An Assessment of the Advancing Adolescent Health Program in Bangladesh

March 2020

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Cover

Adolescent girls attend an A2H life-skills session in Bangladesh. Photo: Anadil Alam

Key words

Adolescent health, sexual and reproductive health, early marriage, family planning, life skills

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ABBREVIATIONS

A2H	Advancing Adolescent Health
AFHS	adolescent-friendly health services
AL	adolescent leader
ANC	antenatal care
BCC	behavior change communication
CC	community clinic
CF	community facilitator
ESDO	Eco-Social Development Organization
FGD	focus group discussion
FP	family planning
FWC	family welfare center
FWV	family welfare visitor
HA	health assistant
icddr,b	International Centre for Diarrhoeal Diseases Research, Bangladesh
IDI	in-depth interview
IR	intermediate result
KII	key informant interview
KAP	knowledge, attitudes, and practices
MCWC	maternal and child welfare center
NGO	nongovernmental organization
PNC	postnatal care
RTI	reproductive tract infection
SACMO	Sub Assistant Community Medical Officer
SRH	sexual and reproductive health
STI	sexually transmitted infection
UHC	Upazila Health Complex
UHFWC	Union Health and Family Welfare Centre
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

The Advancing Adolescent Health (A2H) program was funded by the United States Agency for International Development (USAID) and implemented by Plan International in all the eight upazilas of Rangpur District from January 2016 to January 2019. Plan International collaborated with two local nongovernmental organizations (NGOs) to implement A2H: The Eco-Social Development Organization (ESDO) and World Mission Prayer League's LAMB Hospital—popularly known as LAMB Hospital.

Advancing Adolescent Health Goal and Intermediate Results

The goal of A2H was to improve adolescent sexual and reproductive health (SRH) and family planning (FP) knowledge and access and use of related services for married and unmarried adolescents. The A2H project operated based on the assumption that improving adolescents' knowledge of SRH and access to SRH services within a broader enabling environment would achieve three intermediate results (IRs): delay age at marriage; delay first birth and improve birth spacing among adolescents; and improve adolescents' SRH behavior.

Interventions

The three major A2H intervention components follow: (a) foundational life-skills education for unmarried and married male and female adolescents ages 10–14 and 15–19 years; (b) orientation sessions for community and family gatekeepers (parents and in-laws); and (c) establishing and/or strengthening adolescent-friendly health services (AFHS) and training of healthcare providers. Advancing Adolescent Health operated through community platforms, each containing approximately 1000 adolescents. A platform was divided into 40–45 groups, each with 15–25 adolescents. There were 267 community facilitators (CFs) who conducted one-hour life-skills education sessions, stratified by age, sex, and marital status of the adolescents. Over a period of about two months, each 10- to 14-year-old participant was offered five sessions and each 15- to 19-year-old participant was offered eight sessions. The CFs also conducted orientation sessions for parents and guardians of adolescents, and influential community members. A2H recorded a total of 307,914 adolescents who received life-skills education and 53,702 parents and community leaders and 4,830 religious leaders who received orientation on the engagement of youth and promotion of SRH, including delaying age of marriage. One hundred sixty-eight public facilities were made adolescent-friendly through provider training, infrastructure improvement, and enhancement of logistic supplies.

Assessment Design

The USAID-funded projects Research for Decision Makers (RDM), based at the International Centre for Diarrhoeal Diseases Research, Bangladesh (icddr,b), and MEASURE Evaluation, based at the University of North Carolina at Chapel Hill (USA), conducted a household survey from July–September 2018 (almost at the end of the program) among 8,501 girls ages 15–19 years from the two selected program areas (Rangpur Sadar and Mithapukur Upazilas) and 3,005 similar girls from a comparison area (Nawabganj Upazila, in Dinajpur District). For the program area, the survey was done in villages where the A2H program was implemented in its initial year, and thus the communities were exposed to interventions for about one year. The comparison area was a neighboring district that was comparable in terms of marital practice and socioeconomic conditions.

In the A2H program area, along with the quantitative survey, qualitative data were collected through in-depth interviews (IDIs), focus group discussions (FGDs), and key informant interviews (KIIs) of unmarried and married females ages 15–19 years, unmarried males ages 15–19, husbands of married adolescent girls, parents and guardians of adolescents, and influential community members. In addition, a health facility assessment was done in public health facilities in the two A2H program areas and the comparison area.

Findings

Participation in the Advancing Adolescent Health Program

- Older girls were less likely to participate in the program than younger girls. Among unmarried girls, those from poorer households were more likely to participate than those from relatively richer households. But among married girls, the pattern was opposite; the more educated or richer tended to have higher participation. Married girls with no children were more likely to participate compared to those who had children.
- Overall, only 38 percent of unmarried girls ages 15–19 years participated in at least one A2H program sessions. Among those who attended any session, only 17 percent attended all the eight sessions. Only 13 percent of 15- to 19-year-old married girls attended any A2H program session.
- Some key community and family circumstances influenced adolescents' participation in life-skills education sessions. The participation of parents (husbands in the case of married adolescents) in the gatekeepers' meetings; positive community attitudes towards life-skills education sessions; community facilitators' motivational skills and their acceptance in the community; and adolescents' own interest and motivation also positively influenced attendance of life-skills education sessions.
- Discontinuation of attendance of A2H program sessions was high. The following reasons were given most frequently for dropping from sessions: irregularity of session timings and short notice about when sessions will occur (inconvenient session timing was an issue for school-going adolescents). Married girls' low level of participation was associated with their busy household chores and issues relate to seeking permission from parents-in-law to attend sessions. Some girls reported distance as a reason for session discontinuation.

Delay Age of Marriage

- Knowledge of legal age of marriage was nearly universal among adolescents, irrespective of program participation and area of residence. Preferred age of marriage of 18 years or older was also nearly universal for unmarried 15- to 19-year-old girls in A2H and comparison areas.
- In A2H program areas, a higher proportion of unmarried adolescents (82%) preferred to marry at age 20 or later, compared to those in the comparison area (70%). Confidence among adolescents in their ability to negotiate with parents to delay marriage was higher in the A2H program area. Forty-four percent of unmarried girls in the A2H program areas were confident that they could successfully negotiate to change parents' preference towards a later age of marriage, if their parents preferred an earlier age of marriage. In the comparison area, 29 percent of adolescents responded that they could negotiate successfully.
- Qualitative data indicate that in the A2H program area, adolescents were successful in delaying early marriages through negotiations with family members and engaging influential community members and local government representatives. For example, three out of 10 girls participating in IDIs reported that they postponed four marriages in total including their own. Two out of 10 participating boys reported in IDIs that they helped postpone two marriages.

Delay of First Birth and Space between the First and Second Births

- Knowledge about at least three modern FP methods and knowledge about at least one source of FP methods were almost universal among adolescent girls (married and unmarried) in program and comparison areas.
- Participation in the A2H program increased unmarried adolescent girls' confidence in the discussion and use of contraception in the future. Three-quarters of unmarried adolescent girls living in the program area were highly confident about discussing FP with their husband in the future, compared to 69 percent in the comparison area. Within the program areas, A2H participants had higher confidence compared to nonparticipants (78% versus 72%).
- Unmarried adolescent girl participants were most likely to be confident about future use of FP. Seventy-four percent of A2H program participants said that they were highly confident that they will use FP in

the future, compared to 64 percent of unmarried nonparticipants and 65 percent of unmarried adolescents in the comparison area.

- Contraceptive use was high among married 15- to 19-year-old girls, 65 percent (59% modern methods and 6% traditional methods) in both A2H and comparison areas.
- A notably higher proportion of A2H married girl participants (67%) preferred childbearing at 20 years or older compared to 49 percent of married nonparticipants and 37 percent of those who live in the comparison area.
- Preference for spacing of two or more years was high among married female adolescents who had at least one living child. Almost all married respondents who had had at least one living child during the survey preferred birth spacing of at least two years (97%). However, there was no difference in these preferences across program and comparison areas, indicating high awareness about the risks of short birth spacing both in the program and comparison areas.

Improve Adolescents' Health Behavior

- Use of public health facilities that were made adolescent-friendly was low in the A2H program area, both for A2H participants and nonparticipants. Health facilities in the comparison area—which were similar to those in the program area but were not made adolescent-friendly—was similar, indicating no program effect on the use of health services by adolescents.
- There were no differences in knowledge, attitude and practices (KAP) about menstruation; perceptions about gender norms; or perceptions about measures to be taken for sexual harassment between participants, nonparticipants, and members of the comparison group, implying that the A2H program may have had no effect on these issues.

Strengths and Limitations of the Assessment

This assessment is based on a one-time survey, which is a limitation. The cross-sectional survey in program and comparison areas conducted close to the end of project interventions allows us to identify adolescents who participated in the life-skills interventions and compare them to nonparticipants on key outcomes, and the mixed methods allow us to contextualize findings. However, this design does not allow us to examine change over time. It is possible that adolescents who chose to participate in the program interventions had different attitudes and outcomes before the interventions than those who did not participate, so differences in outcomes between the groups cannot be definitively attributed to program effects. The community was only exposed to interventions for two years, which is a short period to affect longstanding social norms.

Discussion, Policy Implications, and Recommendations

Discussion

Knowledge about legal age of marriage for girls was almost universal in the program and comparison areas alike, which may indicate wide dissemination of information about the legal age of marriage by the government and national and international agencies.

Almost all adolescent girls preferred to marry at age 18 or later, but they perceive that their parents prefer to marry off their daughters at earlier age. The design of the assessment limits conclusions about whether the A2H program delayed age of marriage. However, data from qualitative investigation and A2H's management information suggest that a number of adolescent marriages have been postponed because of A2H initiatives. Data also indicate that A2H program participants had greater confidence that they could negotiate with guardians to delay their own marriages, compared to those not exposed to A2H program. A2H program interventions seemed to have been able to create an enabling environment that was conducive to initiating a positive change towards postponement of early marriages. Adolescents seemed to have learned negotiation skills to engage their parents or guardians and community, when necessary, to delay marriages. The A2H program field implementation was for less than two years, and it is difficult to change social norms within

such a short span of time. Yet, A2H program data suggest the beginnings of changes that would lead to delaying age of marriage.

The findings show no short-term effect of A2H program on initiation of childbearing or birth spacing. The proportion of married adolescents who have become mothers were the same in both A2H program and comparison areas. Contraceptive use rate was also the same in both the areas. Preference for birth spacing among married adolescent girls was similar in program and comparison areas, suggesting that A2H interventions were not effective in motivating married adolescents to practice birth spacing. Contraceptive use was already quite high at about 65 percent in both A2H and program areas.

Improving adolescents' health behavior as measured by the indicator—percentage of adolescents visiting adolescent-friendly health facilities during their healthcare-seeking—does not show any effect from the A2H program. The lack of improvement in use of AFHS in the program area may be associated with the existing health systems weaknesses.

Policy Implications

There is little evidence on the effectiveness of interventions to delay early marriage in Bangladesh or elsewhere. A2H provides some of the best evidence so far on what works. The A2H program seems to have generated a momentum of social change to tackle early marriage in Rangpur. The program organized adolescents and engaged parents, guardians, and influential community members in reducing the incidence of early-adolescent marriage. A program similar to A2H, with some modifications, has a potential for reducing the incidence of teenage marriage in Bangladesh.

Recommendations

An adolescent health program like A2H, with some modifications, may be implemented to reduce the incidence of early teenage marriage in Bangladesh. For A2H, community mobilization through engagement of parents, guardians, and influential community members alongside adolescents was the key to success.

- The number of life-skills training sessions may be reduced to encourage maximum attendance. The program should emphasize topics that have the potential to improve knowledge and change practice.
- The sessions may be conducted at school for those who are still in school (after-school sessions) and at the community for those who are dropped from school. This strategy is likely to provide convenience to session attendance and thus increase the level of participation and continuation of the participation in all the sessions. Sessions should be planned, and participants be notified, well in advance.
- Investing in making existing health facilities adolescent-friendly does not seem to be associated with increased use of services. Attention should be given to understand the health service needs of adolescents and the best way to meet those needs.
- Programs such as A2H should be given sufficient program implementation time to see visible impact on socially ingrained practices like delaying age at marriage.

INTRODUCTION

Bangladesh has approximately 36 million adolescents, ages 10–19 years, making up more than one-fifth of the total population (Bangladesh Bureau of Statistics, 2015). Although the health and well-being of this group is critical to the country's future, issues surrounding SRH remain a cultural taboo, especially for unmarried adolescents. Adolescents in Bangladesh, as in many countries, often enter their reproductive years poorly informed about SRH issues, without adequate access to SRH-related information or services (Ainul, Bajracharya, Reichenbach, & Gilles, 2017).

There have been several attempts to address adolescent SRH issues in Bangladesh, but these programs were often not well-documented or evaluated, which makes it difficult to understand what worked well and what did not (Ainul, et al., 2017). There is thus a need to understand which approaches can improve adolescents' knowledge of SRH issues and their access to and uptake of services, and there is a need to identify gaps in programming, knowledge, and practice in the Bangladesh context.

Advancing Adolescent Health Project Description

The A2H project implemented by Plan International and supported by USAID/Bangladesh, aimed to address SRH needs of adolescents in Rangpur District. The A2H project was designed based on the assumptions that improving adolescents' SRH knowledge and access to services within a broader enabling environment would achieve three IRs[1]: delay age at marriage; delay first birth and improve birth spacing among adolescents; and improve adolescents' SRH behaviors. The three IRs and corresponding sub-IRs are presented below:

IR1: Delay age at marriage

IR 1.1: Increased self-efficacy, negotiation skills, and decision-making power among adolescents regarding appropriate age of marriage

IR 1.2: Increased community support for delaying age at marriage and investing in adolescents

IR 1.3: Improved knowledge on benefits of delaying age of marriage and gender norms among adolescents and their gatekeepers

IR 1.4: Increased exposure to platforms/messages for delaying age of marriage

IR2: Delay first birth and improving birth spacing among adolescents

IR 2.1: Family planning knowledge improved among adolescents (including discussions, intention, and use)

IR 2.2: Improved enabling environment by community gatekeeper engagement for delaying age at first birth and healthy birth spacing

IR 2.3: Improved attitude and knowledge to delay births

IR 2.4: Increased exposure to platforms/messages for delaying births

IR3: Improve healthy adolescents' sexual and reproductive health behavior

IR 3.1: Increased use of reproductive health (RH) services among adolescents

IR 3.2: Improved knowledge about the SRH services

IR 3.3: Increased availability of adolescent-friendly sources of services and information

[1] Advancing Adolescent Health (A2H) Performance Monitoring Plan (PMP), updated November 16, 2016

The A2H project had three major intervention components: (a) life-skills education for unmarried and married adolescents, (b) orientation sessions for community and family gatekeepers (parents and in-laws), and (c) capacity building of government health service providers and strengthening AFHS. There were three different types of target group: (a) male and female adolescents ages 10–19 years; (b) parents, parents-in-law, husbands of married adolescents, community people, and community leaders; and (c) health service providers.

Delivering SRH and foundational life-skills information to unmarried and married adolescents (ages 10–19 years) through adolescent community platforms was one of the key interventions of the A2H project. The platforms were safe spaces provided by the community to hold meetings with adolescents and gatekeepers, including schools, madrassas, youth clubs, and other community facilities. The platforms were used to deliver life-skills education for adolescents and to hold community orientations and meetings for gatekeepers to come and learn about the project, ask questions, and identify ways to increase their engagement with the adolescents. The platforms were also being used to encourage adolescents actively seek health services and visit clinics.

Each platform had ~1000 adolescents and was run by two trained CFs, each of whom was responsible for keeping contact with adolescents. Each platform was further divided into 40–45 groups, and each group consists of 15–25 adolescents. One or two A2H adolescent leaders (ALs) for each group assisted the CFs in organizing life-skills education sessions. The CFs conducted a one-hour session (including time for open discussion) every week, and it usually took about two months to complete all the sessions for a group.

Figure 1. Advancing Adolescent Health life-skills approach

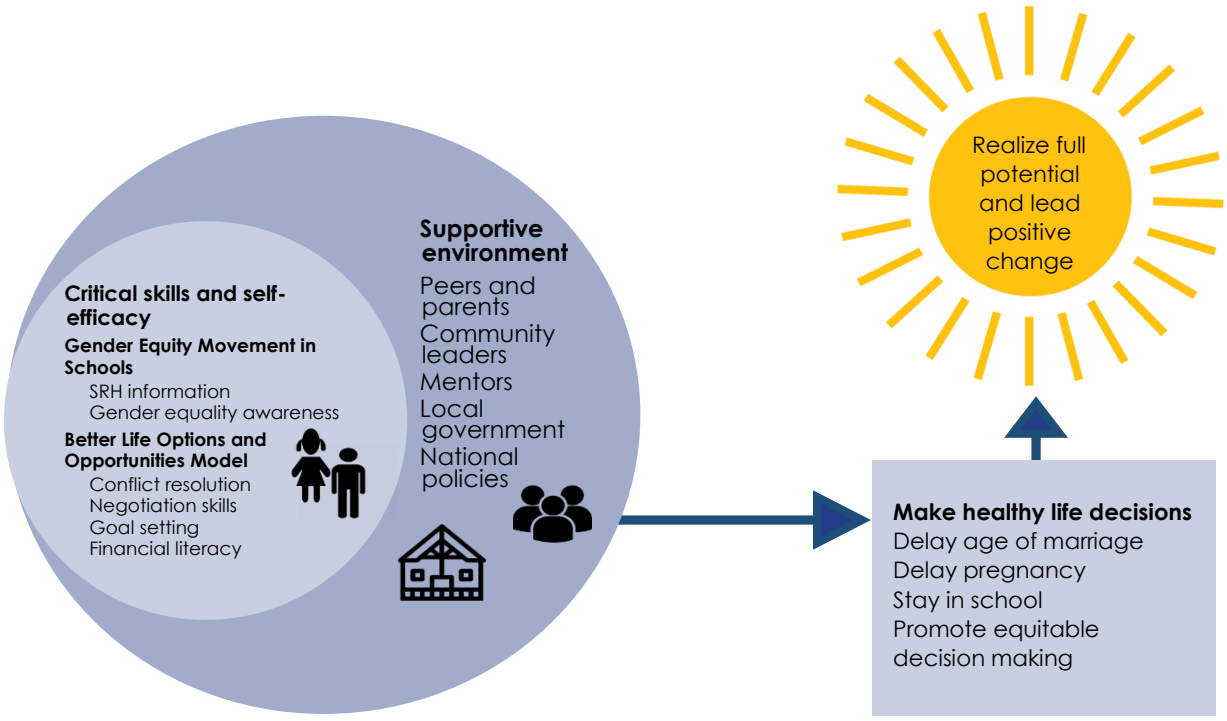


Figure 1 illustrates the A2H project's life-skills approach and its intended outcomes. The life-skills education sessions were based on the Bangladesh Ministry of Education-approved Gender Equity Movement in Schools (GEMS) curriculum, with selected modules from Plan International's Better Life Options and Opportunities Model (BLOOM) project. These sessions were delivered by trained CFs and ALs. Adolescents participating in the A2H project were expected to attend five to eight sessions (five sessions for 10- to 14-year-olds and eight sessions for 15- to 19-year-old groups). These sessions were

complemented by e-learning and gaming sessions. Attendance in group sessions was recorded using an A2H project record-keeping system. Sex- and age-segregated sessions were held. Separate sessions (topics covered in eight sessions) were held for the married adolescents. Table 1 presents the main session topics of the A2H intervention.

Table 1. Life-skills education session contents for adolescents

Unmarried boys and girls

Topics for ages 10–19

- **Your Life, Your Dream** (life goal setting and preventing early marriage)
- **Relationship** (how to manage various relationships)
- **Puberty: Your Body** (physical changes during puberty, menstrual hygiene, and misconceptions regarding menstruation)
- **Sexual Harassment** (concepts and how to handle)
- **Emotion Management** (concepts and how to handle)

Ages 10–14: Topics covered in 5 sessions

Additional topics for ages 15–19

- **I Am a Girl/Boy** (gender norms)
- **Family Planning** (types and place to get)
- **STI and HIV** (concepts)
- **Decision Making** (concepts)

Ages 15–19: Topics covered in 8 sessions

Married girls

Topics for ages 10–19

- **Early Marriage** (concepts)
- **Family Planning** (importance, types, and place to get)
- **Safe Motherhood** (importance and concepts)

Topics covered in 8 sessions

Another important focus area of the A2H project was the mobilization of gatekeepers to establish an enabling environment (Figure 1). This mobilization of gatekeepers was conducted through courtyard meetings,[2] advocacy meetings, Theater for Development events,[3] and the observation of service-linked national and international days, including World Population Day. The daylong orientation of gatekeepers included the following: (1) families of adolescents, including parents, grandparents, and in-laws; (2) community and religious leaders; and (3) institutions, including community committees (e.g., Protection Committees of Union Parishads), marriage registrars, community-based organizations, and local government officials. These gatekeepers were expected to be engaged in fostering a community-wide understanding of the negative impacts of early marriage and restrictions on adolescent SRH services, through meetings in their neighborhoods.

The A2H project also aimed to strengthen AFHS at government health facilities: maternal and child welfare centers (MCWCs), upazila health complexes (UHCs), union health and family welfare centers (UHFWCs)/family welfare centers (FWCs), and community clinics (CCs) in the project implementation areas. These facilities were expected to provide AFHS through improved access to accurate SRH information, services, and commodities; establishment of adolescent-friendly spaces in the facilities; and access to confidential, nonjudgmental counseling. The A2H project worked closely with the Directorate General of Family Planning, Ministry of Health and Family Welfare to strengthen adolescent SRH services and provide training to service providers including Sub Assistant Community Medical Officers

[2] Courtyard meetings are a popular medium for social and behavioral change communication in developing countries. In these meetings, a facilitator gathers target population in a courtyard or open space near places of dwelling holds focused discussions.

[3] Theater for Development is an initiative of UNICEF. To learn more about this, please refer to "A communication platform to promote civic dialogue within the communities in order to stimulate social debates: https://www.unicef.org/cbsc/index_62152.html

(SACMOs), family welfare visitors (FWVs), health inspectors, assistant health inspectors, and health assistants (HAs) in A2H implementation areas. A goal of strengthening AFHS in the health facilities of the A2H project sites was to create an enabling environment for the provision of SRH services to the adolescents.

The project had the further aim to establish a closer link between the adolescent members of the platforms and selected health facilities. On the supply side, this aim was achieved by improving the facilities through training of healthcare providers to ensure AFHS and the creation of adolescent-friendly spaces in the facilities. On the demand side, this closer linkage was intended to be established by encouraging adolescents to visit the strengthened clinics. To remove fear and embarrassment about clinic visits, CFs and ALs accompanied groups of adolescents to the health facilities and oriented the adolescents on the services available to them. Healthcare providers in adolescent-friendly facilities also conducted orientation sessions for the adolescents. Any adolescent seeking services was also provided with requested services. Healthcare providers were invited to serve as speakers in the life-skills training sessions, which also helped in developing relationships with providers.

Scale of the Program and Project Coverage

Plan, in collaboration with its two local partners—ESDO and LAMB Hospital—implemented the A2H project in all eight upazilas of Rangpur District including Rangpur City Corporation. While LAMB covered four upazilas (Rangpur Sadar, Kaunia, Gangachara, and Pirgacha), ESDO covered the remaining four upazilas (Pirganj, Mithapukur, Taraganj, and Badarganj) of Rangpur District. The details of the project sites are presented in Table 2. The project period was three years, from January 2016 to January 2019.

Table 2. Project sites

Implementing partner	Upazila	Number of unions	Total population*
LAMB	Rangpur Sadar	4 plus 33 wards of Rangpur City Corporation	718,203
	Gangachara	10	297,869
	Kaunia	6	227,805
	Pirgachha	9	313,319
ESDO	Pirganj	15	385,499
	Mithapukur	19	508,133
	Taraganj	5	142,512
	Badarganj	10	287,746

*Source: Bangladesh Bureau of Statistics, 2011

Advancing Adolescent Health recorded a total of 307,914 adolescents who received life-skills education and 53,702 parents and community leaders and 4,830 religious leaders oriented in the engagement and promotion of SRH, including delaying age of marriage. One hundred sixty-eight public facilities were made adolescent-friendly through provider training, infrastructure improvement, and enhancement of logistic supplies.

Objectives of the Assessment

The assessment had the following objectives:

Assess the level of program participation and factors influencing the participation:

1. Assess short-term effects of program participation on adolescents' KAP related to marriage, fertility and FP, menstrual hygiene, and use of health services

2. Assess adolescents' negotiation skills and identify factors affecting negotiation skills related to delaying age of marriage
3. Assess whether the number of sessions attended (the intensity of participation) was associated with differences in knowledge, attitudes, and practices on selected SRH issues
4. Assess the health facilities' readiness to provide AFHS

METHODS

This study was conducted using a onetime, cross-sectional, comparison design, combining both qualitative and quantitative methods. The study was conducted in two program areas and one comparison area. A household survey, IDIs, FGDs, KIIs, facility observation, and semistructured interviews with facility managers and providers were the methods of data collection. The methods were selected keeping in mind the nature of the objectives.

Study Sites

The study was conducted in two program (intervention) areas and one nonprogram (comparison) area. Rangpur Sadar and Mithapukur Upazilas were selected as the program areas and Nawabganj Upazila of Dinajpur District as the nonprogram comparison area for the assessment. Although the household survey and facility observation were done in both the program and comparison areas, IDIs, FGDs, and KIIs were conducted in the program areas only.

Taraganj, Gangachhara, Pirgachha, and Kaunia Upazilas, in Rangpur District, were not selected, because these were *char* areas surrounded by rivers, making accessibility an issue. Badarganj Upazila was also excluded because ASHIRBAD, another life-skills education program for adolescents, had been working in the area since 2015.

Nawabganj Upazila was selected as the comparison area because of its proximity to the program area of Rangpur Sadar, thus allowing easy accessibility. Additionally, Nawabganj Upazila has comparable literacy rates to that of Rangpur Sadar. To account for a possible spillover effect, we concentrated program nonparticipant selection in the western region of the upazila. Parbatipur is an example of an upazila that was not selected, because it is a semi-industrialized zone containing the headquarters for the western operating regions of the Bangladesh Railway.

Figure 2. Project assessment areas in Rangpur District

Sampling and Data Collection

Household Survey

The household survey was conducted with unmarried and married female adolescents ages 15–19 years.[4] The sample size was determined based on a standard procedure of two-proportion comparison with 95-percent confidence interval, 80-percent power, and a design effect of 1.42 (the square of which is 2.02). For the assessment purposes, it was assumed that 5 percent of unmarried adolescents (15–19 years) attempted to negotiate with their guardians about delaying marriage until age 18 in the comparison area compared to 10 percent in the program area. For the indicator, percentage of unmarried adolescents (15–18) who attempted a negotiation with their guardians about delaying marriage until age 18 in the past 12 months, a sample size of 955 unmarried girls ages 15–18 years was needed in the comparison area, which could be obtained by sampling 1,440 unmarried girls ages 15–19 years. From the program area, at least 1,440 unmarried girls were also required. However, differences between participants and nonparticipants within the program areas and whether there were any differences between "participation in 1–4 sessions" (among those who attended sessions) and "participation in five or more sessions" (among those who attended sessions) were also of interest.

Thus, assuming that there would be 50-percent participation (and that among the participants, 50 percent were partial participants), the sample size was tripled in the program area to 4,320 (1,440x3) for unmarried girls ages 15–19, to ensure a sufficient number of nonparticipants. From the two program areas, 8,640 (4,320x2) adolescent girls ages 15–19 years were required, regardless of marital status, because about half of the girls in this age group are married. Similarly, 2,880 (1,440x2) girls ages 15–19 years were needed from the comparison area. The total sample size selected for the assessment was thus 11,520 girls ages 15–19 years.

