescent girls' psychosocial wellbeing is almost unparalleled. Given that the existent evidence base is not only thin, but also largely ignores girls' voices and fails to disaggregate populations by age, location, and marital status, GAGE will provide one of the first comprehensive portraits of how Bangladeshi girls are doing.

Voice and agency

- **While there are recent shifts towards more gender-equitable attitudes, especially for younger cohorts, adolescent girls' voice and agency are tightly restricted by social norms that see their roles as biologically and religiously ordained – and largely confined to reproductive tasks.**
- **Restrictions on girls' lives grow during adolescence, as parents try to protect their daughter's virginity, which is associated with family honour.**

Driven by efforts of the government, women's organisations, donors, and development organisations – as well as broader forces such as urbanisation and migration – today's adolescent girls have far more opportunities for education and employment than their mothers had (Das, 2007; Hossain, 2012). This is reflected in both the large number of thematic studies (59) that address girls' voice and agency and the norms that constrain them, as well as many of the outcomes that those studies find. Despite progress, however, the status of girls and women generally remains low in Bangladeshi society. This is reflected by the Social Institutions and Gender Index (SIGI), in which Bangladesh has the worst overall score among the seven South Asian countries included (OECD, 2014).

Girls' lower status begins at birth (Heissler, 2011). Not only do gendered social norms that deem males to be the heads of the household and family breadwinners result in marked son preference, but the custom of dowry contributes to girls being largely viewed as an economic burden. Throughout childhood, girls' voices are silenced as they are socialised to be domestic, submissive and obedient (Khan et al., 2014). When they reach puberty, however, girls' agency becomes even more limited, as parents see it as their responsibility to protect the virginity and chastity of their daughters (Camellia et al., 2012; Heissler, 2011), which is seen as central to family honour (Stewart et al., 2000). For example, while 74% of 12-year-old girls can visit friends and 43% can play outdoor games, only 35% and 7% of 19-year-old girls can do the same (Amin et al., 2014). Girls' lack of agency is further demonstrated in marriage decisions: a recent study found that only 46% of female respondents stated that it was their choice to get married compared to 86% of males; over a third of female respondents stated that

they had been pressed by their families to marry and this increased to 42% for those who married early (Yarrow et al., 2015).

The agency of married girls is restricted further still. They are expected to do as they are told by both their husbands and their in-laws and have very little access to decision-making at the household or community level (Stanford and Hargreaves, 2009). When questioned on gender and equality norms within marriage, 95% of urban adolescent boys and 87% of adolescent girls in the aforementioned Population Council survey agreed that women should always obey their husbands (Amin, 2015). When questioned more directly about decision-making power within the household, 57% of boys and 36% of girls agreed that men should dominate decision-making on family matters (Amin, 2015). This preference appears to play out in real life. The 2016 DHS found that married girls aged 15-19 were the least likely of all women to be allowed to decide on such things as household purchases and healthcare for their children (NIPORT et al., 2013).

There is significant evidence of slow generational change (CARE, 2016; Amin, 2015; Jackson et al., 2014; Kabeer et al., 2011; Khosla, 2009; Plan, n.d.). The bulk of evidence suggests that girls' access to school – and paid employment – is driving this change, as girls who go to school not only have the skills with which help their families exit poverty, but also enjoy better social status and learn new modes of social behaviour associated with public life and citizenship (Hossain, 2010; Das, 2007; Plan, n.d.). Secondary school appears to be especially important, as it improves girls' self-confidence, nurtures their aspirations and helps them learn to 'stand on their own feet' (Del Franco, 2010). It also affords them access to the better-paid jobs that support women's control over their own incomes and access to household decision-making. Critically, given that the expansion of secondary-level madrasas have increased girls' enrolment in secondary school, while these school inculcate democratic political attitudes, they have been found to foster conservative gender norms (Asadullah and Chaudhury, 2006).

