GENDER & ADOLESCENCE: GLOBAL EVIDENCE

ENDLINE REPORT SERIES

Young people's well-being and development in Cox's Bazar, Bangladesh

Endline evidence from GAGE

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Introduction

This report focuses on Bangladeshi young people living in host communities in Teknaf and Ukhia upazilas in Cox's Bazar District, the home of approximately 570,000 people. Within these communities, adolescents (10–19 years) and young people represent a significant and vulnerable demographic (Guglielmi et al., 2020a, 2020b, 2020c, 2020d). Many face constrained access to education, skills development and decent work opportunities. Compounded by poverty and rigid gender norms, key risks remain, including school dropout, child labour (especially for boys), and child marriage (especially for girls), as households adopt coping strategies in response to economic strain. At the same time, limited opportunities for meaningful participation in community decision-making can leave young people on the margins, despite their potential to contribute to local solutions and social cohesion (United Nations Development Programme (UNDP), 2021; United Nations Children's Fund (UNICEF), 2023b).

Exacerbating these complexities, this population has been directly affected by the protracted Rohingya humanitarian crisis since 2017 (Inter-Sector Coordination Group (ISCG), 2025). Although the humanitarian response to the influx of Rohingya refugees from Myanmar has brought significant national and international attention to the Cox's Bazar area, host communities – already among the most socioeconomically vulnerable in Bangladesh – continue to face mounting pressures on their livelihoods, natural resources and basic services. Reported priority needs among these host communities include income-generation and employment opportunities, to cope with rising food prices, as well as access to cooking fuel, safer shelter materials, healthcare, and water and sanitation services (REACH Initiative, 2024; ISCG, 2025).

This report is designed to inform the response of the Government of Bangladesh and the humanitarian sector given the multiple and shifting threats facing adolescents and young adults in these communities. We also present recommendations on how to better tailor programming and policies and strengthen services to mitigate risks and enhance the capabilities and overall well-being of Bangladeshi young people living in Cox's Bazar as they transition to adulthood. This report is based on mixed-methods data collected in 2025 by the Gender and Adolescence: Global Evidence (GAGE) research programme. Surveys were undertaken with 566 young people, 269 caregivers, and 4 key informants. The report also draws on data collected at baseline and midline (2019 and 2023) to show changes over time in key dimensions of young people's lives.

The report begins with an overview of the host community context in Cox's Bazar. We then describe the GAGE conceptual framework and methodology. We present our findings on young people's capability outcomes, including education and learning, bodily integrity and freedom from violence, health and nutrition, psychosocial well-being, voice and agency, and economic empowerment. We focus on differences by gender, age, marital status, and disability status. We conclude by discussing implications for policy and programming actions needed to accelerate progress and ensure that all Bangladeshi young people living in Ukhia and Teknaf upazilas have access to the services and support they need to thrive as they move into young adulthood.

Girls reading a lesson plan in class, Chittagong, Bangladesh © Nathalie Bertrams/GAGE 2026

Bangladesh context: host communities on the border of the world's largest refugee settlement

Bangladesh has a decades-long history of sheltering and facilitating the repatriation of displaced Rohingya people, but the influx that began with more than 600,000 people fleeing insurgent violence in 2017 is the largest it has experienced (ACAPS NPM Analysis Hub, 2017). Now, Cox's Bazar District shelters more than 1.1 million Rohingya (United Nations High Commissioner for Refugees (UNHCR), 2026) forcibly displaced from Myanmar's Rakhine State following 'systematic disenfranchisement', discrimination, and 'targeted persecution' (ISCG, 2025: 14). The protracted nature of this crisis has strained the already limited resources and infrastructure in Cox's Bazar, pushing the displaced Rohingya populations into precarious living conditions across 33 space-constrained camps in Teknaf and Ukhia upazilas. Cox's Bazar is now the world's largest refugee settlement, and one of the most densely populated areas globally (ISCG, 2025: 14–16; Wieser, 2025; Joint Government of Bangladesh - UNHCR, 2026).

Against this backdrop, the broader humanitarian response addressing the needs of Rohingya and host communities[1] has continued to face mounting pressure. Donor contributions fell by nearly a third in 2023 (compared with the 2018–2022 average), reflecting a deteriorating funding environment [ISCG, 2025]). Only 52% of the identified financing needs for the Rohingya Humanitarian Crisis Joint Response Plan were met in 2025 (Office for the Coordination of Humanitarian Affairs (OCHA), n.d.).

Young people in Cox's Bazar host communities

Adolescents and young people (10–24 years) in Bangladeshi host communities in Ukhia and Teknaf *upazilas*[2] continue to face significant barriers to their well-being. Recent multi-sector needs assessments indicate that although primary educational enrolment

Adolescent boys in Cox's Bazar, Bangladesh © Nathalie Bertrams/GAGE 2026

1 The humanitarian effort in Cox's Bazar supports vulnerable members of the host community population as well as the Rohingya population. As per the Joint Response Plan 2025-2026, and in all previous plans, the humanitarian, development and donor communities remain committed to assisting Bangladeshi host communities through a multi-sectoral response (ISCG, 2025).

2 We focus on these Teknaf and Ukhia *upazilas* as this is where 95% of the GAGE Bangladeshi endline sample in Cox's Bazar resides, as well as being the two *upazilas* where Rohingya camps are located. A small number of young people in our sample live on the border in neighbouring *upazilas* (Ramu, 2%, and Naikhongchhari, 3%).

Wedding guests, Chittagong, Bangladesh © Nathalie Bertrams/GAGE 2026

remains relatively widespread, progression to and completion of secondary education continues to be limited, particularly among poorer households (Save the Children, 2024). Economic pressures are a key driver of school dropout; many adolescent boys disengage from schooling to participate in informal or low-paid labour, whereas adolescent girls face gender-based constraints that include child marriage, domestic and care responsibilities, and concerns about their safety going to and from school (ibid.). Education systems in these areas remain under strain due to long-standing underinvestment, with overcrowded classrooms, limited availability of secondary schools, and a lack of trained teachers – problems that disproportionately affect rural communities in Ukhia and Teknaf. Recent studies have also highlighted persistent gaps in access to structured learning and skills development opportunities for older adolescents (15–19), especially girls, limiting their transition into further education, skills development or employment pathways (Save the Children, 2024; Global Partnership for Education, 2025).

Beyond education, adolescents and young people in host communities experience intersecting vulnerabilities in terms of protection, health and livelihoods. Recent literature highlights continued reliance on negative coping strategies among vulnerable households, including child labour and child marriage – both of which expose adolescent boys and girls to long-term risk (Save the Children, 2024). Access to adolescent-responsive health and sexual and reproductive health (SRH) services remains uneven, with service availability improving in some areas but still limited in rural and hard-to-reach communities. Recent data indicates ongoing needs for maternal, newborn, and adolescent SRH services, including antenatal care and family planning support for adolescent mothers, reflecting gaps in both prevention and care (International Rescue Committee (IRC), 2025). Economically, young people face constrained opportunities due to low educational attainment, limited access to market-relevant skills training, and weak local labour markets. As a result, many young people remain underemployed or engaged in precarious informal work, with few structured pathways for economic empowerment (ISCG, 2025).

Recent multi-sectoral needs assessments have also highlighted a lack of attention to the needs of host communities. For example, when compared to camp settings, host communities display lower awareness of child protection mechanisms, greater unmet demand for long-acting family planning, livelihoods, and skills training opportunities, and lower access to targeted assistance despite comparable or growing vulnerabilities (Save the Children, 2024).

Conceptual framework

Informed by the emerging evidence base on adolescent well-being and development, GAGE's conceptual framework takes a holistic approach that pays careful attention to the interconnectedness of what we call the '3 Cs' – capabilities, change strategies and contexts – in order to understand what works to support adolescents' development and empowerment, both now and in the future (see Figure 1). This framing draws on the three components of Pawson and Tilley's (1997) approach to evaluation, which highlights the importance of outcomes, causal mechanisms, and contexts, though we tailor it to the specific challenges of understanding what works in improving young people's capabilities.

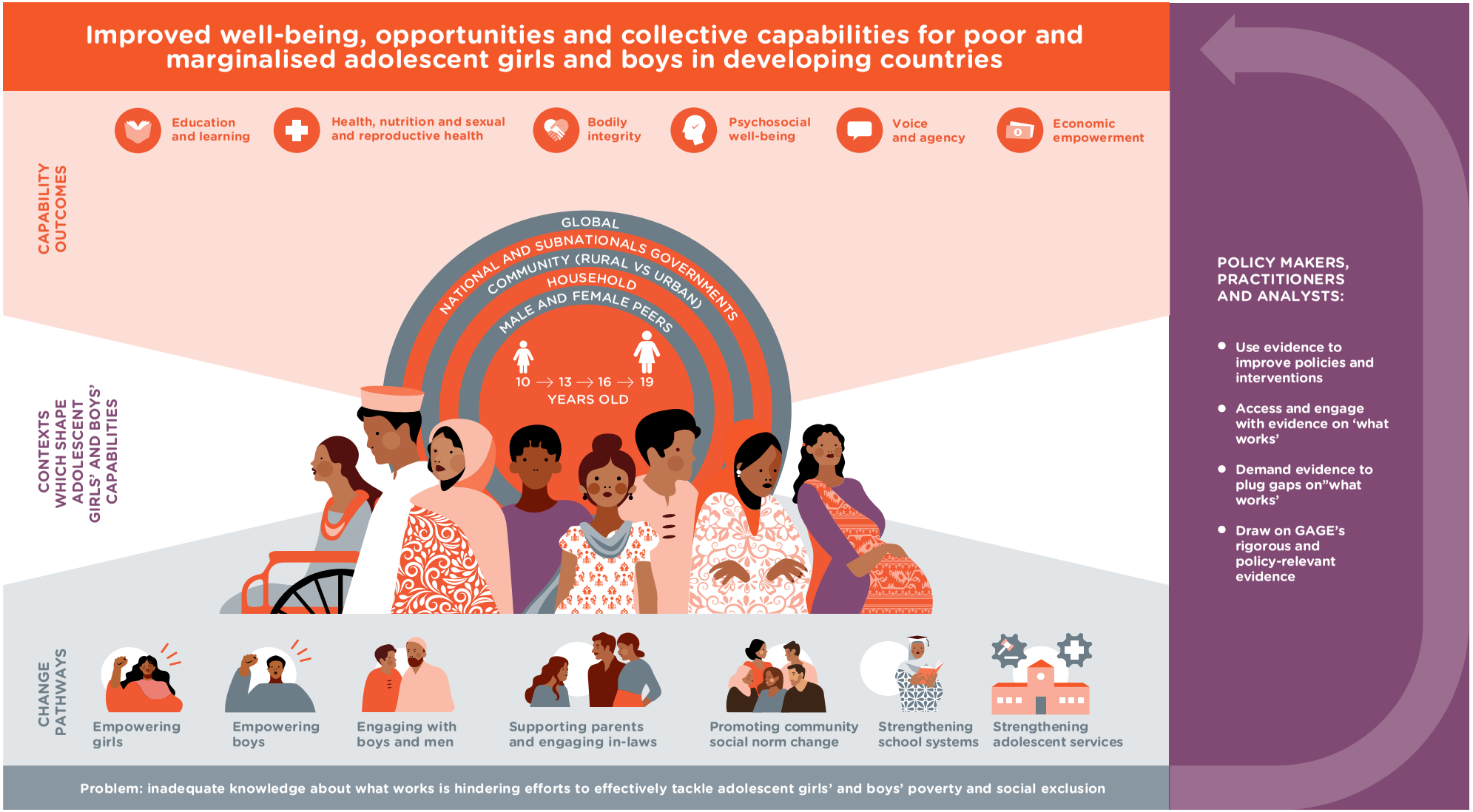
The first building block of our conceptual framework is capability outcomes. Championed originally by Amartya Sen (1985, 2004) and nuanced by Martha Nussbaum (2011) and Naila Kabeer (2003) to better capture complex gender dynamics at intra-household and societal levels, the capabilities approach has evolved as a broad normative framework exploring the kinds of assets (economic, human, political, emotional and social) that expand the capacity of individuals to achieve valued ways of 'doing and being'. At its core is a sense of competence and purposive agency: it goes beyond a focus on a fixed bundle of external assets, instead emphasising investment in an individual's skills, knowledge and voice. Importantly, the approach can encompass relevant investments in children and young people with diverse trajectories, including the most marginalised and 'hardest to reach' such as those with disabilities or those who were married as children. The GAGE framework covers six core capabilities: education and learning; physical health (including nutrition and sexual and reproductive health); bodily integrity and freedom from violence; psychosocial well-being; voice and agency; and economic empowerment.

The second building block of our conceptual framework is context dependency. Our '3 Cs' framework situates young people socio-ecologically. It recognises that not only do girls and boys at different stages in the life course have different needs and constraints, but also that these are highly dependent on their context at the family/household, community, state and global levels.

The third building block of our conceptual framework – change strategies – acknowledges that young people's contextual realities will not only shape the pathways through which they develop their capabilities but also determine the change strategies open to them to improve their outcomes. Our socio-ecological approach emphasises that in order to nurture transformative change in adolescents' capabilities and broader well-being, potential change strategies must simultaneously invest in integrated intervention approaches at different levels, weaving together policies and programming that support young people, their families and their communities while also working to effect change at the systems level.

An adolescent boy in school, Chittagong, Bangladesh © Nathalie Bertrams/GAGE 2026

Figure 1: GAGE conceptual framework



Sample and methods

This report draws on mixed-methods data collected in Bangladesh in 2025, following up on two earlier rounds of research at baseline (2019) and midline (2023) (see Figure 2). This is part of a larger data collection effort, the Cox's Bazar Panel Survey (CBPS) (see Box 1). The quantitative sample evaluated in this brief includes Bangladeshi young people living within 15km of Rohingya camps[3] across two age cohorts: those aged 10–14 years at baseline (younger cohort); and those aged 15–18 years at baseline (older cohort). The study purposefully oversampled young people with disabilities and those who were married before age 18, who are recognised as particularly vulnerable groups. The baseline sample consisted of 651 Bangladeshis living across 24 *mauzas* [administrative districts] in Teknaf (47%), Ukhia (48%), Ramu (2%), and Naikhongchhari (3%) that are within 15km of the camps. At midline, GAGE attempted to re-survey all adolescents living in these areas who were interviewed at baseline, and was able to re-interview 577 Bangladeshi young people – an 89% follow-up rate. At midline, the two cohorts then averaged 16.0 years old and 20.4 years old.

Endline quantitative data collection took place from February to March 2025, with additional tracking in April and May 2025. The endline sample included 566 Bangladeshi young people, a 87% follow-up rate from baseline and a 92% follow-up rate from midline.[4]

Minimising attrition is crucial in longitudinal studies aiming to analyse changes over time. To minimise attrition at endline, we implemented the following strategies. First, we made phone calls to participants prior to data collection (where phone numbers were available) to collect updated contact information and determine availability. Second, we implemented an intensive tracking protocol, which included conducting in-person surveys with participants who had moved outside of the study area to other locations in Bangladesh and phone surveys with participants who moved outside of Bangladesh.[5] With these strategies in place, attrition was low across rounds. However, attrition

Figure 2: Ever experienced unwanted sexual contact

Box 1: The Cox's Bazar Panel Survey

The Cox's Bazar Panel Survey (CBPS) was a partnership between GAGE, the Yale MacMillan Center's Program on Refugees, Forced Displacement, and Humanitarian Responses, and the World Bank's Poverty and Equity Global Practice. The CBPS tracked 5,020 households split evenly across Rohingya camps and host locations within 60km of the camps.

GAGE-CBPS tracked a sub-sample of 2,280 households (1,071 in camp, 1209 in host) with adolescents aged 10–14 and 15–18 at baseline. In host communities, adolescents lived across seven *upazilas*: Teknaf, Ukhia, Chakaria, Cox's Bazar Sadar, Pekua, Ramu, Naikhongchhari. Households were evenly split between those that were within 15 kilometres (km) of camps (651 households) and those that were between 15km and 60km of camps 558 households). The endline GAGE-CBPS survey followed all camp households (1,071) and households in host communities within 15km of camps (651 households). At endline, 803 young people (75%) in camps were re-surveyed and 566 young people (87%) in nearby host communities were re-surveyed.

3 Note that the baseline sample also included an additional 558 adolescents who lived between 15km and 60km from the camps. They were not tracked during the endline survey so are not included here.

4 There are 38 young people who were surveyed at endline who were not surveyed at midline but who were included at baseline.

5 We conducted 3 phone surveys with participants who had moved outside of Bangladesh.

from baseline to endline varied by baseline marital status and disability status. Participants who were never married at baseline ($p<0.001$) and were not in the disability sample ($p=0.001$) were more likely to be lost to follow-up. Attrition did not vary by age cohort or gender.

At endline, younger cohort adolescents were aged 17.5 years (on average); they will be referred to in the report as 'adolescent girls' and 'adolescent boys' (together, 'adolescents'). The older cohort had transitioned to young adulthood (average age of 21.9 years); they will be referred to as 'young women' and 'young men' (together, 'young adults'). Where both cohorts are discussed simultaneously, they are referred to as 'young people'. Where adolescent boys and young men are discussed together, they are referred to as 'young males'; where adolescent girls and young women are discussed together, they are referred to as 'young females'.

Using the Washington Group Questions on Disability, 76 (13.4%) young people in our quantitative sample have any functional disability; of these, 41 (7.2% of the sample) report having functional difficulties even when using an assistive device (such as glasses, hearing aids, or a mobility device; see Table 1). When we discuss the disability sample in this report, we refer to respondents who experience functional difficulties even when using an assistive device. Our sample also includes adolescent girls and young adult women who were married before age 18. Of the 187 ever-married females, 45% (84) had married prior to adulthood.

Quantitative survey data was collected through face-to-face interviews by enumerators of the same sex as the respondent, who were trained to communicate sensitively with marginalised populations and adolescents. Surveys included modules reflecting the GAGE conceptual framework (see Seager et al., 2025). Statistical analysis was conducted using Stata 19.5. When presenting endline survey findings, we include all 566 young people who completed the survey. We also show changes over time for a subset of outcomes, for which we restrict our sample to the 528 young people who completed all three surveys (baseline, midline and endline) or to young people who completed both midline and endline. Table 2 summarises attrition across survey rounds.

Quantitative data collection was complemented by qualitative data, which was collected during February and April 2025 (see Table 3). Qualitative tools, employed by researchers carefully trained to communicate sensitively with marginalised populations, consisted of interactive activities such as timelines, body mappings and vignettes, which were used in individual and group interviews (see Jones et al., 2025). Preliminary data analysis took place during daily and site-wide debriefings. Interviews were transcribed and translated by native speakers and then

Table 1: Quantitative sample for GAGE Round 3 (endline)

	Adolescents	Young adults	Sub-sample married <18	Sub-sample with disabilities at R1	Total
Female	158	156	78	24	314
Male	163	89	6	17	252
Total	**314**	**252**		**41**	**566**

Notes. Disability status is determined by the Washington Group on Disability Statistics Questionnaire, complemented with identification of young people with disabilities by the qualitative research team at baseline. The strict definition is restricted to young people with functional difficulties even when using an assistive device.

Table 2: Quantitative sample

		Gender		Age cohort	
	Total	Female	Male	Younger	Older
A. Cross-sectional (near host & camp)					
Baseline (2019)	651	354	297	366	285
Midline (2023)	577	324	253	329	248
Endline (2025)	566	314	252	321	245
% Follow-up (baseline & endline)	86.9%	88.7%	84.8%	87.7%	85.9%
B. Panel					
Baseline, midline, and endline panel	528	300	228	306	222
% Follow-up	81%	84.7%	76.8%	83.6%	77.9%

Note: 38 respondents in the endline sample are not included in the midline sample.

Table 3: Qualitative sample

Qualitative fieldwork – endline			
Categories	Host communities		Total
	Female	Male	
Adolescent interviews younger cohort	8	7	15
Young adult interviews older cohort	8	5	13
Adolescents living with a disability	5	4	9
Adolescents married before 18	5	1	6
Total adolescent in-depth interviews (IDIs)	**16**	**12**	**28**
Parent IDIs	4	4	8
Focus group discussions (adolescents)	1	2	3
Focus group discussions (young parents)	1	0	1
Focus group discussions (parents)	2	2	4
Key informant interviews	1	3	4
Total interviews	**25**	**23**	**48**

coded thematically using the qualitative software analysis package MAXQDA.

Prior to commencing research, GAGE secured approval from ethics committees at ODI Global (ODI R025002) and George Washington University (071721), as well as from the Institute of Health Economics at the University of Dhaka (IHE/IRB/DU/75/2024). We secured informed assent from unmarried adolescents aged 17 and under, and informed consent from their caregivers, as well as informed consent from young people aged 18 or over or who are married or living independently. There was also a robust protocol for referral to services, tailored to the different realities of the diverse research sites.

A 20-year-old man who owns a shop in Chittagong, Bangladesh © Nathalie Bertrams/GAGE 2026

Findings

The endline findings are organised in line with the six capability domains laid out in the GAGE conceptual framework (see page 5): education and learning; physical health (including nutrition and sexual and reproductive health); bodily integrity and freedom from violence; psychosocial well-being; voice and agency; and economic empowerment. When discussing findings in each domain, we first present endline survey findings using the full endline sample, highlighting differences between groups where significant. Differences are statistically significant at the 5% significance level unless otherwise indicated with an asterisk (*) to signify a statistically significant difference at the 10% significance level. For some outcomes, we also present change over time, restricting the quantitative sample to only those young people who completed all three surveys at baseline, midline, and endline (or completed both midline and endline for some outcomes). In each section, we present qualitative findings after the quantitative findings to offer nuance and identify possible underlying impact pathways for change or stasis.

Education and learning

Access to education

At endline, 48% of Bangladeshi young people were currently enrolled in school. Among males, there were no significant differences in enrolment between adolescents and young men (53%), but among females, young women were significantly less likely to be enrolled (32%) than adolescent girls (56%). However, the overall patterns obscure heterogeneity in enrolment due to early marriage – only 22% of ever-married young females were enrolled in school. However, among never-married adolescents, girls were more likely to be enrolled than boys (72% of adolescent girls versus 57% of adolescent males). Among never-married young adults, there was no significant gap in enrolment by gender (50%). See Figure 3 for more detail.

Among those enrolled in school, 88% of adolescents were enrolled in secondary school (average grade of 9.1), with 10% in primary education and 2% in post-secondary education; among enrolled young adults, 49% were enrolled in secondary education and 35% were enrolled in post-secondary education (average grade of 10.5), with 16% in primary. Ever-married young people who were enrolled in school lag behind their never-married peers in schooling at the primary and secondary levels. Among currently enrolled ever-married females, 21% were enrolled in primary education (compared to 6% of their never-married peers) and 62% were enrolled in secondary education (compared to 80% of never married peers*). Among currently enrolled ever-married males, 46% were in primary school compared to 12% of their never-married peers and 31% were enrolled in secondary education compared to 78% of their never married peers. Notably, similar shares of married and never-married young people were enrolled in post-secondary school. See Figure 4 for more detail.

Among those who were not enrolled in school, average highest grade attained was 4.6 for males compared to 6.4 for females. This gap in attainment was consistent across age groups. Even among married young people who were not enrolled, ever-married females have attained higher

Figure 3: Enrolment by gender, age and marital status

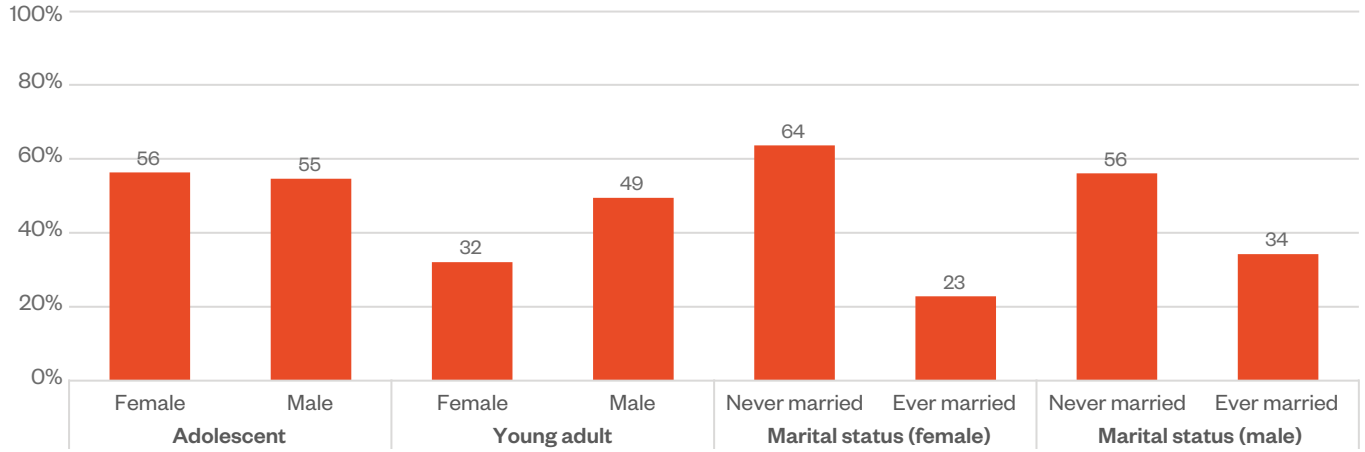
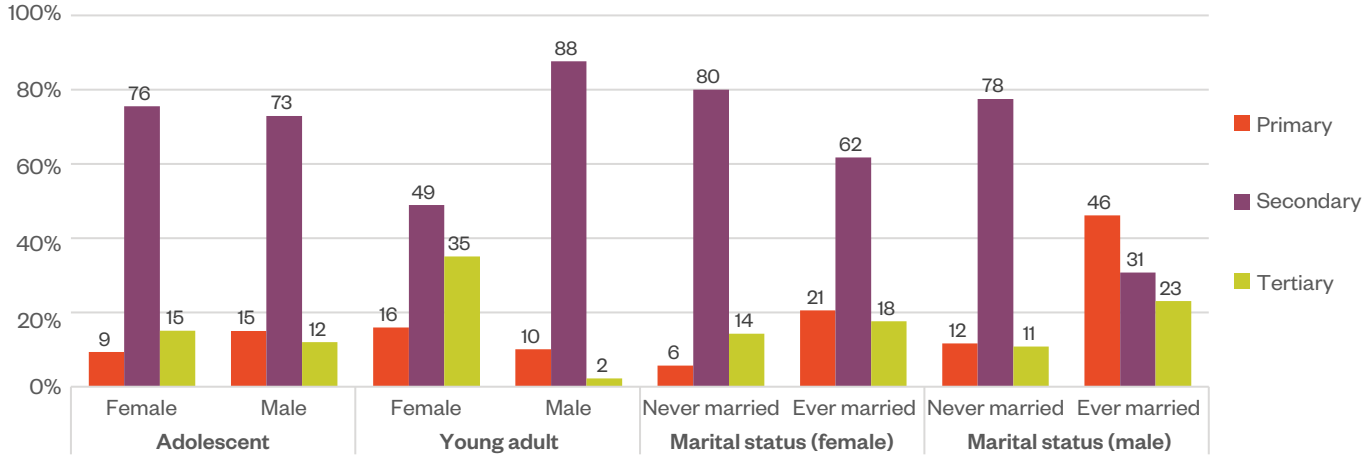


Figure 4: Grade of enrolment by gender, age and marital status, among those enrolled



levels of education than ever-married males (6.8 for ever-married females versus 3.7 for ever-married males). Pairing this with the lower likelihood of enrolment among females suggests that although males are less likely to drop out of school, when they do, they do so at an earlier point in their schooling than females do.

