

Adolescent girls' capabilities in Bangladesh

The state of the evidence

Maria Stavropoulou with Rachel Marcus, Emma Rezel, Nandini Gupta-Archer and Caroline Noland

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Disclaimer

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Acronyms

ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
BANBEIS	Bangladesh Bureau of Educational Information and Statistics
BAS	Bangladesh Adolescent Survey
BBS	Bangladesh Bureau of Statistics
BDHS	Bangladesh Demographic and Health Survey
BDI	BRAC Development Institute
BIDS	Bangladesh Institute of Development Studies
BRAC	Building Resources Across Communities
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
DFAT	Department of Foreign Affairs and Trade
DFID	Department for International Development
DHS	Demographic and Health Survey
EDI	Education Development Index
EFA	Education for All
EPPI	Evidence for Policy and Practice Information
EPZ	Export Promotion Zone
EU	European Union
FGD	Focus Group Discussion
FSSSP	Female Secondary School Stipend Programme
GAGE	Gender and Adolescence: Global Evidence
GDP	Gross Domestic Product
GER	Gross Enrolment Rate
GNI	Gross National Income
GoB	Government of Bangladesh
GQAL	Gender Quality Action Learning
HDSS	Health and Demographic Surveillance System
HIV	Human Immunodeficiency Virus
HPNSDP	Health, Population and Nutrition Sector Development Programme
HPNSP	Health, Population and Nutrition Sector Programme
HPSP	Health and Population Sector Programme
HRW	Human Rights Watch
ICDDR,B	International Centre for Diarrhoeal Disease Research
ICT	Information and Communications Technology
IDI	In Depth Interview
IFA	Iron and Folic Acid
IFPRI	International Food Policy Research Institute
ILO	International Labour Organization
INGO	International Non-Governmental Organisation
IPV	Intimate Partner Violence

KII	Key Informant Interview
MFI	Microfinance Institution
MHM	Menstrual Hygiene Management
MICS	Multiple Indicator Cluster Survey
MoHFW	Ministry of Health and Family Welfare
MoPME	Ministry of Primary and Mass Education
MR	Menstrual Regulation
NER	Net Enrolment Rate
NGO	Non-Governmental Organisation
NIPORT	National Institute of Population Research and Training
NSA	National Student Assessment
OECD	Organization for Economic Co-operation and Development
OHCHR	Office of the United Nations High Commissioner for Human Rights
PIRLS	Progress in International Reading Literacy Study
PISA	Programme for International Student Assessment
RH	Reproductive Health
RMG	Ready-Made Goods
ROSC	Reaching Out of School
RTI	Reproductive Tract Infection
SEQAEP	Secondary Education Quality and Access Enhancement Project
SGBV	Sexual and Gender-Based Violence
SIGI	Social Institutions and Gender Index
SIM	Subscriber Identity Module
SRH	Sexual and Reproductive Health
SSC	Secondary School Certificate
STI	Sexually Transmitted Infection
SWAp	Sector-wide Approach
TIMSS	Trends in International Mathematics and Science Study
UN	United Nations
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	United Nations Educational Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
US	United States
USDOL	United States Department of Labor
VAWG	Violence Against Women and Girls
WHO	World Health Organization

Executive Summary

Report objectives

This rapid review brings together key evidence on the wellbeing of adolescent girls (aged 10-19) in Bangladesh, particularly what is known about the six core capability domains of Gender and Adolescence: Global Evidence (GAGE) programme. A companion report examines what is known about the effectiveness of interventions affecting adolescent girls' capabilities. This report discusses the availability of evidence and important knowledge gaps on girls' capability development, but it is not intended as a comprehensive situation analysis. It focuses specifically on adolescent girls and does not attempt to synthesise the enormous body of literature on gender and development issues in Bangladesh, as the girl-focused literature itself draws on wider gender and development analysis. Where possible, the presentation of evidence takes into account recent developments in the economic and social context. However, many analyses of the lives of adolescent girls only make passing reference to this broader context, and so the presentation of evidence below necessarily reflects this.

This report has been produced to inform GAGE programming and to feed into the design of the longitudinal impact evaluation study. In addition, it aims to provide a resource for researchers, programme designers and policy makers to better understand what is known about the capabilities of adolescent girls in Bangladesh and what the key evidence gaps are so that GAGE and other research programmes can best contribute to a robust evidence base to support evidence-informed policy and programming.

Methodology

This report draws on the analysis of 321 thematic studies out of 631 documents, identified through a systematic search process conducted in Google Scholar and specific searches of key websites and development databases. The majority of these 321 studies (53%) were grey literature, with a large proportion produced by international agencies and non-governmental organisations to inform programme development. As far as possible our discussion is organised thematically but as girls' lives do not divide neatly into capability areas, there is inevitably some cross-over between sections. Thus some issues, such as gender-based violence, that have a bearing on multiple areas of capability development are discussed in several sections.

State of the evidence base on adolescent girls in Bangladesh

The literature on adolescent girls in Bangladesh is varied, with the greatest focus on child marriage, adolescent childbearing, sexual and reproductive health, education, and among older girls, factory work. We found relatively little on girls' domestic responsibilities and unpaid work, though there was some acknowledgement that domestic chores may be undermining girls' school performance. Younger adolescent girls are primarily considered to be children, and most information about them relates to education and child labour. Because child marriage rates are so high (59% of 20–24 year olds in 2014 were married by age 18), older girls' experience is often discussed within the context of married women's experience more generally. This is particularly apparent with respect to work and other economic activities. By contrast, although girls aged 15 and older are surveyed with adult women in the major health surveys, the literature on sexual and reproductive health, and to a lesser extent that on intimate partner violence, more frequently distinguishes between 15–19 year olds and women of older age groups. 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.

Key findings

Voice and agency

Overview of the evidence: The first section in the report discusses the evidence base on voice, agency and norm change. This section is primarily based on 59 sources, the majority of which are grey literature. The evidence is split between qualitative and descriptive studies of prevalent norms and the ways in which they shape adolescent girls' capabilities and opportunities, and quantitative studies using survey data concerning attitudes towards different aspects of gender equality. While there is a considerable body of literature on these issues, much of it is based on closed-ended survey questions and some lacks depth and nuance.

Key findings: Gender roles in Bangladesh are generally perceived as biologically and religiously ordained with girls and women expected to be obedient and dependent on their fathers and husbands, confined in the domestic sphere and responsible for domestic and care tasks. Gender-related rules and restrictions, reinforced by religious laws, are particularly enhanced during adolescence with parents trying to protect their daughter's virginity which is associated with family honour. Thus as soon as they reach puberty, girls experience restrictions in their mobility and social interactions and their behaviour is constantly monitored. Girls are socialised to accept parental decision-making about their lives, including the timing of their marriage and choice of marriage partner, while after marriage they defer to their husband's authority. Overall, there is limited evidence on girls' voice and agency either at household or community level. Married girls face greater restrictions and social isolation.

However, long-term evidence gathered over the course of decades charts generational shifts away from son preference and toward greater valuing of girls' education (though for some families this is primarily related to improving girls' marriage prospects) and increased aspirations among girls to work outside the home. There is also some evidence of mothers aspiring for their daughters to marry later than they did, to acquire more education, and to have more work opportunities. Quantitative studies of attitudes toward gender equality indicate more egalitarian attitudes among younger than older people. In addition, it seems that adolescent girls are increasingly included in public life, for instance through increased access to education and increased opportunities for female employment.

Bodily autonomy, integrity and freedom from violence

This section presents evidence on child marriage and violence against women and girls. It draws from 84 sources on child marriage and gender-based violence, with the majority being studies prepared by international agencies and NGOs working on these issues.

Child marriage

Overview of the evidence and key findings: There is a substantial volume of statistical material on child marriage in Bangladesh and an increasing number of qualitative and quantitative studies exploring aspects of the issue. Despite the law setting the legal minimum age of marriage for girls at 18 and boys at 21 (though these ages can be lowered in accordance with religious law), Bangladesh has one of the highest rates of child marriage in the world, with 59% of 20–24 year-old women having been married by age 18 and 16% of 15-19-year-old girls by age 15, and a higher prevalence of child marriage in rural than urban areas. Data also shows that age at first marriage has risen with the proportion of women marrying by age 15 having declined by more than two-thirds between 1975 and 2014. However, marriage before 18 has declined at a much lower rate. During the past decade, the median age at first marriage among women aged 20–49 has increased by almost two years, and reached 16.1 years. Girl's residence, education and socioeconomic status affect their age at marriage. Key drivers of child marriage also include traditional gender norms that put a high value on family honour as signified by female chastity, condone male dominance and female obedience, and set the framework in which people respond to economic pressures. Indeed, economic pressures related to dowry underpin child marriage, as younger girls typically require a smaller dowry, which can lead poorer families to

curtail their daughters' education and arrange their marriages in early-mid adolescence. Although illegal, dowry – often described as a gift – continues contributing to girls' devaluation and subordination to their husbands.

Violence against girls

Overview of the evidence and key findings: Violence against girls also appears to be widespread and closely linked to the low status assigned to them in Bangladeshi society and related discriminatory norms. Data from the 2011 national Violence Against Women survey found that 42% of adolescent girls aged 15–19 experienced physical violence and 24% sexual violence by their husbands. Three fourths of women indicated that their first sexual experience was coerced at age 19 or below. A study combining data from more than 8,500 married and unmarried girls suggested that girls' and women's risk of intimate partner violence declines with wealth and education level, and estimated that adolescent girls are five times more likely to be abused than older women. Sexual harassment – known as 'eve teasing' – is reported to be common, with some studies estimating that the proportion of girls and young women affected at some point in their lives is as high as 80%–90%; some studies even suggest that numbers may be rising as more girls enter public space for education or work. Sexual harassment can propel girls into early marriage for 'protection'; it can also lead to girls losing interest in education and can generally undermine their psychosocial wellbeing. Adolescent girls are also affected by acid throwing, dowry-related violence, honour killings and trafficking.

Psychosocial wellbeing

Overview of the evidence: We found 17 sources – the majority of them being academic journal papers – that discussed or provided data on adolescent girls' mental health or psychosocial wellbeing. However, few of them include girls' own voices and perspectives.

Key findings: Research on emotional and social wellbeing among Bangladeshi adolescents is limited with the literature often distinguishing between unmarried and married adolescent girls. Having good relationships with parents, husbands and in-laws, and having friends emerge as key factors of girls' psychosocial wellbeing. However, evidence also indicates higher levels of depression among adolescent girls than boys with depression associated with experiencing marriage, pregnancy, childbearing, and sexual harassment and abuse. Older girls and girls living in urban areas appear to be more at risk. Some studies relate high levels of depression and anxiety to girls' social isolation and restrictive social norms, but there is limited evidence exploring the causes in depth.

Education and learning

Overview of the evidence: Our search generated the greatest number of sources on education (118 sources), the majority grey literature, though only a small proportion focuses specifically on adolescents. There is a substantial focus on the role of incentive programmes and changing social norms concerning girls' education.

Key findings: Over the last two decades, Bangladesh has made remarkable progress in enhancing girls' access to education and equalising gender ratios. At primary school, girls' enrolment, attendance and completion rates are higher than those of boys, while dropout rates are lower. Gender ratios at both primary and secondary level slightly favour girls. In 2014, girls accounted for 51% of students enrolled in primary school and 53% of those in secondary school. While adolescent girls in secondary school have higher enrolment rates than boys, they also have higher dropout rates, their numbers gradually decline and girls are thus less likely to complete secondary school and continue to higher education compared with boys – 65% of enrolled boys complete secondary school compared to 52% of girls.

The dramatic increase in girls' secondary school enrolment rates in Bangladesh has been the outcome of several factors, including government efforts, the Female Secondary School Stipend Programme, the expansion of NGO schools, the modernisation and expansion of madrasa schooling, new employment opportunities for women in the garment industry, and the evolution of social norms in response to women's

increased involvement in microcredit and paid employment. However, significant barriers to adolescent girls' education remain, including poverty, discriminatory norms and practices such as child marriage and dowry, girls' increased household responsibilities – with girls spending on average at least half an hour per day less on studying compared to boys, that is 130 hours less than boys annually – violence in school, limited girl-friendly facilities and services, and poor education quality.

Despite progress in promoting inclusive education, particular groups of adolescent girls, including domestic workers, girls in urban slums and married girls, continue to face limited education opportunities. In contrast to Bengali girls, ethnic minority girls have lower primary school enrolment rates than boys. This reflects difficulties of access and concerns about girls' safety given that indigenous/ethnic minorities typically live in remote rural areas with poor infrastructure. The limited evidence available also suggests that girls with disabilities are particularly likely not to attend school. However, the single group that is clearly most educationally deprived is children from poor and ultra-poor families who constitute two-thirds of children who have never attended school (we did not find gender-disaggregated data on this group).

Though we did not find comprehensive data on gender disparities in learning achievements, there is considerable evidence that overall learning levels are low, and that generally girls lag behind boys in maths – a government study in 2012 recorded a 7% difference in the proportion of boys and girls who achieved basic maths competencies.

Economic empowerment

Overview of the evidence: The evidence in this section is based on 69 studies which mainly focus on child labour and on female garment workers, many of whom are adolescent girls. A few studies provide some data on the youth labour market, and others carried out as baseline studies for intervention programmes include information about girls' access to assets. Few studies of microfinance and women's economic empowerment programmes disaggregate between women and adolescent girls; yet it is likely that given high rates of child marriage and marriage being a marker of adult status, there is a hidden group of older married adolescent participants. There is also a body of literature on female garment workers, with some sources discussing issues of common concern to both older and younger workers (pay, working conditions, safety, sexual harassment) and some focusing particularly on younger workers. The latter literature considers the impacts of factory work on patterns of education and child marriage.

Key findings: Most of the available literature focuses on child labour and female garment workers. Child labour continues to be a major issue in the country with boys being four times as likely to be child labourers as girls. Girls are more likely to be involved in unpaid household and care work and are thereby underrepresented in child labour statistics. Data indicates that girls are present in higher proportions in the service and industry sectors. In the case of older adolescents, data also shows that 51% of older adolescent girls and young women aged 15–24 work, compared to 67% of their male counterparts, the majority in the informal economy. While young men aged 15–29 spend more hours in paid work, girls and young women spend overall more time working when paid work is combined with their unpaid household work – a total of 8.3 work hours per day for young men and 9.1 for young women.

Data shows a small increase in the proportion of international migrants who are female and under 19 of age, from 19% in 1990 to 21% in 2010. Girls also migrate to urban centres for garment or domestic work as a strategy employed by poor households with little or no land to increase the dowry amount. Adolescent girls and young women have particularly benefited from the dramatic growth of the ready-made garment sector with women accounting for more than 70% of its employees. The vast majority of women in the garment industry are young migrants from rural areas, often from landless households, who work to support their families, earn their dowry or improve their lives; yet accurate data about the number and the ages of adolescent girls working in the sector is hard to find. Although over the past 20 years working standards in this sector have been improving, they still cannot meet the desirable international standards of decent work.

Yet employment in the sector had significant effects on women's lives. Girls and young women have thus become economic actors, able to support their families and valued as income earners. Working girls and young women have also been able to negotiate with their family, postpone their age of marriage, and exercise greater choice in who they will marry. Availability of such employment also increased demand for girls' education. However, there is also scepticism about the empowering potential of garment work as it has not enabled women workers to organise collectively and to use their power to promote their rights as workers and citizens.

Many employed adolescent girls report giving part of their income to their families, and saving for their dowries and marriage expenses. Some evidence indicates that girls may save at high rates, but they do not have the necessary secure saving structures and often rely on family and friends to hold their money. Yet we know very little about their participation in microfinance programmes, although there is some data for older adolescents. While inheritance rights to land and property are governed by personal laws according to the religion of the deceased and typically favour boys and men, there is evidence that the situation may be slowly changing with younger women more likely to receive parental property compared to older women who either never received it or offered it to their brothers.

Sexual and reproductive health, health and nutrition

Overview of the evidence: We found 89 studies, with the majority being academic literature. Two-thirds of them concerned adolescent girls' sexual and reproductive health, both girls' knowledge levels and wellbeing indicators. This evidence is primarily based on large scale surveys, such as the DHS, and small scale studies of specific issues or with specific groups of health service users. Beyond a small body of literature on adolescent nutrition, discussion of other health issues affecting adolescent girls is almost completely absent.

Key findings: Adolescent girls generally lack access to comprehensive or accurate information on menstruation and sexual and reproductive health; such knowledge generally increases among older girls, in urban areas and among girls with primary education or more. Lack of knowledge can underpin unhygienic practices for managing menstruation. Studies of adolescents working in garment factories typically indicate higher levels of knowledge of reproductive health and of how to avoid STIs compared with that of their rural counterparts.

Due to high child marriage rates and norms favouring early childbearing, adolescent pregnancy and childbearing rates in Bangladesh are high. Data indicates that 31% of adolescent girls have begun child bearing, with the proportion rising from 9% among girls aged 15 to 58% among 19 year olds. Rural residence, limited education and poverty, all increase the likelihood of early childbearing. Moreover, 29% of adolescent girls younger than 20 do not receive antenatal care during pregnancy, and only one in four have four or more antenatal visits. Nearly two-thirds deliver at home, and the majority (58%) do not have their delivery assisted by a medically trained provider. Data also shows that 61% of girls do not have any postnatal care visits.

Malnutrition is a common problem in Bangladesh and thinness and stunting among adolescent girls is widespread and persistent. Data from the latest DHS shows that 31% of married girls aged 15-19 are undernourished, while a study found that more than one in four rural girls were thin and stunted. As is the case for adolescent sexual and reproductive health status, nutritional status is also related to socioeconomic status, place of residence and other contextual factors.

Key evidence gaps

This review uncovered a number of key evidence gaps. Thus GAGE research could usefully focus on the following gaps in order to contribute to a more robust and comprehensive evidence base on adolescent girls' capabilities and programmatic responses:

- Provide robust evidence about adolescent girls' economic empowerment, for both younger and older girls in different settings
- Explore what works to protect different groups of girls from violence in line with their specific vulnerabilities
- Provide evidence on health and nutrition issues that affect girls' wellbeing, apart from sexual and reproductive health
- Explore what works to improve girls' mental health and emotional wellbeing, including strengthening their resilience and coping strategies
- Investigate the long-term impacts of programmes targeting adolescent girls, especially in the areas of girls' empowerment and norm change
- Generate insights about how best to reach and benefit younger adolescent girls with information and services, and especially those aged 10–12
- Investigate how to reach and empower marginalised girls, such as child workers, girls with disabilities or indigenous minority girls.

1. Introduction

This rapid country evidence review outlines the key evidence on six main areas of adolescent girls’¹ capabilities as highlighted in the Gender and Adolescence: Global Evidence (GAGE) conceptual framework: voice and agency, bodily autonomy, integrity and freedom from violence, psychosocial wellbeing, education and learning, economic empowerment, and sexual and reproductive health, health and nutrition. This evidence mapping is intended to highlight areas where knowledge on adolescent girls is strongest, and to identify key gaps to inform GAGE programming. It is intended as a background reference resource with data on adolescent girls in Bangladesh for GAGE consortium members and other researchers, and it is not a comprehensive situation analysis. The report also synthesises existing evidence on particularly marginalised groups of girls, such as child workers, girls with disabilities and indigenous minority girls. The report is intended as a living document, and may be updated over the course of GAGE.

1.1 Methodology and overview of the literature

This rapid country evidence review is based on a systematic search process. The main search locations were Google Scholar, academic and development databases, and websites of organisations known to be active in Bangladesh. Full details of the search terms and locations are provided in the Annex. The sources found were uploaded to and coded in EPPI Reviewer (a systematic review software) to facilitate the analysis. Inclusion and methodological assessment decisions were made by one researcher as is common in rapid evidence assessments.

The search process returned 631 relevant documents of which 321 were thematic studies. In particular, the majority (51%) of these 631 documents were thematic studies or situation analyses and another 9% consisted of statistical reports. Overall, 53% of the thematic studies were grey literature. All six areas of GAGE focus were well represented, though there were notably fewer sources on psychosocial wellbeing than on other capability areas, indicating that this area has been little studied in relation to adolescent girls in Bangladesh (see Table 1).

Table 1: Thematic distribution of studies

Thematic distribution of studies	Number of studies
Education and learning	118
Sexual and reproductive health, health and nutrition	89
Bodily autonomy, integrity and freedom from violence	84
Economic empowerment	69
Voice and agency	59
Psychosocial wellbeing	17
Total:	321

Note: many studies provide information about multiple capabilities and hence numbers add up to more than 321

1.2 Limitations

The rapid and desk-based nature of this study means that some key literature may have been missed. Some relevant studies may have been discarded as the age group was not specified precisely enough to be sure that these studies were relevant to adolescent girls. Some other relevant studies may have also been discarded because inclusion and exclusion decisions were made by a single researcher.

¹ Adolescents are defined as ages 10-19 inclusive.

2. Voice and agency

Key points

- Gender roles in Bangladesh are generally perceived as biologically and religiously ordained with girls and women expected to be obedient and dependent on their fathers and husbands, confined in the domestic sphere and responsible for domestic and care tasks
- Gender-related rules and restrictions, reinforced by religious laws, are particularly enhanced during adolescence with parents trying to protect their daughter's virginity which is associated with family honour. Thus as soon as they reach puberty, girls experience restrictions in their mobility and social interactions and their behaviour is constantly monitored. Married girls face greater restrictions and social isolation
- While such norms continue to shape societal expectations and affect girls' lives and capabilities, they have been shifting as a result of social and economic factors, such as increasing urbanisation rates, new economic opportunities for women, the expansion of girls' education and aspirations, and increased exposure to media, especially television
- Younger generations appear to have more egalitarian gender attitudes, such as increased support for girls' education, employment and later marriage

2.1 Overview of the evidence

Our search generated 59 thematic studies with information about girls' voice and agency and relevant norms. Of these, 35 sources were grey literature, primarily reports by UN agencies and INGOs, such as UNICEF, BRAC, Plan and CARE International. The remaining 24 sources were academic papers. The evidence base is mostly made up of small scale surveys and qualitative studies with adolescent girls, boys, women and men, whose aim is to determine attitudes and behaviours surrounding social norms. As adolescent girls' voice and agency have a major influence on their capabilities in other areas, there is also a considerable overlap between capability themes.

There is a significant body of literature on women's empowerment in Bangladesh, focusing on the effects of the expansion of family planning services through a network of female community workers, the eradication of gender inequality in infant mortality, the dramatic increase in female secondary education, women's participation in microcredit, and the high employment rates of young women in garment factories (Das, 2007; Hossain, 2012). The government, women's organisations, donors and development organisations have all played a key role in the introduction of empowerment initiatives, and therefore, 'The enhancement of women's status in Bangladesh has been as much a product of the vision of a new state as the unintended consequences of development policies' (Das, 2007: 8). Despite such considerable progress, the status of girls and women remains low in the Bangladeshi society (Hossain, 2012), rates of child marriage and violence against women and girls continue to be high, and female employment and political participation levels are low (Das, 2007).

In a regional perspective, Bangladesh is ranked first in terms of gender parity at secondary education and second after Nepal at primary education as well as in terms of parliamentary seats held by women. However, it is ranked second to last after Afghanistan in terms of gender parity at tertiary education level and after Pakistan with respect to the share of women in wage employment in the non-agricultural sector. The country also has the third highest adolescent birth rate in South Asia after Afghanistan and Nepal (GoB, 2015). On the other hand, sex ratio at birth is at its natural level compared to the distorted ratios recorded in India and

Pakistan (UNDP, 2015). In the 2014 Social Institutions and Gender Index (SIGI), Bangladesh got the worst overall value of all seven South Asian countries indicating very high gender discrimination, especially in the sub-index of discriminatory family code (OECD, 2014).

2.2 Gender roles

Gender roles in Bangladesh are generally perceived as biologically and religiously ordained. Masculinity is associated with being powerful, active, assertive and even aggressive, and femininity with being domestic, submissive and obedient (Khan et al., 2014). The social institution of purdah (seclusion) has traditionally restricted Muslim girls' and women's mobility in the country and has excluded them from participating in social, political and economic activities. Purdah secludes girls and women from public life by defining domestic space as the domain of girls and women, who are expected to be submissive and dependent on men, who dominate public activities (Khosla, 2009).

Although traditional gender norms and attitudes are taught and reinforced from birth (Heissler, 2011), gender-related rules and restrictions are particularly enhanced during adolescence; once a girl reaches puberty, she is expected to follow rigid rules until she is married, including covering her chest with a piece of cloth ('orna'), learning to cook, carrying out other household chores and taking religious lessons at home (Camellia et al., 2012). Indeed, in a qualitative study conducted in Dhaka on constructions of gender, key informants stated that gender roles and expectations are understood and accepted by around the age of 12 (Khan et al., 2014).

However, the norms and practice of seclusion have been shifting as a result of economic need, increasing urbanisation rates, the expansion of girls' aspirations, and climate change (CEDAW, 2015), which have increased the mobility and visibility of adolescent girls and young women in public spaces. Yet such norms continue to shape societal expectations and to affect girls' lives and capabilities (Khosla, 2009). Qualitative research shows that rigid gender norms lead to significant numbers of adolescent girls in Bangladesh being denied equal access to food, health services, education, recreation and sports activities, free time and employment, while they are also extremely vulnerable to violence, abuse and harassment (Plan, n.d.).

Married adolescent girls experience greater restrictions. The 2014 Bangladesh Demographic and Health Survey (BDHS) asked married women aged 15-49 whether they go to a health centre or hospital alone or accompanied by their children. While 70% of all respondents said that they go alone or with their young children, only 43% of married adolescent girls aged 15-19 reported being able to go alone or with their children, while the majority said they could not (NIPORT et al., 2016).

2.3 Domestic roles and responsibilities

Domestic and care work responsibilities continue to be considered a female task (CEDAW, 2015). Time use studies have been conducted in the country since the 1970s and examine the time women spend on unpaid domestic work, though there are problems of under-reporting². In addition, most of these studies were small scale and focused on the rural population. The first large scale study was undertaken in 2012 by the Bangladesh Bureau of Statistics (BBS) in response to pressures from women's organisations (Huq, 2013). This pilot Time Use Survey found that young women aged 15-29 spend more than double the time young men spend on household work and have less time for leisure (BBS, 2013a) (see Table 2). A more recent study found that girls are more likely to spend less time studying at home than boys, as they are more involved in household chores (Amin and Chandrasekhar, 2009) (also see section 5).

2 For example, women often under-reported time spent on childcare as they undertook multiple tasks simultaneously or as they did not consider it to be work.

Table 2: Average time spent by youth aged 15-29 on paid work, household work, leisure and other work by sex and hours per day, 2012 (BBS, 2013a)

	Employed Men	Employed Women	Unemployed Men	Unemployed Women
Paid work	7.1	5.4	0.0	0.0
Household work	1.2	3.7	1.2	5.8
Leisure activities	1.3	1.0	2.5	1.6
Other work	14.4	13.9	20.3	16.7
Total	24.0	24.0	24.0	24.0

The burden of domestic responsibilities for adolescent girls heightens in times of disaster – girls have reported that when wells are flooded, they have to walk longer distances to collect clean water. Furthermore, they often experience an increase in household work, such as taking care of those left ill and injured after floods and cyclones (Plan, 2011).

Our search generated a few studies that examined perceptions of and shifts in unpaid care work, showing that some men help with childcare but not with other types of domestic work that are perceived as undignified for men to do. For instance, in a study of over 5,000 women aged 18 and over, 95% of women stated that husbands should help with household work and childcare when wives work outside the home. Yet such statements did not represent their household realities as only 28% of women reported that their husbands actually helped them with childcare (highest level of assistance), and less than 1% that they helped with cooking (Kabeer et al., 2011). Some NGO interventions have also aimed to redistribute care work within the household. Thus a study of BRAC’s Gender Quality Action Learning (GQAL) project found that in the most successful intervention areas, men helped with collecting water, sweeping verandas, washing clothes or cooking when their wife was away or sick, and caring for the children. On the contrary, in the control areas men did no household work and women’s work continued to be undervalued (Huq, 2013).

2.4 The concept of family honour

The most pervasive aspect of gender roles in Bangladesh appears to be the concept of maintaining family honour (‘izzat’), which is viewed by many communities to be a central determinant of all behaviour (Stewart et al., 2000). Parents see it as their responsibility to protect the virginity and chastity of their daughters (Camellia et al., 2012), while girls are particularly instructed about honour around the time of puberty (Heissler, 2011), often feeling shame, anxiety or guilt (van Reeuwijk and Nahar, 2013). As a result, the most widespread restriction of adolescent girls is in regards to their freedom of movement outside of the household, as they experience a constant surveillance of their interactions with boys, men and the public world (Camellia et al., 2012). For instance, Table 3 below shows that girls are generally prevented from going to the cinema or attending a club or association, and their ability to visit friends decreases steadily with age, though visiting markets remains the most permissible activity.

Table 3: Adolescent girls’ self-reported ability to visit particular places by age group

Type of activity*	Age group				All ages
	12	13-15	16-18	19	
Can go outside after sunset	5.4	4.8	6.7	10.3	5.8
Go to club/association	0.2	0.7	0.6	0.5	0.6
Go to library	23.7	23.0	15.2	11.1	19.9
Go to the market	63.9	62.3	60.7	63.2	61.9
Play outdoor games	42.8	24.2	9.3	6.8	20.6
Visit friends	73.5	70.3	55.2	35.4	64.1
Go to cinema	1.2	0.9	0.8	1.1	0.9
Ever played outdoor games with boys	94.0	94.9	94.6	92.4	94.6
(N)	(1,542)	(5,454)	(4,243)	(370)	(11,609)

(Amin et al., 2014)

Honour is policed through gossip, as girls who have deviated from norms are viewed as less attractive marital partners. In rural areas of Bangladesh, mullahs monitor honour through an informal village justice system, known as shalish. It is estimated that 60% to 70% of local disputes are resolved through shalish (Plan, 2014). Mohajan (2011) notes that in almost all cases, women and girls are brought before the shalish for many reasons, including complications arising from an oral divorce (‘talaq’), and various forms of ‘inappropriate’ involvement with men, such as marrying a man from a different religion or giving birth to a child before marriage. Shalish courts impose punishments for moral issues following fatwas (religious orders) inspired by sharia law. Although such practices are illegal under the Constitution and sharia-based punishment was outlawed in 2010, people are often unaware of that and fatwa-related violence continues against girls and women. In 2011, a 14-year girl was whipped to death for allegedly having an affair with a married man, a story that attracted both local and international media attention³.

2.5 Son preference

As Bangladesh is a patrilineal society, where gendered social norms deem males to be the heads of the household and family breadwinners, son preference is commonplace. This is compounded by the system of dowry (which has become a social expectation since the 1960s), whereby the bride’s family provides gifts and cash to the groom’s family. This contributes to girls being largely viewed as an economic burden and sons as economic assets. In a survey of 850 families, 93% of parents asserted that they saw a son as a blessing to the family and the country, whilst 96% felt that the birth of a daughter would be a ‘problem’ to the family and the country (UNESCAP, n.d.). Another study (Alim and Rashid, 2005) also found that despite variations in religious beliefs, education level and economic status, the vast majority of families preferred having a son as their first child (see Table 4 below). A more recent survey of over 5,000 women aged 15-59 in eight different urban and rural locations in Bangladesh exploring pathways to women’s economic empowerment also looked at son preference. Young single women, educated women, those from wealthy households or with assets such as land or houses were less likely to express son preference, while older widowed women were most likely to do so. There was less variation in son preference by occupation, with women, whose work was valued by their family, reporting lower levels of son preference. Son preference was 34% among women in formal paid employment compared to 43% among women in paid work carried out at home. There were also geographical variations with strongest son preference reported in the most conservative district and the weakest in the poorest district with higher than average female labour force participation levels. Religion also appeared to be important in son preference with Hindus expressing stronger son preference than

³ See <http://www.theguardian.com/global-development/2015/dec/18/bangladesh-violence-women-fatwa-barrister-sara-hossain>

Muslims, but with conservative Muslims having a stronger such preference than the rest. Male education was also linked to weaker son preference (Kabeer et al., 2011).

Table 4: Perceptions concerning preferred sex of first child (%) (Alim and Rashid, 2005)

Variables and Groups		Boy	Girl	Any child
Economic status	Lower class	74	9	17.5
	Middle class	69	13	17.5
	Upper class	57	18	26
Religion	Muslim	71	11	17
	Hindu	47	9	44
Education	Illiterate	75	8	17
	1 to 5 Grade	69	17	14
	6-SSC ⁴	59	12	29
	HSC ⁵ and above	33	38	29

Whilst some cases have emerged of female infanticide and selective abortion of female foetuses (UNESCAP, n.d.), sex-ratio data suggests that this is not such a widespread phenomenon in Bangladesh as it is in India or China (UNICEF, 2011). The male/female sex ratio at birth is 1.05 (UNDP, 2015) and evidence suggests that the situation is improving and that Bangladesh is a country of low concern for missing women (OECD, 2014). Kabeer (2012) has highlighted that the declining ratio of girls to boys in India has overshadowed the positive trends taking place in Bangladesh. Whilst in 2012 there were 89 girls born to every 100 boys in India, the ratio was 96 girls to 100 boys in Bangladesh. Kabeer observed a dramatic shift away from son preference in Amarpur between 1979 and a follow-up survey 30 years later, when many parents reported that they were indifferent about the sex of their child. It is increasingly considered acceptable for daughters to care for and support their parents financially in their old age, while a combination of increased access to education, widespread media exposure, employment and microfinance programmes mean that girls enter marriage far less dependent than before.

Moreover, support for gender equality appears to be increasing, particularly among younger age groups. In a Population Council study, 95% of all urban respondents agreed with the statement: ‘Males and females should be treated the same’ (Amin, 2015)⁶. Plan’s qualitative research in Bangladesh also found that communities were able to clearly identify aspects of gender discrimination, including unequal access to education, preferential treatment of boys, and differently judged behaviours for females and males (Jackson et al., 2014). Another Plan study noted that, although their research was qualitative and small scale, girls and boys under the age of 20 were clearer about the need for girls to get an education and experience economic independence than respondents over the age of 20. The study attributed this difference to the increased school enrolment of girls, as girls and boys being in school together can contribute to the normalisation of gender equality (Plan, n.d.). Changing norms and attitudes related to education are discussed further in section 5 (Education section).

There are therefore strong indications that discriminatory gender norms are slowly changing across Bangladesh. CARE (2016) documents the aspirations of unmarried girls in Bangladesh who hope to pursue a

⁴ Secondary School Certificate (SSC).

⁵ Higher School Certificate (HSC).

⁶ The Urban Adolescents Needs Assessment Survey was conducted in six thanas (administrative units) located in Dhaka North, Dhaka South, and Gazipur district near Dhaka city from April to May 2014. Participants included adolescent girls and boys ages 12–19 interviewed in their homes. The total sample size was 3,585 successfully completed interviews and included both married and unmarried adolescents (Amin, 2015).

variety of professional jobs outside of the household. Meanwhile, across Bangladesh, girls who were married as adolescents, express different expectations for their children's lives than their own lives that have been confined to domesticity and marriage. Mothers' aspirations seem to vary across the villages studied by CARE, but well over half wanted their daughters to pursue an education, marry later than they had, and get a job. The literature agrees that purdah-related practices and mobility restrictions are decreasing due to a combination of factors, including the growth of the ready-made garments industry and increased female employment opportunities (Kabeer et al., 2011; Khosla, 2009).

2.6 Voice, agency and decision-making power

Traditional discriminatory norms typically mandate that adolescent girls remain silent and decisions are made on their behalf. Heissler (2011) highlights that decisions – particularly concerning marriage, education and girls' mobility – are guided by the need to preserve the honour of fathers, husbands, the family and the wider community. Thus on the rare occasions when girls are presented with choice, they are fully aware that their own and others' honour is at stake. Women's and girls' lack of agency is 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). In Population Council's Urban Adolescents Needs Assessment Survey, 82% of boys responded that they felt confident to reject their parents' decision of marriage for them, whilst only 68% of girls felt that they could reject a similar decision. Yet only one in four married boys and girls said that they were married according to their own choices, whereas all other marriages were arranged by their parents (Amin, 2015).

Marriage, and particularly, child marriage, can put the new bride in a position where she has very little say in decisions (Stanford and Hargreaves, 2009), though many girls still aspire to get married in order to be free of parental control (Rao, 2012). 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 regarding family matters (Amin, 2015). The 2014 BDHS asked married women of reproductive age who usually makes decisions about their own health, major household purchases, child health care and visits to family or relatives. While, on average, 44% of women participate in all four decision-making spheres compared to 16% who participate in none, married adolescent girls had the lowest percentages with only 21% participating in all four decisions and 33% in none. Only 41% were allowed to decide on and make major household purchases, and just 40% were able to decide about their child's health care (NIPORT et al., 2016).

