



NATIONAL ADOLESCENT HEALTH CONFERENCE

&

LAUNCHING OF NATIONAL ADOLESCENT APP AND WEBSITE

CONFERENCE BOOK

Happiness **Peacefulness**
Freedom **Stop Substance Abuse**
Stop Violence **Raise Your Voice**
End Child Marriage
Sound **Going School** **Positive Attitude** **Dreaming High**
Mental Health **Social Values** **Freedom**
Anger Management **Emotional Development** **Hope**
Peacefulness **Happiness** **Hope** **Going School**
Adolescent Health **Stop Cyber Bullying**
Playing Sports **Freedom** **Stop Substance Abuse**
Emotional Development **Happiness** **Stop Violence**
Adolescent Nutrition **Hope**
Hope **Happiness** **Social Values**
Sexual and Reproductive Health & Rights
Caring & Understanding Society **Self-respect**



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Sahan Ara Banu, *ndc*
Director General (Grade-1)
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Message

Adolescence is the period of life between childhood and adulthood, lasting from the ages of ten to nineteen. Adolescents make up 1.2 billion people or nearly one-fifth of the world's population. Bangladesh has 36 million adolescents, accounting for 22% of the population. It is a distinct stage of human development and a critical time for laying the groundwork for good health. Adolescents grow rapidly in terms of physical, cognitive, and psychosocial development. This influences their feelings, thoughts, decisions, and interactions with the world around them.

Adolescents face several health risks due to harmful practices like child marriage which ultimately leads to early childbearing, undernutrition, and malnutrition during childhood which ramifies into grave diseases in adolescence and then adulthood, risky behaviors which expose them to STI/RTI, and discriminatory gender, and social norms prevents both girls and boys utilizing health services as per their needs.

The prevalence of child marriage and the resulting high levels of adolescent fertility is a major source of concern in Bangladesh. Bangladesh has one of the highest adolescent fertility rates in South Asia, with 108 live births per 1000 women aged 15-19 years. It is critical that interventions to reduce adolescent fertility levels be made available (BDHS 2017-18).

It is crucial to put more emphasis on adolescents, learn how to collaborate better when providing services, and comprehend the demands of adolescents. To achieve equitable health outcomes for all adolescents in Bangladesh, we must work with them all. We will also target and modify services to those populations who experience comparatively poorer social and health outcomes than the general population.

A thorough engagement process took place among different relevant government and non-government stakeholders to organise this 'National Adolescent Health Conference and Launching of National Adolescent Website and App' in the beginning of the year. I thank all including Embassy of Sweden for their generous support, UNICEF for its technical assistance, all other development partners and NGOs working hard to make the conference successful.

Sahan Ara Banu



Prof. Dr. Abul Bashar Mohammad Khurshid Alam

Director General
Director General of Health Services

Message

Bangladesh contributes approximately 36 million, more than one-fifth of the total population those between the ages of 10 and 19 years. This unique stage of human development contributes to the foundations of good health. Individual factors like home, school, and other environmental influences can impact adolescent health. Changing transitions within multiple domains, including the physical, social, emotional, cognitive, and intellectual encircles this period widely. This is a crucial time for promoting health and preventing diseases.

The government of Bangladesh has recognized the importance of influencing the health-seeking behavior of adolescents. The health situation of this age group is a key determinant of Bangladesh's overall health, mortality, morbidity, and population growth scenario. Therefore, investments in adolescent health will yield dividends in terms of delaying the age at marriage, reducing the incidence of teenage pregnancy, meeting unmet contraception needs, reducing maternal mortality, and reducing STI incidence. It will also help Bangladesh realize its demographic dividends, as healthy adolescents are an important resource for the economy.

'The National Adolescent Health Conference & Launching and National Adolescent Website and App' comes at a critical juncture. Improved adolescent health is key to achieving SDGs, the objective of the Global Strategy for Women's, Children's, and Adolescents' health.

I firmly believe this conference will encourage creativity, provide opportunities, and recommends way forward for health systems readiness to provide health and wellbeing for the adolescents.

Prof. Dr. Abul Bashar Mohammad Khurshid Alam



Dr. Md. Mahmudur Rahman
Director (MCH-S) and Line Director (MCRAH)
Directorate General of Family Planning
Ministry of Health and Family Welfare

Message

Adolescence is the period of transition from childhood to adulthood. According to WHO, adolescence is the period between the ages of 10 and 19 years. Adolescents comprise more than one-fifth of the total population in Bangladesh. It is a period of tremendous physical, psychological, and cognitive growth. Too many young people throughout the world experience the advent of adolescence at a time when their bodies undergo physical changes as well as fall into vulnerabilities to human rights violations. Adolescents in Bangladesh frequently begin their reproductive years with little knowledge of SRH-related issues and little access to SRH-related resources or assistance. In Bangladesh, teen pregnancy and child marriage are both quite prevalent. Inadequate growth and development caused by pregnancy during adolescence make females more susceptible to maternal and newborn morbidity and mortality.

In consideration of all the concerns, the Government of Bangladesh (GoB), Development Partners including UN agencies, non-governmental organizations (NGOs) in Bangladesh have taken initiatives to address adolescent sexual and reproductive health (ASRH), nutrition, gender-based violence, and mental health. The implementation of adolescent-friendly health services, school and community-based adolescent health programs has begun and will be mainstreamed across the nation in stages.