We measure educational achievement using the ASER (Annual Status of Education Report) tool, which measures grade 1 reading (reading a short paragraph) and grade 3 math (able to solve a division problem with carry-over). Using ASER, 55% of young people achieved the story level and 24% reached the division level of math (the highest possible levels). Overall, there were no differences by gender for reading achievement, whereas young males (32%) were significantly more likely to achieve in math than young females (17.2%). This gender disparity is again driven by experience of early marriage: among never-married young females, 25% reached achievement for math compared to just 5% of ever-married females. Among never-married young people, the gender disparity in math achievement shrinks to just 8 percentage points (25% among never-married females versus 33% among never-married males*). For reading, never-married females were more likely to achieve the reading level (67%) than never-married males (54%). Figure 5 shows more detail.

The panel sample shows that enrolment in schooling has decreased over time. Whereas 62% of young people were enrolled at baseline, only 49% were enrolled at endline (slightly up from 43% at midline). Looking at age cohort reveals that although there has been no change in enrolment rates for adolescents between midline (56%) and endline (56%), among young adults, enrolment increased from 26% at midline to 39% at endline. This increase was relatively larger for young men (from 30% at midline to 51% at endline) than for young women (from 24% at midline to 33% at endline), who also started from a lower enrolment rate at midline (see Figure 6). Those who were not enrolled at midline, but are at endline, are, on average 2.7 grades behind those who were enrolled at both midline and endline, suggesting that these young people have had more disjointed education pathways.

With regard to access to and retention in education, the qualitative data highlights an overall improvement in enrolment, with a sense that rates of dropout have diminished at earlier ages. A 47-year-old medical officer (key informant) from Ukhia noted:

Figure 5: Educational achievement in reading and math by gender and marital status

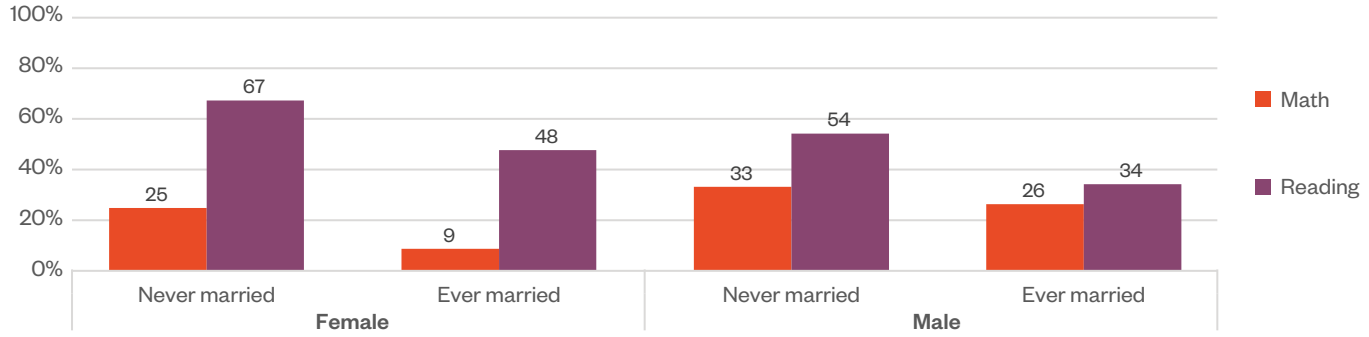
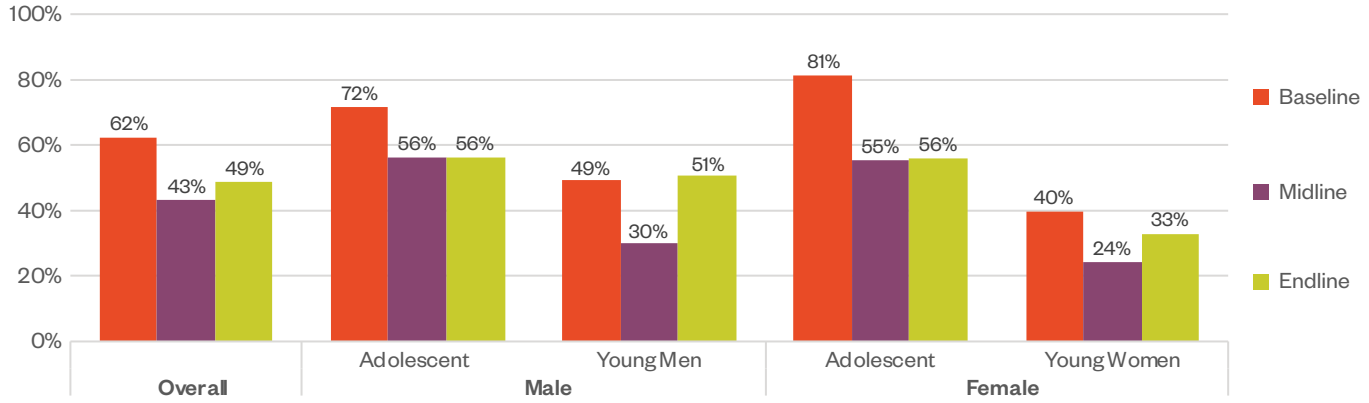


Figure 6: Enrolment rates over time by age and gender



While dropout among girls does still exist, the numbers have gone down and the dropout rate among boys has also decreased. For instance, if a boy can manage to stay in school until class 6, 7 or 8, he usually completes at least the SSC [Secondary School Certificate].

Respondents mentioned that improved retention in education is likely a result of Government and UN/NGO-led sensitisation and awareness-raising campaigns promoting the value of education to students, caregivers and communities.

Five to seven years ago, students studied till class 7/8, they are now studying till class 9/10. The reason behind this is because there are more opportunities for education now. In Cox's Bazar after the Rohingyas came, there were so many NGOs who started working on the awareness of education. They are trying to raise the awareness among the people of Cox's Bazar, for that reason people's awareness of education is rising nowadays. The quality of the education didn't really improve that much. What really improved is that people are now getting aware of the necessity of education. (50-year-old headmaster)

Attendance and retention have definitely increased. One of the key reasons…is that parents are being sensitised repeatedly to ensure their children receive proper education. If it's a well-educated family, they won't only be focused on just getting a job for their child, they'll also think about higher education opportunities abroad. This is a factor we're observing. (30-year-old project officer)

In both Ukhia and Teknaf, key informants emphasised that parental education level and the value placed on education by families are critical factors influencing adolescents' retention in school. Beyond financial circumstances, the importance that parents place on schooling plays a decisive role in keeping both girls and boys enrolled. Several informants noted that this factor may influence boys less than girls, as they are often perceived to be less responsive to parental guidance and less inclined to follow family expectations. Two key informants crystallised this sentiment:

Children and adolescents drop out of school mainly due to the lack of education and awareness among parents. This happens even though many of these families are financially well-off. Since parents are not very conscious or well-informed, they often don't prioritise education. They think: 'What's the point of studying? How much will they even earn after studying?' Also, this area has natural resources like salt farming, betel nut cultivation, and a large supply of fish due to the nearby sea. Economically, Teknaf is relatively self-sufficient. So even if children drop out of school, the family's financial condition isn't badly affected. That creates a risk: children may be drawn toward drugs. We've seen many such cases. This is a major challenge. (47-year-old residential medical officer)

Boys drop out for different reasons. Sometimes, even if a child doesn't like studying, things can still work out if the parents are aware and supportive. But if the parents themselves are not educated, and don't understand how to guide their children, that's when the problem arises. Unlike girls, boys are less likely to listen to their parents. In families where the literacy rate is low, and if the parents can't provide proper guidance, even if the family is financially stable, some boys still drop out. (38-year-old teacher)

In the case of girls, child marriage remains a significant pull factor contributing to school dropout for girls. Several

key informants highlighted the importance of specific age or education thresholds: girls who are able to continue their studies to higher-secondary grades are more likely to complete secondary school and even pursue higher education. However, when a favourable marriage proposal arises, it often disrupts this trajectory, leading many girls to leave school prematurely. A 47-year-old medical officer from Teknaf observed:

> *Often, what happens is that girls who complete their SSC around age 16 or 17 enrol in college. But since there's a legal age for marriage* [18] *for girls, sometimes guardians feel that even though their daughter is doing well in studies, they receive a good marriage proposal and think: 'She's a girl, she'll cook, take care of the household, what's the need for so much education?' So, even after passing the SSC and doing well academically, some girls drop out.*

The qualitative findings further underscored that the prospects of girls continuing their education once married remains highly contested. One young woman from Ukhia explained that continuation depends on whether '*the husband allows*'.

Financial constraints emerged as a dominant driver of school dropout in the qualitative data, often outweighing motivation or perceived value of education, which was a stronger finding among key informants (as noted above). For many adolescent boys interviewed, dropping out of school was primarily due to wanting to help their family's financial situation, and not necessarily requiring educational progression for earning. A 17-year-old boy from Teknaf stated, '*I dropped out on my own after seeing our financial situation*.'

Parents described the cumulative burden of school-related costs, including fees and materials, as prohibitive. For many families, especially those reliant on informal and seasonal income such as agriculture or rickshaw-driving, education becomes unaffordable, pushing boys into child labour. As one father from Ukhia explained, '*One child requires 20,000 taka* [120 GBP]*... I earn 400 taka* [2.50 GBP] *a day... should I eat or educate my child? That's why I told my son to stop studying... go work.*' A young woman from Ukhia echoed this, noting that 'If there's financial hardship at home, they [boys] start working', especially given limited employment prospects even after schooling. A 21-year-old young woman from Teknaf explained her family's situation: '*We were poor. My father had a small income and we were 7 siblings, so they had no other options.*'

Peer influence also emerged as a factor shaping dropout. Some key informants emphasised that peer pressure could negatively impact learning, citing young people's exposure to drugs or desire to migrate for work. A key informant mentioned, '*in areas like Teknaf and Ukhia, drugs are easily available. Many get addicted and drop out of education because of that. For boys especially, it's a major problem.*' (45-year-old legal service provider).

Regret over school dropout was a recurring theme among older adolescents, young adults and caregivers. A 20-year-old young man from Ukhia stated, '*I would not have dropped out. I would've asked for help, even begged to stay. Maybe I'd be doing something better by now.*' A mother from Ukhia reflected on her daughter dropping out: *'I always feel regretful. It would have been better if I could have educated my daughter.'*

Box 2 summarises particular education barriers faced by young people with disabilities.

Students outside of school, Chittagong, Bangladesh © Nathalie Bertrams/GAGE 2026

Box 2: Young people with disabilities face intersecting disadvantages in education

Although the survey findings did not reveal any significant difference in enrolment rates based on disability, the qualitative interviews highlighted that young people with disabilities face compounded barriers to education, including physical inaccessibility of schools, stigma, and lack of tailored support. One 20-year-old young man with a physical disability shared, '*I can't walk far... I can't even hold a pen properly. And there's no one to take me*,' while also recalling being teased and pushed by peers, ultimately leading him to drop out. Even when specialised schools are available, associated costs remain a challenge for families, as a 16-year-old boy with a visual impairment explained: '*There have been some* [positive] *changes, but many of us still can't study due to financial hardship... and our environment just doesn't support learning*.'

The survey found that young people with disabilities were less likely to achieve in reading (34%) than their peers without disabilities (57%). A 50-year-old teacher from Ukhia shared that tailored educational pathways for students with disabilities are limited and they risk being left behind:

> *The quality of education for students with disabilities and students* [without disabilities] *is not the same. If you see, you will notice that the proper structure to serve a student with disabilities is absent from most of the schools. The schools don't have proper infrastructure and financial capacity to support a student with a disability. Also, school teachers are not properly trained to educate students with disabilities too. Also, they don't know how to give different care and attention to these students. Actually, there is no separate system of education to serve both students with and without disabilities. We provide similar types of education for all students. Now, it depends on the students how they receive the support we are giving them.*

Educational aspirations

The endline survey found that 80% of Bangladeshi young people aspire to at least secondary education and 41% aspire to at least some post-secondary education, with significant differences by gender. Among young females, 86% aspire to at least some secondary school and 45% aspire to at least some post-secondary school, compared with 71% and 37%* respectively among boys. Among never-married young females, 55% aspire to at least some university education, compared with 40% of never-married young males. Meanwhile, only 33% of ever-married and 23% of child-married young females aspire to university education; similarly, only 21% of ever-married males aspire to some university education (see Figure 7).

Although young females are more likely to aspire to post-secondary education, they are also less likely to believe that there are no barriers to attaining that level of education. Among young people aspiring to additional years of education, 11% of young females reported no barriers to education, compared with 21% of young males. Among all young people aspiring to additional education, the most commonly cited barrier to attaining educational aspirations was financial (71%), with no differences by gender. After concerns around expense, young people's perceptions of barriers to attainment diverge by gender. Among young females, the next most commonly cited barrier was needing permission (41%), followed by distance (19%). Needing permission was particularly reported by ever-married young females (50%) compared to never-married young females (31%). Among young males, only 16% reported needing permission and 8% reported distance as barriers to education (see Figure 8).

Figure 7: Aspirations for secondary and post-secondary education by gender and marital status

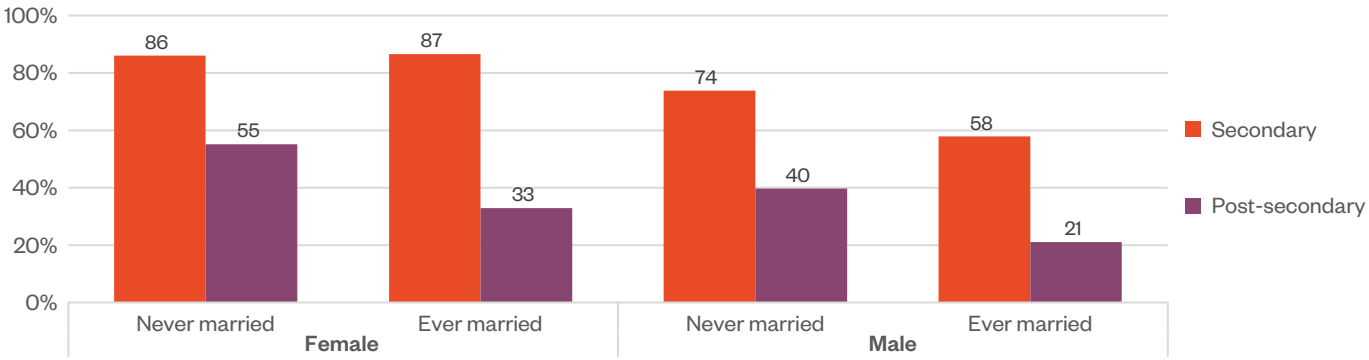
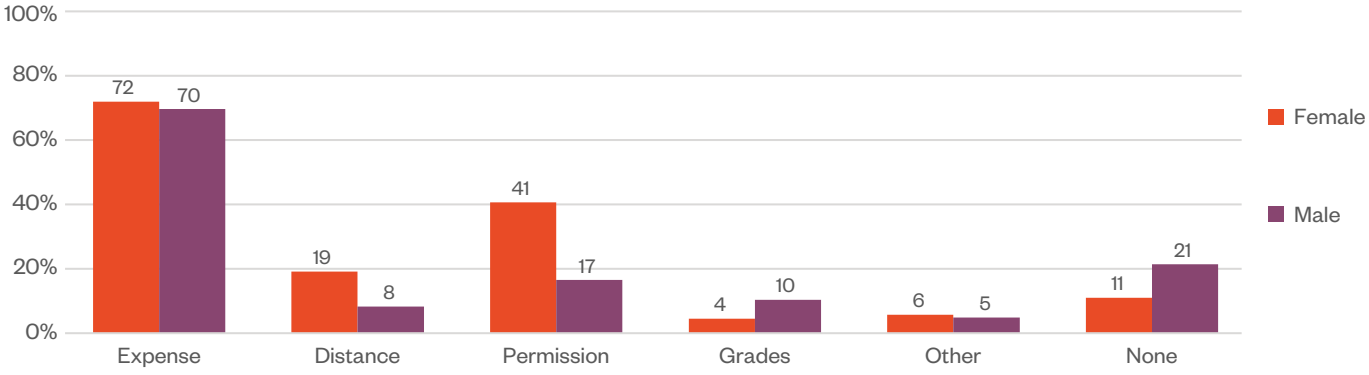


Figure 8: Barriers to educational aspirations by gender, among young people aspiring to additional education

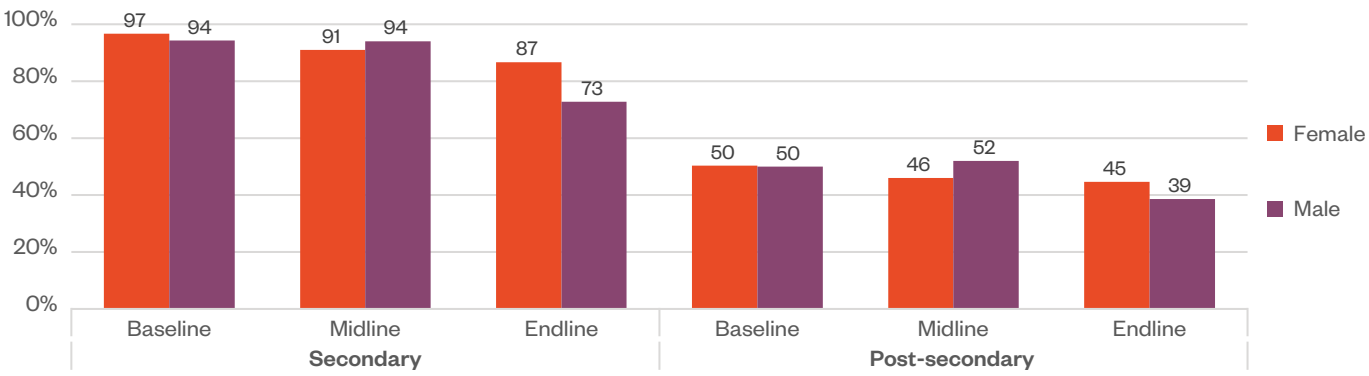


Similarly to enrolment, educational aspirations also declined over time among the panel sample. Whereas 96% of young people aspired to at least some secondary school at baseline (92% did at midline), 81% did at endline; similarly, 50% of young people aspired to at least some university education at baseline (49% at midline) compared to 42% at endline. Aspirations among males declined more than among females: among young males, aspirations for at least some secondary school declined from 94% at baseline to 73% at endline; among young females, the figures were 97% at baseline and 87% at endline. This pattern was consistent across age cohorts. See Figure 9 for more detail.

The qualitative sample of caregivers and adolescents from host communities also highlights strong aspirations for education, but interviews also emphasise persistent structural and household-level barriers that disrupt these dreams. Differences in aspirations were evident between adolescents from comparatively stable households and those from more economically disadvantaged backgrounds. Adolescents with greater social and financial capital often articulated professional ambitions linked to social status and role models within their families. For example, a 19-year-old young woman from Teknaf stated: '*I want to be a magistrate or a teacher... My grandfather is a lawyer. Everyone respects him.*' The desire for professional work was similar among young men: An 18-year-old young man from Ukhia stated, '*I will do a government job... I will get admitted to a college near Cox's Bazar or Chittagong.*' In the same vein, a 16-year-old adolescent boy with a visual impairment from Ukhia emphasised his determination despite uncertainty about his future: '*After completing my studies, whatever Allah plans. I want to become a lawyer, doctor, or police officer – anything like that. I have the ambition.*'

In contrast, adolescents from poorer households had more likelihood of truncated educational aspirations, or linked their aspirations to immediate livelihood outcomes. A 16-year-old adolescent girl mentioned, '*I want to finish my Honors but I cannot do that. My father is a labourer he cannot afford my education.*'; and a 20-year-old young man said, '*My ideal job is to have a small corner shop. I could sit and sell things. Not too far from home. Just enough to help my family.*' Qualitative findings highlight strong aspirations among caregivers for young people's education, particularly for sons, but these are likewise shaped by poverty, uncertainty and gendered expectations. A 52-year-old mother of a 14-year-old boy

Figure 9: Aspirations over time, by gender



Girls class in Chittagong, Bangladesh © Nathalie Bertrams/GAGE 2026

with a disability stated, *'I dream to send him to a religious school when he reaches class 5… I'd like him to study as far as possible—intermediate, masters levels… we will try to support him and encourage him to study.'* While many other caregivers expressed aspirations for education and employment, they also shared how deep financial strain plays a role and the family will need to work hard not to offset this aspiration A 47-year-old father of a 17-year-old adolescent boy shared, '*If he is admitted to college, we will work harder… if we have to go hungry, we will. Whatever happens, our son's studies will not be stopped.*'

While on the surface level, it appears that caregivers value both girls' and boys' education equally stating, '*We were born in a poor family… I want my son and daughter to study and do better than us… If they can study, they can stand on their own,*' (47-year-old father), gender norms were reinforced once probed. The same father went onto state, '*girls do not need to study too much… After year 10, she will be married off… We don't need to look after her studies like her brother.*" This view was also contrasted, however, by those who value ongoing education for their daughters. A 65-year-old widowed mother of a 15-year-old girl emphasised changing norms and the economic value of girls' education, stating, '*People are understanding the value of education now… Education will enable my daughter to get a job and earn money… If my daughter works outside and earn money, she'll be happy and it'll be beneficial also. As for household chores, my daughter in law will do that.*' Across caregivers, education is seen as a pathway to earning, but is mediated by financial stress, religious framing and gendered expectations regarding marriage, work, and family roles.

Physical health

Nutrition and exercise

At endline, 27% of Bangladeshi young people lived in households that were severely food insecure.[6] The vast majority of these cases (90%) were households where there had been no food in the dwelling at least one day in the previous 4 weeks. Among young adults, females were significantly more likely to reside in food-insecure households than males (35% versus 18%, Figure 10). Most young people (82%) reported eating at least one meal containing animal protein (meat, chicken, fish or eggs) on the day prior to the survey, with young adult females less likely to have consumed protein than young adult males (81% versus 90%*) and young people with disabilities more likely to have consumed protein than those without disabilities (90% versus 82%*). Less than 1% of young people reported that their household was currently receiving food aid.

Nearly half of young people (43%) reported engaging in no physical activity of at least 30 minutes in the week prior to the survey. Females were more likely to report no physical activity than males (56% versus 27%) and young adults were more likely than adolescents (47% versus 40%*). Among married young people, those with children were less likely to report inactivity than those without (43% versus 62%). There was no difference in inactivity by marital status or disability. On average, young people reported engaging in at least 30 minutes of physical activity 2.5 days per week (4.4 days among those who are active) and engaging in at least 60 minutes of exercise 1.9 days per week (3.7 days among those who are active).

On average, young people report sleeping 7.9 hours in a 24-hour period. Young females report sleeping more than young males (8.03 hours among young females versus 7.76 hours*). This difference is driven by a gender gap among adolescents (8.16 hours among adolescent girls versus 7.85 hours among adolescent boys*); there is no difference in reported sleep by gender among young adults (7.78 hours). However, there is a large gender gap across both age cohorts in the likelihood of sleeping those hours at different times in the past 24 hours. While only 16% of young males report sleeping at different times through the 24-hour period, 49% of young females do.

Ever married young females sleep less than never married young females (7.76 hours versus 8.27 hours). In addition, married young females are significantly more likely to report sleeping those hours at different times during the past 24 hours (62%) than never-married young females (38%). Among the panel sample, the share of households experiencing food insecurity has remained constant since baseline, as did other nutrition indicators. Inactivity decreased from 48% at midline to 43% at endline, with decreases in inactivity driven by males (36% inactivity at midline to 25% inactivity at endline).

Figure 10: Food insecurity overall and by gender within age cohort

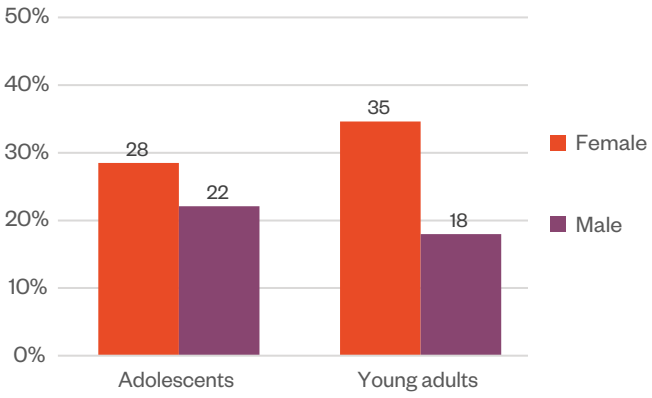
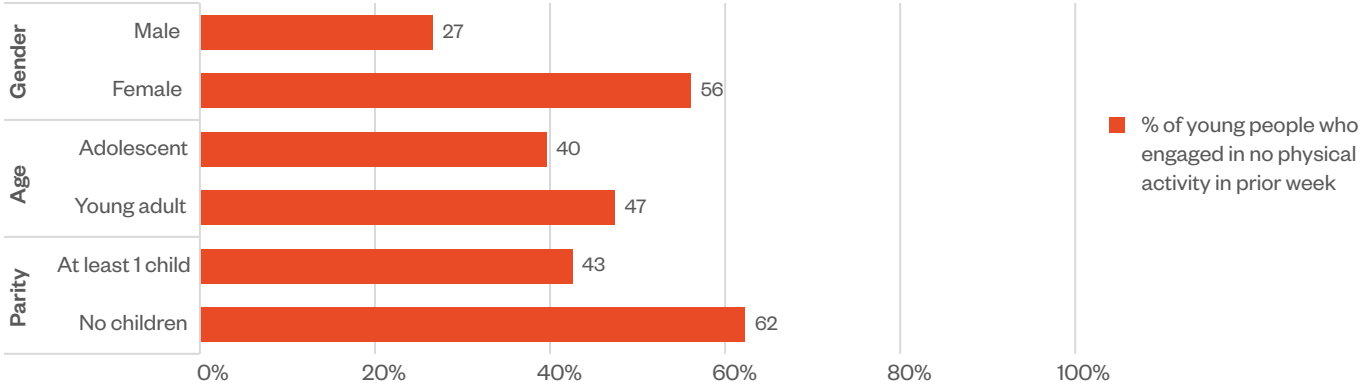


Figure 11: Physical inactivity by gender, age, marital status and parity



6 Food insecurity was measured using the Household Food Insecurity Access Scale (HFIAS) (see Coates et al., 2007).

In the qualitative data, young people from host communities described frequent experiences of hunger and food scarcity and highlighted how financial constraints force families to make difficult choices, often prioritising younger children or medical expenses over nutritious meals. A 15-year-old girl from one host community stated:

> *I think it was seven or eight months ago… There was no food, there was nothing – I had to go without eating… My mom doesn't eat. When food is scarce, I mean, she feeds the little ones. My mom doesn't eat.*

A 17-year-old adolescent boy said, '*When someone in the family gets sick, we have to buy medicine, and then there's no money left for food… I drink water and go to sleep.*' Other young people mentioned that eating one meal per day '*happens several times*' (24-year-old young woman), but that not eating at all was rare.