On the one hand, the evidence on gender norms and girls' voice and agency is strong. There are many studies and much is understood about how gender shapes girls' trajectories. On the other, we know comparatively little that is disaggregated by age, despite clear evidence that age matters, or how to expand girls' voice and agency at the household (natal and marital) and community level.

Economic empowerment

- **Girls and women are comparatively unlikely to work for pay, especially after marriage, due to social norms that burden them with heavy domestic responsibilities and restrict their movement.**
- **The garment sector in particular has led to improvements in not only females' work options, but genuine economic empowerment.**

Government efforts to achieve middle-income country status paid off in 2015, when Bangladesh's poverty rate dropped to approximately one-third (from one-half in 2000) and the country officially became lower-middle income. Apparent in the 69 thematic sources we identified, adolescent girls and young women have contributed to – and benefitted from – Bangladesh's recent economic progress. However, as little evidence is disaggregated, the unique experiences and needs of adolescent girls remain largely unexplored.

Bangladesh is a poor country. In 2010, 47 million of its people lived in poverty and 26 million in extreme poverty (World Bank, 2013). While poverty is most extreme in rural areas, inequality is highest in urban centres (ibid.). Bangladeshi children have especially high poverty rates – with those who are younger the most at risk. In 2009, UNICEF's Global Study on Child Poverty and Disparities found that 61% of early adolescents experienced at least one severe deprivation (Barkat et al., 2009).

One result of the country's high poverty rates is families' continued reliance on child labour. It is estimated that over 1 million children between the ages of 10 and 14 work (BIDS et al., 2013), with only 31% of child labourers combining work with school (BBS, 2015). Most work in the service sector (41%) or agriculture (39%) (BIDS et al., 2013). However, outside of knowing that the highest percentage of young adolescent girl workers is to be found in Dhaka, followed by Chittagong and Sylhet (BIDS et al., 2014), the size and shape of the working population of girls is largely unknown, as boys are about four times more likely to work for pay as girls, meaning that the latter are not well reflected in official statistics (UNICEF et al., 2011; Salmon, 2005). Indeed, while the 2010 Bangladesh Labour Force Survey found that 90% of the country's 1.4 million domestic workers over the age of 15 were female, those under the age of 15 have never been counted – despite evidence that they often face highly exploitive conditions and abuse (Hossain et al., 2015).

Adolescents 15 and older are legally allowed to work, with safety restrictions (Cameron, 2010). ILO data estimated that 51% of girls and young women aged 15-24 were working compared to 67% of their male peers in 2012. Adolescent girls are, however, comparatively unlikely to do so. In one study, of 12,000 adolescent girls in southern Bangladesh, only an average 7% reported working. The poorest – who needed the money – and the wealthiest – who were the least bound by gender norms – were more likely to report working than those in the middle of the income distribution (Amin et al., 2014). Another study, of urban adolescents, found that while 36% of boys had ever worked for pay, only 25% of girls had done so (Amin, 2015). Girls under the age of 15 were far less likely to have worked than older girls (18% vs. 44%). Most girls (40%) reported working in the garment sector, with teaching (27%), and domestic service (13%) also common (ibid.) – even when they require migration (ILO, 2013b; ADB, 2010; Heissler, 2011). On average, female youth work longer days than male youth – 9.1 hours compared to 8.3 hours (data from BBS 2013 Time Survey).

While much has been written about the poor working conditions and sexual harassment that garment workers face – albeit with no specific focus on adolescent girls – there is little doubt that the sector is contributing to the empowerment of Bangladeshi girls and women (Hossain, 2012; HRW, 2015b; ILO, 2013b; ILO, 2015). As the single largest sector employing females in the country (CEDAW, 2015), it has helped them become economic actors, able to support their families, be valued as income earners (Hossain, 2012; Kabeer and Mahmud, 2004) and negotiate with their families to postpone their age of marriage and input into the choice of husband (ICRW, 2007; Kabeer and Mahmud, 2004; Mathur et al., 2003). Availability of garment sector employment has also increased demand for girls' education, with one study finding impacts even larger than the female secondary school stipend programme (Heath and Mobarak, 2012). On the other hand, there is evidence that the youngest girls are the least likely to have control over their own incomes. One study found that 77% of 10-14-year-old garment workers gave their entire income to their parents, compared to only 48% of those aged 15-19 (Katz, 2013).

