



Adolescents in Dhaka, Bangladesh © Nathalie Bertrams / GAGE 2019



Adolescent psychosocial well-being and voice and agency in Dhaka, Bangladesh

Policy and programming implications from the GAGE baseline findings¹

Authors: Zia Mohammad, Maheen Sultan, Laura Camfield, Sabina Faiz Rashid and Jennifer Muz²

Overview

The 2017–2030 Bangladesh National Strategy for Adolescent Health recognises mental health as one of the four priority areas along with sexual and reproductive health, nutrition and violence. However, mental health services in Bangladesh are currently limited. According to the WHO (2011), the mental health expenditure by the Health Ministry is just 0.44% of the total health budget, and there are 60 mental health outpatient facilities in the country, with only two reserved for children and adolescents (Stavropoulou et al., 2017). There are also very few child mental health professionals in the country (Hossain et al., 2014).

A systematic review on the mental health situation of Bangladesh revealed that the overall prevalence of mental ill health varied from 6.5 to 31% among adults and from 13.4 to 22.9% among children (Hossain et al., 2014). According to the WHO (2014), depression is the leading cause of *'health-related disability'* among 10–14-year-old girls and the third leading cause among boys globally. The stresses of urban poverty may play a role in the psychosocial well-being of adolescent boys and girls in situations with high rates of migration, insecurity in housing, lack of access to services and vulnerability to various kinds of insecurity and violence (Chant et al 2017). While there is little research on psychosocial well-being in Bangladesh, and even less on adolescent psychosocial well-being specifically (Stavropoulou et al., 2017), some studies have shown increases in stress around puberty for girls (Amin, 2015) and in urban areas (Dey et al., 2014). Nasreen, Kabir and Edhborg (2015) found

¹ Suggested citation: Mohammad, Z., Sultan, M., Camfield, L., Rashid, S.F. and Muz, J. (2019) 'Adolescent psychosocial well-being and voice and agency in Dhaka, Bangladesh.' Policy Note. London: Gender and Adolescence: Global Evidence.

² The authors wish to thank Tamanna Mazid, Raafat Hassan, Riaz Hossain and Sifati Tamanna from the BRAC James P Grant School of Public Health, and Sahida Khondaker, Kabita Chowdhury, Sanjida Parvin and Sufia Khatun from the BRAC Institute of Governance and Development at BRAC University, Bangladesh for their contributions to the fieldwork. We also gratefully acknowledge the work of Roo Griffiths in editing this brief.

depressive symptoms to be more common in urban slums and among girls, owing to factors such as maternal death, experience of harassment, and forced marriage. Moreover, issues surrounding agency of girls may further compound these stressors. A Rapid Evidence Review on challenges and potential solutions for adolescent girls in urban settings found that *'the available evidence suggests that children and especially young girls living in urban poverty tend to be more deprived than others with respect to privilege, power and political agency, with important implications for their well-being and personal advancement'* (Chant et al 2017: 8).

Reproductive health problems and sexual abuse were particularly associated with depressive symptoms for girls. A needs assessment survey among urban adolescents done by BRAC and Population Council (Amin, 2015) showed that the factors associated with depression included marriage, childbearing, experiences of harassment, drug use, poor performance in school and experience of disasters/conflict during childhood. This same study showed that adolescent girls who have never been pregnant had fewer symptoms of depression than those who had been pregnant and were mothers, and women who had experienced adolescent pregnancies are more likely to report signs of moderate to severe depression (Amin, 2015).

Practices such as patrilineal inheritance and patrilocal residence after marriage in Bangladesh create systemic prejudice against girls, reflected in the extent to which female infants are seen as a *'burden'* rather than a *'blessing'* (UNESCAP, n.d.). Although, son preference appears to be decreasing through greater access to education and economic opportunities and increased exposure to media (Priyadarshani and Rahim, 2010; Kabeer, 2012; Yarrow et al., 2015) girls still have less freedom to make decisions such as when to get married and to whom. 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).

Marriage, especially child marriage, puts girls in a position where their opinions are given less importance (NIPORT et al., 2016; Stavropoulou et al., 2017). And, finally, the low participation of women in politics at national and local levels gives young girls less scope to exercise their voice or find female political role models.

This brief draws on baseline evidence from the Gender and Adolescence: Global Evidence (GAGE) longitudinal research study focused on what works to support the development of adolescents' capabilities during the second decade of life (10–19 years) (GAGE consortium, 2019 forthcoming).

Research methodology

In Dhaka, baseline data collection entailed quantitative interviews with 780 adolescent girls and boys and more in-depth qualitative research involving 36 adolescents and their families and communities. According to GAGE methodology (Jones et al. (2019), we included adolescents who are involved in adolescent-focused programme interventions as well as non-programme participants so as to better understand the relative contribution of programmes in shaping their well-being and empowerment in the short and longer terms. Our sample of adolescents includes two age cohorts, of 10–12 year olds and 15–17 year olds. Baseline data collection took place in late 2017 and early 2018.