Key informants from host communities noted that, on average, diets were often unbalanced and lacked vegetables, with one explaining that:

> *People here eat a lot of protein-heavy foods, but not a balanced diet. They consume a lot of carbohydrates as well. Also, they eat very few vegetables. You'll notice this trend, they eat very few greens… People prefer large fish bought from the market. Small fish, which actually contain more protein and are more nutritious, are rarely consumed.*

Another key informant stated, '*They don't really follow a balanced diet… For example, you'll see a lot of fried street foods – samosas, singaras* [deep fried pastry], *very spicy items. And people here eat a lot of meat.*' Interviews with young people and their parents, also reflected this view. Many young people noted that they are unable to afford eating fruits, vegetables, protein-rich food because of their poverty. Parents of adolescents reported that they could not afford nutritious food for their children even if they know the importance of protein and vegetables in young people's diet. The father of an adolescent girl described in an FGD, '*For young girls, this is a critical time – do we manage to give them proper food? – No, we just feed them mashed potatoes, lentils – that's it.' Another young man in an FGD echoed this saying, 'Adolescent girls need more nutritious food… But many don't get it due to poverty.*' Parents described that with their limited resource they can afford to buy rice only and remain unavailable to afford meat or fish.

Gender differences in food availability and intake are less pronounced in the qualitative data. A 20-year-old young woman mentioned, '*Parents never treat any children discriminately. Our parents would not give boys more food than girls, they would never do something like that.*' A mother said during an FGD, '*We believe in equal rights. So, when it comes to food or any other things, our sons and daughters get equal halves.*' However, more girls than boys reported having less meals and starvation during the interviews. An 18-year-old adolescent girl noted that, '*Due to lack of food, I often have to go days without eating one or two meals. I have had to go for many days without eating.*' A married 21-year-old married young woman said, '*We manage* [food scarcity]. *If my husband is hungrier, he eats more.*' Another married young woman identified gender difference saying:

> *I saw next to my house that a man has three daughters but he feeds all the good food to his sons. They don't give girls good food… Girls, too, have developed an idea about giving boys good food.*

Mothers often sacrifice their meals or intake less food and prioritise feeding their children in cases of food scarcity.

Young people with disabilities also reported experiences of hunger due to food scarcity. A 22-year-old young woman with a disability reported having shortage of food in her household very frequently and said, '*It happened even few days ago.*' Another 16-year-old adolescent boy with a disability mentioned that it is very common for him to go to bed hungry because of food shortages. A mother of a girl with a disability noted, '*My daughter used to be very healthy, but she has become thin because of the very little food she eats…Because my child didn't have a father, we were always short of money. And there was always a shortage of food.*' Another mother reported that due to the disability of her daughter, they are to spend a lot of money for her daughter's treatments and travel cost for going to the hospitals, they can afford less food than necessary.

Some adolescents demonstrated awareness of the importance of nutrition and healthy eating habits, at least at basic levels, often equating nutrition with basic staples such as rice and pulses. Some young people noted the importance of health and nutrition during adolescence, as '*This is the time when the body grows. If we don't eat properly, there will be a vitamin deficiency, and the body will become weak. So, yes, nutritious food is necessary*' (20-year-old young man, Ukhia). A 15-year-old boy also

stated the importance of nutrition and generally healthy habits, including the avoidance of junk food, during adolescence:

> *During adolescence, I tell myself to understand that height and beauty have certain averages, and that's okay. Avoid junk food – that should be maintained. We didn't get enough sleep, we were always playing sports. We didn't take our studies seriously. Even when our moms told us to focus, we didn't understand. Whatever we ate just went into our stomachs. If we had eaten healthy, nutritious food, we would've gotten proper nutrition. But we ate chocolates, chips, and that's not right. We need to lead a disciplined life. Also, in the human body, the human growth hormone changes during development. For that, we need enough sleep, regular exercise, and sports like volleyball and handball.*

The qualitative interviews indicated that few adolescents in host communities engage in physical exercise or recognise its importance. Physical exercise is not a common practice among adolescents, who mostly associated physical activity with daily chores or work rather than with health or fitness. A 16-year-old boy said, '*The doctor told me to do some exercise. And to purchase some exercise tools. But my family didn't buy me those tools.*' A 23-year-old married young woman noted that, ' *I do a lot of activities while staying at home to lose weight… I exercise to lose weight.*'

Broader physical health and access to services

In the endline survey, 84% of young people reported that they were in 'good' or 'very good' health, with males (89%) significantly more likely to report being in (very) good health than females (80%). Young people with disabilities, however, were significantly less likely to report being in (very) good health (59%) compared to those without disabilities (86%, Figure 12).

Very few adolescents had suffered from a serious illness or health condition (6%) or injury (3%) in the past 12 months. That said, young females were twice as likely as young males to have experienced a serious illness or health condition in the past 12 months (8% versus 4%), whereas males were three times as likely to report a serious injury (6% versus 2%). Figure 13 provides more detail. A quarter (26%) of young people reported suffering from an illness in the 4 weeks prior to the survey, with no differences by age, gender, disability, or marital status.

Looking to the panel sample, the proportion of respondents reporting (very) good health increased between baseline and endline for young males (78% at baseline, 89% at endline), but not for young females (see Figure 14), illustrating that gender disparity in (very) good health has emerged over time. This divergence was largely driven by dynamics among young adults, whose baseline self-reported (very) good health was significantly lower than that of adolescents (72% versus 83%); self-reported health increased for young men (91%) but remained relatively stagnant for young women (79%). Among adolescents, whose baseline self-reported (very) good health was 83%, endline self-reported health was similar (85%).

While the qualitative findings did not identify specific gender-and age-related differences in young people's reported health status, they do indicate that most young people had good awareness about the importance of general health and maintaining personal hygiene. A 16-year-old adolescent boy, when asked about his awareness of health and personal hygiene, explained that this was part of the school curriculum: '*From books – I study, so I've learned these things. Books say you should wash your hands after using the toilet, before eating,*

Figure 12: Self-reported health, overall, by gender, age and disability status

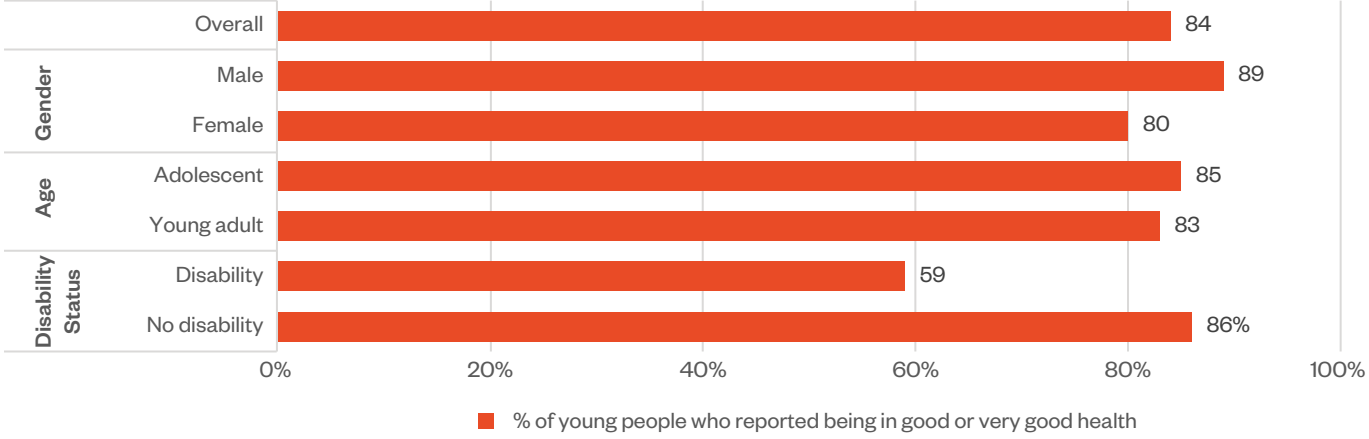


Figure 13: Serious illness or health condition or injury overall, by gender, by age and by disability status

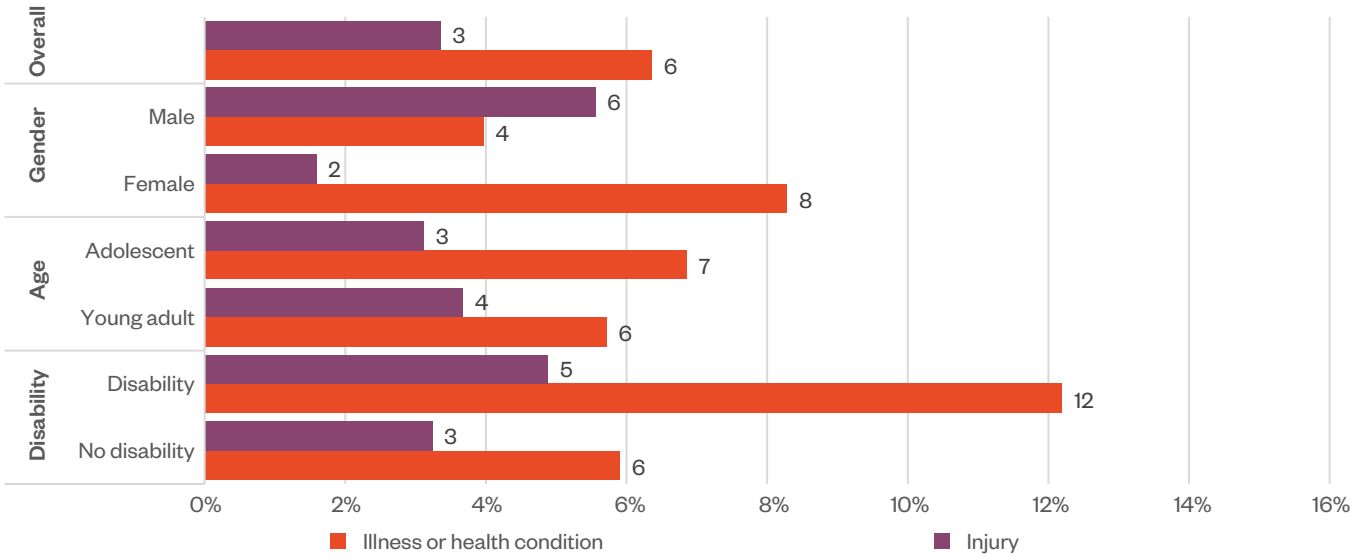
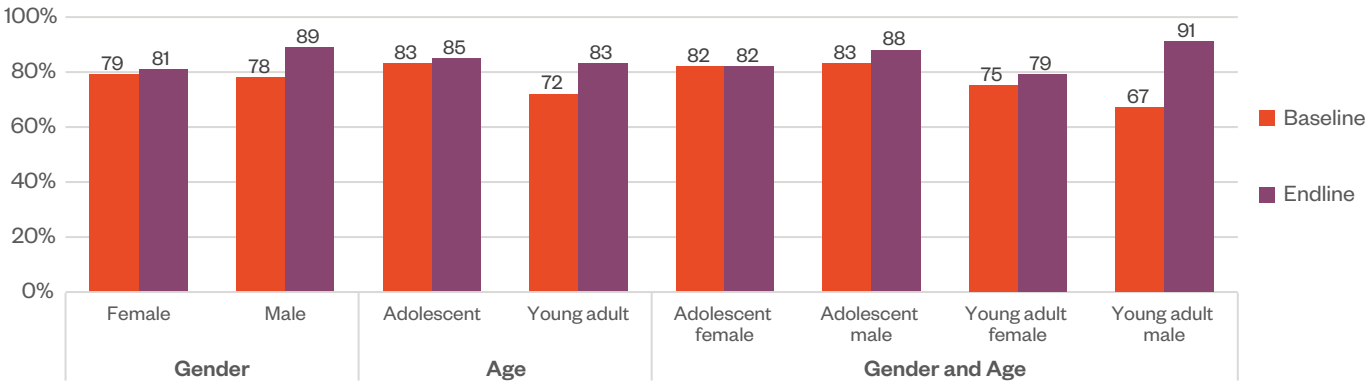


Figure 14: Self-reported health over time, by gender, age and gender within age



and clean yourself after coming home.' However, many respondents emphasised that inadequate access to clean water continues to pose a major barrier to maintaining basic hygiene. One mother described this water scarcity and its health consequences:

> *The water is clean. But the problem is the limited water we are provided with. We don't get enough water to clean ourselves and clean the household items. So, the chances of getting sick increase... As we can't wash ourselves on a daily basis, we are infected with many skin diseases like scabies with skin rashes and red spots. All our family members are getting affected by these skin diseases.*

Moreover, although access to modern health services has improved through community clinics and local facilities, significant structural barriers remain, including cost, long wait times, and limited availability of specialist care. A 16-year-old adolescent boy explained:

> *We go to Ukhia Health Complex. They don't have advanced treatment there. If it's serious, they refer us to Cox's Bazar Sadar Hospital. It's very difficult to get proper treatment... There's not much cost at the Sadar Hospital, but we still have to buy a ticket and pay for transportation. Then there are medicine costs. If we go to private clinics like Al-Fuad Hospital or Union Hospital, we can't afford it. Those places are expensive.*

Young people with disabilities also underscored that lack of accessible and affordable medical care contributed to their impairment. A 16-year-old adolescent boy with a visual impairment recounted his experience, saying:

> *It started when I was about six years old. I had pain in my eye. My father couldn't afford proper treatment at the time, and that led to complications. Now my eye tears up constantly, and it's become almost useless.*

Even when public services are available, quality and equity concerns persist, with reports of overcrowding and

limited capacity. An FGD with mothers highlighted some equity concerns vis-à-vis the Rohingya camps, and the perception among some in the host communities that refugees have more access to medical services: '*The Rohingya community normally gets better services and treatments as they have referrals and many other facilities that we don't have*.'

Health-seeking practices in fact reflect a reliance on both traditional medicine and formal care, shaped by gaps in accessibility, affordability and perceived effectiveness. When formal health services fail to diagnose or adequately treat health conditions, families often turn to spiritual or traditional healers, with one participant in a focus group discussion (FGD) with adolescent boys noting that, '*They couldn't diagnose anything...* [the healer] *said it's the evil eye (nazor)*' and others reinforcing that such traditional options are sought when more formalised care is inconclusive or not possible to pursue due to costs or waiting times.

Substance use

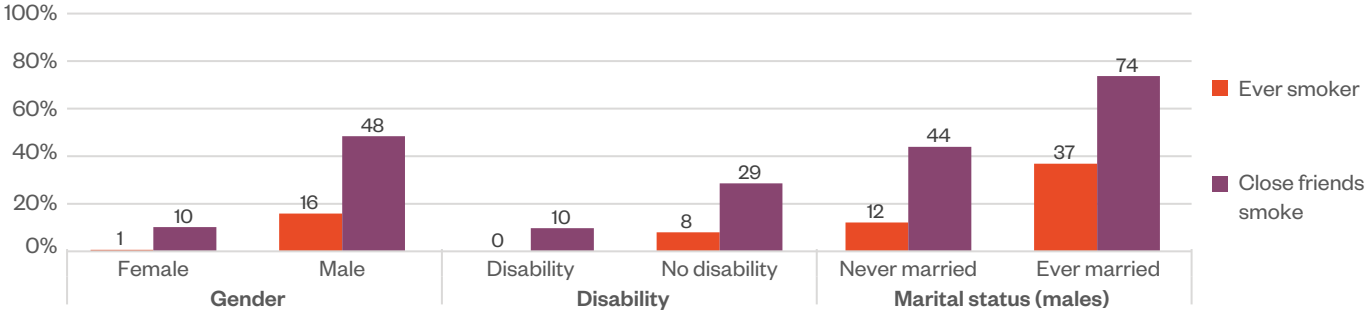
The endline survey found that 16% of young males and 1% of young females reported ever smoking cigarettes. Among young males who reported ever smoking, 50% reported being daily smokers. While there is no statistically significant gap in smoking rates between adolescent boys and young men, smoking rates were higher married males (37%) compared to never-married males (12%). No young people with disabilities reported smoking. Nearly half of young males (48%) and a tenth (10%) of young females reported that a close friend smokes. Married males reported the highest rates of smoking among close friends (74%). Figure 15 summarises these findings.

Just under half (40%) of young people reported awareness of drug use in their neighbourhood and 20% reported drug use among peers. Young males were more likely than young females to report drug use in the neighbourhood (47% versus 35%) and among peers (22% versus 16%*). Only 1% of young people (3% males, 0% females) reported illegal drug use and 1% reported use of alcohol (2% males, 3% females). However, reports of substance use among other young people in the community were much higher. Nearly all young people (93%) reported that other young people in the community used betel leaf. Other commonly reported substances were alcohol (46%), *yaba*[7] (45%), and marijuana (43%). Fewer young people reported use of heroin (13%), phensedyl[8] (12%), and opium (7%). There is some variation in perception of substance use by gender: young males were more likely than young females to report alcohol use by others (51% versus 41%), whereas young females were more likely than young males to report use of heroin by others (20% versus 5%) and opium by others (11% versus 2%; see Figure 16).

In qualitative interviews, respondents discussed substance use at length. Although few young people directly admitted to using substances, the topic was frequently raised by younger adolescents, caregivers, key informants, and married adolescent girls in particular. A 16-year-old adolescent boy commented, '*Our environment doesn't support education. Most of the boys and girls are into drugs – alcohol, gambling. They drop out of school. The environment just doesn't support learning.*' Similarly, a medical officer key informant stated:

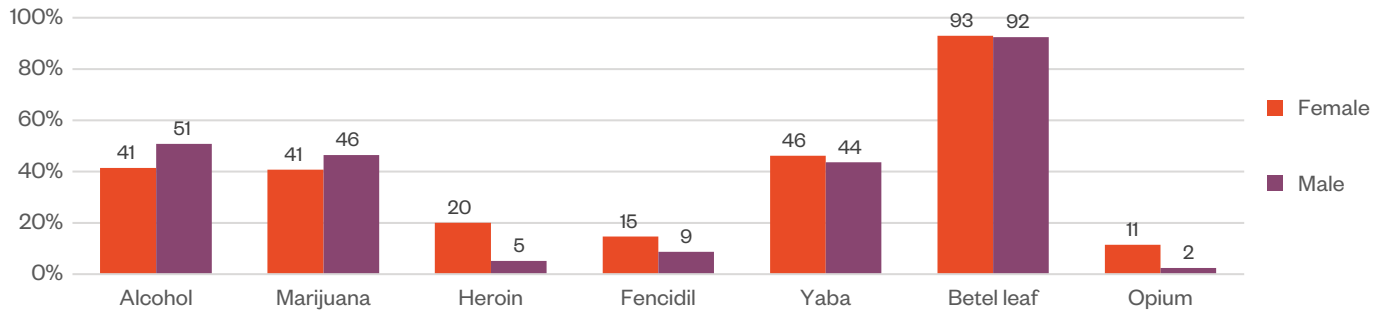
> *Tobacco use is prevalent, because betel leaf and areca nut are easily available here. They're produced locally... When patients come to us, we try to tell them this is for older people, why are you doing this at a young age? Why are you ruining your teeth? It doesn't look good. But still, the trend is higher here than in other regions.*

Figure 15: Smoking rates among young people, by gender, disability and marital status among young males



7 *Yaba*, meaning 'crazy medicine' in Thai, is an illicit drug that combines methamphetamine and caffeine.
8 Phensedyl is a codeine-based cough syrup that is banned in Bangladesh but is smuggled in through India.

Figure 16: Share of young people reporting different types of drug use in their community, by gender



Qualitative findings also indicated that substance abuse has contributed to an increase in incidents of intimate partner violence within host communities. Husbands were described as abusive, preoccupied with obtaining substances for personal use, and financially unreliable in their efforts to sustain their addiction. A 21-year-old married female respondent recounted her husband's drug use and the abuse it led to:

My husband took drugs before our marriage... I heard from many people, and sometimes he would leave the house without saying anything and be gone for a while... He would hit me, abuse me, not feed me and leave the house for many days. If the main source of support in a home disappears for days, what hope is there for that house?... If we had any money left in the house, he would take it all to buy drugs and disappear.

This type of behaviour did not appear to be rare, and often seemed to lead to marriage breakdown, as one mother stated:

The drug addicts are basically young. Mostly between 13 and 20 years old. Besides, many of the men who use drugs have wives and families. When they are addicted to drugs, they lose all their properties to raise money for their drugs and eventually they are divorced.

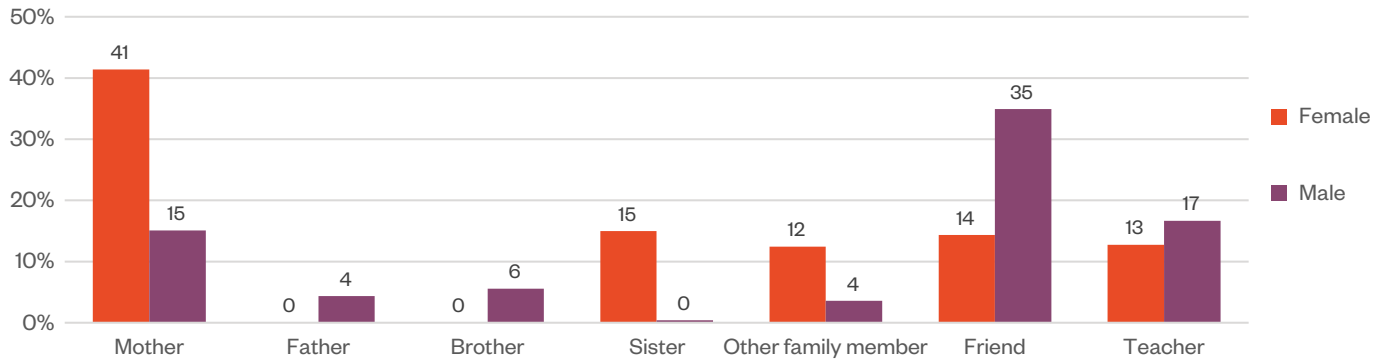
Puberty education and menstrual health

Nearly all young people had access to a source of information on puberty (95%). Young females reported their mother as being the most important source of information on puberty (41%), followed by sisters (15%), friends (14%), teachers (12%), and other family members (12%). Young males were mostly like to report friends as their most important source of information on puberty (35%), followed by teachers (17%), and their mother (15%). Figure 17 summarises sources of information about puberty by gender.

Among females, just over half (59%) knew about their period before they reached menarche. Family members were the most important sources of information for most young females: 61% reported their mother, 19% sisters, and 12% other family members as the most important source. Only 4% of young females reported teachers as important sources of information on puberty, and almost none reported health workers as a source (0.3%).

By the time of the endline survey, nearly all young females had reached menarche (99.7%). A majority (71%) reported having used a sanitary or reusable pad to manage their most recent period. Although 79% reported that there were no challenges with menstrual hygiene management (MHM), those that did report a challenge identified limited

Figure 17: Sources of information about puberty among young people, by gender



supplies (13%), access to soap (10%), and access to water (9%). Nearly half of young females (44%) reported feeling embarrassed or fearful about asking family members for support in MHM. Among males, 8% reported supporting their sisters or other females with MHM; likewise, 8% of females reported that brothers or other males support them with MHM.

A third (34%) of young females reported that their mobility is restricted when menstruating. Among young adults, the panel sample illustrates that restrictions on mobility during menstruation have decreased over time: whereas 68% of young adults reported restricted mobility during menstruation at baseline, only 30% did so at endline.

The qualitative data shows that adolescents lack prior knowledge, awareness and preparedness on the onset of puberty, with most adolescent girls learning about menstruation only after menarche. This often leads to confusion, fear and misconceptions, as reflected by one 15-year-old adolescent girl from Teknaf, '*I cried a lot… I got to know after I got my period. My mother and sister did not tell me before.*' And a 21-year-old young woman shared, '*Back then, I thought having a period meant some kind of illness*.' Key informants confirmed that limited family communication on pubertal changes leaves girls unprepared, with a medical officer in Teknaf saying:

> *Due to a lack of family education,* [girls] *often do not understand what is happening. Sometimes mothers bring them here and say things like, 'My daughter is walking unusually' or 'She's not behaving normally.' Then we have to explain that it's because of menstruation.*

This lack of puberty education means that many adolescent girls experience menarche with fear, anxiety and isolation, compounded by the absence of guidance or supportive communication. A 20-year-old young woman vividly described her experience:

> *I told my mom, but she didn't say what to do… I climbed up a tree out of confusion. My elder sister was at home, she saw blood on my pants. She asked what it was, I said it's blood. Then she taught me what to do. Mom said I couldn't leave the house. It was like that for 7 to 8 days.*

Social responses to menstruation are restrictive rather than supportive, reinforcing stigma and limiting adolescent girls' mobility. In most cases, guidance is only provided after a girl reaches menarche, and is accompanied by imposed restrictions, as one 20-year-old young woman explained: '*After it happened, my mother said I couldn't leave the house.*' Menstruation also signifies a more long-term trajectory whereby puberty marks the end of girls' childhood, their mobility is curtailed, and they are sheltered from society as a way to increase their marriage prospects. A 17-year-old adolescent boy crystallised this norm, saying, '*When a girl has her period, she has to stay alone. They* [people] *think that once a girl starts menstruating, she becomes an adolescent and is ready for marriage*.'

Young males also reported that their parents never typically talk about puberty-related issues; instead, they learned from their friends. One adolescent boy stated, '*We don't talk about it with our parents. I have a friend who I share all the things with*.' Another adolescent boy reported that he learned about puberty from books when he was studying in a madrasa in Chittagong. He explained: '*Boys feel shy to talk to parents about this. Also, most parents here are uneducated, and even if they know about these things, they feel uncomfortable talking about them*.' Boys mentioned that while girls discuss menstruation and puberty with mothers, parents seldom discuss puberty changes with boys and focus instead on their moral education. A 15-year-old boy noted:

> *No,* [no one taught me about puberty or sex education] *or anything like that. But I tend to think ahead about everything, so I didn't need to be taught. In our society, boys usually don't get taught these things – only girls are taught by their mothers, elder sisters, or sisters-in-law… Nothing like that was ever told to me… They* [parents/elders] *only teach us how to become an ideal person, how to build a good life, how to sacrifice – things like that.*

From the qualitative data, it is clear that girls and young women face distinct challenges in managing menstruation, including lack of menstrual products, poor sanitation, and embarrassment. Menstrual practices are shaped by cultural norms, resource constraints and uneven access to hygiene products, resulting in varied and sometimes harmful coping strategies. Restrictions on movement, sleeping arrangements and daily activities remain common, often linked to beliefs about impurity or spiritual harm, as reflected in statements during an FGD with adolescent girls such as '*After using a sanitary pad, I clean it with boiled water and bury it in the mud*.' And '*Sometimes I clean it, sometimes I don't. I clean it because it might attract jinn* [ghost and spirits] *to bother me' and 'I don't go outside of my house for the first three days of my period. My parents told me to do that*.' Although some

key informants noted that such practices may be declining, others emphasised the persistence of menstruation-linked superstition and its influence on girls' mobility and participation, including school attendance.

Menstrual hygiene management is similarly inconsistent, and girls alternate between cloth and disposable pads depending on affordability and availability, sometimes reusing materials in ways that may pose health risks. A 21-year-old young woman said, '*I use one pad 2 to 3 times… I dry it and reuse it*.' The discontinuation and/or reduction of NGO distributions of sanitary pads has further limited access, reinforcing inequalities. One key informant, who worked as a GBV (gender-based violence) Officer, underscored this, saying:

> *Wealthier families use pads, but those with less awareness or less freedom in their families use cloth. We are trying to install hygiene corners in every school, so girls can buy pads at subsidised rates directly from school, avoiding the need to go outside and face embarrassment.*

Together, these findings highlight the need for sustained access to menstrual products, improved water, sanitation and hygiene (WASH) facilities, and culturally sensitive efforts to challenge harmful norms while supporting safer, dignified menstrual hygiene management practices.

When adolescent girls do have access to sanitary products and clean toilets at school, they experience fewer restrictions due to better sanitation and privacy. As a 17-year-old adolescent girl reported, '*At school, the facilities are available, and I feel more comfortable. The toilets are clean, and I can change when needed*.'