Interestingly, in Plan's research in Tetulia, a lack of decision-making power was the most commonly cited form of gender discrimination and was given equal emphasis by both males and females. However, more positively, for all age groups there is a clear progression from the past, through the present to the future, with both males and females thinking that girls and women were powerless in the past but are becoming more powerful in the present and will be more powerful in the future. Younger adolescent boys and girls aged 12-15 linked this change to girls' increased education opportunities (Plan, n.d.).

2.7 Impact of women's political representation

The decision-making and leadership power held by older women at a policy-making level may be in some ways indicative of the power girls and women hold in their families or communities. Moreover, women in positions of power can become role models for adolescent girls. In Bangladesh, women's political participation has traditionally been low – though this is consistent with that of the rest of the world (Hossain and Tisdell, 2005). Quotas – first introduced by the 1972 Constitution⁷ – reserve one-third of seats for women

⁷ See <http://www.quotaproject.org/uid/countryview.cfm?CountryCode=BD>.

in local and national government (Nazneen et al., 2011), but at present the percentage of female parliamentarians stands at 20%, while the country has both a female Prime Minister as well as a female leader of opposition (OECD, 2014). However, many women candidates are proxies of male family members (Nazneen et al., 2011). In 1997, local government reforms in the voting system enabled women to be elected directly into reserved seats for women. A survey of over 600 women councillors in 13 districts and qualitative research revealed that these elected women councillors were able to get involved in development projects and local dispute resolution mechanisms and felt able to voice their opinion, although it was not always effective (Plan, 2014). Moreover, according to a 2002 World Values Survey, 62% of Bangladeshis agreed or strongly agreed and only 30% disagreed with the following statement: ‘On the whole, men make better political leaders than women do’ (OECD, 2014). Nevertheless, there is evidence to suggest that attitudes are changing slightly, as a 2007 Pew survey found that 52% of respondents preferred male leaders, with 41% believing that men and women are equally qualified to lead (OECD, 2014).

However, views of female participation in local decision-making structures can be different. In the baseline survey of BRAC’s GQAL project, over 90% of the 1,200 respondents felt that women should not participate in the shalish (Alim and Rashid, 2005). As has already been noted, this is a community dispute resolution mechanism in which influential members resolve disputes and impose penalties. Traditionally within the shalish, men maintain conservative norms and practices by making decisions that discriminate against women and girls, particularly on issues of sexual conduct. In recent years, local NGOs got involved in the process to improve outcomes for women, including providing training on gender equality and encouraging women’s participation (UN Women, 2011). However, change appears to be slow as the Pathways of Women’s Empowerment study found that only 7% of women felt comfortable participating in the shalish and just over 5% had participated (Kabeer et al., 2011). Qualitative research with young people revealed that youth – both girls and boys – are also excluded from decision-making processes such as the shalish (Das, 2007). The government reports that there is a national children’s taskforce at district and national level which considers children’s views and promotes their role as stakeholders (CEDAW, 2015). Overall, it appears that adolescent girls have rather minimal participation and voice in governance structures, while more research is necessary in this area.

2.8 Gender norms and television watching

Existing literature has also pointed attention to the role of television on transforming gender norms and introducing new forms of behaviour, including clothing, for young women (Das, 2007). The Pathways of Women’s Empowerment research programme examined the effects on gender norms of women’s exposure to popular media, such as television, in Bangladesh. The programme included a study of women aged 15-45 in urban and peri-urban areas and focused on whether television watching creates new spaces and possibilities for women. The majority of respondents were from lower-middle class and poor families and were housewives, students or domestic workers, but they also included middle class students away from their homes.

Women mostly watched Indian and Bangladeshi channels and programmes depicting the lives of middle class families. These programmes provide normative models with good women depicted as devoted wives and mothers and bad women as selfish and aggressive. On the other hand, good men appear as the heads of the family, who earn enough money for their household, contrary to bad men who have become wealthy through immoral activities or who are unemployed. Viewers are also exposed to new types of clothing, fashion styles, and bodily forms, including western clothes and slim women. The study found that women in slum areas like watching these serials as they enable them to escape into privileged lifestyles which they aspire to for themselves or their children. In addition, the study also noted that women viewers can also expand their knowledge by watching the news (Priyadarshani and Rahim, 2010).

The researchers observed that women viewers constantly make judgments about what they watch, assimilate some new values and use them to reshape their own, while rejecting those that feel too remote

for them. Thus television broadens women's and girls' sense of the world by bringing public spaces into their homes, providing opportunities for temporary escapes and enabling the imagining of new life possibilities and role models. These are important building blocks for challenging old stereotypes and transforming their lives (Priyadarshani and Rahim, 2010).

2.9 Gender norms, empowerment and religion

The Bangladeshi Constitution and aspects of daily life are characterised by the coexistence of secularism and Islam. Bangladesh presents a paradox, as although the state was founded on secular principles, Islam is highly visible in society and politics. For instance, there has been an expansion of madrasa education, which has contributed to increased secondary school enrolment for girls (White, 2009). In 2011, a Constitution amendment introduced a separate provision that acknowledged Islam's special status as a state religion⁸. The country's biggest Islamist party, Jamaat-e-Islami, supports seclusion ideas (Rao, 2012), while another radical conservative Muslim political party, the Hefazat-e-Islam, argues that women and men should not mix in public spaces, thus implying that women should stop working and moving outside the home. The secretary of the party stated that the party does not oppose women's development, but stressed that they should study and work according to the Islamic principles and refrain from free mixing to avoid sexual harassment and rape⁹. The government acknowledges that although the Constitution provides for equal rights of women and men in all spheres of public life, religious laws contain discriminatory provisions on issues of marriage and inheritance. Yet it also admits being very cautious about intervening in order to avoid reactions from conservative religious groups, and claims that Bangladeshi society is still unready to accept the modification of religious laws and practices (CEDAW, 2015).

The role of Islam in shaping gender norms and practices in the country has increasingly attracted attention (White, 2009). The Pathways of Women's Empowerment programme looked at the relationship between women and religion in Bangladesh. It points out that over the past two decades, this poor Muslim-majority country has achieved significant progress in women's education, health and labour force participation, despite the growth of religious politics and the influence of Islam in the public sphere as indicated by the proliferation of madrasas and increased veiling (Huq, 2010; Nazneen et al., 2011). The programme also challenges the common assumption that religion reinforces women's subordination and argues that among women from varied social backgrounds (e.g. factory workers with little formal education, university students and taleem—religious discussion groups—participants) religion is a significant force. Bangladeshi women increasingly engage with religion to understand and reinterpret their position within it, question customary practices, define a more active role for themselves, and even reconfigure gender relations (Huq, 2010). This research thus concluded that religion can offer greater mobility and social acceptance, while it also allows women to defy social norms and expectations (Pathways of Women's Empowerment and BDI, 2011).

2.10 Assessment of the evidence and key gaps

There is a considerable body of literature on discriminatory social norms and the various ways in which they influence adolescent girls' capabilities, including their voice and agency. As soon as they reach puberty, Bangladeshi girls experience restrictions in their mobility and social interactions, the monitoring of their behaviour, and constant instructions about maintaining family honour and accepting parental decisions. On the other hand, studies conducted over a longer period of time provide evidence that these norms are gradually shifting in response to social and economic factors, including increased female education and employment opportunities and even exposure to popular media. Thus younger generations appear to have more gender-equitable attitudes, such as reduced son preference and increased support for girls' education, employment and later marriage.

⁸ See <http://www.theguardian.com/global-development/2015/dec/18/bangladesh-violence-women-fatwa-barrister-sara-hossain>

⁹ See <http://www.theguardian.com/world/2013/apr/16/bangladesh-hefazat-e-islam-women>

Although several studies with participatory design have enabled adolescents to express their own views and concerns, there is overall limited evidence on girls' voice and agency both at household and community level. More research is required to fill this gap, identify and analyse the factors that shape the relevant opportunities adolescent girls have in relation to their specific age group, socioeconomic status, location and other variables. In particular, we know very little about younger adolescent girls, or married adolescent girls who face greater restrictions and social isolation, yet they are often missed in studies with adult women.

3. Bodily autonomy, integrity and freedom from violence

Key points

- Bangladesh has one of the highest child marriage rates globally, with 59% of women aged 20-24 married before age 18 and 16% of girls aged 15-19 married before age 15, and a higher prevalence of child marriage in rural than urban areas
- Data shows that age at first marriage has risen with the proportion of women marrying by age 15 having declined by more than two-thirds between 1975 and 2014; yet marriage before 18 has declined at a much lower rate
- During the past decade, the median age at first marriage among women aged 20-49 has increased by almost two years, and reached 16.1 years. Girl's location, education and socioeconomic status affect their age at first marriage
- Key drivers of child marriage also include gendered social norms that put a high value on family honour as signified by female chastity, condone male dominance and female obedience, and set the framework in which people respond to economic pressures
- Although illegal, dowry – often described as a gift – continues contributing to girls' devaluation and subordination to their husbands
- Violence against girls also appears to be widespread and closely linked to the low status assigned to them in Bangladeshi society and to related discriminatory norms
- Evidence indicates that adolescent girls are more vulnerable than adult women to various forms of violence, including eve teasing (sexual harassment), physical and sexual violence, acid violence, dowry-related violence, honour killings and trafficking
- Data suggests that 87% of girls aged 10-18 have been victims of eve teasing, while the 2011 national survey on violence against women found that 42% of adolescent girls aged 15-19 experienced physical violence and 24% sexual violence by their husbands. Three fourths of women indicated that their first sexual experience was coerced at age 19 or below

3.1 Overview of the evidence

Our search generated 84 sources with information on bodily autonomy, integrity and freedom from violence issues affecting adolescent girls in Bangladesh; 47 sources focused on the topic of child marriage and 37 sources on violence against adolescent girls and young women. The majority of these sources were grey literature and include reports and studies carried out by international agencies and local NGOs, highlighting the extent and persistence of these two issues that seriously threaten girls' bodily integrity in Bangladesh.

3.2 Child marriage

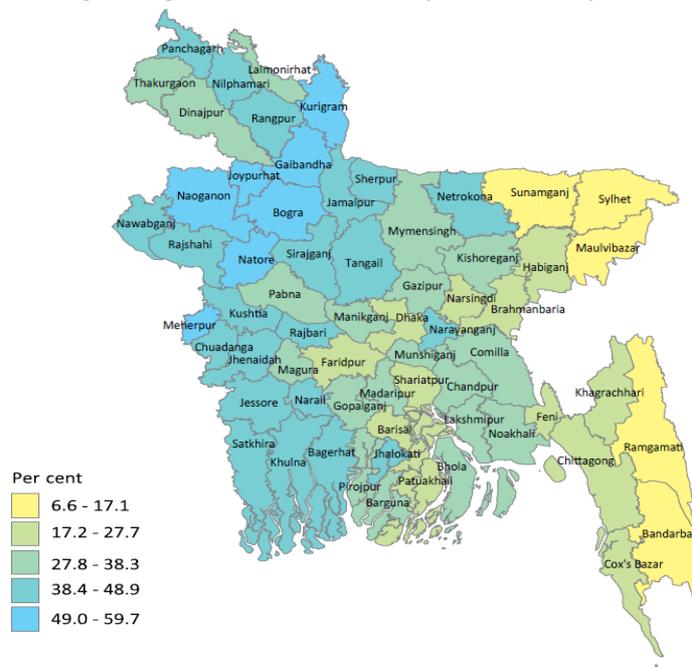
We found 47 sources with information about child marriage. The majority (29 sources) were grey literature, and almost all of them are reports prepared by international NGOs and UN agencies working to tackle the practice and its adverse consequences.

Child marriage prevalence

Data from the 2014 BDHS shows that 16% of girls aged 15-19 were married by the age of 15, and 59% of young women aged 20-24 were married before age 18. In addition, 0.4% of girls aged 15-19 were already divorced and 0.5% separated. However, comparing data from 1975 to 2014 suggests that age at first marriage has risen: the proportion of women marrying by age 15 has declined by more than two-thirds from 46% among women aged 45-49 to 16% among those aged 15-19; and most importantly, between 2011 and 2014, the proportion of those married before 18 dropped considerable from 65% to 59%. During 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 aged 20-49 marry, on average, one year later than rural women; the median age of marriage is 15.3 in Rangpur compared with 17.6 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). The BDHS report also clarifies that it is common for Bangladeshi women to wait several months or years after formal marriage before starting to live with their husband and for that reason, surveyed participants were asked about marriage in terms of cohabitation rather than formal marriage (ibid.).

The latest Multiple Indicator Cluster Survey (MICS) report also confirms that child marriage is widely practised, with 18% of women aged 20-24 married before age 15 and 52% before age 18. One in three adolescent girls (34%) aged 15-19 is currently married and 7.5% already married by age 15. Like the BDHS, MICS data also finds considerable variation across geographical location, educational attainment and socioeconomic status. For example, 36% of adolescent rural girls are married compared to 24% of urban girls, and 48% in the western district of Rajshahi compared with 14% in the eastern district of Sylhet. While in all other Bangladeshi administrative divisions at least a quarter of adolescent girls are already married, Sylhet stands out. It also has the lowest proportion of women aged 15-49 married before the age of 15. Considerable variations are also identified among districts (BBS and UNICEF, 2015) (see Figure 1).

Figure 1: Adolescent girls aged 15-19 currently married by district, 2012-2013

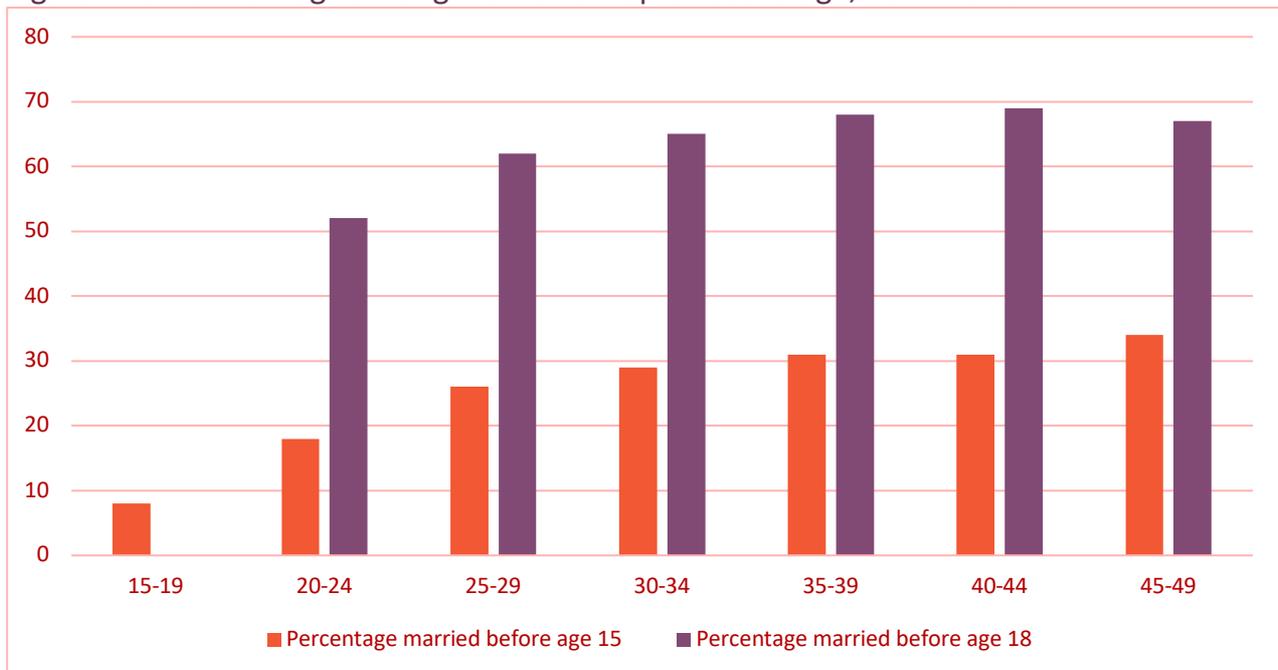


(BBS and UNICEF, 2015)

The MICS data also confirms the importance of education as 45% of adolescent girls with no education are married, while fewer than 24% of those with complete secondary or higher education are married before age 18. And while 40% of those in the poorest quintile are already married at adolescence, only 28% of those in the wealthiest quintile are. The report also confirms that prevalence of child marriage is decreasing although marriage before 18 is declining at a much lower rate than that of marriage before 15 (see Figure 2 below). Child marriage also results in significant spousal age difference with 46.5% of adolescent girls aged 15-19 being married to a man 5 to 9 years older and 20% to a man who is ten years older or more.

The MICS data also reveals that the relationships between income, education, or girls' age at first marriage, on the one hand, and spousal age differential, on the other, are not linear, a finding that merits further research. The poorest adolescent girls aged 15-19 and those without any education tend to get married to a man older by 0-4 years. The majority of girls in rural areas and those with some education tend to marry a spouse who is older by 5-9 years. In addition, almost half (49.5%) of girls in the second (poor) and the fifth (wealthiest) quintile also get married to a spouse 5-9 years older. But marrying a spouse older by 10 years or more is more prevalent in urban areas, among girls with higher education, and those in the wealthiest quintile. Only 1% of adolescent girls are in a polygynous union (BBS and UNICEF, 2015).

Figure 2: Child marriage among women of reproductive age, 2012-2013



(BBS and UNICEF, 2015)

Drivers of child marriage

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 female obedience (Yarrow et al., 2015), and set the framework in which people respond to economic pressures. Research by CARE (2016) on the cultural context of child marriage in Bangladesh (and Nepal), confirmed that most parents felt that the benefits of child marriage outweigh its risks. In particular, parents cited alleviating a burden, increasing prestige and respect, reducing the risk of the girl eloping, and the fact that younger brides are more apt to obey their in-laws.

As the statistical data on socioeconomic disparities in child marriage noted above shows, poverty exacerbates the likelihood of child marriage in Bangladesh. Poorer families tend to marry their daughters at the earliest

opportunity, as they often perceive a girl to be a financial burden (ICRW, 2014). Poor families consider that they have fewer resources and incentives to invest in alternative options for girls, such as an education – thus early marriage is seen as the only viable path (Kamal et al., 2015). Indeed, marriage of an adolescent girl, often to an older man, is frequently viewed as a survival strategy (Kamal et al., 2015). This is confirmed by Plan’s research, as respondents in focus group discussions highlighted that poor parents prioritise the groom’s economic status in order to secure an economically stable future for their daughter regardless of her age or wish (Yarrow et al., 2015). Similarly, when asked how they made decisions regarding marriage, parents interviewed in another study repeatedly mentioned poverty, whilst girls often highlighted that their family was going hungry. Many of the interviewed families could not afford even the smallest expense relating to education and thus saw marriage as the only option remaining (HRW, 2015a).

These socioeconomic pressures on families heighten after disasters and there is suggestive evidence that child marriage incidence increases then. Adolescent girls have reported that in the aftermath of Cyclone Sidr in 2007, child marriages increased significantly, with one interviewee in Plan’s (2011) study reporting that as many as 50% of the girls in her school dropped out because they got married. Indeed, in areas that experience regular flooding, many poor parents decide to withdraw girls from school and marry them early before they lose their house or land and thus the means to pay for their dowry (HRW, 2015a).

The effects of child marriage on girls’ voice, agency and empowerment in Bangladesh are significant. In both Muslim and Hindu communities, the girl moves in with the groom’s family, and is expected to obey her in-laws (Seddiky et al., 2015). Sometimes the girl moves away from her village or hometown, which means that she loses a great deal of family support, becomes socially isolated or can be unable to escape a violent situation. Time-use data of married and unmarried adolescent girls demonstrates that domestic responsibilities increase considerably with marriage (Amin et al., 2014). Thus CARE (2016) concludes that the overall evidence from their study areas illustrates that married life for adolescent girls is filled with hardship: as their schooling ends, they quickly have to bear children, they may suffer abuse by their spouse or in-laws, and sometimes they may have a fall-out and be evicted by their in-laws or husbands or sent back to their families. While Hindu marriages do not provide for divorce, it is an option for Muslim couples. Yet a divorce or a separation dishonours and stigmatises the bride and her family. The study noted that the research found more stories of divorced than unmarried women with divorce identified as a negative outcome of child marriage. The particular consequences of child marriage for girls’ education are further discussed in section 5.

Child marriage and dowry

A related economic factor, which is mentioned in almost every study concerning social empowerment and marriage, is dowry. The practice of dowry started around the 1960s and replaced the bride price paid by the groom’s family at marriage. Its emergence is linked to declining land productivity and rising urban unemployment which led to men with regular salaries becoming the preferable choice of a groom instead of landowners (Rao, 2012). After the 1980s, the practice spread from upper- and middle-income classes to low-income families and although the Dowry Prohibition Act has made it illegal since 1985, it continues to be widespread. There is evidence that the practice is actually becoming more common. Indeed, UNICEF (n.d.) notes that in a 2008 World Bank study, women aged 46-60 reported that dowry was practically non-existent when they married – yet 46% of women aged 15-25 reported that they had to pay dowry. Another UNICEF (2008) report notes that more than half of the respondents (53% -73% varying across respondent categories) reported that the rate of dowry has increased over the past five years.

Dowry is seen as symbolic of the bride’s value and reflective of the groom’s family’s honour (CARE, 2016), and as it is illegal, families circumvent this by describing it as a ‘gift’ (Seddiky et al., 2015). Dowry is provided by the bride’s family to ensure her wellbeing in her married life, and has also been perceived as a pre-mortem inheritance for daughters, yet it has become more of a commercial transaction, contributing to girls’ and women’s devaluation and subordination (Rao, 2012; Shahidul, 2012). Dowry is also associated with a higher

risk of domestic violence and even murder when dowry expectations are not met. A World Bank survey found that even when dowry was paid, women and particularly younger women were more likely to experience violence with men being twice as likely to use violence against their wives, as perhaps a dowry payment establishes male dominance (Das, 2007). Research has indeed indicated that dowry payment makes some men believe that their wife is their property and they can decide on what happens to her (Plan, 2014). Dowry can also lead poor families to destitution: families borrow money from relatives or take high-interest loans which force them to sell their land or livestock to pay their debts. A 2007 study in rural Bangladesh found that wedding expenses and dowry are among the most important causes of poverty (Davis and Bach, 2010).

Demands for dowry payments vary across Bangladesh, but they are often substantial, expected to be paid in cash and frequently exceed annual household income (Amin et al., 2014). Dowry increases with age at marriage, spousal status difference and level of education. The younger the girl is when she marries, the lower the dowry expected by the groom's family (Jackson et al., 2014; Yarrow et al., 2015). Consequently, families that cannot afford to provide substantial dowries are more likely to force daughters to marry older men, already married men or illiterate young men, in order to reduce dowry payments (UNESCAP, n.d.). Evidence also suggests that although 39% of girls with higher education pay dowry compared to 79% of girls with less than primary education, those who pay it offer a much larger amount (Amin and Huq, 2008). Many parents in CARE's (2016) study said that they would like to give up the practice but feel socially pressured to continue engaging in it. In addition, the practice is probably perpetuated by limited knowledge of the law concerning dowry, particularly among poorer socioeconomic groups (Alim and Rashid, 2005). However, NGOs are implementing awareness campaigns about women's rights. Since 1986, BRAC has run a human rights and legal education programme which raises women's awareness about their rights as citizens and their knowledge of family, inheritance and land laws. Since the programme started almost 140,000 complaints have been lodged with women taking action against illegal marriage, polygamy and the practice of dowry (UN Women, 2011).

Child marriage legislation and awareness

The 1984 Child Marriage Restraint Amendment Ordinance outlawed child marriage in the country and raised the minimum age for legal marriage to 18 years for women and 21 years for men (OECD, 2014). Penalties for child marriage are imprisonment for one month or a fine up to 1,000 Bangladesh Taka (BDT) (US\$13) or both (Wong, 2013). Parents who permit or 'negligently' fail to prevent their child from getting married can be convicted (Yarrow et al., 2015). However, the law also recognises the validity of marriages below these age limits as they are permitted by religious laws (Amin et al., 2012)¹⁰. Two acts passed in 2004 and 2005 made it a legal requirement to register marriages and births, with two years' imprisonment the ultimate penalty for failure to register a marriage (OECD, 2014)¹¹. However, these laws are rarely enforced and child marriage continues to be widespread (Amin et al., 2014). For example, less than a third of married respondents in a study reported having a government registered marriage with many marriages of underage girls in research sites happening informally. Yet almost one third of child marriages (31%) were reported to be registered by marriage officiates with use of false documents being common practice (Yarrow et al., 2015). Linked to the problem is that birth registration rates are still low; the latest MICS reported that only 36% of girls under 5 had their birth registered with civil authorities in 2012-13 (BBS and UNICEF, 2015). In 2014, the Cabinet approved language in the draft Act to lower the minimum age of marriage from 18 to 16 for girls¹². Yet at the 2014 Girl Summit in London, the Prime Minister committed to revise the 1929 Child Marriage Restraint Act by 2015, to ensure that no girl below the age of 15 is married, to reduce the number of girls getting married between 15 and 18 by more than one third by 2021, and to end child marriage by 2041 (CEDAW, 2015). The

10 According to the Constitution, Muslim, Hindu and Christian communities have separate laws on marriage, separation and divorce (OECD, 2014).

11 However, in September 2014, the Cabinet of Bangladesh approved language to lower the minimum age of marriage from 18 to 16 years for girls with parental consent. The situation continues to remain uncertain as to whether this will be passed. See: <http://www.girlsnotbrides.org/child-marriage/bangladesh/>

12 See <http://www.girlsnotbrides.org/child-marriage/bangladesh/>

situation remains uncertain and concerns have recently been raised in the British Parliament about the possibility of including an exception clause in the revised Act which might allow marriage below 18 in certain circumstances¹³.

Although child marriage continues to be prevalent and widespread, many studies demonstrate high levels of knowledge of its negative consequences. For instance, in a baseline study for the Kishori Abhijan programme, over 60% of respondents reported awareness of what the legal age of marriage for girls and boys is, and were able to define child marriage (UNICEF, 2008). Likewise, over 94% of respondents in another study knew the legal minimum age for marriage for girls. This study undertaken in Bangladesh, Indonesia and Pakistan also found that only 2% of Bangladeshi respondents agreed with the statement ‘there are advantages for girls to marrying under 18 years’ – in contrast with 51% of respondents in Pakistan and 46% of respondents in Indonesia. Nonetheless, 88% of Bangladeshi respondents agreed with the statement ‘marrying girls under 18 years is the tradition in our community’ compared to 49% in Pakistan and 30% in Indonesia. The study notes that these results may be due to higher levels of interventions and sensitisation campaigns by development partners in the research sites or the desire of respondents to provide the perceived ‘right’ answer and avoid revealing their actual views (Yarrow et al., 2015). In another UNFPA-led study, when asked about the problems adolescent girls confront when married early, respondents – including unmarried and married adolescent girls and their husbands – mentioned the risk of dying during delivery, dropping out of school, having a low birth-weight baby and limited household decision-making (UNFPA, 2005). Ultimately, the results reveal that there is a gap between an understanding of the problems associated with child marriage and actual practices – indicating the ingrained nature of the practice. However, almost 40% of women aged 15-49 reported in the latest BDHS that they would have preferred to marry later than they actually did, while half of those married before age 18 preferred to marry later (NIPORT et al., 2016).

3.3 Violence against adolescent girls

We found 37 sources on the topic of violence against adolescent girls and young women. Of these, 23 were grey literature and include reports and studies carried out by international agencies and local NGOs, highlighting the extent and persistence of the problem.

Physical and sexual violence

Violence against women and girls appears to be extremely widespread and closely linked to the low status assigned to them in Bangladeshi society and to related discriminatory social norms. The 2005 WHO multi-country study on women’s health and domestic violence against women aged 15-49 found that 42% of women in provincial (mostly rural) Bangladesh and 40% of those in urban Bangladesh had experienced physical violence, while 50% of women in provincial Bangladesh and 37% of those in urban areas had experienced sexual violence. Over a quarter of injured women reported losing consciousness as a result of partner violence (García Moreno et al., 2005).

In the same study, 30% of women in provincial Bangladesh reported that their first sexual experience was forced with 36% of them being younger than 15 years at the time; in urban Bangladesh, 24% of women reported forced first sexual experience with 38% being younger than 15 years, in both cases, probably within the context of child marriage. In addition, 48% of urban adolescent girls aged 15-19 reported having experienced physical or sexual violence or both by their partner within the past year compared to 10% of older women aged 45-49, indicating that adolescent girls may be considerably more at risk of violence than adult women. In addition to spouses, other commonly mentioned perpetrators of physical abuse included fathers, other male or female family members, and teachers. Adolescent girls in urban areas were found to

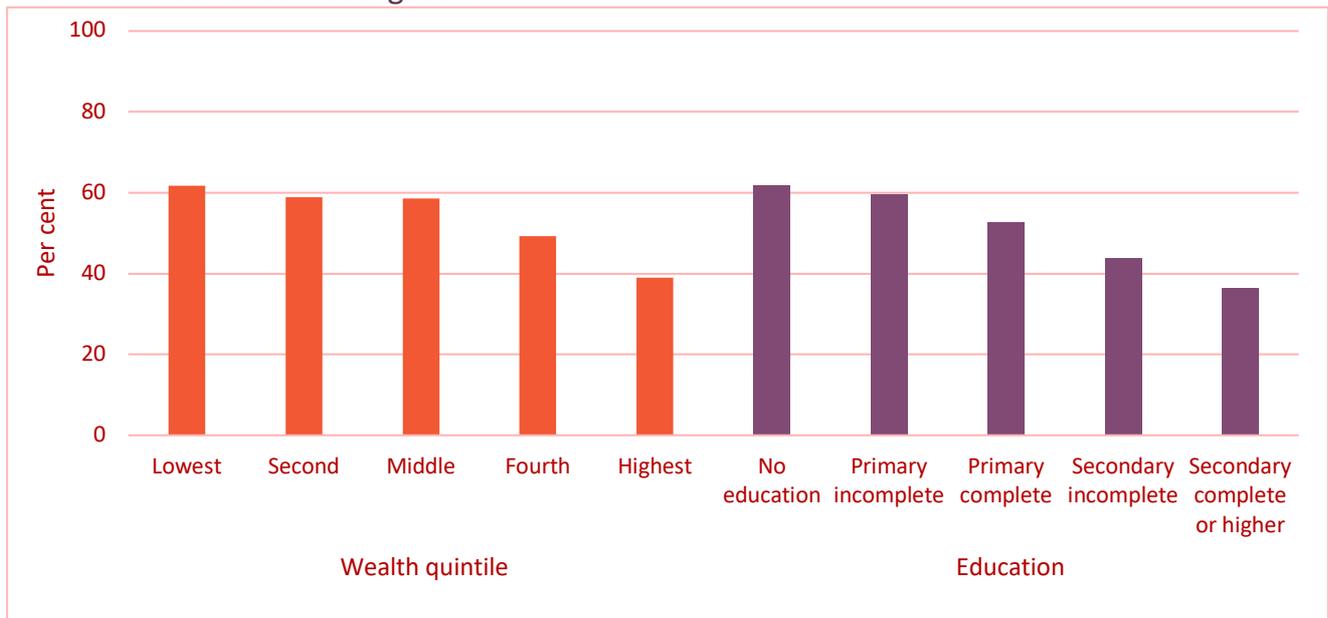
13 See <http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2016-04-18/HL7704/>

be more vulnerable to sexual abuse than those in provincial Bangladesh as 7% of urban women reported sexual abuse before age 15 compared to 1% of those in provincial Bangladesh (García Moreno et al., 2005).

Most women kept silent: two thirds of those physically abused by their partner in all sites reported never telling anybody about the violence prior to the interview. Only 5% of those in urban Bangladesh and 7% of those in provincial Bangladesh reported seeking help (García Moreno et al., 2005). Another study on domestic violence also found that two thirds of abused women remained silent and did not seek help at all with only 2% of abused women ever seeking help from an institutional sources and only when violence became threatening for their lives or their children. The main reasons for silence cited by the interviewed women were high acceptance of violence, stigma and fear of greater harm (Naved et al., 2006 cited in World Bank, 2014).

Data from the 2007 BDHS also found that 49% of married women of reproductive age had experienced physical violence and 18% sexual violence from their partners (BBS, 2013b) with higher rates reported by those in the lowest quintile and those with no or limited education (see Figure 3 below); in particular, 40% of married adolescent girls aged 15-19 reported having experienced physical violence (Blanc et al., 2013).

Figure 3: Physical or sexual violence experienced by ever-married women aged 15-49 by wealth and education background



(UNICEF, 2011)

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 VAW survey found that 87% of married women had experienced violence, with 65% of married women having experienced physical violence with prevalence rates slightly higher in rural areas. Half of women received medical assistance, but about one third did not due to fear of or partner disapproval. More than one third experienced sexual violence by their partners with, again, higher rates reported in rural areas. Sexual coercion due to physical force or fear was the most common type of sexual violence. Psychological violence was also very common and persistent with over 80% of women having experienced it. About one third of women also experienced physical violence by non-partners, with its incidence being higher for younger women defined as those aged below 29. Perpetrators of physical non-partner violence included parents, step-parents and parents-in-law or sisters- and brothers-in-law. About 4% of women reported having experienced sexual violence by a non-partner (BBS, 2013b). In another study of over 10,000 men across Asia and the Pacific, 3% of men in rural Bangladesh reported having

raped a woman who was not their partner and 1% of men in urban Bangladesh reported participating in gang rapes (World Bank, 2014).

In the 2011 national survey, more than 40% of women overall and 50% of urban women in particular reported that their first sexual experience was forced at age 14 or below. Three fourths of women indicated that their first sexual experience was coerced at age 19 or below. Almost 4% of women reported physical abuse and 3% sexual harassment during childhood. Respondents also indicated that married women are more likely to be victims of physical violence, while one in five women identified unmarried, separated and divorced women as more vulnerable. Yet the majority of respondents pointed out that unmarried women are most vulnerable to sexual violence. Over 1% of respondents mentioned that female family members died or attempted suicide after having experienced violence. Less than 1% reported that female family members became victims of trafficking (BBS, 2013b).

Age-disaggregated data shows that adolescent girls aged 15-19 are less vulnerable than young women aged 20-24 who have the highest vulnerability of all age groups (15-60+). However, adolescent girls were more likely than any other age group to have experienced non-partner physical or sexual violence in the last 12 months. Rural adolescents appear to be more vulnerable to any type of violence than their urban counterparts. Data shows that 42% of adolescent girls aged 15-19 experienced physical violence over the last year by their husbands – 44% in rural areas and 34% in urban areas; and 11% by a non-partner – 11.5% in rural areas and 8.8% in urban areas. On average 12.5% experienced severe abuse by their husbands and 5% by non-partners. In addition, 24% of adolescent girls reported having experienced sexual violence from their current husband during the last year – 26% in rural areas and 19% in urban areas. In addition, 2% experienced such violence from someone who was not their partner – 1.6% in rural areas and over 2.2% in urban areas (see Table 5 below). Adolescent girls who experienced non-partner violence in the last year reported that 16% experienced such violence by a mother or stepmother, 12% by a vagabond, 10% by their father or stepfather, and 9% by a male friend (BBS, 2013b).