I would like to express my gratitude to UNICEF & Embassy of Sweden for expressing their intention to support the Ministry of Health and Family Welfare (MOHFW) and other stakeholders in putting action for Adolescent Health through technical support, evidence-based interventions, and the improvement of health systems.

I firmly believe the "The National Adolescent Health Conference & Launching and National Adolescent Website and App" will serve as a hub of knowledge generation and proliferate the seeds of information of adolescent health which will help adolescents to sustain in the most vulnerable settings.

Dr. Md. Mahmudur Rahman



Dr. Muhammad Shariful Islam

Line Director (MNC&AH) (In-charge)
Directorate General of Health Services

Message

Adolescence, which defines as the age range of 10 to 19 by World Health Organization (WHO), is a critical developmental stage that influences both boys' and girls' futures. It is a phase of rapid physical, psychological, and cognitive development. They consequently run a significant risk of conception, complications of early pregnancy, and early exposure to sexually transmitted diseases (STDs). Additionally, adolescents are at risk of violence, exploitation, discrimination, and crisis. They are also vulnerable to the allure of substance misuse. Most of them lack the ability to deal with social and economic challenges and make poor decisions.

Adolescent investments have the potential to pay off in three ways: now, later, and for the following generation. A fundamental requirement for effective investment is the creation of evidence for a sustainable model of adolescent-friendly health services across the current healthcare system.

The Government of the People's Republic of Bangladesh has recognized adolescents' health needs, which are in many ways different from those of adults. For healthcare professionals and policymakers, addressing the health needs of adolescents is both a challenge and an opportunity.

'National Adolescent Health Conference & Launching of Adolescent App and website' will assist in supplying complete knowledge, resources, services, and goods pertaining to adolescent health.

It is crucial to mention the success of this conference is possible through the admirable and significant contributions of all stakeholders, including the Government, UN agencies, donor organizations, and international and national NGOs and youth organizations. I am hopeful that the 'National Adolescent Health Conference & Launching of Adolescent App and Website' will be valuable to the MOHFW, and international & national organizations involved for adolescent health and well-being in our country.

Dr. Muhammad Shariful Islam



Maya Vandenant
Chief Health, Unicef, Bangladesh

Message

Adolescence, which continues from the ages of ten to nineteen, is the stage of life between childhood and adulthood. 1.2 billion individuals, or approximately one-fifth of the world's population, are adolescents. 36 million teenagers live in Bangladesh, making up about 22% of the country's total population. It is a separate period in human development and a crucial period for setting up a healthy foundation. Physical, cognitive, and psychological development of adolescents affect how they feel, think, act, and interact with the world around them. The adolescent years are rife with death, illness, and damage even though they are thought of as a healthy era of life. Much of this is preventable or treatable.

The government of Bangladesh is aware of the significance of influencing adolescents' health-seeking behaviors. An important factor affecting population's mortality, morbidity in Bangladesh is the growth and health of this age group. Investments in adolescent health will therefore pay off in the form of later marriage age, a decrease in teenage pregnancies, the provision of unmet contraceptive needs, a decrease in maternal death rate, and a decrease in the prevalence of STIs.

Adolescents must receive greater attention, and care, providers from different sectors, such as, MOHFW, MOWCA, MOE must learn to work together more effectively and understand their needs. We must collaborate with adolescents in Bangladesh to attain their health rights. Hence, we at UNICEF hereby commit to providing technical assistance to Bangladesh in every aspect of child and adolescent health development.

I firmly believe that the 'National Adolescent Health Conference & Launching of Adolescent App and Website' will be valuable to the MOHFW, and international & national organizations involved in the combat for adolescent health and well-being in Bangladesh.

Maya Vandenant

EDITORIAL BOARD

EDITOR IN CHIEF



Dr. Md. Manjur Hossain, Program Manager Adolescent & Reproductive Health, MCH- services unit, Directorate General of Family Planning. He joined as a medical officer dated 06/03/1997, under the Ministry of Health and Family Welfare. During his service life, he spent about 21 years at the field level. In July 2017 he joined at MCH-services unit of DGFP as Assistant Director (MCH) & DPM (Adolescent & Reproductive health). In January 2021 he was appointed as Program Manager (A & RH), MCH- services unit, Directorate General of Family Planning. Dr. Md. Manjur Hossain graduated from Mymensingh Medical College in the year, 1994. He attained MS (Microbiology) from Prime Asia University and Ph.D. from American World University California, USA.



Dr. Jannatul Ferdous is a public health professional committed to creating an enabling environment for equitable access to quality healthcare services for the most marginalized and vulnerable women, children & adolescents, has worked for several positions in the greatly diversified contexts in Bangladesh, and Timor-Leste, and led different health and development programs and research successfully for more than eighteen years. Dr. Ferdous graduated as a Medical Doctor (MBBS) in 2000, acquired academic training in Obstetrics and Gynaecology (2003-4) from Bangladesh, and completed her MSc in Disease Control (Reproductive and Child Health) in 2008 from the Institute of Tropical Medicine (ITM), Belgium. During her job tenure, she has focused on scaling-up evidence-based Maternal, Newborn, Child, & Adolescent Health programs and interventions. Later, she has driven to strengthen the Management Information System (MIS), Monitoring, and Evaluation (M&E) of health programs. Currently, Dr. Ferdous has been working in UNICEF Bangladesh as a Maternal and Adolescent Health Specialist. Being in UNICEF, she has been extensively involved in policy advocacy, bringing innovation to MNCAH programs, and providing technical assistance to MOHFW and other cross-sectoral ministries. She has greatly contributed to 'The Leadership Development Program for Health Managers' and institutionalizing 'decentralized evidence-based planning and budgeting (DEPB)' for the implementation and monitoring of MNCAH programs in Bangladesh. She has also extensively been conducting research work and was involved in the country's important surveys, such as Demographic Health Survey (DHS), MICS and other research studies.