Research sites

The three study sites chosen for the GAGE baseline study in Dhaka are two slum areas, referred to here as Community A and Community C (peri-urban), and one low-income settlement, referred to as Community B. These were chosen to capture variation in how long the settlements had been established and whether residents had been there for a long time or were more transient. Other important differences included access to health and education services and location, as these have been shown to affect the lives of adolescents.

Table 1: Research sites

| Name | Location | Households | Social and physical infrastructure | Access to services |
|--------------------|-----------------|------------|--|---|
| Community A | Dhaka periphery | 8,400 | Well-developed and stable slum on government-owned land near an industrial area | Excellent access to educational and health institutions, non-governmental organisation (NGO) services |
| Community B | Central Dhaka | 300 | Privately owned low-income settlement, high in- and out-migration, many working children, electricity only, poor roads | Poor access to educational and health institutions, NGO services |
| Community C | Central Dhaka | 3,000 | Well-developed and stable slum, good road, mostly legal utility connections | Reasonable access to educational and health institutions, NGO services |

Within the GAGE focal capability areas, psychosocial and well-being and voice and agency are closely linked. Psychosocial well-being spans not only adolescent resilience and emotional intelligence and access to psychosocial services, but also emotional and social support by adults and peers. Closely linked to the latter, voice and agency includes mobility and access to safe spaces around and in their communities, access to information and communication technologies, and participation in decision-making in the family, as well as in their community through civic engagement. This brief explores the context, factors and challenges that have an impact on the psychosocial well-being and voice and agency of adolescent girls and boys living in the slums of Dhaka. It looks at adolescents' reaction to difficult situations and their resilience and motivation to overcome adversity. It also outlines how family support networks provide both financial and emotional support and how peer and community relationships play a role in physical and mental development. In addition, it looks at availability or lack of availability of services to assist adolescents' transition into adulthood.

Key findings

Resilience and emotional efficacy

Girls report a significantly higher level of psychiatric morbidity than boys using the 12 item General Health Questionnaire (GHQ-12), which is an internationally validated measure of mental ill-being (Goldberg, 1978). The gap between boys and girls GHQ-12 scores increases as girls age. Both patterns are consistent with the previous literature discussed in the overview, as well as a study by Huq and Afroz (2005), which found that older adolescent girls expressed the most depressive symptoms, followed by younger adolescent girls. There are no significant differences in reported self-efficacy across age and gender cohort. However, there are significant differences between communities, with those living in the peri-urban area (Community C) reporting significantly higher self-efficacy than those in the other areas.

Adolescent girls and boys said they felt pressurised to perform well in school. This is particularly true of girls, reflected in their higher GHQ-12 scores, who said that, if they did not perform well, their parents threatened them with marriage, or work in other people's homes or garment factories. Financial constraints at home and other forms of unrest also negatively affect adolescent boys and girls (for example one father brought home another wife, which caused the mother to attempt suicide, and this deeply troubled the respondent).

Another possible contributor to worse mental health outcomes among girls is that it is common for girls to marry partners chosen by their parents at an early age, as

...if I want to continue her education after that, if I have the capability and wish... I will try.

(A father of a girl in Community B)

discussed in the brief on bodily integrity. In contrast, boys marry later and choose their own partners. This, however, may be shifting. Whereas parents in previous generations prioritised marriage over education, parents of adolescents are now more likely to believe that daughters need to be educated and independent. *'In the past it wasn't so prevalent. Parents didn't think of educating them as they believed the girls were going to be married off anyways so there is no need of educating them... Now if girls are educated then for a better future so that they don't suffer after marriage. They can both work'* (father of a girl in Community A). *'I want to continue until... it is written in the school that they teach until class 9... meaning until class 9... it is written in the school... if I want to continue her education after that, if I have the capability and wish... I will try'* (father of a girl in Community B). Despite the number of NGOs working in the community, there are no psychosocial services for adolescents, apart from a counselling unit provided by Save the Children.

Voice, decision-making, and support in the family

Adolescents are more likely to talk to mothers than fathers regarding a range of issues, and girls are significantly more likely to do so than boys. For example, in the quantitative survey, a third of girls reported talking to their mothers about romantic relationships compared with a sixth of boys, and girls were 50% more likely to talk to their parents about bullying. In qualitative interviews, mentioned topics include fears, such as tension about finances, performing poorly in school, losing valuables, and secrets (talking about boys). Adolescents in Community B are significantly less likely to discuss concerns with their parents than those in other sites, possibly because their parents are working outside the site and therefore less available. In addition to parents, adolescents also confide in their siblings and other family members, such as grandparents, aunts, uncles and cousins. They described how other family members, such as maternal uncles, provided knowledge regarding the difference between right and wrong.

According to our quantitative data, about 60% of adolescents are comfortable expressing opinions to someone older than they are, and girls are marginally more likely to do so (64% vs 57%). There is no difference across genders in willingness to express opinions to friends (84% of adolescents are comfortable expressing opinions to friends). Three quarters of older adolescents feel comfortable



Boys playing gambling to win an egg in Dhaka, Bangladesh © Nathalie Bertrams / GAGE 2019

expressing opinions to someone older than them, versus only half of the younger ones. Younger adolescents also feel significantly less comfortable expressing their opinions to their friends: almost all (93%) older adolescents would do this but only 79% of younger ones would. These findings have implications for civic engagement and participation in household decision-making.