Marriage significantly impacts girls' chances of employment, in large part because of time constraints imposed by heavy domestic and care duties. Indeed,

while 96% of women in one study believed that having an income is important for their sense of self-reliance (Kabeer et al., 2011), data from the 2014 DHS shows that only 16% of married adolescents aged 15-19 were employed. In addition, while most (89%) were paid in cash, only one in three (34%) of these girls made decisions about how to use their earnings; a larger proportion (44%) shared decision-making with their husbands; and for nearly one in five (19%) decisions were mainly made by their husbands (NIPORT et al., 2016).

Programming for girls

The evidence base on the effectiveness of interventions is considerable. Indeed, the country is home to three interventions, BALIKA, Kishoree Kontha and SAFE, that were designed as RCT-based programmes to assess the relative effectiveness of different strategies. However, as has been the case in GAGE's other focal countries – and as GAGE was designed to address – most interventions have been evaluated immediately after programming has ended, meaning that we do not know whether they created longer-term change. Interventions have also tended to span the entire adolescent age range, with little attempt to assess and specify outcomes by narrower age groups, and few have tried to disentangle the relative importance of different components (e.g. safe spaces vs. livelihoods training). Key findings about the impact of interventions are summarised by capability domain in Box 2 below.

Our review of programming in Bangladesh leads to two overarching observations. First, it appears to be more difficult to change behaviours than knowledge and attitudes – especially where those behaviours reflect deeply entrenched gender norms. Second, more recent programming, which has combined multiple change strategies, including for example empowerment work with girls and practical supports such as economic incentives or tutoring, appears to be more successful overall.

Many programmes that work only with girls have been found to impact knowledge and beliefs more than behaviours. Assessment of BRAC's Adolescent Development Programme (ADP), which launched in 1993 with the goal of empowering adolescents – particularly girls – found that while it played a vital role in raising the awareness of rural adolescents regarding various social issues and allowing them to think differently about their

Box 2: What works to enhance girls' capabilities?

Education and learning

There are 21 studies assessing the effects of education interventions targeting girls. Many explicitly address the Female Secondary School Stipend programme (FSSSP). Most show positive impacts, though researchers urge caution in interpretation due to a lack of baseline data and non-phased roll-out, which makes it difficult to ascertain whether increases in enrolment are due to the FSSSP or to broader social shifts such as increased employment opportunities for women (see below). More recent education interventions for adolescent girls also include the provision of safe spaces, peer support groups, and tutoring. Many help girls, especially the youngest adolescents, stay in school. There does not appear to be any evidence on whether interventions improve girls' actual learning outcomes as opposed to enrolment.

Bodily autonomy, integrity and freedom from violence

Only 12 studies reported on interventions aimed at forms of violence against girls. Most specifically targeted child marriage. The majority of evidence focuses on interventions targeting rural girls and aiming to raise awareness of the legal age of marriage (generally successful) and to change attitudes towards age of marriage (moderately successful). There is less evidence of actual change in the age of marriage related to these activities. This is in large part because many early programmes tended to focus on girls as if the decision about when to marry was theirs to make, failed to consider the implications of dowry, and inadequately engaged men and community leaders. Two recent evaluations of experimental programmes do indicate success in delaying child marriage, although the exact pathways of change remain unclear. One programme (Kishoree Kontha) provided a small financial incentive (cooking oil) and the other (BALIKA) educational support or skills training (see below for details).