CO-EDITOR



Dr. Md. Shamsul Hoque is the Program Manager (PM) of the Adolescent & School Health Program under the MNC&AH unit of DGHS, MoH&FW. He looks after the implementation of Adolescent Health; School health programs focusing on facility-based adolescent-friendly SRH services in Health Facilities, capacity building of service providers on ASRHR, nutrition, psycho-social counselling, awareness activities with adolescent girls through Peer-to-Peer approaches, awareness activities with SMC; parents on adolescent responsive parenting, community mobilization with community gatekeepers, periodic special health consultation camp, and IEC activities. Along with his designated job with Bangladesh Civil Service, he is a Medical Doctor by profession and has experience in the field of Critical Care

Medicine for more than 16 years. He has a keen interest to work in Epidemiology and Health Economics to contribute to policy reform in the Health Care Provision of Bangladesh



Dr. Sabrina Rafi a medical doctor by profession and a postgraduate in Master of Public Health (Epidemiology) has gathered more than ten years of experience as a Public Health Practitioner and served in diversified contexts across Bangladesh. During her tenure, she had extensively involved in Maternal, Neonatal, Child, and Adolescent Health (MNC&AH) Programs and Interventions especially strengthening Routine Immunization and Surveillance of Vaccine-Preventable Diseases, Essential Newborn Care including management of small and sick newborn, Emergency Obstetric Care, Quality Improvement Initiatives, Health Management, and Information System, Climate Resilient Health System, etc. She also had enormously worked on several research-related activities like Clinical Trials, and RCTs, and also

contributed to Emergency Rohingya Response, Mass Vaccination Programs like Measles Rubella Campaign 2020 & several vaccination campaigns during the FDMN influx and supported COVID emergency response, especially the COVID vaccination program, Centralization of Oxygen System & overall COVID management and also the restoration of MNC&AH services. Currently, Dr. Rafi has been working in UNICEF as Health Officer, Adolescent Health and Paediatric Non-Communicable Disease. Being in UNICEF she has been enormously involved in policy and advocacy for evidence-based Adolescent Health Programs, providing technical assistance to MoH&FW and other relevant ministries for the implementation of Adolescent Health Interventions by ensuring multistakeholder coordination and digitizing Adolescent Health Platforms including Mental Health

EDITING CONTRIBUTORS



Shamima Akther Chowdhury is an experienced professional with more than 15 years in education, and have been working for the last 12 years with national and international level NGOs mainly as, Project Manager, Consultant, and Technical Specialist in the field of Maternal Health, Sexual and Reproductive Health and Rights (SRHR), Adolescent Health, Early childhood development, Gender, Gender-Based Violence (GBV), Nutrition, ASRHR, and Comprehensive Sexuality Education (CSE), intensively worked with Adolescent Friendly health services established in Dhaka Urban. Worked as a consultant with UNICEF, Plan Bangladesh, Ipas Bangladesh, Max Foundation, Christian Aid, and BCCP in the field of SRHR, Gender, and Adolescent Nutrition in City Corporations and rural areas, particularly in program implementation, Program Coordination for the health system strengthening, capacity building, Consultant, Facilitator and, Technical Specialist to address different health and development issues related to SRHR.



Dr. Md. Hafijul Islam has over eleven years of experience leading various health and development projects while holding a variety of positions in very different settings in Sydney, Australia, and Bangladesh. Dr. Md Hafijul Islam graduated as a Medical Physician (MBBS) from Dhaka University under the faculty of Medicine in 2009, acquired public health management fellowship from US CDC under ICDDR'B, Master of Health Services Management and Planning from the University of Technology, Sydney, Australia under the faculty of public health, and completed an executive Master in Health Economics from Dhaka University from the Institute of Health Economics, Bangladesh. During his job tenure, he got the opportunity to coordinate Every Mother Every Newborn (EMEN) piloting in Kurigram district and later scaled up to five more districts (Jamalpur, Serajganj, Moulavibazar, Patuakhali, and Rangamati). He was solely involved on behalf of QIS to develop the National Action Plan of Maternal and Perinatal Death Surveillance and Response (MPDSR), National Guideline of MPDSR, National ToT Manual, Pocket Book of MPDSR and MPDSR monitoring checklist. He was the focal person of MPDSR from QIS and conducted cause analysis and video conferencing for MPDSR activities monitoring as well as monitoring, supervision & evaluation, and capacity development of MNCAH services in 08 FCDO districts. In 2018, he was involved in the concept paper preparation and consultative meeting coordination for the Clinical Mentorship Guideline. During the COVID-19 pandemic situation, he was one of the contributors to the National Guideline and Training Module on IPC in the Healthcare Setting and act as a national trainer for COVID-19 and trained around 2500 healthcare professionals during the COVID-19 pandemic situation. Currently, Dr. Md Hafijul Islam has been working in UNICEF Bangladesh as a National MNCAH Officer. He has a wealth of experience working for UNICEF in the areas of maternal, newborn, child, and adolescent health, with a particular emphasis on the implementation of the REMN strategy, the EOC program, the MPDSR & near-miss program, the DCA, ECCD, AFHS, and WFHI, as well as offering technical support to the MOHFW and other cross-sectoral directorates. In order to enhance MNCAH services, he is currently closely collaborating with DGHS, DGFP, QIS, NIPSOM, BSMMU, OGSB, ICDDR'B, and other development partners.