In relation to decision-making, in our quantitative survey data, adolescents reported having a say in, on average, 2.5 out of 6 decisions commonly made in relation to adolescents (time spent helping around the house, how much education to attain, when to marry, who to marry, who to be friends with and what to do during their free time). The number of reported decisions that adolescents feel they have a say in does not vary by gender overall. However, older adolescents reported having a say in more decisions on average than younger adolescents. This aligns well with older adolescents being more likely to report feeling comfortable expressing their opinion to someone older than they are.

In qualitative interviews, girls reported being less able than boys to make a range of important decisions, for example choosing their own partner for marriage (Yarrow et al., 2015). Fifty-seven per cent of boys and 36% of girls agreed that it should for the most part be the men of the

family who should carry out the household decision-making (ibid.). This also echoes BDHS data suggesting that a third of married adolescent girls have no say in household decision-making (compared with a sixth of older wives) (NIPORT et al., 2016). The majority of girls and boys surveyed in Amin's (2015) study agreed that women should always obey their husbands, and similar views are expressed in the various BDHS. The lesser agency of adolescent girls is demonstrated in the higher rates of domestic violence they face (BBS, 2017).

Although none of the adolescents said this in their individual interview, adult males in Community C said in the group discussions that adolescents who were earning money had a greater say in household decision-making. Nonetheless, they do not always have control over their income: only some of them can decide to keep some money for themselves, while others hand over the entire amount they earn to their parents (this is discussed in greater detail in the economic empowerment brief).

Participants in the community timeline in Community A identified a turning point when the garments factories opened and women started earning their own money. This changed the financial status of their family, which became better off, and women having money gave them a voice. This may not be true for adolescents, however. There were

Case study: Ali

Ali, an 11-year-old boy in Community B, works all day sorting and packaging eggs. He has to hand over his whole salary to his mother, otherwise he is beaten. He keeps only BDT 10 a day for food. He said he liked going to school but he would get into fights and the teachers would then beat him and slam him against the door. He feels that his family does not care about whether he eats or what he does all day.

two examples of a young boy and girl who were working and required to hand over their entire earnings to their parents. The first, a 10-year-old girl in Community B, complained that she had to follow her mother's orders not to watch TV, could not go out on her own and was sent to work as a live-in nanny in her sister-in-law's landlord's house, which she did not like. She is now worried that she will be sent to work in a garment factory.

One girl in Community C aged 11 was successful in standing up to her parents when they wanted to stop her education so she could marry or work in a garment factory. However, she was able to do this only because her maternal aunt supported her and threatened to stop providing financial support to the girl's parents. This gave her a place to go if her parents put pressure on her: *'If they try to marry me off then I will run away and will go to my maternal aunt.'*

There was a feeling among older adolescents in Community C that their marriages should be their own choice and based on romance and love. Generally, if the boys are working, their families agree to their choices. One respondent said he felt he could talk to his father about his choices in terms of marriage. In Community A, older girls and boys are consulted over their marriage. For example, older adolescent girls said that girls chose whom to marry and then convinced their parents. Their mothers concurred, saying that, while they knew that girls would choose on their own, they asked them to consider their family status. Parents of younger adolescents seemed to think they would arrange marriages for their children, while the parents of older adolescents were reconciled to their children choosing their partner. However, there is also a gender difference. The father of one 16-year-old boy in Community A said he was willing to let his son choose his wife but not his daughter her husband.

▮ If they try to marry me off then I will run away and will go to my maternal aunt.

(An 11-year-old girl in Community C)

The qualitative data suggests that many adolescents can make decisions that concern them directly on their own but, generally, these are minor decisions, such as what haircut to have. Even this varies across sites: in Community A boys aged 10–13 participating in the group activity said they could choose their own haircut but in Community C boys of the same age said they could not and their parents would beat them if they did. For young girls there was even more variation; some girls are not allowed to cut their hair at all while one 10-year-old girl in Community A goes regularly to the parlour and gets her hair out differently each time.

Another area where adolescents seem to be able to make decisions on their own is how they spend their *'tiffin'*, or snack money. They can save this up to buy a mobile phone or rent a bike instead of buying a snack (a 10-year-old boy from Community C described doing this).

A final area where adolescents can make choices is in purchasing clothes with their parents; however, there are restrictions as to what is considered respectable and norms about what should be worn when adolescent girls are aged over 14 or 15. A 10-year-old girl in Community A said she liked to wear jeans as they are tight: *'After wearing the jeans pant, I look very beautiful. It is very tight; it is attached with my body, that's why I look beautiful.'*

But the same girl later said that she was not allowed to wear jeans because people thought it was bad. Both younger and older girls know they are expected to wear shalwar kameez (a long top and loose-fitting trousers) with an orna (scarf) when they turn 14 or 15. Our quantitative data found that girls face significantly more restrictions on their dress than boys do, and that this difference becomes more extreme as girls age, with older boys having fewer restrictions on their dress concurrent with girls having more.