Knowledge about and uptake of contraception

In the endline survey, 64% of young people could name a modern method of contraception, with significant differences by age and gender. Young females were much more likely to be able to name a modern method of contraception than young males (77% versus 49%). Their greater levels of knowledge are partly driven by transitions into marriage. Among ever-married young females, 96% could name a modern method of contraception compared to 60% of never-married young females (see Figure 18). There is no significant difference in likelihood of being able to name a modern method of contraception according to whether the young female had a child (74% of ever-married young females have had a child).

Among young people who could name a method of contraception, the most commonly named methods were pills (91%) and injectables (65%), followed by condoms (58%) and implants (25%). Males were significantly more likely to identify condoms (83% of males versus 45% of females), whereas females were more likely to name pills (95% of females versus 82% of males) and injectables (76% of females versus 44% of males); see Figure 19.

For young females, the most important source of information about contraceptives was other family members (27%), health workers (24%), and mothers (12%). Among males, the most important sources of information on family planning methods were friends (43%) and mothers (15%). Although 96% of young people who had heard of family planning methods knew of a place that married young people could go to access family planning, only 59% knew of a place where unmarried adolescents could go.

Figure 18: Young people who can name a method of contraception by gender, age and marital status

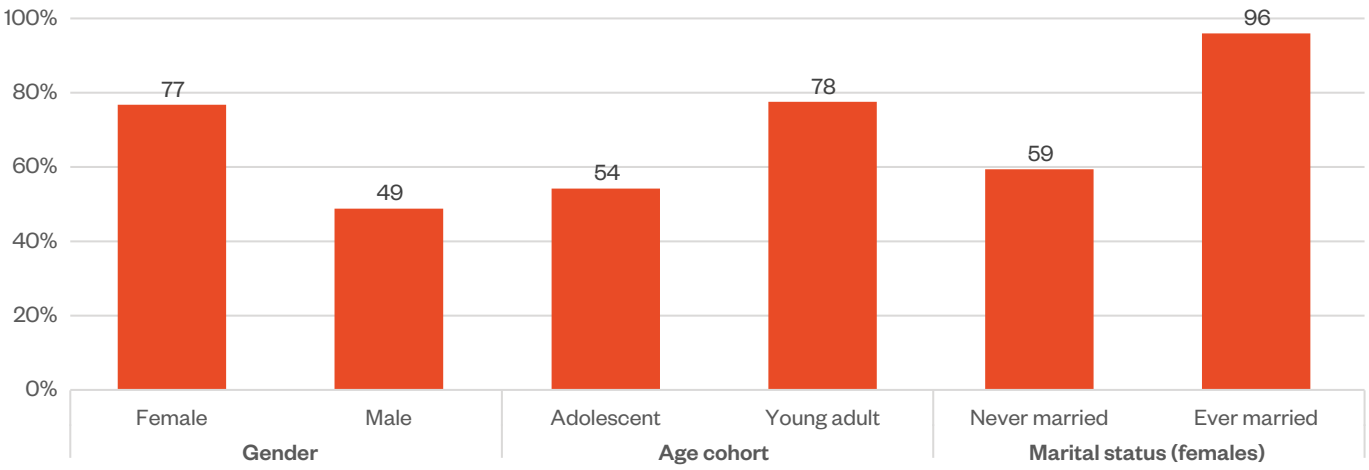
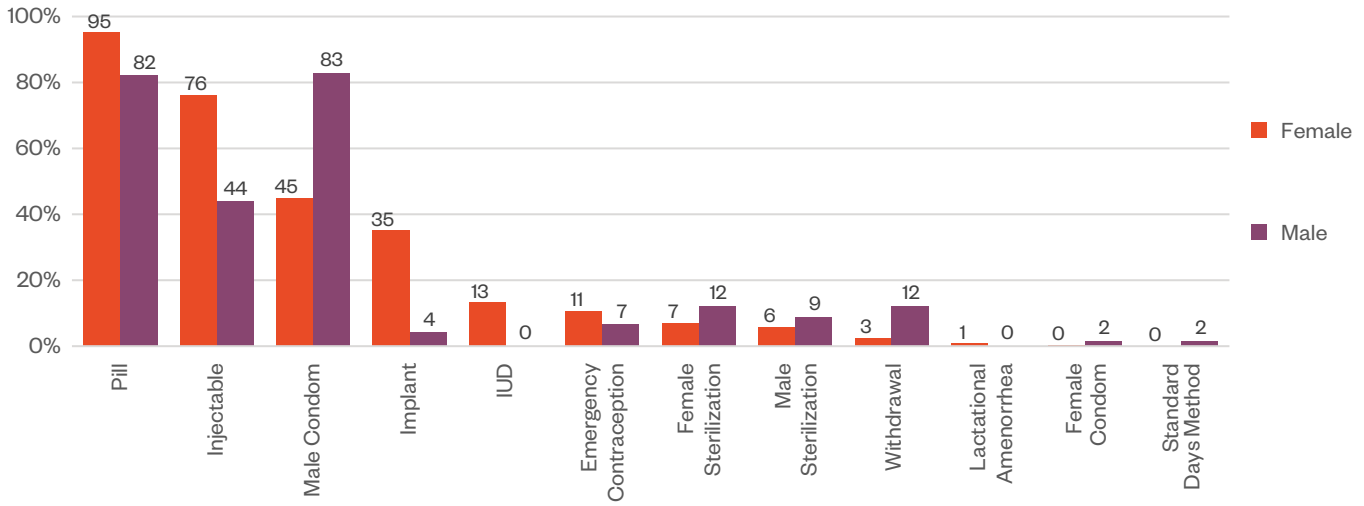


Figure 19: Knowledge of contraceptive methods, by gender



Among ever-married young females, 46% were currently using any method of family planning. Aligning with knowledge statistics, the most commonly used methods cited were pills (60%), followed by injectables (25%), male condoms (8%), and implants (5%). Fewer ever-married young females (3%) report using withdrawal as their primary method of family planning. Most ever-married young females reported that they shared the final say with their husband on what method of family planning to use (87%). Very few (5%) reported having the final say on their own.

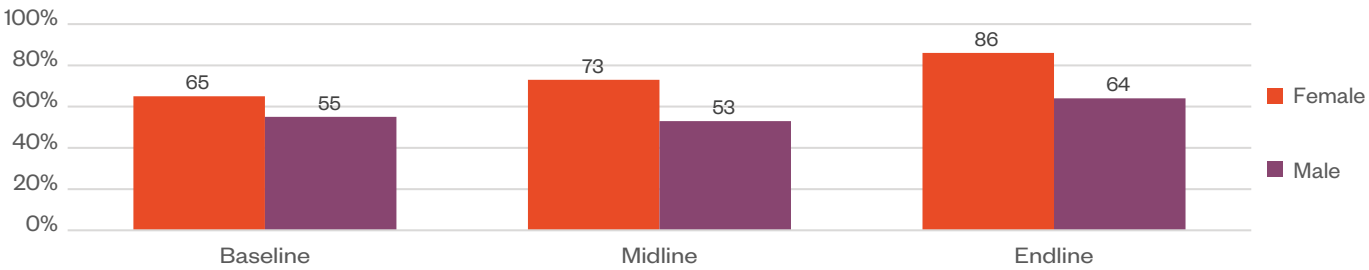
Over time, among young women, the likelihood of being able to name a modern method of contraception has increased from 65% at baseline and 73% at midline to 86% at endline. There is not a statistically significant increase in knowledge of modern methods of contraception among young men (see Figure 19). Young ever-married women were more likely to have used a modern method of contraception over time (52% at endline compared to 30% at midline). This is driven by married young females transitioning into motherhood—among those using a modern method of contraception, 92% already have a child.

In the qualitative data, young people demonstrate varying levels of awareness and knowledge regarding family planning methods, which are influenced by several factors such as gender, age, marital status, and access to education. The qualitative data suggests that formal education, health worker guidance, and NGO initiatives are prevalent, leading to a broader awareness about family planning among older young people especially. A 22-year-old young woman shared, '*I learned about different contraceptive methods from my health worker, including the pill, condoms, and injections*,' and a 22-year-old young man mentioned in a focus group discussion that '*There are NGOs providing lessons on family planning.*' Others said they had received information on pregnancy spacing and family planning from books, social media, television and advertisements. A 20-year-old young man said:

> *The government promotes having no more than two children. After two, it's better not to have more. Some people take injections, some take pills. These are the methods I know of. I've seen it in advertisements, newspapers, and read it in books.*

At the same time, younger and unmarried adolescent girls especially did not seem to have information on contraceptives. This seems to be a shunned topic, to discuss only upon marriage. A 16-year-old unmarried adolescent girl explained, '*Why would I know about birth*

Figure 20: Knowledge of a modern method of contraception over time, by gender



control? I don't know about family planning.' A 30-year-old key informant NGO GBV officer explained her own difficulty in breaching the subject with unmarried girls:

> *In the case of adolescents, we don't usually provide them with any awareness sessions on contraception. We don't even touch the topic. It's a very sensitive issue. I may personally approach married adolescents and tell them that they can consider using contraception for their health or family planning. But in general, we don't discuss such topics in schools.*

The lack of knowledge of contraception is generally widespread and accepted amongst unmarried adolescents, but some outlier voices exist and stated their frustration at the lack of information. During a focus group discussion, one mother of a young woman shared that, '*They don't teach girls about family planning before marriage. Suppose a girl gets married at 16 and she doesn't want a child immediately – has anyone taught her what to do? No.*'

During qualitative interviews, pills and injectables were the most commonly mentioned contraceptive methods. One 23-year-old young woman explained, '*I use the pill because it is easy and doesn't require much maintenance.*' Generally, contraception is viewed as a positive thing, mostly due to the risks of poverty and hunger if families have too many children. A 50-year-old father said, '*It was a mistake* [to not inform his daughter about how to prevent pregnancy] *... I did make a mistake once, I won't repeat it again. It's not just about my daughter. Every daughter should know about it.*' A key informant stated that, '*I think* [problems can be prevented] *through family planning. If I earn 10,000 taka* [60 GBP], *I'll have one child and raise them properly. If I earn the same and have three children, it'll be very hard for me.*' A mother also crystallised the general sentiment:

> *Nowadays, we are more concerned about childbirth. That's why the number of children in each family is decreasing. Because we have to think about each of our children. More mouths to feed means more food. Besides, people are now more educated, which leads them to have fewer children. Even our husbands are more concerned about controlling childbirth than the previous generations.*

Although awareness of the benefits of contraception appears to be widespread among participants, there were some outlier voices who see contraception as sacrilegious. A 24-year-old young man said, '*We should not interfere with Allah's wish*', while a 49-year-old father said, '*It's bad. Allah sends children – have as many as you can. If you can't, that's fine. But using injections to stop children is sinful.*'

With regard to decision-making on contraception, qualitative data indicates that adolescent girls and young women require their husband's permission, yet also make some joint decisions. One 24-year-old male respondent said, '*I told my wife she could use contraceptive injections if she was comfortable*'; and a 24-year-old married young woman said, '*My husband gave me permission, and we decided together to use the method.*' A 21-year-old young woman stated, '*It was a joint decision. I can't keep having children back-to-back... We thought it through and agreed together.*'

A 14-year-old boy works as a cook, Chittagong, Bangladesh © Nathalie Bertrams/GAGE 2026

Pregnancy and maternal health care

Most never-married young people (95%) want to have children; on average, they would like to have children at 25 years-old (28 years old among males and 23 years old among females) and have 2.8 children.

Among ever-married young females, 87% had ever been pregnant at endline (89% young women and 82% adolescent girls) and had been pregnant one time on average. The average age of first pregnancy was 18 years old. Nearly all (93%) sought prenatal care for their first pregnancy and two-thirds (67%) gave birth to their first child at a hospital or health facility. Adolescent girls who had ever been pregnant were less likely to have sought antenatal care than young women (85% versus 98%). Nearly all young females reported breastfeeding their first child (99%) and 75% reported breastfeeding for at least 6 months. Ninety-six percent (96%) of young females reported that their first child had received a vaccination.

Qualitative data shows that antenatal care is consistently available, with many adolescent mothers reporting good access to healthcare facilities and medical support. A minority, however, reported that early pregnancy and financial constraints and delays in accessing appropriate care can lead to complications. As one 21-year-old young woman explained, '*My daughter is disabled… her head was stuck in the uterus for two hours… I couldn't do* [a C-section] *the first time due to lack of money*.' Another 25-year-old young woman highlighted the risks of early pregnancy, noting that, '*If a woman is too young… it becomes difficult to give birth… she may need a C-section.*'

Although maternal health services are increasingly available, quality of care and health system experiences remain inconsistent. Respondents acknowledged improvements in service access, including humanitarian support and emergency referral systems, but also raised concerns about poor treatment in facilities. A 25-year-old young married woman shared, '*Patients are treated very badly in government hospitals… NGOs now help the government. Many women have been saved from death*.' A 23-year-old young woman who worked with the International Organization for Migration (IOM) shared her story of saving the lives of impoverished community members:

> *We were tasked with reaching out to community people with facilities provided by IOM for pregnant women. There was a lot of support and facilities for pregnant women from IOM… Many women have benefited greatly from these opportunities provided by this agency… Many women have been saved from death. I have helped many poor women because they have no money.*

An adolescent girl at home, Chittagong, Bangladesh © Nathalie Bertrams/GAGE 2026

Bodily integrity and freedom from violence

Violence at home

On the endline survey, 38% of young people reported having experienced violence at home. Adolescent boys were significantly more likely to have experienced home violence (55%) than adolescent girls (28%); however, among young adults, there was no significant difference by gender in the likelihood of experiencing home violence (see Figure 21). The most common type of home violence experienced was being yelled at or called names (28% of young people reported this). Ever-married males, who are more likely to be the head of their own household, were significantly less likely to have experienced violence at home in the past 12 months than never-married males (18% versus 54%). There was no difference in the experience of home violence by marital status among females or by disability status.

Qualitative data indicates that violence at home is more prevalent among adolescents than young adults, and more common among boys than girls. A 17-year-old adolescent boy mentioned, 'If I do something wrong, then of course they [parents] will hit me.'

Notably, even when adolescents disclosed instances of parental violence, these were often normalised and framed as being for the child's own benefit. During a focus group discussion, one adolescent boy said, '*Those who don't listen to elders get beaten… They beat us for our welfare*.' A 38-year-old key informant commented that, '*They* [children] *get beaten as a form of discipline. You could say it's out of affection… If they don't listen or wander around too much, yes – every household disciplines children this way*.' Another key informant, aged 37, stated: *Maybe a*[n] [adolescent] *boy isn't studying, and the father wants him to study, so the father might hit him a bit, saying, 'Why won't you study? Why don't you go to school?' Or if the boy committed some offence, and someone reported it to the father… things like that. These are quite normal*.'

Peer violence

According to the endline survey, 14% of young people had experienced peer violence in the past 12 months. Young males were more likely to have experienced peer violence than young females (19% versus 10%) and adolescents were more likely to have experienced peer violence than young adults (18% versus 9%). Adolescent boys were most likely to have experienced peer violence (22%), while young women were least likely to have (6%; see Figure 22).

In the panel sample, experiences of peer violence have decreased significantly over time, from 54% at baseline to 14% at endline. There were larger decreases among young females. Although there was no difference in experience of peer violence by gender at baseline (54%), by endline, 20% of young males and 9% of young females had experienced peer violence (see Figure 23).

Experiences of peer violence emerge in the qualitative data, with harassment, intimidation and physical abuse shaping some young people's experiences of public spaces and schools. Several young people described verbal harassment and fear in everyday environments, as one 20-year-old young man shared, '*Sometimes people*

Figure 21: Experience of home violence overall, and by gender within age cohort

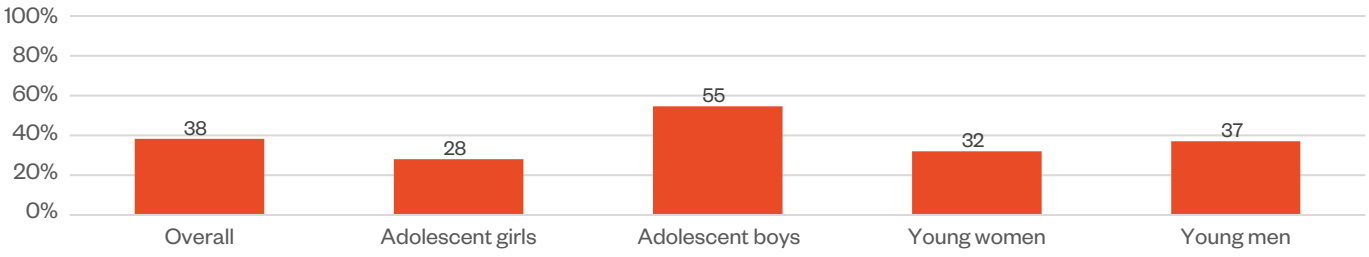


Figure 22: Peer violence overall, and by gender within age cohort

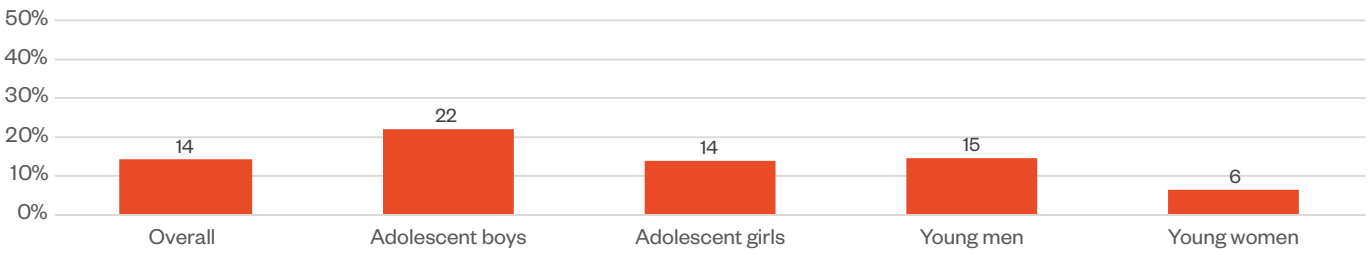
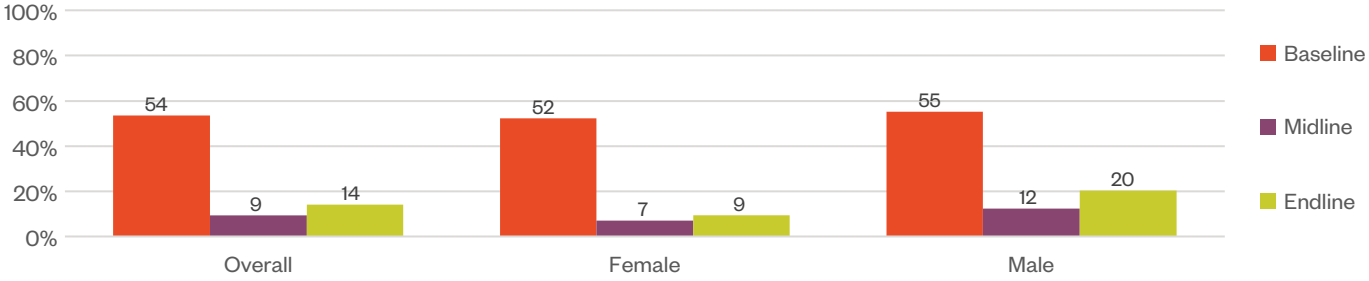


Figure 23: Experience of peer violence over time and by gender



shout. There are bad boys near shops. They say bad things to me. I come back home and I don't go out alone.' Similarly, a 16-year-old adolescent boy noted the normalisation of violent behavior, particularly targeting girls, '*Yes, some boys stand in front of girls' schools and harass them… then stand and tease girls. I feel bad, but what can I do? I just stay quiet.*'

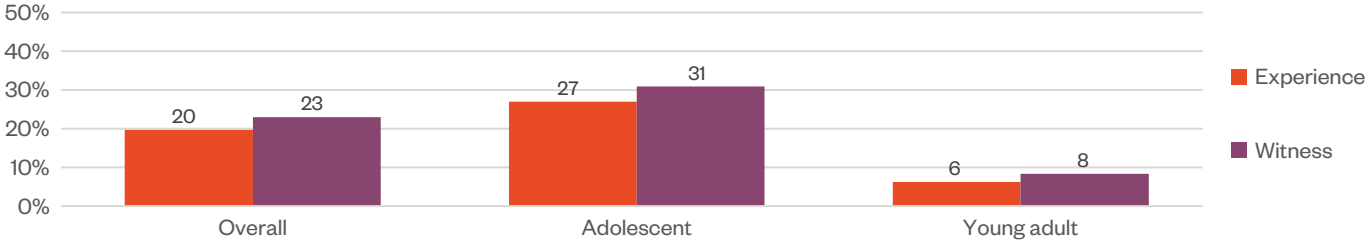
For young people with disabilities experiences of peer violence seem particularly acute, and there are occurrences of compounded risks of bullying and exclusion in the qualitative data. A 16-year-old adolescent boy with a visual disability described severe and repeated abuse: '*People beat me sometimes… I can't handle them* [school boys] *abusing me and beating me. They used to tease me about my disability. They used to belittle me with my eyes. They treated me very badly.*' Similarly, a 20-year-old young man with a disability highlighted how harassment directly contributed to school dropout and dependence on others: '*Before that, I tried a primary school nearby, but the other boys used to tease and push me. I dropped out… I need someone with me. Because I can't walk properly. And some boys disturb me if I go alone.*' Exclusion within school settings is also evident, as reported by a mother and a 17-year-old adolescent girl with a disability: '*The classmates don't help her* [to study and take notes] *… they cover their notebooks… The teacher doesn't help. She* [her daughter] *tells me "I don't want to go to school anymore."*' Together, these findings indicate that adolescents with disabilities experience intensified peer violence, leading to isolation, and barriers to education, often without adequate support from other peers or teachers.

Teacher violence at school

Among those ever enrolled in school, 87% of young people reported having experienced violence from teachers and 96% reported ever witnessing it. Among those currently enrolled in school, 20% had experienced school violence in the past 12 months and 23% had witnessed it. Although there was no difference in experiencing or witnessing school violence by gender, adolescents were significantly more likely than young adults to report experiencing (27% versus 6%) or witnessing (31% versus 8%) school violence in the past 12 months (See Figure 24). This difference is partially linked with higher enrolment in secondary school among adolescents compared with young adults (87% versus 49% among enrolled) and lower enrolment in post-secondary education (2% versus 35% among enrolled), where violence from teachers is less common.

Accounts from students, adolescent boys and young men especially, indicate that corporal punishment in schools has been a significant issue, contributing to negative educational experiences and, in some cases, school dropout. A 16-year-old explained: '*I left school because I couldn't remember the lessons and they beat me there. They beat me because my family didn't give tuition fees for 4 months, so the Hujur* [teacher] *dropped me from the Madrasa.*' Others reflected on the harmful impact of excessive discipline, with a 21-year-old noting, '*If I could go back in time, I'd tell my teachers to teach me*

Figure 24: Experiencing and witnessing school violence from teachers in the past 12 months, among enrolled overall and by age cohort



properly and to beat us less. They used to beat us a lot before' and a 20-year-old adding, '*they can discipline a little... But if they go overboard, that's a problem – students might lose interest in studying completely.*' In contrast, educators emphasised that such practices have declined, due to policy, training and awareness efforts. A 38-year-old teacher key informant stated, '*Beatings happen only for discipline but it has decreased a lot. Compared to the past, the level of beating has reduced significantly.*' and a 50-year-old headmaster key informant said:

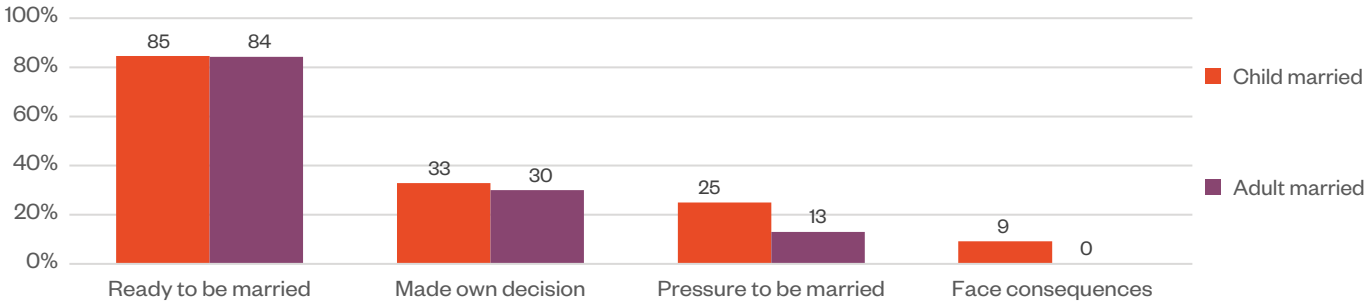
> *Teacher violence is very low now because the earlier practices of beating with sticks or harsh discipline are no longer used. The government provides training to teachers and ensures guardians participate. Local NGOs and governments conduct gender mainstream training, teaching how to interact with students properly. So, it's through combined efforts that things are improving.*

Child marriage

By endline nearly half (47%) of young females had ever been married and 25% had been married before the age of 18. Among ever married young females, 85% said that they were ready to be married, but only a third (32%) said that they made the decision to be married on their own. Instead, parents made the decision for young females to be married (77%). Young females who were married as children were more likely to report that they felt pressure from their parents to be married than those married after the age of 18 (25% among child married versus 13% among those married as adults) and were more likely to report that they would have faced consequences had they not been married (9% among child married versus 0% among those married as an adult; see Figure 25).

Fewer young males had ever been married (15%); among those who were married, very few had been married as children (6 out of 38 young males). Ever married young males reported having more agency over the decision than

Figure 25: Agency in marriage among young females, by age of marriage



A homeless boy living in his truck, Dhaka © Nathalie Bertrams/GAGE 2026

ever married young females--61% (25 out of 38) reported that they made the decision to get married for themselves (compared to only 32% of young females).

The qualitative sample highlights that child marriage is prevalent within host communities with, unsurprisingly, a disproportionately negative impact on adolescent girls. A 16-year-old adolescent boy from Ukhia stated, "*It's very common. A lot of child marriages happen here*.' Adolescents and young adults spoke of child marriage as a strategy to protect adolescent girls' safety, dignity and social standing, alongside managing economic constraints, particularly in households with many children. A 21-year-old married young woman from Teknaf stated:

> *My father wanted me to get married. Many men came to see me. They wanted me to marry before I got 'too old'... We are seven siblings, five sisters and two brothers. I am the oldest among the sisters, so they wanted me to get married early...* [The respondent wanted to get married] *after turning 18... If they wanted me to get married, I was bound to do it. If not, I was free.*

A 24-year-old young woman form Ukhia stated: '*I was 17 years old at the time, almost 18, so my family got me married off because they thought I was a good fit. Because my family thought they had found a good man for marriage*.'