We were surprised to find only a few examples of attitude and behavioural change interventions explicitly focused on reducing gender-based violence against girls and young women (excluding child marriage). It is thus hard to draw conclusions given the weak evidence base and the varying programme designs and implementation. However, there is some evidence of reduced support for gender-based violence, and fewer women and girls experiencing it in intervention areas, especially if boys and men are actively engaged in intervention activities and girls and women are targeted with group sessions (Naved and Amin, 2014).

Sexual and reproductive health, health and nutrition

The vast majority of the 16 examined studies reported on interventions aiming to improve sexual and reproductive health knowledge among male and female youths. These interventions took a wide variety of forms, including school-based curricula, community programming for slum-dwelling girls, take-home booklets for boys and girls, education for parents, and the development of youth-friendly services. Evaluations have found that most improve knowledge about menstruation, contraception and STIs and that some foster attitude change, such as about condom use. While many evaluations have not tracked behaviour change, those that have found some evidence of better hygienic practices and increased use of contraception and ante-natal care.

Psychosocial wellbeing

We found only one evaluated intervention to delay child marriage and empower adolescent girls that explicitly aimed at improving girls' psychosocial wellbeing. While girl-focused empowerment programmes typically seek to increase girls' self-esteem and opportunities to build friendship networks, very few evaluations measured change in these issues. Some evaluations of economic empowerment programmes also included measures of psychosocial wellbeing in terms of girls' ability to establish some control over their lives, improve their relationships and enhance their family and community status.

Voice and agency

We found 18 studies of interventions aiming to transform discriminatory social norms and promote girls' empowerment. Many NGOs have made this an important focus have made transforming discriminatory norms and promoting girls' empowerment and agency an important focus of their programmatic work, implementing programmes that combine life-skills training in safe spaces and similar empowerment strategies with community mobilisation. These interventions, however, have been evaluated with varying degrees of rigour; most have found evidence of attitude change, though this is not always consistent across the issues examined.

Box 2 (continued): What works to enhance girls' capabilities?**Economic empowerment**

Ten studies addressed economic interventions. While there is a body of evidence on vocational skills training programmes, overall we found little clear evidence of their subsequent labour market effects. Girls were particularly attracted by training programmes that enabled them to find employment in garment factories. The evaluations that reported on older girl participants' subsequent income gains found moderate increases. There was no concrete evidence of income-generating activities leading to greater school dropout. In the case of microfinance schemes, one BRAC qualitative study suggested that poorer adolescents were not taking loans as they feared being unable to repay them. The two evaluations of programmes that provided financial skills training found limited impacts from this component. Most evaluations highlighted increased self-confidence among girl participants; beyond this, they did not discuss acquisition of other soft skills.

life as a whole, it did not shift more concrete outcomes such as reducing dowry, protesting against sexual violence, or tackling child marriage (Nawaz and Ahmed, 2009; Alim et al., 2012). Evaluations of Kishori Abhijan reached similar conclusions. While the programme improved girls' sense of self-worth, social connectedness, mobility, and health knowledge – each highly valuable in its own right – it was not successful in delaying the age of marriage (Amin, 2011). Researchers called for increased community engagement, given that the wider community often influences marriage and dowry decisions (Heissler, 2011), as well for addressing the economic drivers of marriage (Amin, 2011).

The FSSSP, which relies solely on an economic incentive to increase girls' enrolment and prevent child marriage, has also potentially had more limited impacts than it might have had if it had employed multiple change pathways. Launched nationally in 1994, and providing rural girls with free tuition and a small stipend (together covering about half the cost of schooling) provided they meet attendance (75%) and learning outcomes (45% on exams) and remain unmarried, the programme is widely credited with increasing girls' secondary enrolment (Hahn et al., 2015; Ullah, 2013; Khandker et al., 2003). Findings regarding child marriage have been more mixed, with DHS data showing no impact, despite smaller studies that have found positive effects (Ullah, 2013; Hahn et al., 2015). That said, a considerable body of literature has been more cautious concerning FSSSP's success and stressed the need for a rigorous evaluation to establish its actual effectiveness (Heath and Mobarak, 2012; Ullah, 2013) – with Shurmann (2009) noting that not only was the programme not designed to empower girls, but included no broader elements which might have encouraged their success.