The sample households were selected from villages and mahollas where the A2H platforms were established during the initial intervention period. Villages where A2H program activities started in 2017 were purposively selected to ensure the maximum effect of the A2H intervention on the program beneficiaries. Clusters were randomly selected from the selected village/maholla using probability proportion to size [PPS] sampling. Each cluster was assumed to have 320 households. It was further assumed that, on an average, one adolescent girl 15 to 19 years old would be available in one in every six households in Rangpur District.

A survey firm was selected using standard process of selection for the household listing and survey. The household listing in the selected clusters were carried out from July 3 to September 11, 2018 in two phases. A total of 12 data collection teams, including five listers/mappers and one supervisor in each team, conducted the household listing and mapping prior to the survey. Household listing was done by complete census of the household in each cluster through house-to-house visits. In addition to name and occupation of the household head, the listers also recorded any 15- to 19-year-old adolescent in the household, and their marital status, to identify eligible respondents for the survey.

The household survey was conducted from 1 August to 6 October 2018. Two types of questionnaires (Appendix A and B) were used in the survey—one for unmarried adolescents and the other for married adolescents. The survey was conducted to examine the KAP of adolescents regarding key SRH issues such as early marriage, menstruation, contraceptives, births, and health information and services. The survey also collected information on adolescents' exposure to life-skills education sessions, their level of

[4] The target beneficiaries of the A2H program were adolescent boys and girls ages 10–19 years. However, the household survey component of the assessment was limited to unmarried and married adolescent girls ages 15–19 years only. Supplementary information was collected from adolescent boys ages 15–19 years, using qualitative methods.

participation in these sessions and reasons for participation/nonparticipation in these sessions. The survey also gathered information on adolescents' negotiation skills (e.g., negotiating with gatekeepers to get their support on delaying marriage, use of FP, and other health information and services) with their parents and other family members.

Eleven data collection teams, including five interviewers and one supervisor in each team, conducted the survey according to the research guidelines. Informed consent or assent was taken from adolescents prior to the data collection. A quality assurance team monitored the quality of the field data collection. Feedback was given to the field teams to improve the quality of data collection, if needed. All completed questionnaires were sent from the field to the Dhaka office of the survey firm for data processing and editing.

A total of 11,506 15- to 19-year-old adolescents were interviewed from the program and comparison areas in the quantitative survey. Among them, 5,680 were unmarried adolescents and 5,826 were married adolescents. Table 3 provides summary information about the number of successful interviews and response rates by type of respondents.

Table 3. Household survey sample size and response rates

Category	Sample size	Number of completed interviews
Unmarried girls ages 15–19 years		
Program area	4868	4280
Comparison area	1584	1400
Total	6452	5680
Response rate	88%	
Married girls ages 15–19 years		
Program area	5,348	4,221
Comparison area	1,896	1,605
Total	7,244	5,826
Response rate	80%	

Qualitative Study and Facility Assessment

The assessment used several qualitative methods to triangulate and supplement the information collected through the household survey. The methods used for this purpose were IDIs, FGDs, and KIIs. IDIs were conducted with program participants, program nonparticipants, program dropouts, and husbands of program participants and married adolescent girls who had dropped out of the program. Key informant interviews were conducted with program personnel from implementing NGOs (LAMB and ESDO). Focus group discussions were conducted with gatekeepers such as parents and parents-in-law of adolescents and community leaders. Some IDIs and FGDs were also conducted with 15- to 19-year-old adolescent male program participants, nonparticipants, and dropouts. We used separate guidelines for these interviews. The guidelines for IDIs and FGDs included questions related to the following topics: (a) adolescents' experiences and circumstances regarding session participation; (b) reasons for session dropout/nonparticipation and barriers and decision making to attend life-skills education; (c) the role of family, school, community, and social environments with regard to participation in life-skills education; (d) circumstances that enabled adolescents to negotiate or prohibited them from negotiating with gatekeepers to stop early marriages and, for married girls, circumstances that encouraged/discouraged negotiations with one's husband to delay first birth. A guideline was also developed to record the experiences of program personnel with the A2H program.

A total of 45 IDIs and 11 KIIs were conducted. This study followed the point of saturation as the guiding principle for conducting IDIs and KIIs. Thirteen FGDs were also conducted with 6–10 participants in each FGD and with a total of 92 participants.

To assess the extent to which facilities were adolescent-friendly, the assessment also conducted facility assessments through observation and semistructured interviews with health service providers. A facility was classified as adolescent-friendly if it met program's predefined standards for the provision of AFHS. The AFHS standards included the availability of specific adolescent-friendly behavior change communication (BCC) materials, at least one trained A2H staff member, an adolescent corner or discussion space, and the necessary essential supplies and equipment to provide health services to adolescents.

Health facility assessments were conducted in all public facilities (N=21) in the two selected A2H program sites. From the comparison site, five randomly selected public facilities were included for the assessment. Seventeen UHFWCs, two FWCs, one UHC, and one MCWC were assessed in the program areas; four UHFWCs and one FWC were assessed in the comparison area. Community clinics were not included in the assessment, because the A2H project had begun to expand its activities to the CCs at the time of the assessment. A total of 21 health service providers were interviewed from the A2H program sites and five from the comparison sites. Health service registers—e.g., a general register, register for antenatal care (ANC), delivery and postnatal care (PNC) register, FP register, and separate register maintained for adolescents in the study facilities—were examined and service statistics were collected.

Respondent Characteristics

Household Survey

A total of 11,506 15- to 19-year-old adolescent girls were successfully interviewed during the survey: 8,501 adolescents from the program area and 3,005 adolescents from the comparison area. Because the primary focus of the assessment was to ascertain the exposure of adolescents in the A2H program and to assess the short-term effects of the program on selected SRH indicators, adolescents who were either exposed to programs other than A2H and/or could not identify the program types, were excluded both from the program and comparison area groups. In the program area, 533 adolescents mentioned that they had participated in programs other than A2H; in the comparison area, 250 adolescents mentioned that they had participated in other programs. These 783 adolescents were excluded from the analysis.

Table 4 presents the background characteristics of the respondents in the program and comparison areas. It shows that a greater proportion of unmarried respondents were from younger age groups and that married respondents were more likely to come from older age groups, in both the program and comparison areas. Over 95 percent of the unmarried respondents in both the program and comparison areas had some secondary education or completed secondary education or higher. In comparison, about one-fifth of the married respondents had completed primary education at the most. Unmarried and married respondents in the program areas were almost equally likely to come from any one of the wealth quintiles. However, married and unmarried respondents in the comparison areas were less likely to be from the highest two wealth quintiles.

Table 4. Respondent characteristics among unmarried and married adolescent girls (ages 15–19 years) (n=10,723)

	Unmarried		Married	
	Program area (N=3,918)	Comparison area (N=1,203)	Program area (N=4,050)	Comparison area (N=1,552)
	Percentage	Percentage	Percentage	Percentage
Age				
15	30	35	7	11
16	26	29	14	18
17	18	15	18	20
18	16	13	29	28
19	11	8	31	23
Education				
Primary completed or less	2	1	11	8
Some secondary	52	64	65	73
Secondary completed or higher	46	35	24	19
Wealth index				
Lowest	20	21	19	23
Second	21	20	20	20
Middle	18	23	19	20
Fourth	19	22	19	22
Highest	22	14	22	16

Characteristics of Participants for the Qualitative Study

The adolescent girls and boys who participated in the IDIs were mostly between the ages of 16 and 19 years. Most of them were attending school and had completed secondary education or higher. On the other hand, married participants were not in school, and most had completed primary education only. The husbands of married adolescent girls, who had participated in the interviews (a total of 10), were 21 to 32 years old. All the KII participants were salaried employees of the implementing NGOs, i.e., Plan International, LAMB Hospital, and ESDO, and almost all of them had an undergraduate degree or higher.

There were two groups of gatekeepers who participated in FGDs; Group One contained the family members (mothers, mothers-in-law, fathers, and fathers-in-law) of the study participants, and Group Two contained respectable and influential community representatives from the locality.

Data Analysis

The household survey was conducted in two A2H program areas and one comparison area. To examine program effects, selected outcomes were compared between program and comparison areas. Because participants benefited from the interventions, but nonparticipants may also have indirectly benefited through diffusion or spillover, different key indicators were compared between three groups: (1) A2H program participants living in program areas, (2) A2H nonparticipants living in program areas, and 3) adolescents living in a nonprogram comparison area who did not report to any adolescent health programs. We used qualitative findings to complement and supplement the survey findings. Facility data were analyzed to assess the provision of AFHS by the facility.

RESULTS

In the following subsections, results are presented according to the objectives of the assessment. First, the findings related to adolescents' participation in the program are presented. Second, the findings corresponding to the short-term effects of participation on KAP in regard to selected SRH indicators such as marriage, FP, menstrual hygiene, gender roles, and sexual harassment are presented. Third, analysis of health service utilization is given. The status of provision of AFHS in the public health facilities in the program sites is also presented.

Program Participation

In this section, the socioeconomic and demographic differences in characteristics between participants and nonparticipants in the program areas and nonparticipants in the comparison areas; the level of program participation; and some factors that may have affected or influenced participation are examined.

Socioeconomic Characteristics of Program Participants, Nonparticipants, and Comparison Area Adolescents

In this section, some selected sociodemographic characteristics of adolescents in the program (both unmarried and married) who participated in the program and who did not participate are compared. The characteristics of adolescents in the comparison area are also presented.

As shown in Table 5, the age distribution of unmarried adolescents was mostly similar in the program and comparison areas. However, within the program area, adolescents who participated in the program were younger compared to those who did not participate (80% versus 69% ages 15–17 years). There are some differences in the level of education between program and comparison area. For example, a higher proportion of adolescents living in the program area have secondary education or higher compared to the comparison area. There was no difference in the socioeconomic status of adolescents, with both program and participant groups falling in the lower two quintiles; however, within the program area, program participants tend to be poorer compared to nonparticipants (46% versus 37%). Logistic regression analysis also supported these findings by indicating that the A2H program had a higher probability of attracting young and poor adolescents compared to nonparticipants.

The background profile of married adolescents is different than that of unmarried adolescents, in the program and comparison areas and among program participants and nonparticipants. Married adolescents are older in the program area compared to the comparison area. (In the program area, 39% are ages 15–17 years and 60% are ages 18–19 years, whereas in the comparison area, 49% are ages 15–17 years and 51% are ages 18–19 years.) Within the program area, program participants are younger compared to nonparticipants (53% versus 38% were 15–17 years old). There is no difference in the proportion of married adolescents living in the last two quintiles in program and comparison areas. A2H participants are relatively well-off compared to nonparticipants in the program area (34% versus 41% in the last two quintiles). These findings are supported by logistic regression analysis.

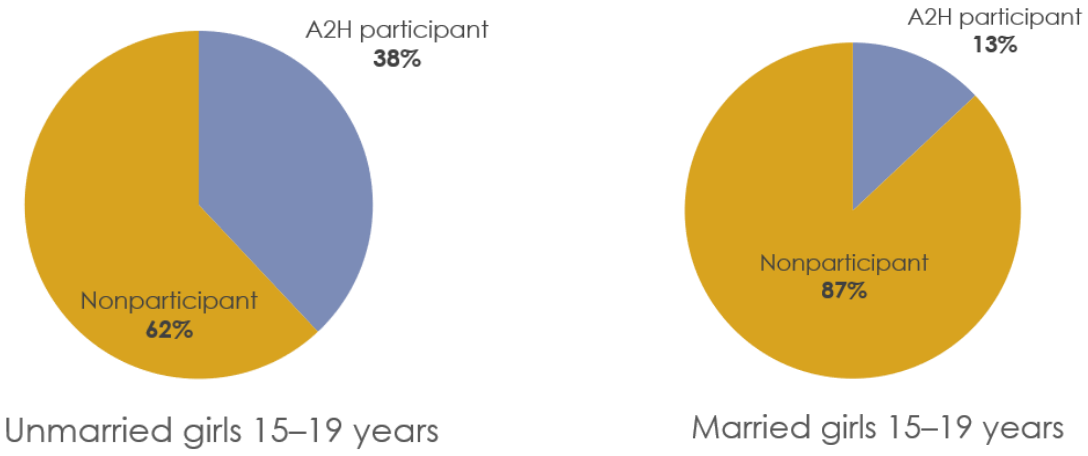
Table 5. Background characteristics of unmarried and married adolescent girls (ages 15–19 years), by program participation and comparison area

	Percentage of unmarried adolescents				Percentage of married adolescents			
	Program area			Comparison area	Program area			Comparison area
Factors	A2H participants	Nonparticipants	Total		A2H participants	Nonparticipants	Total	
Age								
15	34	27	30	35	12	7	7	11
16	28	24	26	29	20	13	14	18
17	18	18	18	15	21	18	18	20
18	12	18	15	13	27	30	29	28
19	8	13	11	7	20	33	31	23
Education								
Primary or below	3	4	4	3	8	23	21	17
Secondary incomplete	58	45	50	62	58	55	55	64
Secondary complete or higher	40	51	46	35	34	23	24	19
Religion								
Muslim	92	90	91	90	94	92	92	92
Non-Muslim	8	10	9	10	6	8	8	8
Wealth quintile								
Lowest	21	19	20	21	15	20	19	22
Second	25	18	21	20	19	21	20	20
Middle	21	16	18	23	19	20	20	20
Fourth	21	19	19	22	25	18	19	22
Highest	13	28	22	14	22	22	22	16
N	**1,633**	**2,285**	**3,918**	**1,203**	**533**	**3,517**	**4,050**	**1,552**

Level of Program Participation

Figure 3 illustrates that 38 percent of the unmarried adolescent girls ages 15–19 years and 13 percent of married adolescent girls in the same age group in the program areas participated in the A2H program, indicating that unmarried adolescents were significantly more likely to participate in the A2H program than married adolescents. Here, we define participation as the attendance of an adolescent in at least one life-skills session organized by the A2H program.

Figure 3. Proportion of unmarried and married adolescent girls (ages 15–19 years) who participated in at least one life-skills session



Session Attendance

Figure 4 shows the level of participation by the program participants. As shown in the figure, only 17 percent of A2H unmarried girl participants attended all eight sessions. Among A2H married girl participants, half discontinued after attending one or two sessions, and only 9 percent completed all eight sessions. In other words, only 1 percent of all married adolescents residing in A2H program areas participated in the eight A2H sessions planned for them.

Figure 4. Percentage of unmarried and married adolescent girls (ages 15–19 years) by level of session participation

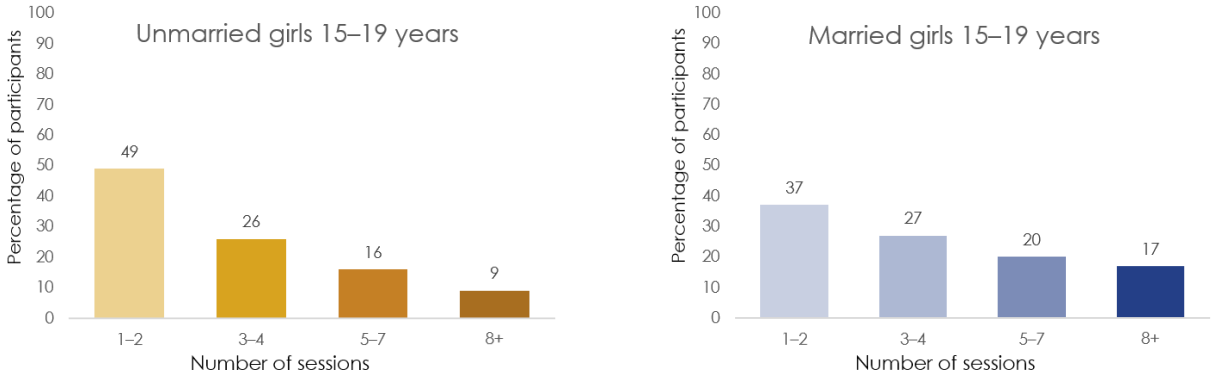


Table 6 presents the type of the sessions attended by the program participants. The proportion of adolescents who attended different sessions varies by session topic and type of participants. The most common sessions attended by unmarried participants were the Puberty-Body Change sessions (96% of the unmarried participants attended that session), followed by the Family Planning and Sexual Harassment sessions (78% and 76% attended, respectively). For married A2H participants, the most attended sessions were also Puberty-Body Change, Family Planning, and Sexual Harassment. The least attended session for both unmarried and married participants was Decision Making.

The last two columns of the table show the population-level session attendance, which indicates that between 22 percent and 37 percent of unmarried adolescents had a chance to learn about at least one of

the topics covered in the life-skills orientation sessions. For married adolescents, it was much lower, with proportions between 6 percent and 11 percent having attended a specific session.

Table 6. Session-specific participation among unmarried and married adolescent girls (ages 15–19 years)

Session title	Percentage of participants who attended a session		Percentage of all adolescents who attended a session	
	Unmarried	Married	Unmarried	Married
Your Life, Your Dream (life goal setting and preventing early marriage)	65	54	25	7
Relationship (how to manage various relationships)	64	58	24	7
Puberty: Your Body (physical changes during puberty, menstrual hygiene, and misconceptions regarding menstruation)	96	87	37	11
Sexual Harassment (concepts and how to handle)	76	70	29	9
I Am a Girl/Boy (gender norms)	68	58	26	7
Family Planning (importance, types, and place to get)	78	84	30	11
STI and HIV (concepts)	69	63	26	8
Decision Making (concepts)	58	51	22	6
Total n	1,633	533	4,280	4,221

Circumstances in Favor of Program Participation

The qualitative exploration identified some key community and family circumstances that might have influenced adolescents' participation in the life-skills education sessions. These are presented below:

Community Facilitators' Motivational Skills and Their Acceptance in the Community

Findings from IDIs and FGDs revealed that CFs were whole-heartedly accepted in the community. Because CFs were to be primarily responsible for conducting field activities in the community, they were selected from the same communities as the adolescents. As a result, parents expressed more willingness to listen to the CFs, and the parents indicated that this increased their trust in sending their sons and daughters to the life-skills sessions. Some CFs also reported working very hard to convince parents to send their adolescents and made persistent and repeated efforts to convince parents to send their children to the sessions. They often had to make repeated contacts with the families and held discussions with the family members who were reluctant to send their adolescents to attend the sessions. Researchers' field notes also supported these findings, showing that CFs, especially female CFs, gained much popularity in the community during the program. Parents and community leaders who shared their experiences during the FGDs often expressed their appreciation for the CFs' efforts in their communities.

Positive Attitudes toward Life-Skills Sessions in the Communities

Findings from IDIs with adolescents and FGDs with community leaders and parents revealed that parents were also motivated to send their adolescents to the sessions, if adolescents discussed the objectives of the sessions and their learning with their parents, in addition to the promotional activities of the CFs. Therefore, adolescents were a source of inspiration for session participation, because they improved their parents' understanding of the benefits of the program and created a positive impression of

the program in the minds of parents. The quote below reflects the perceptions of a community leader who participated in an FGD session:

> *Our children are receiving knowledge about their health, effects of early marriage, conjugal life, pregnancy etc. Before, they had no knowledge on these issues, rather had superstitious believes. . . . Now, parents are aware of these, and they are happy. They are sending their children to the meetings so that their children get correct information on these issues.* (FGD with community leaders)

Adolescent Self-Interest and Motivation

Adolescents' self-interest in participating in the A2H program was an enabling factor for program attendance. During group formation, session topics such as physical changes during puberty, menstrual hygiene, and negative consequences of child marriage attracted many participants to the life-skills sessions because they could relate these issues with their own experiences. Often, participants were able to inspire their friends to attend sessions. Participating adolescents also often had discussions among themselves and with other adolescents about how these sessions could benefit them. One adolescent girl in an IDI said the following:

> *We discussed among our friends that we should join these sessions because as we grow, our body is changing. We need to know more on issues like this. In addition, early marriage is also an important issue for us. Why should not we attend the sessions to learn all these?* (IDI with a participant unmarried adolescent girl)

This idea was also echoed by an adolescent boy in an IDI:

> *I attended the first day; the name of the session was "setting goals for life." What I learned from the first session was helpful for me. Then I thought if I join next sessions, . . . those topics could also be beneficial for me. So, my reason for attending the sessions were to learn something through investing my time.* (IDI with an adolescent boy)

An interesting finding from the KIIs was that the CFs often received suggestions from some motivated adolescents to add more topics on social issues to the life-skills sessions. This included requests for more information on nutrition and possible diseases during pregnancy.

Parent's Participation in Gatekeepers' Meetings

If family members (parents and husbands) participated and enhanced their knowledge through attending gatekeepers' meetings, they were more likely to allow adolescents to attend life-skills sessions. Among ten adolescent girls who participated in IDIs, seven confirmed that their guardians (three fathers and four mothers) participated in gatekeepers' meeting. Mothers who participated in an FGD in one program area noted that before participating in the gatekeepers' meeting, they had negative attitudes towards the life-skills sessions. However, after the gatekeepers' meeting, the mothers realized that the life-skills sessions were a platform for learning and were happy that their daughters would be able to learn valuable lessons from the life-skills sessions.

Similarly, among ten adolescent boys who participated in IDIs, five discussed the relationship between their parents' participation in gatekeepers' meetings (two fathers, two mothers, and one father-and-mother pair) and parental consent to send the adolescent to the sessions. One adolescent boy noted the following:

> *In the beginning, our parents didn't permit us to go there; later, program people realized the importance to arrange meetings with* [our] *parents. They* [program people] *convinced her that these sessions are useful, not harmful. My mother went there* [gatekeepers' meeting]. *After that, she understood and believed 100 percent.* (IDI with an adolescent boy)

The findings from the IDIs and FGDs were supported by the findings from KIIs, which also noted that the gatekeepers' meeting allowed them to overcome field challenges in implementing the project, especially at its beginning. All the key informants noted that questions and misconceptions about the project from guardians were a key challenge for them at the beginning of the project and that the gatekeeper meetings mitigated this challenge. A key informant provided the following explanation:

> *In the beginning of the project, we faced questions regarding our activities. People did not know us and asked questions: Where were we from? What were our purposes? What were the reasons behind the session? . . . They became suspicious and didn't agree to send their children. . . . They thought we will convert their children's religion as our organization is popularly known as a Christian organization. Then we put more emphasis on gatekeepers' meetings. Thus, parents accepted the sessions positively.* (KII with program personnel)

The findings for gatekeeper meetings for married adolescents were very similar to findings of those for unmarried adolescents, with married adolescent girls' interviews showing that husbands and in-laws had a more positive attitude toward life-skills sessions after attending gatekeeper meetings.

Reasons for Dropout and Nonparticipation in Life-Skills Sessions

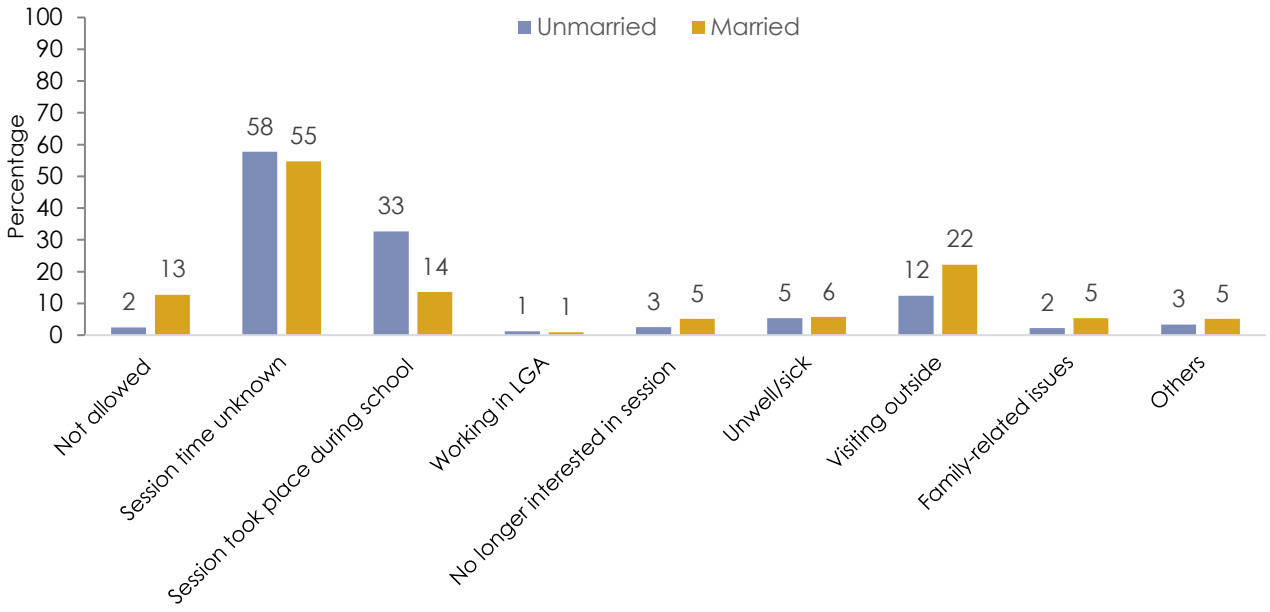
Both the household survey and qualitative interviews captured the reasons for nonparticipation in A2H sessions and discontinuation of participation. Adolescents cited the following major reasons they did not complete the life-skills education sessions:

- Lack of proper planning and scheduling of life-skills education sessions (girls and boys)
- Education-related activities such as exam, coaching, private tuition, and conflicting sessions time with school time (unmarried girls)
- Household activities such as cooking, helping mothers/mothers-in-law, looking after children, and seasonal harvesting (married and unmarried girls)
- Long distance to the place for life-skills sessions (unmarried and married girls)
- Unsupportive husband/in-laws (married girls)
- Unattractive topics and traditional way of conducting the life-skills sessions using fieldworker-based session without use of any technology (boys)

As shown in Figure 5, in the household survey, 58 percent of unmarried and 55 percent of married participants cited that a reason for dropout from A2H program was that the session timings were unknown. In-depth discussion with the program participants revealed that a lack of proper planning and scheduling contributed to missing the sessions. Although CFs of the A2H program were primarily responsible for arranging life-skills education sessions according to a schedule that called for, at most, one session per week and eight sessions in two months, such scheduling was not maintained. Some participants indicated that CFs sometimes suddenly showed up in the village or called them to attend a session on the day of the session, which then conflicted with their other schedules. One adolescent boy noted the following:

> *There was no fixed time for sessions; sometimes it took place in the afternoon, sometimes around 2 p.m., 3 p.m., or 4 p.m. Many of us had no time in the afternoon; those who were present in the playground, the meeting was arranged with them. Arriving at our village, they* [CFs] *informed boys about meeting time and subject* [of the session]*; even they made sudden calls and suggested us to be present in the playground for meeting.* (FGD with adolescent boys)

Figure 5. Reasons for session dropout reported by unmarried and married adolescent girls (ages 15–19 years)



LGA: local government area

The next important reason mentioned by unmarried girls was that the sessions were held at a time when adolescents were in school (33% of unmarried participants in the survey). Most adolescent girls and boys who took part in IDIs and FGDs reported that, generally, session schedules conflicted with their daily routine because the sessions were mostly held during school hours on weekdays and in the afternoons on weekends. They also mentioned their involvement in other education-related activities such as exams and private coaching, which hampered their attendance in the life skill sessions. One girl who participated in an FGD noted the following:

> *Usually meetings are held at 11 a.m. or 12 p.m., at that time most of us remain at school. Sometimes we had private tuition even on Fridays.* (FGD with unmarried girls)

According to unmarried and married girls, regular household activities such as cooking, helping mothers/mothers-in-law (for married only), and seasonal harvesting (for both married and unmarried girls), made it difficult for them to manage the time for all the life-skills sessions. A program participant reported the following:

> *I asked her* [a friend] *to participate in the life-skill session, but she couldn't manage it* [the time]. *She said, "My mother is working in a factory; I cook* [for the family] *returning from school. If I get time in the evening, I study or watch television. After that, I go to bed. How can I attend* [a life-skills session]*?"* (IDI with unmarried girls)

For adolescent boys, however, helping fathers in harvesting was the most common reason given for not attending the program. One boy noted the following:

> *I could not manage to attend life-skill session due to family issues. Family issues such as we used to go to school at 10 a.m. and meetings usually took place in the afternoon. When they called us for meeting, our school time is from 10 a.m. to 4 p.m. We used to get tired. After returning from school, we get involved in household activities, or take part in harvesting, my father cannot manage all these alone.* (FGD with adolescent boys)

According to FGD findings with adolescent girls, one of the reasons that adolescent girls did not participate was the distance (one to four kilometers) between their residence and the meeting place. Practically, the meeting place for the sessions was selected considering the convenience of a maximum number of participants. However, this meant that the location might not be suitable for all participants depending on where they live. Moreover, community attitudes toward women's mobility and insecurity among parents were added reasons that reinforced the distance barrier. One nonparticipant adolescent girl reported the following:

> *It was around three to four km from my residence. . . . Moreover, my parents didn't allow me to participate there by myself. They even suggested that if I get company, I am free to go; otherwise I cannot. . . . We could have participated there if the meetings were held at our village.* (IDI with a nonparticipant adolescent girl)

Some married girls faced restrictions in joining sessions because their husbands and/or in-laws prevented them from attending. The husbands and/or in-laws prioritized household activities, especially cooking, looking after children, and helping mothers-in-law, rather than allowing their wives to attend the life-skills sessions.