At the same time, the qualitative data underscores increased visibility of legal interventions aimed at preventing child marriage. Respondents reported instances where marriages involving under-age girls were disrupted by authorities. A 16-year-old adolescent girl from Ukhia recounted, '*For example, there is a groom who is 18 years old and a bride who is 13 years old. The marriage is already happening, and suddenly they come and break the marriage. The police did this*.' Adolescents also had increased knowledge of the negative effects of child marriage, both in terms of health consequences and educational/economic trajectories. Adolescents and young people reported learning about these from their parents, school, and through various NGO-organised programmes and seminars. A 23-year-old young woman noted, '*People from NGOs are coming to explain things to the people of the area. It is explained in the meetings with them*.' A 16-year-old girl from Ukhia stated:

> *Yes, we had a training, and they talked about child marriage. Getting married early is not good for your health. It's bad for the body and there can be complexities giving birth. I want to get married when I turn 26, but I want my parents to choose the groom.*

A 22-year-old man smoking © Nathalie Bertrams/GAGE 2026

The Government's strict law on child marriage (Child Marriage Restraint Act, 2017) is also referenced for the increased awareness against child marriage. A mother of adolescent girl noted during an FGD that, '*Because of the strict law and severe punishments for conducting child marriage, parents are afraid to get their daughter married off early. Besides, parents are more conscious now about the importance of educating their daughters*.'

A 25-year-old young woman from Teknaf linked avoiding child marriage with health risks and continuing in school, saying, '*If girls marry young, they may get some diseases, and it becomes difficult to give birth. If a woman is too young, she may need a C-section. Also, they should study.*' Boys and key informants also commented on this, and some noted a change from previous generations when child marriage and adolescent girls' confinement was more widespread. A 16-year-old adolescent boy explained:

> *There is a big difference from before. Back then, people didn't study much, and there was no modern lifestyle. But now, it's very modern, and those who don't study can't be successful. Back then, girls couldn't leave the house, let alone study! Girls stayed hidden away by the Padma River. Communication wasn't good. Girls were married off at very young ages. Now girls study and work outside. These things are normal now.*

A 50-year-old male key informant (a teacher) confirmed:

> *After the arrival of NGOs, this issue* [child marriage] *has decreased a bit. Now they are trying to talk to the parents of the girls and do the same inside the Rohingya camps. Of course, it has improved now. If you look at it, earlier a girl would have gotten married at the age of 11 or 12. Now it's maybe 16 or 17. There has been such improvement. Now, if you see girls from poor families who can't afford to feed them or educate them, they get them married off at a young age. Before, it was a lot more common, but now it's decreasing a bit, but it's still fairly common.*

Some caregivers are also regretting their decision to marry their daughters young. A 50-year-old father stated:

> *If I could go back in time, I would wait until they are 18. What I did may have been a mistake due to poverty. I wasn't thinking clearly at the time. I did injustice to my daughter that I arranged marriage for her at an early age. I had five daughters. I saw poverty and thought one less responsibility would help. So, I believed it was the right decision.*

Moreover, we found evidence of adolescent girls who are resisting marriage and finding the courage to speak up against their families' wishes for them to marry young. One account, of an 18-year-old young woman with a disability from Ukhia, demonstrates the power of personal will and conviction to stand up against child marriage:

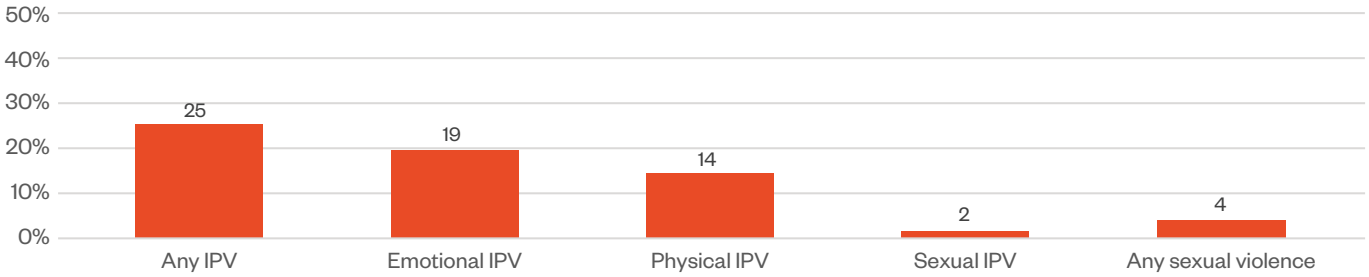
> *I am an SSC* [Secondary School Certification] *examinee. I want to finish higher secondary then get married. I want a boy who will understand my thoughts and fulfil my every little wish. But do you know what happened in January? They* [uncles] *chose a boy, who was very short. I didn't like the boy. Can I marry against my will? If they force me to marry, will I marry? If I don't want to get married, why should I get married? I want to pass higher secondary and then get married. If I get married against my will, will they take responsibility if I make any mistakes? Even after I studied so much, they said I have to pay 2 lakh taka* [1,200 GBP] *as dowry. And 4 lakh taka kabin* [2,400 GBP bride price]. *The boy is much shorter than me. They are telling me that I should marry the boy. But I said no, and that's why they're torturing me. They asked me to leave the house. Where would I go if I were asked to leave home?... My uncle and uncle's wife* [are doing this] *because I am a girl, and besides, I am disabled, that's why they see me that way. That's why I said I'll show them. I'll show them what I can do.*

Marital violence

In the endline survey, a quarter (25%) of married young females had ever experienced any intimate partner violence (IPV), and 22% had experienced IPV in the past 12 months. Among those who had ever experienced IPV, emotional violence is the most commonly experienced form of violence (77%, followed by physical violence (57%). While only 2% of married females reported experiencing sexual violence when asked directly, this increased to 4% when young females were allowed to report confidentially. Notably, young females who experienced child marriage were significantly more likely to have experienced sexual violence than those married as adults—6% of child-married young females reported sexual violence versus 1% of those married as adults when reporting confidentially. Figure 26 summarises the prevalence of IPV among ever married young females.

The qualitative findings reveal that marital violence (physical and/or sexual and/or emotional) is common as highlighted by a 30-year-old female key informant, *'If she is married, then physical abuse and marital rape are common*

Figure 26: Prevalence of Intimate Partner Violence



issues. Many people don't even know what marital rape is. Economic abuse happens too. And emotional torture.' Qualitative data highlights the link between marital violence and drug use, with husbands behaving violently with their wives as a result of drug use. A 20-year-old young woman mentioned, '*He* [her husband] *tortured me and didn't feed me. He would hit me, abuse me, not feed me, and leave the house for many days. I found out he was addicted to drugs. If the main source of support in a home disappears for days, what hope is there for that house? The pain you feel is what you remember the most, what sticks with you – you never forget it.*' A 16-year-old adolescent also stated, '*One of my sisters came back home because her husband was abusive. He was addicted to drugs and used to beat her.* [We did not seek legal help because] *there's no justice in this country. We couldn't find the guy – he ran away. He abandoned my sister. We brought her back. She has two sons. My father and we take care of them.*'

In addition to drug use, violence was also said to occur when, '*wives can't manage their house and children.*' (FGD with adolescent girls), and '*Over small things – like forgetting to bring something. A husband gets angry if he has to repeat himself.*' (FGD with fathers).

Girls and young women are often encouraged to keep marriages intact and not report issues of intimate-partner-violence unless the instances become too severe. A fathers FGD mentioned, '[suffering silently] *helps keep the marriage intact. Eventually, the husband might understand. If the girl tolerates a bit, the family stays together, and the children grow up well.*'

A 30-year-old female key informant described an incident which led to a young woman reporting abuse and eventually returning to her husband:

> *One morning, a girl came with injuries all over her body from being beaten with nails. The blood wasn't visible at first, but I saw large bruises where bandages were not applied. I asked her what she wanted to do. She said she wanted to file a case. But when the draft case document was ready, her husband came, begged me not to take him to the police, and asked her to go home. So, despite being abused, the woman still wants to be with her husband. Intimate partner violence is very serious.*

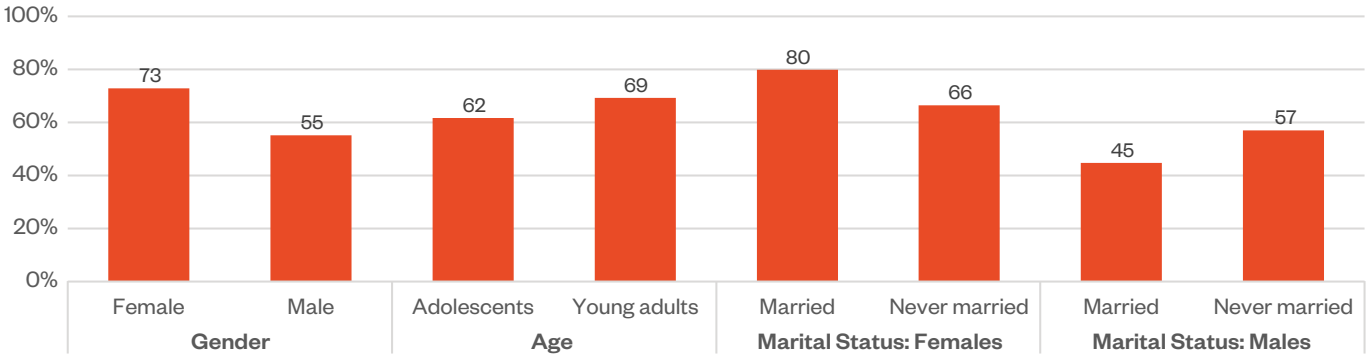
Additionally, young people also spoke of violence within a marriage often perpetrated by in-laws (and often due to dowry practices). In a focus group discussion with mothers, one participant said, '*Yes, married women face violence for dowry. They are sent back to their parents' home and then brought back after dowry is paid.*' A 16-year-old adolescent boy shared his sister's experience, saying, '*My own sister has been tortured a lot for dowry. Her husband has no money and he's a drug addict. He used to abuse her to get money for drugs. Where will we get money from? Our own condition is deteriorating.*' A 30-year-old female key informant from a host community noted that, '*Educated in-laws mostly cause emotional violence. Uneducated ones tend to do physical violence. The numbers are quite high – I would say 50%–60% face such violence.*'

Support-seeking for violence

In the endline survey, 65% of young people reported knowing of a place they could go if someone is physically violent. Young females (73%) were more likely to report knowing of a place than young males (55%). This was partially driven by knowledge among married young females (80%; see Figure 27).

Only 4% of young people who knew of a place to access services reported ever accessing them, with no differences by age, gender, marital status, or disability status. Even among those who reported experiencing home or peer violence (either verbal or physical), only 6% and 10% of young people, respectively, reported talking to someone about this violence. Young people with disabilities were particularly unlikely to seek support when they experienced violence – no young people with disabilities reported speaking to someone about their experience of home or peer violence.

Figure 27: Knowledge of where to go to seek support if someone is physically violent, by gender, age and marital status



Within the qualitative sample, the data was mixed on young people's knowledge of reporting violence and using services to report instances of violence. This seems to impact both males and females. While a 21-year-old young man stated, '*They* [girls] *need to learn about these things* [reporting violence] *from their family and seek help from the law.*', an 18-year-old adolescent boy countered, '*No, girls should not share if their experiences of violence or harassment, she will be ashamed* [by the community] *if she does.*' Boys spoke more often of hypothetical scenarios of knowing what to do in case of experiencing violence, but mentioned no stories of direct reporting. One 20-year-old young man stated, '*If we were victims of violence, we all know there's a government number—999. I'd call there to get help from the police.*' In many cases, awareness of violence against married girls was limited to a general understanding that husbands could face consequences for perpetrating intimate partner violence. A father stated: '*How can they beat for dowry now? If the wife goes to the police and says she's being beaten over dowry, the husband will be in trouble.*'

Key informants discussed various formal mechanisms that are in place to support survivors yet fear of retaliation means that reporting levels remain low. A 45-year-old male legal officer explained:

> *The most common* [form of violence] *is domestic violence – especially girls who are tortured at their in-laws' house for dowry after marriage. Dowry-related violence is the most common here. There's also violence against women and children.'*

A 50-year-old medical officer described governmental and NGO efforts to support survivors:

> *There are many NGOs working on this. Especially the big international ones, like IOM* [International Organization for Migration], *UNICEF* [United Nations Children's Fund], *many of them work on violence issues. UNFPA* [United Nations Population Fund] *does a lot in this area. The union council members and chairmen are involved too. We have a One-Stop Crisis Center here under the Ministry of Women and Children Affairs where judgements are made. So, both NGOs and the government are working on this.*

However, across the qualitative sample, there was little evidence that adolescents or their caregivers were aware of these systems or understood how to access them. Moreover, even where formal mechanisms were in place, key informants acknowledged that reporting remained limited. A panel lawyer from Ukhia stated: '*There are some issues – many want to hide it, don't want to report their violence to the court. So, I would say the reporting rate is quite low.*'

A few older adolescent girls also reflected that gaining this awareness earlier in their lives would have been more beneficial, as it could have better equipped them to recognise and respond to violence. A 24-year-old unmarried young woman said, '*It would be better if these things were known in advance... I didn't know these things when I was younger. I understand these things now.*'

Young people with disabilities appear to be largely ignored and invisible within the justice sector, with limited avenues for protection or support and no evidence of targeted outreach to young people with disabilities. Adolescents with disabilities who experience violence often do so at the hands of peers, within their communities, and in their homes, with seemingly few pathways available to seek assistance. A 16-year-old with a physical disability described violence meted out by his father: '*My father tortured me. He destroyed all my favourite things like shoes and clothes. He doesn't like me – that's my worst feeling. Last time when we met each other, he beat me*

a lot.' A 20-year-old young man with a physical disability recounted the peer violence he had experienced at school:

> *That time, I could walk a little better. Not like now. I didn't go to school properly. I tried* [to go to school]*... but the boys, they used to tease me. Push me. Call names. One boy threw a stone once... No one said anything. Teachers didn't stop them. So, I stopped going.*

An 18-year-old young woman with a physical disability shared her story of suffering beatings by her uncles: '*If I had asked anyone for justice, they would have killed me outright. That's why I never said anything to anyone.*'

Community violence

At endline, 85% of young people felt safe walking around in the community during the day and 53% felt safe walking around in the community at night. While there were no gender differences in feeling safe in the community during the day, young females were significantly less likely to report feeling safe walking around the community at night (40% among young females versus 69% among young males). Young people with disabilities reported feeling the least safe walking in the community at night – only 27% reported feeling safe compared to 55% of young people without disabilities (see Figure 28).

A quarter of young females reported that there was a significant increase in safety concerns for women and girls since 2023; 16% of young males reported the same. The most commonly cited reasons for young females feeling unsafe in the community was lack of lighting (43%) and sexual assault (24%). Young males most commonly cited criminal groups (40%; see Figure 29).

In the panel sample, young people were more likely to report feeling safe in the community at night at endline (52%) than at baseline (30%). However, the pattern between feelings of safety in the community at night between midline and endline varies by subgroup. While males were more likely to report feeling safe in the community at night at endline than at midline (69% at endline versus 59% at midline), females were less likely to report feeling safe in the community at night at endline than at midline (40% at endline versus 51% at midline). Young people with disabilities were also far less likely to report feeling safe in the community at night at endline (24%) than at midline (53%).

In the qualitative data, respondents from the host community raised concerns about robberies, kidnapping and demands for ransom, with some associating these issues with the arrival of Rohingya refugees in Ukhia and Teknaf. These concerns point to challenges in social cohesion between host and refugee communities, shaped by broader socioeconomic pressures. Limited livelihood opportunities and restricted access to social protection for both groups appear to have contributed to tensions,

Figure 28: Feeling safe walking in the community at night, by gender, age and disability status

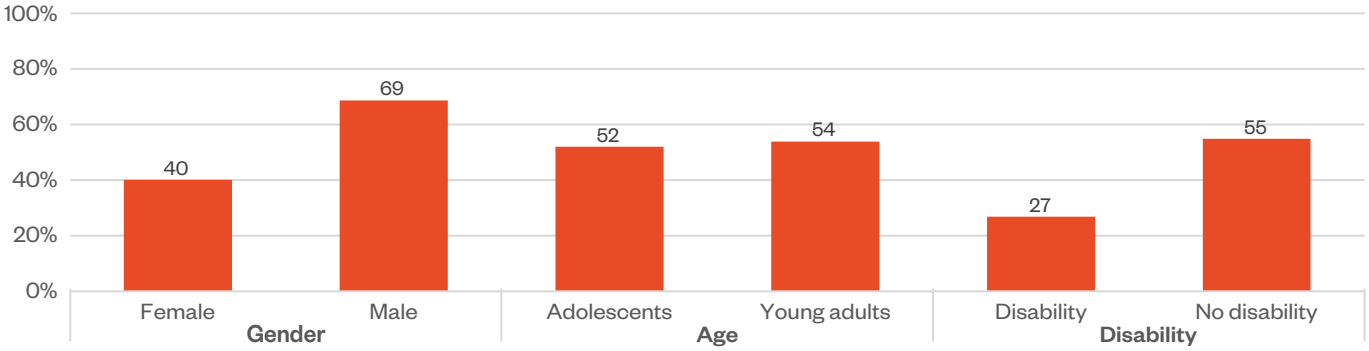
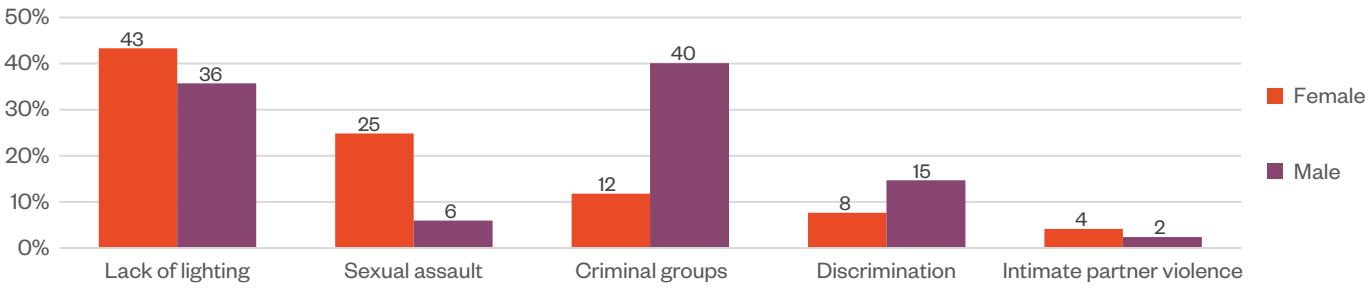


Figure 29: Main reasons that women and girls do not feel safe in the community, by gender



and influence how insecurity is perceived and experienced within the community. The qualitative data highlights these themes:

> *They're kidnapping local people and demanding ransom, killing them, robbing, stealing, snatching things – Rohingyas have spread everywhere in the area. They are torturing people.* (16-year-old adolescent boy)

> *Since they arrived, our work opportunities have decreased… They commit robbery, kidnap people, and abandon them in the hills.* (20-year-old young woman)

> *They have no compassion or mercy. They can even commit murder. That's why they had to leave their own country and come to another.* (Participant in FGD with adolescent boys)

There were multiple references to abducting children from madrasas (religious education institutions). One key informant highlighted that the abduction of adolescents and children became common after refugees' food rations were reduced. An education manager from a UN agency said:

> *Before, people were being kidnapped and it was, like, high-worth individuals, maybe for political reasons. But then after that reduction in the food ration, a lot more people were being kidnapped, particularly children and adults, and for very low amounts of money. So the situation really deteriorated.*

Furthermore, young boys are at greater risk of being kidnapped, and this has led to strong restrictions on their mobility, which in turn affects their access to education. The same key informant went on to say, '*We don't want children – boys – coming to the learning facilities and being kidnapped on the way.*' This being said, there are also voices in the qualitative data that do not point to the Rohingya as a source of violence or increased criminal activity for host communities. A 38-year-old Imam mentioned, '*They* [Rohingya] *don't generally behave badly. Also, the children here don't really have any interaction with children from the camps.*'

The qualitative findings also highlight widespread insecurity for adolescent girls, particularly related to sexual harassment and violence. During a focus group discussion with adolescent boys, one participant recounted that, '*Girls generally don't want to go out, they're scared. There are a lot of criminals here, and if a girl gets kidnapped, she might get raped.*' A 19-year-old young woman said, '*I didn't go out after evening. I'd return by 5 or 6 pm… Sometimes there were bad boys on the street. That made me feel scared.*' These concerns limit girls' movement and access to education and reinforce social restrictions once they have reached puberty. Risks associated with sexual violence also contribute to child marriage, as being in a union is seen as a way to ensure safety. During a focus group with adolescent boys, one participant stated, '*A married girl is safer than an unmarried girl… Because she is married, she has a husband. In the husband's house, she is safer.*'

A 22-year-old married woman with one child attending WLCC, Chittagong, Bangladesh © Nathalie Bertrams/GAGE 2026

Psychosocial well-being

Mental health and resilience

The GAGE endline survey included three internationally validated instruments to capture mental health concerns: the General Health Questionnaire-12 (GHQ-12), the Patient Health Questionnaire-9 (PHQ-9),[9] and the Generalised Anxiety Disorder scale (GAD-7).[10]

The endline survey found that 18% of young people had GHQ-12 scores suggestive of emotional distress (score >=3). Young women were most likely to be experiencing emotional distress (26%) compared to 12% of young men and 16% of adolescents. Ever married young females were at particular risk for emotional distress, with 27% exhibiting emotional distress compared to 16% of never-married young females. Young people with disabilities were also at increased risk of experiencing emotional distress compared to their peers without disabilities (33% versus 17%). See Figure 30 for detail.

Similarly, 18.8% of young people had PHQ-9 scores suggesting mild-to-severe depression (16.2% mild and 2.7% moderate-to-severe). Young females were more likely to exhibit symptoms of depression than young males (22% versus 15%*). This gender difference was driven by differences between young men (9%) and young women (24%; see Figure 32). One in ten young people reported suicidal ideation, with no differences by gender or age cohort. Rates of mild-to-severe anxiety as measured by the GAD-7 were similar, with 14% of young people exhibiting symptoms of mild-to-severe (12% mild and 2% moderate-to-severe). There were no differences in the experience of anxiety across subgroups (see Figure 31)

The endline survey also included the Child and Youth Resilience Measure (CYRM-28),[11] which captures young people's ability to respond to life challenges and the emotional support they have to help them do so. We divided the GAGE sample into three categories (low, moderate or high resilience) according to whether the respondent scored more than one standard deviation above the sample mean (high resilience), within one standard deviation of the mean (moderate resilience), or more than one standard deviation below the mean (low resilience).[12] We found that 15% of the sample exhibited high resilience, with no difference by gender or age. Ever married young females exhibited significantly lower levels of high resilience (10%) than their never-married peers (19%). Ever married young females with children had particularly low rates of high resilience (5%).

Figure 30: Emotional Distress (GHQ-12 >=3) by gender within age cohort, marital status and disability status

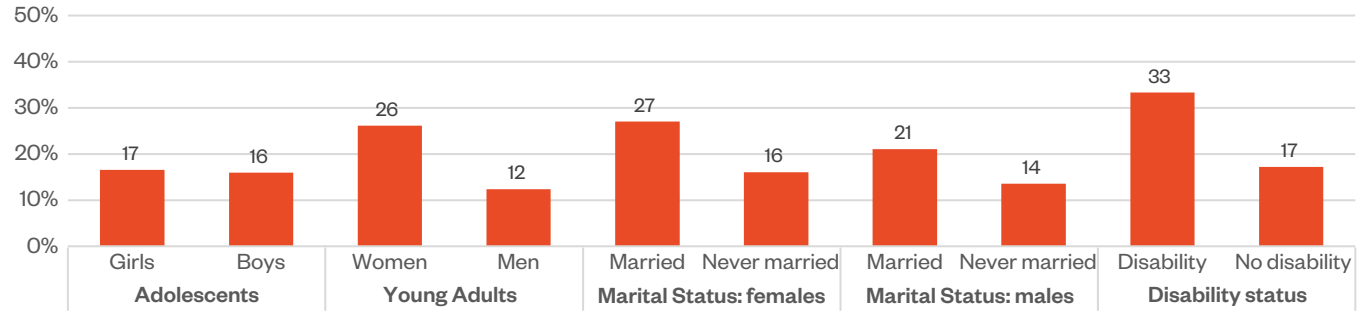
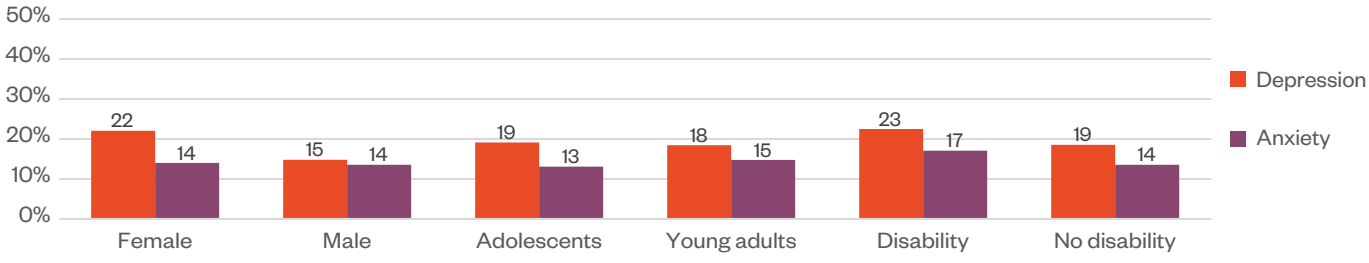


Figure 31: Depression (PHQ-9>=5) and Anxiety (GAD-7>=5) by gender, age cohort and disability status



9 Footnote detail is missing

10 The GAD-7 is an internationally validated measure of anxiety (Spitzer et al., 2006). Scores of 5–9 indicate mild anxiety, 10–14 indicate moderate anxiety, and 15 or above indicate severe anxiety.

11 The CYRM-28 is an internationally validated measure of resilience (Panter-Brick et al., 2018).

12 Young people scoring more than one standard deviation above the sample mean were classified as having high resilience, those within one standard deviation of the mean had moderate resilience, and those with a score more than one standard deviation below the mean had low resilience.

In our panel sample, rates of mild-to-severe depression as measured by the PHQ-9 had decreased between midline (22%) and endline (18%). This reduction was driven by improvements among young males (21% at midline versus 15% at endline*), whereas rates of depression were similar between midline and endline among young females.