Table 5: Key findings of the 2011 VAW Survey for adolescent girls aged 15-19

Indicators	Perpetrator and Location					
	Current Husband			Non-partner		
	National	Rural	Urban	National	Rural	Urban
% of girls who experienced any type of violence in last 12 months	76	80	65	11	12	9
% of girls who experienced physical violence in the past 12 months	42	44.5	34	11	11	9
% of girls who experienced sexual violence in the past 12 months	24	26	19	2	2	2
% of girls who experienced psychological violence in the last 12 months	69	72	59	na	na	na
% of girls who experienced economic violence in the last 12 months	37.5	40	30	na	na	na

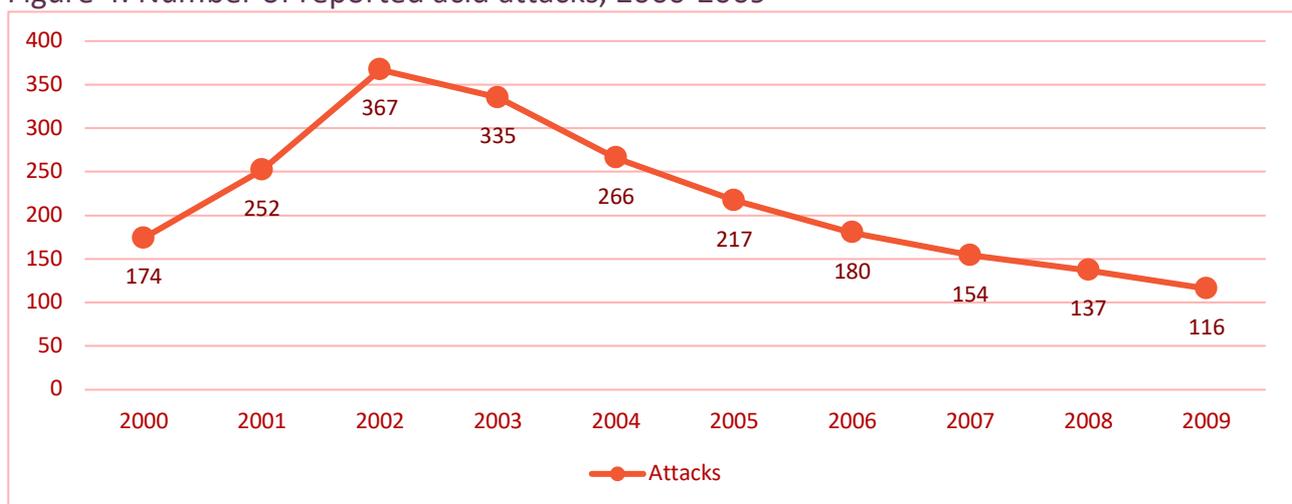
Evidence from baseline reports also suggests high rates of violence amongst adolescent girls. For instance, in a baseline study for Kishori Abhijan, UNICEF (2008) found high levels of physical abuse, with the proportion of girls reporting physical violence being 50-57%. In addition, 40% of adolescent girls in intervention sites and 34% in control sites reported having witnessed physical abuse in the home.

For younger adolescents aged 10-14, the latest MICS also provides some data on their vulnerability to domestic violence. While over 73% of younger adolescents, experience psychological aggression and 14% non-violent discipline, over 80% face violent disciplinary methods, 59% physical punishment and 22% severe physical punishment by household members. Although no age-disaggregated data is available, boys appear to experience slightly higher levels of violent discipline. The practice appears to be more prevalent in Barisal (89%) compared to other administrative divisions, in rural (83.5%) rather than in urban areas, and for children living in the poorest households (87%). A considerable difference between parental stated beliefs and actual prevalence of violence exists, as only one in three adults – mothers more than fathers – stated that a child needs to be physically punished to be disciplined; over half of respondents in Barisal held such a belief compared to just 28% of respondents in Rangpur. This belief was also more prevalent among rural residents, those with lower education levels, and those in the poorest quintile (BBS and UNICEF, 2015). In their study of Dhaka slums, Camellia et al. (2012) also noted that it is common for parents to discipline adolescents using violence.

Acid violence

Acid violence is particularly worth highlighting, as Bangladesh has the highest worldwide incidence of this crime (Farouk, 2005). Acid violence has been popularised in Bangladesh as a means of taking revenge by rejected suitors (Farouk, 2005), especially in areas where factories use acid in their manufacturing process. Acid is also easily available and cheap in local shops (Avon Global Center for Women and Justice, 2011). Key reasons cited for acid violence include jealousy, refusal of sexual advances, revenge after an argument, and dowry disputes (Wahed and Bhuiya, 2007). In a society where a girl’s value is measured in terms of her ability to marry well, acid attacks aim to destroy a girl’s marriage prospects by disfiguring her and deeming her worthless (Avon Global Center for Women and Justice, 2011). Small scale studies (Rahman et al., 2014; Zafreen et al., 2010) suggest that adolescent girls are disproportionately affected, with 60-65% of victims being 19 or under¹⁴. Moreover, as there is a high level of victim blaming in regards to violence against women and girls in Bangladesh, acid violence victims are often perceived to have committed an immoral act, such as an extramarital affair (Avon Global Center for Women and Justice, 2011). Nonetheless, since the introduction of legislation in 2002 which regulated the sale of acid and criminalised the practice (Plan, n.d.), the number of reported acid attacks in Bangladesh decreased steadily, as illustrated in Figure 4. The Acid Control Council Committee and district committees are expected to support acid attack survivors (CEDAW, 2015).

Figure 4: Number of reported acid attacks, 2000-2009



(Avon Global Center for Women and Justice, 2011)

14 These studies collected data from 80 and 90 victims respectively.

'Eve teasing'

There is also considerable evidence concerning the incidence of eve teasing in Bangladesh. Eve teasing is a euphemism used throughout South Asia to describe the sexual harassment of girls and women in public places – for instance on the street, on transport, and in work and schools (Bakker, 2013). Its manifestations include verbal, physical and sexual advances, which can lead to abduction, rape and acid violence (Bakker, 2013). A study released by the Bangladesh National Women Lawyers' Association (BNWLA) found that 91% of women and girls in Bangladesh are victims of sexual harassment at some point in their lives, with 87% of girls aged 10-18 having been victims of eve-teasing and sexual harassment (Bakker, 2013)¹⁵. Girls in urban areas, including those working in garment factories, face widespread sexual harassment, while a study of rural unmarried adolescent girls reported that 43% also experience it (Camellia et al., 2012). A recent small scale study of 80 girls and young women in Sylhet also found that the vast majority (82.5%) had experienced eve teasing. Whilst disaggregation by age is not shown, 68% of respondents in this study were between the ages of 14 and 19 (Seddiky et al., 2015).

Existing 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 (Bakker, 2013). However, another study suggested that it is a result of restrictions on social mixing and social norms that regulate adolescent sexuality, with eve teasing becoming an outlet for boys' sexual feelings and a manifestation of masculinity (Nahar et al., 2013).

In a qualitative study carried out in the northwest city of Jessore, adolescent girls (aged 12-18) reported that they dislike eve teasing, as they are often blamed for provoking it (Nahar et al., 2013). None of the girls found such attention enjoyable; on the contrary, it created a constant feeling of insecurity in public spaces – a point also stressed in a study of three Dhaka slums (Camellia et al., 2012). Such harassment may have a negative impact on girls' mobility and schooling, while it is also linked to child marriage: 73% of parents in a study reported considering stopping their girls' education (Camellia et al., 2012), while 65% of respondents in another study cited public harassment as a cause of child marriage for girls (Seddiky et al., 2015). Some girls in slums enter unequal romantic relationships with older powerful men to protect themselves from such harassment (Camellia et al., 2012).

Other types of violence against adolescent girls

Adolescent girls and young women in Bangladesh are at risk of several other forms of violence, including dowry-related violence, honour killings and trafficking. Dowry-related violence appears to be widespread, with cases of women suffering beatings and even death when the bride's family have failed to make dowry payments. Government data shows that between June 2013 and February 2014, out of 13,069 reported cases of violence against women, 4,470 were related to dowry (CEDAW, 2015).

There is no official record of honour killings in Bangladesh, but there are numerous reports that such killings do take place (UNESCAP, n.d.) and considering the high rates of violence at home as well as the prevalence of the concept of honour in determining behaviour, it is likely that honour killings frequently go unrecognised. At the same time, girls may be exposed to violent behaviours within romantic relationships, as such relationships frequently begin with some form of coercion, with advances often accompanied by threats of rape, abduction, badnam (ill-reputing the girl), or threats of the man committing suicide if she does not enter a relationship (Camelia et al., 2012).

A qualitative study with street children in Dhaka found that girls who left their parental or spousal home and moved to the street were likely to have experienced sexual violence and were twice as likely to have experienced any form of violence compared to street boys. Two patterns emerged: either these girls had been abused by their stepfather or male relatives, or they had been young brides married to men who abused

¹⁵ Bakker observes that this statistic is often cited but states that she was unable to obtain the original study. We therefore have no details of the methodology used nor the reliability of these statistics.

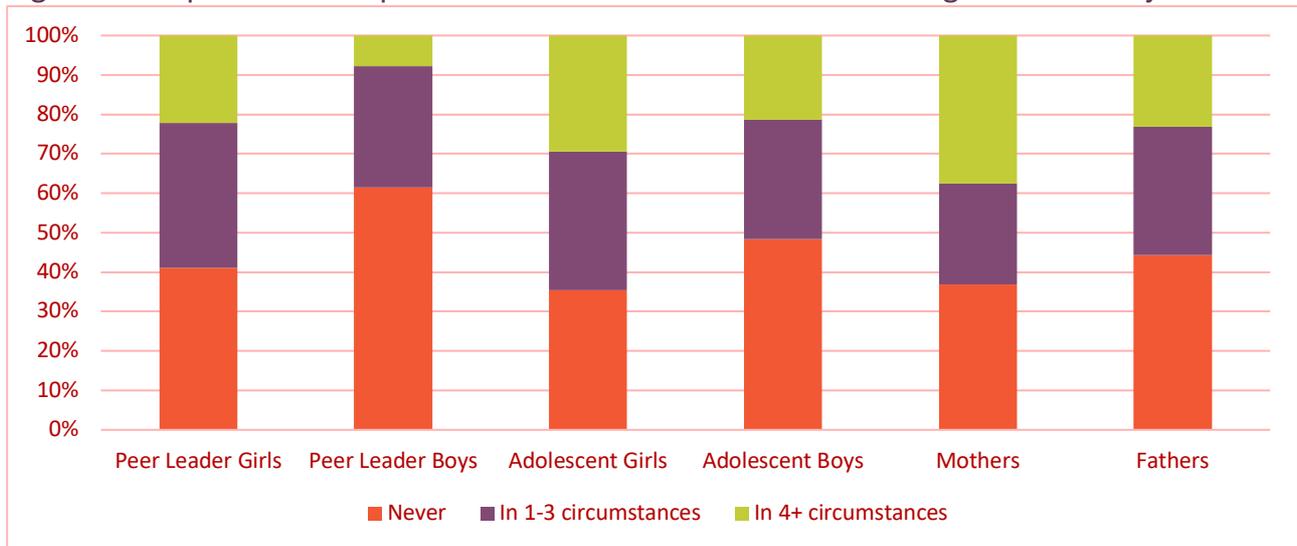
them. Despite the higher rates of abuse, fewer girls than boys flee their families; thus they account for an estimated quarter of street children (Conticini and Hulme, 2006).

There is some evidence to suggest that trafficking of girls for forced prostitution, labour and organ transplants is an issue in Bangladesh – yet there is lack of accurate and up-to-date data about the number of girls trafficked (Mohajan, 2011). The government reports that 2,235 women and 817 children trafficked at the border with India were arrested between 2010 and 2014 (CEDAW, 2015). Climate change and natural disasters make children and young women in affected areas particularly vulnerable to trafficking (ibid.).

Attitudes towards violence against women and girls

The high prevalence of violence against women and girls in Bangladesh indicates that violence, and in particular, intimate partner violence, is considered an accepted norm (UNICEF, 2008). Indeed, the 2014 BDHS data shows that 28% of women of reproductive age agreed that a husband is justified in hitting or beating his wife for one of the following reasons: if she burns the food, argues with him, goes out without telling him, neglects the children or refuses to have sexual intercourse with him. In particular, 29% of married adolescent girls also agreed with at least one of these reasons, and especially arguing with the husband (20% of respondents), neglecting the children (14%) or going out without informing him (15%) (NIPORT et al., 2016). However, some positive change is indicated as these rates are lower than the ones recorded in the previous 2011 BDHS (NIPORT et al., 2013). Previous research for the Kishori Abhijan project provided similar findings with the highest proportion of people, who believed it was sometimes justified for a husband to hit a wife, being adolescent girls and mothers (see Figure 5) – demonstrating that women internalised this norm of violence even more than men (UNICEF, 2008).

Figure 5: Proportion of respondents who felt that a husband hitting his wife was justified



(UNICEF, 2008)

The most common forms of violence are both physical and sexual Intimate Partner Violence (IPV) that take place in the home. A DFID-supported study combining data from the 2005 Bangladesh Adolescent Survey, the 2007 BDHS, and qualitative research in two districts in 2012, identified considerable variations in the prevalence of violence across districts¹⁶. Higher prevalence of violence was observed in the Northwestern districts, with widespread household poverty – strongly associated with violence in these districts –

¹⁶ The 2005 Bangladesh Adolescent Survey (BAS) included nationally representative data from 4,370 unmarried adolescent girls aged 10-19 and 3,710 married girls and women aged 10-24, while the BDHS surveyed 4,195 married women aged 15-49, including 450 married adolescent girls aged 15-19. The qualitative study, conducted in 2012, included 14 KIIs and 24 FGDs with men and women, including married women aged 15-39 and unmarried girls aged 15-19 in Faridpur and Jamalpur (icddr,b and Population Council, 2013).

potentially contributing to the problem¹⁷. In addition, girls and women were more likely to be abused if they lived in districts and communities that reported high levels of violence condoning attitudes. Other factors increasing the likelihood of violence against women and girls included lower levels of female education or literacy; high percentages of women, who had witnessed their father beating their mother; and Muslim religion. Male respondents in the qualitative research identified household poverty as a risk factor for violence and recommended provision of male employment opportunities, while female respondents clearly identified gender inequality as the main cause of violence. The study also pointed out that girls and younger women were more vulnerable to violence than older women with adolescent girls being five times more likely to be abused compared to women aged 40-49. Identified individual risk factors included young age, female involvement in paid work, NGO membership and violence condoning attitudes (icddr,b and Population Council, 2013).

Similar findings have been reported by other studies. Using DHS and WHO data, the World Bank indicated that high levels of forced first sexual experience are more likely related to child marriage and that women who report that their first intercourse was forced are twice as likely to have experienced IPV (World Bank, 2014). A study of married women aged 18-35 in 60 villages outside Dhaka also suggested a positive association of female employment with domestic violence, but only for women with low education levels or those who were married young. Women reported that access to a salary increased their assertiveness and involvement in household decision-making, but this also led to spousal tensions and violence (Heath, 2013). Findings of a survey and interviews conducted in 2005 showed that the strongest factor associated with IPV is a history of violence experienced by the husband's mother at the hands of the husband's father (Naved and Persson, 2005), thus indicating the inter-generational and ingrained nature of norms that condone violence against women and girls in Bangladesh.

Government response

The government enacted the Domestic Violence (Prevention and Protection) Act in 2010 and the Ministry of Women and Children Affairs (MoWCA) formulated the 2013-2025 National Action Plan to prevent violence against women and girls and protect their rights. The multi-sectoral programme on violence against women also aims to provide health care, police and legal assistance, social services, counselling and shelter for survivors in the One-Stop Crisis Centres. In addition, a national Trauma Counselling Centre and the Victim Support Centres provide legal support, medication, counselling and emergency shelter to women and children survivors of violence. The Police Headquarters also set up a special cell with female police personnel, while women also account for one third of the Community Policing Forums, which operate in 64 districts and work with communities on issues of domestic violence and sexual harassment (CEDAW, 2015).

The literature also notes the important role played by women's organisations in developing, implementing and monitoring such policies. For example, an action research project by a women's organisation included monitoring of police stations, hospitals and courts with the aim of making government service providers more responsive and accountable to violence survivors (Sardenberg, 2011). The government also acknowledges that the number of reported cases is increasing due to growing awareness. Many other cases are not reported for a number of reasons, including social tolerance and acceptance of violence against women, survivors' desire to avoid stigma, problems in law and policy enforcement – including judges who typically feel that women abused by their spouses are partly to blame (World Bank, 2014) – and limited resources to support survivors (CEDAW, 2015). Moreover, the services provided are often inadequate and their quality insufficient (Sardenberg, 2011).

Eve teasing became a punishable offence in the 2009 Mobile Court Act (CEDAW, 2015). Due to the increase in reported cases of eve teasing, dedicated mobile courts were set up to prosecute perpetrators (Nahar et

17 High prevalence districts included: Thakurgaon, Rangpur, Naogaon, Mymensingh, Netrokona, Kishorganj, Brahmanbaria, Gazipur, Noakhali, Borguna, and Cox's Bazar.

al., 2013), while the media raised awareness of the problem (CEDAW, 2015). However, legal mechanisms are still generally unresponsive – the police, judges and lawyers are unfamiliar with court rulings against sexual harassment and rather unsympathetic (Bakker, 2013). An additional problem seems to be that perpetrators are often connected to the local political elite (Camellia et al., 2012), and therefore those who report such crimes face violence from the police or their cases are neglected (Bakker, 2013).

The government has also taken action to tackle human trafficking into neighbouring countries. The 2012 Prevention and Suppression of Human Trafficking Act identifies human trafficking as an offence against the state and provides safe custody and witness protection services. Bangladeshi and Indian authorities collaborate to repatriate trafficked Bangladeshi women and children from India, and survivors are supported through shelter homes, drop-in centres and safe homes (CEDAW, 2015). However, there is little evidence on the experiences of these women and children once they return to Bangladesh.

3.4 Assessment of the evidence and key gaps

While child marriage rates are slowly declining, the practice continues to be prevalent and widespread. Therefore, the issue has attracted a lot of research and policy attention with a considerable number of statistical reports providing data, and qualitative studies analysing its social, cultural and economic drivers. Adolescent girls' capabilities are also negatively affected by high levels of violence, including sexual harassment, acid throwing, physical and sexual violence. However, reliable data is hard to find as most often large scale surveys focus either on married women aged 15-49 or on children, without disaggregating by age or sex. Some small scale studies explore the effects of particular forms of violence that mostly affect girls, while those on intimate partner violence tend to conflate married girls with adult women, despite their different vulnerabilities, needs and responses. Information about younger adolescents is once again rare along with studies focusing on marginalised groups such as girls with disabilities or those from minority groups as well as adolescent girls in domestic or sex work.

4. Psychosocial wellbeing

Key points

- Research on social and emotional wellbeing among Bangladeshi adolescents is limited with the literature often distinguishing between unmarried and married adolescent girls
- Having good relationships with parents, husbands and in-laws, and having friends emerge as key factors of girls’ psychosocial wellbeing
- However, evidence also indicates higher levels of depression among adolescent girls than boys with depression associated with experiencing marriage, pregnancy, childbearing, and sexual harassment and abuse. Older girls and girls living in urban areas appear to be more at risk

4.1 Overview of the evidence

Our search generated the least evidence of all six capability areas on psychosocial wellbeing. We found only 17 sources with information about psychosocial capabilities and wellbeing, with almost all documents overlapping with other thematic areas, in particular voice and agency, bodily integrity and physical health. Twelve of these documents were academic journal articles, a higher proportion than for other thematic areas. The majority of the evidence was based on small scale quantitative studies with little reporting of girls’ perspectives and voices.

4.2 Adolescent psychosocial wellbeing

Since the period of adolescence involves a great deal of change, it is characterised by high rates of confusion, stress and anxiety amongst adolescent girls. Table 6 below, based on the Population Council’s Urban Adolescent Needs Assessment, shows some of these emotional changes around the time of puberty. Whilst urban boys were more likely to report a change in their sexual awareness, girls were more likely to report stress and confusion (Amin, 2015).

Table 6: Mental/emotional changes experienced in puberty by area of urban residence and sex

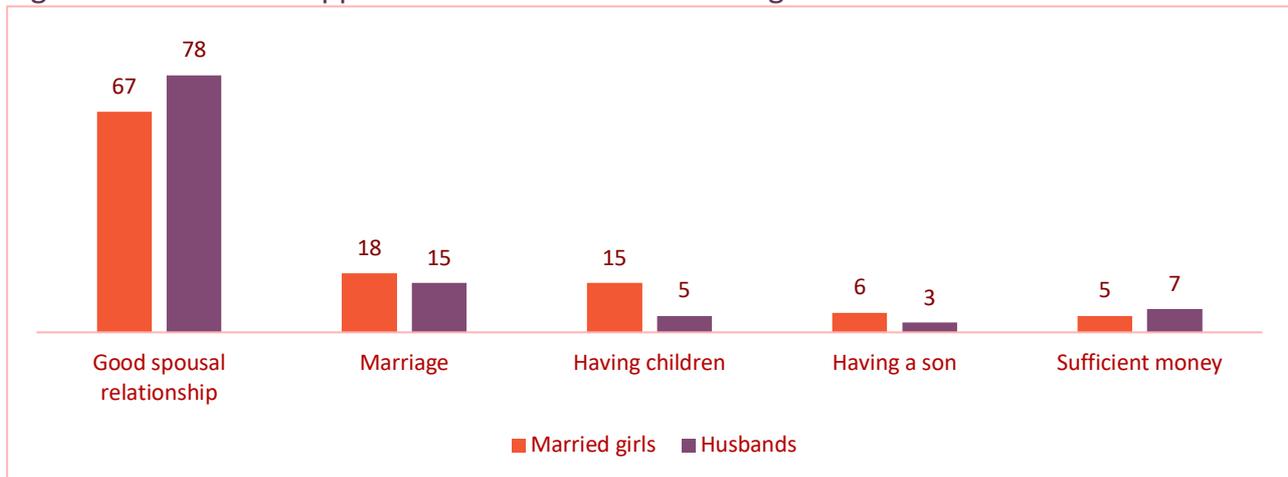
Mental changes experienced by boys and girls in adolescence	Dhaka North (%)		Dhaka South (%)		Gazipur (%)		All areas (%)
	Boys	Girls	Boys	Girls	Boys	Girls	Boys & Girls
Change in interests	62	68	57	51	53	50.5	57
Increased sexuality	30	23.5	24	15	23	17	22
Greater stress	57	58	45	65	49.5	59	56
Greater confusion	38	46	34	42	27	44	39
Others	3	3	5	4	5.5	3	4
Don’t know	5	5.5	10	7	12	5	7.5
Total number	596	600	574	595	582	592	3,539

(Amin, 2015)

Dey et al. (2014) investigated the relationship between stress and anger in a sample of 120 rural and urban adolescents aged 13-19 in Chittagong. The results revealed higher rates of stress and anger among urban adolescents compared to rural adolescents. Furthermore, the levels of stress and anger were again higher among adolescent girls than boys. In another study, a sample of 187 boys and 137 girls from non-slum urban areas, and 157 boys and 121 girls from urban slums, were interviewed. Girls from non-slum urban areas were exposed to stricter social pressures than girls from urban slums, making anxiety and aggression higher in the non-slum areas. By contrast, boys from urban slum areas experienced greater anxiety and aggression than their counterparts from non-slum urban areas (Izutsua et al., 2006). 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).

The literature often distinguishes between unmarried and married adolescents. A UNFPA-supported government intervention (2001-2004) to improve the reproductive health of married adolescent girls in four districts also collected information about their perceived mental changes during puberty. Married adolescent girls frequently said that they felt older, followed by becoming shameful and having the desire to make themselves attractive. When asked about what makes them happy, they mentioned having a good relationship with their husband, getting married and having children (see Figure 6 below). Respondents also identified problematic behaviours for a happy family life, including their husband’s reactions to his mother-in-law, his authoritarian behaviour, spousal quarrels, tensions due to their husband’s attitude, and in-laws’ misbehaviour. About 70% of husbands would be happy to have pretty wives, while the majority of girls (44%) first mentioned having a kind-hearted husband, followed by handsome husbands (37%) and men with financial ability (16%). While 39% of husbands said that they were happy indeed with their wives, only 23% of married girls reported being happy with their husband, while 15% of girls admitted not having what they wanted from their spouse (UNFPA, 2005).

Figure 6: Factors of happiness for married adolescent girls and their husbands



(based on UNFPA, 2005)

The accessed literature notes that overall research into the experience of happiness or wellbeing in Bangladesh is limited (Camfield et al., 2009). A mixed methods study of the quality of life in six sites, two rural, two urban and two peri-urban, asked respondents aged 18 and over to talk about their reasons and factors of happiness. Part of the Wellbeing in Developing Countries research programme in four countries, including Bangladesh, this study reported that good family and community relationships as well as individual competences and achievements appear to be important factors of happiness in the country. Income was also considered important in order to meet basic needs such as health care, housing, food and adequate clothing. Being able to generate a good income and meet basic family needs thus increased subjective wellbeing. Good relationships with parents, who emerged as a key source of material and emotional support, and with friends

were equally important. Having a good reputation and respect within the community was also a major factor of wellbeing for almost all respondents. Location appears to influence wellbeing as households living in urban areas were generally happier than those in rural areas, perhaps as they were able to benefit for more opportunities and services necessary to meet their basic needs. Older men over 45 years appear to be the happiest group, followed by young women. In line with the previous study on married adolescent girls, younger women aged between 18 and 44 pointed out the importance of having a good relationship with their husband who provides for them and their family, respects them and appreciates their contribution. Participation and consultation in household decision-making was identified as a key factor of a happy marriage along with spousal love and affection. Younger women also focused on the quality of relationships with their husband's family and particularly his mother and sisters. Their reputation not only as good wives but also as good daughters- and sisters-in-law was important to them. Another key factor of young women's happiness was having children and bringing them up so that they become successful in life, thus giving parents and the household a good reputation. Provision of education to children also emerged as an important factor of family happiness as all parents irrespective of age or sex spoke about this as a duty in which they took great pride (Camfield et al., 2009).

In addition, the Pathways of Women's Employment study found that the vast majority (93%) of the 5,198 women, aged 15 and above, felt hopeful about the future, and most (65%) believed that they had considerable control over their own lives. The group expressing the lowest levels of feeling of control in their lives were women in informal employment outside their home, who represented the poorest group of all. Informal employment outside the home, separation or divorce, and NGO membership were associated with higher levels of stress, the latter perhaps due to loan repayment pressures. Muslim women reported higher stress levels and less control over their lives than non-Muslims, but no explanation is provided (Kabeer et al., 2011).

4.3 Mental health problems

Reliable data on mental health problems in Bangladesh is scarce. A systematic literature review of relevant sources between 1975 and 2013, identified just 32 articles according to which prevalence of mental disorders varied from 6.5% to 31% among adults and from 13% to 23% among children (Hossain et al., 2014). Data provided by WHO shows that women accounted for 44% of those treated in mental health outpatient facilities, and children accounted for just 7% (WHO, 2011).

The systematic review (Hossain et al., 2014) included only five articles exploring mental health issues among children. One study of primary school children found that over 13% had some behavioural disorder with boys twice as affected as girls (20% compared to 10%). By contrast, another study among urban slum children found that boys had lower prevalence of disorder than girls with one in four girls having a psychiatric disorder. A third study comparing rural, urban and urban slum children found highest prevalence of child mental disorder in urban slums (Hossain et al., 2014).

Integration of mental health assessments into adolescent surveys is also rare (Amin, 2015). The few studies available have indicated higher rates of depression among Bangladeshi girls than among boys. For example, Nasreen, Kabir and Edhborg (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. Maternal death, experience of harassment, forced marriage, poor school performance and traumatic childhood were also found to increase the individual risk of adolescent depression. In addition, as Table 7 below demonstrates, higher levels of severe depression were found among girls who had experienced

marriage and pregnancy compared to those who had not yet have such experiences¹⁸. It is difficult to know whether this data is high or low in comparison to other countries, as Patton et al. (2012) highlight that there is no internationally comparable data available for people younger than 18 years – although rates of mental disorder do tend to be higher among females than males in most countries. Amin also examined the coping strategies urban adolescents use and found that less than 4% resort to substance abuse (Amin, 2015).

Table 7: Depression levels among urban girls aged 12-19 according to marital status and pregnancy

Variables	Depression level	Minimal (0-13) (%)	Mild (14-19) (%)	Moderate (20-28) (%)	Severe (29-63) (%)	N	P-value (chi-square)	
Marital status and pregnancy								
Ever been pregnant	Yes	55.0	15.3	21.7	7.9	189	0.015	
	No	64.5	18.6	9.8	7.1	183		
Number of children alive	At least one child	54.2	14.8	23.2	7.7	142	0.841	
	None	57.4	17.0	17.0	8.5	47		
Marital status	Boys	Ever married	56.5	17.4	13	13	23	0.612
		Never married	66.6	16.6	9.9	6.9	1,754	
	Girls	Ever married	59.8	16.9	15.8	7.5	373	0.000
		Never married	73.0	11.9	10.1	5.0	1,427	

(Amin, 2015)

Such findings are in accordance with a study of adolescent girls in Dhaka by Airin et al. (2014), which found that 32% of female urban respondents had moderate depression, 18% had mild mood disturbance, 10% had borderline clinical depression, 5% had severe or extreme depression and 35% of respondents had none¹⁹. They partly attribute these exceptionally high rates to social isolation and lack of networks, but highlight that there is no evidence to suggest an association between depression and substance abuse, smoking or heavy internet use. They also emphasise that 53% of depressed adolescent girls and 47% of adolescent girls with no depression experienced eve teasing and suggest that eve teasing is an important factor for female adolescent depression, while depression amongst female adolescents is now a growing public health problem in Bangladesh (Airin et al., 2014). Meanwhile, Huq and Afroz (2005) surveyed 160 students in Rajshahi City and found that older adolescent girls expressed the highest depressive symptoms followed by younger adolescent girls, while younger and older adolescent boys reported the least symptoms. In another study, Bhuiyan (2006) took a sample of 96 adolescents aged 15-24 and tested an adapted and validated questionnaire regarding adolescent suicidal behaviour in Bangladesh. Bhuiyan found that 5.5% of girls and 5% of boys reported a suicide attempt during recent year.

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. While rates appear to be relatively low, numbers slightly increased between 2003 and 2010. In 2010, police records registered 15,551 suicide deaths (Jordans et al., 2013). Poisoning and hanging were the most reported means of suicide, with hanging being the most

18 The survey used the 21-point Beck Depression Inventory (BDI) to assess the mental health of participating adolescents. Adolescents with scores ranging from 0 to 13 were considered to have minimal depression, from 14 to 19 mild, from 20 to 28 moderate, and from 29 to 63 severe depression (Amin, 2015).

19 This was a cross sectional study performed at a high school in Dhaka over a period of one year from January 2013 to December 2013. The study was carried out among 203 female students aged 14 to 16. The Beck Depression Inventory (BDI) was again used to measure the level of depression, whilst patterns of eve teasing and factors of depression were identified through a number of questions.

common method among women and according to one study the main means also for youth aged 11-20 (Rahim and Das, 2009 cited in Jordans et al., 2013). Experience of physical or sexual violence is linked to suicidal thoughts, with 22% of urban women and 15% of rural women reporting such violence also revealing suicidal thoughts, compared to just 7% and 4% of urban and rural women respectively, who have never experienced violence (García Moreno et al., 2005). A study of adolescent girls' experiences of eve teasing found negative effects on the mental state of affected girls and young women. It also emphasised that harassment in public encourages girls' confinement in the domestic sphere, with 30% reporting that they lost interest in attending educational institutions or work. Respondents also linked lack of support for victims and threats by perpetrators to suicide (Seddiky et al., 2015).

An urban poverty reduction project by CARE Bangladesh targeting female garment workers also assessed their psychosocial situation. Previous studies indicated that garment work imposes various stressors (such as heavy workload, long working hours, workplace harassment by supervisors, abusive language, poor interpersonal relationships, and fear of making mistakes) with negative psychological impacts. Indeed, respondents reported sleep disturbance, helplessness, and a sense of being stuck in a life they wanted to escape from. They were largely concerned with their expenditures as they had to work and support their families often sacrificing their own dreams, and many were particularly sad that they had been unable to continue their studies. They were also concerned about their safety, maltreatment by the supervisors which included scolding, name-calling and threat of dismissal, and the monotony of their work. The study reported that 46% of these young women had psychological problems: 18% of respondents reported a history of suicide attempts, 16% had moderate anxiety, 6% severe anxiety, and 12% suffered from depression. To cope with pressures, most workers prayed to God, shared their problems with others, talked to others, or cried alone. Having good relationships and getting support as well as hoping for a better future and having courage and self-confidence were reported as protective factors (Mozumder, 2014).

The literature also notes that mental health services in Bangladesh are 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. There are also very few child mental health professionals in the country (Hossain et al., 2014). Although mental health is a specific component of the health policy (WHO, 2011), treatment of mental problems is not a priority in health care with mental health services mostly provided in hospitals in big cities and such services being absent at primary care level. Bangladesh also does not have a specific mental health act (Hossain et al., 2014). The government does, however, co-sponsor two large scale programmes to address violence against women, which includes seven One-Stop Crisis Centres in public hospitals, where victims receive medical, psychosocial and legal assistance. There is also a National Trauma Counselling Centre and Helpline (OHCHR, 2014), but there is no data available on whether these services are accessed by adolescent girls.

4.4 Assessment of the evidence and key gaps

Overall research on psychosocial wellbeing in Bangladesh seems to be limited. Likewise, there is little existing evidence on adolescent girls' psychosocial capabilities, and it rarely includes girls' own voices and perspectives. The few small scale studies identify wellbeing differentials by sex, location and marital status, yet they do not provide an adequate understanding of the causal factors, the particular vulnerabilities, and the coping strategies of different groups of adolescent girls.

5. Education and learning

Key points

- Over the last twenty years, Bangladesh has invested in policies and programmes to expand primary and secondary education and to help girls and disadvantaged groups access education. Indeed, since the 1990s enrolment and attendance rates have increased significantly. Yet student achievement levels are below national targets, poor quality of education is a serious concern as students often lack basic competencies, and significant regional, rural-urban and wealth disparities persist
- Gender parity in secondary education at national level was achieved in 2000 and in primary education in 2005. In 2014, girls accounted for 51% of students enrolled in primary school and 53% of those in secondary school
- While adolescent girls have higher enrolment rates than boys, they also have higher dropout rates, their numbers gradually decline through secondary school and girls are thus less likely to complete secondary school and continue to higher education compared to boys – 65% of enrolled boys complete secondary school compared to 52% of girls
- The dramatic increase in girls' secondary school enrolment rates in Bangladesh has been the outcome of several factors, including government efforts, the Female Secondary School Stipend Programme, the expansion of NGO schools, the modernisation and expansion of madrasa schooling, new employment opportunities for women in the garment industry, and the evolution of social norms in response to women's increased involvement in microcredit and paid employment
- However, significant barriers to adolescent girls' education remain, including poverty, discriminatory norms and practices such as child marriage and dowry, girls' increased household responsibilities – with girls spending on average at least half an hour per day less on studying compared to boys, that is 130 hours less than boys annually – violence in school, limited girl-friendly facilities and services, and poor education quality
- Despite progress in promoting inclusive education, particular groups of adolescent girls, including domestic workers, girls in urban slums, girls with disabilities and married girls, continue to face limited education opportunities

5.1 Overview of the evidence

Our search generated 118 sources with information about adolescent girls' education and learning. The majority of these sources (69 documents) were grey literature, with one in three being reports and programme analyses undertaken by international development organisations. Over 40% of these sources explicitly focused on girls of all ages and gender equality in education, while a much smaller proportion had a particular focus on adolescents. The remaining 49 sources were academic papers exploring specific programmes and topics such as the role of religious schools or the linkages between girls' education and child marriage, and with little explicit focus on adolescents. Statistical data presented in this section is mostly derived from the latest data published by the Information and Statistics Bureau (BANBEIS, 2015) and the Primary School Census of the Ministry of Education (MoPME, 2015).

5.2 Education and adolescent girls in Bangladesh

Bangladesh has invested in policies and programmes to expand primary and secondary education and to remove barriers for girls and disadvantaged groups. These include conditional cash transfer schemes for poor children in primary school and rural girls in secondary school, school feeding programmes, distribution of free textbooks and infrastructure improvements (MoPME, 2015). Indeed, enrolment and attendance rates have increased significantly since the 1990s and gender parity in secondary education at national level was achieved in 2000 and in primary education in 2005 (GoB, 2015)²⁰. The 2010 National Education Policy — with an explicit gender equality focus — has also taken considerable steps to further promote girls' education in national action plans and programmes (Jahan et al., 2011).

However, major challenges remain. Poor quality of education is a serious concern, with students often lacking basic competencies, though there are currently efforts to improve teacher skills and establish a competency-based assessment of learning (MoPME, 2015). Education opportunities for particular marginalised groups such as extremely poor, working children and adolescents or those with disabilities, while increasing, are still limited (UNICEF, 2009). Adolescent girls have higher enrolment rates than boys, but as they also have higher dropout rates, their numbers gradually decline through secondary school and girls are thus less likely to complete secondary school and continue to higher education compared to boys.

Government reports acknowledge that the share of the education budget as a percentage of the GDP and of the total government budget remains low and note that this is inconsistent with the goal of an equitable and quality education (MoPME, 2015) – in 2012-13, the education budget was only 2% of the GDP and 11% of the total government expenditure (BANBEIS, 2015). Another problem is inadequate and up-to-date statistical data and policy research with different methodologies resulting in different data (Jahan et al., 2011). Indeed, there is an issue with published data as different sources report different findings. In addition, thousands of students in non-formal education institutions and religious schools are excluded from official statistics (MoPME, 2015). Sex-disaggregated data on critical indicators is also not available. Within the related ministries, capacity for gender analysis and planning in the education sector needs strengthening (Jahan et al., 2011).