In terms of support for education and career aspirations, some parents are particularly supportive of adolescent girls continuing their education. Parents of adolescent girls believe that education is the best path for their children. One key informant from a non-governmental organisation (NGO) working in disability said that girls performed better in school than boys and as a result parents were more aware of their educational capabilities. A 15-year-old adolescent girl with a disability from Community A and her mother separately described how the mother inspired the respondent to pursue her education, despite her disability

▮ My mother [is encouraging me]. She says, "If you study well, in future you can do something great, then you can take care of yourself on your own." Mother inspires me about these.

(A 15-year-old girl with a disability in Community A)

and the mother's financial constraints: *'[Mother] I am giving her courage that, "You keep on studying. If your mother is capable ... if it's necessary then I will continue your study by taking loan from people." 'My mother [is encouraging me]. She says, "If you study well, in future you can something great, then you can take care of yourself on your own." Mother inspires me about these.'*

Elder siblings provide moral and financial support: one young adolescent boy from Community B aspires to become a national cricket player and believes his elder brother can support his dream by providing financial assistance to train and buy the equipment he needs.

Adolescents also described how mothers and uncles provided support in response to sexual harassment experienced by female adolescents. For example, one young girl from Community B described how, when she reported being teased, her mother said: *'Just show me the guy and I will hit him so hard with a broom that he will leave this locality for good.'*

A 16-year-old girl in Community C said that, when she told her mother: *'My mother accosted the perpetrator... She said, "Talk with your mouth. There is no reason for you to use your hands. Talk with your mouth. Just speak, don't touch her body." From then on he gives me a wide berth.'*

Powerful relations play an important role in protecting young adolescent girls from sexual abuse. One adolescent girl aged 12 from Community C has two uncles who are described as local *mastaan* (translated as musclemen) and because of their position in society, boys leave the girl alone (the uncles threatened one boy for teasing their niece). Similarly, another adolescent girl aged 12, in Community A, said that boys left her alone because they know her father is the block chairman of the ruling party (Awami League).

Interviewer: *Sometimes we see some naughty boys say 'You girls also wear a jeans like a boy.' Does anyone say like these things?*

Respondent: *No.*

Interviewer: *They don't show the guts, right?*

Respondent: *Yes for my father they don't have the guts. Because my father is the chairman.*

The girl's father corroborated this, declaring: *'No one dares bother my son or daughter.'*

My mother accosted the perpetrator... She said, "Talk with your mouth. There is no reason for you to use your hands. Just speak, don't touch her body." From then on he gives me a wide berth.

(A 16-year-old girl in Community C)

Similarly, in the community mapping, girls in Community A mentioned that, when shop-keepers teased them, they could threaten them, because the girls' families have shops there.

Those who are economically better off or have political connections are better protected. One 16-year-old boy in Community A said that he could not tell off those who teased or fought because they were dangerous and had political backup. A community leader confirmed this, saying that it was taken for granted that girls would be teased by these people and would not fight back.

Mobility, access to peer networks and safe spaces

Our Dhaka urban survey data finds that 95% of girls need permission to go to at least one place in the community, versus only 66% of boys. One reason for this is a common perception that public spaces are riskier for girls as they get older, owing to sexual harassment. Consequently, while 39% of the boys leave their community at least once per week, this is true of only 15% of girls. Girls are also significantly less likely to feel safe at night: only a little over a quarter (28%) of girls feel safe versus 43% of the boys. Two adolescent girls – one younger girl from Community C and one older girl from Community A – said they could go anywhere during the day but not after dark.

Older adolescent girls said that they were seldom allowed outside their home to play for fear of sexual harassment and gossip. As a result, they resort to indoor recreational activities such as painting, gossiping, playing with cooking pots and dolls (teddy bears), playing games like kut kut (hopscotch), 'name place animal thing', tag, hide and seek and kana machi (blindfold tag). They also play during break time at school with their friends. Adolescent boys are allowed to roam more freely and engage in outdoor activities such as riding bicycles, fishing, playing with spinning tops, cricket, football and badminton. They also play video games on their phones involving motor racing and fighting.

There were significant differences in mobility by site: adolescents living in Community A are significantly less likely to leave their community at least once a week compared to those in the other sites. This is partly because of its peri-urban location, and partly because there is a greater range of services and employment opportunities within the site, which means they do not need to travel. Adolescents in Community B are significantly less likely to feel safe in a range of different contexts, which reflects that it is both poorer and more transient than the other sites. This means that residents do not get to know each other and form relationships of trust.

This has manifested in adolescent feelings of trust in friendships and group membership. Although there were



Adolescent boys in a mall in Dhaka, Bangladesh © Nathalie Bertrams / GAGE 2019

no differences in levels of trust across gender cohort, adolescents in Community B were less likely to report having friends they trust. Seventy-eight per cent of adolescents in Community B have friends they trust compared to 90% in Community A and 82% in Community C. Likewise, adolescents in Community B are about half as likely to be a member of a group as compared to Communities A and C. Older adolescents are more likely to have friends they trust and be members in groups.