CO-EDITOR



Dr. Nurjahan Akter is a Research Officer at the Department of Public Health & Informatics of Bangabandhu Sheikh Mujib Medical University with two & half years of experience in both quantitative and qualitative research.



Dr. Umme Haney is a Research Officer, at the Department of Public Health and Informatics (DPHI), Bangabandhu Sheikh Mujib Medical University (BSMMU). She completed an MPH on Reproductive and Child Health from BSMMU to develop a career in the public health-related sector.



Dr. Hridi is a research officer at the Department of Public Health and Informatics (DPHI), Bangabandhu Sheikh Mujib Medical University (BSMMU).

REVIEW BOARD



Dr. Jannatul Ferdous has worked in several positions in the greatly diversified context in Bangladesh, and Timor-Leste, and has successfully led different health and development programs and research for more than eighteen years. Dr. Ferdous graduated as a Medical Doctor in 2000, acquired academic training in Obstetrics and Gynaecology (2003-4) from Bangladesh, and completed her MSc in Disease Control (Reproductive and Child Health) in 2008 from the Institute of Tropical Medicine (ITM), Belgium. During her job tenure, she has focused on scaling-up evidence-based Maternal, Newborn, Child, & Adolescent Health programs and interventions. Dr. Ferdous has been working in UNICEF Bangladesh as a Maternal and Adolescent Health Specialist. Being in UNICEF, she has been extensively involved in policy advocacy, bringing innovation to MNCAH programs, and providing technical assistance to MOHFW and other cross-sectoral ministries. She has greatly contributed to 'The Leadership Development Program for Health Managers' and institutionalizing 'decentralized evidence-based planning and budgeting (DEPB)' for implementing and monitoring MNCAH programs. She has also been extensively conducting research work and was involved in the country's important surveys.



Dr. Fariha Haseen Ph.D, Associate Professor, Head, Division of Reproductive and Child Health, Department of Public Health and Informatics (DPHI), Bangabandhu Sheikh Mujib Medical University (BSMMU) has been working for adolescent health since 1995. She received the Measures Scholarship in 2006 during her Master's and Welcome Trust Scholarship in 2008 during her Ph.D. She also received the Asia Graduate Student Fellowship, from the National University of Singapore in 2011. Her research is focused on adolescent health, gender, leadership, and the health system, and has published over 40 research papers on these arenas in international journals. From DPHI she led the development of a short course on Adolescent Health, contributed to developing and delivering an Adolescent Health course for the MPH Program of BSMMU, and established AFHS in BSMMU. Dr. Haseen is working as a trainer on Adolescent Health at BSMMU, the Adolescent and School Health Program, IPHN, PMR of DGHS, the Adolescent Health Program of DGFP, UNICEF, City Corporation, Path Finder, and other organizations. She is a member of the IRB of BSMMU and also the National Immunization Technical Advisory Group (NITAG).



Dr. Quamrun Nahar is a Social Scientist with more than 30 years of experience in health and population research. She is a medical doctor with Masters in Medical Science and a Ph.D. in Sociology. Currently, she is holding the position of Head of Research, Maternal and Child Health Division of icddr, b. She has worked extensively in the fields of adolescent health, family planning, reproductive health, maternal, neonatal, and child health, and health systems research. She was one of the lead investigators of the Bangladesh Adolescent Health and Wellbeing Survey 2019-2020. Dr. Nahar served in different national-level committees on adolescent health. She is a member of the Technical Advisory Group of the Exemplars in Adolescents' Sexual and Reproductive Health Project, led by a consortium comprising the African Institute for

Development Policy, the University of Southampton, and the University of Portsmouth in close collaboration with Gates Ventures, and the Bill & Melinda Gates Foundation. She is also a member of the Guidelines Development Group on updating WHO's guidelines on preventing child marriage, responding to the needs of married girls, and increasing access to and uptake of contraception among adolescents. She has published more than 40 research articles based on her work.



Dr. ATM Iqbal Anwar is an expert in health policy and systems research with ample experience in program management, human resource development, monitoring, surveillance, and research. He possesses advanced skills in epidemiology, biostatistics, health planning, and knowledge translation including research policy communication. Have more than 36 years of professional experience in public health program management, human resource development, monitoring, surveillance, and research. He was directly involved in the national EPI program since the inception of UCI (universal child immunization) in 1985. He was awarded a government scholarship to do a Master's in Public Health Methodology from the Free University of Brussels, Belgium, in 1997. In 2007, he was awarded the prestigious Commonwealth

Scholarship to do 'Doctor of Public Health (Dr.PH)' from the London School of Hygiene and Tropical Medicine (LSHTM), London University, London, UK. During the COVID-19 pandemic, he served as one of the 8 honorary Public Health Advisors to support DGHS in epidemic preparedness and response. He organized two international conferences in Dhaka one in 2017 titled 'Data for Decision making' and another in 2019 on 'Role of Community Health Workers (CHWs) in Non-Communicable Disease Control'.