5.3 Primary education

Primary education includes five grades. There are several different types of primary schools in the country, including government, non-government, non-registered non-government schools, religious schools, and private schools (BANBEIS, 2015; UNICEF, 2009). The majority of primary students are enrolled in government schools (MoPME, 2015). In 2013, the Prime Minister declared the nationalisation of all non-government primary schools (GoB, 2015).

The government has invested in infrastructure improvements, including construction and repair of schools and classrooms, toilets and water supply, teacher training with a focus on pedagogy skills, curriculum revision, textbook provision, stipends and other assistance schemes (MoPME, 2015). It has also strengthened education responses in emergency situations through constructing transitional schools and providing educational materials to children affected by cyclones and floods to enable them to continue their schooling instead of dropping out (UNICEF, 2009)²¹.

Since 1990 when the Primary Education Compulsory Act made primary education free and compulsory for all children (GoB, 2015), primary school enrolment has increased from 12 million to 19.5 million students in 2014. More than half (51%) of all primary school students are girls. Gender parity reached 1.03 (BANBEIS 2015; MoPME, 2015). In 2013, 7.8 million children benefited from a stipend programme tied to primary

20 The reasons for this unusual trend are not explained but may reflect the effects of the Female Secondary School Stipend Programme.

21 UNICEF introduced the concept of Transitional School under the Education in Emergency programme following Cyclone Sidr in 2007.

Transitional schools are designed to act as a bridge between temporary learning centres and permanent schools. The agency collaborates with the government to repair or build new schools in disaster-affected areas. See more at http://www.unicef.org/bangladesh/media_9280.htm.

school attendance, and an estimated 1.5 million students participated in non-formal primary education (MoPME, 2015).

In 2013, the Net Enrolment Rate (NER) was 98.4 for girls and 96.2 for boys. Primary school attendance rates were 76% for girls and 71% for boys (BBS and UNICEF, 2014). Since 2005, the overall repetition rate has declined to 6.5% in 2013, but it was higher in grades 3 (9%) and 4 (7%). Average dropout rate also declined to an average of 4%, but was again higher for grade 4 (8%) and grade 2 (5%). Dropout rate was 24% for boys and 17.5% for girls. Survival rates to the final grade increased significantly, from 53% in 2005 to 80.5% in 2013; girls' survival rate was 83% compared to 78% of boys in government schools (MoPME, 2015). Therefore, on all primary school access and attendance metrics, as has been widely recognised, girls are doing better than boys in Bangladesh.

While progress has been made in terms of increasing enrolment rates, reducing dropout rates and improving completion rates, over one-fifth of students who start primary school never finish; more than 21% of students did not complete the final grade in 2013 (MoPME, 2015). On average, it takes 8.7 years for boys and 8.5 years for girls to complete the five-year primary school cycle (UNICEF, 2009). Despite its progress in bringing more children to school and achieving high primary school enrolment, the country showed a very low overall Education For All (EFA) achievement, partly due to the fact that only 52% of students reached the last grade in 2011 (UNESCO, 2015)²².

In addition, despite high enrolment rates, 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. In 2012, less than half of government primary schools had the desirable teacher student ratio of 1:46 (MoPME, 2015); almost one in four primary school teachers were untrained, with negative effects on the learning process (UNICEF, 2009); and teacher absenteeism and late arrival in classroom continued to be issues. In addition, the average annual classroom contact time, set officially at 578 hours annually, is low by international comparison and in reality it is often less. Almost 80% of the schools run on two shifts (MoPME, 2015).

Significant regional, rural-urban, and wealth disparities persist in primary education. The sub-districts of Dhaka, Khulna and Chittagong Divisions appear to have the best primary school performance, while those in the northern part of the country have the worst in terms of late enrolment, repetition and the proportion of children completing primary education around the age of 15 years (MoPME, 2015). Data from 2010 shows that at primary level there were more students – including girls – enrolled in rural (45%) than urban areas (37%) (BBS, 2012a). Almost two-thirds of children who have never enrolled in primary school are from ultra-poor and poor households, and more than half of children dropping out of school come from these households, although they represent only 45% of the population (MoPME, 2015). The latest 2012-2013 MICS data also shows that Sylhet and Barisal had the highest proportion of out-of-primary-school children (BBS and UNICEF, 2015).

5.4 Secondary education

Secondary education includes three lower and two senior secondary grades. In 2014, there were 9 million enrolled secondary students – 53% of them girls (BANBEIS, 2015). Secondary school net attendance was 52% for girls and 40% for boys (BBS and UNICEF, 2014). The NER was 68 up from only 0.52 in 1991 (GoB, 2015). Table 8 below summarises this data.

²² Low completion rates and low adult literacy rate (66% in 2011) were translated to a low Education For All (EFA) Development Index (EDI) of 0.777 (UNESCO, 2015).

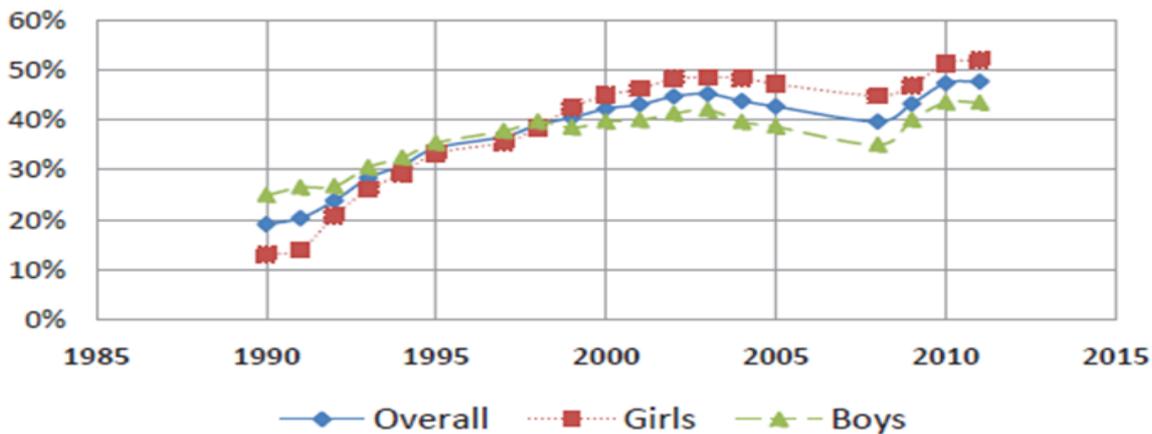
Table 8: Basic secondary school indicators, 2014

Indicators	Girls	Boys
Gross Enrolment Rate	76	63
Net Enrolment Rate	68	57
Completion rate (%)	52	65
Dropout rate (%)	48	34.5
Survival rate (%)	66	85

(based on BANBEIS, 2015)

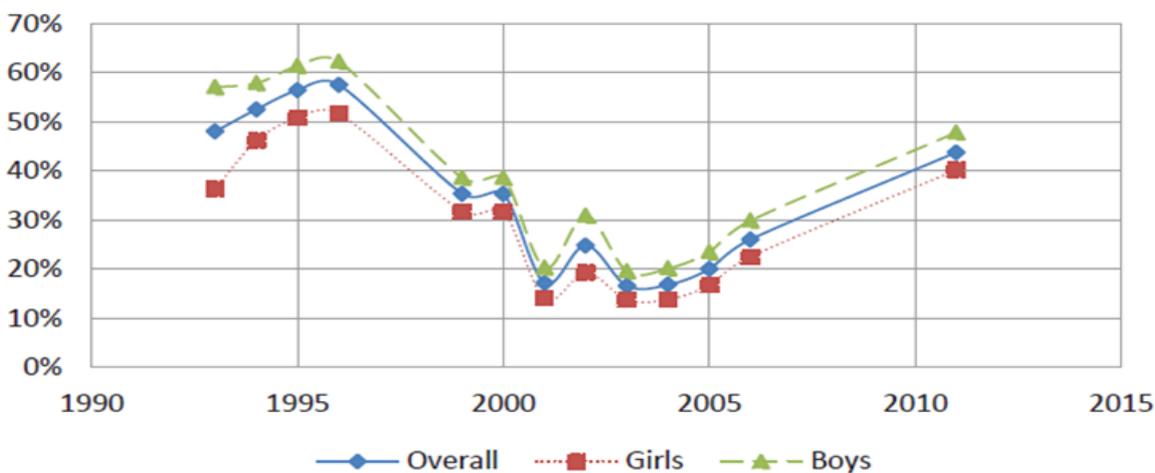
The Female Secondary School Stipend Programme targeting girls in rural areas along with increased numbers of religious schools that receive state funding have contributed to this remarkable achievement. While there were just 1.1 million girls enrolled in secondary school in 1991, this figure rose to 3.9 million in 2005. In 2013, 3 million rural girls benefited from secondary school stipends (MoPME, 2015). While more girls enter secondary school, more boys complete it – 65% of boys compared to 52% of girls (BANBEIS, 2015) (also see Figures 7 and 8 below).

Figure 7: Gross secondary enrolment rates by gender over time



(BANBEIS in ADB, 2013)

Figure 8: Secondary school completion rates by gender over time²³



(BANBEIS in ADB, 2013)

23 The reasons for the very steep fall in completion rates from 1995 are not explained.

Girls' and boys' dropout and repetition rates are highest in the same grades (8 and 10, that is at the end of lower and senior secondary school), yet they are much higher for girls than for boys (see Table 9). A recent Population Council survey in urban areas also found that although adolescent girls have slightly higher enrolment rates than boys, they tend to drop out after puberty and thus have lower overall levels of schooling (Amin, 2015).

Table 9: Basic rates by gender and secondary education grade, 2014

Grade	Promotion rates %		Repetition rates %		Dropout rates %	
	Girls	Boys	Girls	Boys	Girls	Boys
6	94	92	1	0.8	5	7
7	93	98	1	0.8	6	1.5
8	82	89	6	0.9	12	10
9	87.5	92	1	0.7	11	7
10	78	85	6.5	4.5	16	10.5

(based on BANBEIS, 2015)

Despite the expansion of secondary education, overall enrolment rates are low and the difference between gross and net enrolment²⁴ reveals that students do not enter secondary school at the right age. Data shows that less than half of children aged 11-15 are enrolled in school, while high dropout rates result in less than a third of these children completing secondary school (MoPME, 2015). The Population Council survey in urban areas found that less than 4% of adolescents in these areas have never been to school (Amin, 2015). Although sources with statistical data identify high secondary school dropout rate as a problem, they do not provide a comprehensive explanation of it.

Low enrolment and high dropout rates, coupled with poor student learning outcomes due to limited teaching capacity and a performance assessment system that encourages rote learning, are the major problems of secondary education (ADB, 2013). Although the teacher student ratio reached 1:39 and 62% of all teachers receive training, instruction quality is still low (BANBEIS, 2015). The results of the English and maths modules used in a learning assessment for the World Bank-led Secondary Education Quality and Access Enhancement Project (SEQAEP) failed to meet curriculum expectations and had to be downgraded. A qualitative review of the Secondary School Certificate (SSC) exam found that over 80% of the total marks were based on recalling textbook information instead of assessing the development of cognitive skills. Another analysis of the entrance examination results of over 4,000 university applicants found that those who did better in the SSC were on average more likely to do worse in the university entrance exams (ADB, 2013). In 2012, an assessment of competencies at the end of lower secondary school (grade 8) found that only 44% of students acquired the basic language learning competency and only 35% the basic maths competency; girls showed a 7 percentage point lag in maths compared to boys (MoPME, 2015). Another concern is that the current secondary school curriculum does not adequately provide instruction in the life skills students need. Thus the government has started developing a Life Skills Based Education (LSBE) curriculum which introduces awareness raising and education on issues such as child marriage, sexual abuse, child labour, food, nutrition and health (MoPME, 2015).

Given that the majority of population live in rural areas, there were more students enrolled in rural secondary schools than in urban schools in 2010 – 40% compared to 36.5% (BBS, 2012a). There were also considerable

24 UNESCO defines Gross Enrolment Rate (GER) as the total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school year. On the other hand, Net Enrolment Rate (NER) is the enrolment of the official age group for a given level of education expressed as a percentage of the corresponding population.

wealth differentials (see Table 10 below)²⁵. Poor children also had significantly higher dropout rates (ADB, 2013). The latest MICS reported that Sylhet and Chittagong had the highest proportion of out of secondary school children, while Sylhet and Dhaka had the highest percentage of girls in the total out of school population of secondary school age (BBS and UNICEF, 2015).

Table 10: Enrolment rates for 11-15 year olds by gender, wealth and location, 2010

	Poor			Non-poor			
	National	Rural	Urban	National	Rural	Urban	
Girls	78	79.5	79.5	70	89	90	88.5
Boys	62	64.5	64.5	54	82	81	84

(based on BBS, 2012a)

5.5 Technical and vocational education and training

Technical and vocational education and training (TVET) is a diverse but growing sector with 14 types of providers and the vast majority of institutions privately managed. The number of TVET students is very low – only about half a million students as young people prefer to enrol in general secondary education, to which it is an alternative. Low TVET enrolment rates are partly due to the geographical distribution of Bangladesh’s 100 TVET facilities (Danish Trade Union, 2014) and their limited availability in rural areas where the majority of the population live, the cost of attending TVET institutions, and the mismatch between the skills training on offer and labour market demands.

Only 6% of male youth and 3% of female youth were enrolled in formal and non-formal TVET institutions in 2012 – the majority in urban and particularly metropolitan areas, such as Dhaka, Khulna and Chittagong (MoPME, 2015). Girls account for 27% of all students, but there are significant variations between different types of training (BANBEIS, 2015). In addition, girls benefit considerably less from apprenticeships (see Table 11). 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).

Table 11: General education and TVET participation by location and gender, 2012

Geographical and gender distribution of participation	General and TVET participation				Total
	General education	Formal non-formal TVET	Apprenticeship	None	
Rural	89.5	3.3	5.4	1.8	100.0
Male	86.3	4.4	7.2	2.1	100.0
Female	92.8	2.2	3.5	1.5	100.0
Urban	85.2	5.7	7.3	1.8	100.0
Male	81.0	7.2	9.8	2.0	100.0
Female	89.2	4.3	4.8	1.7	100.0

25 This may reflect the effects of programmes such as the Female Secondary School Stipend Programme, but we found no data that specifically relates differences in enrolment patterns to the different coverage of this programme.

All Bangladesh	87.2	4.6	6.4	1.8	100.0
Male	83.6	5.8	8.6	2.0	100.0
Female	90.9	3.3	4.2	1.6	100.0

(Education Watch : Youth Skills Profile, 2012. MoPME, 2015)

Low enrolment rates mean that although at least 1.3 million young people enter the workforce every year, the vast majority – both men and women – lack appropriate skills training, particularly in rural areas. Part of the problem is the limited attention and capacity of the TVET system to address the skills required in the informal economy which accounts for more than 80% of employment (MoPME, 2015). Government expenditure on TVET is also a very small proportion of the education budget and the sector is characterised by a high degree of fragmentation with 22 ministries and departments involved in skills training. Employers also find that graduates have low skills levels and that they are unable to meet labour needs as the current TVET system does not provide training for new trades (ADB, 2014). This is true as linkages between vocational training and industry demands have traditionally been poor. Vocational training centres are also experiencing a ‘crisis’ of teacher shortages. Poor vocational education increases the number of adolescents who drop out of school to work as apprentices as this is the only available option for future employment in trade skills (Danish Trade Union, 2014).

Aiming to improve the situation, the government is collaborating with ILO and other development partners to reform and strengthen the TVET sector (MoPME, 2015) and has developed the 2011 National Skills Development Policy which explicitly acknowledges the need for special efforts to increase female participation, particularly in the formal training system, including measures such as quotas for female teachers and staff (ILO et al., 2012). The government also produced a National Technical Vocational Qualification Framework (Danish Trade Union, 2014).

5.6 Higher education

Higher education includes four key types of institutions: post-secondary colleges, professional institutions, teacher education institutions and universities²⁶. The number of colleges is increasing and the majority are private. While the majority accept both girls and boys, 17% are exclusively for female students. Contrary to primary and secondary education where there are more students in rural than in urban areas, and although slightly more than half of colleges are located in rural areas, only 29% of students attend colleges in rural areas. Moreover, boys account for the majority of students, while girls account for just over 47% of college students across the country (BANBEIS, 2015).

Professional institutions providing training in medicine, law, textiles and arts were also mostly private, and girls accounted for just 39% of students in 2014. Likewise, the majority of teacher training institutions were private and girls accounted for just 34% of all students. In 2014, there were also 112 universities with the majority being private. There were more girls enrolled in public than in private universities, but girls accounted for only 48% of students (BANBEIS, 2015). Although the gender ratio in university education more than doubled between 2001 and 2013 and from 0.33 reached 0.67, it is still low (GoB, 2015). There also appears to be a gender segregation by subject, but no detailed data was found. However, it is indicative that boys studying engineering accounted for 0.24% of enrolled male students at all education levels, while girls studying engineering accounted for just 0.01% of enrolled girls at all levels of education in 2010 – the national average was 0.12% (BBS, 2012a).

The government has introduced the Education Assistance Trust Fund for poor students of graduate or equivalent level, which aims to benefit more than 130,000 female students. An international university was

26 Post-secondary colleges include intermediate colleges, degree colleges, honours colleges and masters’ colleges, while professional institutions include medical, dental, nursing, homeopathic, ayurvedic, nursing, health technology, textile technology, leather technology, law and art colleges (BANBEIS, 2015).

also established in Chittagong to provide free graduate education for girls. More scholarships are also targeting female students in order to increase their participation in higher education (GoB, 2015).

5.7 Literacy

There are some discrepancies in the data on literacy, which may reflect the methodology of the studies concerned. According to recent MICS findings, the literacy rate of young women aged 15-24 increased and reached 82% in 2012-13 (BBS and UNICEF, 2015). This rate is in accordance with findings from the 2014 BDHS that also reported 86% for young women – 81% for married girls aged 15-19 (NIPORT et al., 2016). However, the 2011 Population and Housing Census found that the literacy was 77% for young women and 74% for young men (GoB, 2015). In the particular case of married adolescent girls, data from the 2014 BDHS suggests that literacy rates are lower in rural than in urban areas. In particular, 9% of married girls, aged 15-19, could read a whole sentence, 12% could read part of a whole sentence, but nearly one in five (19.4%) could not read at all (NIPORT et al., 2016). Acknowledging the issue, the government approved a new literacy initiative in 2014 which targets 4.5 million people aged 15-45 (MoPME, 2015).

5.8 Access to information and technology

The latest MICS (2012-2013) report estimated that among adolescent girls aged 15-19, 12% read a newspaper at least once a week, 10% listen to the radio at least once a week, and 60% watch television at least once a week. However, 37% are not exposed to any media at least once weekly. Only 10% 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% of women compared to 67% of men (BBS, 2012b). Access to mass media and Information and Communications Technology (ICT) is more prevalent among those living in urban areas, those with better education, and those in better-off households. Overall, 43.5% of households own a TV – 71% of urban households compared to 33% of rural households. Only 3.5% of all households own a radio. However, the vast majority of households (88.5%) have at least one member who owns a mobile phone – 93% in urban areas and 84% in rural areas (NIPORT et al., 2016). Data from the 2014 BDHS also shows that 3% of girls aged 13-14 own a mobile phone compared to 15% of boys; gender differentials on mobile phone ownership persist in late adolescence as 31% of girls aged 15-19 own a mobile phone compared to 63% of their male counterparts (ibid.).

The 2014 BDHS also notes that while only 5.5% of married adolescent girls aged 15-19 read a newspaper once a week and 4% listen to the radio, 51% watch television at least once a week; however, 46% of these girls access none of the three media at least once a week (NIPORT et al., 2016). The 2011 Population and Housing Census reported that almost half of the population watches television (45%), but this proportion is higher (69%) in urban areas (GoB, 2015). Among adults, gender differences in TV watching and radio listening are minor. As we saw in section 2, watching television enables girls and young women to access information and be exposed to new ideas, role models and behaviours with transformative potential (Priyadarshani and Rahim, 2010).

Using an innovation fund grant, BRAC aimed to provide mobile learning services to improve the employability of rural adolescent girls, especially in the garment sector. In order to design and deliver such services, BRAC and its partner conducted research into the needs of girls. According to regulations, anyone under the age of 18 cannot legally purchase a SIM card; yet parents were willing to pay for a mobile education service that could be useful to their daughters²⁷. In partnership with the British Council, BRAC ran the English and ICT Adolescent Girl (EITA) project which used portable netbooks and other digital devices to improve the English and digital skills of adolescent girls who participated in the NGO-run girls' clubs²⁸.

27 See <http://www.gsma.com/connectedwomen/brac-bangladesh-and-robi-axiata-conducting-consumer-insights-into-rural-adolescent-girls/>.

28 See <https://www.britishcouncil.org/voices-magazine/digital-education-easily-accessible-bangladeshi-girls>.

5.9 Progress in adolescent girls' education

The government has taken considerable steps to promote girls' education, including the primary and secondary education stipend programmes, tuition free education for girls, free textbooks, quota and priority on recruiting female teachers, improvements in school infrastructure, curriculum reform and inclusion of gender training in the basic teacher training course (Jahan et al., 2011).

Although the Primary Education Stipend Programme targeting the 40% poorest children in rural areas was not particularly effective in increasing enrolment (Baulch, 2010; Hossain, 2010; Ullah, 2013), the Female Secondary School Stipend Programme has been hailed for its contribution to significantly increasing girls' secondary enrolment. A qualitative study revealed an additional important effect of **government stipend programmes** in terms of girls' capabilities: not only are children with some education able to access better employment opportunities and move out of poverty, but they enjoy better social status and learn new modes of social behaviour associated with public life and citizenship beyond the narrow family and village context (Hossain, 2010).

The government and its development partners have also undertaken **community mobilisation and mass communication initiatives** to encourage female school participation and tackle gendered norms and attitudes that have traditionally constrained girls' schooling. Using a mix of communication media and approaches, such efforts targeted children as well as teachers, fathers and older community members to raise awareness about girls' potential and right to education (Schuler, 2007; UNICEF, 2009).

Increased availability of schools run by NGOs has also contributed to closing the gender gap in primary school enrolment. There are more than 400 NGOs providing basic education services (such as BRAC which accounts for 76% of all NGO primary schools), and they have played a pivotal role in bringing more girls to school. Being the largest provider of primary education services after the government, BRAC has targeted out-of-school poor children in rural areas and provided them with non-formal second chance primary education with an explicit gender focus as 70% of places were allocated to girls and more than 90% of teachers were women recruited from the same community (Asadullah and Chaudhury, 2013a).

Madrasas, the Islamic religious schools providing all levels of education, have also played a significant role in increasing enrolment and closing the gender gap in secondary education (Badrunnesha, 2015). Bangladesh has the largest number of religious schools in the region and madrasas have been the fastest growing component of the education sector. In the early 1980s, the government undertook a modernisation reform of the madrasa education system: madrasas that agreed to teach English, science and mathematics along with religious subjects and languages, and to register with the government, received official recognition and financial assistance. After 1994 and the national implementation of the Female Secondary School Stipend Programme, these modernised ('Aliyah') madrasas started recruiting female teachers and increased at a remarkable pace to meet the growing demand for female education in rural areas with half of their students being adolescent girls (Asadullah and Chaudhury, 2006).

The role of madrasas has attracted research attention and thus a number of studies have explored their importance for girls' education within the Bangladeshi education system. Using school enrolment data, a quantitative study found that regions with modernised madrasas experienced greater secondary female enrolment growth and were more likely to achieve gender parity between 1999 and 2003 (Asadullah and Chaudhury, 2009). Madrasas enabled girls' secondary school enrolment, particularly in areas with conservative social norms about women's mobility; availability of madrasas in those areas raised the probability of secondary school attendance for girls six times as much as in more progressive areas with parents willing to send their daughters to religious schools but not to accessible secular schools (Asadullah and Wahhaj, 2012). Research also found that madrasas located in regions with a greater number of BRAC schools had higher female secondary enrolment rates (Asadullah and Chaudhury, 2008; Asadullah and Chaudhury, 2013a).

Despite their achievements, there are concerns about the quality of education and the gender attitudes such institutions promote. Although no difference was found in test scores between secondary secular and religious schools, a study reported a significant learning deficit by primary school type and gender; graduates of primary madrasas and girls had significantly lower test scores in secondary school maths tests (Asadullah et al., 2007). Another study of female graduates of registered secondary madrasas found that although they had democratic political attitudes, these young women preferred higher education for boys and not girls, believed that housewives can raise their children better than working women, and favoured large families (Asadullah and Chaudhury, 2006). A recent study argued that although madrasas provide education to over 1.5 million girls, the majority will not complete secondary school or continue to university due to inadequate teacher training, limited number of female teachers, poor quality of curriculum and its emphasis on memorising, early marriage, low parental and community involvement, and lack of involvement by government, NGOs and donors (Badrunnesha, 2015).

Not only have girls increased their enrolment rates, but as discussed in section 2 **social norms around their education are also evolving** in part as a result of women's increased involvement in microcredit schemes and the garment industry. Qualitative research found that women's roles and aspirations have been shifting in response to both economic and social pressures and increased new educational and economic opportunities. For many respondents, this shift is the result of girls' access to education. Many parents said that educating their daughters will improve their chances of a good marriage and better treatment in their marital home, while it can also enable girls to find employment and support their families. In communities where many parents were sending their girls to school, other families also decided to allow younger daughters to stay in school longer. Parents also hoped that education will enable their daughters to acquire qualities that they perceive to characterise wealthier and more refined people and thus improve their behaviour and social status (Schuler, 2007). Indicative of evolving social norms about girls' education is that almost 75% of those surveyed in a World Bank-led study believed that girls should have as much education as boys (Das, 2007). Indeed, Schuler (2007) argues that female education has become a norm as the cost has been offset by government stipends and many parents began sending their daughters to school simply because other parents had been doing so. This implies that a 'tipping point' for normative change may have been reached in these communities. Almost every respondent in Schuler's study stated that education had become a valuable asset in a girl and the lack of education a disadvantage for employability of girls in the future. Study participants highlighted the rise of what they called the 'smart woman' as a result of girls' education and NGO programmes (Schuler, 2007).

Parental attitudes and education also influence decisions about boys' and girls' schooling. In their study, Alim and Rashid (2005) found that the belief that equal levels of education are desirable for boys and girls vary with education level, religion and occupation, with the most educated groups being most likely to favour equal education. A quantitative study by Blunch and Das (2015) also found that younger women and their husbands have more positive views about girls' education compared to older respondents, but while older women's attitudes are determined by their own education level, younger women are more influenced by their husband's education. Thus the authors conclude that as education becomes more common for girls, other factors appear to determine parental attitudes towards the education of their sons and daughters.

In the last twenty years, **employment opportunities** have increased for Bangladeshi women, particularly in the garment sector where women account for the majority of workers. There is increasing evidence that these employment opportunities contributed to increased demand for girls' education, and one study even indicated that they had a greater effect than the Female Secondary School Stipend Programme (Heath and Mobarak, 2012). Therefore, the dramatic increase in girls' secondary school enrolment rates in Bangladesh has been the outcome of several factors, including the stipend programme, the expansion of NGO schools, the modernisation and expansion of madrasa schooling, new employment opportunities in the garment industry, and the evolution of social norms in response to women's increased involvement in microcredit and paid employment (Das, 2007).

The transformative impact of girls' schooling on their capabilities and empowerment has also attracted growing attention. Indeed, secondary education appears to enhance girls' agency and improve their economic and political participation in the country. A few studies have explored how education facilitates girls' entry into the labour market and into better-paid jobs along with higher earnings. However, only girls with high levels of education are significantly more likely to engage in better-paid wage work, have greater control over income and improve their household decision-making power, while the majority of employed young women tend to supplement family income. Quantitative studies estimated that returns to education in wage employment are about twice as high for women as for men in Bangladesh (Aslam, 2013).

Apart from the role of education for women's economic empowerment, other studies have focused on how education improves older adolescent girls' agency in terms of their capacity to act according to their needs and aspirations and to control their lives. In a qualitative study in Southwest rural Bangladesh, girl college students felt that higher secondary education offered them a strong sense of self-worth and self-esteem, enabled them to imagine the life they would like to have, and helped them overcome difficulties to become independent, to 'stand on their own feet' (Del Franco, 2010). In her study, Das also found that girls felt that education provides them with a voice and enables them to speak with confidence and be listened to (Das, 2007).

5.10 Remaining challenges to girls' education

Significant barriers to adolescent girls' education remain, including poverty, discriminatory social norms and practices such as early marriage and dowry, and problems within the education sector itself, such as the absence of high quality and girl-friendly education. These barriers interact and reinforce each other at the expense of girls' education. On the other hand, the main government measures to address them have largely focused on removing economic and supply-side constraints (Jahan et al., 2011).

The principal reason for dropping out of school is household **poverty** (GoB, 2015). Although basic education is free and stipends are provided, there are significant **hidden costs** that poor households have difficulty to meet. They include small payments that almost 90% of households make directly to schools as well as the costs of uniforms, stationery, snacks and private tutoring. In fact, private tutoring accounts for the largest portion of private expenditure (UNICEF, 2009), and is seen as necessary for students who want to succeed in school (Shonchoy and Rabbani, 2015) and pass their exams given poor-quality instruction and large class sizes (Schuler, 2007).

A study of urban adolescents found that although more girls and younger adolescents aged 12-15 had private tutors compared to boys and older adolescents aged 16-19, boys with tutors received help in more subjects, and not only in English and mathematics, the two subjects in which most students receive help. In addition, although two-thirds of adolescents with non-educated parents also had private tutors, those with more educated parents were more likely to have tutors because their parents were either able to pay or more aware of the importance of tutoring assistance (Amin, 2015). A study using household survey data over 10 years found that households continue to spend more on and provide better quality education for their sons than their daughters. It thus appears that although the gender gap in education resource allocation has been reduced, it has not been eliminated (Shonchoy and Rabbani, 2015).

Given that the hidden education costs increase, as girls progress to higher classes and are only partly covered by the stipend amount, many poor families withdraw their adolescent daughters (Jahan et al., 2011; Schuler, 2007). A 2010 DFID-funded study found that income and food security, as indicators measuring poverty, have the 'most cross-cutting and significant effects' on access to education. Despite policies to enable poor children to attend school, education costs remain high, with the average cost of primary school per child being US\$55 annually compared to a gross national per capita income of US\$520 (Hosseini and Zeitlyn cited in HRW, 2015a). Several other studies also showed that children from ultra-poor households are those more

likely to struggle to meet the stipend criteria of attainment and attendance as sometimes their family simply does not have any food (Hossain, 2010; HRW, 2015a).

Poverty combined with **high opportunity costs of education** also leads to absenteeism, repetition and dropout, as adolescents have to work to support their household (Amin, 2015; GoB, 2015; UNESCO Bangladesh, n.d.). In a recent survey, the majority of out-of-school urban adolescents reported having to stop their schooling to care for their siblings or other family members – 68% of boys compared to 53% of girls (Amin, 2015). In general, boys are more involved in paid employment, while girls assist with household chores and farming activities as unpaid labourers (UNESCO Bangladesh, n.d.).

In particular, **girls' household responsibilities** have a negative impact on their schooling. Indeed, the 2009-2011 National Strategy for Accelerated Poverty Reduction II included among women's risks and vulnerabilities, non-attendance or dropping out of school of girls under 12 years and older adolescent girls, and the double burden of education and work. Yet a review identified only one policy that paid particular attention to the issue: the Primary Education Development Programme II, specifically recognised the care provided by older siblings and in response established baby classes to address the problem (Huq, 2013).

Using household survey data for adolescents and young adults aged 10-24, a study found that time spent in work is linked to the amount of time spent studying at home. Children of educated parents or better-off parents are less likely to spend time working and more likely to study more. Those in households with children under age five are more likely to spend time working, while those living in households with members aged over 65 are significantly less likely to do so. Girls spend on average at least half an hour per day less on studying compared to boys – that is 130 hours less than boys annually – and this average masks household differences with girls in poor households with young children having much less time to study (Amin and Chandrasekhar, 2009).

Another study of 9,000 children aged between four and 15 across six districts on the factors associated with school dropout, found that those who stop school come from lower-income families, have parents with lower education levels, have more household responsibilities and receive significantly less school support from their parents. However, girls were slightly less likely (0.36 times) to drop out compared with boys; age appeared to be a more important determinant as an additional year was associated with 1.5 times increased likelihood of dropping out of school (Sabates et al., 2010). Low levels of parental education is consistently noted as a constraint to girls' education (Jahan et al., 2011).

Traditional social norms and practices also affect girls' school participation. In several qualitative studies, poor families have stated that poverty and traditional norms shape girls' educational attainment (Das, 2007; HRW, 2015a; Sarkar et al., 2014). Conservative religious leaders in rural communities believe that educated women are disrespectful and no longer accept male dominance (Sarkar et al., 2014). In a survey, some young men felt confused and disapproving of young educated women's more confident attitude instead of the expected traditional shyness and modesty (Das, 2007). Boys receive greater family support to continue their education as sons are typically expected to provide for their family, their earning potential is perceived to be higher, and they tend to live with their parents when they get married. On the other hand, daughters move in with their husband's family (Shahidul, 2013). While education for boys aims to lead to better employment opportunities and higher income, education for girls is mostly linked to improving their marriage prospects and preparing them to become good mothers (Shonchoy and Rabbani, 2015). Thus many poor families in rural areas may prefer to save money for girls' dowry and marriage instead of spending it on their education (Jahan et al., 2011). This is often the case in areas with limited employment opportunities and low female labour force participation where returns to girls' education are lower and marriage is perceived as the best solution poor families have to preserve their reputation and their daughter's honour and future (Schuler, 2007).

Child marriage continues to be a major factor for dropping out of school, particularly for poor girls. Girls from the poorest quintile are more likely to get married early compared to those from the wealthiest quintile. In

a recent study, many interviewed parents and girls linked poverty, education and child marriage. Many parents were too poor to afford keeping their daughters in school, as even the smallest school expense, such as the exam fees, which may be as little as US\$0.13, was unaffordable. Financial constraints and prevalent discriminatory norms according to which sons are the future economic providers and girls are expected to marry early, prompt parents to prioritise boys' education, withdraw girls from schools and marry them at some point. Most girls reported that they were married when their families could no longer afford to educate them and only some girls said that leaving school was the result of, and not the reason for, child marriage (HRW, 2015a). In a project baseline survey, over half of girls reported that they stopped school and got married²⁹ (Amin et al., 2014). In another survey in urban areas, more than one in three adolescent girls said that they dropped out because they got married — 39% compared to 0.01% of boys (Amin, 2015).

Marriage typically stops education, but a girl's education also affects the timing and quality of her marriage in relation to her family's financial situation and social status. A family receiving the government stipend may often decide to increase their daughter's education attainment and delay her marriage as a strategy to improve her marriage prospects. A critical education threshold for girls' marriage prospects is the completion of the 10th grade and the successful pass of the school examination, which is perceived to be significant in rural areas for both girls and boys as this certificate facilitates access to paid employment. Some parents without the necessary dowry amount may continue educating their daughter, so that she will be able to get a job and provide her own dowry. However, more education may also lead to higher dowry as educated grooms have higher status and accordingly higher dowry demands (Amin and Huq, 2008). In her qualitative study, Del Franco (2010) notes that in general parents try to get their daughter to continue to secondary school and reach the 10th grade so as to increase the possibility of a good marriage; yet most parents in the study area withdrew their daughters before they sat the final certificate exam when they had received good marriage proposals, saved up some dowry money or knew that their girls were not going to pass the exam. Better-off families who can afford a higher dowry may support their girls to acquire higher education in order to obtain a better-educated and employed groom. Thus girls' education has increased but this change is closely linked to changes in the marriage market dynamics and the dowry considerations that influence parental decisions about girls' schooling (Amin and Huq, 2008).

Quantitative research also examined who is the key decision-maker about when girls should drop out of school. It appears that this person is often the father or a senior male family member (Sarkar et al., 2014) and that mothers have less bargaining power. Yet paternal and maternal involvement results in different dropout outcomes as increased paternal participation in household decision-making makes girls' dropout more likely while maternal involvement makes such an outcome less likely. Using data collected from 268 parents with daughters both in and out of school, one study estimated that a one-unit increase in a mother's level of participation in household decision-making decreases the likelihood of her daughter dropping out of school by 1.64%. The same study also suggested that parental income levels and employment status also determine girls' dropout outcomes (Shahidul, 2013).