Adolescent boys mentioned some additional reasons for not attending the program. They mentioned that they found some topics unattractive and that information repeated what they had studied as part of their physical health education in school. In addition, several boys mentioned that the method used to conduct the life-skills sessions was unappealing.

Short-Term Effects of Participation in the Program

Age at Marriage and Negotiation Skills

In the following section, the findings on the marriage-related indicators in the A2H program and comparison areas are presented. The findings attempt to assess the extent to which A2H may have been successful in delaying the age at marriage and the extent to which it may have increased the negotiating ability of unmarried adolescents to delay their age at marriage.

Knowledge about Legal Age of Marriage and Legal Consequences of Early Marriage

As Table 7 shows, there was almost universal knowledge among unmarried adolescents in A2H program and comparison areas that the legal age of marriage of girls is 18 years. Almost all were aware that it was against the law to marry before the legal age of marriage. The knowledge about the legal age of marriage for boys was also high (though not as high as the knowledge about the legal age of marriage for girls). In the A2H program area, unmarried participants were more likely to know the legal age of marriage for boys (81%) compared to unmarried adolescents in the comparison area (74%). The proportion of unmarried adolescent girls who correctly knew the legal age of marriage for both boys and girls was also high (80% among A2H participants, 74% among A2H nonparticipants in the program area, and 72% among adolescents in the comparison area).

Table 7. Percentages of unmarried adolescent girls (ages 15–19 years) who have knowledge about early marriage and its legal consequences

Indicators	Program area			Comparison
	A2H participants	Nonparticipants	Total	
Know the correct legal age of marriage for girls	97	97	97	98
Know the correct legal age of marriage for boys	81	75	78	74
Know the correct legal age of marriage for both boys and girls	80	74	76	72
Know that early marriage is against the law	99	99	99	99
Mentioned both imprisonment and fines are punishments for early marriage	35	28	31	18

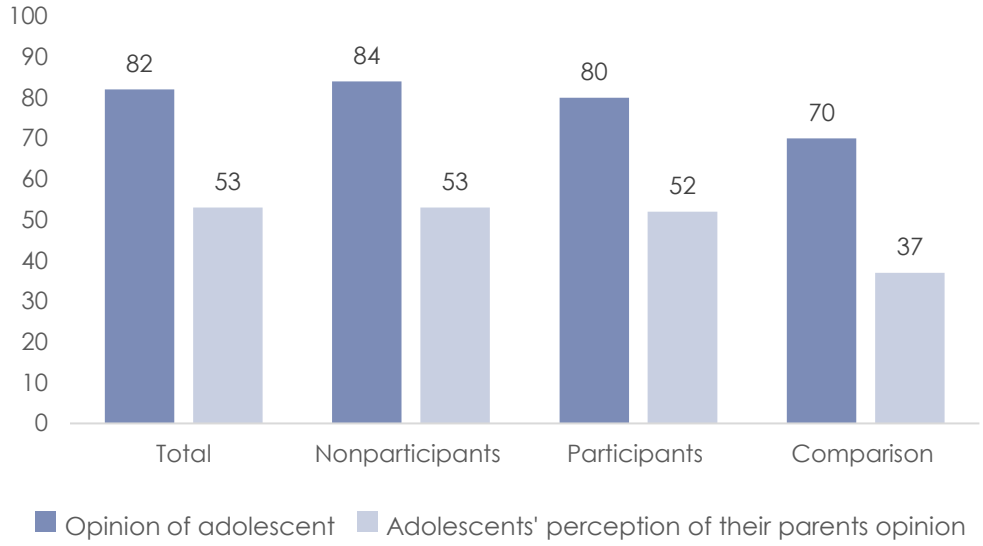
Despite high knowledge about the legal age of marriage for girls and boys, awareness of type of punishments for violating the legal age of marriage was much lower. Only 35 percent of A2H unmarried participants and 18 percent of comparison area unmarried adolescents were aware that both imprisonment and fines were possible punishments for marriage before the legal age.

Preferred Age of Marriage

Over 99 percent of the unmarried adolescent girls in the program and comparison areas alike wanted to get married at age 18 or later. Because delay of marriage was one of the IRs of the project, the proportion of unmarried respondents who wanted to delay marriage to age 20 or later was examined. The analysis revealed that a significant proportion (82%) of unmarried adolescent girls living in A2H area wanted to delay marriage to age 20 or later compared to unmarried adolescent girls living in the comparison area (70%). Unmarried nonparticipants in the program area were the most likely to prefer an age of marriage of 20 or later (84%) compared to program participants (80%) (Figure 6).

The differences in the preferred age of marriage between program and comparison areas were further evident when examining adolescents' perceptions about the age at which their parents preferred they marry: about half of the unmarried A2H participants responded that they perceive that their parents wanted them to get married at age 20 or later, compared to only 37 percent for the comparison area (Figure 6).

Figure 6. Percentage of adolescents (ages 15–19 years) who reported that they preferred, and who reported their parents preferred, an age of marriage of 20 years and above

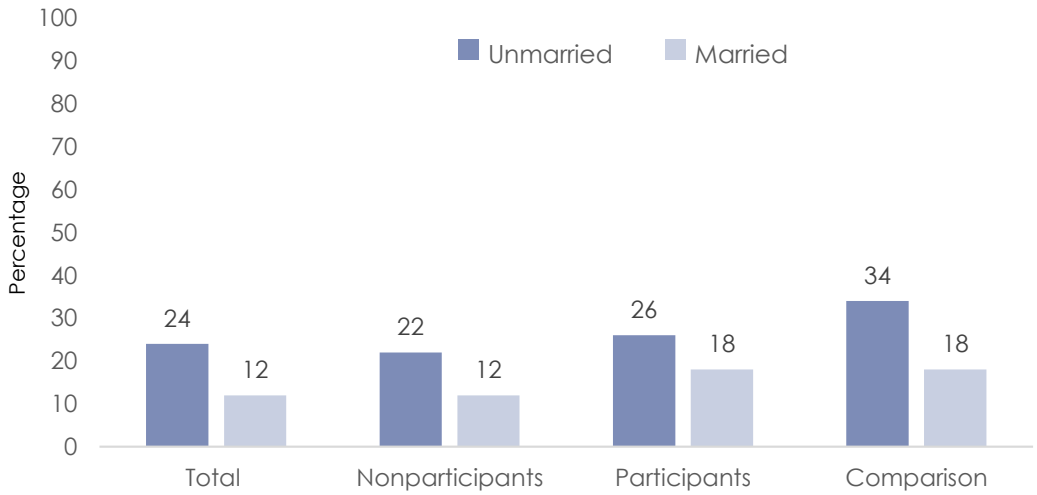


Knowledge about the Social and Health Consequences of Early Marriage

In the survey, adolescents were asked about the social and health consequences of early marriage. Overall, the knowledge about the social consequences of early marriage was low among both unmarried and married girls in both the program and comparison areas. Knowledge about the social consequences of early marriage was the lowest among unmarried A2H participants compared to other groups; only 26 percent of unmarried A2H participants were aware of three or more social consequences of early marriage, compared to 34 percent in the comparison areas.

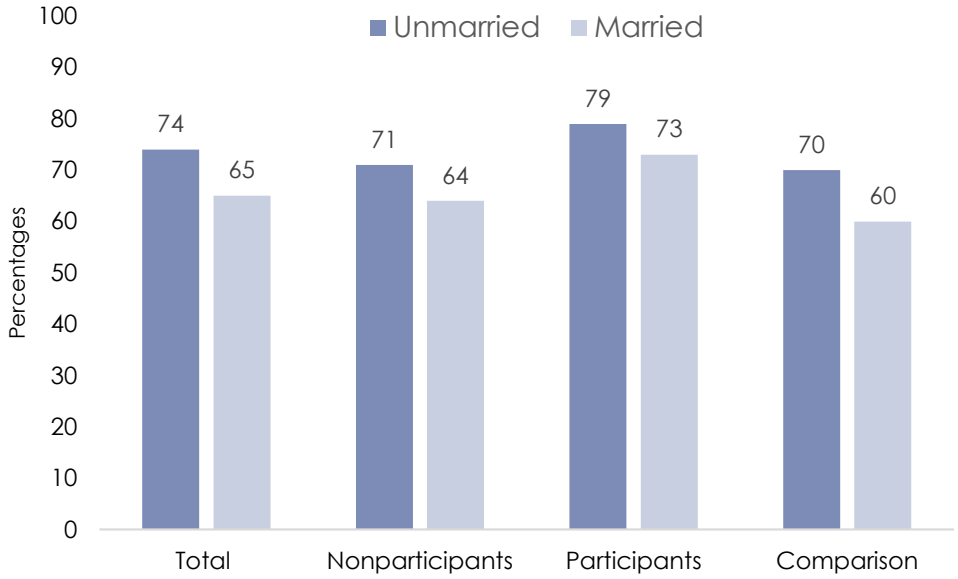
Knowledge about social consequences of early marriage was even lower among married female adolescents; only 18 percent of married female A2H participants could mention three or more consequences. The figure is the same for the married adolescents living in the comparison area (Figure 7).

Figure 7. Percentages of unmarried and married adolescent girls (ages 15–19 years) who reported knowledge of at least three social consequences of early marriage



Knowledge of the health consequences of early marriage was better than the social consequences of marriage, both for unmarried and married female adolescents. Unmarried and married A2H participants were more likely to be aware of the health consequences (79% and 73%, respectively) than unmarried and married adolescents in the comparison areas (70% and 60%, respectively), indicating that A2H may have been effective in disseminating information on the health consequences. Advancing Adolescent Health participants' (both unmarried and married) knowledge about health consequences was also higher than the nonparticipants living in the program areas.

Figure 8. Percentages of unmarried and married adolescent girls (ages 15–19 years) who reported knowledge of at least three health consequences of early marriage

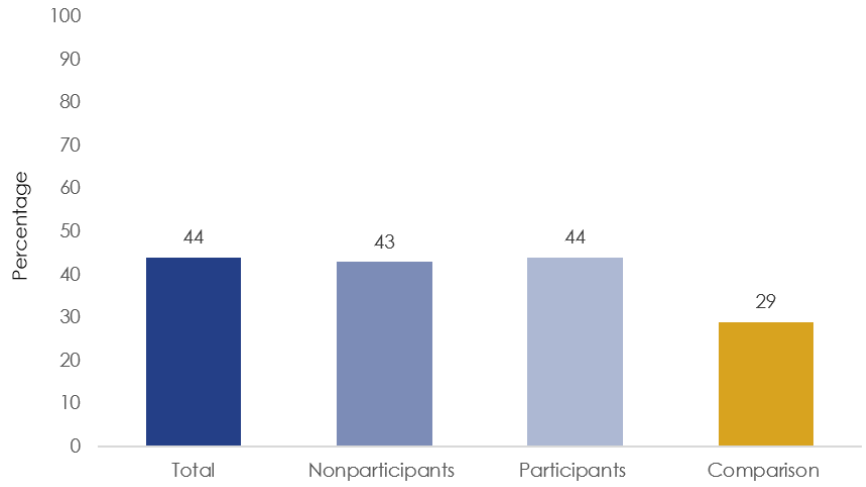


Negotiation Skills to Delay Age at Marriage

In the survey, unmarried female adolescents were asked two questions: (1) at what age would you like to be married? And (2) at what age your parents/guardians would like you to be married? For those who answered that they preferred to marry at later age than their parent/guardian's preferred age, they were asked an additional question: how likely is that you would be able to convince your parents/guardian to delay the age at which you want to marry?

Figure 9 shows the proportion of unmarried adolescents who were confident that they could convince their parents to delay their age of marriage in both program and comparison areas. As the figure shows, irrespective of program participation (i.e., both program participants and nonparticipants in the program areas), unmarried adolescent girls in the program areas were highly confident (at around 44%) about convincing their parents to delay the age of marriage compared to comparison area adolescents (29%).

Figure 9. Percentage of unmarried adolescent girls (ages 15–19 years) who reported a high level of confidence[5] about changing parents' preferred age of marriage



These findings are further supported by the qualitative findings. We found that A2H participants (both girls and boys) acquired knowledge about early marriage from the life-skills sessions, including the consequences of early marriage, how to prevent early marriage, and how and with whom to negotiate to stop early marriage. During the in-depth interviews, study participants noted that even though they had previous knowledge about the legal age of marriage, they had no idea what actions to take based on this knowledge. All the adolescents (both male and female) who were interviewed noted that after attending A2H life-skills sessions, they became aware of how to involve both the family and the community to stop early marriages. Adolescent participants were also aware of the process through which they could intervene to stop early marriages, including the provision of information on the consequences of early marriage, the importance of convincing the parents, and involving influential community members (such as the community chairmen, union parishad members, and schoolteachers) for help. Adolescent participants were also aware that they could call a designated helpline of the government of Bangladesh (109) for further assistance. All of these findings are suggestive of A2H program effects on improving adolescents' capacity to negotiate and prevent early marriages. An adolescent girl expressed confidence when asked whether she would be able to convince her parents to delay the age of marriage:

[5] This was a Likert scale question. Girls who said they were "highly confident" that they could change their parent's preferred age of marriage are reported in the bar.

> *Family members must listen to me. Why won't they listen? If I talk about anything wrong, it's logical for them not to listen to me. But here I am not saying anything wrong, so why won't they listen. . . . We will tell them about the negative consequences of early marriage. This meeting* [sessions] *made us confident to face this.* (IDI with an unmarried girl participant)

Among the 10 adolescent girls who were A2H participants interviewed during the qualitative assessment, four had experience negotiating to prevent their own or others' early marriages. Through this negotiation, three had prevented their own marriage and one had prevented a friend's early marriage. The girls had stopped their own and the friend's early marriages by negotiating with family members and, in one case, with the friend's mother. An adolescent girl revealed the following about how she negotiated to stop her marriage:

> *I am afraid of my father. However, my mother can be easily convinced. . . . I told my mother that I would like to study. . . . If I learn more, I would be able to raise my children well. . . . If I get married now, many problems may arise; my child can be physically impaired. . . . Let me study up to higher secondary. If I don't pass, then I will not object to get married, . . . and* [I promised] *I will never involve myself in any bad deed* [affair]. *My mother trusted me when I said this.* (IDI with an unmarried girl participant)

In-depth interviews with adolescent boys also revealed similar findings. All the adolescent boys interviewed mentioned that they were able to negotiate with their family members, neighbors, and relatives to stop early marriages. Among the 10 adolescent boys interviewed, two of them had managed to stop others' early marriages by informing community facilitators, teachers, and/or religious leaders. However, two of the boys were not able to prevent their friends' early marriages; one of these two boys who tried to prevent an early marriage of a friend had called the designated phone number, provided in the life-skills session, to report an early marriage but had received no help. An adolescent boy noted the following:

> *In our village, an adolescent girl of 13–14 years was being married off. One of her friends informed us about this wedding, as suddenly, the girl stopped attending school. Once confirmed about the news, some of us met the community facilitator. Then he* [the CF] *spoke to the family and was able to convince the parents, and the wedding was stopped. It was possible only because we attended the meeting.* (IDI with an adolescent boy participant)

Another adolescent boy described the process he would use to negotiate and prevent early marriage in the community as follows:

> *At first, I will try to convince them* [parents], *as I know the consequences. Maybe they won't listen to me considering my age. If I fail, I will try to engage the community facilitator to motivate the family.* [The] *community facilitator informed us about the process of preventing child marriage in the life-skill sessions. We may avail the help from the law enforcement authority through* [a] *phone call. We enjoyed the session very much. It made me feel like an adult. I may be young, but I have the power to stop early marriage. However, I am yet to encounter such an event; if I do, I will definitely face it.* (IDI with an adolescent boy participant)

The following was also revealed in the CF's interview:

> *Their* [participants'] *negotiation skills were enhanced to prevent early marriage. They can now talk with their families; they are also able to prevent early marriage in their locality. . . . Even one girl left home, and they* [friends of the girl] *reported it to the UNO* [Upazila Nirbahi Officer] *when her marriage was arranged.* (KII with program personnel)

One adolescent boy noted the contribution of attending life-skills session to the motivation he had for delaying age at marriage:

> *I have a goal. . . . I wish I can stop all early marriages. I got this motivation through attending the sessions.* (IDI with an adolescent boy participant)

All the above findings in favor of A2H program effects on delaying age at marriage are qualitative in nature. In support of these qualitative findings, quantitative evidence was also found. The household listing exercise of the quantitative survey, which collected information on the marital status of all female adolescents residing in the sample's study clusters, found that 56 percent of female adolescents in the program areas and 47 percent of female adolescents in the comparison areas were not married at the time of the survey. Though a baseline was not available against which to compare, prima facia, this finding shows that the proportion of early marriages was lower in program areas than comparison areas, which may suggest an A2H program effect on delaying age at marriage. Moreover, the program management information system (MIS) reported that 250 early marriages had been prevented during the program period.

Despite all the above findings on positive influence of A2H program in delaying age at marriage, FGD findings with community leaders and parents suggest that, in some cases, child marriage continues in the program areas because parents considered their daughters to be burdens and were averse to refusing good marriage proposals, if any were received.

According to adolescent boys, parents often arranged marriages in secret places, mostly in relatives' homes, outside the community. This presented challenges for preventing early marriages—because the event went unnoticed, the boys did not have the opportunity to stop it.

Many adolescents mentioned that preventing early marriage could lead to antagonistic relationships between relatives and neighbors. The assessment found that some adolescent boys were well-informed about preventing child marriage. However, many were not able to translate their knowledge into prevention because they felt that they had no authoritative power and were at risk of developing an antagonistic relationship with their parents and community members. An adolescent boy noted the following:

> *From my position, I will try to make parents understand the negative consequences of early marriage if they realize then it okay. . . . If they do not, there will be a possibility of conflicting situation* [between adolescents and their parents]. (IDI with an adolescent boy participant)

Some adolescents felt demotivated to stop an early marriage when they received an unfriendly response from the helpline designed to report early marriage. One adolescent boy tried to stop a marriage by calling 109, the helpline number. Unfortunately, he faced awkward and inappropriate questions, such as whether he had an affair with the girl whose early marriage he was trying to prevent and why he wanted to stop the marriage. The boy considered this behavior very unprofessional and did not know how to continue. He provided the following account:

> *I don't have the authority to prevent an early marriage by myself. I may inform the program people or to make a call at 109 to take necessary steps. If I went there for providing advice to the parents, they may suspect me having a relationship with the adolescent girl.* (IDI with an adolescent boy participant)

Based on his experience, the adolescent boy suggested that the helpline should be more cooperative and professional, or the entire initiative would not be successful.

In some occasions, adolescent girls got married after eloping from home. Thus, some parents were afraid that their girls may also elope. So, the parents arranged early marriage for their adolescent girls out of insecurity and fear of losing honor in the community.

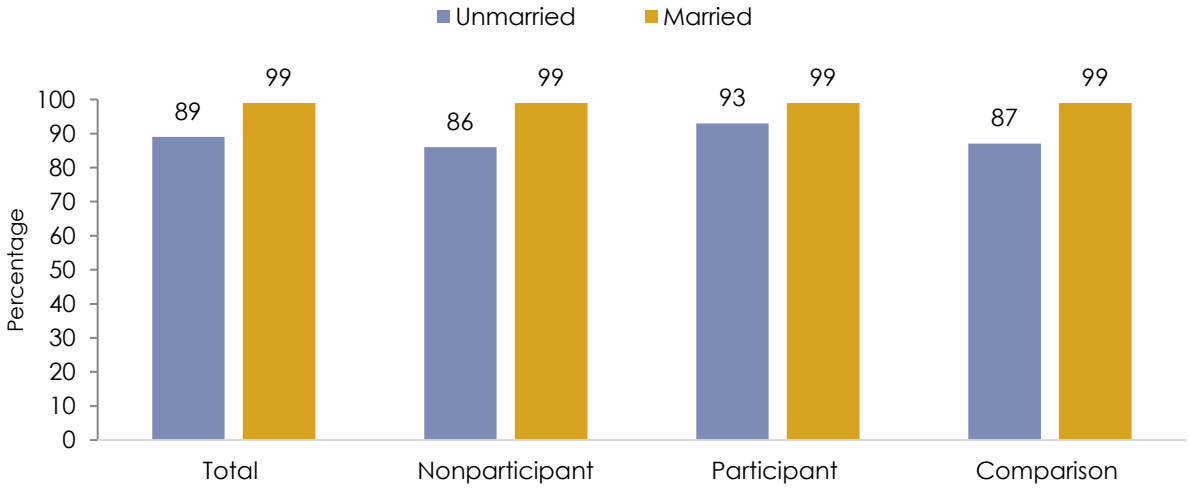
Family Planning

This section provides findings to assess whether A2H participation improves adolescents' KAP related to contraception and preference for delaying first births and birth spacing.

Knowledge about Modern Contraceptive Methods among Unmarried and Married Adolescents

Figure 10 shows a high level of knowledge about modern contraceptives among both unmarried and married adolescent girls irrespective of their program participation. Eighty-nine percent of unmarried adolescent girls in the program areas knew about three or more modern methods, compared to 87 percent of unmarried girls in the comparison area. In the program areas, unmarried program participants had higher knowledge (93%) compared to nonparticipants (86%). However, nearly all married adolescents had knowledge of at least three modern contraceptive methods in both program and comparison areas, and there is no difference in knowledge between program participants and nonparticipants.

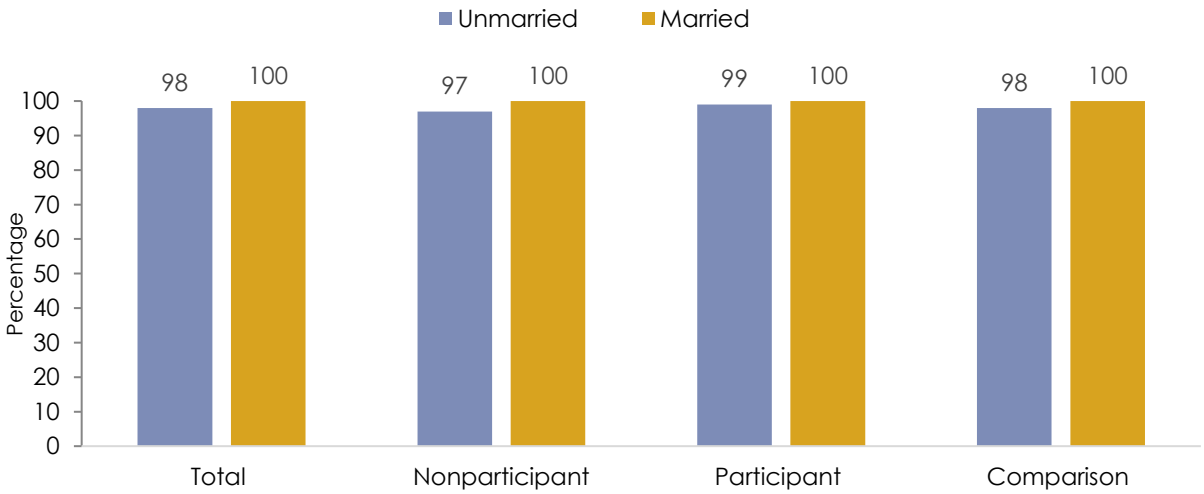
Figure 10. Percentage of unmarried and married adolescent girls (ages 15–19 years) who reported knowledge of at least three modern contraceptives



Knowledge about Sources of Family Planning among Married and Unmarried Adolescents

Figure 11 illustrates that knowledge of at least one source of FP was almost universal among unmarried adolescent girls irrespective of their program participation. Married girls also had nearly universal knowledge of at least one source of FP.

Figure 11. Percentages of unmarried and married adolescent girl respondents (ages 15–19 years) who reported knowledge of at least one source of family planning



Confidence in Discussion and Use of Family Planning

Unmarried adolescents were asked about their confidence in discussion and use of FP in the future. There was some suggestive evidence that participation in the A2H program increased unmarried adolescent girls' confidence in the discussion and use of contraception in the future. As shown in Figure 12, 74 percent of unmarried adolescent girls living in the program area were highly confident about discussing FP with their husband in the future, compared to 69 percent in the comparison area. Within the program areas, A2H participants had higher confidence compared to nonparticipants (78% versus 72%). A similar pattern was observed for unmarried girls' confidence in discussing FP issues with health workers in the future.

Figure 12. Percentages of unmarried adolescent girls (ages 14–19 years) who report a high level of confidence in their ability to discuss family planning with their husbands and health workers in the future

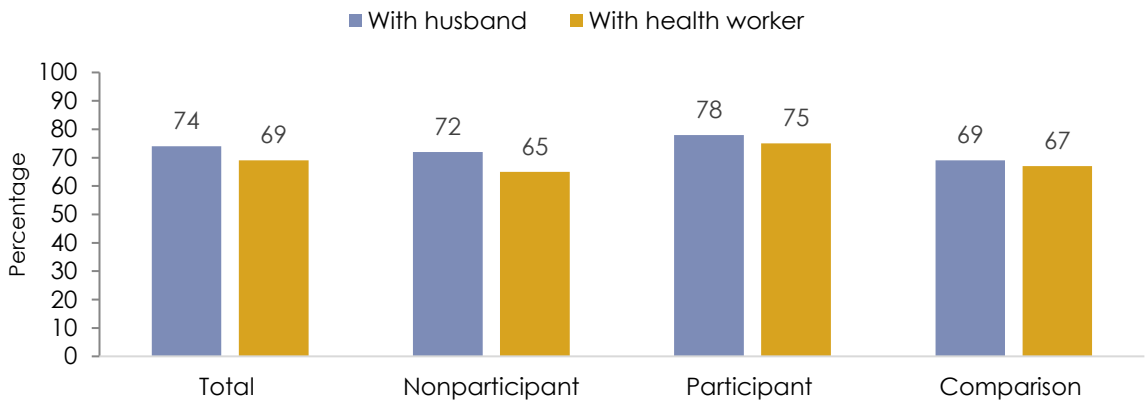
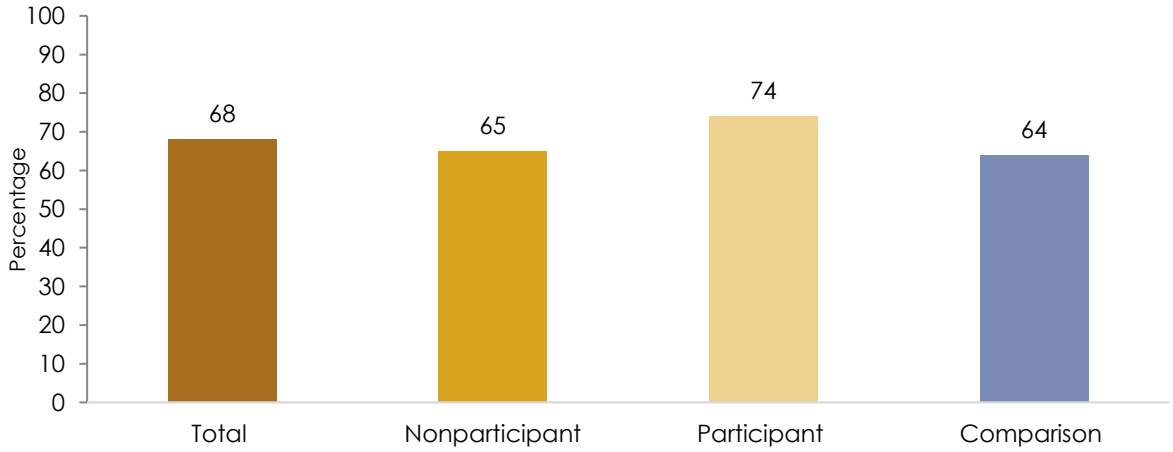


Figure 13 suggests that unmarried adolescent girls who participated in A2H program were most likely to be confident about future use of FP. Seventy-four percent of A2H program participants said that they were highly confident that they will use FP in the future compared to 64 percent of the unmarried adolescents who did not attend any A2H sessions in program area and 65 percent of those in the comparison area.