PANELLISTS OF PANEL 1: MENTAL HEALTH AND WELL-BEING



Moderator: Dr. Fariha Haseen, Associate professor, DPHI, BSMMU
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Dr. Fariha Haseen PhD, Associate Professor, Head, Division of Reproductive and Child Health, Department of Public Health, and Informatics (DPHI), Bangabandhu Sheikh Mujib Medical University (BSMMU) has been working for adolescent health since 1995. She received the Measures Scholarship in 2006 during her master's and Welcome Trust Scholarship in 2008 during her Ph.D. She also received the Asia Graduate Student Fellowship, from the National University of Singapore in 2011. Her research is focused on adolescent health, gender, leadership, and the health system, and has published over 40 research papers on these arenas in international journals.



Coordinator: Dr. Hridi Hedayet Ullah, Research officer, DPHI, BSMMU email: drhiridi@gmail.com; Phone: 01319343624

Dr. Hridi is a research officer at the Department of Public Health and Informatics (DPHI), Bangabandhu Sheikh Mujib Medical University (BSMMU).



Topic: Sexual and Reproductive Health Rights

Maya Vandenant, Chief of Health, UNICEF,
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She is a graduate of the London School of Hygiene and Tropical Medicine, with a Master of Public Health, and Pharmacy Degree from the University of Groningen, Netherlands. Maya Vandenant served as Chief Health & Nutrition in Bangladesh, and Myanmar, Senior advisor Immunization in Headquarters, and health specialist in Malawi and Cote d'Ivoire. She has further worked for NGOs in Angola, Tajikistan, and Kyrgyzstan. Maya has extensive experience in maternal, newborn, child, and adolescent health, immunization, data analysis, and field implementation of public health programs.



Topic: Adolescent Nutrition and Impact on Mental Health

Dr. Md. M. Islam Bulbul, Program Manager, and Line Director Acting, NNS, DGHS,
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He was extensively involved in the process of formulation of the Second National Plan of Action for Nutrition. He graduated from Mymensingh Medical College and completed his MPH from James P Grant School of Public Health. He also gained PGD from Lund University, Sweden, and Certificate course from Wageningen University Netherlands, and University Tokyo, Japan. He is currently working as Executive Director at Public Health Foundation, Bangladesh. He is a member of the

Commonwealth Health Advisory Committee.



Topic: Mental Health and Wellbeing

Dr. Helal Uddin Ahmed, Associate Professor, National Institute of Mental Health
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He received training in autism and neurodevelopmental disabilities from South Korea and fellowship training in child psychiatry from the "Fondazione Child" in Italy. Additionally, he was awarded fellowships by the Indo-Global Psychiatric Initiative (IGPI Fellow) in 2011, the Japanese Society of Psychiatry and Neurology (JSPN-Fellow) in 2010, and Sao Paulo, Brazil's "Y-Mind Fellowship" in 2013. He served as the Early Career Psychiatrists Council of WPA's (World Psychiatric Association) Area Coordinator

for Australasia. As a young psychiatrist in Bangladesh, he received the "Prof. Hidayetul Islam Gold Medal Award" in 2013 for his research contributions and dedication to psychiatry.



Topic: Impact of Climate Change on vulnerable adolescent's mental health

Professor Dr. Iqbal Kabir, Ph.D. CCHPU

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He is an Epidemiologist with more than 27 years of experience in public health. He worked as Director (Planning and Research) of DGHS and Professor and Head of Epidemiology at the National Institute of Preventive and Social Medicine (NIPSOM). Currently, he is working as the Coordinator of the Climate Change and Health Promotion Unit (CCHPU) under the Ministry of Health & Family Welfare, Government of Bangladesh. He has a special interest in Environmental epidemiology Climate

Change and Health research. Besides he is a Media person in health communication in Bangladesh.



Topic: Adolescent Health and Wellbeing

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She is a student for a Diploma in Engineering at the Dhaka Polytechnic Institute. She is majoring in Chemical Engineering. Over her period of work involving adolescents, she has developed excellent interpersonal communication skills. She is innovative, persuasive, self-driven, and goal-oriented, a strong team player & has the good relationship management skill.



M. Abu Rafi

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He is currently an undergraduate student at the University of Dhaka's Department of Biochemistry and Molecular Biology. He was a national leader for the SKNF as well (Shornokishoree Network Foundation). Previously, he held the position of President (L.W.S) of Notre Dame Science Club, the first science club to be founded in the Indian subcontinent. As a young activist, Abu Rafi promoted adolescent health and raised awareness of the dangers of child marriage. He hopes to work in molecular biology

research in the future.