Violence against adolescent school girls (GoB, 2015) and particularly eve teasing also hinders their education. Eve teasing refers to sexual harassment adolescent girls and women experience in public spaces – for girls most often on their way to and from school. According to the Bangladesh National Women Lawyers' Association, almost 90% of adolescent girls experience it, but the majority prefer to ignore it out of fear of being disgraced or provoking negative social comments about their honour and family reputation. Parents are particularly concerned and may decide to withdraw their daughters from schools and colleges. Although eve teasing often consists of men and boys teasing girls or asking to marry them, sometimes it may get dangerous when they threaten to rape or kidnap the girl who refuses their advances. As a result, girls may have to stop their education or reduce their mobility (Akhter, 2013). In an urban survey, a small proportion of adolescent girls reported having to stop school because of parental concerns about their safety – 5% of

29 Whether marriage was a cause or consequence of stopping schooling was unclear.

girls compared to just 1% of boys (Amin, 2015). Harassment and safety issues, limited mobility and the fact that dowry increases with age, may motivate parents to prioritise their daughter's marriage (Shonchoy and Rabbani, 2015; HRW, 2015a).

Despite improvements in infrastructure, there are still problems with inadequate numbers of schools, poor roads and transport, and **limited girl-friendly facilities**, including separate toilets. In 2013, 36% of primary schools did not have separate toilet facilities for girls (Shonchoy and Rabbani, 2015). Based on data from 2,300 adolescent school girls in 700 urban and rural schools, a study found limited girl-friendly school facilities, with only 12% of girls having access to gender-specific latrines with water and soap and only 3% reporting having a sanitary pad disposal bin inside the latrines. The vast majority (82%) thought that school facilities were inappropriate for managing menstrual hygiene and 40% reported missing school during menstruation – on average, three school days each month. Absence from school during menstruation was more common in schools where girls did not have a place to change sanitary pads; among girls who reported feeling uncomfortable at school during menstruation; and among girls who believed that menstruation was a female illness. Thus school absence was linked to lack of school menstrual hygiene management facilities, discomfort during menstruation and limited knowledge about menstruation (Alam et al., 2014).

Other **girl-friendly school features** include female teachers at secondary level (GoB, 2015) and gender-sensitive teacher training (Jahan et al., 2011). Particularly in conservative communities, where parents do not allow their daughters to be taught by a male teacher, recruitment of female teachers has facilitated girls' access to school (Kirk, 2006). One study also looked at the effect of the gender of head teachers on student academic success: primary school students performed significantly better in exams under the leadership of female head teachers, while students in secondary schools obtained better grades in examinations under the leadership of male head teachers (Elias, 2013). Government efforts increased the number of female teachers in government primary schools from 36% to 58% between 2005 and 2012, but the proportion of girl students only slightly increased (0.1%) during this period; while female teachers in madrasas accounted for only 17% compared to 49% of girl students. On the other hand, BRAC schools have a much higher proportion of female teachers (over 85%) (MoPME, 2015). In secondary education, women account for just 25% of all teachers (BANBEIS, 2015). In addition, although the basic teacher training course includes a special gender component, it has not been very effective, as some evidence suggests that girls continue to receive less attention in the classroom (Jahan et al., 2011; Shonchoy and Rabbani, 2015). Lack of gender sensitivity discourages girls from participating actively and contributes to loss of interest in studies. In addition, despite reforms, textbooks continue to promote gendered stereotypes (Jahan et al., 2011).

Limited girl-friendly school environments and **poor quality of education** also affects girls' schooling (Shonchoy and Rabbani, 2015). Many studies have focused on student competencies and gender differentials and found that girls have consistently lower learning achievements than boys (Ahmed and del Ninno, 2002; Ahmed and Sharmeen, 2004; Ahmed, 2004; Asadullah and Chaudhury, 2013b). For example, a study of 3,200 rural children aged 10-18 reported that about half of them failed to pass the maths test, with girls having lower scores than boys despite their higher grade completion rates (Asadullah and Chaudhury, 2013b). The study notes that international assessment exercises such as TIMSS, PIRLS and PISA do not cover Bangladesh. Given the importance of documenting learning outcomes, however, some studies like this and government surveys aimed to fill the gap. Thus the 2008 National Student Assessment (NSA) sample survey assessing student performance found that basic competencies were low, particularly among girls; less than 14% of students mastered all learning outcomes for grade 5 Bangla and slightly more than 3% for grade 5 maths. Learning outcomes in secondary school are also low, as two studies using student answers to maths questions from an international testing agency to measure learning, found that the percentage of correct answers ranged between 36% and 38% (Asadullah and Chaudhury, 2013b).

Student surveys also indicate students' dislike or lack of interest in education which leads to poor performance and dropout. Although more boys than girls report leaving school due to lack of interest (Amin, 2015), this is closely linked to classroom practices with students from poor households experiencing neglect,

negative attitudes, and underestimation of their capabilities by teachers and peers, which often lead them to become silent and finally absent (UNESCO Bangladesh, n.d.). Corporal punishment in school is prohibited by law and while a few small scale surveys indicate that its prevalence is declining, it is still high. A 2009 UNICEF report found that 91% of students, experience corporal punishment in school, and poorer children are more likely to experience it with greater frequency and severity than students from better-off households. In 2012, a national study reported that over 77% of students, experience physical and psychological punishment in school, but did not disaggregate by gender (Global Initiative to End All Corporal Punishment of Children, 2016).

Qualitative studies are better able to capture the impact of **gender discrimination** which continues preventing many girls from fulfilling their academic potential and achieving educational wellbeing and empowerment. Using a capabilities approach, Dejaeghere and Lee (2011) argue that such wellbeing depends on educational conditions such as quality and relevancy of education as well as gender-equitable norms, and point out that existing conditions and practices perpetuate gender inequality and thus constrain girls' educational wellbeing. Although girls have higher enrolment rates than boys, they are more vulnerable to violence, receive limited support to study from their family and teachers, and the education is irrelevant to their lives. In Northern Bangladesh, most respondents were aware of their rights to education, yet more than half the female participants felt that they could not act on these rights or achieve wellbeing through these rights. A considerable proportion — one third of girls and boys — reported feeling unsafe in school, not supported in their education and receiving an education not relevant to their lives. In particular, girls expressed their concerns about being harassed on the way to school and having to do housework chores at the expense of their schooling (Dejaeghere and Lee, 2011).

Natural disasters also impact adolescent girls' education in several ways. Frequent flooding affects between 30% and 50% of the population annually, leading to destruction of schools and disruption of schooling (Watkins, 2013). It is estimated that more than 4,600 schools are affected by disasters every year³⁰. In 2007, Cyclone Sidr affected more than 13,300 schools, while catastrophic floods in 2004 affected over 17,850 schools (EU, 2010). After Cyclone Aila hit southern Bangladesh in 2009, many schools remained inaccessible for more than a year after the event, with girls identified as particularly vulnerable to missing out on their education (Bradshaw and Fordham, 2013). During cyclones and floods, girls' household work increases as they have to walk longer distances to collect clean drinking water and to care for their siblings as their parents try to restore their livelihoods. In the aftermath of Cyclone Sidr, respondents in a study reported that a considerable proportion of school girls had to drop out of school and migrate to towns to work as domestic workers or in the garment industry in order to support their families. As discussed in section 3, there is some evidence of increased rates of child marriage in the aftermath of disasters, as well as of girls and boys being trafficked (Plan, 2011).

5.11 Marginalised groups of adolescent girls and education

Despite progress in promoting inclusive education, specific groups of adolescents continue to face limited educational opportunities. These groups include child labourers, street children, children with disabilities, indigenous children, children living in remote or difficult to access areas, those in extreme poverty, and children of sex workers or from the sweeping community (whose parents belong to the sweeper caste that does 'unclean' work for others, such as cleaning latrines and sewers) (Ahuja and Ibrahim, 2006; Jahan et al., 2011; UNICEF, 2009). Rohingya refugee children are also a marginalised group (CEDAW, 2015). In 2011, the CEDAW Committee expressed its concern about the very limited information and data on disadvantaged groups of girls and women, including those belonging to minority, migrant and refugee groups as well as those with disabilities and girls living on the street.

30 See unicef.org/bangladesh/media_9280.htm.

Child labourers

This section focuses on the relationship between child labour and education. For other issues related to child labour please see section 6 on economic empowerment. Data shows that both boys' and girls' labour force participation increases with age and that boys are more involved in paid employment from an earlier age, while girls are more likely to be involved in housework (Cameron, 2010). Hossain (2010) points out that the prevailing understanding of child labour as caused by family poverty ignores two key issues: economic growth has created new and more attractive employment opportunities for children, while poor quality education provides limited benefits and low economic returns. Parental decisions shaping school attendance are influenced by both factors. It is thus not a coincidence that child labour in Bangladesh is often associated with moderate household poverty and also helps poor families to establish patronage relationships with employers, which may offer economic security and apprenticeships. In addition, national education policies have focused on girls but have neglected poor boys whose early entry into paid employment appears to be a way to absorb the frustrations of young men within a context of high unemployment among educated youth – frustrations typically not experienced by girls whose education is perceived to improve their 'natural' maternal capacities (Hossain, 2010).

Nonetheless, child labour has a negative impact on education. The latest Child Labour Survey reports that only 31% of child labourers combine work with school (BBS, 2015), yet they have lower rates of school attendance and performance and are much older than their non-working classmates (Watkins, 2013). Indeed, a study of rural children aged 5-17 found that child labour is the most significant factor shaping school outcomes in the country, followed by the presence of a school in the community, parental education and household income. Child labour leads to lower school enrolment and lower grade attainment, especially for those aged 12-17 and girls in large households with more school-aged children. Using schooling-for-age data, the study also found that while working boys are 88% less likely to be enrolled in school and working girls 75% less likely, working girls are 34% more likely to fall behind in schooling progress compared to 25% for boys (Khanam and Ross, 2008).

Given the extent of the problem, there are several programmes targeting child labourers, particularly in urban areas, by providing them with non-formal education or skills training through a curriculum that enables them to combine work with school (Watkins, 2013). Community mobilisation campaigns also try to raise awareness and change attitudes tolerating child labour (Yasunaga, 2014). There are also some NGO-programmes assisting children living and working on the street and providing them with non-formal education and skills training schemes along with shelter and food (Ahuja and Ibrahim, 2006).

Children in urban slums

Rural-to-urban migration has resulted in growing urban informal settlements. Bangladesh is one of the most rapidly urbanising countries globally (Watkins, 2013). In Dhaka alone, there are nearly four million people living in slums with limited access to services. Only recently has the government paid attention to the education of children living in slums (UNESCO, 2015), for whom education indicators are the lowest in the country. The government recognises that these children are at a greater disadvantage than rural children (MoPME, 2015; Watkins, 2013). Enrolment is just 70% and NGOs provide more than half of school places. Over half of students do not complete primary school and dropout rates are more than six times the national average (Watkins, 2013). Boys appear to be more likely to be out of school than girls, though parents often withdraw girls from school so that they can help with household chores, find paid work to support the family, or get married. However, there is no reliable and up-to-date data on the number and the educational status of adolescents living in urban slums (Cameron, 2010). The Population Council urban survey notes that although the national average for secondary school attendance is 49%, the average in urban slums is only 18%; in particular, in Dhaka slums, net attendance in secondary education is 14%. Slum areas also have the highest secondary school dropout rates, especially for girls: more than 16% of girls drop out of school compared to 10% of boys (Amin, 2015).

Children and youth with disabilities

It is estimated that there could be between 800,000 and 10 million children with disabilities in Bangladesh (Peter et al., 2015). The government acknowledges that a large number of children with disabilities remain out of school (GoB, 2015) – just around 11% of those with disabilities receive some form of education (Peter et al., 2015). Since 2005, children with disabilities doubled their primary school enrolment rates, but these rates are still low, with nearly 109,000 children with disabilities enrolled in primary school. While girls have overall higher enrolment rates than boys in primary and secondary education, enrolment of girls with disabilities is lower than that of boys (UNICEF, 2009) – 55% of primary school students with disabilities are boys (MoMPE, 2015). Overall, girls with disabilities appear to be more disadvantaged than boys. Parents may feel stigmatised by having a child with disability and sometimes lock the child in the house. Girls are seen as bigger liabilities because stigma drastically reduces their chance for marriage and they are also more vulnerable to physical and sexual abuse. On the other hand, boys with disabilities more often receive some training to do menial tasks and can thus support themselves and their families (Ackerman et al., 2005). A number of NGOs operate non-formal inclusive schools for marginalised children and also include children with mild disabilities. However, teachers are inadequately qualified and trained; schools are often inaccessible; classrooms are unsuitable for children with disabilities; learning materials are insufficient; and 35% of students are unfriendly towards their peers with disabilities (Choudhuri et al., 2005).

Indigenous minority children

There are around 45 indigenous minority groups in Bangladesh comprising a population of 1.6 million (just over 1% of the population). The majority live in the Chittagong Hill Tracts in the Southeastern part of the country and about one third in the plains in the Northwestern part. The socioeconomic status of the latter is even worse than the former (Ahmed et al., 2013). As many indigenous groups live in remote and difficult to access areas, the journey to school is dangerous, especially during the rainy season. Girls in these communities are often enrolled in school late and safety concerns further constrain their education. Data shows that minority girls have lower primary school enrolment rates than boys (MoPME, 2015). Qualitative research also found that minority girls who passed their national examinations and got their SSC could not find work in their communities and ended up in farming (UNESCO Bangladesh, n.d.).

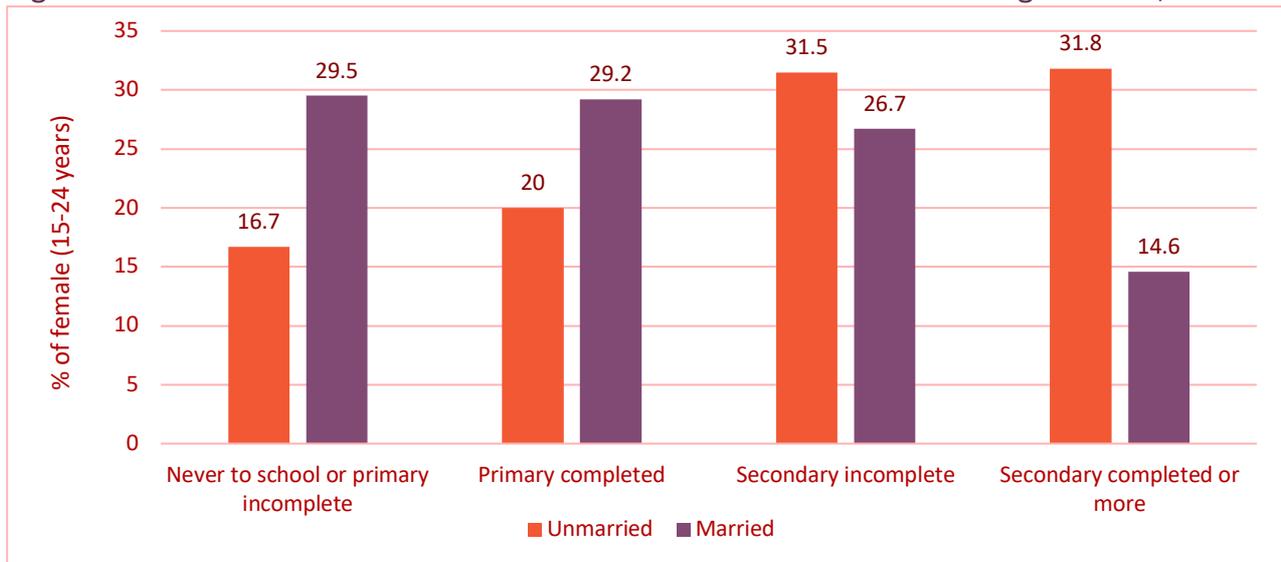
Children in chars and haor areas

Communities living in chars (river islands) and haor (swamp) areas are very poor, lack access to basic services and are most vulnerable to natural disasters. Parents of school-age children have to cover the transport costs of their children to attend schools on the mainland. Thus children are often absent and even miss their exams, while safety concerns during the monsoon period further affect their participation, especially that of girls. Teachers assigned to schools in these areas are often absent and disruption of education is common (Watkins, 2013). Data shows that primary school completion and survival rates are about ten percentage points lower in chars and haor areas where about 7% of schools are located (MoPME, 2015).

Married girls

Very few girls are able to continue their education after marriage (Amin, 2015). Using 2011 data, a study reported that married girls aged 15-24 have lower educational attainment compared to unmarried girls with only 15% having completed secondary or higher education (BIDS et al., 2013) (see Figure 9 below). A recent survey of urban adolescents confirmed that married girls had lower continuation rates compared to their never married peers – only 11.5% of married adolescents continued school. However, a project baseline report found that one in five married adolescent girls were enrolled in school. A comparison of time use data for married and unmarried girls showed that their domestic responsibilities considerably increase with marriage. Thus even if they attend school, married girls have very little time to study and schooling becomes incompatible with their domestic and childcare roles (Amin et al., 2014).

Figure 9: Educational attainment % of unmarried and married women aged 15-24, 2011



(BIDS et al., 2013)

Rohingya refugee children

Before the latest mass exodus that started in August 2017, UNHCR supported some 29,000 registered Rohingya refugees from Myanmar in two official camps in Cox’s Bazar. In addition, there were 36,000 refugees living close to the camps as well as 200,000 undocumented Rohingya living in host communities, who were considered since 2010 persons of concern to UNHCR. The agency estimates that there are currently 954,500 Rohingya refugees in Bangladesh³¹. The term Rohingya refers to the Sunni Muslim inhabitants of the Myanmar border region, known as the Rakhine State, who are not formally recognised by Myanmar as a national group, lack citizenship and face discrimination. Refugees have also faced considerable restrictions by the Bangladeshi government and local communities, including on movement, marriage and livelihoods, poverty relief, health services and education. Life in the camps is particularly difficult for women and children, who are at risk of domestic violence, rape, child marriage, child labour and trafficking, movement restrictions and exploitation. The UN agency and its partners have been working to improve their protection and life conditions by providing activities to youth, such as scout groups for boys and girls and initiatives to address violence in the camps. Primary education has been provided to refugee children in the camps since 2006 through UNICEF support, and the Bangladeshi curriculum was introduced in 2008. In late 2010, there were 21 primary schools with 4,279 boys and 3,250 girls; the majority of teachers were refugees. Each camp also had an adolescent and adult literacy school, with adolescents leaving the camps to attend government schools under false identities as they were not allowed to do so (Kiragu et al. 2011). More recently, UNHCR in partnership with Save the Children provided primary education and, for the first time with government approval, grade 6 and grade 7 (secondary) education to 573 refugees. In addition, 3,720 refugees were provided with vocational and technical skills training (UNHCR, 2015).

5.12 Assessment of the evidence and key gaps

Our search reveals that there is a considerable body of literature on the education of adolescent girls in Bangladesh, which provides a comprehensive overview of the remarkable progress achieved over the last twenty years, the key drivers of change and the remaining obstacles. Interestingly, a few academic sources using qualitative methodology also explore the linkages between girls’ education, their capabilities and empowerment, concluding that more research is needed in this area. Several quantitative sources also

31 <https://data2.unhcr.org/en/documents/download/61561>

examine girls' learning outcomes. However, apart from pointing out girls' worse performance or lower completion rates compared to boys, they tell us very little about the factors and the processes that lead to these outcomes. In addition, despite research – mostly quantitative – on specific barriers such as child marriage or child labour, there is limited analysis about particular groups of girls and their educational disadvantage, specifically, girls from extremely poor families, working girls in rural and urban areas, domestic workers, girls with disabilities, minority girls, and married girls, with existing evidence characterised by generally narrow foci and fragmentation. In addition, accurate and up-to-date data is required to reveal the extent of their educational disadvantage.

6. Economic empowerment

Key points

- Most of the available literature focuses on child labour and female garment workers. Child labour continues to be a major issue in the country with boys being four times as likely to be child labourers as girls. Girls are more likely to be involved in unpaid household and care work and are thereby underrepresented in child labour statistics. Data indicates that girls are present in higher proportions in the service and industry sectors
- Data also shows that 51% of older adolescent girls and young women aged 15-24 work compared to 67% of their male counterparts, the majority in the informal economy
- While young men aged 15-29 spend more hours in paid work, girls and young women spend overall more time working when paid work is combined with their unpaid household work – a total of 8.3 work hours per day for young men and 9.1 for young women
- Data shows a small increase in the proportion of international migrants who are female and under 19, from 19% in 1990 to 21% in 2010. Girls also migrate to urban centres for garment or domestic work as a strategy employed by poor households with little or no land to increase the dowry amount
- Adolescent girls and young women have particularly benefited from the dramatic growth of the ready-made garment sector with women accounting for more than 70% of its employees. The vast majority of women in the sector are young migrants from rural areas, often from landless households, who work to support their families, earn their dowry or improve their lives; yet accurate data about the number and the ages of adolescent girls working in the garment sector is hard to find
- Although over the past 20 years working standards in this sector have been improving, they still cannot meet the desirable international standards of decent work. Yet employment in the sector had significant effects on women's lives. Girls and young women have become economic actors, able to support their families and valued as income earners. Working girls and young women have also been able to negotiate with their family, postpone their age of marriage, and exercise greater choice in who they will marry. Availability of such employment also increased demand for girls' education. However, there is also scepticism about the empowering potential of garment work as it has not enabled women workers to organise collectively and to use their power to promote their rights as workers and citizens
- Many employed adolescent girls report giving part of their income to their families, and saving for their dowries and marriage expenses. Some evidence indicates that girls may save at high rates, but they do not have the necessary secure saving structures and often rely on family and friends to hold their money. Yet we know very little about their participation in microfinance programmes, although there is some data for older adolescents
- While inheritance rights to land and property are governed by personal laws according to the religion of the deceased and typically favour boys and men, there is evidence that the situation may be slowly changing with younger women more likely to receive parental property compared to older women who either never received it or offered it to their brothers

6.1 Overview of the evidence

Our research identified 69 sources on the economic empowerment of adolescent girls in Bangladesh. Of these, 50 were grey literature. The vast majority of the examined studies focused on child labour and female garment workers. Although women's economic participation and empowerment in Bangladesh is a major focus of the reviewed literature, there is much less that specifically considers adolescent girls; adolescent girl workers are typically 'lumped in' with adult women workers and microfinance borrowers without a specific focus on this younger age group.

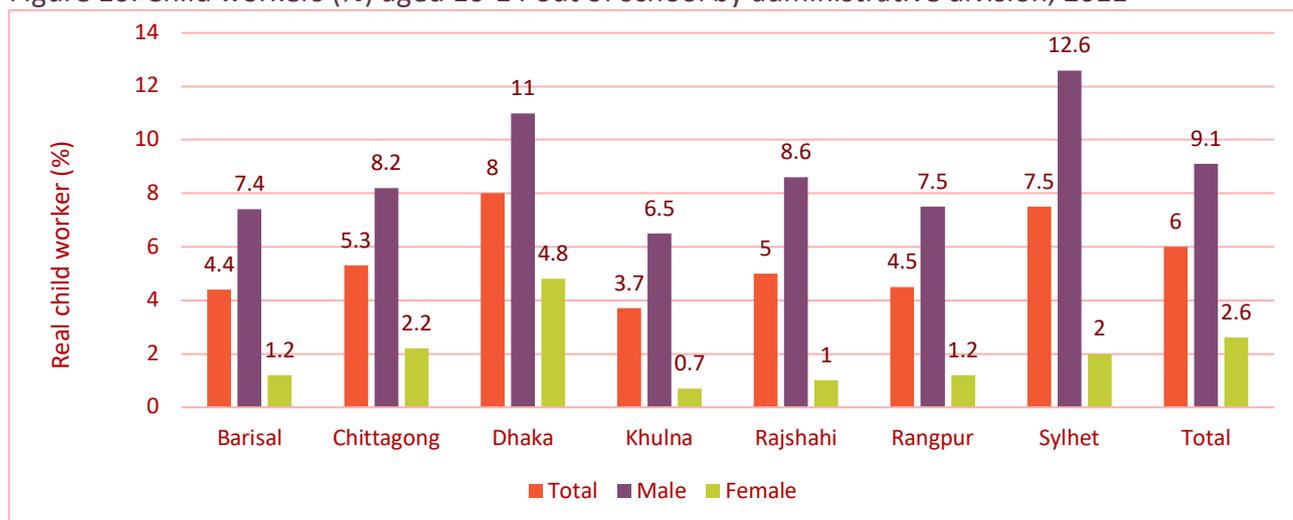
The government's Vision 2012 aims to transform Bangladesh into a middle-income country, with poverty reduction being the single most important policy agenda (GoB, 2015). Between 2000 and 2010, poverty rates indeed steadily fell by about 1.7 percentage points annually, and in 2010, 31.5% of the population were poor compared to 49% in 2000. Labour income was the single most important contributor to poverty reduction. Nevertheless, poverty continues to be substantial with 47 million people still living in poverty and 26 million people in extreme poverty in 2010; poverty is more pervasive and extreme in rural areas, while urban areas are more unequal (World Bank, 2013). In 2009, UNICEF's Global Study on Child Poverty and Disparities found that around 26.5 million out of 63 million children in the country were living below the national poverty line, and 32 million were living below the international poverty line. While the most disadvantaged children belonged to the 5-9 age group, early adolescents were more disadvantaged than older adolescents, with 61.5% of boys and almost 61% of girls aged 10-14 experiencing at least one severe deprivation (Barkat et al., 2009).

6.2 Younger adolescents: child labour

The 2006 Labour Act states that children below the age of 14 are not allowed to work. Furthermore, there are limits to the type of work adolescents aged between 14 and 18 are allowed to complete, such as that which is considered dangerous or in heavy industries. The government has also formulated the 2010 Child Labour Elimination Policy and has collaborated with development partners to reduce it (BIDS et al., 2014). However, child labour continues to be a major problem in the country.

Accurate data on child labour is difficult to obtain. The 2013 Child Labour Survey estimated that there are 3.45 million working children aged 5-17 – the majority are in rural areas, working in agriculture. Over 2 million are boys and 1.3 million are girls (BBS, 2015). These numbers represent a decrease from estimates of between 5.4 million and 7.9 million child labourers in 2000 (UNICEF et al., 2011; Salmon, 2005). Based on data from the 2011 Population and Housing Census, a collaborative study of the Bangladesh Institute of Development Studies, the Bureau of Statistics and UNICEF estimated that in 2011 about 1 million children aged 10-14 were engaged in such labour, representing 6% of this age group, although the real extent of the problem is acknowledged to be potentially greater. The majority were employed in the service sector (41%), followed by agriculture (39%). Dhaka and Sylhet were the administrative divisions with higher proportions of child workers, and Khulna with the lowest (BIDS et al., 2013) (see Figure 10 below).

Figure 10: Child workers (%) aged 10-14 out of school by administrative division, 2011



(BIDS et al., 2013)

Available data from the 2011 BDHS also shows that the prevalence of child workers out of school was higher in urban areas (9%) than in rural (5%) (BIDS et al., 2013), while 2014 BDHS data indicates that more boys than girls aged 10-14 were working – again more in urban than rural areas (NIPORT et al., 2016) (see Table 12). Other data sources also agree that in both urban and rural areas, boys are more likely to work than girls (ILO, 2013c). Boys are four times as likely to engage in child labour as girls, while girls are more likely to perform unpaid work such as household chores or childcare and are thereby underrepresented in child labour statistics (UNICEF et al., 2011; Salmon, 2005). Overall, 46% of those aged between 7 and 14 worked in agriculture, 36% in services and 16% in manufacturing industries (ILO, 2013c). The proportion of working boys is much higher in agriculture compared to girl child workers, while girls are present in higher proportions in the service and industry sectors (BIDS et al., 2013).

Table 12: Percentage of male and female de facto household population aged 10-19 who are working at the time of the survey by age, sex and residence, BDHS, 2014

Age	Boys			Girls		
	Location		Total (%)	Location		Total (%)
	Urban	Rural		Urban	Rural	
10-14	10.9	9.7	10.0	7.7	2.6	3.9
15-19	43.6	39.6	40.8	21.1	12.8	15.1

(NIPORT et al., 2016)

Many girls from rural areas migrate to cities to work in domestic service (Giani, 2006). Adolescent girls also work in garment factories to provide for their families – a decision often taken by their parents and not the girls themselves (Cameron, 2010). The highest percentage of young adolescent girl workers was found in Dhaka, followed by Chittagong and Sylhet (BIDS et al., 2014). A Population Council survey in urban areas also found that about a third of adolescents work, with urban boys being more likely to be in paid employment than girls. However, nearly one in four urban adolescent girls are engaged in income-earning activities. Urban boys and girls have different occupations, hours of work and earnings: boys work in the service sector on average 50 hours weekly and earn 50% more than girls, who work in garment factories an average of 40 hours weekly (Amin, 2015).

Household poverty is a key factor driving child labour, but not the only one as the practice is nearly universal, with the highest rates of child labour in Dhaka (BIDS et al., 2014). Household social status within a community

also influences rural household decisions to send children to urban areas for work. Intra-household factors such as household composition, parental age and health, child birth order and sibling composition also play a role. For instance, girls without older brothers are more likely to migrate to support their families. Timing is also particularly important for girls, as when they reach marriage age they are expected to stop working. Girls in poor households with little or no land may migrate to work so that they can save for their dowries (Heissler, 2008). Enforcement of the Labour Act is also weak due to inadequate financial and human resources, and the Act makes no reference to the problem of child labour in the informal economy (BIDS et al., 2014).

Another particular group of working children are street children, who work and live on the street, often away from their families. Some street children go back to their families at night, but the majority are aged 6-18 and left their families due to poverty and mistreatment (Ahuja and Ibrahim, 2006). A qualitative study with street children in Dhaka found that sex work is an important survival strategy for street girls, and, as discussed in section 3, many face sexual violence (Conticini and Hulme, 2006). Some children are trafficked either internally or to India and Pakistan for sexual exploitation, street work and domestic service (USDOL, 2014).

6.3 Older adolescents: employment and self-employment

Under the law, adolescents over 14 are allowed to work as long as their working conditions meet certain criteria and they are not employed more than 42 hours weekly (Cameron, 2010). In 2012, ILO³² data shows that 51% of girls and young women aged 15-24 were working compared to 67% of their male counterparts. Overall youth employment was almost 60% compared to 71% for adults, and youth unemployment was 9%, compared to 3% of unemployment for adults. Girls and young women have higher unemployment (9.3%) than boys and young men (8.6%). In 2010, youth unemployment was also higher in urban areas (10%) compared to rural areas (7%), and the majority of youth worked in the informal economy, particularly in the agricultural sector. Almost 40% were unpaid family workers and only 17% of youth were in paid employment (ILO, 2013c). Female underemployment dropped significantly from 68% in 2005 to 34% in 2010, largely as a result of export-led and labour-intensive industrialisation strategies that led to the dramatic growth of the ready-made garment sector; employment in this sector increased from 2.2 million to 3.6 million between 2005 and 2010, with women accounting for more than 70% of its employees (ILO, 2013a).

Despite increased female education enrolment rates, female labour force participation rates are still low. The World Bank poverty assessment report (World Bank, 2013) found that women with some education appear to be less likely to work than illiterate women, while women with more than 12 years of education are the most likely to participate in the labour force. Interestingly, although returns to education are still low, they are larger for women than men and for particular occupational groups, with public sector wage workers earning substantial premiums. For example, the return on one more year of education is as low as a 1% wage premium for male daily workers, but as high as 12% for female public sector workers. However, the income of women with 5-10 years of schooling is not significantly different from those with less than five years of schooling. There are also important regional differences: returns to education are higher for women in the east, but greater for men in the west of the country (World Bank, 2013). Another study (based on analysis of large scale household survey data) argues that education in itself apparently does not facilitate women's access to the labour market in Bangladesh, probably due to strong cultural constraints and gendered attitudes restricting women's movement and defining what is acceptable for them to do. Yet the study also confirms that the economic returns of education among wage workers appear to be significantly greater – about twice as high – for women than for men. However, the proportion of women in wage employment is very low in Bangladesh, lower than that in India and Pakistan (Aslam, 2013).

The literature also identifies child marriage and early motherhood as significant constraints on female labour force participation. Although the relationship between marriage and the likelihood of female employment

32 See <http://apyouthnet.ilo.org/stats/youth-employment-statistics-in-bangladesh>.

substantially declined between 2000 and 2010, the probability that a woman participates in the labour force falls by 22% when she is married. Low female wages may also partly explain low female employment rates. In 2010, more than 70% of the gender pay gap remained unexplained, though the World Bank suggests that it is largely the outcome of gender discrimination in the labour market (World Bank, 2013).

In a study of 12,000 adolescent girls in Southern Bangladesh, only an average 7% reported working, with the poorest and the wealthiest girls more likely to report doing so than those in the middle of the income distribution. This reflects economic pressures among the poorest girls and social norms that accept or enable girls and young women among better-off groups to undertake particular employment types. Out of school, less-educated girls most commonly reported working in agriculture, while the majority of educated girls reported working in the education sector as teachers or private tutors. The study also found that average weekly hours of paid work declined as education level rose, while average pay increased with education level (Amin et al., 2014).

Another Population Council study conducted in 2014 found the following results for employment of urban adolescent girls: the majority (39.5%) of girls reported working in the garment sector, 27% reported teaching, and 13% reported working as a housemaid; very few worked in agriculture, given that this is an urban sample (see Table 13). However, it must be stressed that even when adolescent girls are involved in paid work, they tend to spend more hours doing household work and fewer hours on leisure than their male counterparts. As we saw in section 2, according to the pilot national Time Use Survey, young men aged 15-29 spend more hours involved in paid work, but girls and young women spend overall more time working when paid work is combined with their unpaid household work – a total of 8.3 work hours per day for young men and 9.1 for young women (BBS, 2013a).

Table 13: Employment (%) by sex, age, and marital status among urban adolescents

Work Issues	Sex (%)		Age Group (%)		Marital Status (%)		All
	Boys	Girls	12-15 years	16-19 years	Ever married	Never married	
Ever worked for pay	35.7	24.7	17.5	44.2	31.2	30.1	30.2
Currently working	32.4	19.1	15.0	37.5	20.1	26.4	25.7
Occupation							
Teacher/tutor	8.4	27.0	5.3	19.6	12.5	15.5	15.2
Service/salary paid	22.5	8.7	17.7	17.2	11.3	18.0	17.4
Business/shopkeeper	19.6	0.3	11.3	13.0	2.5	13.4	12.5
Mechanics	14.4	0.9	10.6	8.8	3.8	9.9	9.3
Garment worker	9.5	39.5	20.1	21.0	40.0	18.9	20.7
Housemaid	1.0	12.8	11.0	3.0	10.0	5.0	5.4
Poultry/agr. work/ labour/cottage industry	1.4	2.0	0.7	2.0	7.5	1.1	1.6
Parlour worker	0.0	0.6	0.4	0.2	0.0	0.2	0.2
Tailor	0.3	2.9	1.1	1.4	2.5	1.2	1.3
Day labourer	7.1	0.6	7.1	3.6	1.3	5.0	4.7
Other	15.8	4.7	14.8	10.2	8.8	11.0	11.6
Average Weekly Working Hours	50.29	40.18	47.36	46.15	46.20	46.42	46.37

As noted in section 5, the provision of vocational education is limited and there is a mismatch between the skills training on offer and market demand. International organisations are particularly concerned about the problem and are collaborating with the Bangladeshi government to improve the situation, given swelling youth cohorts in need of skills development and employment. Thus the World Bank suggests a focus on creating female-friendly jobs, work environments and labour policies to facilitate higher entry levels of young female graduates into the labour force. It also recommends cash-based transfers to build the skills and improve the employability of poor youth (World Bank, 2013). Although no age-disaggregated data was found, older adolescent girls from poor households could also participate in public works programmes, which provide cash wages and training for income-generating activities to women for labour-intensive work in constructing and maintaining rural infrastructure (World Bank, 2013).

Data shows that the majority (over 70%) of young women work in agriculture, while 20% work in manufacturing and almost 4% in the service sector (ILO, 2013c). Despite their qualifications, many are employed in low-skill jobs which account for the majority of employment opportunities (ILO, 2013b). The ILO also reports that 69% of employed adolescents aged 15-17 are working in hazardous conditions (ILO, 2015).