Figure 13. Percentages of unmarried adolescent girls (ages 15–19 years) who reported a high level of confidence about using family planning in the future



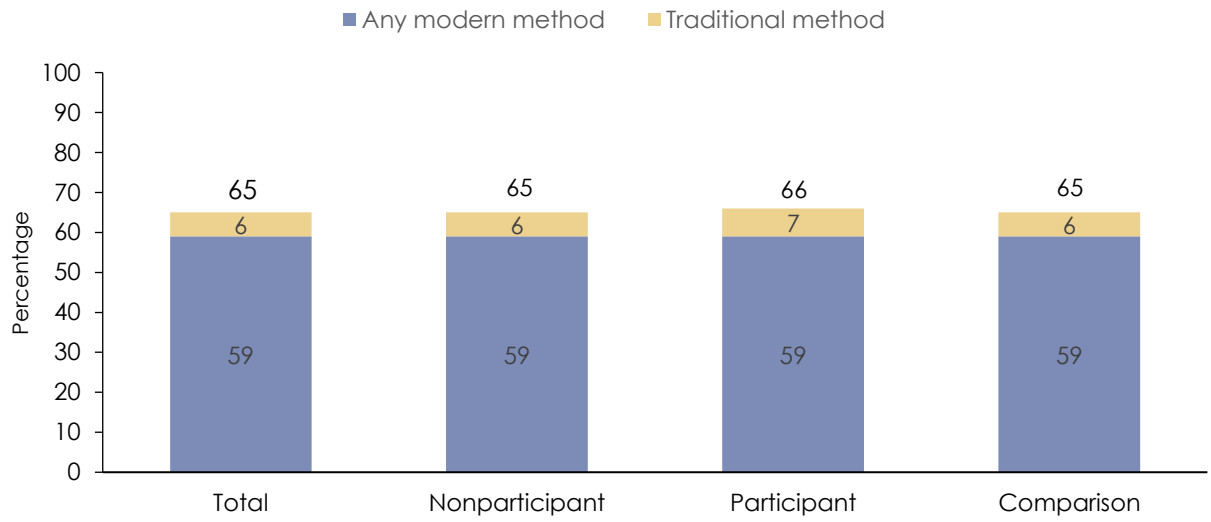
Married female adolescents were highly confident about discussing FP with their husband. Almost all married female respondents were confident about discussing FP methods with their husbands (99%).

There was no difference in the proportion of married adolescents who were confident about discussing FP methods with their husbands across the program and comparison areas.

Current Use of Any Modern Methods of Family Planning by Married Adolescents

Figure 14 illustrates that there was no difference in the proportion of married adolescents currently using any method of contraception between the program and comparison areas, and between program participants and nonparticipants (65%). Modern contraceptive prevalence in the program and comparison areas was also similar (59%).

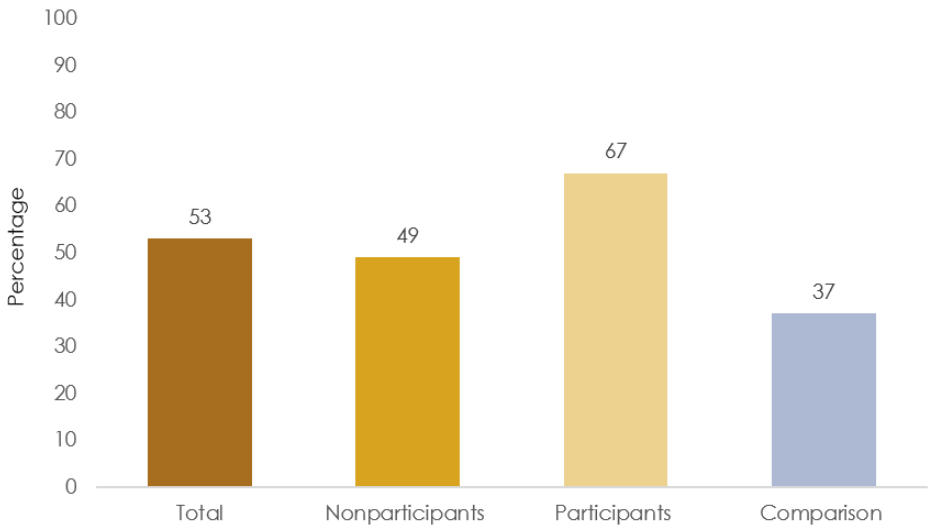
Figure 14. Percentages of married female adolescents (ages 15–19 years) who report current use of family planning methods



Preferred Age of Childbearing and Birth Spacing among Married Adolescents

During the survey, married adolescent girls who had not given birth were asked about their preferred age of childbearing. Figure 15 indicates that a notably higher proportion of A2H married female participants (67%) preferred childbearing at 20 years or above compared to 49 percent of married adolescents who did not participate in A2H program areas and 37 percent of those who live in a comparison area.

Figure 15. Percentages of married adolescent girls (ages 15–19 years) who reported a preferred age of childbearing of 20 years and above



These findings were in line with the qualitative assessment findings. Married adolescents who participated in the A2H program noted that program participation had increased their intent to have children later and increase birth spacing. One husband noted the following in an IDI:

> *We didn't know this earlier as this program* [A2H] *was not here. After attending the program, we understood that boys should marry after 21 and girls after 18 years of age. And girls should take baby after 20 years of age. That means 22 to 23 years is better; it will be good if we take more time such as 25. Three years' gap should be needed for the second baby to get back full strengths in the body.* (IDI with husband of a married adolescent girl participant)

Another married adolescent girl noted a similar aversion to having a child before age 20:

> *Since I have already made a mistake by getting married early, now my aim is to take the child not before my 20. . . . If I take the baby after age at 20, both me and my baby will be in good health.* (IDI with a married adolescent girl participant)

Preference for birth spacing of two or more years was high among married female adolescents who had at least one living child. In the survey, almost all married respondents who had had at least one living child preferred birth spacing of two or more years (97%). However, there was no difference in these preferences across program and comparison areas, indicating high awareness about the risks of short birth spacing.

Menstrual Hygiene

In the following section, findings on indicators related to menstrual hygiene are presented, to assess the extent to which A2H may have been successful in increasing the KAP related to hygienic menstrual behavior in A2H program and comparison areas. In addition, myths related to menstrual hygiene in the A2H program and comparison areas were also investigated.

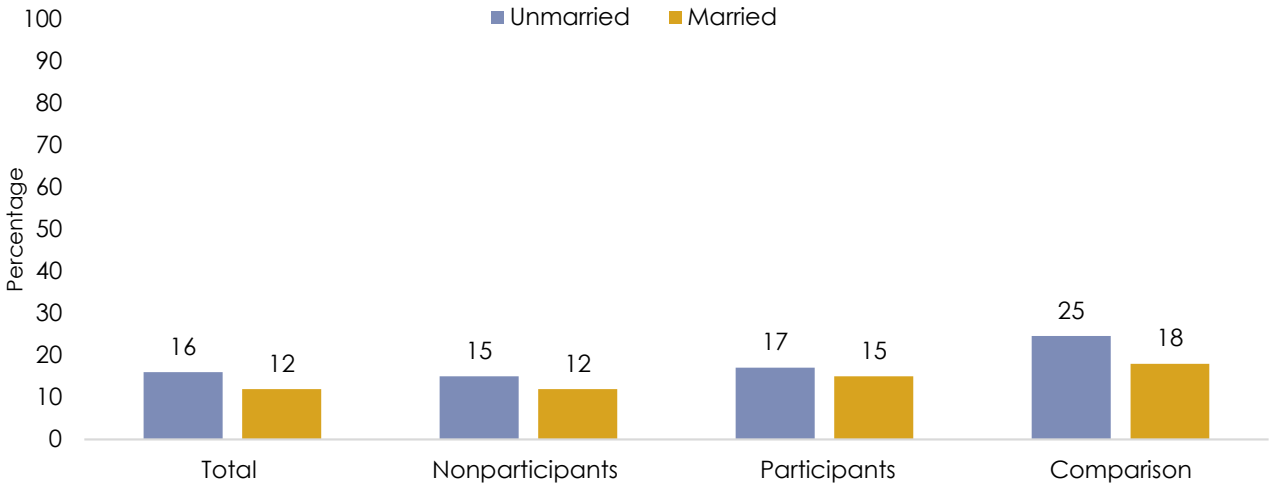
Hygienic Practices[6] during Menstruation

As seen in Figure 16, hygienic practices during menstruation were quite low across all areas and respondents. Contrary to expectations, hygienic practices during menstruation were higher among unmarried girls living in the comparison area compared to program areas (25% and 16%, respectively). Program participants had a slightly higher level of hygienic practices compared to nonparticipants.

Hygienic menstrual practices were less prevalent among married girls compared to unmarried girls. Hygienic menstrual practice patterns were similar among married girls living in the program and comparison areas and between program participants and nonparticipants.

[6] Hygienic menstrual practices are defined as follows: "Use of sanitary pad OR Any disposable product used during menstrual period + Change of sanitary material / disposable product at least 4 times a day." OR "Use of cloths/reusable products + Washing with water and soap/detergent/soda/any antiseptic solutions + Change of sanitary material ssanitary material at least 4 times a day." Source: (i) United Nations Educational, Scientific and Cultural Organization. (2014). Good policy and practice in health education, Booklet 9: Puberty education and menstrual hygiene management; (ii) Haver, J. & Long, J. L. (2015). Menstrual hygiene management: Operational guidelines. Save the Children.

Figure 16. Percentages of unmarried and married adolescents (ages 15–19 years) who report hygienic practices during menstruation

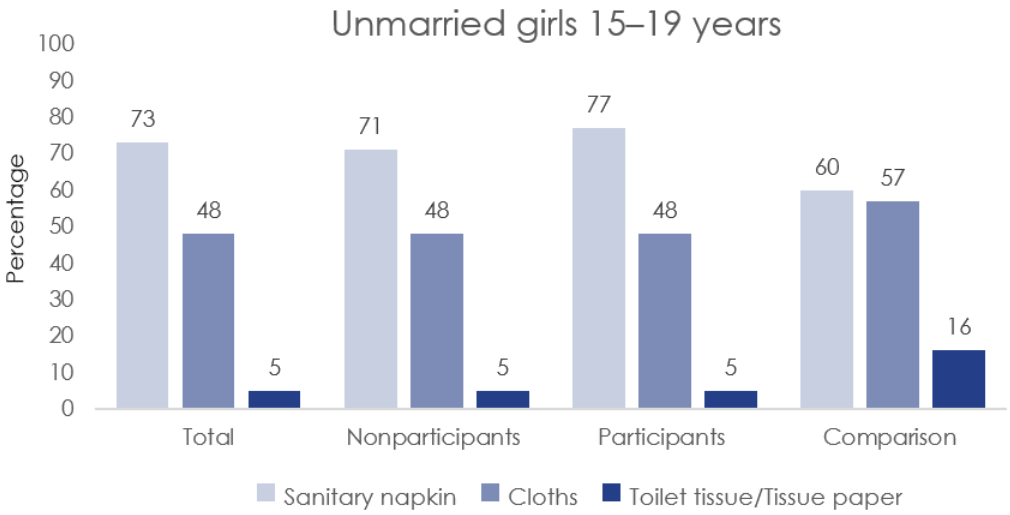


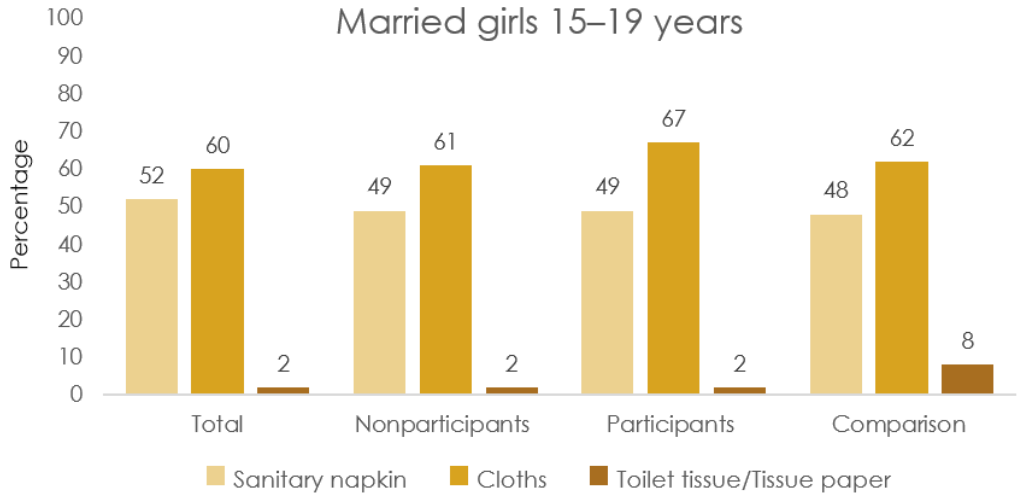
Use of Sanitary Napkins and Cloths

The extent to which the adolescents used sanitary pads or cloths was a component indicator in assessing hygienic practices (Figure 17). For the unmarried girls, use of sanitary pads was quite high in A2H program areas (over 70%). In contrast, only 60 percent of the unmarried adolescents in the comparison areas were using sanitary napkins. For the unmarried girls, use of cloths was lower in program areas compared to the comparison area.

The use of cloths was higher than the use of sanitary napkins among married adolescents. Over 60 percent of married girls used cloths during menstruation, and there was not much difference in the use of cloths between program and comparison areas. Use of sanitary napkins by the married girls was around 50 percent for program and comparison areas alike. Within the program areas, there was considerable difference in the type of products used by married adolescents. Although most program participants used sanitary napkins (67% sanitary napkins versus 49% cloth use), cloths were the primary product nonparticipants used (61% cloth use versus 49% sanitary napkin use).

Figure 17. Percentages of unmarried and married adolescent girls (ages 15–19 years) who reported using each type of product during menstruation





This high use of sanitary napkins in the program area was supported by the qualitative assessment. One unmarried adolescent noted the following during her IDI:

> *I have learned a lot about my health (from the sessions) which I did not know before. . . Something new that I learned was use of pad. Earlier, we used to use cloths during menstruation, which is not convenient to use.* (IDI with an unmarried adolescent girl participant)

However, there is another aspect of using pads, especially for unmarried adolescent girls. One unmarried adolescent reported discomfort buying sanitary napkin herself and was too shy to ask her father to purchase them. She decided to ask her brother to buy sanitary napkin packs for her, with whom she was more comfortable. The adolescent told her brother the brand name of the pads he should buy, based on what she learned during her A2H session. She initially found using the sanitary pads difficult, but after a discussion with her niece and carefully following the instructions written on the packet, she became more confident in using them.

Cleaning of Used Cloths and Reusable Products

A second component indicator related to measuring hygienic practices concerns "used cloths/reusable products": "Washing with water and soap/detergent/soda/any antiseptic solutions = correct washing practices." The proportion of unmarried and married adolescent girls ages 15–19 years in the program and comparison areas who followed the correct washing practices for cloths and reusable products was over 96 percent. This finding was also supported by qualitative findings. An unmarried adolescent noted the following:

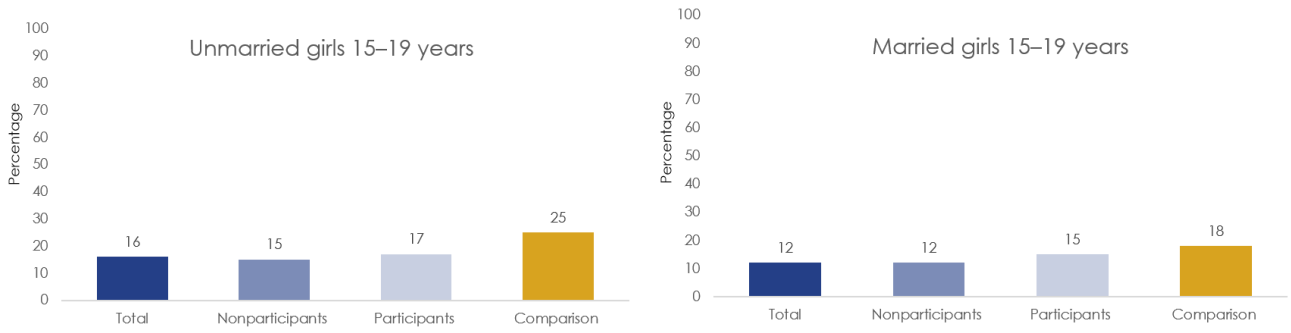
> *I used to use reusable cloths and used to wash it with water only. Sometimes if it was too dirty, I would use some washing powder. But one day the CF told me that I should not wash it like this. She also informed me that I should not dry it in a humid place. She asked me to wash the cloth with warm water and use soap or washing agent every time. She also asked me to dry the cloth in direct sun light. After knowing it, now I use warm water and washing agent and dry in the sun.* (IDI with an unmarried adolescent girl participant)

Frequency of Changing of Sanitary Material (Napkins and Cloths)

The third component indicator related to assessing menstrual hygiene practices was changing whatever sanitary material was used at least four times a day.

As Figure 18 shows, the practice of changing sanitary material (disposable or reusable) at least four times a day during menstruation, was quite low across all areas[7] and among A2H participants and nonparticipants. This practice was similar for unmarried and married girls. However, it should also be noted that unmarried and married adolescents in the comparison areas were more likely to follow an appropriate frequency of changing sanitary material (25% for unmarried adolescents and 18% for married adolescents), compared to program participants (17% for unmarried and 15% for married) or nonparticipants living in the program areas (15% for unmarried and 12% for married).

Figure 18. Percentages of unmarried and married adolescent girls (ages 15–19 years) who reported changing sanitary products at least four times a day during menstruation



Misconceptions Regarding Menstruation

The orientation guidelines prepared for the program participants addressed the issue of myths and misconceptions about menstruation, so the assessment gathered information on the prevalence of selected misconceptions.

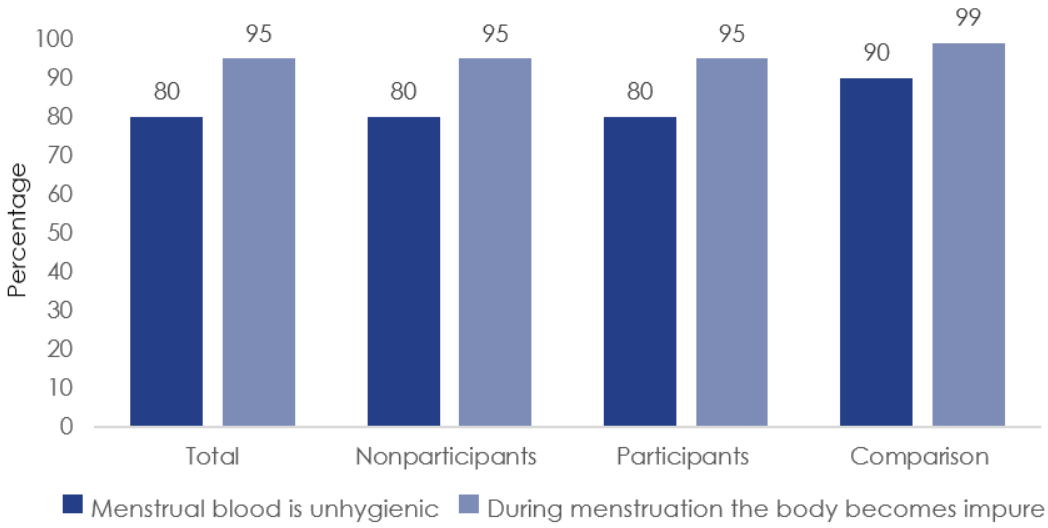
[7] Low practice of changing sanitary materials during menstruation could be a result of the fact that the program did not have any indicators related to hygienic menstrual practice, and neither the life-skills education curriculum nor any program sessions provided information on how many times to change sanitary materials.

Two misconceptions were examined: "menstrual blood is unhygienic" and "during menstruation, the body becomes impure." Despite being taught at sessions, these misconceptions about menstruation prevailed in both the program and comparison areas and among both unmarried and married adolescents.

Among unmarried adolescent girls in the program areas, 8 in 10 adolescents still thought that menstrual blood was unhygienic, and this finding was identical for both participants and nonparticipants. However, among unmarried adolescent girls in the comparison areas, the prevalence of this misconception was higher, and 90 percent thought that menstrual blood was unhygienic.

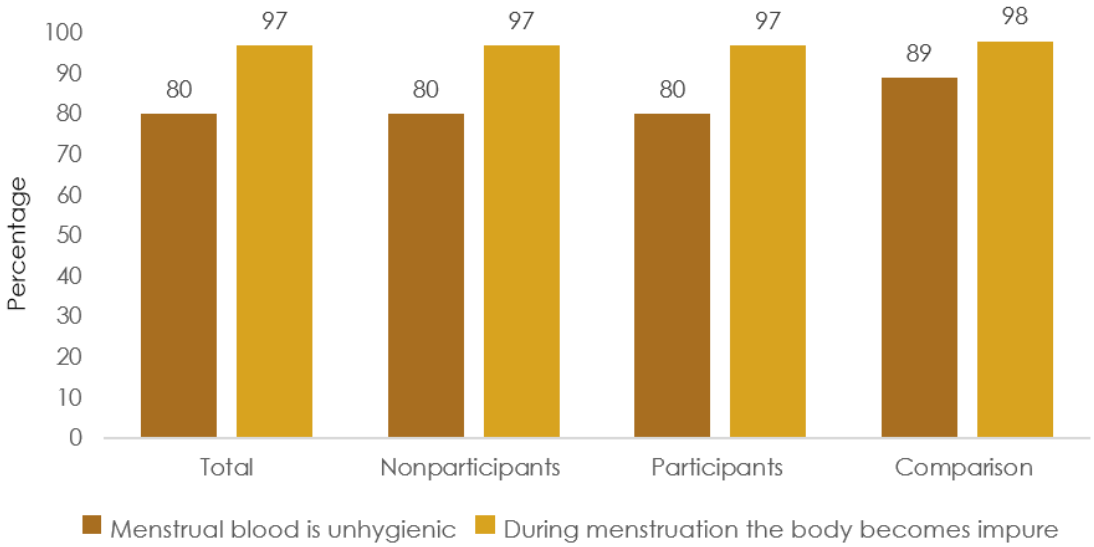
In the program areas, 95 percent of unmarried adolescent participants and nonparticipants still thought that the body became impure during menstruation. Among unmarried adolescent girls in the comparison areas, almost all the adolescent girls (99 percent) thought that the body became impure during menstruation (Figure 19).

Figure 19. Percentage of unmarried adolescent girls (ages 15–19 years) who reported misconceptions about menstruation



Similar to unmarried adolescents, 80 percent of the married adolescent participants and nonparticipants in the program areas thought that menstrual blood was unhygienic (Figure 20). In contrast, 89 percent of the married adolescents in comparison areas thought that menstrual blood was unhygienic. Misconception about purity of the body during menstruation was almost universal among married girls, who expressed the belief that during menstruation, the body becomes impure.

Figure 20. Percentages of married adolescent girls (ages 15–19 years) who reported misconceptions about menstruation



Gender Norms and Sexual Harassment

The following section assesses adolescents' perspectives on gender equality, gender-based violence, and sexual harassment in both A2H program and comparison areas.

Gender Equality in Decision Making and Gender-Based Violence

Unmarried Adolescents

Overall, the proportion of unmarried adolescents who believe in male dominance in decision making is not very high (from 2 percent to 15 percent). In the A2H program area, 2 percent of adolescents thought the man should decide the number of children to have, and 6 percent believed the husband has the right to beat his wife; 12 percent believed the man should make important decisions in a family, and 15 percent thought a woman should always obey her husband. Advancing Adolescent Health program participation did not seem to have any effect on these beliefs, because there was no difference in gender equality attitudes between A2H program participants and nonparticipants, and unmarried adolescents in comparison areas were more likely to believe in gender equality and condone gender-based violence (Table 8).

Married Adolescents

Overall married adolescents' beliefs on male dominance in decision making and condoning wife beating were less favorable towards gender equality compared to unmarried adolescents' beliefs. In A2H program areas married girls who participated in A2H sessions were more likely to believe in gender equality in specific actions/decision compared to married nonparticipants. However, overall A2H participants did not score better in beliefs on gender equality compared to married adolescents in comparison areas. The fact that A2H married participants performed better than nonparticipants, suggests that the A2H program may have had some effect in improving attitudes towards gender equality in decision making and gender-based violence.

Table 8: Percentage of unmarried and married adolescent girls (15–19 years) who "agree" to selected gender equality and gender violence statements

Statements	Unmarried				Married			
	Program area			Comparison	Program area			Comparison
	A2H participants	Nonparticipants	Total		A2H participants	Nonparticipants	Total	
Important decisions in the family should be taken by a man	12	12	12	9	13	20	19	12
A man should decide how many children a couple should have	2	2	2	3	1	4	4	4
A woman should always obey her husband, even if she does not agree with her husband	15	15	15	9	17	23	22	12
A husband has the right to beat his wife	6	6	6	5	8	12	11	6

Sexual Harassment

Unmarried Adolescents

Almost all unmarried adolescents in the program and comparison areas had heard of sexual harassment. The most common forms of sexual harassment perceived by adolescents in both the program and comparison areas was the making of indecent comments, whistling, and being followed by the aggressors.

Table 9 shows adolescents' perceptions about how to respond to sexual harassment. Comparison area adolescents were 14 percent more likely than A2H participants to report that they would loudly say "no" to sexual harassment. On the other hand, A2H participants were more likely than adolescents in the comparison area to report that they would take a less confrontational approach if they faced sexual harassment, with 43 percent of participants reporting that they would try to move away from the situation in a "friendly" way, compared to 34 percent of adolescents in the comparison area. Furthermore, 98 percent of the adolescents in both the comparison and program areas saw their parents as the primary source of help in instances of sexual harassment, followed by law enforcement, siblings, school principals, and community leaders.

Table 9. Perceptions of unmarried and married adolescent girls (ages 15–19 years) about appropriate responses to sexual harassment

Statements	Unmarried				Married			
	Program area			Comparison	Program area			Comparison
	A2H participants	Nonparticipants	Total		A2H participants	Nonparticipants	Total	
Loudly say, "no"	44	52	48	58	48	49	49	61
Move away from the area	25	24	24	26	24	24	24	25
Find a safe place	9	9	9	6	8	8	8	5
Scream and try to get help	16	17	16	20	15	15	15	16
Get away from the area by making friendly gesture	43	32	37	34	37	27	29	24
Other/do not know	2	1	2	1	1	2	2	0

Married Adolescents

Similar to unmarried adolescents, almost all adolescents in the program and comparison areas had heard of sexual harassment. The most common type of sexual harassment defined by married adolescents in the program and comparison areas was indecent comments, followed by whistling, and being unwantedly followed by the aggressors. These findings were very similar to those found in the unmarried respondents. Married female adolescents' perceptions about what to do in responses to sexual harassment were also similar to unmarried adolescents, with comparison area adolescents much more likely to have a strong response like "loudly say, 'no' " than the A2H participants. Married A2H participants were conversely more likely to perceive that they would take a nonconfrontational "friendly" approach when faced with sexual harassment than comparison area adolescents. Sources of help were ranked similarly to sources of help of unmarried respondents, with parents being the primary source of help, followed by law enforcement, siblings, community leaders, and schoolteachers and principals.