PANELISTS OF PANEL 2: SOCIAL PROTECTION FOR ADOLESCENTS



Moderator: S M Shaikat, Executive Director, SERAC Bangladesh
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Mr. SM Shaikat leads SERAC-Bangladesh, a youth focused organization advocating and implementing programs on access to health rights, democratic participation of youth, friendly services, and gender-based violence prevention in Bangladesh. Mr. Shaikat has worked with several global agencies. He was the Bangladesh country moderator to the 11th International Dialogue on Population and Development in Berlin. He was elected to the UN-Habitat Youth Advisory Board in 2015 and has been a speaker at several events during the 69th, 70th, and 72nd UN General Assemblies in 2014, 2015 and 2017, and at 62nd Commission on the Status of Women in 2018, opening plenary speaker of the 9th World Urban Forum in Malaysia, and 11th World Urban Forum in Poland. Shaikat is the founder of the Bangladesh Urban Youth Councils Network that is initiating youth councils in city corporations across the country to increase access to civic participation of young people and achieving the New Urban Agenda, and SDGs. He is a member of the 9th and 11th World Urban Forum Advisory Group, and many other regional and international networks. He was nominated by the U.S. Department of State to the International Visitors Leadership Program in 2013, and Asia Young Leader for Democracy in 2015. He has been named as a Bayer Scholar and awarded the 120Under40 Championship by the Bill and Melinda Gates institute at the Johns Hopkins University.



Coordinator: Mizanur Rahman Akanda, Communication and Outreach Officer
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Mizanur Rahman Akanda has been working with SERAC-Bangladesh as a Communication and Outreach Officer and is passionate about social development activities, particularly adolescent health rights and community mobilization. Since his college days, Mr. Mizanur has volunteered and been involved in many students and community-based development organizations to aware young people on their SRH rights as well as menstrual hygiene and mental health. Mr. Mizanur awarded a scholarship to join the IAAH 11th World Congress on Adolescent Health held in New Delhi in 2017 and numerous national and international conferences and workshops to promote youth voices on health and wellbeing.



Topic: Early Child Marriage

Dr. Abul Hossain, Ph.D. Former Project Director, of Multisectoral Programme on Violence Against Women, and Executive Director of center for policy and Development Research

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He is the Executive Director of the Center for Policy and Development Research (CPDR). He was the former Civil Servant of the Government of Bangladesh who served the government in the field administration, ministries, and national-level training centers for 31 years. After retiring, he worked as a national consultant for UNDP Bangladesh on the National Inquiry on Violence Against Women and Children and Rape for the Bangladesh National Human Rights Commission. Dr. Hossain was the Project Director of the Ministry of Women and Children Affairs' Multi-Sectoral Program on Violence Against Women (MoWCA), which has been implemented for 15 years by the governments of Bangladesh and Denmark in collaboration with 11 other ministries. He has supported the MoWCA in the preparation of periodic reports on the Convention on the Elimination Discrimination against Women, the Convention on the Rights of the Child, and Beijing+25 Reports for Bangladesh.



Topic: Violence Against Adolescent

Ismat Jahan, Clinical Psychologist, and Head National Trauma Counselling Centre, MOWCA,

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She is a Clinical Psychologist & Head, of the National Trauma Counselling Centre of the Multi-Sectoral Program on Violence Against Women of the Ministry of Women and Children Affairs. She provides psychosocial counselling to women and children who have experienced any kind of violence. She monitors and supervises the psychosocial counselling services of the National Trauma Counselling Centre, Regional Trauma Counselling Centres, 8 One-Stop Crisis Centres (OCC), 61 One-Stop Crisis Cells (OCC), and safe home. She was a technical member of the National Plan of Action for Adolescent Health Strategy 2017-2030 and the Bangla Web-based Clinical Management of Rape module. She is a member of the Project Steering Committee (PSC) of Ashshash, a Switzerland-supported project being implemented by Winrock International, a general member of the Bangladesh Clinical Psychology Society (BCPS), a member of the Bangladesh Psychological Association, and a member of the Bangladesh Association for Child and Adolescent Mental Health (BACAMH).



Topic: Influence of ICT and Social Media on Adolescents

Syed Md. Nuruddin CSE Advisor, Plan Bangladesh

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He is working in the field of Sexual Reproductive Health and Rights (SRHR) and Adolescent & Youth development since 2006. At present, he is working with Plan International Bangladesh as a Comprehensive Sexuality Education (CSE) Advisor. He graduated in Anthropology. From the start of his career, he has worked on the promotion of human rights, he has been contributing as Master Trainer (MT) on SRHR and Comprehensive Sexuality Education for the last 15 years in Bangladesh in different projects and programs. In his present role, he is contributing to improving and sustaining the quality and impact of the program and influencing activities about SRHR with a particular focus on CSE through key inputs into National plans, proposals, the design of programs and projects, and monitoring and evaluation as well as building the capability of Plan and partner staff.



Topic: Life Skill Education for Adolescents

Dr. Mohammad Zahirul Islam, Senior Health Advisor, Embassy of Sweden

Email: zahirul.islam@gov.se, Phone: 01711427005

He has spent the last two decades working in the fields of health, population, and development. Since 2010, he has served as the Embassy of Sweden's Senior Health Advisor, where he provides technical oversight to projects such as access to sexual and reproductive health and rights programs, as well as health systems. After graduating as a medical doctor, he earned a Master of International Public Health (MIPH) from the University of Sydney. NIPSOM also awarded him a Master of Public Health (MPH). From the University of Dhaka, he gained a Master of Population Sciences (MPS), and a Master of Development Studies (MDS). He was a key organizer and contributor in creating the NEARS forum for adolescent health (Network for ensuring Adolescent Reproductive and Sexual Health). He is a recipient of the Australian Leadership Award (ALA) Scholarship in 2009, the UNFPA scholarship, and the UNFPA fellowship (2003-2004) and received the Honourable Mention award from Notre Dame College, Dhaka. He is now serving as the President of the Bangladesh Short Film Forum and Chairman of the Centre for Asian Arts and Cultures (CAAC).