Agriculture

Although its share in GDP has been declining in recent years, agriculture is still the ‘mainstay’ of the Bangladeshi economy generating two-thirds of total employment (Khanam, 2006; Scalise, 2009). The majority of youth (52%) are employed in agriculture compared to 39% of adults. Women’s participation in non-farm employment has not increased as much as expected due to increased male – both internal and external – migration and involvement in non-agricultural activities as well as cultivation of labour-intensive crops (CEDAW, 2015). Although their share in the sector is declining, women accounted for more than half of the agricultural labour force – 51% in 2010. However, they do not generally have ownership over land and tools necessary for agricultural activities. Most are unpaid family workers (ILO, 2013b). The latest Child Labour Survey reported that the majority (37%) of working children aged 5-17 were informal agricultural workers – 40% of girls compared to 35.5% of boys. However, significant age differentials exist as those aged 6-11 account for 54% of working children in agriculture, followed by those aged 14-17 who account for 22%, while those 12-13 only represent 9%. The involvement of children and adolescents in farming is deeply rooted in rural life and is understood as a legitimate and acceptable practice (Khanam, 2006). Child labour on family farms is viewed as part of one’s education and socialisation, not something which is exploitative (ibid.). However, in practice, almost one in five children in agriculture face hazardous working conditions (BBS, 2015).

Garment industry

Facilitated by the introduction of international quotas on clothing exports from East Asian industrialised countries and promoted by export-oriented national policies and proactive local entrepreneurs since the late 1970s, the Ready-Made Garment (RMG) industry has become a strong contributor to the national economy (Kabeer and Mahmud, 2004). In 2011, Bangladesh was the second largest garment exporter globally after China (Ahmed and Nathan, 2014). While the sector employs just 4% of the total labour force, it accounts for some 10% of GDP (Hossain, 2012). In 2013-14, the country exported garments worth more than US\$24 billion. These garments account for almost 80% of national export earnings (HRW, 2015b). The sector employed around 4 million workers in 4,536 factories (HRW, 2015b), with women constituting around 70% of employees (Hossain, 2012).

Garment factories operate within or outside export promotion zones (EPZs) wherein foreign direct investment was allowed initially (Ahmed and Nathan, 2014). The industry has three main tiers: the first tier includes the EPZ industries with direct links to international buyers, modern equipment, better working conditions and a relatively educated workforce (Kabeer and Mahmud, 2004). The EPZ factories comprise a small proportion of the total garment sector, less than 10% in 2012. The second tier includes factories varying

in size from large to medium and with some minimum labour standards in place due to their links with buyers. The third tier consists of small and low-grade factories with subcontracted orders from large factories and working conditions very close to those in the informal economy (Kabbeer and Mahmud, 2004). This informal part of the sector also includes child labourers who work along with their parents and other family members on contracted jobs to enable big suppliers meet large and quick orders from buyers (Ahmed and Nathan, 2014).

The sector faced considerable challenges in the 1990s when the poor working conditions and the use of child labourers attracted the attention of consumers in the US, a key market for Bangladeshi garments. The Bangladesh Garment Manufacturers and Exporters Association was forced to sign an agreement in order to ensure a reduction in the rates of child labour (Khanam, 2006). The industry attracted global attention again at the end of 2012 when the Tazleen factory was burnt and in 2013 when the Rana Plaza building collapsed killing almost 1,200 workers and injuring over 2,000. Factory fires have occurred regularly and many workers died as they were locked inside to prevent theft of materials or meet deadlines. In the Rana Plaza building, a government inspector had ordered the building's evacuation the previous day after large cracks had appeared in the walls. But on the morning of the collapse, factory managers persuaded or forced workers to enter the building and work. In response to the disaster, the government, factory owners, foreign retailers and international agencies and donors (US, EU) tried to improve safety conditions (HRW, 2015b).

Over the past 20 years working standards in the sector have been improving, although they still cannot meet the desirable international standards of decent work. These improvements were largely due to pressures from international buyers and consumer groups, the economic upgrading by suppliers and more stable relations with factories and to a smaller extent to garment workers' movements, who became considerable actors forcing factory owners and the government to meet some of their demands (Ahmed and Nathan, 2014). While the working conditions in the EPZ factories are better monitored, there are still issues with factories outside these zones, which get sub-contracted orders. Infrastructure is often poor, safety codes are lacking, and the government provides inadequate regulatory oversight and enforcement (ILO, 2013b). However, efforts to improve working standards and safety regulations are continuing. In particular, the Rana Plaza factory collapse led to new agreements between buyer firms, employers and trade unions aiming to improve labour and safety conditions in the garment sector (ILO, 2015).

Apart from safety conditions, wages have also improved slowly. The government first introduced a minimum wage for unskilled workers in 1994; it increased it in 2006 in response to labour unrest and then again in 2010 while changing the wage structure to reduce the gap between different levels of workers that had led to more unrest. Given the importance of the sector, factory owners are closely linked to the government and have discouraged or repressed efforts to organise garment workers; it is indicative that trade unions were prohibited in the EPZs until 2004. Since 2006 there has been increasing unrest in the sector with workers fighting for decent and regular wages (Hossain, 2012). Between 2006 and 2010 the minimum wage in the sector increased by 33%. Average monthly wages ranged between US\$70 and US\$250 when per capita gross national income (GNI) was US\$65 monthly between 2008 and 2012. In late 2013, the government increased the minimum wage from US\$39 to US\$68 monthly in response to violent workers' protests (HRW, 2015b).

However, two years after the Rana Plaza disaster a Human Rights Watch report based on interviews with more than 160 workers in 44 factories argued that violations of workers' rights continue, including physical and verbal abuse, forced overtime, failure to pay wages on time or in full, denial of paid maternity leave, pressures on workers not to use the toilet, and provision of dirty drinking water. Conditions in some factories also violate the national labour law and international standards that Bangladeshi suppliers need to follow to keep their contracts from Western retailers. Despite provisions easing union registration process and registration of unions, fewer than 10% of garment factories have unions, while union leaders are targeted and threatened, while women workers involved in organising unions reported being sexually threatened or insulted (HRW, 2015b).

The garment sector is the largest sector employing women in the country (CEDAW, 2015). Women account for the vast majority of the woven RMG sector, while men are increasingly important in the knitwear industry (Hossain, 2012). Accurate data about the number and the ages of adolescent girls working in the sector proved hard to find. In the 1990s, the RMG industry opted for women workers as they were perceived to be a docile and cheap labour force, and the work was deemed to be appropriate for them (Hossain, 2012). An unlimited supply of young women willing to work long hours for little pay made the urban manufacturing sector a major factor of increasing female labour force participation. The vast majority of women in the garment industry are young migrants from rural areas, often from landless households, who work to support their families, earn their dowry or improve their lives. Those working in EPZ factories – accounting for a small percentage of garment workers – are more educated and more likely to be from land-owning and food-secure households. Employment in EPZ factories is close to formal sector employment as it includes an entry test, a contract letter, permanent status, awareness about labour laws, higher wages and benefits such as paid leave, healthcare and childcare with women workers more likely to report higher incomes and fewer hours than those working in other types of RMG employment. The majority of girls and young women work in factories outside the EPZ, which typically operate more with the rules of the informal sector adjusting production to demand. This includes hiring workers with little or no education, not providing a contract but keeping them on temporary status irrespective of how long they are in the factory, offering minimal on-the-job training and providing few benefits. Employees have to work longer hours than anywhere else in the manufacturing sector, even all night to meet deadlines. Irregularity in received orders and uncertainty were reported by most employers as the reasons for not investing and changing their strategy (Kabeer and Mahmud, 2004).

Women workers often have to remain seated for long hours, performing the same repetitive tasks in unsafe working conditions with few promotion prospects. They may also be paid irregularly (Hossain, 2012). The recent HRW report based on interviews of 88 workers in 38 factories documented failure to pay the minimum or full wage, a late payment of wages, and denial of overtime payments (HRW, 2015b). Wages may also be lower than those of men for the same job. Men tend to be employed as managers, supervisors and skilled workers, while women account for 80% of the sewers and helpers (Hossain, 2012); in addition, children are recruited as helpers to reduce costs (Ghosh, 2012). Women workers report a high incidence of illness, including eye and head pain, respiratory problems and urinary tract infections. They are also vulnerable to sexual harassment in the factories and on the route to work given late working hours, inadequate transport and poor security (Hossain, 2012). As discussed in section 7, many are malnourished (HERProject, 2010). In an NGO-led study, women reported that they work on average 64 hours weekly – ranging between 42 and 90 hours – with very short breaks. They experienced gender discrimination as they were treated differently from men and high levels of harassment; although they were aware of and confident about their rights, the need to maintain their job forced them to accept the violation of their rights (Mozumder, 2014).

The majority tend not to stay in the same factory for long, often changing jobs in search of better wages, or stopping for a period and then starting again. On average, they spend no more than five years in the garment industry. Most workers are young unmarried women or women starting their married lives. As they get older and face increased domestic responsibilities due to marriage and childbearing, they seek employment with flexible conditions that enable them to combine work and domestic responsibilities; those with some savings often start up their own business. In addition, the working conditions in the industry do not make this employment sustainable in the long run (Kabeer and Mahmud, 2004). Since the 1990s the average age of women garment workers appears to have risen from 19 to 25 years along with the increased proportion of married women. A survey of 41 factories conducted by the Centre for Policy Dialogue in 2006 found that 60% of this labour force was under 25 years (Khatun et al., 2007 cited in Hossain, 2012).

Conservative groups are against women's work in factories (Hossain, 2012), and such employment is seen as unsuitable for respectable women. Although women's work is accepted as necessary for the survival of poor households, and even religious leaders justify such an economic need, it is still regarded by some as

compromising the family honour. Discussions with young men reveal that garment workers' morality can be questioned, and they are stigmatised for their autonomy and mobility as they work together with men and return home late at night. Working women are also perceived to neglect their husbands and as they are economically empowered they can threaten to divorce. Thus men do not like marrying girls who will continue working after marriage (Rao, 2012).

There is a considerable body of literature documenting the significant effects RMG has on women's lives. Girls and young women have become economic actors, able to support their families and valued as income earners (Kabeer and Mahmud, 2004). The industry offers greater stability for many female workers as women, on average, have the opportunity to receive higher and possibly more regular wages compared to other sectors (Khosla, 2009). Working girls and young women are also able to negotiate with their family, postpone their age of marriage, and exercise greater choice in who they will marry (ICRW, 2007; Kabeer and Mahmud, 2004; Mathur et al., 2003). Availability of RMG employment has also increased demand for girls' education, although most of this work requires little schooling and only recently has more education become necessary to get a better garment job, such as those in the EPZs (Hossain, 2012). As already mentioned, one study found that a 10% increase in garment jobs is linked to a 1.35 percentage point increase in the probability that a young girl (aged 5 to 10) is in school. However, for older adolescent girls, there is no effect on education as some drop out of school to work in the factory (Heath and Mobarak, 2012; ILO, 2015). Their increased participation has contributed to the feminisation of public spaces and expanded their horizon and networks beyond their village and enabled them to make friends. There are also signs that sexual harassment, including eve teasing, is now recognised as a serious problem for women and even led to discussions with the government to improve safety in the Dhaka transport system (Hossain, 2012).

Hossain (2012) points out that garment work has also improved women's citizenship, as the public policy discourse no longer focuses exclusively on women's reproductive and maternal roles. They are recognized as workers in the key economic sector, and this reorientation is seen as a demonstration of how a Muslim-majority country was able to make progress in gender equality and increase women's labour force participation. Garment workers also appear aware of their rights as citizens and of their importance within the national economy, while some are also involved in struggles for better wages (Hossain, 2012). However, some feminists have expressed scepticism about the empowering potential of garment work (Hossain, 2012). Kabeer and Mahmud (2004) argued that this employment has not enabled women workers to organise collectively and to use their power to promote their rights as workers and citizens. For a long time, employers did not allow their workers to organise, while trade unions represented only a small proportion of the total workforce. Some authors even attributed the increasing workers' unrest in recent years to the increasing proportion of male workers in the knitwear sector, although some women have also been at the forefront of labour struggles (Hossain, 2012). In addition, women workers have also had to deal with male dominated unions with patriarchal attitudes, although some progressive unions have sought to create women's wings (Kabeer and Mahmud, 2004).

Domestic work

Data from the 2010 Bangladesh Labour Force Survey shows that there were 1.4 million domestic workers in the country aged 15 and above, 90% of whom are female. Despite their widespread use, official statistics do not cover child domestic workers under the age of 15. One local NGO (Shaishab-Bangladesh) estimated that there are 0.3 million child domestic workers in Dhaka city, 80% of whom are girls. The ILO-UNICEF baseline survey estimated 420,000 child domestic workers in the country, while the 2010 Informal Sector Survey spoke about 1.1 million paid domestic workers, 85% of whom are girls and women. Domestic workers are excluded from the 2006 Labour Law and from the 2010 Domestic Violence Act, and with the exception of the 1961 Domestic Servants' Registration Ordinance, which requires them to register with the local police station, there is no special law protecting them. They work without a formal contract and thus are always at risk of losing their job. The majority get between 300 and 600 Bangladeshi Taka (US\$4-US\$8) monthly, often

irregularly. The majority of child domestic workers do not receive cash wages as well as any support to meet medical or school fees; some employers contribute to girl domestic workers' dowries (Hossain et al., 2015).

The National Child Labour Elimination Policy states that employers should ensure that children at domestic work do not perform hazardous work and that they are provided with proper food, accommodation, education and recreation. However, Hossain et al.'s (2015) study of girls who are live-in domestic workers in Dhaka found that they work seven days a week, have limited mobility and face considerable constraints. They are expected to be available around the clock and behave in an obedient and respectful way. However, they occupy a marginal position in the household, often have to eat and sleep on the floor, are addressed using demeaning speech, and are vulnerable to violence and abuse, ranging from slapping to serious injury and rape. In some cases, when their employers leave the house, they may lock the child workers inside to make sure that they do not run away with household valuables or wander the streets and meet dangerous people. Despite problems, girls thought that this type of work is respectable, does not harm their reputation, and offers them some concrete skills, although they noted that garment work provides higher salaries. Many expected that their employer would pay their dowry, thus enabling them to get married, and for that reason, many girls preferred working for the same employer for many years (Jensen, 2014). Mediators helping recruit girls from rural areas can be dangerous and exploit them, especially if parents send their child alone or without enough information about her employers and workplace. Some NGOs provide support with health and education programmes for domestic workers. Trade unions also try to improve legal coverage and ensure a minimum wage for domestic workers in the country (Hossain et al., 2015).

Paid employment and women's empowerment

As part of the Pathways of Women's Empowerment research project, Kabeer et al. (2011) examined the effects of paid work on Bangladeshi women's empowerment. They note that there is a considerable body of literature on the linkages between women's work in the RMG sector or participation in microcredit programmes and their empowerment. However, most studies have focused on women's role in decision-making and mobility with very little attention paid to other aspects of empowerment, especially women's ability to collectively challenge gender inequality in the wider society. Empowerment indicators should also include women's sense of self-worth, their willingness to question their subordination, their control over their lives, their voice within the household and community and their political empowerment and agency, including their awareness of their rights, their agency as citizens and their collective action against social injustice.

The study (Kabeer et al., 2011) used survey data, multivariate analysis and qualitative research. The survey included a sample of 5,198 women aged 15 and above in eight different locations, including some of the poorest and some of the better-off women³³. It also included women in formal or semi-formal employment (4%), such as factory workers, teachers, health workers, NGO staff and insurance workers; women working in the informal economy outside home (9%); those in informal paid work inside the house who actually represented the vast majority of women in the sample (46%); those in subsistence activities working to meet household needs (18%); and those economically inactive (22%). Women in informal activities outside the home accounted for the poorest group, with 64% coming from the lowest wealth quintile and only 14% from the highest; they also had the lowest education levels and the highest incidence of widowhood, divorce or separation. Women in formal employment were the most educated in the sample. The majority of economically inactive women were from the wealthiest group and more likely to live in urban locations; in addition, after women in formal employment, they were the most educated group.

Access to income enhances women's household voice and increases their choices. Overall, 80% of economically active women retained some of their income for their own use, with 95% of women in formal

³³ The survey was conducted in different districts and locations to capture different socioeconomic conditions: these locations included two urban/peri-urban locations (Faridpur and Narayanganj), two most conservative (Moulvibazaar and Chandina), one of the more prosperous areas (Modhupur) and two other locations which are among the poorest (Kurigram and Bagerhat).

employment doing so. These women were also more likely to choose their own clothes, have their own savings account and use their income to invest in major assets. In terms of mobility, very few women were confined to the home due to purdah, but there were variations in the public spaces in which women respondents were allowed to move around unaccompanied. Only one in four women were comfortable visiting their natal families unaccompanied after marriage, less than one in five visited health facilities alone, and only one in ten went to the market on their own. However, those working outside the home found it less intimidating to move unaccompanied in public spaces. The poorest women were less concerned about respectability issues, because they had to work (Kabeer et al., 2011).

Although 96% of women believed that having an income is important for their sense of self-reliance, just 26% of women reported that their income increased the respect they get from their family and only 16% said that it improved the respect received from the community, a finding attributed to the fact that the male breadwinner norm continues to dominate public attitudes. Yet women in formal employment reported being consulted more by others which is an indication of some authority and respect in the community (Kabeer et al., 2011).

When asked which resources have made the most significant difference in women's lives and their own lives (including education, credit, family planning, health clinics, government quotas, land rights, home ownership, or access to media), most women (82%) chose education, as it improves both their economic opportunities and their marital prospects. In relation to their own lives, education was mostly cited by women in formal employment and economically inactive women, while credit was mostly cited by women in informal employment. Overall, the study concluded that access to paid employment does change women's lives, but its economic and social impact is strongest for women whose employment is regular, visible and with social benefits. It also has a positive effect on women who are valued and supported by other family members, including men, and who are able to exercise greater voice and agency. However, some positive change was also found among women in informal work outside home, although greater poverty and more difficult working conditions constrained the transformative potential of paid work. At the same time, there was little evidence of change in the household division of labour, with women continuing to be responsible for domestic and childcare work. Moreover, paid work did not do much to promote women's capacity to participate in community affairs or protest against social injustice (Kabeer et al., 2011).

Paid work thus appears to be just one route to promote positive change for women, with the majority of women identifying education as the most significant new resource in the lives of women in general. This was also confirmed by the multivariate analysis, especially in the case of secondary and higher education. This analysis also found that NGO membership is associated with greater mobility in public spaces, optimism about the future, autonomy in voting, and the capacity to deal with difficult circumstances. Another factor that has not attracted much attention in the empowerment literature, yet appears to promote women's voice and agency, is regular television watching. Women watch soap operas, films, news and talk shows, which enables them to expand their horizons and knowledge (Kabeer et al., 2011).

6.4 Spending, saving and access to assets

Spending habits

Several studies reported that employed adolescent girls gave part of their income to their families. One study cited data that 77% of 10-14-year-old garment workers, gave their entire income to their household, while only 48% of 15-19 year olds contributed their entire income to their households (Katz, 2013). Although the overall income of children in households is reportedly small, it is proportionally large in low-income households; in the poorest quintile of households, the share of child income in total household income reaches almost 50% (Salmon, 2005). Girls also contribute their income to save for their dowries and marriage expenses (Katz, 2013). Table 14 below offers further insight into the expenditures of urban adolescents.

Table 14: Percentage of urban adolescents by expenditure, work, and marital status

Expenses	Working (%)			Non-working (%)			All (%)
	Ever married	Never married	All	Ever married	Never married	All	
Contribution to family	70.0	58.8	59.8	40.9	8.6	12.4	24.6
Savings	33.8	19.8	21.0	35.2	17.0	19.2	19.6
Own transport costs	26.3	39.3	38.2	10.7	40.0	36.5	36.9
School fees	1.3	7.7	7.2	2.8	34.9	31.1	24.9
Books	0.0	4.3	3.9	1.9	22.0	19.6	15.6
Medicine	8.8	3.9	4.3	17.6	3.5	5.1	4.9
Mobile telephone bill	22.5	36.6	35.4	20.1	15.5	16.1	21.0
Clothes	48.8	33.6	34.9	45.6	25.5	27.9	29.7
Cosmetics	33.8	17.5	18.9	51.3	26.9	29.8	27.0
Entertainment	2.5	6.1	5.7	5.3	10.6	10.0	8.9
Travel/visiting places	3.8	11.4	10.7	5.3	12.5	11.6	11.4
Repay loan	2.5	4.0	3.9	3.1	0.8	1.1	1.8
Investment in business	1.3	1.8	1.7	0.0	0.2	0.2	0.6
Food	18.8	31.6	30.5	23.0	43.5	41.0	38.3
Other	3.8	2.0	2.2	2.5	5.1	4.8	4.1

(Amin, 2015)

In the case of married adolescent girls, data from the 2014 BDHS shows that only 16% of those aged 15-19 were employed with 28% engaged in livestock raising, 25% in semi-skilled labour, 16% being factory workers and 15% involved in home-based manufacturing. The vast majority (89%) were paid in cash. However, only one in three of these employed and married girls made decisions about how to use their earnings, as 44% reported that they decided jointly with their husband, and 19% said that it was their husband who decided how to use the money (NIPORT et al., 2016).

Access to financial services

Information about adolescent girls' savings is fragmented. Among garment workers, the propensity to save is quite high, though the income is relatively low (Population Council and ICRW, 2000). However, while girls may save at high rates, they do not have the necessary secure saving structures and often rely on family and friends to hold their money (Amin et al., 2010a). The Population Council surveyed adolescents and found that half of the respondents reported holding savings with banks, cooperatives, post-offices, NGOs and somitis (groups formed for a specific purpose). The rest was saved at home in a piggy bank or with their family members. Adolescent girls were more likely than adolescent boys to access NGOs in order to save their money (ibid.). In another survey, one out of 10 married adolescent working girls reported saving for the future compared to less than 8% of girls belonging to other work and marital status groups (Amin et al., 2014). Likewise, another study found that the proportion of adolescent girls with cash savings was low, with less than one in five girls having any savings (Bhattacharjee and Das, 2011).

Women can access small bank loans for housing, business or personal reasons but not large loans as they tend to lack collateral and are unaware of requirements and procedures; banks are also not confident of lending to women. Some banks run ladies' branches in order to mobilise savings, but not to encourage investment. Most banks do not maintain sex-disaggregated data and therefore, accurate data of women

clients and the volume of loans given to women, is unknown. However, women are the main target group of various NGO microcredit schemes, which may also provide other services to empower participants (CEDAW, 2015).

A baseline study of 6,000 adolescent girls found that only 7% or 8% reported to have ever taken a loan to finance family expenditure, purchase family assets or invest in family business. Financial literacy appears to be very low or non-existent, with girls often lacking understanding of basic money and microbusiness management, interest, business maintenance costs or the importance of saving regularly (Bhattacharjee and Das, 2011). The 2005 Bangladesh Adolescent Survey, a nationally representative survey of adolescents aged 10 to 24, reports that while less than 10% of adolescents (male and female) have received a loan between ages 10 and 13, engagement in income-generating activity, borrowing, and saving rise significantly with age. By the age of 18, young people are just as likely to work, borrow, and save as the adults in their community, though women still borrow and save at higher rates compared to males (*ibid.*). Almost 30% of young women aged 19-24 have received a loan (Amin et al., 2010a).

The government aims to improve the financial literacy of women and youth through digital services. As part of the Digital Bangladesh Vision, e-services were established in all districts and run by local youth, half of whom are young women. With increased use of mobile phones, women will be able to access information, stay in touch with markets and transfer money (CEDAW, 2015). Since 2012, BRAC has also been implementing several pilots providing digital financial services with a focus on low-income people and women. These pilots include a programme to pay secondary school fees via mobile money and a programme to increase financial literacy and encourage mobile-based savings among adolescents, especially girls³⁴.

Microfinance programmes

Over the past 20 years, microfinance programmes have benefited 30 million members, who until then had limited access to formal financial services, with over £2 billion annual disbursements. In 2010-11, about 69% of rural households were members of microfinance programmes, and around 32% were members of multiple programmes. Many microfinance programmes run by NGOs lend small sums of money, mostly to rural women, and have contributed to poverty reduction efforts (CEDAW, 2015). Grameen Bank is the largest of all programmes and membership increased from 15% in 1991-92 to over 27% in 2010-11, with women representing 89% of participants compared to 38% in BRAC. A feature of microfinance in Bangladesh is the mandatory savings requirement, generally in the form of weekly savings and deposits as a certain proportion of the loans disbursed. Membership criteria to join an NGO/MFI (Microfinance institution) include age – members should not be children (younger than 18) or elderly – along with the ability to earn on their own. In the case of BRAC, women must also be married. A World Bank study on youth participation in microcredit schemes in the 1990s included data on young women aged 15-30 and found that they had a higher demand for credit than older women. The study (Khandker et al., 2008) notes that there are no assessments of the impact of youth participation on microfinance programmes in Bangladesh.

There is a large body of literature on the effects of these programmes, with a particular focus on household wellbeing and women's empowerment. Initial findings were inconclusive, and in reviewing them, Kabeer (2001) concluded that the conflicting findings were the result of different methodologies used, different questions asked, and different interpretations given in line with different understandings of intra-household power relations. For example, an often cited negative evaluation by Goetz and Sen Gupta (1994 in Kabeer, 2001) found that the majority of women had little control over their loans, with male family members using them and women's inability to repay intensifying household tensions and leading to violence. However, other studies reported increased levels of household consumption, increased women's involvement in decision-making, higher mobility, and even reduced violence against older women and women with education.

³⁴ See <http://innovation.brac.net/fundchallenge/>.

In her own study, Kabeer (2001) finds that microcredit increased the levels but not the range of women's economic activity as purdah norms constrained their mobility and ability to carry out transactions in the market place. Only the poorest women were the least likely to adhere to purdah as they could not afford not to work outside the house. While the majority of women did not participate much in market activities, some women spoke about acquiring the courage to go out and deal with local elites, the police or others. Women also spoke about an increased sense of self-worth and value as they were able to provide economic resources and use at least part of them to enhance their own productivity. Some were able to accumulate assets, open bank accounts in their own name and others who faced marital problems used loans to purchase homestead land in their name. Until then, women were working but their work was unremunerated and of low social value. Loans also enabled other household members to engage in more dignified types of work and the household to participate in social events. Many women also reported improved family relationships and reduced spousal tensions and domestic violence. However, loans increased women's workload and did not change decision-making patterns very much: women reported increased participation in joint household decision-making, while men who took loans were more likely to be the primary decision-makers for loan use.

Another study using panel survey data from 87 villages over two decades (1991-92 to 2010-11), found that microcredit programmes raised household welfare with higher effects for women borrowers. Household income and expenditure increased, while education outcomes for both girls and boys also improved. The study thus concludes that a 10% increase in women's borrowing increases per capita income by 0.06%, male labour supply by 0.33%, female labour supply by 0.46%, household non-land assets by 0.25%, and girls' and boys' education enrolment by about 8 percentage points; it also reduces extreme poverty by 5 percentage points (Khandker and Samad, 2014). More recent literature tends to find positive effects, with microfinance enabling women's access to credit, enhancing their household bargaining power, improving their self-confidence, and providing access to other services, such as family planning, and the knowledge delivered through them; it even helps build strong relationships with the other women in their group and a sense of solidarity (Das, 2007; Shahnaz and Karim, 2008). Beyond some discussion of the impacts on children's education, there has been little explicit consideration of how women's participation in microfinance has affected adolescent girls, and whether, for example, empowerment effects have contributed to changing norms and ideas concerning adolescent girls' time use and aspirations for their futures.

Access to assets

Under the Constitution and state laws, women have equal rights to men and gender discrimination is forbidden. However, inheritance rights to land and property are governed by personal laws according to the religion of the deceased and typically favour boys and men. Muslim daughters have the right to inherit half the share of sons, but it is customary for a Muslim woman to renounce her share of inheritance for her brothers in exchange for the right to visit her parents annually or to seek economic and social support from her brother in case of spousal conflict or widowhood (Scalise, 2009; Hallman, 2009). Hindu unmarried daughters and married daughters with sons have the right to inherit, while married daughters who have only daughters or no children at all do not. Christian children receive two thirds of an estate (assuming a surviving spouse inherits one third), and it is equally divided among siblings without regard to gender (Scalise, 2009).

Sibling support networks appear to be important to household wealth as the number of brothers a girl has is linked to a higher dowry and is positively associated with never being poor, while the number of brothers is negatively correlated with chronic poverty (Quisumbing, 2008). However, girls are never compensated for giving up their inheritance, contrary to boys who almost always receive something in a similar situation (Scalise, 2009; Hallman, 2009; Quisumbing, 2008). Some data indicates that the situation may be slowly changing. In 2006, younger women were more likely to receive parental property compared to older women who either never received it or offered it to their brothers (Das, 2007).

Some scholars consider dowry to be advance inheritance for daughters, despite the fact that it is controlled by her husband and his family. Dowry includes assets and gifts girls receive at the time of their marriage,

including clothing, livestock, food, jewellery and cash. A study estimated that these marriage gifts account for 43% of wives' inter-generationally transmitted assets (Quisumbing, 2008). Another study found that less than 10% of all women and less than 3% of younger women had their names on marital property (Das, 2007).

Data from the FAO Gender and Land Rights Database shows that fewer than 5% of women own land in the country³⁵. In addition, average land holdings of male-headed households are more than twice the size of those of female-headed households. Apart from farm size, male-headed households have more than three times more livestock holdings than female headed households (FAO, 2011). Several projects have aimed to improve women's access to land, but there was no information about their impacts on adolescent girls.

Our search generated limited information about adolescent girls' access to assets. The Population Council Urban Adolescents Survey reported that girls, especially the most educated ones, tend to hold their assets in the form of gold and silver, which is the traditional form of asset holding for Bangladeshi women. Thus 63% of girls aged 12-19 owned gold, followed by silver (52%), land (17%), computers (7%), and poultry (7%)³⁶. More girls than boys owned assets, but boys more than girls owned computers and bicycles, which are often the two most valuable assets in gaining employment through technology skills and mobility. Assets were mostly owned by those in the older age group (16-19), except for bicycles, and in every case there were higher proportions of ever-married adolescents with assets than never-married adolescents (Amin, 2015).

6.5 Economic migration

Both international and internal migration represent additional economic opportunities for adolescents. In a Gallup World Poll, 37% of Bangladeshis aged 15-24 expressed their willingness to move permanently abroad for employment; this figure is much higher than those in other surveyed South Asian countries (ILO, 2013b). As most employment opportunities for adolescents are concentrated in the informal economy, migration can improve one's opportunities (ibid.). Overseas migration is particularly perceived to be a good option to accumulate money in a relatively short period (Rao, 2012). Rural youth are more likely to cross national borders in search of employment compared to urban youth – 14% compared to 8% respectively – as they face limited employment opportunities in their communities (ILO, 2013c). Yet overseas migration costs, including travel documents, visa papers and tickets, are expensive for the poor and are financed by household assets or borrowing from money lenders with high interest rates (Rao, 2012).

In general, Bangladeshi women's overseas migration is steadily increasing with women mostly working as domestic workers in Arab States and Hong Kong. Data shows a small increase in the proportion of international migrants who are female and under 19, from 19% in 1990 to 21% in 2010. It is difficult to determine, however, if these girls are migrating for economic or familial purposes. The Ministry of Expatriates' Welfare and Overseas Employment provides interest-free loans to women migrants to meet their initial expenses and to set up businesses upon return. Women migrants can also attend language and skills training sessions before departure, while a mandatory 21-day pre-departure training is provided to those migrating overseas to work as domestic workers (CEDAW, 2015). However, these information and training sessions are limited, increasing the vulnerability of girls and young women to trafficking (ILO, 2013c). It is estimated that thousands of Bangladeshi women are trafficked to India and Pakistan (ILO, 2013c), but the government argues that the extent of trafficking is unknown. In many cases trafficking is undertaken for the purpose of or eventually leads to sex work (CEDAW, 2015).

In terms of internal migration, a gender assessment study noted that female migration from rural to urban areas has been increasing since 2001 and that according to 2006 Urban Health Survey data, one third of women aged 15-49 migrated to urban slums in search of work. In particular, young women aged 15-25 accounted for the majority of migrants to urban slum areas and district municipalities (ADB, 2010). The ICRW

35 See <http://www.fao.org/gender-landrights-database/data-map/statistics/en/>.

36 The survey notes that 84% of surveyed adolescents came from households with homestead land and 45.5% from households with arable land (Amin, 2015).

and Population Council also cite numerous examples of families migrating closer to garment factories so that their daughters can be employed there (Population Council and ICRW, 2000). The literature has also identified girls' migration to urban centres for garment or domestic work as a strategy employed by poor households with little or no land to increase the dowry amount (Heissler, 2011).

Parents in rural areas favour migrants as potential grooms for their daughters; parents of grooms use the dowry to finance their migration. However, young wives left behind under the strict control of their in-laws often feel lonely and depressed (Rao, 2012), even though their economic situation improves, as they may, for example, live in their own house, or have their own savings, as do one in three women with migrant husbands. That said, the money sent by their husbands may be irregular and unreliable (Singh et al., 2015).

6.6 Assessment of the evidence and key gaps

There is a considerable and growing body of literature exploring several aspects of adolescent girls' economic capabilities. The majority of accessed sources focus on child labour, including domestic work, and female employment in the garment sector. While the former is considered to pose serious challenges to child wellbeing, the latter is seen as potentially empowering. However, studies also note the adverse impact such employment may have on girls' education and the poor working conditions it entails. However, studies do not often distinguish between children and adolescents, or between adolescents and young adults.

Although most youth are employed in agriculture, there is limited research in this area. The extent of girls' participation in public works schemes is also unknown. Given increased education levels and low female labour force participation rates, youth employment and skills training are increasingly attracting attention as most of the provided vocational training is targeted at urban areas and is irrelevant to current labour market demands. The role of gender norms and attitudes in female employment is mentioned, but not explored in depth.

In addition, financial and entrepreneurship training and opportunities are usually offered to older adolescent girls, and thus we know very little about younger age groups. Studies report that girls are able to save through informal mechanisms, yet we again know very little about their saving habits, their assets or their participation in microfinance schemes.

7. Sexual and reproductive health, health and nutrition

Key points

- Due to high child marriage rates and norms favouring early childbearing, adolescent pregnancy and childbearing rates in Bangladesh are high. Data indicates that 31% of adolescent girls have begun childbearing, with the proportion rising from 9% among girls aged 15 to 58% among 19 year olds. Rural residence, limited education and poverty all increase the likelihood of early childbearing
- Girls younger than 20 of age are less likely to seek or receive assistance from trained personnel and postnatal care. Thus 29% of girls do not receive antenatal care during pregnancy, and only one in four have four or more such visits. Nearly two-thirds of girls (64%) younger than 20 deliver at home, and the majority (58%) do not have their delivery assisted by a medically trained provider. Moreover, 61% of girls do not have any postnatal care visits
- Sexual and reproductive health issues remain a taboo issue for unmarried girls, while lack of knowledge and norm- and cost-related barriers limit their access to relevant health services
- Malnutrition is a common problem in Bangladesh and thinness and stunting among adolescent girls is widespread and persistent. Latest DHS data shows that 31% of married girls aged 15-19 are undernourished; another study found that more than one in four rural girls were thin and stunted. As is the case for adolescent sexual and reproductive health status, nutritional status is also related to socioeconomic status, place of residence and other contextual factors

7.1 Overview of the evidence

Our search generated 89 thematic studies on adolescent girls' physical health and wellbeing, of which the majority (61 sources) were academic papers. Most of the grey literature sources were produced by the government, international agencies and NGOs. A substantial proportion based their analyses on large scale survey data, such as the BDHS. There were also several small or medium scale surveys, while qualitative methods such as focus group discussions and interviews were used to either supplement survey data or as the sole form of data collection.

The most commonly occurring subtheme was adolescent sexual and reproductive health (SRH), which comprised 66% of studies, followed by nutrition (21%). Only two sources had data regarding any other topic area (exposure to second-hand smoke and drug use). Although the bulk of the sources are related to SRH, this topic covers a vast array of different aspects of physical wellbeing for adolescent girls in Bangladesh, from puberty to relationships, pregnancy and parenting. Studies also addressed adolescent knowledge of different SRH topics, as well as their perceptions, experiences and behaviours – including whether or not they access appropriate health services. The SRH and nutritional statuses of the adolescents in the analyses are also influenced by socioeconomic and contextual factors, such as living in extreme poverty or dealing with the impact of floods. These and several other pertinent aspects of the 89 studies examined will be discussed in further detail below.

7.2 Health services

According to a recent review of the Bangladeshi health system by the Asia Pacific Observatory on Public Health Systems and Policies, the health system in Bangladesh can be described as 'pluralistic', involving the government, the private sector, NGOs and donor agencies (Ahmed et al., 2015). Government-run services tend to be poorly resourced and sub-standard, largely as a result of inefficient and highly centralised

planning. The mostly unregulated private sector is unaffordable to many and the formal health workforce is unequally distributed with concentrations in urban areas. In response to these deficits, the role of NGOs is growing, managing 9% of health expenditures in 2007.