Health Service Use

In the following section, findings related to health service utilization are presented. These findings were based on an analysis of the quantitative and qualitative data from married and unmarried adolescents.

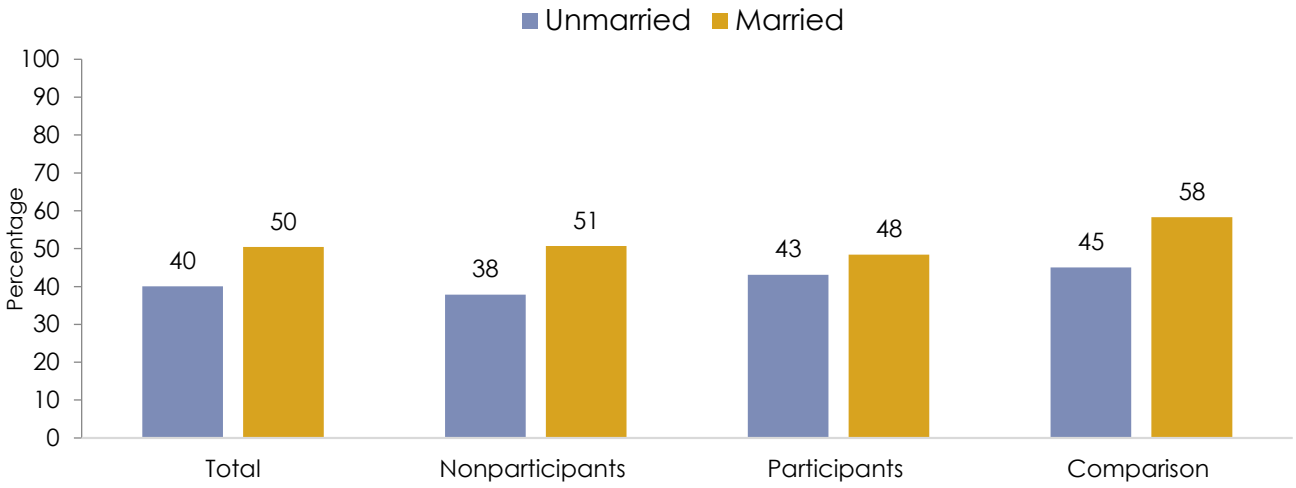
Health Service Use in the Past Six Months

Overall, as Figure 21 shows, less than half of the adolescent girls (unmarried or married) had sought any health service in either the program or comparison areas from any type of facility in the six months preceding the survey.

In the program areas, 40 percent of unmarried adolescent girls had sought any health care in the past six months compared to 45 percent in the comparison area during the same reference period. Within the program areas, a higher proportion of A2H unmarried adolescent participants sought any care compared to nonparticipants (43% versus 38%).

The proportion of married adolescent girls who sought care in the past six months was higher in the comparison area compared to program areas (58% versus 50%). Within program areas, there was no difference in the proportion of married participants and nonparticipants who sought care in the past six months (48% versus 51%).

Figure 21. Health service use in the preceding six months among unmarried and married adolescent girls (ages 15–19 years)



Use of Health Facilities Designed to Provide Adolescent-Friendly Health Services

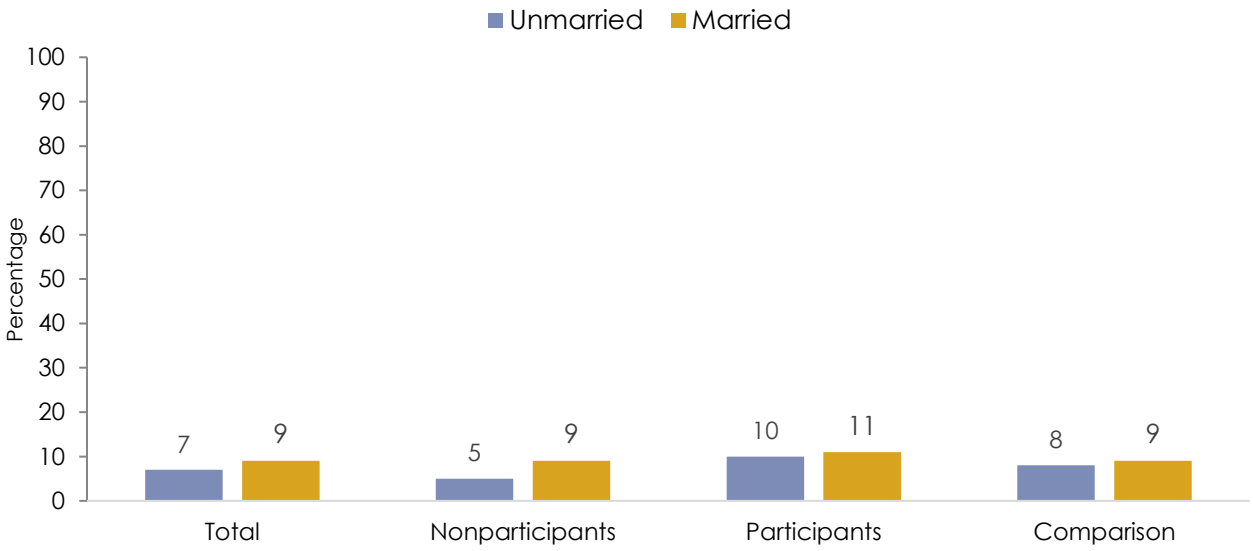
The assessment also examined use of public health facilities that were supported by the A2H program to provide AFHS, i.e., MCWCs, UHCs, and UHFWCs. The A2H program supported the provision of AFHS through provider training, infrastructure improvements, and enhancement of logistic supplies to these facilities. In comparison areas, there was no such effort to make these types of public health facilities adolescent friendly. Use of these types of facilities in program and comparison areas was compared to determine whether making these facilities adolescent friendly made any change in the use patterns.

As Figure 22 shows, less than 10 percent of adolescent girls (unmarried or married) had sought any health services from an MCWC, a UHC, a UHFWC, or a CC in the program or comparison area in the preceding six months. Thus, in general, use of these facilities by both married and unmarried adolescents was very low. Within program areas, use of these facilities by unmarried A2H participants was higher

compared to nonparticipants in the same group (10% versus 5%). However, no difference was observed between married participants versus unmarried nonparticipants.

This suggests that despite the availability of AFHS, and despite A2H activities to raise awareness about the locations and service hours of these facilities, use of such services was quite low in the program areas and was not in fact different from use of similar facilities in comparison areas where there was no A2H support.

Figure 22. Use of health facilities designated to provide adolescent-friendly health services, among unmarried and married adolescent girls (ages 15–19 years)



An examination of the qualitative data suggests that adolescents were not motivated to visit adolescent-friendly facilities over their existing doctors and clinics. One married adolescent participant indicated the following:

> *The CF informed us that there is an adolescent-friendly health corner. But, not all of us visit that place. When we face any problem, we do not usually get worried about it that much, initially. But if the situation gets serious, we just visit a doctor. Going to an adolescent-friendly facility would require us to call the CF and make appointment. It's rather easy to go to the nearby doctor. We just visit the local doctor who sits at the near market.*

Association between Intensity of Program Participation and Knowledge, Attitudes, and Practices

As noted in the Program Participation section of Results, we found that only 38 percent of unmarried adolescents and 13 percent of married adolescents participated in the program. This relatively low participation may have affected the outcomes observed in the program areas and was one of the reasons we examined outcomes in both participants and nonparticipants in the intervention. However, participation of adolescents was not just low in the program areas; we found that, of the adolescents who participated in one or more sessions, only 17 percent of unmarried participants and 9 percent of married participants had attended the required eight or more sessions. This meant that, at the population level, only about 6 percent of all unmarried adolescents and 1 percent of all married adolescents in the program areas had completed all the eight sessions. This low session completion rate in both married and unmarried adolescent participants may also have affected outcomes observed within the participants.

This section contains an examination of the association between the intensity of participation (i.e., how many sessions participants attended) and some selected indicators related to marriage, FP and fertility,

menstrual hygiene, and health service use in the program areas. For this analysis, we divided participants into two groups: those who participated in one to four sessions and those who participated in five or more sessions. We then assessed how these two groups performed in terms of selected indicators.

Unmarried Adolescents

This examination showed that greater program participation was associated with the following: high confidence among adolescents of their ability to negotiate with parents about when to marry, greater knowledge about health consequences of early marriage, and greater confidence about using of FP in the future. Participation in five or more sessions was associated with a 7-percent increase in unmarried adolescents' confidence that they would be able to convince their parents to delay the age of their marriages, compared to adolescents who had participated in four or fewer sessions. Participation in more sessions (i.e., five or more sessions) by unmarried adolescents was also associated with an 8-percent increase in the knowledge about the health consequences of early marriage and an 8-percent increase in their confidence about using contraceptives in the future. However, there was no apparent association between greater participation and indicators related to hygienic menstrual practices and health-seeking behavior (in the preceding six months).

Married Adolescents

We also examined the association between the intensity of program participation and selected outcome indicators in married adolescents. We found that greater program participation was associated with greater knowledge about the health consequences of early marriage, an increase in preference for a later age of childbearing, and a preference for increased birth-spacing intervals.

Adolescent-Friendly Health Facility Assessment

This section explores the extent to which the facilities A2H-supported facilities became adolescent friendly and the services offered and used in these facilities. Information is presented from 21 facilities that were observed in the A2H program areas.

Readiness of Adolescent-Friendly Facilities

Observations at the health facilities revealed that all the facilities in the program area met all the necessary AFHS standards[8] to be classified as adolescent friendly. Although there was a signboard in front of every facility showing that it is an adolescent-friendly health facility, no facilities displayed the types of health services offered to adolescents, the timing of these services, or where the services were to be provided. Three facilities were also missing the standard guidelines for adolescent health services.

Services Offered and Used at Adolescent-Friendly Facilities

The service providers working in the facilities that were made adolescent friendly reported that these facilities offer a variety of services to adolescents, including information on physical and mental changes during puberty, menstrual problems, anemia, FP, HIV, sexually transmitted infections (STIs), reproductive tract infections (RTIs), ANC, delivery care, PNC, immunization, injury, and nutritional care. Although there is variation in the type of services provided, some services are almost universal, such as ANC, PNC, FP, and services for general health and child health. Some other services, such as nutrition counseling, treatment for injury, or menstrual regulation services, are not provided by all facilities.

[8] The AFHS standards included the availability of specific adolescent-friendly behavior change communication materials; at least one trained A2H staff member; an adolescent corner or discussion space; and the necessary essential supplies and equipment to provide adolescent health services.

Table 10 presents the type of services that were provided to adolescents by the facilities, as recorded in the service registers. Service data from all 21 facilities (1 MCWC, 1 UHC, 17 UHFWC, and 2 FWC) for the six months prior to the assessment are presented separately for boys and girls, by age group and marital status.

As shown in Table 10, the most common service that both adolescent boys and girls received is treatment for general illness such as fever and cough. Other services that they had received varied by gender and marital status. The most common services that unmarried girls received were for weakness, menstrual problems, white vaginal discharge, and anemia; whereas married girls received pregnancy-related care, including ANC, delivery care, and PNC. The number of married women who came for FP services was low. The major reasons for adolescent boys to visit these facilities were weakness and allergy. Service contacts for adolescent boys were less than half the number for adolescent girls. There is no service record of married adolescent boys visiting these facilities.

Table 10. Number of service contacts to adolescents (ages 10–19 years) in 21 health facilities in the program area, in the past six months, according to health facility records

Service type	Adolescent girls					Adolescent boys				
	10–14 years	15–19 years	Married	Unmarried	Total	10–14 years	15–19 years	Married	Unmarried	Total
Menstrual problem	223	633	42	814	856	-	-	-	-	-
Anemia	136	300	33	403	436	36	53	0	89	89
White vaginal discharge	169	450	29	590	619	-	-	-	-	-
RTI/STI	4	17	4	17	21	7	16	0	23	23
ANC	1	943	944	0	944	-	-	-	-	-
Delivery	0	221	221	0	221	-	-	-	-	-
PNC	1	205	206	0	206	-	-	-	-	-
FP	0	20	20	0	20	0	0	0	0	0
General illness*	1,078	1,049	97	2,030	2,127	443	440	0	883	883
Counseling	15	72	0	87	87	9	29	0	38	38
Weakness	375	649	95	929	1,024	112	212	0	324	324
Urinary tract infection	9	48	8	49	57	15	65	0	80	80
Wet dream	-	-	-	-	-	12	100	0	112	112
Allergy	96	137	18	215	233	57	98	0	155	155
Others**	758	946	48	1,656	1,704	420	513	0	933	933
Total	2,865	5,690	1,765	6,790	8,555	1,111	1,526	0	2,637	2,637

* Includes fever, runny nose, and cough

**Includes diarrhea, dysentery, skin diseases, ear infection, helminths, injury, tonsillitis, and sore in the mouth

DISCUSSION AND RECOMMENDATIONS

Discussion

Using a one-time cross-sectional survey complemented by qualitative data collection, this assessment found that the A2H program has generated momentum for social change to reduce the incidence of early marriage. The A2H program seems to have positively affected unmarried girls' preference for marriage at 20 years of age or later and increased their confidence in negotiating with their parents to delay marriage.

Knowledge of the legal age of marriage for girls was almost universal in the program and comparison areas alike, which may indicate wide dissemination of information about the legal age of marriage by the government and national and international agencies. Almost all adolescent girls preferred to marry at age 18 or later, but they expressed the belief that their parents preferred to marry off their daughters at earlier ages. The A2H program interventions seemed to have created an enabling environment conducive to a positive change: postponement of early marriages. Adolescents seemed to have learned negotiation skills to engage their parents and guardians to delay marriage until their preferred age. Parents responded positively to this negotiation and became less insistent on early marriage. (Appendix C presents key results using the Performance Monitoring Plan indicator matrix.)

There is little evidence on the effectiveness of interventions to delay early marriage in Bangladesh or elsewhere. Advancing Adolescent Health provides some of the best evidence so far on what may work. The program organized adolescents and engaged parents, guardians, and influential members of the community in reducing the incidence of early adolescent marriage. A program similar to A2H, with some modifications, has the potential to reduce the incidence of teenage marriage in Bangladesh.

Program participation also has a positive influence on unmarried girls in increasing FP knowledge and confidence in discussion of FP method use in the future. The observed universal knowledge about FP methods and their sources, irrespective of program participation, indicates adolescents' widespread FP knowledge, and thus less effort is needed to increase basic knowledge about FP.

Preference for birth spacing among married adolescent girls was similar in program and comparison areas, suggesting that A2H interventions were not effective in motivating married adolescents to practice birth spacing. Contraceptive use was already quite high, at about 65 percent, in A2H and program areas. It is likely that there is a high unmet need for FP among 15- to 19-year-olds in A2H and comparison areas. Fulfilling this high unmet need among 15- to 19-year-old girls requires more effective interventions, which can be developed through a greater understanding of program barriers and challenges and for which further research is warranted.

Program participation seems to have no effect on the following: (a) menstrual hygiene practices and reducing myths and misconceptions about menstruation, (b) changing attitudes towards gender norms, (c) seeking health services in the past six months, and (c) use of MCWC/UHC/UHFWC/CC in program and comparison areas, despite investments in creating adolescent-friendly health corners in these facilities.

Use of health facilities that were made adolescent-friendly was low in A2H areas. The lack of improvement in AFHS use in the program area may be associated with the existing health system's weaknesses.

The cross-sectional survey in program and comparison areas conducted close to the end of project interventions allowed identification of adolescents who participated in the life-skills education interventions, comparison of this group to nonparticipants, and comparison of adolescents on key outcomes. The mixed methods allowed us to contextualize the findings. However, this design does not allow us to examine change over time. It is possible that adolescents who chose to participate in the program interventions had different attitudes and outcomes before the interventions than those who did not participate, so differences in outcomes between the groups cannot be definitively attributed to

program effects. The community was only exposed to interventions for two years, which is a short period to affect longstanding social norms.

In terms of achieving the three IRs of A2H—(a) delaying age at marriage, (b) delaying the first birth and space between the first and second births, and (c) improving adolescents' health behavior—the findings suggest that the program could achieve only the first IR, delaying age at marriage. Some possible explanations follow. In Bangladesh, especially in rural areas like the A2H program and comparison areas, arranged marriage is the norm, i.e., parents and guardians (or so-called gatekeepers) make the decision when to marry a daughter off and whom the daughter is to marry. Typically, within a year or two of a girl reaching puberty, the girl's guardians arrange her marriage without consideration for her health, education, development, or future opportunities. The A2H interventions provided information both to girls (through life-skills education sessions) and guardians (through orientations) about the merits of delayed marriage. Girls were given the idea of negotiating their marriage age with guardians and taught ways to negotiate and delay marriage. With the joint effects of girls' negotiation and guardians' positive support (owing to guardians' enhanced knowledge about the benefits of delayed marriage), some marriage postponement likely took place. Subsequently, these ideas and information probably diffused in the community among adolescent participants and nonparticipants and among most guardians, resulting in yet more delayed marriages. There were 38 percent unmarried adolescents who participated the program, but the ideas and information of marriage postponement likely spread among nonparticipants and their guardians, thus some nonparticipants might have postponed their marriages. For example, if each adolescent participant discussed what she learned from the A2H program with one nonparticipant, then 76 percent of unmarried adolescents knew about the marriage postponement and related ideas in the program area.

There was no effect on FP and birth spacing among the married adolescents. There are two likely reasons. First, only 13 percent of married adolescents participated. The possibility of diffusion of ideas from one married girl to another is minimal because of their likely seclusion at home. Second, the in-laws encourage an early pregnancy after marriage; resist FP workers to contact their daughters-in-law and thus newlyweds do not have access to information and FP services; some FP workers themselves are probably biased (provider bias) towards early childbearing; and all these have a combined negative effect on FP and thus birth spacing. Qualitative data indicate that orientation meetings, which had profound effect on marriage postponement, did not emphasize birth spacing and FP. Orientation meetings were concerned about early marriage and all the advocacies were for delayed marriage.

The A2H program did not have an effect on improving adolescents' health behavior as measured by the indicator, Percentage of adolescents visiting adolescent-friendly health facilities during their healthcare-seeking. Common adolescent health services include information and services of FP, maternal care for pregnant adolescents, and STI. Family planning information and services in Bangladesh are provided to married women and men only. About half of the adolescents are unmarried and therefore do not qualify to receive FP information and services. The married adolescents who seek FP services and maternal health services go to the general service areas not necessarily to AFHS areas, and thus the indicator used in the study does not capture AFHS. Moreover, as mentioned above, qualitative data suggest, there were no strong advocacies among community gatekeepers for their support in encouraging adolescents to seek AFHS services.

Recommendations

An adolescent health program like that of A2H with some modification may be implemented to reduce the incidence of early teenage marriage in Bangladesh. For A2H, community mobilization through engagement of parents, guardians, and influential members of the community alongside adolescents was the key to success.

- The number of life-skills training sessions may be reduced to have maximum attendance in the program. The program should give emphasis on covering topics which have potential for improving knowledge and changing practice.
- The sessions may be conducted at school for those who are still in school (after-school sessions) and at the community for those who have dropped out of school. This strategy is likely to provide convenience to session attendance and thus increase the level of participation and continuation of the participation in all the sessions. Sessions should be planned and participants be notified well in advance.
- Investing in making existing health facilities adolescent friendly does not seem to be associated with increased use of services. Attention should be given to understand the health service needs of adolescents and the best way to meet those needs.
- Programs like A2H should be given sufficient program implementation time to see visible impact on socially ingrained practices like delaying age of marriage.

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APPENDIX A. UNMARRIED ADOLESCENT GIRLS QUESTIONNAIRE

Advancing Adolescent Health (A2H): An assessment of the intervention among 15- to 19-year-olds

Mitra and Associates

icddr,b

MEASURE Evaluation

Adolescent's Questionnaire

Face Sheet

IDENTIFICATION	
DISTRICT	☐
UPAZILA.....	☐☐
UNION	☐☐
MOUZA.....	☐☐☐
VILLAGE.....	
NAME OF PARA _____	
CLUSTER NUMBER	☐☐☐
HOUSEHOLD NUMBER	☐☐☐
NAME AND LINE NUMBER OF RESPONDENT _____	☐

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY ☐☐ MONTH ☐☐ YEAR ☐☐
INTERVIEWER'S NAME				INT. CODE ☐☐
RESULT*				RESULT* ☐
NEXT VISIT: DATE TIME				TOTAL NO. OF VISITS ☐

INTERVIEWER VISITS

*RESULT CODES:

1 COMPLETED
2 NOT AT HOME
3 POSTPONED
4 REFUSED
5 PARTLY COMPLETED
6 INCAPACITATED
7 OTHER _____
(SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ ☐☐☐	NAME _____ ☐☐	☐☐	☐
DATE: _____	DATE: _____		

Investigator's name: Dr. Quamrun Nahar, Health Systems and Population Studies Division (HSPSD), International Centre for Diarrheal Disease Research, Bangladesh (icddr,b)

Organization: icddr, b

Introduction: Assalamualikum/Adab. My name is _____. I am working with ..... a private research organization located in Dhaka. We are conducting a survey about adolescent health among girls in Rangpur region. The information we collect will help the Government and other agencies to improve adolescent reproductive health including maternal and child health in general. Your household has been selected for the survey. This survey is in collaboration between icddr,b and the University of North Carolina in Chapel Hill USA. I would like to ask you some questions about you and your household. The interview usually takes about 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team.

Why the study is being done: The survey aims to understand the current state and progress of adolescent health care seeking issues in Bangladesh. As these are issues that the government is focusing on, the information provided from this study will be beneficial to better understand health problems faced by adolescents in Bangladesh and how to improve their condition.

What is involved in the study: You have been selected as respondents in this study as you are an adolescent living in the Rangpur area between the ages of 15-19 years. I would like to ask you some questions about your health and healthcare services.

INTERVIEWER VISITS

What will you have to do if you agree to participate: If you agree to participate in this survey, you will be asked questions about your household, reproductive health, adolescent health in general, and utilization of healthcare services. If you don't want to answare any of the questions you can refused to answer.

What are the risks and benefits of this study: By providing information you will not have any risk what so ever, rather this will help the government and policy planners to evaluate, strengthen and refocus national effort to avert Adolescent health policy and improve maternal health services.

Confidentiality: Whatever information you provide will be kept strictly confidential. It will be used for research purposes and will be seen only by staff and researchers of the study.

Is there any compensation for participating in the study: Your participation in the study is voluntary and there are no financial benefits involved in participation.

Right to refuse or withdraw: Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

Who do I contact if I have a question or problem: If you wish to know more about your rights as a participant in this study you may contact the principal investigator of this study at the following address: Dr. Quamrun Nahar, Acting Senior Director, HSPSD, at icddr,b in Mohakhali at 9886498 (Ext. 2527). If you want to know more about your rights as a participant in this research or for any other queries please contact M.A Salam Khan, Committee Coordination Secretary, icddr,b

Dr. Quamrun Nahar Principle Investigator, A2H Assessment Health Systems & Population Studies Division Icddr,b, Mohakhali, Dhaka 1212, Phone: 9886498/2527 E-mail: quamrun@icddrb.org	**M A Salam Khan** IRB Secretariat icddr,b; Mohakhali, Dhaka 1212 Phone: 9886498/3206; 01711-428989 E-mail: salamk@icddrb.org

Do you have any questions? Yes No

Do you agree to participate in this research project? Yes No

Participant's Name: _____ Signature (or thumb print): _____ Date: _____

INTERVIEWER VISITS
Guardian's Name: _____ Signature (or thumb print): _____ Date: _____ Name of person obtaining consent: _____Signature: _____ Date: _____

SECTION 1: RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101.	RECORD THE TIME STARTED.	HOUR ☐☐ MIN ☐☐	
102.	In what month and year were you born?	MONTH ..... ☐☐ DON'T KNOW MONTH.....98 YEAR..... ☐☐☐☐ DON'T KNOW YEAR.....9998	
103.	How old were you at your last birthday? [What is your current age?] COMPARE AND CORRECT 102 AND /OR 103 IF INCONSISTENT	AGE (IN COMPLETED YEARS) …… ☐☐	
104.	Now I would like to ask you about your schooling. Have you ever attended school/madrasa?	YES .....1 NO .....2 →	107
105.	What is the highest class you have completed? WRITE '00' IF NOT COMPLETED ANY CLASS	CLASS..... ☐☐	
106.	Are you currently attending any school/madrasa?	YES .....1 → NO 2	108
107.	What are the main reasons for you, for which you are not attending school/madrasa?	Distance to school.....A Parents concern: Safety.....B Parents concern: School quality.....C Didn't know about school.....D Student: Concern about safety.....E Student: Lack of interest.....F Will get married.....G Had to take care of siblings/others.....H Financial constraints/costly .....I Illness: family/respondent.....J Household Chores/Work.....K To Earn Money .....L Other (specify).....X Don't know.....Z	
108.	What is your religion?	ISLAM.....1 HINDUISM.....2 BUDDHISM .....3 CHRISTIANITY.....4 OTHER (Specify) 6	

109.	Now I would like to ask you some questions about your family members. Please tell me who else lives in this household other than you.	a. Lives in the household (Yes=1, No=2)	b. Who is the guardian of this household? Please enter the serial number of the person.	
1	Myself	☐	☐	
2	Father	☐		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
3	Mother	☐	
4	Grandparents (maternal/paternal)	☐	
5	Siblings	☐	
6	Other relatives	☐	
7	Other non-relatives	☐	
110.	What is the highest level of education completed by your father??	Never went to school ……1 Primary incomplete .....2 Primary completed.....3 Secondary incomplete .....4 Secondary completed or higher .....5 Don't know.....8 Deceased .....9 →	112
111.	What is your father's main occupation?	Farmer (own land) .....11 Farmer (others land) .....12 Skilled labor .....13 Unskilled labor .....14 Business.....15 Govt. Job .....16 NGO job.....17 Private job.....18 Retired.....19 Jobless..... 20 Other (Specify).....96 Don't know.....98	
112.	What is the highest level of education completed by your mother?	Never went to school ……1 Primary incomplete .....2 Primary completed.....3 Secondary incomplete .....4 Secondary completed or higher .....5 Don't know.....8 Deceased .....9 →	117
113.	Other than household chores/work, is your mother engaged in any other income generating activity?	Yes.....1 No.....2 →	117
114.	What work is she engaged with?	Farmer (own land) .....11 Farmer (others land) .....12 Skilled labor .....13 Unskilled labor .....14 Business.....15 Govt. Job .....16 NGO job.....17 Private job.....18 Retired.....19 Other (Specify).....96 Don't know.....98	
117	How often do you read newspaper or magazine? Every day, At least once a week, Less than once a week or Not at all?	Everyday.....1 At least once a week……2 Less than once a week……3 Not at all…….4 →	119

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	Where do you usually read newspaper/magazines?	Home.....A Neighbor/relative/friend's house.....B Tea/coffee shop.....C Market place.....D School/college.....E Place of work.....F Others (Specify).....X	
119	How often do you listen to the radio? Every day, At least once a week, Less than once a week or Not at all?	Everyday.....1 At least once a week……2 Less than once a week……3 Not at all…….4 →	121
120	Where do you usually listen to the radio?	Home.....A Neighbor/relative/friend's house.....B Tea/coffee shop.....C Market place.....D School/college.....E Place of work.....F Others (Specify).....X	
121	How often do you watch television? Every day, At least once a week, Less than once a week or Not at all?	Everyday.....1 At least once a week……2 Less than once a week……3 Not at all…….4 →	123
122	Where do you watch TV?	Home.....A Neighbor/relative/friend's house.....B Tea/coffee shop.....C Market place.....D School/college.....E Place of work.....F Others (Specify).....X	
123	Do you own a mobile phone?	Yes.....1 → No.....2	126
124	Does any other member of your household have mobile phone?	Yes.....1 No.....2 →	127
125	Can you use the mobile phone, in case you need it?	Yes.....1 No.....2 →	127
126	What do you usually do with a mobile phone?	Making and receiving phone calls.....A Sending and receiving message.....B Access the internet.....C Taking photo.....D Playing games.....E Listen to music.....F Download apps.....G Record video.....H Send and receive email.....I Get direction or location-based info.....J Listen to radio ……..K Watch video, cinema, play saved in memory card….L Use the calculator ……M	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		Other (specify).....X	
127	How often do you use internet?	Everyday.....1 At least once a week……2 Less than once a week……3 Not at all…..……..4 ⟶	201
128	Where do you browse internet?	Home.....A Neighbor/relative/friend's house.....B Cyber cafe/Shop/ Market place.....C School/ college.....D Place of work.....E Others (Specify).....X	
129	Which device do you use to browse the internet?	Mobile Phone.....A Laptop.....B Desktop.....C Tablet.....D Other (specify).....X	