Topics: Social protection Adolescents

Md. Abdullah-Al-Sayed, Co-President at Save Youth- Students Against Violence.

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He is a youth leader and a disability rights activist. He is working as the Co-President of SAVE Youth-Students Against Violence and promoting peace, tolerance, and diversity among the youth. He has been working with the International Foundation for Electoral Systems (IFES) and has trained 1700+ students from 13 public universities on leadership, democracy, and peacebuilding. He has worked on a project named "Journey to Equal Rights" with the International Republican Institute (IRI) to eradicate the social injustice and marginalization of the Indigenous Santal people. He has been always vocal about persons with disabilities, especially children and adolescents with NDD.



Topics: Social protection Adolescents

Dipty Chowdhury, Shornokishoree Network Foundation

Email: dipty.sknf@gmail.com, Mobile Number: +8801765668282

He has been working with adolescents since she was a teenager. In 2016, she won the SKNF shornokishoree championship (Shornokishoree Network Foundation). Throughout her adolescence, she advocated for the rights of teenagers from various parts of Bangladesh, preventing child marriage and ensuring nutrition. In 2021, she published "Dipto Kishore," a book about adolescent problems and possible solutions. Everyone welcomed the book with open arms. She is currently leading a global campaign called "Act4Food Act4Change," which aims to transform the food system.

SCIENTIFIC SESSION 1: 9.30-10.30 AM AT CELEBRITY HALL

CHAIR



Dr. Fauzia Akhter Huda, Project Coordinator, Maternal and Child Health Division, icddr, b; email: fauzia@icddr.org; Phone: 01716962841

She is a medical graduate with and Ph.D. in public health. She currently holds the title of Project Coordinator at the Maternal and Child Health Division, icddr,b. Her long track record of professional experience includes working with different tiers of the government health system. Since joining icddr,b in 2006, she has made substantial contributions to a range of research studies containing the shared objective of improving maternal, newborn, and adolescent health. She is also a member of the Service Delivery Domain Evidence and Recommendation Review Group (ERRG) and the Guideline Development Group (GDG) of the WHO Abortion Care Guideline 2022; Exemplars in Global Health Community of Experts, Gates Venture; Family Planning Technical Forum, Bangladesh; Advisory Committee to support the Research on Demographic Effects of COVID-19 in Bangladesh.

CO-CHAIR



Dr. Aninda Rahman, Deputy Program Managers (DPM), Communicable Disease Control (CDC, DGHS)
email: dr.turjosmc@gmail.com; Phone: 01817541797

He is an epidemiologist and a medical graduate. He is working as Deputy Program Manager (AMR, Hepatitis, Diarrhoea) of Communicable Disease Control (CDC), DGHS, Ministry of Health in Bangladesh. He completed his MBBS degree from Sir Salimullah Medical, he then pursued his 'Master of Epidemiology degree from the University of Queensland, Australia with the Deans Award for Academic Excellence. He is also a Fleming Fellow on AMR Surveillance. He has a long history of collaboration with development partners and international organizations. He is passionate about public health and wants to keep contributing to the communicable disease control aspects of the global health system.

COORDINATOR



Dr. Nurjahan Akter, Research Officer, DPHI, BSMMU phone:
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She is a Research Officer at the Department of Public Health & Informatics of Bangabandhu Sheikh Mujib Medical University with two & half years of experience in both quantitative and qualitative research.

PRESENTATION 1: A COMPREHENSIVE APPROACH FOR IMPROVED SEXUAL AND REPRODUCTIVE HEALTH AND WELL-BEING OF ADOLESCENTS AND YOUTH IN A GOVERNMENT SETTING



Dr. Fatema Shabnam Adolescent and Youth Specialist, Shukhi Jibon; Email: fshabnam@shukhijibon.org; Mobile: +88017141343302

She is an Adolescent and Youth Specialist currently working at USAID Shukhi Jibon Project led by Pathfinder International. She has experience in the field of public health focusing on sexual and reproductive health for 24 years. She provides technical leadership to address adolescents and youth needs in FP programming, strengthening community mobilization, increasing the use of appropriate IT and social media to meet the FP needs of adolescents and youth, and ensuring adolescent and youth-friendly services in close collaboration with MOHFW and other

relevant stakeholders.

Co-author: Dr. Fatema Shabnam, Adolescent and Youth Specialist, USAID Shukhi Jibon project, Pathfinder International & Saiful Hasan, Monitoring Evaluation and Learning Manager, Shukhi Jibon project, Pathfinder International

Background: Currently 30 percent of the total population belongs to 10 to 24 years in our country. Proper investment in their physical and mental health is essential to achieving a healthy generation, and the government has already implemented the Adolescent Health Strategy and its National Plan of Action with other stakeholders. The USAID Shukhi Jibon (SJ) Project is supporting the government for the well-being of adolescent and youth by following a comprehensive approach.