Young boys participating in the body mapping exercise in Community C said that boys and girls played together when they were aged seven to nine years old but after reaching eleven they stopped, as girls are no longer able to run or play cricket or football on the streets.

Adolescents' social networks comprise their classmates, neighbours, friends, romantic partners and teachers. These provide support and develop bonds in the form of advice, protection from physical abuse and emotional support (particularly for friends and romantic partners).

Peers act as confidantes who provide advice regarding matters such as problems or tensions, studies or potential romantic partners. Teachers provide advice regarding career choices, such as what subjects to study according to the adolescent's aspirations (unfortunately we have no information as to whether this advice is shaped by gender,

physical ability or socio-economic status, or how effective it is). Teachers can also protect students from being bullied or beaten and help solve problems. One teacher discourages the use of technology (mobile phones) and encourages physical play. He also tries to convince parents to continue children's education but at the same time believes the pressure put on young adolescents by parents to acquire the highest marks causes stress. We found that adolescent boys in our research did not talk about romantic partners. However, the one girl within the sample who said that she had a boyfriend, from Community C, mentioned how she shared her worries and fears with him.

Researchers observed a lack of recreational spaces for the adolescents across all the sites. However, adolescent girls said they enjoyed going outside and visiting places such as museums, relatives' houses, local fairs, shops or river banks. Adolescent boys enjoy watching movies on television, playing sports and getting new clothes to wear (particularly during festivals such as Eid).

Access to age-appropriate information and digital technology

According to 2014 BHDS data, 3% of girls aged 13–14 own a mobile phone compared with 15% of boys. These differentials persist into late adolescence: 31% of girls aged

15–19 own a mobile phone compared with 63% of boys (NIPORT et al., 2016). Likewise, in our quantitative data, boys are significantly more likely to have a mobile phone than girls: nearly a quarter of boys have one (24%) versus only one in six girls (13%). Even if they do not have their own phone, most are able to use their parents' phones to access the internet. A mobile phone is a common request from parents and, in some cases, parents are willing to buy a more expensive phone, such as a smartphone, if the adolescent can contribute to the costs, through either their wages or savings (this was mentioned by a 15-year-old from Community A). A 15-year-old boy in Community B said he had bought a mobile phone in the previous month by saving the pocket money his father gave him every day. A 16-year-old boy in Community B talked of his parents asking him to wait until they had saved up the money.

The Multiple Indicator Cluster Survey (MICS) (2012/13) reported that only 3% of adolescent girls aged 15–19 had used the internet in the previous 12 months (BBS and UNICEF, 2015). While a larger percentage of girls in our study were using the internet, boys were significantly more likely than girls to have used it (a third of boys had done so (35%) versus only one in six girls (18%)). Rates of internet use in Community A are double those in the other sites, although there are no differences in mobile phone use, suggesting either more sophisticated mobile phones or greater access to computers in school or in clubs. All the adults who participated in the group activities during qualitative data collection remarked on adolescents' use of mobile phones and access to the internet. Mobile use increases with age; for example, 42% of older adolescents have phones versus only 4% of younger ones.

Qualitative research found that the way phones are used differs according to age: younger users mostly play games while older users watch shows and films or listen to music. A 16-year-old boy in Community A accesses YouTube, Facebook and Messenger by using his mother's phone. He uses the wifi connection in his uncle's home. A 15-year-old adolescent girl in Community C said that she used her phone to chat with her boyfriend and access Facebook. A 15-year-old boy in Community B who had bought his own a mobile phone the previous month said he would spend the whole night Facebooking without sleeping. Another adolescent of the same age in Community C has his own mobile phone and a wifi connection at home. He spends his most of the time Facebooking and watching videos on YouTube. His father does not like this and once broke his phone after he did badly in his exams.

The only married adolescent in the sample, an older girl from Community B, uses her mother's Facebook ID and phone for video call in EMO (a voice messaging app popular in Bangladesh) to talk to her husband when staying with her

mother. While she is at home, her husband restricts her use of the internet and she does not have a phone of her own. She used to use her mother's phone to take pictures and post her photos to Facebook but her husband recently forbade her to do so and said that he would do that for her.

Where adolescents have access to mobile phones, they know, in principle, how to use technology to defend their rights, but, in practice, this can feel too risky. One of the participants of the community mapping in Community C, aged 17, said that she took a video recording on her phone of some boys harassing girls. She did not upload it to her Facebook as everyone in her area knew her and would be able to identify her. If she posted the video, she might be threatened. Most of the adolescents interviewed have access to TV at home or in their workplace. According to a school teacher in Community C, most families have 'dish [satellite] connections', so going to other people's houses to watch shows or films on cable TV is no longer necessary.

Access to inspirational role models

The majority of respondents reported having a role model. Young female adolescents were significantly more likely to have them than young males (69% versus 57%). There is no obvious explanation for this from the qualitative research, beyond the fact that normative masculinities may make it harder for boys to admit they look for guidance from anyone. There are also few gender differences in characteristics: the majority of respondents characterised role models as cheerful, smart and nice-looking. Having said that, there were two adjectives that appeared in boys' top five (honest, brave) that did not appear in that of girls, and vice versa (in the case of girls these were caring and loyal). This suggests that adolescents' thinking around role models may reproduce conventional gender stereotypes, where men are brave and women are caring, possibly limiting the occupations they then aspire to.