Section 2: Menstruation

Now I would like to talk to you about menstruation. As you know, we all have gone through this experience, so there is nothing to be shy or ashamed of. In this section, I would ask you about your opinion regarding menstrual health related issues.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	Now I would like to ask you some questions about menstruation and menstrual hygiene		
201	Have you started experiencing the monthly periods/menstruation (this usually happens monthly for all adult girl)?	Yes.....1 No .....2 →	301
202	How old were you when your period/menstruation first started?	In Years:…… ☐☐	
203	What do you use during period/menstruating?	Cloth.....A Sanitary napkin.....B Cotton .....C Toilet/Tissue paper.....D Other (Specify) X	205
204	How do you wash the cloth that you use during period/menstruating?	Only water .....A Water and soap/detergent .....B Water and soda.....C Dettol/Sevlon……..D Other (Specify) .....X Do not wash/Throw away .....Y	
205	How many times a day do you change the cloth/sanitary napkins?	_____ Times	
206	CHECK 106: Currently attending ☐ Not attending school ☐ →		210
207	During your period/menstruation do you go to school ?	Yes, always.....1 → Yes, sometimes.....2 No, never.....3	210
208	Why do you go to school sometime or never during your Menstruation /Period?	Feel embarrassed ……A Suffered cramps/pain in the lower abdomen…… .....B Heavy flow……..C Didnt have any sanitary pads……..D Didn't have cloth……..E Was told not to go by parents……F No bathroom facilities in school……I Teacher instructed to return home……J School toilet isn't clean……K Toilet doesn't have access to water ……L It's hard to change cloth ……M Worried that someone might see/sense it ……..N Body becomes impure……O Others (Specify)……X	
209	During your last menstrual period, because of menstruation how many days of school did you miss?	_____ days Don't remember.....98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	(When school was open)		
210	Can you seek information OR talk to anyone if you have any queries regarding menstruation?	Yes.....1 No .....2 →	212
211	Who can you talk to?	Mother.....A Sister.....B Friend..... C Teacher..... D Other Relatives.....E Neighbor .....F Govt Field Worker ..... G ESDO/LAMB Field Worker……...H Other Field Worker ……I Doctor/Nurse ..... J Other (Specify _____) X	
212	In the last 12 months did you experience any (physical) problem before or during your period/menstruation	Yes, I have experienced some problem.....1 No problem.....2. →	217
213	In the last 12 months what type of physical problem before or during your period/menstruation did you experience?	Lower back pain.....A Cramps in leg.....B Pain in lower abdomen.....C Body ache.....D Clotted blood ….....E Irregular period ……..F Heavy bleeding ……..G Itching/burning in vaginal area…….H Felt indolent…….....I Other (specify).....X	
214	Have you sought any treatment from a medical provider for this problem in the last 12month?	Yes.....1 No .....2 →	217
215	In last 12 month how many times did you seek treatment?	_____ Times	
216	Where did you go? Anywhere else? CIRCLE ALL MENTIONED.	**PUBLIC SECTOR** Medical college/specialized hospital .....A District hospital.....B Maternal child welfare center (MCWC) .... C Upazila Health Complex ..... D Union Health & Family Welfare Centre .....E Satellite clinic/EPI outreach site.....F Community clinic ..... G Family Welfare Assistant (FWA) ..... H Health Assistant (HA) .....I Other govt._____ ..... J (Specify) **NGO SECTOR** NGO static clinic/hospital.....K NGO satellite clinic L	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		NGO depot holder ..... M NGO fieldworker..... N Other NGO_____..... O (Specify) **PRIVATE MEDICAL SECTOR** Private hospital/clinic/ Medical college.....P Qualified doctor's chamber..... Q Non-qualified doctor's chamber ..... R Pharmacy/drug store .....S Other private medical _____... T (Specify)			
	Now I am going to read out some statements about menstruation which may be true or false. Please take your time to understand the statements and decide if you agree or disagree with the statements.				
217		**Agree**	**Disagree**	**Unsure/Don't know**	
a.	Menstrual blood is unhygienic.	1	2	3	
b.	During menstruation the body becomes impure	1	2	3	
c.	Menstruation is a disease.	1	2	3	
d.	One cannot take sour during menstruation	1	2	3	

Section 3: Marriage

Marriage is an important element of life. Everyone is expected to get married at a certain point to start their own family. In the following section, I will ask you a few questions on marriage to gain a better understanding of this important life event.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	What do you think, what is the correct age for a girl to get married?	Age in years ☐☐	
301a	At what age would you like to be married?	Age in years ☐☐	
301b	At what age would your parents/ guardians like you to be married?	Age in years ☐ Don't know.....98 →	301d
301c	CHECK Q301a (RESPONDENTS PREFERRED AGE) and Q301b (PARENTS' PREFERRED AGE).	Respondents preffered age and Parents preffered age same (301a and 301b matches) ……1 Respondents preffered age is less than Parents preffered age (301a response is less than 301b response) ……2 Respondents preffered age is more than Parents preffered age (301a response is more than 301b response) ……3	313
301d	How likely is it that you would be able to convince your parents /guardian to delay the age at which you want to marry?	Extremely likely ..... 1 Very likely ..... 2 not very likely.....3 Not sure 4	313
301e	Is there anybody who can assist you to convince your parents/ guardian to delay the age at which you want to marry?	Yes ..... 1 No ..... 2 →	313
301f	Who can assist you to convince your parents/ guardian to delay the age at which you want to marry?	Grandparents.....A Brother.....B Sister.....C Uncle/aunty.....D Brother-in-law.....E Sister-in-law.....F Other relatives.....G Neighbors/friends.....H Teacher.....I Local leaders.....J OTHER (specify).....X	
313	Do you know the legal minimum age of marriage for girls?	Yes ..... 1 No ..... 2 →	315
314	What is the legal minimum age of marriage for girls?	Age in years..... ☐☐	
315	Do you know the legal minimum age of marriage for boys?	Yes ..... 1 No ..... 2 →	316a

316	What is the legal minimum age of marriage for boys?	Age in years..... ☐☐	
316a	Do you think that your parents/guardian knows the legal minimum age of marriage for girls?	Yes .....1 No.....2 Don't know.....8	
316b	Do you think that your parents/guardian knows the legal minimum age of marriage for boys?	Yes .....1 No.....2 Don't know.....8	
316c	Do you know arranging marriage before legal age is against the law?	Yes ..... 1 No..... 2 →	317
316d	What are the punishments for a marriage before the legal age in Bangladesh?	Imprisonment..... 1 Monitory Fine ..... 2 Both..... 3 Other (Specify)..... 6 Don't Know 8	
317	In our society, some girls marry early (before the legal age of marriage). Do you know any health consequence of such marriages?	Yes ..... 1 No..... 2 →	319
318	Could you please tell me some health consequence of early marriage (before age 18) DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	Risk of HIV and other STIs.....A Cervical cancer .....B High risk pregnancy .....C Complicated delivery.....D Maternal death ……E Physical illness ……F Child death ……..G Abortion……..H Handicapped children……I Immature children……J Sick/malnourished children ……..K Lower working ability of the mother…….L Maternal fistula……M Other (Specify).....X Do not know ……Z	
319	Do you know any social consequences of such marriage?	Yes ..... 1 No..... 2 →	401

320	Could you please tell me some social consequence of early marriage (before age 18) for girls? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	Drop out of school.....A Limited economic opportunities.....B Poverty .....C Incomplete mental development.....D Not prepared for motherhood .....E Increase risk of Divorce/Polygamy……..F One's early marriage influences another early marriage ……...G Family anarchy ……...H Increased Population ……..I Other (Specify)…….X	

Section 4: Contraception and Birth Spacing

Now I would like to talk about family planning – The various ways or methods that a couple can use to delay or avoid a pregnancy

CIRCLE CODE 1 IN 401 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 402. READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED IN CODE 402. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLE IN 401 OR 402.

401	Which ways or methods have you heard about?	SPONTANEOUS	402. Have you ever heard of (METHOD)? PROBED	
			YES	NO
		YES		
401A	**PILL**: A pill which women can take every day to prevent pregnancy.	1	2	3
401B	**CONDOM**: Men can put a rubber sheath on their penis before sexual intercourse	1	2	3
401C	**INJECTION**: Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months	1	2	3
401D	**MALE STERILIZATION (VASECTOMY)**: Men can have an operation to avoid having any more children.	1	2	3
401E	**FEMALE STERILIZATION**: Woman can have an operation to avoid having any more children.	1	2	3
401F	**IUD/Copper T**: Women can have a loop or coil placed inside them by a doctor or a nurse to prevent pregnancy.	1	2	3
401G	**IMPLANT/NORPLANTS**: Women can have several small rods placed in their upper arm by a doctor or nurse, which can prevent pregnancy for one/several years.	1	2	3
401H	**SAFE PERIOD (COUNTING DAYS, CALENDER, and RHYTHM METHOD**: Couples can avoid having sexual intercourse on certain days of the month when the women is more likely to get pregnant.	1	2	3
401I	**WITHDRAWAL**: Men can be careful and pull out before climax.	1	2	3
401J	Have you heard of any other ways or methods that women or men can use to avoid pregnancy? _____ (SPECIFY) _____ (SPECIFY)	1	2	3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
404.	Do you know any place or person where people/couple can get family planning information and services?	Yes ..... 1 No ..... 2 ⟶	405a
405.	Where is that place? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	**PUBLIC SECTOR** Medical college/specialized hospital ..... A District hospital ..... B Maternal child welfare center (MCWC) ... C Upazila Health Complex ..... D Union Health & Family Welfare Centre ... E Community clinic ..... F Satellite clinic/EPI outreach site ..... G Govt. field worker (FWA) ..... H Other govt. (Specify) ..... I **NGO SECTOR** NGO static clinic ..... J NGO satellite clinic ..... K NGO depot holder ..... L NGO fieldworker ..... M Other NGO (Specify) ..... N **PRIVATE MEDICAL SECTOR** Private hospital/ Medical college/clinic .... O Qualified doctor's chamber ..... P Non-qualified doctor's chamber ..... Q Pharmacy/drug store ..... R Other private medical (Specify) ..... S **OTHER SOURCE** Shop ..... T Friend/relatives ..... U Other (Specify) X	
Now I would like to ask you some questions about, your thoughts on using family planning methods when you would get married in future.			
405a	In the future when you are married, how confident you are that you will use contraception to delay or avoid pregnancy at any time in the future?	Very Confident ..... 1 Confident ..... 2 Not very confident ..... 3 Do not know 8	
405b	In the future when you are married, how confident you are that you will be able to ask a health care provider about FP/contraception?	Very Confident ..... 1 Confident ..... 2 Not very confident ..... 3 Do not know 8	
405c	In the future when you are married, how confident you are that you will be able to discuss FP/contraception with your husband?	Very Confident ..... 1 Confident ..... 2 Not very confident ..... 3 Do not know 8	
405d	In your opinion, at what age a woman should have her first baby?	Age in years ..... ☐☐ Don't know 98	
405e	In your opinion, how long a woman should wait between two births?	____ years	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		Donot know…….98	

Section 6: Rights, Equality, and Gender Based Violence

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	NO.
601	Now I would like to say some statements to you. You can agree to these or disagree to these. Please listen carefully and let me know if you agree or disagree with the following statements:		
601a	The important decisions in the family should be taken by a man	Agree ..... 1 Disagree ..... 2 Don't Know 8	
601b	Even for a working woman, household chores are for women only, not for men	Agree ..... 1 Disagree ..... 2 Don't Know 8	
601c	A man should decide how many children a couple should have	Agree ..... 1 Disagree ..... 2 Don't Know 8	
601d	A family is not complete until they have at least one son	Agree ..... 1 Disagree ..... 2 Don't Know 8	
601e	A woman should always obey her husband, even if she does not agree with her husband	Agree ..... 1 Disagree ..... 2 Don't Know 8	
601f	Husband has the right to beat a woman when she does not obey him	Agree ..... 1 Disagree ..... 2 Don't Know 8	
601g	A married woman should take permission from her husband to work outside of home	Agree ..... 1 Disagree ..... 2 Don't Know 8	
601h	Women does not have the right to divorce	Agree ..... 1 Disagree ..... 2 Don't Know 8	
	Now I'd like to ask you some questions about sexual harassment. Please do not be feel shy about any questions, as the information you provide us would be very useful.		
602	Have you heard about the word "sexual harassment"?	Yes ..... 1 No ..... 2 ⟶	608
603	What is sexual harrassment?	Lewd stare.....A Sly whistle .....B Unwarranted bump.....C Humming suggestive songs.....D Passing downright uncouth comments .....E Display of/Send indecent snaps or videos .....F Taking photos/videos ……G Calling by names ……H Sending indecent texts.....I Giving threat ……J Following around……K Trying to hold hand/Scarf……..L Other (specify_____).....X	
604	If a girl faces sexual harrassment, what should she do? DO NOT READ OUT RESPONSES.	Loudly say NO……A Move away from the area……B	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	NO.
	CIRCLE ALL MENTIONED.	Find a safe place……C Scream and try to gather people.....D Get away from the area by making friendly gesture…….E Other (Specify)…….. X Don't know……..Z	
605	What is the punishement for sexual harrassment in Bangladesh?	Imprisonment .....1 Monetary fine .....2 Both .....3 Hanging ..... 4 Other (Specify).....6 Don't Know 8	
606	Should a girl facing sexual harrasement seek help?	Yes ..... 1 No ..... 2 →	608
607	What are some sources a girl can go to for help? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	Parents .....A In-Laws .....B Elder brother/sister.....C Older cousin.....D Uncle/Aunt .....E Friends.....F School teacher/principal.....G Community leaders .....H Religious leader ..... I Police/law enforcement .....J Inform the parents of the offender ……..K Neighbour……L Other (Specify).....X Don't know .....Z	
608	Now I am going to ask you about some aspects of decision-making in your family. Could you please tell me, who is the main decision-maker in the family regarding the following issues		
A	When it comes to going outside of your home who makes the decision?	Respondent Herself ..... A Mother ..... B Father ..... C Brother..... D Sister ..... E Brother in Law..... F Sister in Law..... G Other Member of the Family ..... H Other ..... X (Specify)	
B	When it comes to, when would you marry, who makes the decision?	Respondent Herself ..... A Mother ..... B Father ..... C Brother..... D Sister ..... E Brother in Law..... F Sister in Law..... G Other Member of the Family ..... H	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	NO.
		Other ..... X (Specify)	
C	When it comes to taking deciding about your future studies, who makes the decision?	Respondent Herself ..... A Mother ..... B Father ..... C Brother..... D Sister ..... E Brother in Law..... F Sister in Law..... G Other Member of the Family ..... H Other ..... X (Specify)	

		Mother			Father			Other Guardian		
		Y	**N**	**NA**	**Y**	**N**	**NA**	**Y**	**N**	**NA**
609	Do you feel comfortable discussing following issues with your mother, father or other guardian: If the respondent does not have parents, then ask about "Guardian".									
a.	Menstruation	1	2	9	1	2	9	1	2	9
b.	When to marry	1	2	9	1	2	9	1	2	9
c.	Who to marry	1	2	9	1	2	9	1	2	9
d.	Intimate/Personal relationship	1	2	9	1	2	9	1	2	9
e.	Sexual harassment	1	2	9	1	2	9	1	2	9
f.	Progress in studies	1	2	9	1	2	9	1	2	9
g.	Seeking health services(for self)	1	2	9	1	2	9	1	2	9
h.	Hanging out with friends	1	2	9	1	2	9	1	2	9
i.	Participation in recreational activities	1	2	9	1	2	9	1	2	9
j.	Participation in income generating activities	1	2	9	1	2	9	1	2	9

Section 7: Utilization of Health Services

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	Now I would like to ask you some questions about the health facility (s) from where you may receive any services.		
701	During the last 6 months, did you visit any health facility for information and/or services for your own health?	Yes .....1 No.....2 →	801

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
702	Where did you go? Any other places? Probe for the answer.	**PUBLIC SECTOR** Medical college/specialized hospital ..... A District hospital ..... B Maternal child welfare center (MCWC) ..... C Upazila Health Complex ..... D Union Health & Family Welfare Centre ..... E Satellite clinic/EPI outreach site ..... F Community clinic ..... G Other govt facility _____ ..... H (Specify) **NGO SECTOR** NGO static clinic/Hospital ..... K NGO satellite clinic ..... L Other NGO _____ ..... M (Specify) **PRIVATE MEDICAL SECTOR** Private hospital/clinic/Medical college ..... P Qualified doctor's chamber ..... Q Non-qualified doctor's chamber ..... R Pharmacy/drug store ..... S Other private medical _____ ..... T (Specify)	
703	How many visits did you make?	_____ TIMES	
704	In the most recent past, which health facility did you visit?	**PUBLIC SECTOR** Medical college/specialized hospital ..... 11 District hospital ..... 12 Maternal child welfare center (MCWC) .... 13 Upazila Health Complex ..... 14 Union Health & Family Welfare Centre .... 15 Satellite clinic/EPI outreach site ..... 16 Community clinic ..... 17 Other govt.(specify) _____ ..... 18 **NGO SECTOR** NGO static clinic/Hospital ..... 21 NGO satellite clinic ..... 22 Other NGO (specify) _____ ..... 23 **PRIVATE MEDICAL SECTOR** Private hospital/clinic/Medical college ..... 31 Qualified doctor's chamber ..... 32 Non-qualified doctor's chamber ..... 33 Pharmacy/drug store ..... 34 Other private medical (specify) _____ 35	
705	What was the health problem for which you visited the health facility, in the most recent past?	Menstrual problem ..... A Anaemia ..... B White discharge C	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		RTI/STI.....D Burning sensation during urination.....E General illness (fever/cough etc).....F Weakness.....G Allergy/Itching.....H Injury.....I TT/other Immunization.....J Diarrhoea/ Dysentry.....K Gastric problem.....L Didn't get any service ……..R Other (specify).....X	→ 715
706	Did you get information for your problem during your last visit?	Yes .....1 No.....2	
707	Did you get service for your problem during your last visit?	Yes .....1 No.....2	
708	Did you wait for long time to get services from the health facility?	Yes ..... 1 No..... 2 Unsure/Don't Know 8	
710	Was there any outsider present during your conversation with the service provider?	Yes ..... 1 No..... 2 Unsure/Don't Know 8	
711	Did the service provider listen to you attentively?	Yes ..... 1 No..... 2 Unsure/Don't Know 8	
712	Do you think you understood everything that the provider told you?	Yes ..... 1 No..... 2 Unsure/Don't Know 8	
713	Did they give you any information materials (picture/ leaflet/booklet) to take home?	Yes ..... 1 No..... 2 Unsure/Don't Know 8	
714	Did you feel happy/satisfied with the services provided?	Yes ..... 1 No..... 2 Unsure/Don't Know 8	
715	Did you see any signs in the health facility which shows that the facility provides services for adolescents?	Yes ..... 1 No..... 2 Unsure/Don't Know 8	
716	Did you see any information material (signboard, poster, and leaflet) about adolescent health in the health facility?	Yes ..... 1 No..... 2 Unsure/Don't Know 8	
717	Was there any designated/assigned sitting space for adolescents in that health facility?	Yes ..... 1 No..... 2 Unsure/Don't Know 8	

Section 8: Program Participation

NO.	QUESTIONS AND FILTERS	CODING CATEFORIES				SKIP
801	In the last two years, have you been involved in any adolescent program?	Yes .....1 No .....2 →				901
802	What is the name of that adolescent program? PROBE..... Any other program?		Spontaneously	Probe		
				Yes	No	
		A2H	1	2	3	
		Ashirbad	1	2	3	
		Born on Time	1	2	3	
		Any other program (Specify) ……	1	2	3	
803	CHECK Q802	A2H program was mentioned.....1 A2H program and other program was mentioned.....2 A2H program was not mentioned, but other program was mentioned.....3 → No program was mentioned.....4 →				817 901
	Now I would like to ask you about some questions on your participation/involvement in the A2H program.					
804	Could you please tell me, when was the first time you participated in the A2H program?	Months..... ☐☐ Do not know ……..…98 Year …… ☐☐ Do not know ……9998				
805	When was the last time you participated in any event of the A2H program?	Months..... ☐☐ Do not know ……..…98 Year …… ☐☐ Do not know ……9998				
806	Are you still involved in any event of the A2H program?	Yes .....1 No 2				
807	How many sessions did you attend?	Sessions…….. ☐☐				
808	Do you know how many sessions you were supposed to attend?	Yes .....1 No .....2 →				809
808a	If YES, how many sessions you were supposed to attend?	Number…… ☐☐				
809	Did you attend all the sessions that you are supposed to attend?	Yes .....1 → No .....2 Do Not Know.....9				811

NO.	QUESTIONS AND FILTERS	CODING CATEFORIES	SKIP
810	What was the reason for not attending those sessions?	Working in any income generating activities ……. A No longer interested in that session…….....B Was not allowed by parents ……..C Husband didn't permit ……D Was not allowed by in-laws.. ……..E Unwell/suffering from illness……F Visiting outside of the community……G Didn't know about the session timetable ……H Was not called for the session ……..I Session took place during school time ……J Others (Please specify) …… X	

811 I would like to know whether you attended the mentioned sessions on listed topics, and whether you liked the session or not.

	ATTENDED 811 A				LIKED 811 B	
	Y	N	Didn't take place	Can't remember	Y	N
a. Aim in life	1	2	3	4	1	2
b. Puberty and body change	1	2	3	4	1	2
c. I am a girl or boy	1	2	3	4	1	2
d. My Relationship	1	2	3	4	1	2
e. Family Planning	1	2	3	4	1	2
f. STI and HIV	1	2	3	4	1	2
g. Sexual harassment	1	2	3	4	1	2
h. Decision making	1	2	3	4	1	2

812 Which aspect in particular did you like about the sessions (among the session she attended)?

The topic that was being discussed..... A
Interacting with my peers..... B
Being able to discuss an important topic in an encouraging environment..... C
Learning something new..... D
The way the facilitator taught the session ..... E
They taught easily in the session .....F
Others (Specify) X

Did not like any session.....Y
Did not attend any session.....Z

813 What in particular that **<u>you did NOT</u>** like about the sessions (among the session she attended)?

The topic of discussion was not interesting..... A
The session wasn't being conducted properly . B
Felt uncomfortable during the training..... C
On many occasions the session was conducted in haste ……D
Others (Specify) X

Did not attend any session.....Y
Liked all the session.....Z

814 Have you seen the book/booklet 'Nijeke Jano'?

Yes 1
No.....2 → 816

815 There are four different book/booklets of Nijeke Jano. Have you seen, read and have a copy of your own of Nijeke Jano booklets mention below?

a. Puberty
b. New feelings, new passions
c. STI and HIV
d. Marriage and family health

Book/Booklets	Seen 815 A		Read 815 B		Own a copy 815 C	
	Y	N	Y	N	Y	N
a. Puberty	1	2	1	2	1	2
b. New feeling, new passions	1	2	1	2	1	2
c. STI and HIV	1	2	1	2	1	2

		d. Marriage and family health	1	2	1	2	1	2		
816	CHECK 802	Only A2H program is mentioned.....1 A2H program and other program are mentioned.....2								901

	Now I would like to ask you some questions about [_____] program (please mention the name of the program mentioned in Q802).		
817	What is the name of the organization/NGO that runs this [name of the program mentioned in Q802] program?	BRAC……..……..1 LAMB……2 ESDO…….……3 SKS……4 RDRS……5 Other (specify)…….....8	
818	What are the activities that you participate under this program? MULTIPLE ANSWERS ACCEPTABLE	a. Life-skill education…..……...A b. Health education……B c. Income generation…….....……..C d. Vocational training…….....……..D e. Other (specify)…….....X	
819	Could you please tell me, when was the first time you participated in this program?	Months..... ☐☐ Do not know ……..…98 Year …… ☐☐ Do not know ……9998	
820	When was the last time you participated in any event of this program?	Months..... ☐☐ Do not know ……..…98 Year …… ☐☐ Do not know ……9998	
821	Are you still involved in any event of the A2H program?	Yes .....1 No.....2	
822	How many sessions did you attend?	Sessions……. ☐☐	

Section 9: Household Information

Now I would like to ask you some questions about your household. You may like to answer these questions by yourself or take assistance from others in the household to answer these questions.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	What is the main source of drinking water for members of your household?	**PIPED WATER** Piped into dwelling ..... 11 Piped to yard/plot ..... 12 Public tap/standpipe ..... 13 Tube well or borehole ..... 21 **DUG WELL** Protected well ..... 31 Unprotected well ..... 32 **WATER FROM SPRING** Protected spring water ..... 41 Unprotected spring water ..... 42 Rainwater ..... 51 Tanker truck 61	
902	What kind of toilet facility does members of your household usually use?	**Flush or pour flush toilet** Flush to piped sewer system ..... 11 Flush to septic tank ..... 12 Flush to pit latrine ..... 13 Flush to somewhere else ..... 14 Flush, don't know where ..... 15 **Pit latrine** Ventilated improved pit latrine ..... 21 Pit latrine with slab ..... 22 Pit latrine without slab /open pit ..... 23 Composting toilet ..... 31 Bucket toilet ..... 41 Hanging toilet/latrine ..... 51 No facility/bush/field ..... 61 Other_____ ..... 96 (Specify)	→ 904
903	Do you share this toilet facility with any other households?	Yes ..... 1 No 2	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
904	Main Material of the Floor RECORD OBSERVATION	**Natural Floor** Earth/Sand ..... 11 **Rudimentary Floor** Wood Planks ..... 21 Palm/Bamboo ..... 22 **Finished Floor** Parquet Or Polished Wood..... 31 Ceramic Tiles ..... 32 Cement ..... 33 Carpet 34	
905	Main Material of the Roof RECORD OBSERVATION	**Natural Roofing** No Roof ..... 11 Thatch/Palm Leaf/Polythene/Jute stick ..... 12 **Rudimentary Roofing** Palm/Bamboo ..... 21 Wood Planks ..... 22 Cardboard ..... 23 **Finished Roofing** Tin ..... 31 Wood ..... 32 Ceramic Tiles ..... 33 Cement ..... 34 Roofing Shingles ..... 35 **Other** _____ 96 (Specify)	
906	Main Material of the Exterior Walls RECORD OBSERVATION.	**Natural Walls** No Walls ..... 11 Thatch/Palm Leaf/Polythene/Jute stick ..... 12 Mud ..... 13 **Rudimentary Walls** Bamboo/Bamboo With Mud ..... 21 Stone With Mud ..... 22 Plywood ..... 23 Cardboard ..... 24 **Finished Walls** Tin ..... 31 Cement (with plaster) 32	
907	Does your household have: Electricity? Solar Electricity? A radio? A television? A mobile telephone? A non-mobile telephone? A refrigerator? An almirah/wardrobe? An electric fan?		