Recent RCTs, however, have begun to tease out how programming elements can synergistically create change – as well as how different age groups of girls may be more or less sensitive to some outcomes. Kishoree Kontha, for example, targeted rural girls aged 10-19 living in southern Bangladesh with three main interventions: 1) a basic package of safe spaces and peer-led intensive empowerment training, 2) an incentive of cooking oil for older girls aged 15-17 until age 18 on condition that they remained unmarried, and 3) the combination of these two components (Field et al., 2016; Buchmann et al., 2017). Initial end-line data, collected 4.5 years after the programme ended, show that older girls receiving the incentive were more likely to delay marriage and childbearing than any other group of girls (Buchmann et al., 2017). Indeed, the likelihood of their getting married before the age of 16 fell by 27%. The programme also increased girls' likelihood of staying in school longer, with girls eligible for the incentive 12% more likely to be in school at age 22 to 25 and having completed 2.2 months of additional schooling and girls in the basic package 6% more likely to be in school at 22 to 25 and having completed 2.4 months of additional schooling (ibid.).

Evaluation of Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents (BALIKA) is also providing new insights. Targeting rural girls between the ages of 12 and 18, BALIKA aimed to empower them and delay their marriage through three distinct interventions: 1) educational support, 2) gender-rights awareness training, and 3) livelihoods training. The programme also included recruitment of local young women as mentors, provision of safe spaces and community mobilisation. Evaluation found that in addition to having improved gender awareness and more media consumption (e.g. girls in BALIKA communities were 61% more likely to say

that girls can say no to arranged marriages and up to 120% more likely to read a newspaper), girls in communities with each of the three arms were less likely to marry as children than were girls in control communities (31% less likely in the case of the first two arms and 23% less likely in the case of the third) (Amin et al., 2016). Age-differentiated data also shows that BALIKA was particularly successful in delaying marriage among those aged 16 and 17, and in the case of the education intervention among those under age 16.

Despite the recent evidence provided by RCTs, there remains much that we do not know about what works to enhance girls' capabilities. Most programming targets a large age range and does not include the youngest adolescents that evidence suggests might especially benefit from educational support. In addition, too few studies speak to how to fruitfully include parents and in-laws and brothers and husbands, which is critical given that in order to expand girls' capabilities we must first enlarge the space into which they could grow. Highlighted by the FSSSP, another evidence gap is a lack of baseline data and control groups, which prevents us from distinguishing between the signal and the noise and understanding which is driving change. GAGE has been designed to fill these gaps.

Conclusions

Our Evidence Mappings uncovered a wealth of information on Bangladeshi girls. However, while much is known, even more remains unexplored. Key in terms of understanding girls' capability outcomes is the disaggregation central to GAGE's conceptual framework. Specifically, much of what we know about Bangladeshi adolescent girls speaks only to the experiences of the oldest. This is a glaring problem given the speed with which adolescent lives are changing, especially in regard to access to education and technology. In addition, some of GAGE's capability areas have attracted little research. For example, we know little about girls' psychosocial needs or voice and agency.

Fortunately, the Evidence Mappings on which this short synthesis was based represent only one of GAGE's four work streams. Having now mapped what is known – and not known – about the capabilities of Bangladeshi adolescent girls, and how existing interventions are supporting the expansion of those capabilities, GAGE will be moving forward with its mixed-methods longitudinal research aimed at extending evidence and filling gaps. Combining quantitative and qualitative work with policy and legal analysis, GAGE will hone in on what works to support Bangladeshi girls to work towards the futures they choose.

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GAGE Programme Office

Overseas Development Institute
203 Blackfriars Road
London SE1 8NJ
United Kingdom
Email: gage@odi.org.uk
Web: www.gage.odi.org



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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Front cover: Young Girl, Rangamati, Chittagong Hill Tracts, Bangladesh.
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