Most of the respondents in the qualitative sample said their parents and relatives were their role model. A 10-year-old boy in Community C wants to be like his father because he likes his father's personality, attitude and his heart, echoing the emphasis on personal characteristics in the quantitative survey. A 16-year-old boy in Community B wants to be like his uncle because he is intelligent and knowledgeable and a family man. Some of the girls have more varied role models. A girl aged 11 in Community C wants to be like her male cousin, who is a journalist. An 11-year-old girl from Community C wants to be like her headmaster because she has always wanted to be a teacher. As the survey data confirms, one of the reasons for choosing someone as a role model is their behaviour. For example, one 17-year-old girl in Community A wants to have her mother's personality because she is caring, loves her

daughter and does things well. A girl aged 17 in Community B wants to be like her older brother, who is an introvert, does not quarrel with others and stays at home when he has no work outside (rather than hanging about on the streets or socialising). Some boys also spoke of cricket players as role models and people with specific occupations, such as a hafez moulana (preacher), a salaried employee, a car salesman in Malaysia, a muajjin, who teaches at the moktab (Quranic school for small children) or an air conditioning or television repairer.

Civic engagement

While having a female prime minister has expanded the choice of female role models, showing that women can take leading political roles, this is not reflected at the local level. Over 90% respondents to a BRAC survey felt that women should not participate in the shalish, which is a community mechanism in which influential members resolve disputes and impose penalties (Alim and Rashid, 2005). Another survey found that only 5% of women had participated in shalish (Kabeer et al., 2011); adolescent girls are doubly excluded because of their gender and their age (Das, 2007). The exclusion of young people was confirmed by our qualitative data. In Community A and Community C, boys aged 14–16 said that shalishes were arranged in the political club, which younger adolescents do not attend.

The scope for participation in other forms of decision-making at the community level is limited. Among older adolescents, girls are significantly less likely than boys to have talked with people in the area about a serious problem (6% versus 16%) or to have taken action with others (5%

My closest friend is my mother and no one else. My mother is very good. She understands everything, even if I do not tell her. And I share everything with her.

(A 17-year-old girl with a physical impairment)

versus 16%). There are also significant differences between sites, with fewer than 3% of adolescents in Community B reporting discussing issues with others or taking action. Boys aged 14–16 participating in community mapping said that in Community A boys went to political meetings and joined processions. If a boy can take 10–15 others with him, that makes him more important and shows his power. Boys in the community mapping in Community C said this was also true there: boys who are not in school or education go to 'political clubs' where workers from political parties gather. They participate with political leaders in meetings and processions. Young boys are not allowed in political clubs, although if they are not in school they go to processions as helpers.

It is not just age that determines access and influence. Older adolescent boys felt that those male adolescents who were politically allied with the most influential family in Community C (the most influential family in their area) had a greater say and access to mid-level community leaders. Those who have political influence do not study and are not regarded by the community as 'good boys'. According to a group discussion with older boys in Community C, working male adolescents are not part of the political networks,

Experiences shaped by intersecting disadvantage

Adolescents with disabilities face challenges at home and in the community. According to the NGO official running a disability programme: '90 per cent of parents think their disabled child as a burden and avoid them.'

Some adolescents with disabilities are called derogatory names (e.g. 'lame duck') and sworn at in public by peers and other adults. This has a major impact on their self-confidence. According to young boys during a body mapping activity, people with disabilities are more likely to marry other people with disabilities, and even then the bride's parents need to pay a high dowry to arrange the marriage. Within the qualitative sample, adolescents with disabilities were more likely to be working than adolescents without disability in occupations such as assistant in a garage, housemaid or embroiderer. A 17-year-old girl with a physical impairment told us: 'My closest friend is my mother and no one else. My mother is very good. She understands everything, even if I do not tell her. And I share everything with her.'

A 12-year-old girl who has a physical impairment explained that her relationship with her mother was similar: 'I share everything with my mother.' Indeed, she added that sometimes she talked so much, even about 'cute' boys, that her mother said: 'I can't take any more of this!'

A 15-year-old boy with a physical impairment told us that he was particularly close to his uncle. 'He is very knowledgeable. He is very intelligent. He takes care of everyone. He leads an honest life.' Most importantly, though, the uncle reminds him that his disability 'was done according to God's (Allah) plan,' which makes him feel better about being different. He also loves that his uncle treats him as if he is not different and goofs around with him just like he goofs around his brothers. He excitedly told us that his favourite memory involves his uncle – and mud: 'After I fell down, my uncle helped me to get up and I smeared mud all over his clothes. We started laughing about it!'

as they are busy earning their living and do not have the time to devote to politics. They said that some girls would accompany their boyfriends to such meetings, but girls did not confirm this. During the community mapping in Community A, girls said they were not allowed to participate or speak in the public meetings but they thought that in some blocks girls could.