	Yes	No
A. Electricity	1	2
B. Solar Electricity	1	2
C. Radio	1	2
D. Television	1	2
E. Mobile Telephone	1	2
F. Non-Mobile Telephone	1	2
G. Refrigerator	1	2
H. Almirah/Wardrobe	1	2
I. Electric Fan	1	2
J. DVD/VCD Player	1	2
K. Water Pump	1	2
L. IPS/Generator	1	2

No.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
	A DVD/VCD player?	M. Air Conditioner	1	2	
	A water pump?	N. Computer/Laptop	1	2	
908	Does your household own any land (other than the homestead land)?	Yes .....1 No.....2			
909	End of household interview	Hour ☐☐ Minute ☐☐			

APPENDIX B. MARRIED ADOLESCENT GIRLS QUESTIONNAIRE

Advancing Adolescent Health (A2H): An assessment of the intervention among 15-19 year olds

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Mitra and Associates

icddr,b

MEASURE Evaluation

Adolescent's Questionnaire

Face Sheet

IDENTIFICATION	
DISTRICT	☐
UPAZILA.....	☐☐
UNION	☐☐
MOUZA.....	☐☐☐
VILLAGE.....	
NAME OF PARA _____	
CLUSTER NUMBER	☐☐☐
HOUSEHOLD NUMBER	☐
NAME AND LINE NUMBER OF RESPONDENT_____	☐☐☐

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY ☐☐ MONTH ☐☐ YEAR ☐☐
INTERVIEWER ' S NAME				INT. CODE ☐☐
RESULT*				RESULT* ☐
NEXT VISIT: DATE TIME	.	.		TOTAL NO. OF VISITS ☐

INTERVIEWER VISITS			
*RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED 7 OTHER _____ (SPECIFY)			
SUPERVISOR NAME _____ ☐☐☐ DATE: _____	FIELD EDITOR NAME _____ ☐☐☐ DATE: _____	OFFICE EDITOR ☐☐	KEYED BY ☐ ☐

Investigator's name: Dr. Quamrun Nahar, Health Systems and Population Studies Division (HSPSD), International Centre for Diarrheal Disease Research, Bangladesh (icddr,b)

Organization: icddr, b

Introduction: Assalamualikum/Adab. My name is _____. I am working with _____, a private research organization located in …… . We are conducting a survey about adolescent health among girls in Rangpur region. The information we collect will help the Government and other agencies to improve adolescent reproductive health including maternal and child health in general. Your household was selected for the survey. This survey is in collaboration between icddr,b and the University of North Carolina in Chapel Hill USA. I would like to ask you some questions about your household. The questions usually take about 1 hour. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team.

Why the study is being done: The survey aims to understand the state and progress of adolescent health care seeking issues in Bangladesh. As these are issues that the government is focusing on, the information provided from this study will be beneficial to better understand health problems faced by adolescents in Bangladesh and how to improve their condition.

What is involved in the study: You have been selected as respondents in this study as you are an adolescent girl living in this area between the ages of 15-19 years. I would like to ask you some questions about your health and healthcare services.

What will you have to do if you agree to participate: If you agree to participate in this survey, you will be asked questions about your household, reproductive health, adolescent health in general, and utilization of healthcare services. If you do not have to answer any question that you can avoid it. .

What are the risks and benefits of this study: By providing information you will not have any risk what so ever, rather this will help the government and policy planners to evaluate, strengthen and refocus national effort to adolescent health policy and maternal health.

Confidentiality: Whatever information you provide will be kept strictly confidential. It will be used for research purposes and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study: There are no financial benefits involved in participation.

Right to refuse or withdraw: Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

Who do I contact if I have a question or problem: If you wish to know more about your rights as a participant in this study you may contact the principal investigator of this study at the following address: Dr. Quamrun Nahar, Acting Senior Director, HSPSD, at icddr,b in Mohakhali at 9886498 (Ext. 2527). If you want to know more about your rights as a participant in this research or for any other queries please contact M.A Salam Khan, Committee Coordination Secretary, icddr,b

Dr. Quamrun Nahar Principle Investigator, A2H Assessment Health Systems & Population Studies Division icddrb,, Mohakhali, Dhaka 1212, Phone: 9886498/2527 E-mail: quamrun@icddrb.org	**M A Salam Khan** IRB Secretariat icddr,b; Mohakhali, Dhaka 1212 Phone: 9886498/3206; 01711-428989 E-mail: salamk@icddrb.org

Do you have any questions? Yes No

Do you agree to participate in this research project? Yes No

Participant's Name: _____ Signature (or thumb print): _____ Date: _____

Guardian's Name: _____ Signature (or thumb print): _____ Date: _____

Name of person obtaining consent: _____ Signature: _____ Date: _____

Principle Investigator or her representative signature: Date:

(Any individual apart from study investigator(s) who has been designated to obtain consent needs to provide their full name and designation along with a signature)

SECTION 1: RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115.	RECORD THE TIME STARTED.	Hour ☐☐ Min ☐☐	
116.	In what month and year were you born?	Month ..... ☐☐ Don't Know Month .....98 Year..... ☐☐☐☐ Don't Know Year.....9998	
117.	How old were you at your last birthday? [What is your current age?] COMPARE AND CORRECT 102 AND /OR 103 IF INCONSISTENT	AGE (IN COMPLETED YEARS) …… ☐☐	
118.	Now I would like to ask you about your schooling. Have you ever attended a school/madrasa?	Yes.....1 No .....2 →	107
119.	What is the highest class you have completed? WRITE '00' IF NOT COMPLETED ANY CLASS	Class ☐☐	
120.	Are you currently attending any school/madrasa?	Yes.....1 → No 2	10
121.	What are the main reasons for you, for which you are not attending school/madrasa?	Distance to school.....A Parents concern: Safety.....B Parents concern: School quality.....C Didn't know about school.....D Student: Concern about safety.....E Student: Lack of interest.....F Will get married.....G Had to take care of siblings/others.....H Financial constraints/costly .....I Illness: family/respondent.....J Household Chores/Work.....K For income.....L Husband did not allow.....M Father in law/mother in law didn't allow.....N Other (specify).....X Don't know.....Z	
122.	What is your religion?	ISLAM .....1 HINDUISM.....2 BUDDHISM .....3 CHRISTIANITY.....4 OTHER (Specify).....6	
123.	Now I would ask some questions about your family members. Please tell me you and who else lives in this household .	c. Lives in the household (Yes=1, No=2) | d. Who is the guardian of this household? Please enter the serial number of the person.	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1	Self	☐	☐☐
2	Father	☐	☐
3	Mother	☐	
4	Grand parent (Maternal/Paternal)	☐	
5	Siblings	☐	
6	Husband	☐	
7	Father in law	☐	
8	Mother in law	☐	
9	Brother in law	☐	
10	Sister in law	☐	
11	Child		
12	Other relatives	☐	
13	Other non relaives	☐	
124.	What is the highest level of education completed by your father?	Never went to school.....1 Primary incomplete ..... 2 Primary completed ..... 3 Secondary incomplete..... 4 Secondary completed or higher..... 5 Don't know ..... 8 Deceased ..... 9 →	112
125.	What is your father's main occupation?	Farmer (own land) ..... 11 Farmer (others land) ..... 12 Skilled labor ..... 13 Unskilled labor ..... 14 Business ..... 15 Govt. Job ..... 16 NGO Job.....17 Private Job..... 18 Retired ..... 19 Jobless ..... 20 Other (Specify)..... 96 Don't know 98	
126.	What is the highest level of education completed by your mother?	Never went to school ……1 Primary incomplete ..... 2 Primary completed ..... 3 Secondary incomplete..... 4 Secondary completed or higher..... 5 Don't know ..... 8 Deceased ..... 9 →	115

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
127.	Other then household chores/work, is your mother engaged in any other income generating activity?	Yes.....1 No.....2 →	115
128.	What work is she engaged with?	Farmer (own land) ..... 11 Farmer (others land) ..... 12 Skilled labor ..... 13 Unskilled labor ..... 14 Business ..... 15 Govt. Job ..... 16 NGO job.....17 Private job ..... 18 Retired ..... 19 Other (Specify) ..... 96 Don't know 98	
129.	What is the highest level of education completed by your husband?	Never went to school ……1 Primary incomplete ..... 2 Primary completed ..... 3 Secondary incomplete..... 4 Secondary completed or higher..... 5 Don't know 8	
130.	What is your husband's main occupation?	Farmer (own land) ..... 11 Farmer (others land) ..... 12 Skilled labor ..... 13 Unskilled labor ..... 14 Business ..... 15 Govt. Job ..... 16 NGO job.....17 Private job ..... 18 Retired ..... 19 Student.....20 Jobless..... 21 Other (Specify) ..... 96 Don't know 98	
117	How often do you read newspaper or magazine?	Everyday..... 1 At least once a week……2 Less than once a week……3 Not at all…….. 4 →	119
118	Where do you usually read newspaper/magazines?	Home.....A Neighbor/relative/friends house.....B Tea/coffee shop.....C Market place.....D School/college.....E Place of work.....F Others (Specify).....X	
119	How often do you listen to the radio?	Everyday..... 1 At least once a week……2 Less than once a week……3 Not at all…….. 4 →	121
120	Where do you usually listen to the radio?	Home.....A Neighbor/relative/friends house.....B Tea/coffee shop.....C	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		Market place.....D School/college.....E Place of work.....F Others (Specify).....X	
121	How often do you watch television?	Everyday..... 1 At least once a week……2 Less than once a week……3 Not at all……..4 →	123
122	Where do you watch TV?	Home.....A Neighbor/relative/friends house.....B Tea/coffee shop.....C Market place.....D School/college.....E Place of work.....F Others (Specify).....X	
123	Do you own a mobile phone?	Yes.....1 → No.....2	126
124	Does any other member of your household has mobile phone	Yes.....1 No.....2 →	127
125	Can you use the mobile phone, in case you need it?	Yes.....1 No.....2 →	127
126	What do you usually do with a mobile phone?	Making and recieving phone calls.....A Sending and recieving message.....B Access the internet.....C Taking photo.....D Playing games.....E Listen to music.....F Download apps.....G Record video.....H Send and receive email.....I Get direction or location based info.....J Listen to radio ……..K Watch video, cinema, play saved in memory card….L Use the calculator ……M Other (specify).....X	
127	How ofter do you use internet?	Everyday..... .1 At least once a week……2 Less than once a week……3 Not at all…….. 4 →	201
128	Where do you browse internet?	Home.....A Neighbor/relative/friends house.....B Cyber cafe/Shop/ Market place.....C School/ college.....D Place of work.....E Others (Specify).....X	
129	Which device do you use to brouse the internet?	Mobile Phone.....A	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		Laptop.....B Desktop.....C Tablet.....D Other (specify).....X	

Section 2: Menstruation

Now I would like to talk to you about menstruation. As you know, we all have gone through this experience, so there is nothing to be shy or ashamed of. In this section, I would ask you about your opinion regarding menstrual health related issues.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
	Now I would like to ask you some questions about menstruation and meanstrial hygiene		
201	Have you started experiencing the monthly periods/menstruation (this usually happens monthly for all adult girld)?	Yes ..... 1 No ..... 2 →	301
202	How old were you when your period/menstruation first started?	In Years:…… ☐☐	
203	What doyouuseduring period/menstruating?	Cloth .....A Sanitary napkin .....B Cotton .....C Toilet/Tissue paper.....D Other (Specify).....X	205
204	How do you wash the cloth that you use during period/menstruating?	Only water.....A Water and soap/detergent.....B Water and soda.....C Dettol/Sevlon……..D Other (Specify).....X Do not wash/Throw away .....Y	
205	How many times a day do you change the cloth/sanitary napkins?	_____ Times	
206	CHECK 106: Currently attending school ☐ Not attending school ☐ →		210
207	During your period/menstruation do you go to school ?	Yes, always..... 1 → Yes, sometimes..... 2 No, never 3	210
208	Why do you go to school sometime or never during your Menstruation /Period?	Feel embarrassed ……..…A Suffered cramps/pain in the lower abdomen.....B Heavy flow…….....C Didnt have any sanitary pads…….....……D Didn't have cloth……..E Was told not to go by parents……F No bathroom facilities in school……I Teacher instructed to return home……J School toilet isn't clean…….....…K Toilet doesn't have access to water ……..…L Its hard to change cloth ……..……M Worried that someone might see/sense it ..…..N Body becomes impure……..……O Others (Specify)……X	
209	During your last menstrual period, because of measntruation how many days of school did you miss?	Days..... ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
	Now I would like to ask you some questions about menstruation and meanstrial hygiene		
		Do not remember.....98.	
210	Can you seek information OR talk to anyone if you have any queries regarding menstruation?	Yes ..... 1 No ..... 2 ⟶	212
211	Who can you talk to?	Mother.....A Sister.....B Husband.....C Mother in law.....D Sister in law.....E Friend.....F Teacher..... G Other Relatives .....H Neighbor ..... I Govt Field Worker ..... J ESDO/LAMB Field Worker……..K Other Field Worker ……L Doctor/Nurse..... M Other (Specify _____) X	
212	In the last 12 months did you experience any (physical) problem before or during your period/menstruation	Yes, ...1 No.....2. ⟶	217
213	In the last 12 months what type of physical problem before or during your period/menstruation did you experience?	Lower back pain.....A Cramps in leg.....B Pain in lower abdomen.....C Body ache.....D Clotted blood ….....E Irregular period ……....F Heavy bleeding ……..G Itching/burning in vaginal area…….H Felt indolent…….....I Other (specify).....X	
214	Have you sought any treatment from a medical provider for any problem regarding menstruation in the last 12 month?	YES ..... 1 NO ..... 2 ⟶	217
215	In last 12 month how many times did you seek treatment?	Times	
216	Where did you go? Anywhere else? CIRCLE ALL MENTIONED.	**PUBLIC SECTOR** Medical college/specialized hospital.....A District hospital.....B Maternal child welfare center (MCWC).....C Upazila Health Complex.....D Union Health & Family Welfare Centre.....E Satellite clinic/EPI outreach site.....F Community clinic..... G	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			
	Now I would like to ask you some questions about menstruation and meanstrial hygiene				
		Family Welfare Assistant (FWA).....H Health Assistant (HA)..... I Other govt._____..... J (Specify) **NGO SECTOR** NGO static clinic.....K NGO satellite clinic..... L NGO depot holder..... M NGO fieldworker.....N Other NGO_____ ..... O (Specify) **PRIVATE MEDICAL SECTOR** Private medical college/hospital/clinic.....P Qualified doctor's chamber..... Q Non-qualified doctor's chamber.....R Pharmacy/drug store.....S Other private medical _____... T (Specify)			
217	Now I will talk about some menstrution related issues, these may be correct or not. Think it up whether you agrees or disagrees.	**Agree**	**Disagree**	**Unsure/Don't know**	
a.	Menstrual blood is unhygienic.	**1**	**2**	**3**	
b.	Duing meanstruation the body becomes impure	**1**	**2**	**3**	
c.	Menstruation is a disease.	**1**	**2**	**3**	
d.	One cannot take sour during menstruation	**1**	**2**	**3**	

Section 3: Marriage

Marriage is an important element of life. Everyone is expected to get married at a certain point to start their own family. In the following section, I will ask you a few questions on marriage to gain a better understanding of this important life event.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	Skop
301	How old were you when you got married? (If more than one, write the age of your 1st marriege)	Age…… ☐☐	
302	Has your marriage been registered?	Yes ..... 1 No ..... 2 Don't Know/Not Sure..... 8	
303	Have you been married only once or more than once?	Only Once..... 1 More Than Once 2	
304	CHECK Q.303: Married only once ☐ → In which month and year did you start living with your (husband)? Married more than once ☐ → Now I would like to ask about your first (husband). In which month and year did you start living with him?	MONTH..... ☐☐ DON'T KNOW MONTH..... 98 YEAR..... ☐☐☐☐ DON'T KNOW YEAR 9998	
305	How old were you when you first started living with him?	AGE..... ☐☐	
306	How old was your husband when you first started living with him?	Age..... ☐☐ Don't Know.....98	
307	Do you think you got married at an age that was right for you or would you have preferred to marry earlier or later?	Earlier.....1 Right Time.....2 → 309 Later.....3	
308	At what age would you have prefered to get married?	☐☐	
309	Were you studying or attending school just before you got married?	Yes ..... 1 No ..... 2 → 311	
310	Did you continue your studies after marriage? If yes, for how long?	No.....1 Yes less than a year.....2 Yes for 1-2 year.....3 Yes for 3-4 years.....4 Currently studing.....5	
311	Is your (current) husband living with you now or is he staying elsewhere?	Living With Me ..... 1 → 313 Staying Elsewhere 2	
312	How many times did he come home in the past 12 months?	Number Of Times ..... ☐☐	

		Did Not Come In The Last 12 Months 99	
313	Do you know the legal minimum age of marriage for girls?	Yes ..... 1 No..... 2 →	315
314	What is the legal minimum age of marriage for girls?	Age In Years ☐☐	
315	Do you know the legal minimum age of marriage for boys?	Yes ..... 1 No..... 2 →	317
316	What is the legal minimum age of marriage for boys?	Age In Years ☐☐	
317	In our society, some girls marry before the legal age of marriage. Do you know any health consequence of such marriages(before age 18)?	Yes ..... 1 No..... 2 →	319
318	Could you please tell me some health consequence of early marriage (before age 18) DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	Risk of HIV and other STIs..... A Cervical cancer ..... B High risk pregnancy ..... C Complicated delivery..... D Maternal death …… E Physical illness …… F Child death …… G Abortion…… H Handicapped children…… I Immature children…… J Sick/malnourished children …… K Lower working ability of the mother…… L Maternal fistula…… M Other (Specify)..... X Do not know …… Z	
319	Do you know any social consequences of such marriage?	Yes ..... 1 No..... 2 →	401
320	Could you please tell me some social consequence of early marriage (before age 18) for girls? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	Drop out of school..... A Limited economic opportunities..... B Poverty ..... C Incomplete mental development..... D Not prepared for motherhood ..... E Increase risk of Divorce/Polygamy…… F One early marriage influences another early marriage …… G Family anarchy …… H Increased Population …… I Other (Specify)…… X	

Section 4: Contraception and Birth Spacing

Now I would like to talk about family planning – The various ways or methods that a couple can use to delay or avoid a pregnancy

CIRCLE CODE 1 IN 401 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 402. READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED IN CODE 402. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLE IN 401 OR 402. ASK 403.

401	Which ways or methods have you heard about?	SPONTANEOUS YES	402. Have you ever heard of (METHOD)? PROBED YES	 NO	403 Have you ever used of (METHOD)?
401 A	**PILL**: A pill which women can take everyday to prevent pregnancy.	1	2	3	Yes.....1 No.....2
401 B	**CONDOM**: Men can put a rubber sheath on their penis before sexual intercourse	1	2	3	Yes.....1 No.....2
401 C	**INJECTION**: Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months	1	2	3	Yes.....1 No.....2
401 D	**MALE STERILIZATION (VASECTOMY)**: Men can have an operation to avoid having any more children.	1	2	3	Yes.....1 No.....2
401 E	**FEMALE STERILIZATION**: Woman can have an operation to avoid having any more children.	1	2	3	Yes.....1 No.....2
401 F	**IUD/Copper T**: Women can have a loop or coil placed inside them by a doctor or a nurse to prevent pregnancy.	1	2	3	Yes.....1 No.....2
401 G	**IMPLANT/NORPLANTS**: Women can have several small rods placed in their upper arm by a doctor or nurse, which can prevent pregnancy for one/several years.	1	2	3	Yes.....1 No.....2
401 H	**SAFE PERIOD (COUNTING DAYS, CALENDER, and RHYTHM METHOD**: Couples can avoid having sexual intercourse on certain days of the month when the women is more likely to get pregnant.	1	2	3	Yes.....1 No.....2
401 I	**WITHDRAWAL**: Men can be careful and pull out before climax.	1	2	3	Yes.....1 No.....2
401 J	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1	2	3	Yes.....1 No.....2

		_____ (SPECIFY) _____ (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
404	Do you know any place or person where people/couple can obtain family planning services?	Yes ..... 1 No ..... 2 →	407
405	Where is that? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	**PUBLIC SECTOR** Medical college/specialized hospital ..... A District hospital ..... B Maternal child welfare center (MCWC) ... C Upazila Health Complex ..... D Union Health & Family Welfare Centre ... E Community clinic ..... F Satellite clinic/EPI outreach site ..... G Govt. field worker (FWA) ..... H Other govt. (Specify) ..... I **NGO SECTOR** NGO static clinic ..... J NGO satellite clinic ..... K NGO depot holder ..... L NGO fieldworker ..... M Other NGO (Specify) ..... N **PRIVATE MEDICAL SECTOR** Private hospital/clinic ..... O Qualified doctor's chamber ..... P Non-qualified doctor's chamber ..... Q Pharmacy/drug store ..... R Other private medical (Specify) ..... S **OTHER SOURCE** Shop ..... T Friend/relatives ..... U Other (Specify) X	
406.	From whom did you know about this source of family planning services? CIRCLE ALL MENTIONED.	Friend ..... A Husband ..... B Relative/ Neighbors ..... C Adolescent platform ..... D Government fieldworker ..... E LAMB/ESDO field worker ..... F Other NGO fieldworker ..... GMedia (Radio/TV/Newspaper) ..... H Mobile apps ..... I Mother/mother in law ..... J Sister in law ..... L Other (Specify) X	
407	Are you pregnant now?	Yes ..... 1 No ..... 2 →	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		Unsure 8	409
408	How many months pregnant are you? RECORD COMPLETE MONTHS	MONTHS ..... ☐☐	
409	CHECK 407: Non pregnant ☐ Pregnant ☐ → 416a or unsure		
410	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2 → 413	
411	Which method are you using?	Female sterilization ..... A Male sterilization ..... B IUD ..... C Injectables ..... D Implants ..... E Pill ..... F Condom ..... G Lactational amenorrhea ..... H Safe period/periodic abstinence ..... I Withdrawal ..... J Other (Specify) X	414
412.	Where did you obtain (CURRENT METHOD) the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE.	**PUBLIC SECTOR** Medical college/specialized hospital ..... 11 District hospital ..... 12 Maternal child welfare center (MCWC) . 13 Upazila Health Complex ..... 14 Union Health & Family Welfare Centre . 15 Community clinic ..... 17 Satellite clinic/EPI outreach site ..... 18 Govt. field worker (FWA) ..... 19 Other govt._____ ..... 16 (Specify) **NGO SECTOR** NGO static clinic ..... 21 NGO satellite clinic ..... 22 NGO depot holder ..... 23 NGO fieldworker ..... 24 Other NGO_____ ..... 26 (Specify) **PRIVATE MEDICAL SECTOR** Private hospital/clinic ..... 31 Qualified doctor's chamber ..... 32 Non-qualified doctor's chamber 33	414

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		Pharmacy/drug store ..... 34 Other private medical _____ 36 (Specify) **OTHER SOURCE** Shop..... 41 Friend/relatives..... 42 Husband..... 43 Other_____..... 96 (Specify)	
413	Why you are not doing something or using any method to delay or avoid getting pregnant?	General health concerns.....A Side effects.....B Difficulty in having sex..... .....C Interfered physiological normal processes....D Did not like the method.....E Husband opposed.....F Others opposed.....G Social stigma.....H Religious prohibition.....I Husband lives abroad.....J Want to have a baby.....K Other.....X (Specify)	
414	CHECK 411: FP User ☐ FP non-user ☐ →		416a
415	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	Mainly my decision..... 1 Mainly Husband ..... .2 Both ..... .3 Other (Specify)..... 6	
416a	Do you feel that you can discuss contraceptive methods, in general, with your husband?	Yes, I Can Discuss.....1 No, I Can't Discuss.....2 May Be I Can Discuss.....3 Don't Know.....8	
416b	Do you feel that your husband would support your own choice of contraceptive method?	Yes, He Will Support.....1 No,He Will Not Support.....2 May Be He Will Support.....3 Don't Know.....8	
416c	Do you feel that you could convince your husband to use a condom even if he didn't want to?	Yes, I Can Convince.....1 No, I Can't Convince.....2 May Be I Can Convince.....3 Don't Know.....8	
	Now I would like to ask about all the births you have had during your life.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
417	Have you ever given birth? (Circle '3', if the respondant is first time prgnant)	Yes ..... 1 No..... 2 → 426 Currently Pregnant.....3 → 424	
418	How old were you when you had your first birth?	Years……. ☐☐	
419	How many live births did you have?	Number..... ☐	
420	a)What is the age of your last child? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; YEARS IF TWO OR MORE YEARS b) If the last child died after s/he was born, s/he was born in which month? c)What was the name of the baby?	DAYS.....1 MONTHS...2 ☐☐ Month ☐☐ Year ☐☐☐ Name.....	
421	When you got pregnant with your last child, did you want to get pregnant at that time?	Yes.....1 No.....2	
422	Do you want any more children?	Yes.....1 No.....2 → 434 Don't Know..... .8 → 434	
423	When do you want it?	Within 3 Years……1 More Than 3 Year……2 Don't Know……8 → 434	
424	When you got pregnant, did you want to get pregnant at that time?	Yes.....1 No.....2	
425	After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	Have Another Child.....1 No More.....2 → 434 Undecided/Donot Know.....8	
426	When (at what age) do you want to have your first child? RECORD COMPLETED YEAR	Years…… ☐☐	
427	Are you currently feeling pressured to get pregnant?	Yes ..... 1 No..... 2 → 431	
428	Who is putting pressure on you? Yourself or others?	By Myself.....1 → 431 By Others.....2 Both.....3	
429	Who put pressure on you? Anybody else? DO NOT READ OUT RESPONSES. MULTIPLE ANSWERS ACCEPTABLE.	Husband ..... A In-Laws ..... B Parent ..... C Other (Specify)..... X	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	RECORD ALL MENTIONED		
430	If you would not feel pressured when would you ideally have your first child?	Years…… ☐☐	
431	Do you feel your husband understands the reasons/health benefits of delaying the birth of your first child?	Yes.....1 No.....2 Dont Know.....8	
432	Do you feel that you can discuss when/what age you want to have your first child with your husband?	Yes.....1 No.....2 Dont Know.....8	→ 434
433	Do you feel that your husband would support your decision about when/what age you want to have your first child?	Yes.....1 No.....2 Dont Know.....8	
434	What is the ideal minimum age to have the 1st child?	Years..... ☐☐	
435	Could you please tell me some health consequence of early child bearing (before age 20) DO NOT READ OUT RESPONSES. CIRCLE ALL MENTINED.	High risk pregnancy ..... A Complicated delivery..... B May suffer from fistula, incontinence ..... C Maternal death..... D Child death..... E Mother suffers from malnutrition..... F Deliver low birth weight baby..... G Insufficient breast milk..... H Child malnutrition ..... I Excessive bleeding during delivery .....J Blurring of vision.....K Cervical ulcr.....L Weekness.....M Other (Specify)..... X Don't Know ..... Z	
436	What should be the minimum spacing between 1st and 2nd births?	Years ☐	
437	What are the consequences of short birth spacing? Anything else? DO NOT READ OUT RESPONSES. RECORD ALL MENTIONED.	Risk for mother's health..... A Hampers breast feeding..... B Affects child care..... C Economic burden for family..... D Other (Specify)..... X Don't know..... Z	
438	Do you feel that your husband understands the reasons/health benefits of birth spacing?	Yes ..... 1 No..... 2 Don't Know 8	
439	Do you feel that you can discuss birth spacing with your husband?	Yes ..... 1 No..... 2 Don't Know 8	