The qualitative data shows that many young people struggle with emotional distress. Participants commonly reported feelings of distress, sadness and frustration. Many also reported the loss of a breadwinner in the family, which often has major consequences for household income. A 15-year-old adolescent boy from Teknaf reported, '*Once my father had a heart attack. It was really painful and hard to manage the money.*' Sometimes this can even result in periods of hunger, or, as a 16-year-old adolescent boy said: '*When we don't have food, it feels very sad.*' In these situations, boys in particular feel the responsibility to step up and start earning for the household, which creates significant stress. This is illustrated by a 20-year-old young man, who said: '*I cried sometimes. Not in front of anyone. Just inside. I didn't even have pocket money.*' Being able to provide for one's family is considered a fundamental male duty, and failing to do so can damage boys' and young men's self-worth. As a 16-year-old boy taking part in a focus group discussion said, '*If you don't earn money, you're worthless as a man.*'

In line with evidence from the GAGE midline research, another frequently cited stressor is the security situation in Cox's Bazar. As continued violence and instability from the civil war in Myanmar spills over into the border regions of Bangladesh, members of host communities report fear of robbery, kidnapping, and violence from armed groups roaming the area. A 21-year-old young man from Teknaf said: '*Since we live near the border, we feel a bit anxious.*' A 21-year-old young woman similarly stated: '*I couldn't sleep at home at night for fear of robbers.*'

Girls and young women endure distinct forms of mental stress that differ from boys. For girls, social pressure commences early and persists indefinitely. Girls expressed their concerns and anxiety regarding school performance, financial obligations for tuition, and not being able to express their feelings to anyone. An 18-year-old girl expressed her stress because her private tutor's salary was not paid for two months. She said, '*I haven't been able to pay my teacher's private tuition fee for two months. I'm a little stressed about this issue. Please pray for me.*' A 24-year-old young married woman mentioned her unawareness of post-marital duties and physical relationships when she got married at the age of 17. She noted, '*After marriage, girls have a lot of headaches about family life. I realised these things after marriage. It's better not to know these things before marriage. I have never shared these things with anyone.*' She also remembered that she could not talk to anyone regarding her physical changes at her puberty saying, '*When I first entered puberty at the age of 13-14, I would have felt peace if someone had listened to me about my physical problems.*'

Disability causes severe distress to adolescents and often young people with disabilities get ill treatment from their family members and others in society. An 18-year-old girl with physical disability reported that she is regularly beaten by her family members and they refuse to pay for her studies, causing her distress. Although she is able to continue studying with Governmental disability allowance, she expressed her anxiety saying, '*Sometimes I feel like running away from home and going somewhere else. But I can't do that. Because I am a woman, where should I go and live?*' She continued, '*Sometimes I want to commit suicide and leave this world completely.*' Young people with disabilities expressed similar distress. An 18-year-old boy described that it is very hard to live a life with disability. He said, '*It's difficult and I feel sad for it. People didn't like me that much because I am disabled. And my other siblings got so much care....They* [family members] *give more money and food to them than me.*'

Parents of adolescents with disabilities also reported that their children go through a lot of mental stress and feel sad and angry most of the time. A father of a disabled girl said, '*She always suffers from it, she doesn't tell us anything, but we understand....People with this type of disability have a lot of self-esteem and they get very angry over small things.*' During an FGD with fathers, one man noted,

> *Most disabled boys and girls don't get married because they aren't considered as 'normal' as others....They tend to lag compared to other healthy children. Whether it's education or other social activities, they remain somewhat behind.*

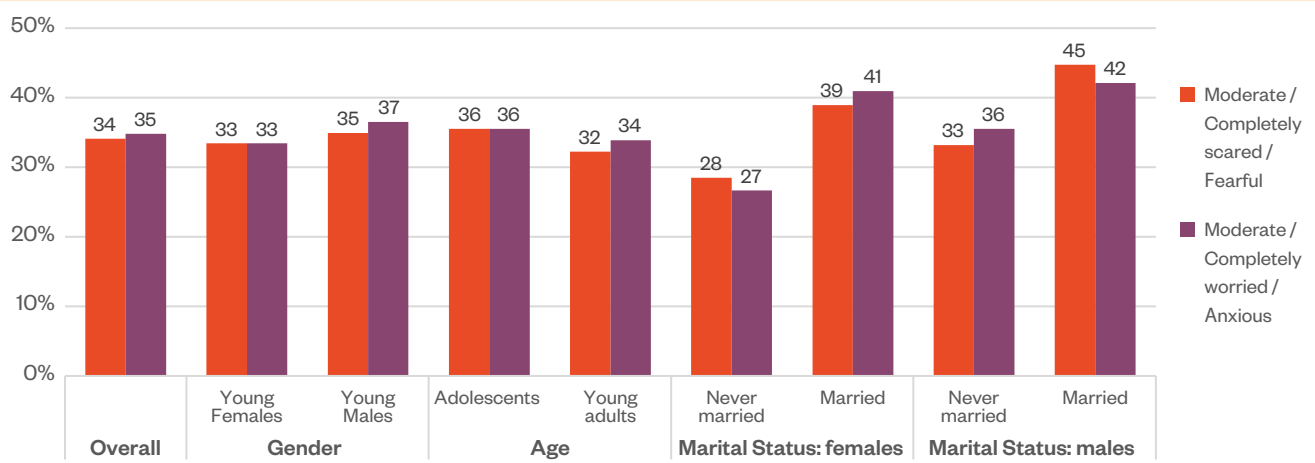
In both the survey and in qualitative interviews, young people also discussed their feelings related to the July 2024, student-led protests against the country's quota system for government jobs led to the ousting of Prime Minister Sheikh Hasina. Box 3 details the impact of this ousting on young peoples' emotional well-being.

Box 3: Young people and the July Revolution: their emotional well-being after the government turnover

In July 2024, student-led protests erupted in Bangladesh against the country's quota system for government jobs, which reserved positions for descendants of freedom fighters from the 1971 independence war. The demonstrations spread across universities nationwide and quickly grew into a mass movement demanding Prime Minister Sheikh Hasina's resignation after 15 years of increasingly autocratic rule. Following weeks of deadly crackdowns that resulted in the deaths of hundreds of protesters, Hasina fled the country on August 5, 2024, marking the end of her administration and leading to an interim government with promises of democratic reforms. The revolution deeply affected young people, who experienced both trauma from witnessing state violence and a sense of empowerment from successfully challenging authority (Shakira, 2026).

The endline survey included questions about how young people felt following the government turnover in 2024. Overall, 34% of young people felt moderately or completely scared/fearful, and 35% felt moderately or completely worried/anxious. While there are no differences by gender or age cohort, married young females were more scared/fearful (39% among ever married versus 29% among never married*) and worried/anxious (41% among ever married versus 27% among never married) than their never married peers (see Figure 32).

Figure 32: Proportion of young people who felt moderately/completely scared/fearful, worried/anxious following government turnover in 2024, by gender, age and marital status



Although limited, some participants in the qualitative interviews reflected on the emotional impact of the events. An 18-year-old boy, who took part in the protest expressed *"Yes, we, as students, participated in that movement....I was very sad about the situation. This political party* [then ruling party] *had done so many things for the country...I went there to protest because Sheikh Hasina* [then prime minister] *blamed us as Rajakar* [collaborators of Pakistani military in 1971]." A 22-year-old young woman said she felt bad during the movement "*because a lot of students died... a lot of people died.*

A 22-year-old married woman with one child attending WLCC, Chittagong, Bangladesh © Nathalie Bertrams/GAGE 2026

Access to psychosocial support services

At endline, survey findings indicate that 37% of young people were aware of where to access mental health services and that 25% of young people were interested in accessing such services. Young females were significantly more likely to be aware of mental health services than young males (45% young females versus 27% young males) and to be interested in seeking services (34% of young females versus 14% of young males). Only 4% of young people (2% of young males and 6% of young females) had ever accessed mental health services for themselves.

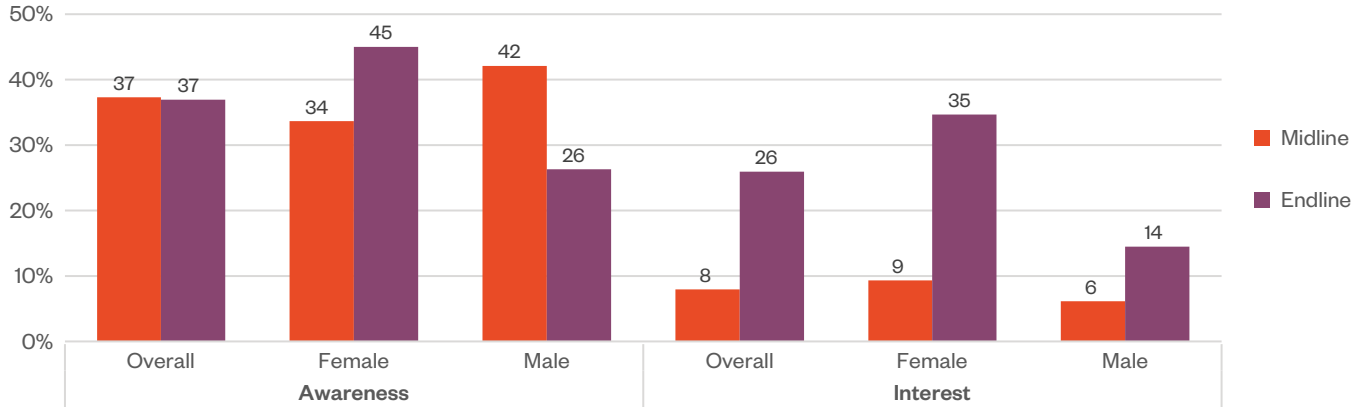
While awareness of mental health services did not increase overall between midline and endline, this obscures significant heterogeneity by gender. While young males were less likely to report being aware of where to access services at endline (26%) compared to midline (42%), knowledge among young females had increased over the same period (34% at midline versus 45% at endline; see Figure 34). Compared to midline findings, young people were significantly more likely to report being interested in accessing services at endline (26% at endline versus 8% at midline). Increased interest was larger among young females (9% at midline versus 35% at endline) than young males (6% at midline versus 15% at endline; see Figure 33).

There have been several initiatives to provide female-friendly spaces where girls and young women can attend vocational trainings and receive psychosocial support. Shanti Khanas (meaning 'place of peace') are the most common centres and provide services in Cox's Bazar, especially focused on women (although there are also activities for boys). These services provide solace and respite for young people, as highlighted by a 20-year-old young woman with a disability:

> *To express my thoughts, I go to Mukti* [NGO]*, only girls go there, even all their staff is girls. I even went there the day before yesterday, I can go there twice or even more than that in a week. I feel good being there, I feel so good. They love us a lot, they take good care of us. Immediately after entering the gate everyone starts saying, 'We're lucky that* [adolescent's name] *has come. This service is very important for women. Because women are helpless.*

Qualitative findings also suggest gender differences in access to and use of psychosocial support. Young men more often describe coping through social interaction and group activities, as seen in a 20-year-old who shared, '*I'm a member of the Scouts…* [When I feel down] *I spend time with friends and at the clubs. I play sports and hang out*,' though he noted constraints for working males: '*For those who are working, it's difficult to spend free time with friends*.' Overall, young women highlight more limited opportunities for social leisure and greater internalization of concerns. A 24-year-old young woman reflected, '*When I first entered puberty… I would have felt peace if someone had listened… No one was there to talk to me… but also I wouldn't share these things with anyone back then*.' However, women also emphasised the importance of trusted communication when available, typically provided by NGOs and mental health centres. A 20-year-old young woman noted, '*Sharing my thoughts with someone helps lighten the mind… If they don't understand, then you'd have to go to a peace centre* [mental health centre].' Across both genders, external support, plays a positive role, as highlighted by the mother of an adolescent boy with a disability who observed, '*They talk to them… he becomes happy, sometimes he laughs… His situation has improved compared to before*.'

Figure 33: Awareness of and interest in accessing mental health services over time, overall and by gender



Emotional support

In the endline survey, more than half of young people (61%) reported having a trusted adult in their lives and 50% reported had a trusted friend. Young females were significantly more likely to report having a trusted adult (67% young females versus 53% young males), whereas young males were more likely to report having a trusted friend (55% young males versus 47% young females*, see Figure 34). Young people with disabilities were significantly less likely to have a trusted friend (32%) than their peers without disabilities (52%).

The endline survey also asked young people whether they talked to their parents about various topics, including education, future work, dreams and aspirations, bullying (in school and online), and religion. Nearly all young people report speaking to their parents about education, work, and religion, with no variation by gender (see Figure 35).

While young males are more likely to discuss aspirations with their fathers than young females are (70% versus 44%), there is no gender difference in the likelihood of discussing aspirations with mothers (74% of young people). Young females are significantly more likely than young males to discuss marriage with their fathers (30% young females versus 15% young males) and their mothers (49% young females versus 17% young males). Aligning with findings around sources of information on

Figure 34: Young people who have a Trusted Adult or Trusted Friend, by gender, age and disability status

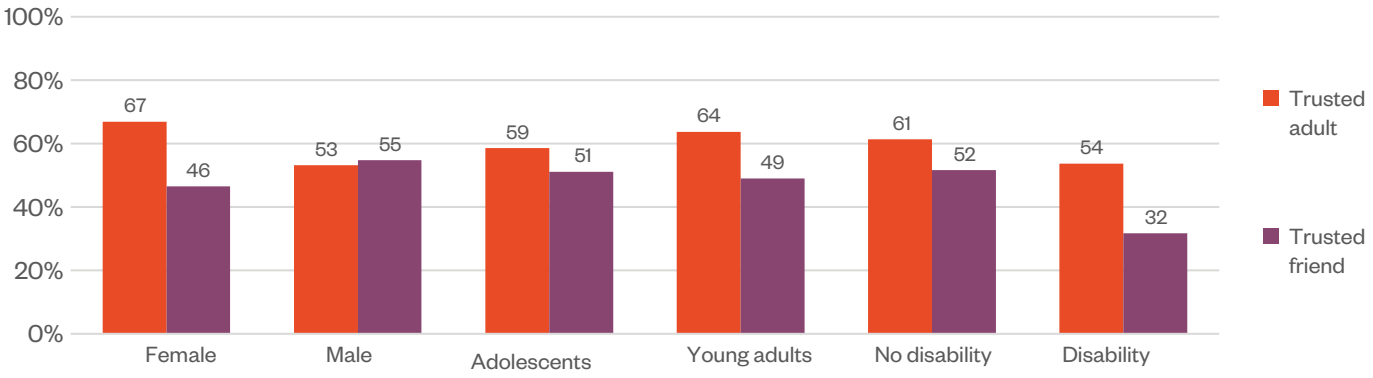
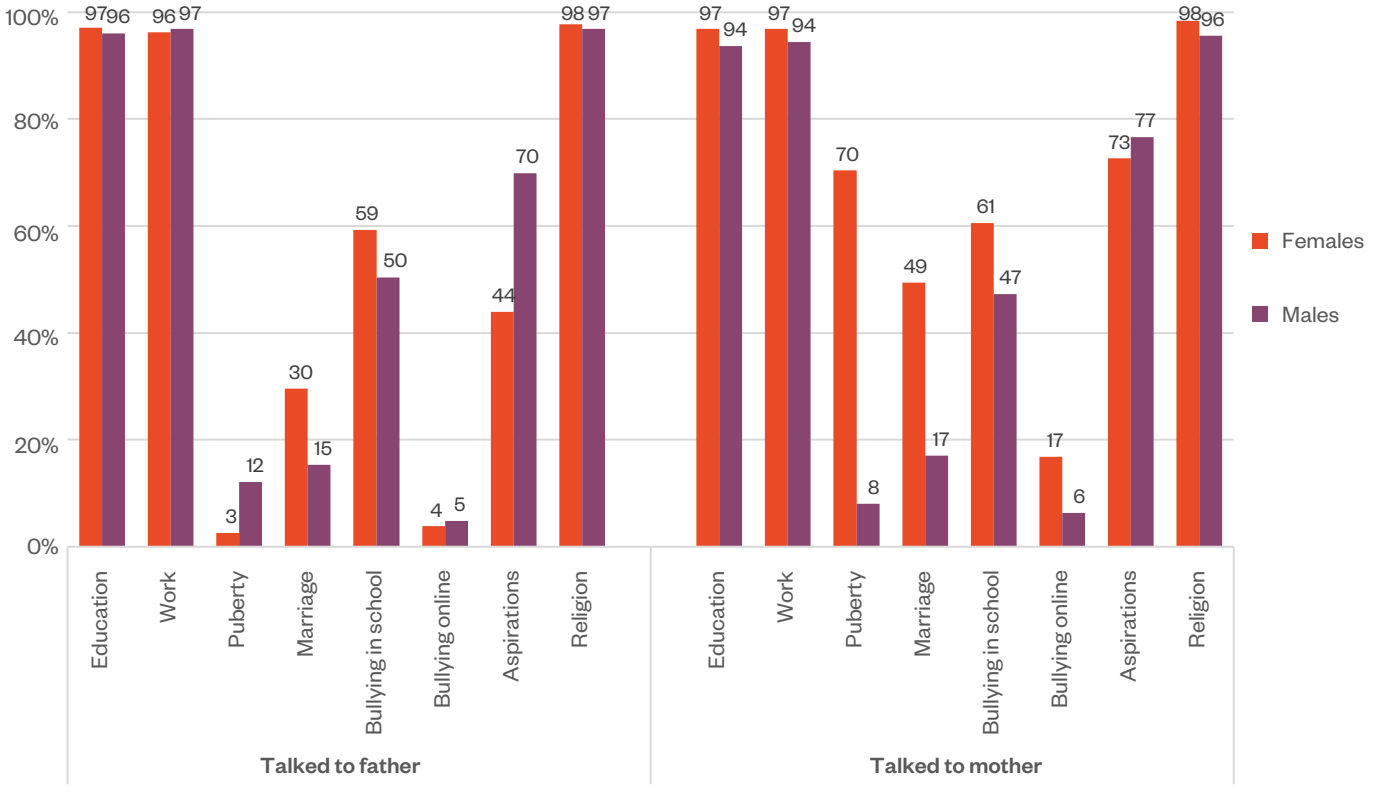


Figure 35: What young people talk to their parents about



puberty, young females are significantly more likely to report talking to their mothers about puberty than young males (70% versus 8%). While young males are more likely to discuss puberty with their fathers than young females are, they do so at much lower rates (12% versus 3%).

Just under half (42%) of young people reported having a role model outside of the household. Young females were more likely to identify a role model (48%) than young males (36%), with this gender difference was primarily driven by differences between adolescent girls (52%) and adolescent boys (37%). Young people with disabilities were significantly less likely to identify a role model outside of the household than their peers without disabilities (24% among young people with disabilities versus 44% among those without).

Among young females who identified a role model outside the household, 55% named a teacher, 16% named a female friend, and 13% named a religious leader. Other role models named were someone famous (6%), male friend (3%), someone else in the community (1%). Among young males who identified a role model outside the household, 41% named a teacher, 18% named a religious leader, 11% named someone famous, 9% named a male friend, 7% named a community leader, 5% named a political leader, and 4% named someone else in their community.

The panel sample revealed that social support appears to be decreasing as young people age. The likelihood of young people having a friend they can trust has decreased significantly over time, from 87% at baseline to just half at endline (50%). While there is no gender difference in this trend over time among adolescents, young women experienced larger declines in having a friend she could trust (from 85% at baseline to 42% at endline) compared to young men (89% at baseline to 58% at endline). In addition, the likelihood that adolescents can name a role model decreased from 65% at baseline to 43% at endline. On the other hand, the likelihood of having an adult they can trust has remained relatively stagnant since midline (60% at both midline and endline).

The qualitative data mirrors these findings and shows that young people mostly rely on family members (siblings, parents and grandparents) rather than peers for emotional and practical support. Males and females both described their immediate family as sometimes being the only dependable presence in their lives. Adolescent girls participating in an FDG stated, '*when we are feeling sad, we share this with our mothers*.' The supportive role of parents was especially emphasised, with mothers playing a central role, particularly when it came to emotional support.

Young people with disabilities also felt they could share their worries and secrets with their mother the most. A 22-year-old young woman with a visual impairment stated, '*if I am very upset, I share it with my mom*.' and this was also highlighted by a 20-year-old young woman with a physical and cognitive impairment, '*If I feel sad, I share with my mother, she comforts me*.' A 52-year-old mother of a 14-year-old adolescent with a physical impairment, recounted her way of caring and emotionally supporting her son when he sees others running and playing, '*I tell him that Allah loves him very much, which is why he has been given this special condition. I tell him not to worry, as he will become more capable in the future. Everyone will look up to him one day. That's how I try to comfort him*.' Similarly to the survey findings, young people with disabilities spoke about their difficulties interacting socially and having close friends to confide in. A 16-year-old boy with a visual impairment explains why he finds it difficult: '*No. People don't spend time with me… People look at me differently – friends and even family members*.' He is worried that his disability will affect his future prospects: '*I feel like it might affect my future, like in job interviews. I might not get a job because of my eye problems*.'

Fathers were also important in some aspects of practical emotional support, such as education and motivation. A 23-year-old woman who was able to continue studying in higher education, described her father's support:

> *My father educated us despite all obstacles, which is why we have been able to reach such a position… My father always encouraged us in everything… Even today, there are some areas in Bangladesh where girls are not given priority in education and are looked down upon.*

An 18-year-old young woman said: '*I don't have much trouble studying because my father tries hard to cover our education expenses*.'

In the qualitative data, girls and young women reported that their husband can play a supportive role but for some girls husbands also pose major stressors. A 21-year-old young woman who was married at the age of 17 describes having complete trust in her husband: '*My husband – I tell him everything*.' However, husbands often have the final say in whether their wife can continue their education after marriage, as a 21-year-old young woman explained: '*If my husband had supported me, it* [staying on in school] *would have been possible*.'

Voice and agency

Physical mobility

The endline quantitative survey found that young females face significant barriers to their mobility relative to young males. While 19% of young males reported travelling outside of their community daily during the past three months, only 5% of young females did. In addition, 55% of young males reported travelling outside of their village/mohalla at least once a week compared to just 7% of young females. Young people with disabilities also have significantly lower mobility than their peers without disabilities – 20% of young people with disabilities reported leaving their village/mohalla once a week compared to 29% of young people without disabilities.

Lower mobility among young females is partially due to increased expectations that young females get permission to leave their community or village/mohalla – while 39% of young males reported needing permission to leave their village/mohalla, 87% of young females reported needing to.

Young females are also less likely to visit locations within their communities – 20% of young females went to the market in the three months prior to the survey and 17% had to a place in the community where they felt comfortable, compared to 86% and 67% among young males, respectively (see Figure 36).

The qualitative data indicates that girls and young women face severe restrictions on their mobility, particularly after menarche. They are largely confined to the home and permitted to go out only when accompanied by a male guardian and often only when wearing a burqa. This gendered difference was noted by girls and boys alike, with one 22-year-old young woman with a disability stating, '*Since I am a girl, I am not allowed to go out when required. It would be different If I were a boy… I am sad, I cannot go to school or anywhere.*'

Upon marriage, females' mobility does not wholly improve, as they are expected to take care of the household and not leave without permission. When asked if she ever participated in safe space programming like those offered through the Shanti Khanas, a 24-year-old young woman replied: '*I didn't join these clubs when I was living at my father's house, and I didn't join these clubs when I moved to my in-laws' house. Because my husband doesn't like these things, I don't leave the house.*'

Males, however, have more freedom of movement, and are aware of this, as one 16-year-old adolescent boy commented:

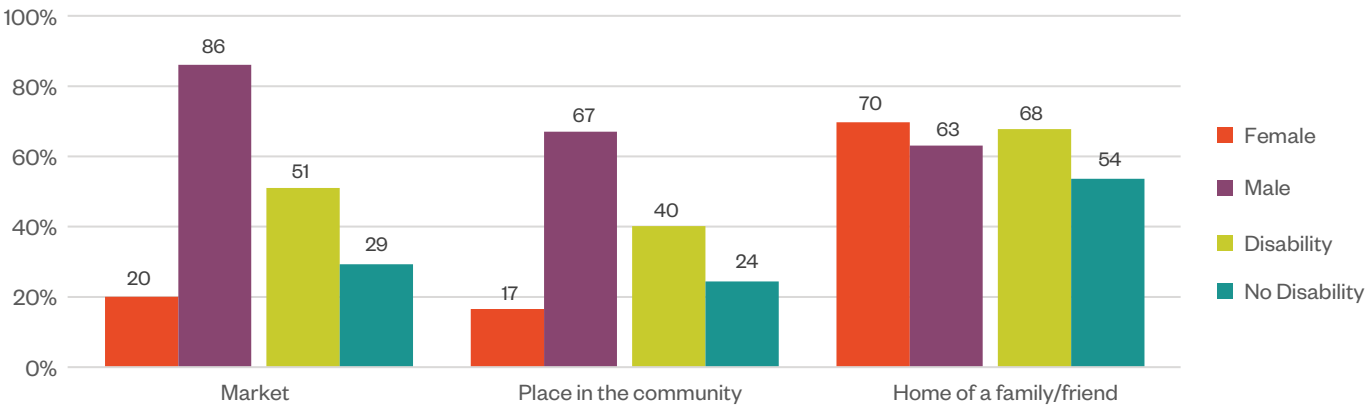
> *Boys have a bit more freedom compared to girls. For example, we can go wherever we want, whenever we want. There aren't many restrictions from home. But for girls, that's not always possible… I mean we can go to the market, sit at tea stalls and have tea, talk to everyone – girls can't really do that.*

The qualitative data shows that within the household, girls and young women struggle to make their voice heard. As a 24-year-old married woman from a host community explained: '*Before doing anything, I have to think about my husband first. I need my husband's permission first. Then I need permission from my in-laws. I must deal with these obstacles.*' Hierarchies in the household are internalised. A 20-year-old young woman described her behaviour towards her boyfriend and soon-to-be husband, '*If I don't obey him now, he might think I won't listen to him after marriage either.*'

With regard to mobility, there were some outlier voices. A 16-year-old adolescent girl recounted her experiences of increased mobility as she has aged:

> *When I was little I could not go anywhere, now I can go. Now I am grown and I can go anywhere I want. I could not*

Figure 36: Places young people go, by gender and disability status



Adolescent girls in class, Chittagong, Bangladesh © Nathalie Bertrams/GAGE 2026

go to visit anywhere but now I am grown up and I can go because I can take care of myself. With permission from my parents, I can also go to my friend's house.

Although her father is a day labourer who struggles to support the family, the girl is in school, dreams of becoming a teacher, and attends awareness sessions on preventing child marriage, wishing only to marry at age 26.

Digital access

The endline survey found that about half (52%) of young people had access to a phone, tablet, or laptop for their own personal use and 40% have access to a device with internet connectivity. Access to technology varies significantly by gender and age cohort. Among young females, 41% have access to a device compared to two-thirds of young males (66%). Young adults are also more likely to have access to a device (65%) compared to adolescents (43%).

Three quarters (75%) of young people had ever gone online, again with significant variation by gender (82% of young males versus 69% of young females) and age (80% of young adults versus 70% of adolescents). Devices are most commonly used for learning skills (e.g., vocational training; 69%), formal schooling (49%), learning about volunteer activities (31%), looking for health information (28%) and earning money (26%). A smaller share of young people used their device to read news (16%), talk to friends/family (15%), and for social media (8%). Figure 37 summarises device use by gender.

Over time, access to phones has increased significantly. At baseline, only 17% of young people had access to a phone compared to 37% at midline and 51% at endline. The largest increases in phone access are for adolescent boys (4% at baseline compared to 55% at endline). Figure 38 summarises increases in phone access over time by subgroup.