Some respondents described instances where civic engagement had backfired and protestors were harassed, or even attacked. In Community C, male and female adolescents separately recounted incidents where adolescents had taken an initiative to stop child marriage and were subsequently blamed by the community.

Key actions to accelerate progress

1. Take greater account of the psychosocial well-being of girls and boys.

Girls reported a significantly higher level of psychiatric morbidity than boys, and this disparity increases as girls age. Psychosocial well-being is included in the Strategic Directions of the 2017–2030 National Adolescent Health Strategy and needs to be taken into account by families, communities and state services.

2. Consider ways to combat excessive pressure to perform well at school.

While adolescents appreciate parental support to their education, excessive pressure is a cause of stress and

poor academic performance may sometimes even lead adolescents to commit suicide (as reported in the media). The negative aspects of parental pressure on children to perform well in school are neglected at the policy level.

3. Increase awareness on sexual harassment and its effects and ways to prevent it.

Although there are High Court Guidelines in place (which have the force of law) to ensure the safety and security of adolescent girls in health and education institutions (along with workplaces), these are not widely known or implemented, and sexual harassment and violence, or the threat of this, makes girls hesitant to go to these facilities on their own and families hesitant to allow them. Threats to safety and security in public spaces constrain girls' access to civic and public life. Law enforcement authorities are not particularly active in preventing harassment or taking punitive measures and community mediation or redress measures are often biased against girls.

The National Strategy for Adolescent Health is designed to empower adolescents, by building and developing life skills and enabling girls to be aware of their rights, including the right to choose and give consent to marriage according to their own free will.

The High Court Guidelines against sexual harassment in the workplace and educational institutions of 2009 were expanded to include public spaces and stalking in 2011. Although it was recommended that widespread awareness-raising be carried out on the issue of sexual



Adolescent girl Dhaka, Bangladesh © Nathalie Bertrams / GAGE 2019

harassment and the High Court Guidelines be turned into a law, this has not yet been done.

4. Improve formal emotional support services for adolescents.

Immediate and extended families provide emotional and practical support, acting as an informal safety net where government services are limited. Government policy-makers recognise the limitations of formal services and have been emphasising the importance of family support and connectedness, for example to prevent adolescents and youth being lured into terrorist or fundamentalist activities.

5. Focus more on the positive uses of mobile phones for adolescents.

Mobile phones are very important for out-of-school adolescents in particular, to maintain relationships and access information. The positive aspects of mobile phones in increasing adolescents' frontiers and connecting them with friends and family members are not currently recognised. Various policies, such as the recently formulated Digital Security Act 2018, are seeking to control and limit individuals' use of information and community technology (ICT). The ICT Policy of 2012 and the Government 2020 Agenda, which includes a vision of '*digital Bangladesh*', promote the use of ICT for education and increased access through union digital centres. However, the individual-level use of mobile phones does not seem to be of interest to policy-makers except as a source of revenue and taxes.

6. Educate and build awareness of adolescents and their families in internet safety.

Education is necessary on both the positive and the negative effects of social media and information and communication technology (ICT) in general. Neither parental nor state control of use of the internet will be effective unless ICT users, including adolescents, become more responsible. This needs to be taught and promoted through schools and institutions such as adolescent clubs, run by the government and non-governmental organisations (NGOs).

While the newly revised Digital Security Act entails punishment for giving false information and defamation of the government on social media, it does not seem to have provisions for the safety and security of users, including education on its use. The Act should emphasise constructive use of the internet and not unnecessarily curtail freedoms on its use.

7. Increase awareness of the importance of adolescents' perspective.

The media, government agencies responsible for child rights and NGOs working in the sector need to increase awareness in the family and the community of the importance of taking into account of adolescents' perspectives and priorities. Educational institutions, vocational training centres and adolescent clubs should enable adolescents to develop life skills, including negotiation and decision-making skills, so they can argue for their priorities.

While the Convention on the Rights of the Child emphasises the importance of children being consulted and heard, this is not translated into practical measures in Bangladesh.

8. Provide trainings and livelihood opportunities and forums to increase adolescents' civic engagement.

Providing skills training and livelihood opportunities for young girls living in urban slum settlements may enable greater voice and agency. Adolescent clubs and youth associations set up by NGOs and government agencies could provide scope for the articulation of collective adolescent views and demands to be passed on to the community and authorities. The Department of Youth and Sports allows the registration of youth clubs, which have traditionally been male.

In a context of power relations between different groups, adolescents, because of their age and sometimes sex, are seen as relatively weaker. It is difficult for them to protest against more influential actors unless they are able to show greater numbers or make alliances with other influential actors, such as local government authorities or representatives.

The government has strong policies against drug abuse and early marriage (although the recent revisions to the Child Marriage Restraint Act have lessened the strength of this law) but these are hard to implement because of strong vested interests and opposition from economic interest groups (in terms of drugs) and social norms that deem that a girl's sexuality is safer within a marriage.

9. Target media messaging at parents to help them be role models.

Parents and other close relatives are important role models, as are teachers. Parents and relatives must be made aware of the position they can have as role models through media messaging.