Despite the issues of inequity of access and inadequate and uneven health service coverage, there is evidence of progress. The Review states that the country has achieved impressive improvements in population health status in its 43 years since independence, particularly in the areas of child and maternal mortality (Ahmed et al., 2015). This may be related to several major reforms, including the Health and Population Sector Programme (HPSP), which ran from 1998 to 2003 and included the transition from a project-driven approach to a sector-wide approach (SWAp) that helped to create a common funding pool for donors, reduced duplication, and brought more centralised government control.

This was followed by the Health, Population and Nutrition Sector Programme (HPNSP), which built on the HPSP and added some additional reform measures, namely the maternal voucher programme to improve women's access to services and to reduce maternal mortality. The programme increased the use of qualified birth attendants and removed the financial barriers for safe delivery using the principles of 'demand-side financing' (Bhatia et al., 2006) to channel government subsidies to households, thus allowing them to purchase health services themselves or through an agency. The Ministry of Health and Family Welfare (MoHFW) implemented the programme in 46 upazilas (sub-districts) around the country at the time of the Health System Review (Ahmed et al., 2015) for services including antenatal and postnatal care, safe delivery and Caesarean section treatment. Emphasis was placed on recruitment of female health workers and establishment of women-friendly hospitals. Data shows that maternal care services expanded and their use increased (CEDAW, 2015). The maternal mortality rate among female voucher-holders was 12 per 100,000 live births compared to a national rate of 194 per 100,000 live births (DGHS, 2011).

Nonetheless, some reforms have been problematic. The HPSP intended to better integrate the health and family planning wings of the MoHFW, but bureaucratic policies constrained this and disrupted family planning service delivery, to the extent that the two wings have once again been separated with ongoing organisation problems. The current Health Population and Nutrition Sector Development Programme (HPNSDP) 2011-2016 has also aimed to accelerate progress in the health and nutrition sector (CEDAW, 2015) with support from key donor agencies. Maternal as well as child and adolescent health, provision of such services in urban slums and hard to reach areas, and reproductive health for adolescent couples are among its explicit foci³⁷.

7.3 Adolescent pregnancy and childbearing

Bangladesh was able to halve fertility rates between 1971 and 2004, largely due to the national family planning programme, providing doorstep delivery of contraceptives to women whose mobility was constrained by purdah (Das, 2007). In 1973, the government declared population control and family planning to be a national priority; the first population policy was created in 1976, when the average woman had more than seven children. Population control issues continued to be a policy focus and were included in national health policies (Begum et al., 2011).

As highlighted in previous sections, the majority of Bangladeshi girls are married by age 18 and nearly a sixth by age 15. Child marriage puts adolescent girls at greater risk of various negative health outcomes and means that they are considerably more likely to be sexually active than adolescent boys. A survey of 3,500 urban adolescents found that 5% of boys had experienced sex before 15 compared to 24% of girls. In addition, 91% of the boys had no sexual experience compared to 65% of the girls (Amin, 2015). In the latest BDHS, 33% of women aged 20-49 reported having their first sexual intercourse by age 15 (NIPORT et al., 2016). Coupled with their generally poor knowledge of sexual health, early sexual activity contributes to adolescent girls being at significant risk of sexually transmitted infections (STIs).

37 See http://www.mohfw.gov.bd/index.php?option=com_content&view=article&id=166&Itemid=150&lang=en.

In 2015, UNFPA reported that Bangladesh is one of the seven countries where half of all adolescent births occur (UNFPA, 2015)³⁸. The risks of pregnancy and childbirth are severely heightened for younger women. In Amin's (2015) urban survey, 50% of the girls who had been married, had experienced pregnancy and 38% had one or more children. The 2014 BDHS data shows that 31% of adolescents age 15-19 had already begun childbearing; about a quarter had given birth and another 6% were pregnant with their first child. The proportion of women who had begun childbearing rises from 9% among girls aged 15 to 58% among those aged 19 (NIPORT et al., 2016) (see Table 15).

Table 15: Adolescent pregnancy and motherhood, 2014

Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child, and percentage who have begun childbearing, by background characteristics, Bangladesh 2014				
Background characteristics	Percentage of women age 15-19 who:		Percentage who have begun childbearing	Total
	Have had a live birth	Are pregnant with first child		
Age				
15	5.3	3.9	9.2	892
16	12.4	3.8	16.2	922
17	24.5	6.7	31.1	867
18	31.8	9.6	41.4	1,004
19	51.0	6.7	57.8	800
Residence				
Urban	21.0	6.4	27.4	1,259
Rural	26.0	6.1	32.1	3,223
Division				
Barisal	23.1	8.3	31.4	273
Chittagong	21.0	5.4	26.4	1,036
Dhaka	25.6	6.2	31.8	1,489
Khulna	25.3	5.9	31.2	379
Rajshahi	30.9	5.7	36.6	421
Rangpur	29.6	7.3	36.9	473
Sylhet	18.1	6.3	24.4	411
Education				
No education	39.6	8.7	24.4	164
Primary incomplete	38.6	6.6	48.3	519
Primary complete ¹	35.2	7.9	45.2	407
Secondary incomplete	23.7	6.2	43.0	2,363
Secondary complete or higher ²	13.0	4.9	29.9	1,028
Wealth quintile				
Lowest	32.8	8.4	41.2	712
Second	26.8	6.9	33.8	834
Middle	24.8	5.8	30.6	938

38 The remaining six are Brazil, the Democratic Republic of Congo, Ethiopia, India, Nigeria and the United States (UNFPA, 2015).

Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child, and percentage who have begun childbearing, by background characteristics, Bangladesh 2014				
Background characteristics	Percentage of women age 15-19 who:		Percentage who have begun childbearing	Total
	Have had a live birth	Are pregnant with first child		
Fourth	23.8	5.2	29.1	1,039
Highest	17.2	5.4	22.6	953
Total	24.6	6.2	30.8	4,485

1 Primary complete is defined as completing grade 5
 2 Secondary complete is defined as completing grade 10
 (NIPORT et al., 2016)

In 2014, the adolescent birth rate was 113 per 1,000 births, down from 140 in 1993-1994 (GoB, 2015). Girls in rural areas are more likely than their urban counterparts to experience early pregnancy; the birth rate for girls aged 15-19 in rural Bangladesh is 120 per 1,000 women, compared to 98 per 1,000 for those in urban areas. The highest rates were recorded in Rangpur and the lowest in Sylhet. Lack of education and poverty are also associated with early childbearing. The proportion of adolescents who have begun childbearing is only 18% among those with completed secondary or higher education compared to 48% of those with no education. Childbearing also begins earlier in the lowest wealth quintile: 41% of adolescents in this group have already begun childbearing compared to 23% in the highest wealth quintile (NIPORT et al., 2016).

The latest MICS (2012-2013) reports a much lower adolescent fertility rate of 83 births per 1,000 adolescent girls – 76 in urban areas and 85 in rural areas, though regional discrepancies remain similar. Education appears to reduce adolescent fertility rates, as girls who completed secondary or higher education had a rate of 37 compared to 126 for girls with no education (BBS and UNICEF, 2015).

Antenatal, obstetric and delivery care

Maternal mortality ratio (maternal deaths per 100,000 live births) fell by 69% between 1990 and 2015, yet Bangladesh remains one of the 10 countries that account for nearly 59% of global maternal deaths (WHO et al., 2015). In the latest CEDAW report, the government notes that every day, 21 women die giving birth, and 13 of them are below 18 (CEDAW, 2015). Data from the 2011 Population and Housing Census reports that in the previous year of the survey the maternal mortality ratio (defined here as total maternity deaths per 1,000 live births) for those aged 10-14 was 154.29 and 3.92 for those aged 15-19. In rural areas, ratios were higher at 200.95 and 4.02 respectively. The maternal mortality ratio for those aged 10-14 was the highest of all age groups (BBS, 2012b).

The proportion of births attended by skilled health staff significantly increased and from 5% in 1993-94 reached 42% in 2014; antenatal care coverage (at least four visits) also increased from 5.5% in 1993-94 to 31% in 2014 (GoB, 2015). However, the latest MICS found that 29% of adolescent girls younger than 20 did not receive antenatal care during pregnancy, and only one in four (25%) had four or more visits. Moreover, 88% of girls did not have any postnatal care visits (BBS and UNICEF, 2015). On the other hand, the 2014 BDHS found that nearly one in five girls aged 15-19 did not receive any antenatal care during pregnancy and 61% did not receive any postnatal checkup (NIPORT et al., 2016).

The latest BDHS also estimates that 69% of births take place at home in the absence of skilled birth attendants in rural Bangladesh, whilst in urban areas this drops to 42%. The youngest and oldest women are the least likely to use maternal health services, despite the fact that risks from pregnancy and birth are highest among these two age groups. Nearly two-thirds of girls (64%) younger than 20 deliver at home, and the majority (58%) do not have their delivery assisted by a medically trained provider (NIPORT et al., 2016). Using data from 42,214 pregnant women in rural Northwest Bangladesh, a study found that women giving birth under

18 were at a significantly increased risk of obstetric complications, and recommended increased antenatal care attendance (Sikder et al., 2014).

Adolescents who give birth at a very young age can be particularly prone to obstetric fistula. This typically occurs when a woman has a lengthy obstructed labour without adequate medical assistance or access to a Caesarean section. Without treatment, it can lead to urine or faecal incontinence. A study of 30 service providers, including district hospitals and upazilla health complexes, found a deficit of appropriate facilities for the treatment of obstetric fistula and noted that several antenatal care providers did not have the necessary awareness and skill to address this issue with patients, which is essential to both treatment and prevention (Walz et al., 2003).

Further barriers to antenatal care are demographic (Rahman et al., 2011; Chowdhury et al., 2003), socioeconomic (Amin et al., 2010b; Haque et al., 2012; Paul and Rumsey, 2002) and psychosocial. To explore the psychosocial factors, Rahman et al. (2012a) used data from the 2007 BDHS and found an association between maternal experiences of physical and sexual intimate partner violence and low use of antenatal care and assistance from a skilled birth attendant.

Unintended pregnancy and abortion

The 2014 BDHS showed that more than one-fifth of births to girls aged less than 20 years were mistimed, meaning they were wanted later (NIPORT et al., 2016). Huda et al. (2014) found that 53% of pregnancies among 1,008 married adolescent girls from Dhaka slums were unintended and were largely due to improper use or non-use of contraception or contraceptive discontinuation.

Menstrual Regulation (MR) is a form of abortion that is available up to 8–10 weeks from a woman’s last period (Guttmacher Institute, 2012). Induced abortion is illegal in Bangladesh (unless it is required to save a woman’s life), but MR is approved, provided it takes place in a medical setting before pregnancy is clinically confirmed (DeVanzo et al., 2013). Despite MR being legal and available, it remains a highly stigmatised practice (Huda et al., 2014), and women are not always aware of the service (Uddin, 2012). Indeed, the 2014 BDHS reported that only 34% of married girls aged 15-19 have heard of the service and just 3% used it (NIPORT et al., 2016). Furthermore, young women often lack the agency to make such decisions, and many providers will request the consent of the husband, regardless of the fact that this is not a legal requirement (Huda et al., 2014). The criteria for MR are decidedly restrictive and it is insufficient to prevent women (predominantly those who are uneducated) from resorting to unsafe practitioners or self-induced methods (Ahmed et al., 2005).

In Bangladesh, 14% of obstetric deaths are due to abortion complications (GoB and UNICEF, 2000). Analysis of trends in abortion among adolescent girls from the Matlab Health and Demographic Surveillance System (HDSS) from 1982 to 1998 found that the incidence of abortion was 35 times higher for unmarried than married girls (Ahmed et al., 2005). Abortion ratios were also higher for adolescents under 18. Women with at least some education were in a better position to use legitimate MR services, whilst others resorted to the dangers of village practitioners, homeopaths or self-induced methods. The data was collected by household visits from female community health workers as well as data of area service use and in-depth interviews with 30 girls. These population-based methods were intended to prevent underreporting, but authors may have underestimated the incidence of abortion among unmarried girls who would be more likely to withhold information due to the social stigma attached to girls engaging in sexual activity outside of marriage (ibid.). We were unable to locate more up-to-date statistics on adolescents engaging in abortion.

Decision-making over sexual and reproductive health

A survey of 150 married adolescent girls with some additional qualitative interviews and case studies described how the urban slum environment was not conducive to young women having rights in decision-making around marriage, pregnancy and risky sexual behaviour – although their perception of ‘rights’ did not

necessarily align with the widely accepted discourse on rights globally (Rashid, 2011). Eleven married adolescent girls said they had abortions against their wishes, stating reasons that included the in-laws not accepting the marriage, economic powerlessness, and the inability to fight with family members to keep the baby. There was promising evidence that some women had greater autonomy, with 81 girls speaking of the importance of choosing their own partner, rather than leaving this to be arranged by family members. The author suggested that this was linked to the increased independence experienced by young women who were employed in the garment factories in Dhaka city (ibid.).

Access to contraception

Another approach to reducing the adverse health outcomes of pregnancy is to reduce unmet need for contraception (Sikder et al., 2014). The most recent BDHS data estimates a contraceptive use of 51% among married girls aged 15-19 and places unmet need for this age group at 17% (NIPORT et al., 2016). The 2012-2013 MICS also reports that half of adolescent girls do not use any contraceptive method, while the major method is the pill (33%) (BBS and UNICEF, 2015). A survey of 1,000 married adolescent girls from Dhaka slums found high levels of unmet need among married adolescent girls (15%), with particular gaps in need for women seeking to space the births of their children (12%). The authors also compared their survey results to data from the 2011 BDHS revealing that unmet need was greater in their study population compared to all urban areas of Bangladesh (Huda et al., 2014).

Married adolescents have been reported to be less likely than older married women to use contraception for reasons including a lack of awareness about how to access supplies and resistance from husbands, families or even health providers due to social norms concerning the optimum time for childbearing (Pachauri and Santhya, 2002). According to the 2014 BDHS, nearly one in five married adolescent girls were exposed to family planning messages by watching such a message on the television (NIPORT et al., 2016).

A recent report also highlighted that fees for contraception supplies from government hospitals and health clinics can be a significant barrier to access and can contribute to contraceptive discontinuation. The aforementioned survey of 1,000 women in slums found that, although 85% had used contraception at some point, only 58% were using contraception at the time of the survey, highlighting the importance of activities to support consistent and effective use (Huda et al., 2014).

7.4 Sexual and reproductive knowledge

Evidence regarding the levels of SRH knowledge among Bangladeshi adolescent girls varies across studies and is associated with age, education, residence and exposure to mass media (Uddin and Choudhury, 2008). Broadly, a combination of social norms that also limit girls' mobility and voice have traditionally considered sexual and reproductive issues to be a taboo to discuss with unmarried girls. In addition, lack of knowledge and norm- and cost-related barriers limit access to relevant health services. Indeed, a small scale qualitative analysis of girls attending a school in Dhaka found that social stigma, religious superstitions and cultural rigidity prevented girls from having reliable sources of SRH information or awareness of their rights (Das and Roy, 2016).

A household survey of 320 girls aged 15-19 from slums, indicated that almost all (97%) knew about the contraceptive pill (Petroni, 2014). Knowledge about the pill was also high (85%) among 900 Dhaka garment factory workers aged 13-19 (Huq et al., 2005). Conversely, the report from HRW (2015a) presented qualitative evidence from 114 individual and group interviews from across different regions (both rural and urban) and found that contraceptive knowledge was severely lacking among women who had married younger than 18. It emphasised 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. This report also interviewed some mothers of the married adolescents who expressed their reluctance to discuss contraception with their daughters, indicating that the topic of contraception and sex in general, is culturally a taboo. 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. These types of communication barriers are likely to be a substantial hindrance to the dissemination of contraceptive and general SRH knowledge. Survey data from 920 girls aged 10-19 in rural areas found that knowledge about family planning was associated with having a higher than primary-level education and exposure to mass media (Uddin and Choudhury, 2008).

This survey also questioned 920 adolescent girls on their knowledge of STIs and HIV and AIDS. Only 20% had heard of STIs and 69% had incorrect knowledge about routes of transmission, typically attributing infection to 'the will of God or bad spirit/evil eye'. Most had not heard about HIV and AIDS (60%), a third did not know how it was transmitted, and 48% reported that prevention was not possible (Uddin and Choudhury, 2008). These results contrast with the survey of urban garment factory workers of a similar age group (13-19), the majority of whom were aware of HIV and AIDS (81%) (Huq et al., 2005). However, far fewer (57%) could name any other STIs and just over half were able to recall transmission prevention behaviour. According to another survey of nearly 1,600 unmarried girls aged 12-19, relatively low proportions of adolescents seek medical care when experiencing STI symptoms (Kabir et al., 2014). In the urban sample of 800 girls, 15% had experienced an STI symptom in the year preceding the survey, out of whom 80% chose self-treatment.

Knowledge about menstrual health and puberty is important for the physical wellbeing of adolescent girls, first, to enable them to employ hygienic menstruation practices and second, to help them understand their fertility. A survey of 200 girls aged 10-19 living in slums, found that 94% of respondents did not know the underlying reasons for menstruation and only 5% used a pad or clean cloth during their periods (Choudhary and Rahman, 2015). During disasters such as floods and the disruption that displacement causes, menstruating girls face particular difficulty to access latrines in privacy or clean water and to maintain hygienic practices, which results in infections (Rashid and Michaud, 2000). A large survey of 3,585 adolescents 12-19 year olds (approximately half of whom were female) found that half of the girls did not know about menstruation prior to their first period (Amin, 2015). A rural survey found that girls who had more than a primary-level education were four times more likely to have heard about puberty than those who had no education and that exposure to mass media increased this likelihood by nearly three times (Uddin and Choudhury, 2008). In 2015, BRAC with DFID and DFAT support launched a website and mobile application which aims to provide adolescent girls and young women with information about physical and reproductive health, legal and psychosocial issues³⁹.

7.5 Nutrition

Adolescence is a critical phase of life for physical growth and sexual development, requiring an elevated intake of calories, protein and nutrients such as iron, calcium and vitamins (Alam et al., 2010). Malnutrition is a common problem in Bangladesh and thinness and stunting among adolescent girls is widespread and persistent (Ahmed et al., 2000). This has serious health consequences for the girls themselves and for the generation that follows them. The already discussed high birth rate among adolescent girls along with poor nutrition undermines the capacity of mothers to avoid pregnancy and birth complications, particularly when pregnancy occurs before adolescence is complete. This is demonstrated by the cohort study from Bosch et al. (2008) which showed that stunting, caused by poor nutrition, can delay menarche and, in a context of widespread early childbearing, can have dire reproductive health consequences because of the association between height and pelvic size.

More than half of Bangladeshi women have chronic energy deficiency and improvement in women's nutritional status over the past twenty years has been slow (GoB, 2015). Data from the 2014 BDHS shows that 31% of married girls aged 15-19 are undernourished (NIPORT et al., 2016). The largest nutrition survey found in our search 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). Results revealed that 26% of the girls were thin and 32% were stunted, with the risk of both conditions associated with recent general morbidity

³⁹ See <http://www.brac.net/latest-news?start=42>.

and occurrence of vaginal discharge. The overall dietary knowledge was low; for instance, over half could not name food sources of energy and protein.

Several studies reported high levels of anaemia (ranging from 23% to 37%) in the adolescent girls sampled (Ahmed et al., 2000; Harun-Or-Rashid et al., 2009; Khambalia et al., 2009; Kabir et al., 2010). This is consistent with national estimates of between 21% and 44% for both urban and rural adolescents (Ahmed, 2000). The highest proportion (37%) was reported in a sample of 272 married women from rural areas who had never previously given birth (therefore considered highly likely to experience childbearing in the near future and who were disproportionately young) (Khambalia et al., 2009). The mean age of the sample was 21 years and 135 out of the 272 were under 19 years, 35% of whom were anaemic. Anaemia as well as iron and folate deficiencies were more prevalent among the adolescents than the adults. Adolescents also had lower mean plasma ferritin and body iron stores. Poor nutritional outcomes were found in the whole sample, but clearly the adolescents were at particularly high risk of deficiencies that would be likely to further deteriorate during pregnancy and have potentially harmful consequences for their future offspring (ibid.).

As with sexual and reproductive health status, nutritional status is related to a woman's socioeconomic status, place of residence and other contextual factors. Unsurprisingly, better-off girls have a greater probability of exposure to a more nutritious diet. In the large study of rural adolescents, those in the wealthiest quintile ate more fish, meat, eggs and milk than those in the poorest quintile (Alam et al., 2010). This is supported by a study of 214 girls aged 14-17 that found a significant effect of economic status on nutritional status (Akhter and Sondhya, 2013). They compared a rural population from the east region of Trishal with a group from Dhaka city and found that the urban group had a higher rate of severe thinness with poorer outcomes for food consumption status; for example, rice consumption per day was about half that of rural adolescents. Educational status may also play a role with Khambalia et al. (2009) finding a four times greater risk of anaemia among non-students than students.

Another group with substantial dietary deficits in energy and nutrients were adolescent garment factory workers. Based on a sample of 1,211 post-menarchial girls aged 14-19 from factories in Dhaka city, Rahman Khan and Ahmed (2005) found that mean intake of protein, calcium, iron, vitamin A, thiamine, riboflavin, niacin and vitamin C were below the recommended daily allowance. This indicated that the girls were not prioritising their diet in the spending of their relatively meagre earnings. It is also reflective of their economic status; most came from poor rural farming households where the inter-generational effects of poor nutrition as well as childhood nutritional deficiencies have the power to impact nutritional status in adolescence and beyond.

Another issue raised by the literature was the emerging problem of obesity among women in general (14%) and among certain populations of adolescent girls in Bangladesh. 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 found an obesity prevalence of 14%, an overweight prevalence of 23% and central obesity of 26% (Zabeen et al. 2015)⁴⁰. The authors highlighted that central obesity (also known as abdominal obesity and detected by measuring the waist-to-height-ratio) is a risk factor for obesity-associated morbidity and mortality in children and adults.

7.6 Vulnerable groups

A qualitative study among 490 children and young adolescents aged 5–12, who lived and/or worked on the streets in Dhaka concluded that street children are highly vulnerable to STIs and HIV (Uddin et al., 2014). They possessed poor knowledge of the transmission of disease and of the benefits of using condoms (most of them reported never using a condom). The experience of selling sex for money and a variety of sexual

40 The study does not discuss the girls' socioeconomic backgrounds but does emphasise the choice of a Bengali medium school rather than English medium schools where previous obesity studies in Bangladesh have been carried out and which are typically attended by elite socioeconomic groups.

activities were commonly reported. Some of the children also stated that they were regular users of one or more types of drugs, including those taken by injection, which also raises concerns about their exposure to infections via needle sharing.

Our search found one academic paper that reported the prevalence of STIs and reproductive tract infections (RTIs) among brothel-based sex workers as determined through medical examination and diagnostic testing (Nessa et al., 2005). However, only 36 of the 469 participants were under the age of 18 and not all outcomes were age-disaggregated. Results showed that 17 of the 36 adolescents displayed symptoms of STIs and that cervical infections (gonococcal and chlamydia infection) were significantly associated with a younger age. This cross-sectional study also found a high prevalence of asymptomatic infection (yet there is no age-disaggregated data).

Approximately 1% of the Bangladeshi population belong to indigenous groups and we found one study that considered the physical wellbeing of adolescents in nine different such communities from the hill districts (Rahman et al., 2012b). Researchers employed a number of qualitative techniques and found that the health needs of the adolescents were not prioritised by their communities. Adolescent girls also had to contend with the additional barrier of having to make any health visits accompanied by a male relative.

7.7 Assessment of the evidence and key gaps

Our search delivered results in the maternal health areas of obstetric and antenatal care, however there was an evidence gap about the provision of postnatal care. More evidence is needed to determine the extent to which this impacts adolescent mothers. Related to this are deficits in access to services and support for breastfeeding. One qualitative study on a group of 70 adolescent girls and young women reported difficulties with child feeding and caregiving that participants emphasised was a consequence of broader problems, such as child marriage, rural life and poverty (Hackett et al., 2015). Participants discussed their inability to afford nutritious food, the physical and emotional challenges of marriage and childbearing at a very young age, and the difficulty of breastfeeding when they have had several children with short birth intervals in between. This is an area warranting further research, as adolescent mothers do not attract particular attention despite their increased needs.

Access to reproductive health services is mostly restricted to married adolescents (Sikder et al., 2014; NIPORT et al., 2016). A small study of 87 midwifery students indicated a general disapproval of adolescent premarital sex (Chowdhury and Chowdhury, 2008). This is likely to be reflective of broader values and would suggest that barriers to services may be heightened for unmarried adolescents, thus more evidence would be valuable in this area. Similarly, there is a significant absence of up-to-date data on abortion rates for unmarried adolescents, with the only relevant study in our search looking at trends from 1982-98 (Ahmed et al., 2005).

There is a dearth of literature on adolescent girls' access to STI services, with only one paper reporting quality data on STI service-use in this group (Kabir et al., 2014). This is concerning, because evidence suggests that STIs are prevalent in the population, with infections reported in both unmarried (Rob and Mutahara, 2000) and married men (Silverman et al., 2007). Adolescent girls may also be at increased risk of STIs due to their lack of knowledge about transmission and prevention. The evidence gaps in this area may be a reflection of difficulties in researching issues that are culturally a taboo, particularly if it concerns women who are unmarried. There are also problems with accessing sex workers and other populations at high risk of STIs, illustrated by the limited analyses available for adolescent vulnerable groups. Additionally, we know that many women with STIs will be asymptomatic and therefore unaware of their infection status without diagnostic testing (Nessa et al., 2005).

Data from the WHO statistical profile of Bangladesh cites tuberculosis as the leading cause of death, closely followed by lower respiratory infections (WHO, 2015). On the other hand, the global picture of adolescent health suggests that risks for non-communicable diseases are spreading to low-income countries, such as the

concerning upward trends in obesity and tobacco use (Patton et al., 2012). Our search yielded just one paper with an obesity outcome (Zabeen et al., 2015) and one large survey paper that found daily exposure to second-hand smoking was as high as 52% among 1,970 girls aged 12-15 (Fischer et al., 2015). These findings would suggest that further situational analyses are warranted to understand how a broader range of health issues could be affecting adolescent girls' physical capabilities in Bangladesh.

References

- Ackerman P., Thormann M.S. and Huq S. 2005. *Assessment of Educational Needs of Disabled Children in Bangladesh*. Washington DC: USAID.
- ADB. 2010. *Gender Country Assessment*. Mandaluyong City: Asia Development Bank.
- ADB. 2013. *Evaluation Approach Paper: Impact Evaluation of ADB Supported Interventions in Bangladesh's Secondary Education Sector*. Mandaluyong City: ADB.
- ADB. 2014. *Innovative Strategies in Technical and Vocational Education and Training for Accelerated Human Resource Development in South Asia*. Mandaluyong City: ADB.
- Ahmed F. 2000. 'Anaemia in Bangladesh: a review of prevalence and aetiology'. *Public Health Nutrition* 3: 385–93.
- Ahmed A.U. 2004. *Impact of feeding children in school: evidence from Bangladesh*. Washington DC: IFPRI.
- Ahmed A. and del Ninno C. 2002. *The Food for Education Program in Bangladesh: An Evaluation of Its Impact on Educational Attainment and Food Security*. Washington DC: International Food Policy Research Institute.
- Ahmed N. and Nathan D. 2014. *Improving wages and working conditions in the Bangladeshi garment sector: the role of horizontal and vertical relations*. Dhaka: Bangladesh Institute of Development Studies.
- Ahmed A.U. and Sharmeen T. 2004. *Assessing the performance of conditional cash transfer programs for girls and boys in primary and secondary schools in Bangladesh*. Washington DC: IFPRI.
- Ahmed F., Khan M.R., Islam M. and Fuchs G.J. 2000. 'Anaemia and iron deficiency among adolescent schoolgirls in peri-urban Bangladesh'. *European Journal of Clinical Nutrition* 54: 678-683.
- Ahmed M.K., van Ginneken J. and Razzaque A. 2005. 'Factors associated with adolescent abortion in a rural area of Bangladesh'. *Tropical Medicine and International Health* 10(2): 198–205.
- Ahmed M., Hossain A., Kalam A. and Ahmed K.S. 2013. *Skills Development in Bangladesh Enhancing the Youth Skills Profile*. Campaign for Popular Education (CAMPE). Swiss Agency for Development and Cooperation.
- Ahmed S.M., Alam B.B., Anwar I., Begum T., Huque R., Khan J.A.M., Nababan H. and Osman F.A. 2015. 'Bangladesh Health System Review'. In *Health Systems in Transition*, edited by Asia Pacific Observatory on Health Systems and Policies. Geneva: World Health Organization.
- Ahuja A. and Ibrahim M. 2006. *An assessment of inclusive education in Bangladesh*. Dhaka: UNESCO Bangladesh.
- Airin J., Begum A., Ali M. and Ahmad M. 2014. 'Eve Teasing and Adolescent's Depression'. *AFMC Bangladesh* 10(2).
- Akhter Z. 2013. 'Eve Teasing. Tears of the Girls. Bangladesh Open University towards Women Empowerment'. *International Women Online Journal of Distance Education* 2(4).
- Akhter N. and Sondhya F.Y. 2013. 'Nutritional status of adolescents in Bangladesh: Comparison of severe thinness status of a low-income family's adolescents between urban and rural Bangladesh'. *Journal of Education and Health Promotion* 2(27).
- Alam N., Roy S.K., Ahmed T. and Ahmed S.A. 2010. 'Nutritional Status, Dietary Intake, and Relevant Knowledge of Adolescent Girls in Rural Bangladesh'. *Journal of Health, and Population and Nutrition* 28: 86-94.

- Alam M.U., Halder A.K., Luby S.P., Islam M.K., Opel A., Shoab A.K., Ghosh P.K., Sarkar S., Mahon T. and Unicom L. 2014. 'Menstrual hygiene management knowledge, facilities, and practices associated with school absence among Bangladeshi adolescent school girls'. www.researchgate.net/publication/263967247_Menstrual_hygiene_management_knowledge_facilities_and_practices_associated_with_school_absence_among_Bangladeshi_adolescent_school_girls.
- 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.
- Amin S. and Huq L. 2008. Marriage considerations in sending girls to school in Bangladesh. New York: Population Council.
- Amin S. and Chandrasekhar, S. 2009. Poverty, Gender, and Youth: Looking Beyond Universal Primary Education: Gender Differences in Time Use among Children. New York: Population Council.
- Amin S., Rahman L., Ainul S., Rob U., Zaman B. and Akter R. 2010a. Enhancing Adolescent Financial Capabilities through Financial Education in Bangladesh. New York: Population Council.
- Amin R., Shah M. and Becker S. 2010b. 'Socioeconomic factors differentiating maternal and child health-seeking behaviour in rural Bangladesh: A cross-sectional analysis'. *International Journal for Equity in Health* 9: 9-10.
- Amin S., Rahman L., Hossain S. and Naved R.T. 2012. 'Introduction'. In *Growing up safe and healthy (SAFE): Baseline report on sexual and reproductive health and rights and violence against women and girls in Dhaka slums*, edited by Naved R.T. and Amin S. Dhaka: Icddr, b.
- Amin S., Ainula S., Akter F., Alam M.M., Hossain M.I., Ahmed J. and Rob U. 2014. *From Evidence to Action: Results from the 2013 Baseline Survey for the Balika Project*. Population Council.
- Asadullah M. and Chaudhury N. 2006. *Religious Schools, Social Values and Economic Attitudes, Evidence from Bangladesh*. Reading: University of Reading Business School.
- Asadullah M.N. and Chaudhury N. 2008. *Madrasas and NGOs: Complements or Substitutes? Non-State Providers and Growth in Female Education in Bangladesh*. Washington DC: World Bank.
- Asadullah M.N. and Chaudhury N. 2009. 'Holy alliances: public subsidies, Islamic high schools, and female schooling in Bangladesh'. *Education Economics* 17(3): 377–394.
- Asadullah M. and Chaudhury N. 2013a. 'Peaceful coexistence. The role of religious schools and NGOs in the growth of female secondary schooling in Bangladesh'. *Journal of Development Studies* 49(2): 223–237.
- Asadullah M.N. and Chaudhury N. 2013b. *Primary Schooling, Student Learning, and School Quality in Rural Bangladesh*. Washington DC: CGDEV.
- Asadullah M.N., Chaudhury N. and Dar A. 2007. 'Student Achievement Conditioned Upon School Selection: Religious and Secular Secondary School Quality in Bangladesh'. *Economics of Education Review* 26(6): 648-659.
- Asadullah M.N. and Wahhaj Z. 2012. *Going to School in Purdah: Female Schooling, Mobility Norms and Madrasas in Bangladesh*. Bonn: IZA.
- Aslam M. 2013. *Empowering Women: Education and the Pathways of Change*. Paris: UNESCO.
- Avon Global Center for Women and Justice. 2011. *Combatting Acid Violence in Bangladesh Cambodia and India*. New York: Cornell Law School.

- Barkat A., Poddar A., Rahman M., Mahiyuddin G., Halim S., Karim A., Badiuzzaman M., Khan M.S. and Al-Hussain, A. 2009. *Child Poverty and Disparities in Bangladesh. A research study towards Global Study on Child Poverty Dynamics and Disparities*, UNICEF. Dhaka: UNICEF.
- Badrunnesha M. 2015. *Improving the quality of girls' education in madrasas in Bangladesh*. Washington DC: Brookings.
- Bakker K. 2013. *Eliminating sexual harassment of adolescent girls in Bangladesh*. SIT graduate Institute Digital Collections.
- BANBEIS. 2015. *Bangladesh Education Statistics 2014*. Dhaka: BANBEIS.
- Baulch B. 2010. *The Medium-Term Impact of the Primary Education Stipend in Rural Bangladesh*. Washington DC: IFPRI.
- BBS. 2012a. *Report of the Household Income and Expenditure Survey 2010*. Dhaka: BBS.
- BBS. 2012b. *Population and Housing Census 2011. Socio-economic and demographic report. National Series, Vol. 4*. Dhaka: BBS.
- BBS. 2013a. *Time Use Pilot Survey 2012*. Dhaka: BBS.
- BBS. 2013b. *Report on Violence Against Women (VAW) Survey 2011*. Dhaka: Bangladesh Bureau of Statistics.
- BBS. 2015. *Child Labour Survey Bangladesh 2013*. Dhaka: BBS.
- BIDS, BBS and UNICEF Bangladesh. 2013. *Child Equity Atlas: Pockets of Social Deprivation in Bangladesh*. Dhaka: Bangladesh Bureau of Statistics, Bangladesh Institute of Development Studies and UNICEF Bangladesh.
- BIDS, BBS and UNICEF Bangladesh. 2014. *Ending child labour in Bangladesh*. Dhaka: Bangladesh Bureau of Statistics, Bangladesh Institute of Development Studies and UNICEF Bangladesh.
- BBS and UNICEF. 2014. *Bangladesh Multiple Indicator Cluster Survey 2012-2013. Progotir Pathey Key Findings*. Dhaka: BBS and UNICEF Bangladesh.
- BBS and UNICEF. 2015. *Bangladesh: Multiple Indicator Cluster Survey 2012-2013, Progotir Pathey, Final Report*. Dhaka: Bangladesh Bureau of Statistics and UNICEF.
- Begum S., Ali O. and Bhuyan H.R. 2011. *Integration of population and gender concerns into the national and sectoral policies and programmes: current status and constraints*. Dhaka: Bangladesh Institute of Development Studies.
- Bhatia M., Yesudian C., Gorter A. and Thankappan K. 2006. 'Demand side financing for reproductive and child health services in India'. *Economic & Political Weekly*: 279–284.
- Bhattacharjee, A. and Das, N. 2011. *Profile of the Adolescent Girls: Findings from the Baseline Survey for SoFEA Programme*. Dhaka: BRAC.
- Bhuiyan M.Y. 2006. *Attitudes towards suicidal behaviour among adolescents in Bangladesh*. Sweden: UMEA.
- Blanc A.K., Melnikas A., Chau M. and Stoner M. 2013. *A review of the evidence on multi-sectoral interventions to reduce violence against adolescent girls*. London: Girl Hub.
- Blunch N.H. and Das M.B. 2015. 'Changing norms about gender inequality in education: Evidence from Bangladesh'. *Demographic Research* 32(6): 183-218.
- Bosch A.M., Willekens F.J., Baqui A.H., Van Ginneken J.K.S. and Hutter I. 2008. 'Association between age at menarche and early-life nutritional status in rural Bangladesh'. *Journal of Biosocial Science* 40: 223-237.
- Bradshaw S. and Fordham M. 2013. *Women, Girls and Disasters*. London: DFID.