Section 5: Pregnancy and Delivery

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Have you heard about antenatal care?	Yes.....1 No.....2 → 505	
502	What are the benefits of antenatal care?	Periodic health check-up of mother.....A Monitoring health growth of baby.....B Early detection of complications.....C For maternal and perinatal health.....D For calculation of EDD.....E Can consult doctor advice in any complication...F To know the the fetal position.....H Relieve from stress and tension..... IOther (Specify).....X Don't know.....Z	
503	Do you know the recommended number of ANC visits?	Yes.....1 No.....2 → 505	
504	What is the recommend numbers for ANC visits?	Numbers…….. ☐	
505	Do you know some warning signs during pregnancy and delivery?	Yes.....1 No.....2 → 508	
506	What are the warning sign during pregnancy and delivery? DON'T READ OUT THE RESPONSES. CIRCLE ALL THAT IS MENTIONED.	Severe headache with blurred vision..... A Convulsion/eclampsia/fits ..... B High blood pressure ..... C Severe/heavy bleeding..... D Delayed delivery (not taking place within 6 hours of water breaking) ..... E Breach position.....F Prolonged labor – more than 12 hours.....G Placenta mal-position ..... H Foul smelling discharge with high fever.....I Retain Placenta.....J Other (Specify) X	
507	In case of warning signs during pregnancy, where should a woman go for help?	**PUBLIC SECTOR** Medical college/specialized hospital ..... A District hospital ..... B Maternal child welfare center (MCWC)... C Upazila Health Complex ..... D Union Health & Family Welfare Centre... E Community clinic.....F Satellite clinic/EPI outreach site ..... G Govt. field worker (FWA)..... H Other govt. (Specify).....I **NGO SECTOR** NGO static clinic .....J NGO satellite clinic ..... K NGO depot holder.....L NGO fieldworker .....M Other NGO (Specify) ..... N **PRIVATE MEDICAL SECTOR**	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		Private hospital/clinic ..... O Qualified doctor's chamber ..... P Non-qualified doctor's chamber ..... Q Pharmacy/drug store ..... R Other private medical (Specify)..... S **OTHER SOURCE** Shop .....T Friend/relatives ..... U Other (Specify) X	
508	Where should a woman deliver? CIRLCE ALL THAT IS MENTIONED.	At her husband's/in-laws home..... A At her own/parents home..... B In a clinic/hospital ..... C Other (Specify) ..... X Don't know.....Z	
509	By whom should a woman deliver? DON'T READ OUT THE RESPONSES. CIRCLE ALL THAT IS MENTIONED.	**Health professionals** By a medical doctor..... A By a nurse/midwives/paramedic ..... B FWV ..... C CSBA ..... D HA.....E FWA.....F NGO Worker.....G **Others professionals** TTBA.....H TBA.....I Other (Specify) X	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	NO.
510	**CHECK Q 407, Q 417, and Q 420a and Q 420 b.** 1) If 407=1.....circle 1; 2) If 407=2; 417= 2..... circle 2; 3) If 407=2; 417=1 and 420= 36 months or 420=>36 months.....circle 3; 4 if 407=2; 417=1 and 420= less than 36 months.....circle 4. if 420b birth year was August,2015 or after that ---circle 5	CURRENTLY PREGNANT.....1 CURRENTLY NOT PREGNANT, HAD NOT GIVEN ANY BIRTH.....2 → 601 CURRENTLY NOT PREGNANT, HAD GIVEN BIRTH AND THE AGE OF LAST CHILD IS 36 MONTHS OR 36 MONTHS ABOVE .....3 → 601 LAST CHILD AGE LESS THAN 36 MONTHS.....4 → 514 CURRENTLY NOT PREGNANT, LAST CHILD DEATH WAS AUGUST 2015 OR DIED AFTER THAT TIME.....5 → 514	
511	During this pregnancy did you see anyone for a medical check-up?	Yes.....1 No.....2 → 601	
512	Who did you see for a medical check-up? Anyone else?	**Health Personnel** Qualified Doctor .....A Nurse/Midwife/Paramedic .....B Family Welfare Visitor.....C Commu. Skilled Birth Attendant.....D Ma/Sacmo.....E	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		NO.
	PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	Community Health Care Provider.....F Health Asst.....G Family Welfare Assistant.....H Ngo Worker.....I **Other Person** Trained TBA.....J Untrained TBA.....K Unqualified Doctor/tradional healer.....L Other (Specify).....X.		
513	During the check up has there been any discussion about the following?	YES	NO	
A	Place of delivery?	1	2	601
B	Delivery by a skilled person?	1	2	
C	Where to go in case of emergency?	1	2	
D	Arrangment for transport in case of emergency?	1	2	
E	Arrangment for money in case of emergency?	1	2	
F	Danger signs of pregnancy?	1	2	
514	When you were pregnant with your last child, did you see anyone for a medical check-up?	Yes.....1 No .....2 ⟶		520
515	Who did you see for a medical check-up? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	**Health Personnel** Qualified Doctor .....A Nurse/Midwife/Paramedic .....B Family Welfare Visitor.....C Commu. Skilled Birth Attendant.....D Ma/Sacmo.....E Community Health Care Provider.....F Health Asst.....G Family Welfare Assistant.....H Ngo Worker..... I **Other Person** Trained TBA..... J Untrained TBA .....K Unqualified Doctor /tradional healer.....L Other (Specify).....X.		
516	Where did you receive antenatal care for this pregnancy?	**Home**		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	NO.
	Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. (NAME OF PLACE(S)) _____	Home .....A **Public Sector** Medical College.....B Dist. Hosp.....C Mcwc.....D Upazilla Health Complex .....E Uh & Family Welfare Centre.....F Sat. Clinic/Epi Outreach.....G Comm. Clinic.....H Other Public Sector (Specify).....I _____ **NGO Sector** Ngo Static Clinic.....J Ngo Sat Clinic.....K Other(Specify)..... L _____ **Private Med. Sector** Pvt. Hospital/Clinic.....M Qualified Doctor..Chamber.....N Trad. Doctor..Chamber.....O Pharmacy.....P Other (Specify)_____X	
517	How many times did you receive antenatal care during this pregnancy?	Number Of Times . . . . . ☐☐ Don't Know 98	
518	As part of your antenatal care during this pregnancy, were any of the following done at least once? Was your weight measured? Was your blood pressure measured? Did you have a urine test? Did you have a blood test? Did you have an ultrasonography? Did you counsel about danger signs?		YES | NO Weight 1 2 Bp 1 2 Urine 1 2 Blood 1 2 Ultrasono 1 2 Danger Signs 1 2	
519	During (any of) your antenatal care visit(s), were you told about signs of pregnancy complications?	Yes . . . . . 1 No . . . . . 2 Don't Know 8	
520	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.	**Health Personnel** Qualified Doctor .....A Nurse/Midwife/Paramedic .....B Family Welfare Visitor.....C Commu. Skilled Birth Attendant.....D Ma/Sacmo.....E Community Health Care Provider.....F Health Asst.....G Family Welfare Assistant.....H NGO Worker.....I	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	NO.
	IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY. IF `D' MENTIONED WRITE THE NAME OF THE CSBA. NAME _____	**Other Person** Trained TBA.....J Untrained TBA .....K Unqualified Doctor/tradional healer. .....L Relatives.....M Neighbors/Friends.....N Other (Specify).....X No One Assisted.....Y	
521	Where did you give birth to your last child (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. (NAME OF PLACE)	**Home** Home .....11 → 601 **Public Sector** Medical College.....21 Dist. Hosp.....22 Mcwc.....23 Upazilla Health Complex .....24 Uh & Family Welfare Centre.....25 Comm. Clinic.....27 Other Public Sector (Specify).....26 _____ **NGO Sector** Ngo Static Clinic.....31 Delivery Hut.....32 Other(Specify)..... 36 _____ **Private Med. Sector** Pvt. Hospital/Clinic.....41 Other (Specify)_____96	
522	Was your last child (NAME) delivered by caesarean section, that is, did they cut your belly open to take the baby out?	Yes . . . . . 1 No 2	

Section 6: Rights, Equality, and Gender Based Violence

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	NO.
601	Now I would like to say some statements to you. You can agree to these or disagree to these. Please listen carefully and let me know if you agree or disagree with the following statements:		
601a	The important decisions in the family should be taken by a man	Agree ..... 1 Disagree ..... 2 Don't Know 8	
601b	Even for a working women, household chores are for women only, not for men	Agree ..... 1 Disagree ..... 2 Don't Know 8	
601c	A man should decide how many children a couple should have	Agree ..... 1 Disagree ..... 2 Don't Know 8	
601d	A family is not complete until they have at least one son	Agree ..... 1 Disagree ..... 2 Don't Know 8	
601e	A woman should always obey her husband, even if she does not agree with her husband	Agree ..... 1 Disagree ..... 2 Don't Know 8	
601f	Husband has the right to beat a woman when she does not obey him	Agree ..... 1 Disagree ..... 2 Don't Know 8	
601g	A married woman should take permission from her husband to work outside of home	Agree ..... 1 Disagree ..... 2 Don't Know 8	
601h	Women does not have the right to divorce	Agree ..... 1 Disagree ..... 2 Don't Know 8	
	Now I'd like to ask you some questions about sexual harassment. Please do not be feel shy about any questions, as the information you provide us would be very useful.		
602	Have you heard about the word "sexual harassment"?	Yes ..... 1 No ..... 2 ⟶	608
603	What is sexual harrassment?	Lewd stare.....A Sly whistle .....B Unwarranted bump.....C Humming suggestive songs.....D Passing downright uncouth comments .....E Display of/Send indecent snaps or videos .....F Taking photos/videos …….....G Calling names ……H Sending indecent texts.....I Threat calls……J Following around……K Trying to hold hand/Scarf……..L Other (specify_____).....X	
604	If a girl faces sexual harrassment, what should she do? DO NOT READ OUT RESPONSES.	Loudly say NO……A Move away from the area……B	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	NO.
	CIRCLE ALL MENTIONED.	Find a safe place……C Scream and try to get help.....D Get away from the area by making friendly gesture…….E Other (Specify)…….. X Don't know……..Z	
605	What is the punishement for sexual harrassment?	Imprisonment .....1 Monetary fine .....2 Both .....3 Capital punishment.....4 Other (Specify).....6 Don't Know 8	
606	Should a girl facing sexual harrasement seek help?	Yes ..... 1 No ..... 2 ⟶	608
607	What are some sources a girl can go to for help? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	Parents .....A Parents In-Laws .....B Elder brother/sister.....C Older cousin.....D Uncle/Aunt .....E Friends.....F School teacher/principal.....G Community leaders .....H Religious leader ..... I Police/law enforcement .....J Inform the parents of the offendor ……..K Neighbour……L Other (Specify).....X Don't know .....Z	
608	Now I am going to ask you about some aspects of decision-making in your family. Could you please tell me, who is the main decision-maker in the family regarding the following issues		
A	When it comes to going outside of your home who makes the decision?	Respondent Herself ..... A Husband.....B Father in law.....C Brother In Law..... D Sister In Law..... E Father.....G Mother.....H Other Member of the family.....I Other ..... X (Specify)	

609	Do you feel comfortable discussinmg following issues with your Husband, mother in law :	Husband			Mother in law		
		Y	**N**	**NA**	**Y**	**N**	**NA**
k.	Family planning method	1	2	9	1	2	9
l.	When do you want to be pregnant	1	2	9	1	2	9
m.	Sexual harassment	1	2	9	1	2	9
n.	Torture by family	1	2	9	1	2	9

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						NO.
o.	Seeking health services for oneself	1	2	9	1	2	9	
p.	Seeking health services for child	1	2	9	1	2	9	
q.	Hanging out with friends	1	2	9	1	2	9	
r.	Participation in recreational activities	1	2	9	1	2	9	
s.	Participation in income generating activities	1	2	9	1	2	9	

7: Utilization of Health Services

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	Now I would like to ask you some questions about the health facility (s) from where you may received any services.		
701	During the last 6 months, did you visit any health facility for information and/or services for your own health?	Yes .....1 No.....2 →	801
702	Where did you go? Any other places? Probe for the answer.	**PUBLIC SECTOR** Medical college/specialized hospital ..... A District hospital..... B Maternal child welfare center (MCWC) ..... C Upazila Health Complex..... D Union Health & Family Welfare Centre ..... E Satellite clinic/EPI outreach site..... F Community clinic ..... G Other govt facility _____..... H (Specify) **NGO SECTOR** NGO static clinic..... K NGO satellite clinic ..... L Other NGO_____ ..... M (Specify) **PRIVATE MEDICAL SECTOR** Private hospital/clinic..... P Qualified doctor's chamber..... Q Non-qualified doctor's chamber..... R Pharmacy/drug store ..... S Other private medical _____..... T (Specify)	
703	How many visits did you make?	_____ TIMES	
704	In the most recent past, which health facility did you visit?	**PUBLIC SECTOR** Medical college/specialized hospital ..... 11 District hospital..... 12 Maternal child welfare center (MCWC) .... 13 Upazila Health Complex..... 14 Union Health & Family Welfare Centre .... 15 Satellite clinic/EPI outreach site..... 16 Community clinic ..... 17 Other govt.(specify)_____ ..... 18 **NGO SECTOR** NGO static clinic..... 21 NGO satellite clinic ..... 22 Other NGO (specify)_____..... 23 **PRIVATE MEDICAL SECTOR** Private hospital/clinic..... 31 Qualified doctor's chamber..... 32 Non-qualified doctor's chamber..... 33	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		Pharmacy/drug store ..... 34 Other private medical (specify)_____ 35	
705	What was the health problem for which you visited the health facility, in the most recent past?	Menstrual problem.....A Anaemia.....B White discharge.....C RTI/STI.....D Burning sensation during urination.....E General illness (fever/cough etc).....F Weakness.....G Allergy/Itching.....H Injury.....I TT/other Immunization.....J Diarrhoea/ Dysentry.....K Gastric problem.....L Didn't get any service ……..R → Other (specify).....X	715
706	Did you get information for your problem during your last visit?	Yes .....1 No.....2	
707	Did you get service for your problem during your last visit?	Yes .....1 No.....2	
708	Did you wait for long time to get services from the health facility?	Yes ..... 1 No..... 2 Unsure/Don't Know 8	
710	Was there any outsider present during your conversation with the service provider?	Yes ..... 1 No..... 2 Unsure/Don't Know 8	
711	Did the service provider listen to you attentively?	Yes ..... 1 No..... 2 Unsure/Don't Know 8	
712	Do you think you understood everything that the provider told you?	Yes ..... 1 No..... 2 Unsure/Don't Know 8	
713	Did they give you any information materials (picture/ leaflet/booklet) to take home?	Yes ..... 1 No..... 2 Unsure/Don't Know 8	
714	Did you feel happy/satisfied with the services provided?	Yes ..... 1 No..... 2 Unsure/Don't Know 8	
715	Did you see any signs in the health facility which shows that the facility provides services for adolescents?	Yes ..... 1 No..... 2 Unsure/Don't Know 8	
716	Did you see any information material (signboard, poster, and leaflet) about adolescent health in the health facility?	Yes ..... 1 No..... 2 Unsure/Don't Know 8	
717	Was there any designated/assigned sitting space for adolescents in that health facility?	Yes ..... 1 No..... 2 Unsure/Don't Know 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

Section 8: Program Participation

NO.	QUESTIONS AND FILTERS	CODING CATEFORIES				SKIP
801	In the last two years, have you been involved in any adolescent program?	Yes .....1 No .....2 →				901
802	What is the name of that adolescent program? PROBE..... Any other program?		Spontaneously	After Probing		
				Yes	No	
		A2H	1	2	3	
		Ashirbad	1	2	3	
		Born on Time	1	2	3	
		Any other program (Specify) ……	1	2	3	
803	CHECK Q802	A2H program was mentioned.....1 A2H program and other program was mentioned.....2 A2H program was not mentioned, but other program was mentioned.....3 → No program is mentioned.....4 →				817 901
	.					
804	**Now I would like to ask you about some questions on your participation/involvement in the A2H program** Could you please tell me, when was the first time you participated in the A2H program?	Months..... ☐☐ Do not know ……..…98 Year …… ☐☐ Do not know ……9998				
805	When was the last time you participated in any event of the A2H program?	Months..... ☐☐ Do not know ……..…98 Year …… ☐☐ Do not know ……9998				
806	Are you still involved in any event of the A2H program?	Yes .....1 No 2				
807	How many sessions did you attend?	Sessions…… ☐☐				
808	Do you know how many sessions you were supposed to attend?	Yes .....1 No .....2 →				809
808a	If YES, how many sessions you were supposed to attend?	Number…… ☐☐				
809	Did you attend all the sessions that you are supposed to attend?	Yes .....1 → No .....2 Do Not Know.....9				811

<table>
<tr><th>NO.</th><th>QUESTIONS AND FILTERS</th><th>CODING CATEFORIES</th><th>SKIP</th></tr>
<tr><td>810</td><td>What was the reason for not attending those sessions?</td><td>Working in any income generating activities ……. A
No longer interested in that session…….....B
Was not allowed by parents ……..C
Husband didn't permit ……D
Was not allowed by in-laws.. ……..E
Unwell/suffering from illness……F
Visiting outside of the community……G
Didn't know about the session timetable ……H
Was not called for the session ……..I
Session took place during school time ……J
Others (Please specify) …… X</td><td></td></tr>
<tr><td>811</td><td>I would like to know whether you attended the mentioned sessions on listed topics, and whether you liked the session or not.</td><td>
<table>
<tr><th></th><th colspan="4">ATTENDED
811 A</th><th colspan="2">LIKED
811 B</th></tr>
<tr><th></th><th>Y</th><th>N</th><th>Didn't take place</th><th>Can't remember</th><th>Y</th><th>N</th></tr>
<tr><td>a. Aim in life</td><td>1</td><td>2</td><td>3</td><td>4</td><td>1</td><td>2</td></tr>
<tr><td>b. Puberty and body change</td><td>1</td><td>2</td><td>3</td><td>4</td><td>1</td><td>2</td></tr>
<tr><td>c. I am a girl or boy</td><td>1</td><td>2</td><td>3</td><td>4</td><td>1</td><td>2</td></tr>
<tr><td>d. My Relationship</td><td>1</td><td>2</td><td>3</td><td>4</td><td>1</td><td>2</td></tr>
<tr><td>e. Family Planning</td><td>1</td><td>2</td><td>3</td><td>4</td><td>1</td><td>2</td></tr>
<tr><td>f. STI and HIV</td><td>1</td><td>2</td><td>3</td><td>4</td><td>1</td><td>2</td></tr>
<tr><td>g. Sexual harassment</td><td>1</td><td>2</td><td>3</td><td>4</td><td>1</td><td>2</td></tr>
<tr><td>h. Decision making</td><td>1</td><td>2</td><td>3</td><td>4</td><td>1</td><td>2</td></tr>
</table>
</td><td></td></tr>
<tr><td>811 C</td><td>For 811 A, if YES code is absent in any topic between a-h, then ask: whether these topics discussed in ant group meeting.</td><td>Aim in life.....A
Puberty and body change.....B
I am a girl or boy.....C
My Relationship.....D
Family Planning.....E
STI and HIV.....F
Sexual harassment.....G
Decision making.....H</td><td></td></tr>
<tr><td>812</td><td>Which aspect in particular did you like about the sessions (among the session she attended)?</td><td>The topic that was being discussed..... A
Interacting with my peers..... B
Being able to discuss an important topic
in an encouraging environment..... C
Learning something new..... D
The way the facilitator taught the session ..... E
Taught very smoothly.....F
Others (Specify) ..... Z</td><td></td></tr>
</table>

NO.	QUESTIONS AND FILTERS	CODING CATEFORIES	SKIP
		Did not like any session.....X Did not attend any session.....Y	
813	What in particular that **<u>you did NOT</u>** like about the sessions (among the session she attended)?	The topic of discussion was not interesting..... A The session wasn't being conducted properly . B Felt uncomfortable during the training..... C On many occasions the session was conducted in haste ……D Others (Specify) ..... Z Did not attend any session.....X Liked all the session.....Z	
814	Have you seen the book/booklet 'Nijeke Jano'?	Yes .....1 No .....2 →	816
815	There are four different book/booklets of Nijeke Jano. Have you seen, read and have a copy of your own of Nijeke Jano booklets mention below? a. Puberty b. New feelings, new passions c. STI and HIV d. Marriage and family health	<table><tr><th rowspan="2">Book/Booklets</th><th colspan="2">Seen 815 A</th><th colspan="2">Read 815 B</th><th colspan="2">Own a copy 815 C</th></tr><tr><th>Y</th><th>N</th><th>Y</th><th>N</th><th>Y</th><th>N</th></tr><tr><td>a. Puberty</td><td>1</td><td>2</td><td>1</td><td>2</td><td>1</td><td>2</td></tr><tr><td>b. New feeling, new passions</td><td>1</td><td>2</td><td>1</td><td>2</td><td>1</td><td>2</td></tr><tr><td>c. STI and HIV</td><td>1</td><td>2</td><td>1</td><td>2</td><td>1</td><td>2</td></tr><tr><td>d. Marriage and family health</td><td>1</td><td>2</td><td>1</td><td>2</td><td>1</td><td>2</td></tr></table>	
816	CHECK 802	Only A2H program is mentioned.....1 → A2H program and other program are mentioned.....2	901

	Now I would like to ask you some questions about [_____] program (please mention the name of the program mentioned in Q802).		
817	What is the name of the organization/NGO that runs this [name of the program mentioned in Q802] program?	BRAC……1 LAMB……2 ESDO……3 SKS……4 RDRS……5 Other (specify)……8	
818	What are the activities that you participate under this program? MULTIPLE ANSWERS ACCEPTABLE	Life-skill education……A Health education……B Income generation……C Vocational training……D Other (specify)……X	
819	Could you please tell me, when was the first time you participated in this program?	Months..... ☐☐ Do not know ……98 Year …… ☐☐	

		Do not know ……9998	
820	When was the last time you participated in any event of this program?	Months..... ☐☐ Do not know ……..…98 Year …… ☐☐ Do not know ……9998	
821	Are you still involved in any event of the A2H program?	Yes .....1 No 2	
822	How many sessions did you attend?	Number……. ☐ Other.....96 (specify)	

Section 9: Household Information

Now I would like to ask you some questions about your household. You may like to answer these questions by yourself or take assistance from others in the household to answer these questions.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	What is the main source of drinking water for members of your household?	**PIPED WATER** Piped into dwelling ..... 11 Piped to yard/plot ..... 12 Public tap/standpipe ..... 13 Tube well or borehole ..... 21 **DUG WELL** Protected well ..... 31 Unprotected well ..... 32 **WATER FROM SPRING** Protected spring ..... 41 Unprotected spring ..... 42 Rainwater ..... 51 Tanker truck 61	
902	What kind of toilet facility does members of your household usually use?	**Flush or pour flush toilet** Flush to piped sewer system ..... 11 Flush to septic tank ..... 12 Flush to pit latrine ..... 13 Flush to somewhere else ..... 14 Flush, don't know where ..... 15 **Pit latrine** Ventilated improved pit latrine ..... 21 Pit latrine with slab ..... 22 Pit latrine without slab /open pit ..... 23 Composting toilet ..... 31 Bucket toilet ..... 41 Hanging toilet/latrine ..... 51 No facility/bush/field ..... 61 Other_____ ..... 96 (Specify)	→ 904
903	Do you share this toilet facility with any other households?	Yes ..... 1 No 2	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
904	Main Material of the Floor RECORD OBSERVATION	**Natural Floor** Earth/Sand ..... 11 **Rudimentary Floor** Wood Planks ..... 21 Palm/Bamboo ..... 22 **Finished Floor** Parquet Or Polished Wood..... 31 Ceramic Tiles ..... 32 Cement ..... 33 Carpet 34	
905	Main Material of the Roof RECORD OBSERVATION	**Natural Roofing** No Roof ..... 11 Thatch/Palm Leaf/Polythene/Jute stick ..... 12 **Rudimentary Roofing** Palm/Bamboo ..... 21 Wood Planks ..... 22 Cardboard ..... 23 **Finished Roofing** Tin ..... 31 Wood ..... 32 Ceramic Tiles ..... 33 Cement ..... 34 Roofing Shingles ..... 35 **Other** _____ 96 (Specify)	
906	Main Material of the Exterior Walls RECORD OBSERVATION.	**Natural Walls** No Walls ..... 11 Thatch/Palm Leaf/Polythene/Jute stick ..... 12 Mud ..... 13 **Rudimentary Walls** Bamboo/Bamboo With Mud ..... 21 Stone With Mud ..... 22 Plywood ..... 23 Cardboard ..... 24 **Finished Walls** Tin ..... 31 Cement (with plaster) 32	
907	Does your household have: a)Electricity? b)Solar Electricity? c)A radio? d)A television? e)A mobile telephone? f)A non-mobile telephone? g)A refrigerator? h)An almirah/wardrobe? i)An electric fan?		

	Yes	No
a). Electricity	1	2
b). Solar Electricity	1	2
c). Radio	1	2
d). Television	1	2
e) Mobile Telephone	1	2
f. Non-Mobile Telephone	1	2
g. Refrigerator	1	2
h). Almirah/Wardrobe	1	2
i). Electric Fan	1	2
j). DVD/VCD Player	1	2
k). Water Pump	1	2
l). IPS/Generator	1	2

No.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
	j)A DVD/VCD player?	m. Air Conditioner	1	2	
	k)A water pump?	n). Computer/Laptop	1	2	
908	Does your household own any land (other than the homestead land)?	Yes .....1 No.....2			
909	End of household interview	Hour ☐☐ Minute ☐☐			

APPENDIX C. PERFORMANCE MONITORING PLAN INDICATOR MATRIX

N	PMP Performance Indicator and Definition	Relevant Indicator from Assessment	Unmarried Adolescent Girls				Married Adolescent Girls			
			Total	Nonparticipants	Participants	Comparison	Total	Nonparticipants	Participants	Comparison
1	Attitude of female adolescents aged 15–19 towards delaying marriage until age 18 or later (Percentage)	Proportion of girls aged 15 to 19 who think the appropriate age of marriage should be 18+	99.8	99.7	99.8	99.8	9.6	9.1	13.3	6.0
2	Percentage of parents who support delaying marriage until age 18 or older	Proportion of respondents aged 15 to 19 who think that their parents' preferred age of marriage is 18+	76.9	75.6	78.8	68.5	Not collected			
3	Percentage of adolescents aged 15–19 who know the legal age of marriage for both boys and girls	Proportion of adolescents who correctly reported the legal age of marriage for BOTH boys and girls	76.0	73.5	79.6	71.7	56.6	54.8	68.1	51.4
4	Percentage of gatekeepers who know the legal age of marriage for both boys and girls	Did not interview gatekeepers (only interviewed during qualitative study)	Not Collected				Not collected			
5	Percentage of adolescents who can report at least three health consequences of an early pregnancy	Proportion of adolescents who reported at least 3 health consequences of early marriage	74.3	70.9	79.1	69.5	67.1	65.9	74.5	61.9

6	Percentage of adolescents, aged 15-19, who can report at least three social consequences of early marriage	Proportion of adolescents who reported at least 3 social consequences of early marriage	23.8	22.3	26.0	33.8	16.1	15.3	20.6	22.2
7	Percentage of married adolescents aged 15–19 years who use contraceptive methods	Proportion of married adolescents, aged 15–19, who report using at least one method of contraception.	N/A				76.1	76.0	76.9	75.7
8	Percentage of husbands of adolescent girls who report supporting delaying birth after marriage by at least 12 months	Did not interview husbands (only interviewed during qualitative study)	Not Collected				Not Collected			
9	Percentage of husbands of adolescent girls who believe they should delay first to second birth by at least 36 months.	Did not interview husbands (only interviewed during qualitative study)	Not Collected				Not Collected			
10	Percentage of adolescents, aged 15-19, who know at least one source of FP information and services	Proportion of adolescents who can state at least one source of family planning information and services.	97.7	96.9	98.7	98.2	99.6	99.5	99.5	99.7

11	Percentage of adolescents, aged 15–19, who report visiting A2H supported health service sites/points for adolescent-friendly health services	Proportion of adolescents aged 15–-19 who visited project-supported health facilities to access AFHS information and/or services in the last 6 months	3.4	2.1	5.3	5.9		6.3	6.2	6.9	7.9
12	Percentage of adolescents, aged 15–19, who know at least two contraceptive methods	Proportion of adolescents aged 15 to 19 who can name at least two contraceptive methods	69.9	65.3	76.3	59.2		93.1	93.0	93.8	92.2
13	Percentage of A2H supported health service facilities that maintain at least three defined AFHS standards by the end of the project.	Proportion of facilities that had at least three of the following four things: 1.) BCC materials 2.) At least one A2H trained staff member 3.) Availability of discussion space 4.) Essential supplies and equipment	100			0		100			0

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