References

- Alim, A. and Rashid, A.T. (2005) 'Building positive attitudes towards gender equality: a baseline survey of Gender Quality Action Learning Programme'. Dhaka: BRAC
- Amin, S. (2015) *Urban adolescents' needs assessment survey in Bangladesh*. New York: Population Council
- BBS – Bangladesh Bureau of Statistics (2017) *Report on Bangladesh sample vital statistics 2016*. Dhaka: BBS
- BBS – Bangladesh Bureau of Statistics and UNICEF – United Nations Children's Fund (2015) *Bangladesh: Multiple Indicator Cluster Survey 2012-2013: Progotir Pathay*. Final Report. Dhaka: BBS and UNICEF
- Chant, S., Klett-Davies, M., and Ramalho, J., (2017) *Challenges and potential solutions for adolescent girls in urban settings. A Rapid Evidence Review*. London: Gender and Adolescence Global Evidence (GAGE)
- Chatterjee, S. (2015) 'Making Children Matter in Slum Transformations: Lessons from India's National Urban Renewal Mission', *Journal of Urban Design* 20(4): 479–506
- Das, M.B. (2007) *Whispers to Voices: Gender and Social Transformation in Bangladesh*. Washington DC: World Bank
- Dey, B. K., Rahman, A., Bairagi, A. and Roy, K. (2014) 'Stress and anger of rural and urban adolescents' *Psychology* 5: 177–184
- GAGE consortium (2019 forthcoming) *GAGE Conceptual Framework*. 2nd Ed. London: Gender and Adolescence: Global Evidence
- García-Moreno, C., Jansen, H.A.F.M., Watts, C., Ellsberg, M. and Heise, L. (2005) *WHO Multi-Country Study on Women's Health and Domestic Violence against Women*. Initial results on prevalence, health outcomes and women's responses. Summary Report. Geneva: WHO
- Hossain, M.D., Ahmed, H.U., Chowdhury, W.A., Niessen, L.W. and Alam, D.S. (2014) 'Mental disorders in Bangladesh: a systematic review'. *BMC Psychiatry*. 14:216. doi: 10.1186/s12888-014-0216-9
- Huq, S.Z. and Afroz, N. (2005) 'Depression in Adolescence'. *Journal of Life and Earth Science* 1(1): 11–13
- Jones, N., Baird, S. and Lunin, L. (2018) *GAGE research design, sample and methodology*. London: Gender and Adolescence: Global Evidence
- Kabeer N. (2012) 'The decline of missing women in Bangladesh', Open Democracy Online, 7 November (<https://www.opendemocracy.net/en/5050/decline-in-missing-women-in-bangladesh/>)
- Kabeer, N., Mahmud, S. and Tasneem, S. (2011) *Does paid work provide a pathway to women's empowerment? Empirical findings from Bangladesh*. Brighton: Institute of Development Studies
- MCH Services Unit, Directorate General of Family Planning, Ministry of Health and Family Welfare Government of Bangladesh (2016) 'National Strategy for Adolescent Health 2017-2030'
- Nasreen, H., Kabir, Z. and Edhborg, M. (2013) 'Prevalence and Associated Factors of Depressive Symptoms among Disadvantaged Adolescents in Bangladesh.' Dhaka: BRAC-RED and Institute of Education, BRAC University, and Karolinska Institute Sweden
- NIPORT – National Institute of Population Research and Training, Mitra and Associates and ICF International (2016) 'Bangladesh Demographic and Health Survey 2014'. Dhaka and Calverton, MD: NIPORT, Mitra and Associates and ICF International
- Priyadarshani, A. and Rahim, S.A. (2010) 'Women watching television: surfing between fantasy and reality.' *IDS Bulletin* 41(2): 116–124
- Somrngthong, R. (2013) 'Depression Among Adolescents: A Study in a Bangkok Slum Community.' *Scandinavian Journal of Caring Sciences*, 27(2): 327–34
- Stavropoulou, M., Marcus, R., Rezel, E., Gupta-Archer, N. and Noiland, C. (2017) *Adolescent girls' capabilities in Bangladesh: the state of the evidence on programme effectiveness*. London: Gender and Adolescence Global Evidence (GAGE)
- Sultan, M. and Nazneen, S. (2018) 'Policy and Legal Analysis Notes: A Review of the National Strategy for Adolescent Health in Bangladesh'. London: Gender and Adolescence Global Evidence (GAGE)
- UNESCAP – United Nations Economic and Social Commission for Asia and the Pacific (n.d.) *Harmful traditional practices in three countries of South Asia*. Bangkok: UNESCAP
- World Health Organisation (WHO) (2014) *Health for the World's Adolescents: A Second Chance in the Second Decade* (Geneva: WHO) http://apps.who.int/iris/bitstream/10665/112750/1/WHO_FWC_MCA_14.05_eng.pdf (accessed 1 November 2016)
- Yarrow, E., Apland, K., Anderson, K. and Hamilton, C. (2015) *Getting the evidence: Asia Child Marriage Initiative*. Research report. Coram International and Plan International