- Camellia S., Khan N.N. and Naved R.T. 2012. 'Violence against unmarried adolescent girls'. In Growing up safe and healthy (SAFE): Baseline report on sexual and reproductive health and rights and violence against women and girls in Dhaka slums, edited by Naved R.T. and Amin S. Dhaka: ICDDR,B.
- Cameron S. 2010. Access to and Exclusion from Primary Education in Slums of Dhaka, Bangladesh. Falmer: University of Sussex.
- Camfield L., Choudhury K. and Devine J. 2009. 'Well-being, Happiness and Why Relationships Matter: Evidence from Bangladesh'. *Journal of Happiness Studies* (10): 71-91.
- CARE. 2016. The Cultural Context of Child Marriage in Nepal and Bangladesh. Geneva: CARE International.
- CEDAW. 2015. Committee on the Elimination of Discrimination against Women. Consideration of reports submitted by States parties under article 18 of the Convention. Eight periodic report of States parties due in 2015. Bangladesh. New York: United Nations.
- Choudhary M.S.R. and Rahman M.M. 2015. 'Status of Female Adolescents Living at Rajshahi Slum in Bangladesh'. *Bangladesh Journal of Medical Science* 14(1).
- Choudhuri M.A., Khandake, Alam J., Hasan R. and Rashida S.A. 2005. Situational Analysis and Assessment of Education for Children with Disabilities in Bangladesh, South Asia, East Asia and South Africa. CSID.
- Chowdhury A.M.R., Mahbub A. and Chowdhury AS. 2003. Skilled attendance at delivery in Bangladesh: an ethnographic study. Dhaka: Research and Evaluation Division, BRAC.
- Chowdhury R. and Chowdhury V. 2008. 'Ethics and Culture Towards Adolescent Sexuality, Abortion and Contraception Among Midwifery Students'. *Journal of Nepal Health Research Council* 54(12).
- Conticini A. and Hulme D. 2006. Escaping Violence, Seeking Freedom: Why Children in Bangladesh Migrate to the Street. Manchester: CPRC.
- Danish Trade Union. 2014. Bangladesh Labour Market Profile. http://www.ulandssekretariatet.dk/sites/default/files/uploads/public/PDF/LMP/Imp_bangladesh_2014_final_version.pdf.
- Das M.B. 2007. Whispers to Voices: Gender and Social Transformation in Bangladesh. Washington DC: World Bank.
- Das A.K. and Roy S. 2016. 'Unheard Narratives of Sexual and Reproductive Health Rights (SRHR) of Adolescent Girls of the Holy Cross College, Dhaka, Bangladesh'. *IOSR Journal Of Humanities And Social Science (IOSR-JHSS)* 21: 01-08.
- Davis P. and Bach K. 2010. Curbing dowry practices: an anti-poverty imperative. Manchester: Chronic Poverty Research Centre.
- Dejaeghere J. and Lee S.K. 2011. 'What Matters for Marginalized Girls and Boys in Bangladesh: a capabilities approach for understanding educational well-being and empowerment'. *Research in Comparative and International Education* 6(1).
- Del Franco N. 2010. 'Aspirations and self-hood: exploring the meaning of higher secondary education for girl college students in rural Bangladesh. *Compare: A Journal of Comparative and International Education* 40(2): 147-165.
- DeVanzo J., Rahman M., Ahmed S. and Razzaque A. 2013. 'Influences on Pregnancy Termination Decisions in Matlab Bangladesh'. *Demography* 50(5): 1739-1764.
- Dey B.K., Rahman A., Biragi A. and Roy K. 2014. 'Stress and Anger of Rural and Urban Adolescents'. *Psychology* 5: 177-184.

- Directorate General of Health Services (DGHS). 2011. Health Bulletin 2011. Dhaka: Ministry of Health and Family Welfare.
- Elias M.S. 2013. 'Effect of Gender of the Head Teachers on the Academic Success of the School Students in Bangladesh'. *American Journal of Educational Research* 1(6): 205-207.
- EU. 2010. School Safety: Towards Building Disaster Resilient Schools in Bangladesh. Dhaka: Delegation of the EU to Bangladesh.
- FAO. 2011. The State of Food and Agriculture. Women in Agriculture: Closing the gender gap for development. Rome: FAO.
- Farouk S. 2005. Violence Against Women a statistical overview, challenges and gaps in data collection and methodology and approaches for overcoming them. Geneva: UN Division for the Advancement of Women.
- Fischer F., Minnweggen M., Kaneider U., Kraemer A. and Khan M.H. 2015. 'Prevalence and Determinants of Secondhand Smoke Exposure Among Women in Bangladesh, 2011'. *Nicotine & Tobacco Research* 17(1): 58-65.
- 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.
- Ghosh J. 2012. Wage Slavery Among Women Garment Workers Under the Factory System in Bangladesh. NYU Press.
- Giani L. 2006. Migration and education: Child migrants in Bangladesh. Falmer: University of Sussex.
- Global Initiative to End All Corporal Punishment of Children. 2016. Corporal punishment of children in Bangladesh. Global Initiative to End All Corporal Punishment of Children.
- GoB. 2015. Millennium Development Goals: Bangladesh Progress Report 2015. Dhaka: GoB.
- GoB and UNICEF. 2000. Situation Assessment and Analysis of Children and Women in Bangladesh.
- Guttmacher Institute. 2012. Menstrual Regulation and Induced Abortion in Bangladesh. Dhaka.
- Hackett K.M., Mukta U.S., Chowdhury S.B.J. and Sellen D.W. 2015. 'A qualitative study exploring perceived barriers to infant feeding and caregiving among adolescent girls and young women in rural Bangladesh'. *BMC Public Health* 15: 771.
- Hallman K. 2009. Mother-Father Resources Control, Marriage Payments, and Girl-Boy Health in Rural Bangladesh. Washington DC: International Food Policy Research Institute.
- Haque S.E., Rahman M., Mostofa M.G. and Zahan M.S. 2012. 'Reproductive health care utilisation among young mothers in Bangladesh: does autonomy matter?' *Women's Health Issues* (22): 171-180.
- Harun-Or-Rashid M., Khatun U.F., Yoshida Y., Morita S., Chowdhury N. and Sakmoto J. 2009. 'Iron and Iodine Deficiencies among Under-2 children, adolescent girls, and pregnant women of Bangladesh: Association with common diseases'. *Nagoya Journal of Medical Science* 71.
- Heath R. 2013. Women's Access to Labor Market Opportunities, Control of Household Resources, and Domestic Violence: Evidence from Bangladesh. Seattle, WA: University of Washington.
- Heath R. and Mobarak M. 2012. Does Demand or Supply Constrain Investments in Education? Evidence from Garment Sector Jobs in Bangladesh. Washington DC: World Bank.
- Heissler K. 2008. 'Children's migration for work in Bangladesh: The extra- and intra-household factors that shape 'choice' and 'decision-making''. *Childhoods Today* 2(1): 1-19.

- Heissler K. 2011. Case study of Kishori Abhijan Bangladesh: Towards a greater appreciation and reflection. http://www.sas.upenn.edu/ppe/Events/uniconf_2011/documents/Heissler.Karin.FinalPaper.pdf.
- HERProject. 2010. Female Factory Workers' Health Needs Assessment. Dhaka: Bangladesh.
- Hossain N. 2010. 'School Exclusion as Social Exclusion: the Practices and Effects of a Conditional Cash Transfer Programme for the Poor in Bangladesh'. *Journal of Development Studies* 46(7): 1264-1282.
- Hossain N. 2012. *Women's Empowerment Revisited: From Individual to Collective Power among the Export Sector Workers of Bangladesh*. Brighton: Institute of Development Studies.
- Hossain M. and Tisdell C. 2005. 'Closing the gender gap in Bangladesh. Inequality in education, employment and earnings'. *International Journal of Social Economics* 32: 439-453.
- 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.
- Hossain J., Akter A. and Barman S.C. 2015. *Understanding the Demand and Supply Chain of Domestic Service Work in Line with the Urban and Rural Linkages*. Dhaka: Bangladesh Institute of Labour Studies.
- Huda F.A., Chowdhuri S., Sarker B.K., Islam N. and Ahmed A. 2014. Prevalence of unintended pregnancy and needs for family planning among married adolescent girls living in urban slums of Dhaka, Bangladesh. Dhaka: Icddr,b.
- Human Rights Watch (HRW). 2015a. *Marry Before Your House is Swept Away. Child Marriage in Bangladesh*. New York: Human Rights Watch.
- Human Rights Watch (HRW). 2015b. 'Whoever Raises their Head Suffers the Most': Workers' Rights in Bangladesh's Garment Factories. New York: Human Rights Watch.
- Huq S. 2010. 'Negotiating Islam: Conservatism, Splintered Authority and Empowerment in Urban Bangladesh'. *IDS Bulletin* 41(2): 97-105.
- Huq L. 2013. *Review of Literature on Unpaid Care Work Bangladesh*. Dhaka: BRAC University.
- Huq S.Z. and Afroz N. 2005. 'Depression in Adolescence'. *Journal of Life and Earth Science* 1(1): 11-13
- Huq N.L., Haseen F., Quaiyum M.A., Nahar Q. and Larson C.P. 2005. *Strategies to Improve Reproductive Health Services for Adolescents in Bangladesh: A Worksite Study*. Dhaka: Icddr,b: Centre for Health and Population Research.
- Icddr,b and Population Council. 2013. *From Evidence to Policy: Addressing Gender-Based Violence against Women and Girls in Bangladesh*. Dhaka: Icddr,b and Population Council.
- ICRW. 2007. *New Insights on Preventing Child Marriage. A Global Analysis on Factors and Programs*. Washington DC: ICRW.
- ICRW. 2014. *Theory of Change: Ending Child Marriage in Bangladesh*. New Delhi: ICRW.
- ILO. 2013a. *Decent Work Country Profile: Bangladesh*. Geneva: ILO.
- ILO. 2013b. *Bangladesh: Seeking Better Employment Conditions for Better Socioeconomic Outcomes*. International Institute for Labour Studies.
- ILO. 2013c. *Youth Employment Policy Brief: Bangladesh*. Geneva: ILO.
- ILO. 2015. *World Report on Child Labour: Paving the way to decent work for young people*.
- ILO, GoB and EU. 2012. *Draft National Strategy for Promotion of Gender Equality in Technical and Vocational Education and Training (TVET) in Bangladesh*. Dhaka: ILO.

- Islam M.N. 2008. People's Republic of Bangladesh Technical and Vocational Education and Training (TVET) Reform Project. Dhaka: GoB, EU and ILO.
- Izutsua T., Tsutsumib A., Islam A., Kato S., Wakaie S. and Kuritaf H. 2006. 'Mental health, quality of life, and nutritional status of adolescents in Dhaka, Bangladesh: Comparison between an urban slum and a non-slum area'. *Social Science & Medicine* 63: 1477-1488.
- Jackson E., Wallace T. and Wernham M. 2014. 'Research on discriminatory social norms in relation to violence against women and girls from the perspective of girls, boys, women and men in Bangladesh, Egypt and Pakistan'. Plan UK's Girls Fund.
- Jahan R., Rahman J.A. and Choudhury R.K. 2011. *The Status of Unserved Children in Education Girl children in Bangladesh A Situation Analysis*. Dhaka.
- Jensen K.B. 2014. 'Space-time geography of female live-in child domestic workers in Dhaka, Bangladesh'. *Children's Geographies* 12(2): 154-169.
- Jordans M., Kaufman A., Brenman N., Adhikari R., Luitel N., Tol W. and Komproe I. 2013. *Suicide in South Asia: A scoping review of published and unpublished literature*. HealthNet TPO.
- Kabeer N. 2001. 'Conflicts over Credit: Re-Evaluating the Empowerment Potential of Loans to Women in Rural Bangladesh'. *World Development* 29(1): 63-84.
- Kabeer N. and Mahmud S. 2004. 'Globalization, Gender and Poverty: Bangladeshi Women Workers in Export and Local Markets'. *Journal of International Development* 16: 93-109.
- 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.
- Kabeer N. 2012. 'The Decline of Missing Women in Bangladesh', *Open Democracy Online*, 7 November, <https://www.opendemocracy.net/5050/naila-kabeer/decline-in-missing-women-in-bangladesh>.
- Kabir Y., Shajalal H.M., Saleh F. and Obaid W. 2010. 'Dietary pattern, nutritional status, anaemia and anaemia-related knowledge in urban adolescent college girls of Bangladesh'. *JPMA* 60: 633.
- Kabir H., Saha N.C., Wirtz A.L. and Gazi R. 2014. 'Treatment-seeking for selected reproductive health problems: behaviours of unmarried female adolescents in two low-performing areas of Bangladesh'. *Reproductive Health* 11: 54.
- Kamal S.M.M, Hassan C.H., Alam G.M. and Ying Y. 2015. 'Child marriage in Bangladesh: Trends and Determinants'. *Journal of Biosocial Science* 47(1): 120-139.
- Katz E. 2013. *Identifying Research Gaps and Priorities for Women's Economic Empowerment: Gender and Youth Employment*. UN Foundation and Exxon Mobil.
- Khambalia A., Deborah L., O'Connor L. and Zlotkin S. 2009. 'Periconceptional Iron and Folate Status is Inadequate among Married, Nulliparous Women in Rural Bangladesh'. *The Journal of Nutrition* 139: 1179–1184.
- Khan M.E., Townsend J. and Pelto P. 2014. *Sexuality, Gender Roles, and Domestic Violence in South Asia*. Population Council.
- Khanam R. 2006. 'Child Labour in Bangladesh: Trends, Patterns and Policy Options'. *Asian Profile* 34(6).
- Khanam R. and Ross R. 2008. *Is Child Work a deterrent to School Attendance and School Attainment? Evidence from Bangladesh*. Paper presented at 37th Australian Conference of Economists (ACE 2008), 30 Sept - 04 Oct 2008, Gold Coast, Australia.
- Khandker S.R. and Samad H.A. 2014. *Dynamic Effects of Microcredit in Bangladesh*. Washington DC: World Bank.

- Khandker S., Koolwal G. and Sinha N. 2008. Benefits of Improving Young Women's Labor Market Opportunities: Evidence from Group-based Credit Programs in Rural Bangladesh, <http://siteresources.worldbank.org/INTGENDER/Resources/ImprovingYoungWomenLaborMarketOpportunities.pdf>.
- Khosla N. 2009. 'The ready made garments industry in Bangladesh. A means to reducing gender based social exclusion of women'. *Journal of International Women's Studies* 11(1).
- Kiragu E., Rosi A.R. and Morris T. 2011. *States of denial: A review of UNHCR's response to the protracted situation of stateless Rohingya refugees in Bangladesh*. Geneva: UNHCR.
- Kirk J. 2006. *The Impact of Women Teachers on Girls' Education - Advocacy Brief*. Bangkok: UNESCO.
- Mathur W., Greene M. and Malhotra A. 2003. *Too Young to Wed: The lives, rights, and health of young married girls*. ICRW.
- Ministry of Primary and Mass Education (MoPME). 2015. *Annual Primary School Census 2014*. Dhaka: Ministry of Primary and Mass Education.
- Mohajan H. 2011. 'Are Bangladeshi women enjoying human rights properly?' *International Journal of Mainstream Social Science* 2(2).
- Mozumder M.K. 2014. *Exploring the Psychosocial Wellbeing of Sex Workers and Garments Workers under Solidarity and Empowerment through Education, Motivation and Awareness (SEEMA) Project. Report on Participatory Action Research Study*. Dhaka: CARE Bangladesh.
- Nahar P., van Reeuwijk M. and Reis R. 2013. 'Contextualising sexual harassment of adolescent girls in Bangladesh'. *Reproductive Health Matters* 21(41): 78–86.
- Nazneen S., Hossain N. and Sultan M. 2011. *National Discourses on Women's Empowerment in Bangladesh: Continuities and Change*. IDS Working Paper No. 368. Brighton: Institute of Development Studies.
- Naved R.T. and Persson L.A. 2005. 'Factors Associated with Spousal Physical Violence Against Women in Bangladesh'. *Studies in Family Planning* 36(4): 289-300.
- Nessa K., Waris S.A., Alam A., Huq M., Nahar S., Chawdhury F.A.H., Monira S., Badal M.U., Sultana J., Mahmud K.F., Das J., Mitra D.K., Sultan Z., Hossain N. and Rahman M. 2005. 'Sexually Transmitted Infections Among Brothel-Based Sex Workers in Bangladesh: High Prevalence of Asymptomatic Infection'. *Sexually Transmitted Diseases* 32(1): 13-19.
- NIPORT, Mitra and Associates and ICF International. 2013. *Bangladesh Demographic and Health Survey 2011*. Dhaka and Calverton: National Institute of Population Research and Training, Mitra and Associates and ICF International.
- NIPORT, Mitra and Associates and ICF International. 2016. *Bangladesh Demographic and Health Survey 2014*. Dhaka and Rockville: NIPORT, Mitra and Associates, and ICF International.
- OECD. 2014. *Bangladesh SIGI*. Paris: OECD.
- OHCHR. 2014. *Report of the Special Rapporteur on violence against women, its causes and consequences, Rashida Manjoo. Addendum. Mission to Bangladesh (20–29 May 2013)*. A/HRC/26/38/Add.2. New York: UN General Assembly.
- Pachauri S. and Santhya K.G. 2002. 'Reproductive Choices for Asian Adolescents: A Focus on Contraceptive Behavior'. *International Family Planning Perspectives* 28(4): 186-195.
- Pathways of Women's Empowerment and BDI. 2011. *Pathways South Asia Synthesis Report 2006-2011*. Dhaka: Pathways of Women's Empowerment and BRAC Development Institute.

- Patton G.C., Coffey C., Cappa C., Currie D., Riley L., Gore F., Degenhardt L., Richardson D., Astone N., Sangowawa A., Mokdad A. and Ferguson F. 2012. 'Health of the world's adolescents: a synthesis of internationally comparable data'. *Lancet* 379: 1665–75.
- Paul B.K. and Rumsey D.J. 2002. 'Utilization of health facilities and trained birth attendants for childbirth in rural Bangladesh: an empirical study'. *Social Science & Medicine* 54: 1755-1765.
- Peter B., Goswami B., Deshpande S., Rugmini R. and Salam M.A. 2015. *Enhancing Access to Inclusive Primary Education for Girls with Disabilities in Nilphamari, Bangladesh*. London: Leonard Cheshire Disability.
- Petroni S. 2014. *Paving the Path to Improved Adolescent Sexual and Reproductive Health Bangladesh*. New York: ICRW.
- Plan. 2011. *Weathering the storm: Adolescent girls and climate change*. London: Plan UK.
- Plan. 2014. *Because I am a Girl: The State of the World's Girls 2014. Pathways to Power: Creating Sustainable Change for Adolescent Girls*. Woking: Plan.
- Plan. n.d. *Research on discriminatory social norms as they impact on violence against women and girls in Bangladesh*. Bangkok: Plan.
- Population Council and ICRW. 2000. *Adolescent Girls' Livelihoods, Essential Questions and Essential Tools*. Washington DC: Population Council and ICRW.
- Priyadarshani A. and Rahim S. A. 2010. 'Women Watching Television: Surfing Between Fantasy and Reality'. *IDS Bulletin* 41(2): 116-124.
- Quisumbing A.R. 2008. *Intergenerational transfers and the intergenerational transmission of poverty in Bangladesh: preliminary results from a longitudinal study of rural households*. Washington DC: International Food Policy Research Institute.
- Rahman Khan M. and Ahmed F. 2005. 'Physical status, nutrient intake and dietary pattern of adolescent female factory workers in urban Bangladesh'. *Asia Pacific Journal of Clinical Nutrition* 14(1): 19-26.
- Rahman M., Haque S.E. and Zahan M.S. 2011. 'Factors affecting the utilization of postpartum care among young mothers in Bangladesh'. *Health and Social Care in the Community* 19: 138-147.
- Rahman M., Nakamura K., Seino K. and Kizuki M. 2012a. 'Intimate partner violence and use of reproductive health services among married women: evidence from a national Bangladeshi sample'. *BMC Public Health* 12: 913.
- Rahman S.A., Kielmann T., McPake B. and Normand C. 2012b. 'Health care-seeking Behaviour among the Tribal People of Bangladesh: Can the Current Health System Really Meet Their Needs?' *Journal of Health, and Population and Nutrition* 30(3).
- Rahman M.M., Bhuiyan M.F.A. and Lovely F.H. 2014. 'Acid Violence: A Burning Impact On Women of Bangladesh-Case Study'. *International Journal of Advanced Research in Engineering and Applied Sciences* 3 (3): 40-57.
- Rao N., 2012. 'Breadwinners and Homemakers. Migration and Changing Conjugal Expectations in Rural Bangladesh'. *Journal of Development Studies* 48(1): 26-40
- Rashid S.F. 2011. 'Human rights and reproductive health: political realities and pragmatic choices for married adolescent women living in urban slums, Bangladesh'. *BMC International Health and Human Rights* 11 (Suppl. 3): S3.
- Rashid S.F. and Michaud S. 2000. 'Female Adolescents and Their Sexuality: Notions of Honour, Shame, Purity and Pollution during the Floods'. *Disasters* 24(1).

- Rob U. and Mutahara M.U. 2000. 'Premarital Sex among Urban Adolescents in Bangladesh'. *International Quarterly of Community Health Education* 20(1): 103-111.
- Sabates R., Hossain A. and Lewin K.M. 2010. *School Drop Out in Bangladesh: New Insights from Longitudinal Evidence*. Falmer: University of Sussex.
- Salmon C. 2005. 'Child Labor in Bangladesh: Are Children the Last Economic Resource of the Household?' *Journal of Developing Societies* 21(1-2).
- Sardenberg C. 2011. *What Makes Domestic Violence Legislation More Effective? Brighton: Pathways of Women's Empowerment*.
- Sarkar R.K., Reza M.M. and Hossain M.E. 2014. 'Socio Cultural Barriers of Girls' Educational Attainment Experiences from Rural Bangladesh'. *Cultural Anthropology* 10(2): 349-358.
- Scalise E. 2009. *Women's Inheritance Rights to Land and Property in South Asia: A Study of Afghanistan, Bangladesh, India, Nepal, Pakistan, and Sri Lanka*. Rural Development Institute.
- Schuler S.R. 2007. 'Rural Bangladesh: Sound policies, evolving gender norms, and family strategies'. In *Exclusion, gender and education: case studies from the developing world*, edited by M. Lewis, and M. Lockheed, 179-203. Washington DC: Center for Global Development.
- Seddiky A., Ara, E. and Khatun, F. 2015. 'Eve teasing and the decadence of social values in Bangladesh; how many innocent faces are to be lost!'. *American International Journal of Research in Humanities, Arts and Social Sciences* 10(2): 140-148.
- Shahidul S.M. 2012. 'Marriage Market and an Effect on Girls' School Dropout in Bangladesh'. *Journal of Alternative Perspectives in the Social Sciences* 4(2): 552-564.
- Shahidul S.M. 2013. 'Household Decision-Making Process: Its Effect on School Dropout Behavior for Girls in the Secondary School Level in Bangladesh'. *International Education Studies* 6(1).
- Shahnaz R. and Karim R. 2008. *Providing Microfinance and Social Space to Empower Adolescent Girls: An Evaluation of BRAC's ELA Centres*. Dhaka: Research and Evaluation Division BRAC.
- Shonchoy A. and Rabbani M. 2015. *The Bangladesh Gender Gap in Education: Biased intra-household Educational Expenditures*. Institute of Developing Economies. <http://www.ide.go.jp/English/Publish/Download/Dp/pdf/522.pdf>.
- Sikder A., Labrique A., Shamim A., Ali H., Mehra S., Wu L., Shaikh S., West K.P. and Christian P. 2014. 'Risk factors for reported obstetric complications and near misses in rural northwest Bangladesh: analysis from a prospective cohort study'. *BMC Pregnancy and Childbirth* 14.
- Silverman J.G. Gupta J., Decker M.J., Kapur N. and Raj A. 2007. 'Intimate partner violence and unwanted pregnancy, miscarriage, induced abortion, and stillbirth among a national sample of Bangladeshi women'. *BJOG* 114: 1246–1252.
- Singh R. J., Saraswati L.R., Sharma V., Rob U., Puri M., Ehsan I., Dulal B. and Sarna A. 2015. *Social, Economic and Health Vulnerabilities of Spouses of Male Migrants in South-Asia: Findings from Bangladesh, India and Nepal*. Project Brief. Delhi: Population Council.
- Stanford P. and Hargreaves S. 2009. *Stories from the Frontline. 11 Stories from Bangladesh*. Dhaka: ActionAid.
- Stewart S.M., Bond M.H., Abdullah A.S.M. and Ma S.S.L. 2000. 'Gender, Parenting, and Adolescent Functioning in Bangladesh'. *Merrill-Palmer Quarterly* 46(3): 540-563.
- Uddin N. 2012. 'Knowledge and Practice of Menstrual Regulation. An Assessment among the Underprivileged People in Bangladesh'. *Antrocom. Online Journal of Anthropology* 8(2).

- Uddin J. and Choudhury A.M. 2008. 'Reproductive Health Awareness Among Adolescent Girls in Rural Bangladesh'. *Asia Pacific Journal of Public Health* 20(2): 117-28.
- Uddin J., Sarma H., Wahed T., Wazed Ali W., Koehlmoos T.P., Nahar Q. and Azim T. 2014. 'Vulnerability of Bangladeshi street-children to HIV/AIDS: a qualitative study'. *BMC Public Health* 14: 1151.
- Ullah A. 2013. *An Analysis of the Impact of Educational Conditional Cash Transfer (CCT) Programs in Bangladesh 2005-2010*. Canberra: University of Canberra.
- UNDP. 2015. *Human Development Report 2015: Work for Human Development*. New York: UNDP.
- UNESCAP. n.d. *Harmful Traditional Practices in Three Countries of South Asia*. Bangkok: United Nations Economic and Social Commission for Asia and the Pacific.
- UNESCO. 2015. *2015 EFA Global Monitoring Report. Education for All 20002-2015: Achievements and Challenges*. Paris: UNESCO.
- UNESCO Bangladesh. n.d. *Enhancing Access to and Retention of Girls and Women in Education and Gender Equity of Teachers under the UN Joint Program VAW*. Dhaka: UNESCO Bangladesh.
- UNFPA. 2005. *Summary of end line survey on Adolescent Reproductive Health*. Dhaka: UNFPA Bangladesh.
- UNFPA. 2015. *Girlhood, not motherhood. Preventing Adolescent Pregnancy*. New York: UNFPA.
- UNHCR. 2015. *Bangladesh Factsheet August 2015*. Geneva: UNHCR.
- UNICEF. n.d. *Women and girls in Bangladesh*. Dhaka: UNICEF Bangladesh.
- UNICEF. 2008. *Kishori Abhijan: Highlights of Baseline Findings on Adolescents' Social Environment*. Dhaka: UNICEF.
- UNICEF. 2009. *Quality Primary Education in Bangladesh*. Dhaka: UNICEF Bangladesh.
- UNICEF. 2011. *A perspective on gender equality in Bangladesh. From young girl to adolescent: What is lost in transition? Analysis based on selected results of the Multiple Indicator Cluster Survey 2009*. Dhaka: UNICEF.
- UNICEF, ILO and World Bank. 2011. *Understanding children's work in Bangladesh*. Rome: UNICEF, ILO and World Bank.
- UN Women. 2011. *2011-2012 Progress of the World's Women. In pursuit of Justice*. New York: UN Women.
- USDOL. 2014. *Bangladesh: Moderate Advancement*. USA: USDOL.
- van Reeuwijk M. and Nahar P. 2013. 'The importance of a positive approach to sexuality in sexual health programmes for unmarried adolescents in Bangladesh'. *Reproductive Health Matters* 21(41).
- Wahed T. and Bhuiya A. 2007. 'Battered bodies and shattered minds, VAW in Bangladesh'. *Indian Journal of Medical Research* 126: 341-354.
- Walz N.K., Faruqui M., Begum A., Sultana N., Sarker S., and Faisal A.J. 2003. *Situation Analysis of Obstetric Fistula Bangladesh*. UNFPA and Engender Health Bangladesh Country Office.
- Watkins K. 2013. *Accelerating Progress to 2015: Bangladesh*. Paris: Good Planet Foundation.
- White S.C. 2009. *Domains of Contestation: Women's Empowerment and Islam in Bangladesh*. Bath: University of Bath.
- WHO. 2011. *Mental Health Atlas 2011 – Bangladesh*. Geneva: WHO.
- WHO. 2015. *Bangladesh: WHO statistical profile*. Geneva: WHO.
- WHO, UNICEF, UNFPA, World Bank and UN. 2015. *Trends in maternal mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division*. Geneva: WHO.

- Wong B. 2013. Asia Child Marriage Initiative: Summary of Research in Bangladesh, India, and Nepal. Thailand: Plan Asia Regional Office.
- World Bank. 2013. Bangladesh Poverty Assessment: Assessing a decade of progress in reducing poverty, 2000-2010. Dhaka: World Bank.
- World Bank. 2014. Voice and Agency: Empowering women and girls for shared prosperity. Washington DC: World Bank.
- Yarrow E., Aplan K., Anderson K. and Hamilton C. 2015. Research Report Getting the Evidence: Asia Child Marriage Initiative. Coram International and Plan International.
- Yasunaga M. 2014. Non-formal education as a means to meet learning needs of out-of-school children and adolescents. Paris: UNESCO.
- Zabeen B., Tayyeb S., Naz F., Ahmed F., Rahman M., Nahar J., Nahar N. and Azad K. 2015. 'Prevalence of obesity and central obesity among adolescent girls in a district school in Bangladesh'. Indian Journal of Endocrinology and Metabolism 19(5).
- Zafreen F., Wahab M.A., Islam M.N., Rahman M.A.. 2010. 'Socio-Demographic Characteristics of Acid Attack Victims in Bangladesh'. JAFMC Bangladesh 6(1).
- Zaman B., Shampa R.M. and Rahman M.A. 2010. 'Mother's Knowledge About the Reproductive Health Needs of Their Adolescent Girls'. JAFMC Bangladesh 6(2).

Annex: Methodology

Search grids for Google and Google Scholar search

Annex Table 1: Gender and empowerment

Population	Theme	Intervention Type	Thematic Terms	Research Terms
Girl	Bangladesh	Girls club	Attitude	Impact
Adolescent	Empowerment	Peer support	Gender norm	Evaluation
Youth	Norm Change	Mentor	Social norm/ norm change	Assessment
'Young women'		Adolescent/Youth development programme	Expectation	Analysis
		Social network	Perception	Research
		Life skills	Physical violence	Results
		Rights	Sexual violence	Programme/Project
		'Soft skills' 'interpersonal skills'	Harassment/Eve teasing	Intervention
		'Behaviour Change Communication'	Rape	Interview
		Media	Workplace violence	Participatory
		Campaign	Transactional sex	Study
		Marketing/ social marketing	Age of marriage	
		Youth group	Empowerment	
		Community dialogue/discussion	Early/child/forced marriage	
		Positive deviance	Negotiation skills	
		Soap opera	Decision making	
		Radio/TV	Leadership	
		Magazine	Voice/speaking out	
		School material	Confidence	
		Theatre/ drama/ skit/puppet	Friends/social network	
		Cell phone/SMS/ internet/ICT/computer	Dowry/dowry related violence	
		Masculinity	Participation	
		Safe spaces	Mobility/Freedom of movement	
		Discrimination		
		Self-esteem		

Annex Table 2: Education and learning

Population	Theme	Intervention Type	Thematic Terms	Research Terms
Girl	Bangladesh	Education	Enrolment	Impact
Adolescent	Education	Literacy	Attendance	Evaluation
Youth		Cash transfer/in-kind transfer	Exam results/grades/ qualifications	Assessment
'Young women'		School building	Learning outcomes	Analysis
		School	Vocational skills	Research
		Primary school	Staff attitudes	Results
		Secondary school	Violence	Programme/Project
		Quality	Attitudes towards violence	Intervention
		Teachers	Physical violence	Interview
		New schools	Sexual violence	Participatory
		'Girl friendly'	Harassment/Eve teasing	Study
		Non formal	Rape	
		Informal	Transactional sex	
		Second chance	Early/child/forced marriage	
		Catch up	Corporal punishment	
		Bridge	Social network	
		Ration	Confidence	
		Girls club	Friends	
		Club	Decision making	
		After school club	Expectation	
		School feeding	Negotiation	
		Scholarship	Retention	
		Mobile school	Transition	
		Radio/Newspaper	Completion	
		Computer/internet	Distance	
		Mobile/cell phone/SMS	Accessible service	
			Household/domestic chores	
			Time use	
			Menstruation	

Annex Table 3: Economic empowerment

Population	Theme	Intervention Type	Thematic Terms	Research Terms
Girl	Bangladesh	Economic empowerment	Assets	Impact
Adolescent	Economic empowerment	Skill	Income	Evaluation
Youth		Business	Savings	Assessment
'Young women'		Entrepreneurship	Livelihoods	Analysis
		Grant	Labour force participation/ employment	Research
		Start-up capital	Ownership	Results
		Financial literacy	Inheritance	Programme/project
		Microfinance	Social network	Intervention
		Savings	Confidence	Interview
		Bank	Friends	Participatory
		Loan	Decision making	Study
		Cash transfer/In-kind transfer	Expectation	
		Work experience/ apprenticeship	Negotiation	
		Training	Transactional sex	
		Economic opportunities	Migration	
		Vocational skills	Trafficking	
		Mobile/ SMS/cell phone/ ICT/computer/ internet	Child Labour	
		Informal economy	Sex work	
			Domestic work	
			Unemployment/ underemployment	
			Land	
			Agriculture	
			Street children	
			Workplace violence/ harassment	
			Garment industry	
			Work	
			Public works	

Annex Table 4: Physical and psychosocial wellbeing

Population	Theme	Intervention Type	Thematic Terms	Research Terms
Girl	Bangladesh	Youth friendly service	Weight	Impact
Adolescent	Health	Sexual health service	Nutritional status	Evaluation
Youth		Reproductive health	Contraception/birth spacing	Assessment
'Young women'		HIV/AIDS	Fertility	Analysis
		Nutrition	Maternal health	Research
		Supplement	Pregnancy	Results
		Staff training	Emotional wellbeing	Programme/Project
		Counselling	Abortion	Intervention
		Support	STI	Interview
		Helpline	Anaemia	Participatory
		Mental health	Malaria	Study
		Psychosocial/psychological wellbeing	TB	
		(sex) health education/information/training	Anxiety	
		Health insurance	Depression	
		Fee waiver	Micronutrient deficiency	
			HIV/AIDS	
			Friends	
			Social network	
			Confidence	
			Happiness	
			Life satisfaction	
			Relationship	
			Service access/use	
			Height	
			BMI	
			Obesity	
			Antenatal/postnatal	
			Menstruation	
			Tobacco	
			Substance	

Annex Table 5: Databases and websites searched

Academic databases searched
Econlit
ERIC
PubMed
Web of Science
PsycINFO
Online libraries
3ie evaluation Database
Innovations for Poverty Action/JPAL Database
International organisation websites
Asian Development Bank
DFID Development Tracker
ILO
Independent Evaluation Group
OECD/ SIGI
UNAIDS
UNDP
UNESCO
UNHCR
UNICEF
UN Women
USAID
WHO
World Bank
International NGO websites
Aga Khan Foundation
BRAC Evaluation Database
CARE International
Girl Guides
International Center for Research on Women – ICRW
International Planned Parenthood Federation
Marie Stopes
Plan International
Population Council
Save the Children Evaluation Database
World Vision

National and regional NGO websites
Asia Child Marriage Initiative
Bangladesh Population Health Consortium
Bangladesh Institute of Development Studies - BIDS
Campaign for Popular Education - CAMPE
Center for Mass Education in Science - CMES
Concerned Women for Family Development - CWFD
Family Planning Association of Bangladesh
Grameen
Manusher Jonnya Foundation – MJF
Nari Maitree
Noakhali Rural Development Society – NRDS
Plan Bangladesh
Promoting Human Rights and Education in Bangladesh - PHREB
Rangpur Dinajpur Rural Services - RDRS
Reproductive Health Services, Training and Education
Save the Children Bangladesh
South Asia Partnership Bangladesh -SAP
Steps Towards Development – STD
Thengamara Mohila Sabuj Sangha - TMSS
Urban Family Health Partnership – UFHP
Voluntary Services Overseas Bangladesh
National government websites
Bangladesh Bureau of Educational Information and Statistics – BANBEIS
Bangladesh Bureau of Statistics - BBS
International reports
Education for All Country Reports
National Human Development Reports
UNFPA State of the Population Reports
UNICEF State of the World’s Children Reports
World Bank Country Poverty Assessment Reports
World Bank World Development Reports
International data
DHS Country Reports
IPEC Data on Child Labour
MICS Country Reports
SIGI Country Report
WHO Country Statistics



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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