Figure 37: Ways that young people use devices, by gender

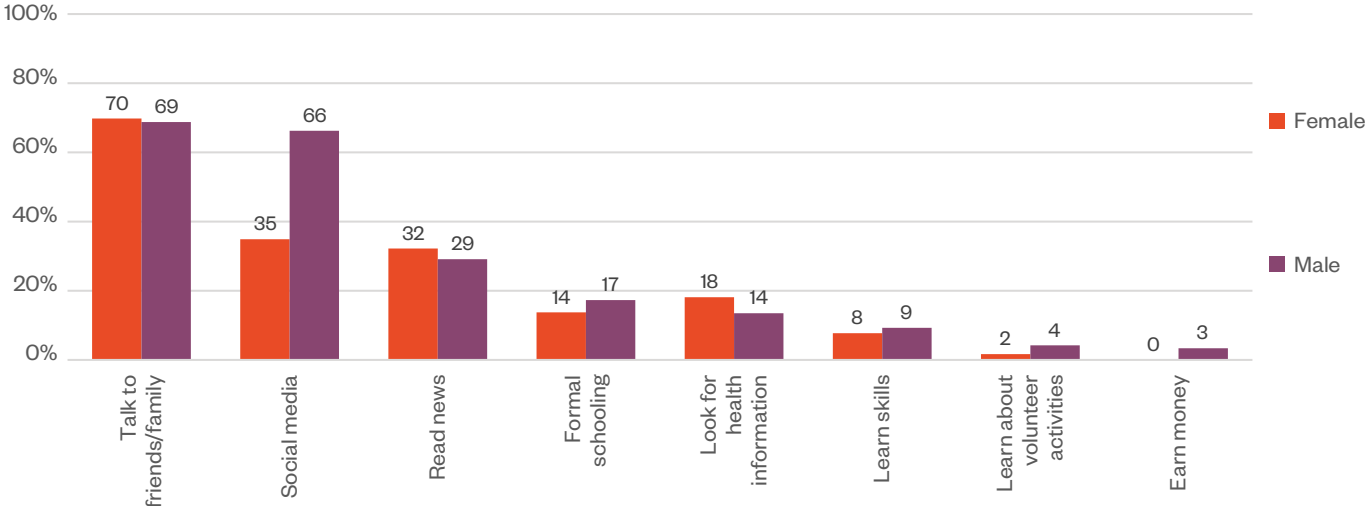
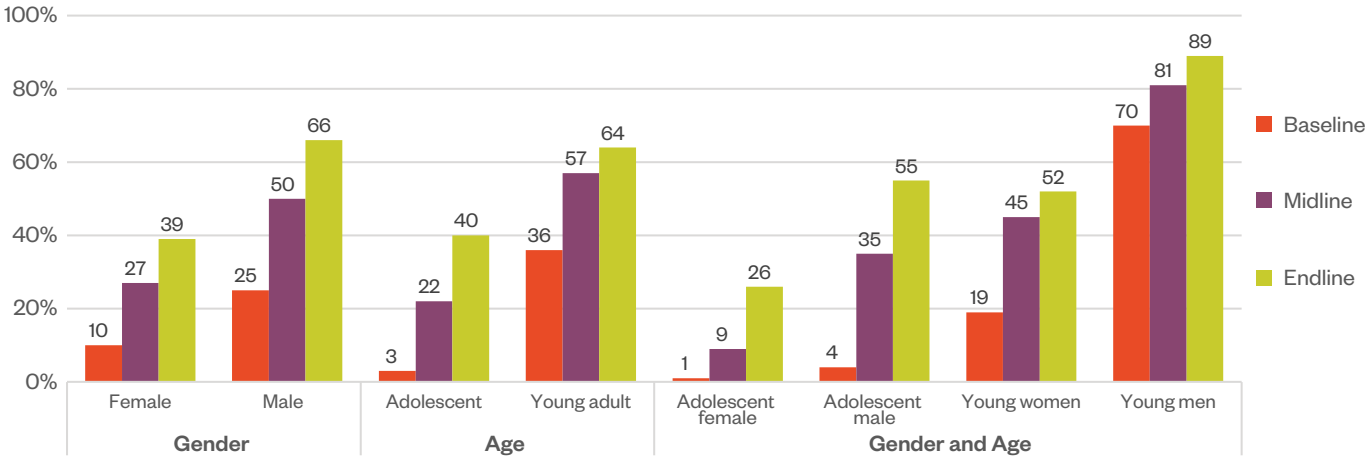


Figure 38: Phone access over time, overall and by age and gender and gender within age



The qualitative findings reinforce the survey findings that girls' digital access is more tightly constrained than boys'. Most girls and young women rely on borrowing phones from male relatives, reflecting norms that actively discourage female ownership, particularly for younger and unmarried cohorts, as one 20-year-old young woman crystalised, '*Here, unmarried girls aren't given mobile phones*.' These restrictions are closely tied to broader concerns about girls' behaviour and mobility. Parents, fathers in particular, frequently frame phone use for girls as a moral risk, fearing exposure to corruption through contact with boys or inappropriate content. A 16-year-old boy captured these expectations, noting that '*girls should observe modesty, go out less… use mobile phones less, avoid romantic relationships, and behave properly*.' At the same time, there is a recognition that digital access is increasingly necessary for education. Some parents therefore allow use of phones for schoolwork, even as they remain uneasy about its broader implications.

While parents also express concern about boys' phone use, their worries tend to centre on distraction rather than morality. In one mothers' focus group discussion, boys' access is curtailed mostly due to fears of overuse, '*Once they grow a little older, they become addicted to mobile*

An adolescent girl using her phone, Chittagong, Bangladesh © Nathalie Bertrams/GAGE 2026

games... Once they get addicted to mobile phones, they lose interest in studying.' In contrast, girls' access is more strictly regulated and often deferred until after marriage. Another mothers' focus group discussion highlighted that, '*we don't let our daughters use smartphones that much, but, after their marriage, their husbands buy them smartphones especially those whose husbands live abroad to make video calls. Besides, they watch cooking or sewing videos etc. on youtube and facebook*'. More restrictive views also persist, as reflected in a fathers' focus group where participants argued that girls' freedom and independence, including phone use, should be limited, warning that '*it's not good for girls... they go out, wander around... use big mobile phones, send messages. That's why after 5th or 6th grade and Qur'anic studies, if a good marriage proposal comes, it's best to marry them off quickly.*'

Decision-making, voice and participation

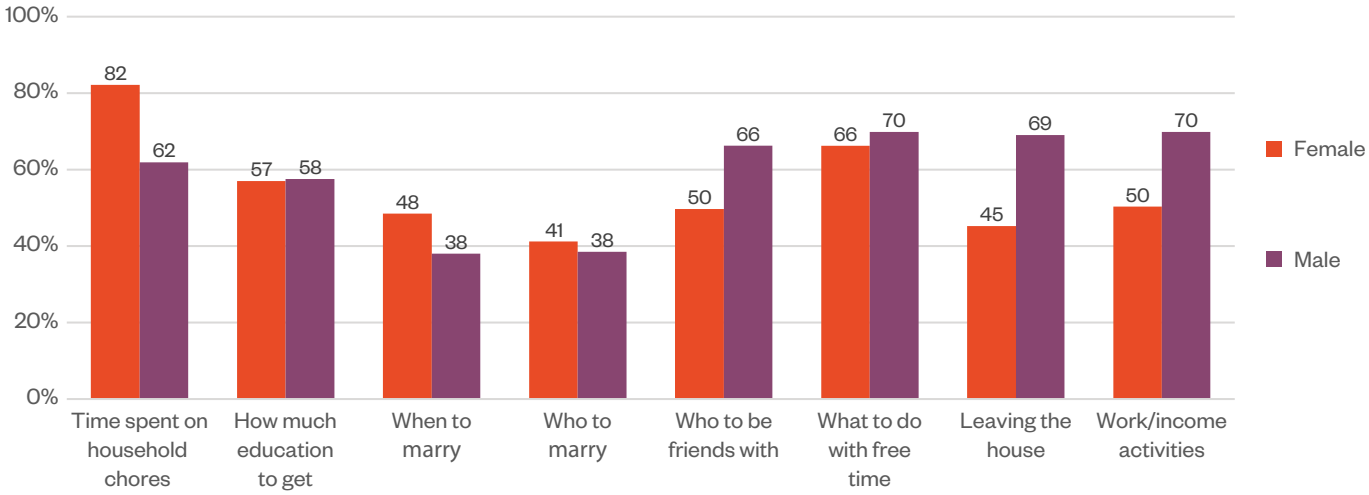
On the endline survey, young people reported varying levels of say over important aspects of their lives, such as time spent on household chores, on education, and decisions around marriage, and friendships. Most young people reported having at least some say in how much time they spend on household chores (73%), what they do with their free time (68%), and who to be friends with (57%). Females were more likely to report having at least some say around time spent on housework (82% versus 62% of males) and when they marry (49% versus 38% of males), but males were more likely to report having a say in leaving the house (69% versus 45% of females), work and income activities (70% versus 50% of females), and who their friends are (66% versus 50% of females; see Figure 39).

The qualitative data shows that when it comes to major life decisions such as around marriage, work and education, girls and young women rarely have the agency to make these decisions themselves. The lack of control over their academic career frustrates girls. Girls and young women who manage to continue their education after menarche or marriage often do so with the support of their husband or family, yet the choice is seldom truly their own.

Across qualitative interviews, decision-making was often discussed, but what it meant in practice differed markedly by gender. For young women and adolescent girls, decision-making was most commonly framed around marriage, fertility and contraception, and it was frequently described as shared, indirect, or dependent on the approval of others. A 20-year-old young woman mentioned, *'I made the decision to swich from pills to injectables* [contraception] *by myself, my husband knows*.' and a 25-year-old young woman also stated, '*It was a joint decision to have another child...then I decided to use contraception, , I got them from the government. He was okay with my decision.'* And yet another 21-year-old young woman mentioned, '*We thought it through* [using contraception] *and agreed together and he gave me permission.*'. By contrast, adolescent boys and young men frequently articulated a strong sense of agency within the household and over their own life trajectories. Boys described their opinions as being listened to, valued, and instrumental in shaping family decisions. A 15-year-old adolescent boy from Teknaf stated:

> *By the grace of Allah, they listen. My opinion holds a lot of weight in the family. Since childhood, I've thought deeply about the country, current situations, and changing times. Even when you say something to me, I*

Figure 39: How much say young people have on various topics, by gender



think deeply about what you really mean. That habit has helped my brain develop in terms of decision-making.

The adolescent boys' narratives also reflect how gender hierarchies are normalised and reproduced. A 15-year-old adolescent boy from Teknaf said: '*Our Prophet Muhammad said that in a nation led by a woman, Allah's blessings are less. The Prophet said that women can do business and share their knowledge, but they should not be in leadership positions*.'

When boys spoke about girls' well-being, their concern was often framed in protective terms, with a strong emphasis on marriage rather than on girls' autonomy or future independence. For example, when asked whether he would choose to educate a son or a daughter if he could support only one child, a 17-year-old adolescent boy from Teknaf stated: '*My daughter… So that I can arrange her marriage into a good family*.'

By contrast, adolescent girls and young women spoke about decision-making and participation as something that was constrained and conditional. Often, their decisions required the approval of others, or had to be aligned with the demands of their parents or husband. A 23-year-old married woman describes: '*Girls can contribute* [to politics], *but it must be done in a disciplined manner. It is definitely better if you work with the consent of your family and with discipline*.' A 20-year-old young woman stated: '*Their choice* [of husband] *is my choice. Though I've rejected some* [of his choices]*… I think if I say no, they won't rrtforce me*.' And a 21-year-old young woman stated, '*He* [her husband] *won't let me work outside the house… He thinks girls shouldn't work outside. If he allows it, then a girl can work. I can get everything I need by working from home*.'

Although restrictions on female voice and agency are normalised, many young people are increasingly becoming aware of how these constraints shape girls' everyday lives and future aspirations. This awareness was evident among both male and female respondents. A 21-year-old young man from Teknaf stated: '*If I were a girl, I wouldn't have been able to move around freely… because society imposes many restrictions on girls*.'

The events around the government changeover in July 2024 created new opportunities for young people to express their voice and impacted mobility in their communities (see Box 4).

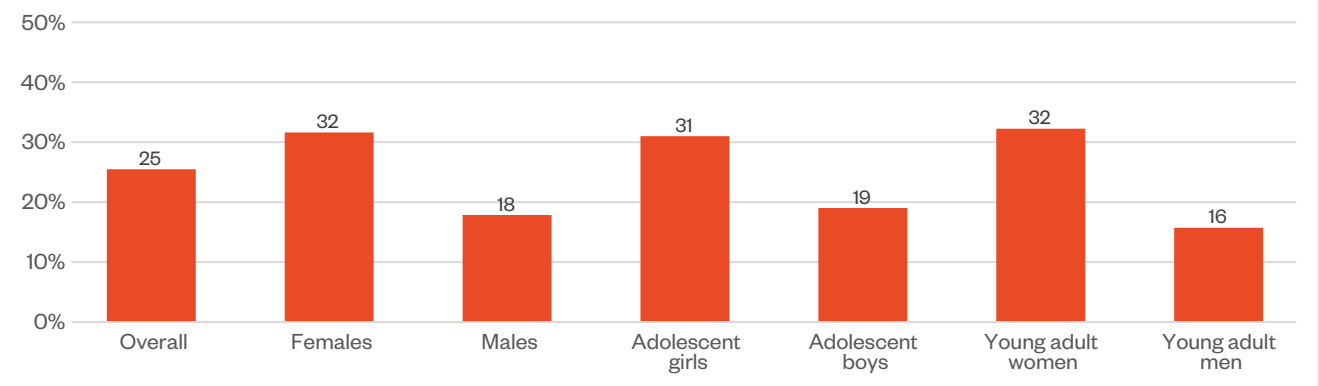
A 17-year-old boy who works in construction © Nathalie Bertrams/GAGE 2026

Box 4: Young people and the July Revolution: their mobility, political participation, and voice and agency after the government turnover

The political landscape of Bangladesh was upended in July 2024 when protests ousted the prime minister Sheikh Hasina in what has also been called the July Revolution. The endline survey included questions on young people's mobility, political participation, and voice and agency after the government turnover.

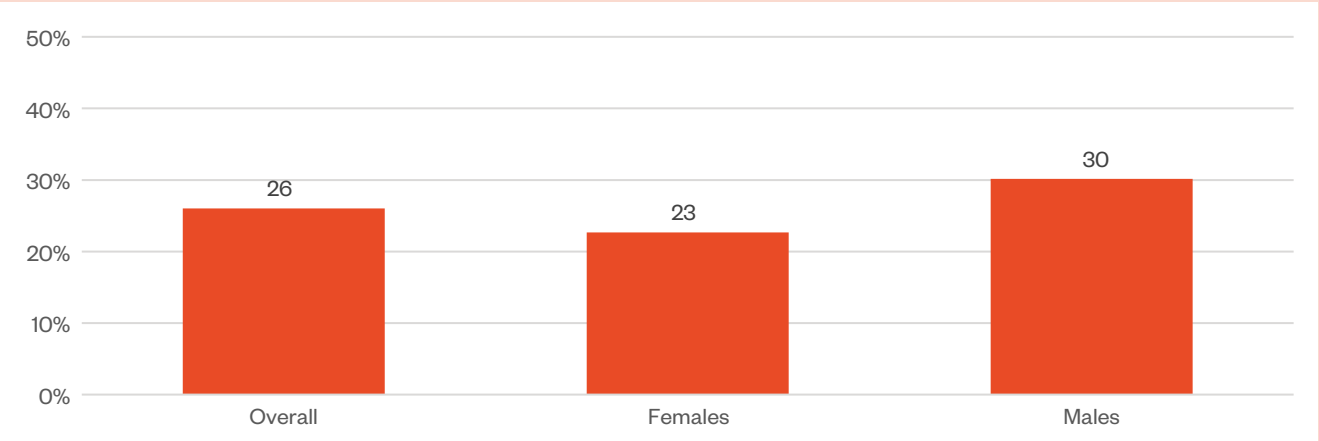
A total of 4% of young people reported that someone in their household faced restrictions on moving freely or safely since the government changeover, with young adults more likely than adolescents (8% vs. 2%), and young women more likely than young men (10% vs. 3%*). About 25% of young people felt that opportunities to exercise their voice and agency had worsened since the government changeover, with notable gender differences – females reported higher rates of decline than males across both adolescents (31% vs. 19%) and young adults (32% vs. 16%) (see Figure 40).

Figure 40: Felt opportunities to exercise voice and agency had worsened, among Bangladeshis, by gender and age



Additionally, 26% of young people felt that social cohesion in their community had declined since the government changeover, with young males feeling this more than young females (30% vs. 23%) (see Figure 41).

Figure 41: Felt social cohesion in the community had worsened, among Bangladeshis, by gender



Some participants in qualitative interviews reflected on their participation in the events and their impact on the community. A 16-year-old girl described the aftermath of the July uprising and its impact on her community by stating, '*Well it was all just so calm and quiet at first. When Hasina left the people went mad. A lot of shops and places were burned… They* [opposition party of the then ruling party] *destroyed a lot of shops… a lot of big houses and shops are destroyed by them and the condition in the village is very unstable here now*.' Reflections from other participants revealed mixed perspectives: a 19-year-old young woman mentioned, '*I think it was good. I supported the students… Everyone united and protested over the quota issue* [student uprising/July Revolution]' while a 17-year-old adolescent boy disagreed, noting that he preferred the previous ruling political party. Some participants also highlighted gendered constraints on participation, with the same 19-year-old young woman explaining, '*My* family didn't allow it [to join the protest]. *I will vote for whoever my father chooses*.'

Economic Empowerment

Household economic status and access to social protection

At endline, the most common source of income for households was wage and salary employment (in agriculture or non-agriculture work – 48%), followed by non-farm income (22%) and cash crops (12%; see Figure 42). The survey asked whether households have a number of assets, including a television (TV), refrigerator, fan, air conditioner, phone, computer, car, motorcycle, autorickshaw (battery and gasoline-operated), and bicycle. Whereas nearly all young people reported that their household had a fan (91%) and a phone (93%), possession of other assets was much lower. Less than half (42%) of households had a refrigerator and 15% of households had a TV. Only 12% of households reported having any type of vehicle, with half of those being an autorickshaw.

Very few households reported receiving any social assistance. The most commonly cited social assistance programme was the primary education stipend: 14% of young people reported ever receiving the stipend and 3% of young people reported currently benefiting from it. Young females were more likely to have ever benefited from the education stipend than young males (18% versus 10%). A smaller proportion (8%) of young people also reported ever benefiting from the vulnerable group feeding programme, and 5% reported that their household benefits from the widowed, deserted, and destitute woman allowance [a monthly unconditional cash transfer programme administered by the Department of Social Services under the Ministry of Social Welfare]. Other social protection programmes were cited by less than 5% of young people (see Figure 42, Panel A). Ever-married young females were more likely to be in households benefiting from social protection programmes than never-married females (see Figure 43, Panel B).

The qualitative data indicates that males, predominantly fathers, are the main income earners in households, and a few interviews shed light on the negative repercussions for female-headed households. A 65-year-old mother recalled, '*When my father passed away, we were in extreme hardship. There was no one earning. The income was low, expenses were high, everyone was unemployed. We couldn't eat properly or buy anything*.' A 38-year-old mother (household head) said, *'Because my child didn't have a father, we were always short of money. And there was always a shortage of food… Sometimes I want to eat a lot of things but I can't. If I had money, I could suddenly go to the store and buy whatever I wanted*.'

Often, the lack of consistent and stable household income and earning was equated with food insecurity. An 18-year-old adolescent girl mentioned, '[food prices have increased] *and due to lack of food, I often have to go days without eating one or two meals. I have had to go for many days without eating*.' Interviews and focus group discussions also shed light on how subsidised essential food items mitigate household food insecurity, with young people mentioning food distribution and aid directly. One mother said, '*We get rice – 30 kg or 10 kg per distribution*.'

From the qualitative interviews, it is clear that some social protection schemes and cash programming are being rolled out in host communities, particularly for vulnerable groups. An 18-year-old adolescent girl with a disability mentioned, '*I study with my own money. I receive a disability allowance. I am studying with this disability allowance… A few days ago, I received 3,000 taka* [approximately 18 GBP]. *I used that to buy books*.' This was also mentioned by another 18-year-old female with a severe visual impairment: '*Yes, I receive an allowance, I've been receiving one since 2017… I was given the money on my mobile*.' Interviewees also mentioned old-age benefits and cash programming, as well as schemes that reach the most vulnerable: '*The* [Government] *gave 30,000 taka* [approximately 180 GBP], *because they were financially helping the poor in the area*.'

Figure 42: Main source of household income

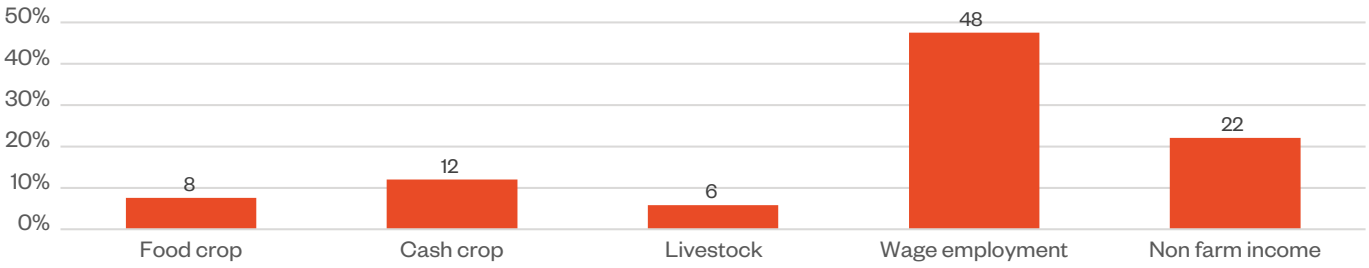
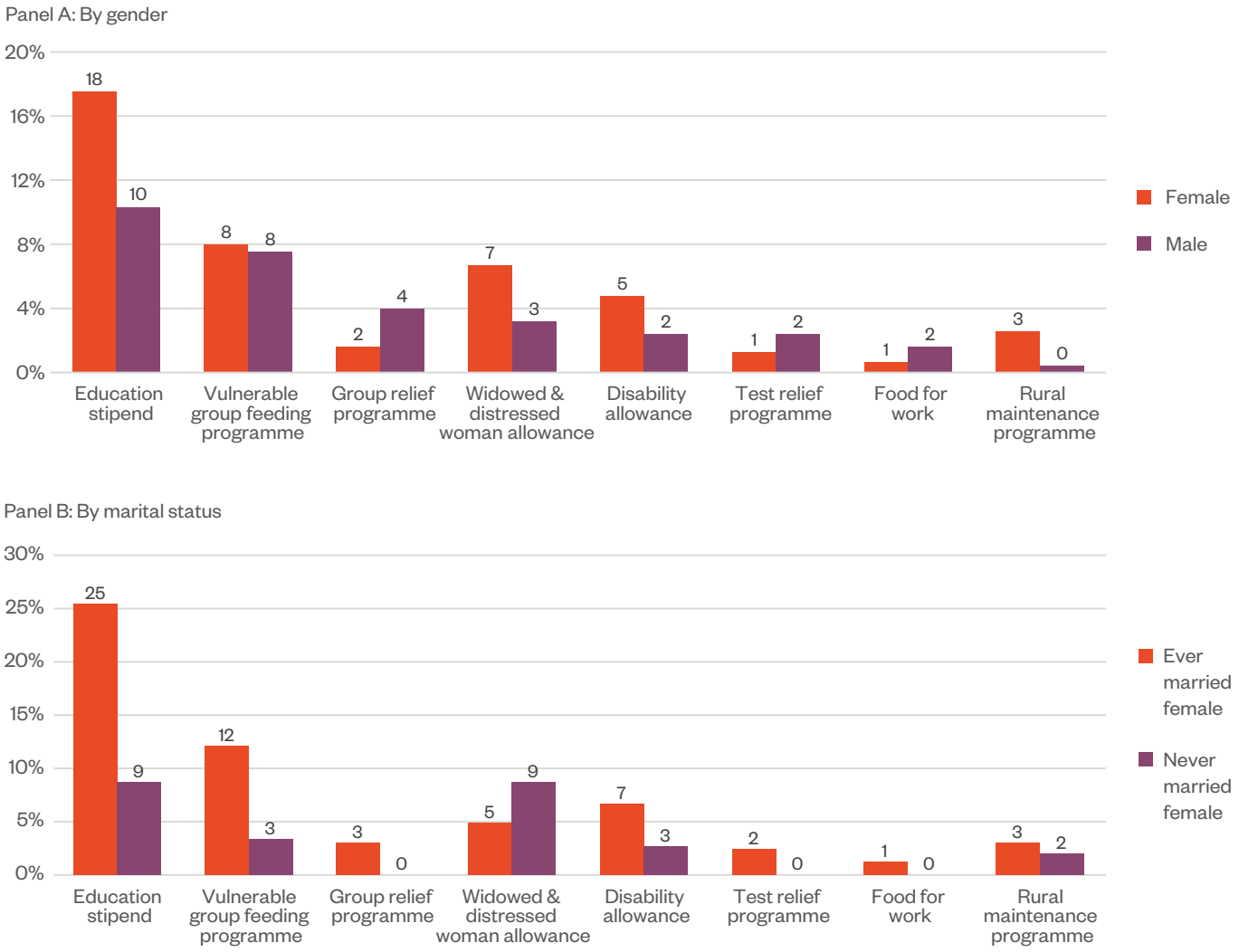


Figure 43: Social protection programme coverage by gender and marital status



Professional aspirations

In the endline survey, 33% of young people aspired to a profession or skilled occupation, with young females twice as likely to as males (42% versus 21%). The gender gap is consistent across age groups (see Figure 44.

Over half (59%) of young people reported constraints to achieving their aspired occupation, with young males more likely to report constraints than females (74% versus 48%). Among males reporting constraints, 73% reported financial constraints and 19% reported education and/or skill-building constraints. Among young females reporting constraints, 58% reported financial constraints, 13% reported education and/or skill-building constraints, and 19% reported needing permission or lack of support from parents/spouse/in-laws as a main constraint (see Figure 45).

Looking at the panel sample reveals that occupational aspirations for professional or skilled labour have halved since midline: 65% of young people aspired to a professional or skilled career compared to 34% at endline. Aspirations decreased more so among young males than young females (from 60% to 22% among young males, versus from 68% to 43% among young females) and more so among adolescents (from 71% to 34%) than among young adults (57% to 35%; see Figure46).

Young people who discussed professional aspirations in qualitative interviews expressed a mix of ambitions and pathways that were moderately hopeful. On average, unmarried females and males spoke at greater length about their professional goals in the qualitative data compared to their married counterparts. Despite structural constraints and poverty, unmarried young people appeared to hold more expansive professional ambitions. Notably, several female participants explicitly linked their career aspirations with delayed marriage, recognising the relationship between postponing marriage and pursuing work, while remaining mindful of the constraints that marriage may impose. An 18-year-old adolescent girl with a disability recounted very clearly defined dreams:

Figure 44: Aspirations for professional or skilled occupation, by gender within age cohort

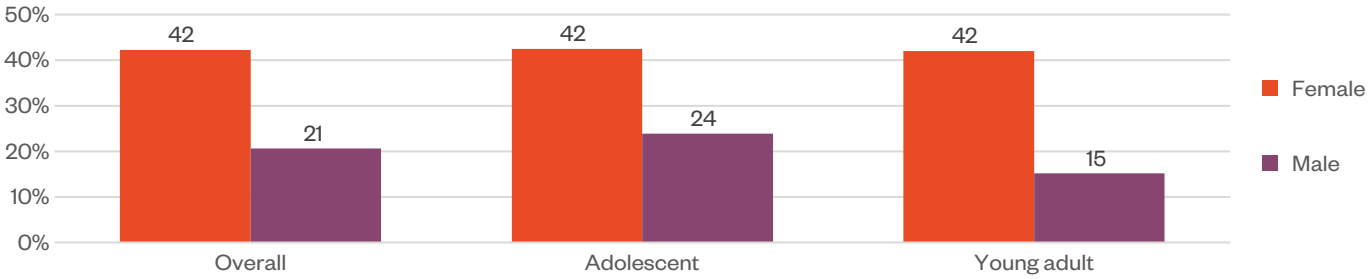


Figure 45: Constraints to achieving professional aspirations, by gender

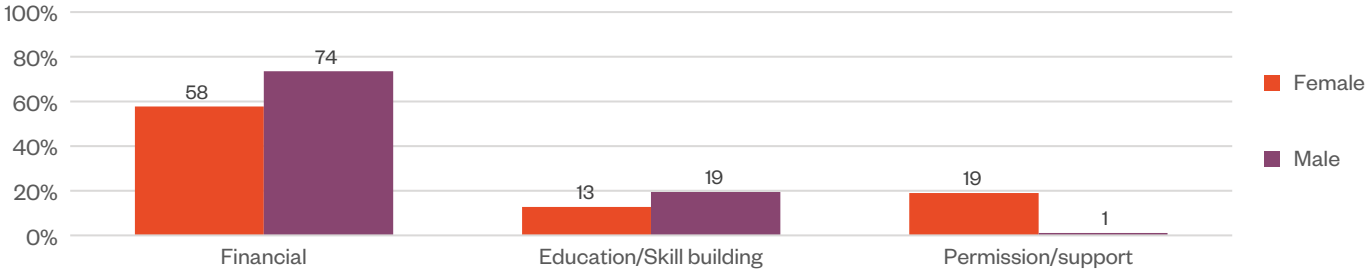
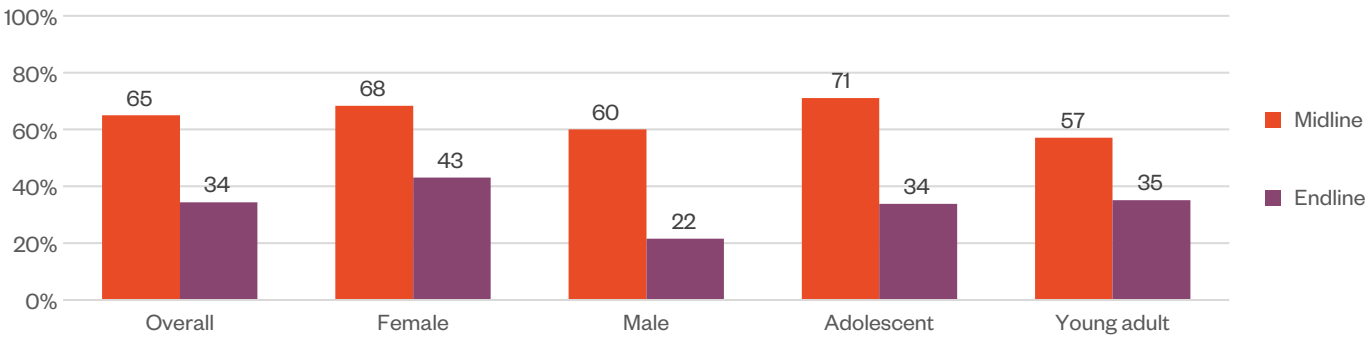


Figure 46: Professional aspirations over time, overall, by gender and by age



I really want to be an executive officer… Their job is to go everywhere and inspect others' work. Defending the country. This has been my wish since I was little… I want to get married after I pass my intermediate exams. After marriage, if my in-laws allow me to continue my studies, I want to study up to university. After I finish my studies, I will become an executive officer. If I can't do that, I will help my sons and daughters do that. What I could not do myself, I will make my children do.

A 20-year-old young woman showed a preference for delaying marriage and, pending her future husband's approval, would like to work. However, it was clear that husbands still hold the ultimate decision-making power over their wife's wishes because she stated:

Maybe after five more years [she will get married]. *A girl needs to learn a lot of things* [before marriage]. *It's not easy to adjust from one family to another… I want to learn sewing properly. I'm thinking I could tell my husband that I want to learn this and request him to let me attend the trainings, but the rest depends on his wish.*

Other young females emphasised that they also had to navigate gender discriminatory attitudes from male siblings with regard to realising their professional aspirations. A 20-year-old young woman explained, '*I want to be a police officer. I didn't get the opportunity to work towards this goal. When I told friends, they just laughed at me… If my brothers hears, he won't take it seriously.*'

Males also saw a correlation between marriage and work, preferring to delay marriage in order to pursue education and professional dreams. A 23-year-old young man stated, '*I don't want to get married now. I haven't thought about how old I want to be when I get married. I will complete my honours and go abroad. I will go to Saudi Arabia to see my brother.*' Pursuing work abroad was a recurring theme among boys and young men, who believe travelling overseas brings additional work possibilities. A

15-year-old adolescent boy shared his aspirations and the pathways he'd like to put in place to get there:

> *I first wanted to become a software engineer. Now that's changed. You need to know ICT [information and communications technology], be skilled in computers, and have knowledge in science. I took science because my father was abroad, but I realised it needs lots of private tuition, which I couldn't afford. I couldn't give much time to studies, but I managed to pass exams.*
>
> *Now my dream is to go abroad for myself. I won't be able to go to European countries right away, so first I'll go to an Arab country where my uncles live. After 2–3 years, I'll move to Europe. I also want to do something in e-commerce. There are various sites and known projects. I know two brothers from Pakistan, they're not my blood brothers – I just know them online. They have universities and teach about e-commerce, cryptocurrency online. I follow them. I want to enrol in their courses. They show the path they followed to become successful. I want to meet them someday. They don't live in Pakistan. One lives in America, the other in Dubai. I can't go to America now. After my exams, there's an interview for a restaurant job. If I get selected, I'll go abroad to work. If I pass the interview, they'll take me to Dubai for free.*

Economic hardship for boys emerged as the main obstacle for fulfilling professional aspirations. A 16-year-old adolescent boy who dream of starting a business stated, '*Everyone dreams of having their own business. If I get the opportunity, I'd like to start something small. The biggest obstacle is poverty – that's the biggest challenge.*'

Livelihoods and paid work

The endline survey found that 22% of young people had worked in the past 12 months, with significant variation by age and gender. Young men were most likely to have worked in the past 12 months (52%), followed by adolescent boys (30%), young women (15%), and adolescent girls (3%). Young people with disabilities were significantly less likely to have been working than those without (7% versus 34%). Figure 47 summarises these patterns.

Among young people who had worked in the past 12 months, 91% had worked in the past 7 days. On average, young males who had worked in the past 7 days worked 44 hours and young females worked 19 hours. Among young males who were working, 45% work in non-agricultural wage labour, 38% work in selling goods or services, 18% engaged in agricultural work, 9% engage in other forms of paid work.

A fifth (20%) of young people had ever been enrolled in a skill-building class, with young females more likely to have enrolled in a skill-building class than young males (26% versus 12%), with the gender gap consistent across age cohorts. Among young females who engaged in skill building, tailoring was the most common skill learned in these classes (70%); among young males who engaged in skill building, computer classes were the most common (59%).

Among the panel sample, engagement in paid work has increased over time: at baseline, 17% of young people reported working in the past 12 months compared to 22% at endline. Increases in employment were driven by increases among adolescent boys (20% at baseline, 24% at midline, and 31% at endline), whereas among young men, the likelihood of employment in the past 12 months was stagnant over time (see Figure 48).

Figure 47: Engagement in paid work in the past 12 months, overall, by gender within age cohort and disability status

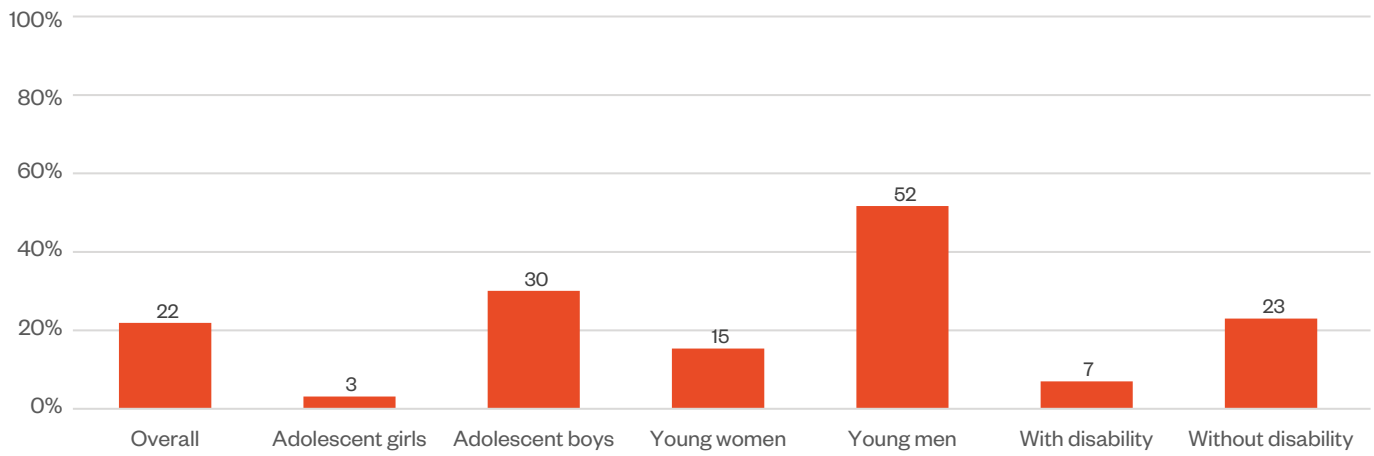
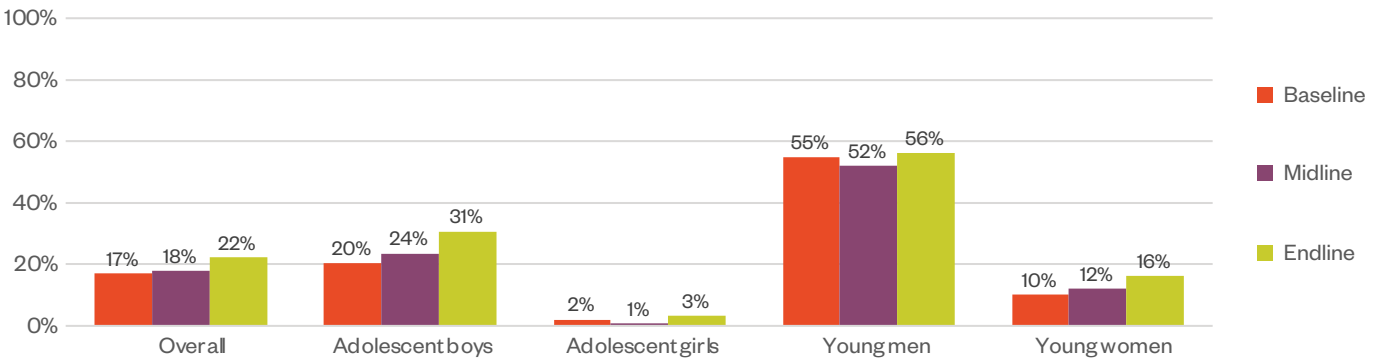


Figure 48: Paid work in the past 12 months over time, overall and by age cohort within gender



Livelihood options for young people were strongly influenced by their gender. Consistent across qualitative interviews, girls and young women generally worked within the household – something they viewed with resignation. A 17-year-old married adolescent girl shared, '*I have always worked at home and have never worked outside to earn money. None of my sisters do any work that earns money. But brothers do things like that to earn money.*' A father from Ukhia reported that one does not see girls doing work often, especially Muslim girls, saying, '*Very few work in NGOs. Muslim girls do less, but some Borua* [Buddhist] *girls do* [work in NGOs].'

Very few adolescent girls and young women mentioned earing money outside the home, and those that did were most likely a result of being signed up to training courses with stipends. A 21-year-old married young woman explained:

> *Yes, I did side work while studying, I did sewing. I earned about 800 taka* [approximately 5 GBP] *per month. I learned at 13 or 14 years old, but I didn't learn it well. They paid for attendance, so I went every day to get the wages. It* [paid training] *was available when I was 13 or 14. Now it's not available.*

Adolescent boys and young men more often reported engaging in paid labour, even during their school-going years, particularly manual work in fields, construction sites, in family-run shops and other small trades. A 16-year-old adolescent boy mentioned, 'Yes I get paid, I do mason labour work.' Consistent across all interviews was the non-contractual and ad hoc nature of the work young males did. It was also consistent that at least a significant proportion of young males' wages went to support their family. A different 16-year-old adolescent boy recounted:

> *I once sold SIM cards for Robi company. We got SIMs from the company and sold them to people in the market. That was my job experience. I started a year ago. I had to work 7–8 hours daily. These are not permanent jobs, they're temporary, like 15–20 day events. I earned round 350–400 taka* [2-3 GBP] *per day. The job involved talking to people and convincing them to buy SIM cards with different offers. The experience of communicating and persuading people was something I liked. My family supported this – what would they say? I was earning money, they had no objection. I gave some of my money to my family and spent some for myself.*

With regard to child labour, there were mixed impressions and views. Although most participants seemed knowledgeable about the practice, others seemed never to have heard of it. Overall, however, it is viewed as a mandatory coping mechanism for people who are very impoverished, and young people seem to treat this with some contempt. Yet another 16-year-old adolescent boy crystallised this sentiment:

> *Child labour means kids working at tea stalls, autorickshaws, or other shops – they are all doing child labour. It's very common. Kids from poor families start working at a young age. Some work at tea stalls, some as domestic workers, some in shops, or they drive auto-rickshaws. Some work in brickfields.*

With regard to paid work and livelihoods prospects, adolescent boys and young men largely agreed that if their financial circumstances would have permitted, it would be much preferable to study till later grades rather than rushing to earn. If given the opportunity, most males mentioned hoping to let their siblings study longer and hoping to allow their own children better educational trajectories. A 17-year-old adolescent boy recounted:

> *If there were no financial hardship at home, I could study* [and return to school because] *I have a strong desire to*

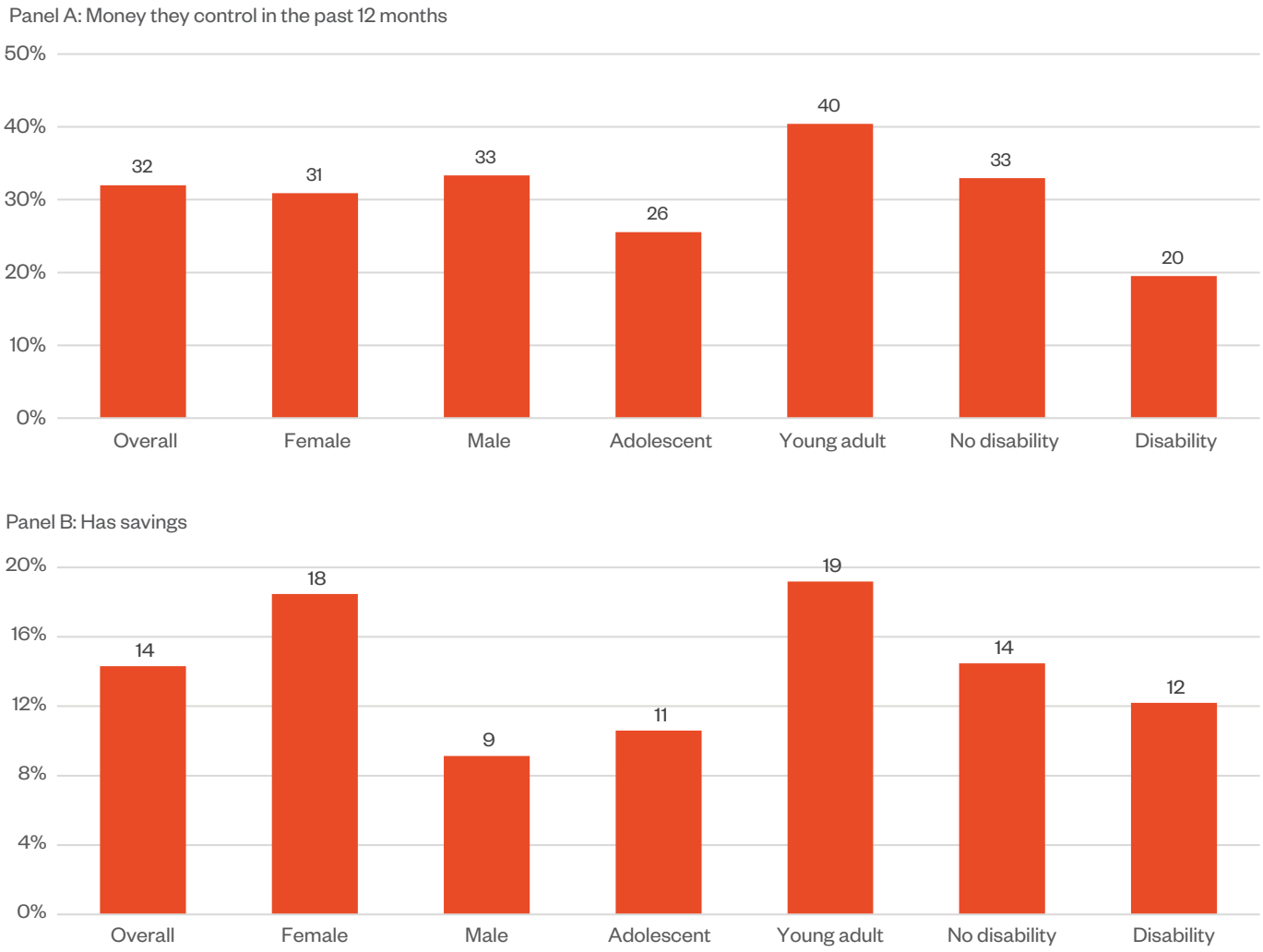
study. I got a stipend and free books [to study] *but that money wasn't enough. So I work at a salon, my father has a share in it. I've been working here since 2022, about 14 to 15 hours daily. It allows me to earn money quickly. I cut hair and do shaving. I enjoy cutting hair. My family supports me working, they have many debts. I have to help manage those. I will try to make sure my siblings' experience is different from mine. I will try to make sure they can study. If I had a son and a daughter and could only afford to educate one, it would be my daughter. So that I can arrange her marriage into a good family.*

Access to assets and financial education

At endline, a third of young people (32%) reported that they had money they controlled in the past 12 months. There were no differences by gender, but young adults (40%) were significantly more likely to have money they control than adolescents (26%). Young females were twice as likely as young males to report having any savings (19% versus 9%). Young adults (19%) were also more likely than adolescents to report having savings (11%). Young people with disabilities were significantly less likely to have had money they controlled compared to their peers without disabilities (20% versus 33%) and were less likely to have any savings (12% versus 15%*). Figure 49 summarises these patterns.

Reflecting the quantitative findings, qualitative interviews showed that few adolescents had ever received any kind of financial education; their only knowledge or understanding of finances had been passed down from their parents or friends. A 20-year-old young woman with a disability n*oted, 'Yes, I know how to save money, my mother taught me.*' A 16-year-old adolescent boy with a disability said, '*No, I never thought about saving and financial literary, I spent all the money. I couldn't save anything due to lack of earning. But everyone can teach you that – friends, family*.' and an 18-year-old adolescent boy also confirmed, '*It would be It would be my parents and friends to teach me about capital and savings. I would have liked to learn mostly from my parents – they did tell me, but I didn't follow their advice*.'

Figure 49: Financial inclusion overall, by gender, age and disability status



Conclusions and implications for policy and programming

Adolescents and young people in the Ukhia and Teknaf upazila host communities represent a vulnerable population – one that is navigating constrained access to education, skills development and decent work opportunities. Economic hardship, combined with entrenched gender norms, continues to drive school dropout, child labour and child marriage, while limiting meaningful youth participation in community decision-making. Although primary school enrolment remains widespread, progression to secondary education is uneven and declining, especially among boys. Financial pressures are the dominant driver of dropout, although parental attitudes toward education play a decisive role in shaping retention. For girls, child marriage remains a critical factor disrupting education. Adolescents with disabilities face compounded exclusion due to stigma, inaccessibility of facilities, and lack of tailored support.

These constraints intersect with broader challenges to the well-being of adolescents and young people. Many households experience food insecurity, with young people frequently describing hunger and difficult trade-offs around nutrition, healthcare and basic needs. Livelihood opportunities for young people are often informal, low-paid and unstable, with earnings contributing to household survival rather than long-term sustainability, planning and savings. Adolescents also face significant barriers in accessing accurate information on puberty, menstruation and contraception knowledge and uptake, particularly unmarried girls, and this is reinforcing cycles of vulnerability. At the same time, community-level risks, including violence and substance abuse, continue to shape young people's daily realities, even as services and referral systems show signs of improvement in terms of availability.

Despite these challenges, young people also demonstrate resilience and continue to articulate hopes for education and employment (particularly those who remain unmarried). There are also emerging signs of shifting norms, including greater shared decision-making in family planning within marriage, and increased visibility of efforts to prevent child marriage. Family networks remain a critical source of emotional and practical support, often serving as the primary safety net in the absence of broader safety net systems. Expanding inclusive education pathways, strengthening social protection, and creating meaningful opportunities for youth engagement will be essential to leverage this potential. Targeted investments for adolescents with disabilities, married girls and the poorest households, will ensure that young people are not only protected from risk, but have opportunities to contribute to more cohesive and resilient communities.

Taken together, the GAGE endline findings underpin the following key recommendations for policies and programming to support young people, set out by domain.

Adolescent girls in class, Chittagong, Bangladesh © Nathalie Bertrams/GAGE 2026

Education

- Reduce financial barriers to improve school retention and completion: Expand financial support mechanisms for economically vulnerable households, including scholarships, stipends and labelled cash transfers linked to school attendance. Complement these with household-level economic strengthening initiatives (such as access to credit and re-skilling programmes) to alleviate pressures on adolescents (particularly boys) to drop out of school in order to earn an income to support the family, and with awareness-raising sessions with parents to underscore the value of education especially in the context of rapidly evolving economies.
- Prevent and respond to child marriage and enable already-married girls to re-enter education: Scale up interventions that delay age at marriage, including community engagement around gender norm change and enforcement of legal frameworks, alongside targeted support (such as childcare) for already-married adolescents so that they can resume and continue schooling.
- Strengthen inclusive and flexible education pathways for young adults and marginalised groups: Prioritise retention and re-engagement strategies for young adults, especially young men, through flexible, part-time and vocational education options aligned with labour market needs.
- Invest in inclusive education systems by improving accessibility, teacher training, and providing tailored support for young people with disabilities. Community-based initiatives should also address parental attitudes and reinforce the value of education for all young people, to sustain enrolment and learning progression.
- Improve learning outcomes: Invest in school capacity, strengthening teacher quality and training (including inclusive and non-violent practices), and expand free supplementary learning support through partnerships with NGOs.

Health, nutrition, and sexual and reproductive health

Prioritise investment in integrated food security and nutrition support for vulnerable households: Expand targeted food aid and cash transfers for food-insecure households, ensuring adolescent health is part of the set of priorities. Complement this with nutrition programming and education to improve dietary diversity and reduce negative coping strategies.

- Strengthen adolescent health education, including nutrition, physical activity and substance abuse: Invest in comprehensive, gender- and age-sensitive life skills and health education that promotes balanced diets, the importance of physical activity, and awareness of the risks of substance use. Community- and school-based interventions should address social norms and link substance use to broader risks, including intimate partner violence.
- Improve menstrual health and puberty education through schools and health systems: Ensure that adolescent girls receive accurate, timely information on puberty and menstruation before menarche by integrating menstrual health education into school curricula and provide boys with information on how they can support their sisters and female peers in an effort to eradicate stigma associated with menstruation. Strengthen the role of teachers and health workers and expanding curated digital and app-based content and uptake. Continue to monitor access to affordable menstrual products and water, sanitation and hygiene (WASH) facilities in schools and public places in the community.
- Scale up equitable access to sexual and reproductive health (SRH) information and services: Invest in adequately staffed and resourced adolescent- and youth-friendly SRH services and comprehensive sexuality education for unmarried and married girls and boys. Programmes should promote informed and shared decision-making in family planning, particularly within marriage, while improving access to contraception and addressing gender norms that limit young women's autonomy.

Bodily integrity

- Expand parenting education programmes for parents and caregivers: Efforts should focus on non-violent discipline in the home, improved parent–child communication and addressing harmful gender norms that normalise gender-based violence and blames survivors. Programmes should also be extended to young mothers and fathers to support intergenerational messaging.
- Strengthen inclusive protection, risk mitigation and support services for young people with disabilities: Programmes should include targeted outreach so that young people with disabilities know how to access relevant services, and couple this with research and

Friends in school, Chittagong, Bangladesh © Nathalie Bertrams/GAGE 2026

evaluation work to understand patterns of service uptake. Additionally, prioritise wider community violence prevention, sensitisation and risk mitigation measures, including the promotion of night-time watch-groups, so young people with disabilities can enjoy increased safety at home, in school and in the community.

- Intensify child marriage prevention and response efforts through coordinated government and NGO programming: Programming should strive to propose stronger enforcement of existing laws, and community-based engagement (e.g., awareness campaigns, local leaders, and watch groups), understanding the context-specific entry-points (i.e. dangerous health effects resulting from child marriage and adolescent pregnancy) for successful campaigns.
- Continue to promote awareness of available, confidential services for married young women experiencing violence: Expand accessible reporting and support mechanisms for intimate-partner violence and in-law violence that encourage help-seeking among young people. Ensure that young people are aware that services are confidential and survivor-centred, including through media and social media campaigns, community meetings and through engagement with religious and community leaders

Psychosocial well-being and voice and agency

- Improve young people's access to quality psychosocial support: Raise mental health awareness through media and social-media campaigns, expand diverse support services (including school- and community-based care), strengthen schools' role through education and counselling, training teachers to support students' well-being and emotional resilience with low-cost interventions such as Growth Mindset and Girl Rising which have been evaluated in the Bangladesh context. Include suicide prevention modules to mitigate young people's high risks, and train teachers and healthcare workers how to identify risk profiles and make referrals to specialised services as needed.
- Strengthen parents' ability to support adolescents by expanding inclusive parenting education (covering non-violent discipline, communication, emotional resilience, and gender norms), delivering programmes through community and religious institutions, especially for caregivers of children with disabilities.
- Provide young people, especially young females (including those who are married) and those with disabilities, with opportunities to spend time with peers and trusted adults (e.g. through safe space programming) and expose them to role models and

programming aimed at fostering self-confidence and voice.

- Scale up targeted mental health and resilience programming for young mothers through tailored psychosocial support, outreach, and safe spaces that address their elevated risk of emotional distress while providing childcare services to encourage participation.
- Strengthen inclusive, disability-responsive psycho-social support services: Ensure accessibility, outreach and specialised support for adolescents with disabilities who face higher risks of distress and lower help-seeking, as well as for their caregivers through community health work cadres.
- Invest in gender-responsive parenting programmes that leverage young people's relative openness to discuss sensitive topics including child marriage, marriage practices and puberty, with their parents. Initiatives should reach both mothers and fathers, accounting for their respective roles in discussing sensitive topics and providing emotional support to both males and females.
- Invite young people to attend community meetings and expand opportunities for them to volunteer in the community. These could be organised through schools, mosques, NGOs, or Youth Centres and should allow young people input into identifying problems and solutions, not only carrying out work.

Economic empowerment

- Integrate social protection with education and livelihoods pathways: Leverage existing platforms (education stipends and safety net programmes) to more proactively link young people with school retention, skills development and employment services rather than creating new schemes.
- Embed low-cost skills-building and career readiness into existing systems: Incorporate practical skills training and mentorship into schools and community programmes to address financial and skills-related barriers. Ensure that options take into account restrictive gender norms especially with regard to mobility within the community.
- Strengthen transition pathways from learning to earning: Leverage existing community structures and programmes to support school-to-work transitions through internships, apprenticeships and job matching, with targeted outreach to young women, who have low rates of workforce participation. Emphasise gradual engagement in income-generating activities that can be combined with continued education where possible.
- Provide information on safe migration routes and for those who opt for international migration opportunities ensure that they have access to skills training and guidance regarding legal contracts so as to minimise risks of exploitative labour markets in destination locations.

Students outside of class, Chittagong, Bangladesh © Nathalie Bertrams/GAGE 2026

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Gender and Adolescence: Global Evidence (GAGE) is a decade-long (2016-2026) longitudinal research programme generating evidence on what works to transform the lives of adolescent girls in the Global South. Visit www.gage.odi.org for more information.

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