Methodology: The findings of this study were collected from the project-supported source and the data source, the Directorate General of Family Planning (DGFP). The USAID SJ project reached out to married and unmarried adolescents and youths (A&Y) in 168 Upazilas under 32 districts in Dhaka, Mymensingh, Chattogram, and Sylhet divisions through different activities. Results: During the period of August 2018 to September 2022, the project supported 650 facilities ready for A&Y; 3420 providers received A&Y-friendly training through 132 pools of trained trainers; and 2,847 providers followed up and received on-site support after receiving training. More than one million A&Y visited project-supported sites. The project also reached out to facility ancillary staff through a whole-site approach and conducted 615 whole-site orientations. The project analyzed 93 upazilas of 19 districts of the DGFP national HMIS data during COVID and post-COVID. It was found that iron and folic acid distributions and counseling were consistently advanced over the period at project-supported sites where at least four different technical supports were provided at a time (provider training, field staff orientation, whole site orientation, and follow-up).

Conclusion: Though Pathfinder International supports MOHWF unmarried or newlyweds, and first-time parents but a comprehensive level of collaboration and coordination is required among the GO and NGO partnerships to achieve meaningful results.

PRESENTATION 2: SCORECARD INTERVENTION STRENGTHENS THE AFHS IN THE PLAN'S CATCHMENT AREAS



Nilufa Nargis Purbasha, Technical Specialist-SRHR, Y Moves project, Plan International Bangladesh Country Office.
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She completed a Master of Public Health (MPH) with a specialization in Reproductive and Child Health. Completed EMBA with specialization in Operations and Supply Chain Management from American International University Bangladesh. She has 17 years of professional experience in the health sector on Sexual and Reproductive Health and Rights (SRHR), Maternal, Neonatal, and Child Health, nutrition, HIV/AIDS, disability, and development program. She has authored the following two abstracts.

Abstract: Community Scorecard for Adolescents (Boys and Girls) and Facility Scorecard for Adolescent Friendly Health Service Providers was developed under this project to enhance the quality and increase the accessibility of SRH services among adolescents at Adolescent Friendly Health Service Centers (AFHSC). Community scorecards have been implemented in 26 functional Adolescent Friendly Health Service Centers (AFHSCs) and their catchment areas. Based on the findings of scorecards, partners analyzed data and follow-up consultation meetings held with health-related and other district administrations bi-annually for findings sharing and the next course of action for improvement of the Adolescent Friendly Health Service Centers. After using scorecards, it has been found that accountability and responsiveness among service providers -positively changed/increased in terms of adolescents' health improvement. Compared to the last 2 times scorecard findings, the expected quality of service for adolescents has increased. In the last two scorecard analyses shows, the quality of service for adolescents was 70% and 73 % which is now 75%. According to the scorecard result findings, separate seating arrangement has been introduced at 8 districts AFHSCs for adolescent boys and girls. A sign board (including the health center's indicator) has been set up in 9 districts and safe drinking water has been ensured by the Local government in 8 districts AFHSCs. DD- Family Planning has taken initiative to arrange separate toilets for girls and boys in 6 districts AFHSCs. Increased supply of medicines and other materials at Jessore and Khulna districts. Ayla cyclone damaged power connection has been repaired and DD Family Planning has been allocated BDT 17,50,000/- (Seventeen Lacks Fifty Thousand Taka) for the infrastructural renovation of the damaged building of Satkhira districts health centers. Renovation already has been completed on July 2022. Dinajpur districts health center has launched a beautiful new building on May 2022. However, 9 districts AFHSCs found no separate toilet facilities for boys and girls. Lack of medicine, counselors, human resources, and accessibility remain major challenges, suggests the scorecard findings. Service recipients and service providers also suggested separate waiting rooms for boys and girls to ensure privacy for adolescent clients.

PRESENTATION 3: GRADUAL IMPROVEMENT OF MHM SUPPORT AND SERVICES - IMPACTS ON ADOLESCENT EDUCATION AND HEALTH IN BANGLADESH



Dr. Nurullah Awal, Health Adviser, WaterAid Bangladesh
Email: NurullahAwal@wateraid.org, Mobile: 01713851590

He has been coordinating WASH and health interventions and discussions, mainly with the Ministry of Health, other key partners, and NGOs. He is a member of the national technical committee on WASH at the Directorate of Health and contributed to the development of several key national documents. Dr. Awal is also the chair of the WASH working group at the Global Task Force for Cholera Control, GTFCC, Geneva. He is also an executive committee member of the national CSA-SUN in Bangladesh.

Co-authors: ASMN Awal, M Rahman, I Rahman, F Abbas

Background: Compromised water and sanitation conditions at school jeopardize the girls' school attendance during menstruation. Menarche, or the start of puberty, hence tends to limit mobility, access to education, and livelihood opportunities.

Intervention: WaterAid and the government's engineering department under the education ministry, jointly developed, designed, and established a girls'-friendly, inclusive, comprehensive MHM corner; and comfortable sanitation complex at schools, over 650 in different districts. The model is appreciated by the directorate, MoEdu; scaled up with local level support and participation; and contributed to the macro-aspect of adolescent school education, less infection, and better well-being. Studies revealed that school absenteeism during menstruation has declined by half day (2018 Vs 2014). Usage of water soap during hand wash is increased; use of sanitary pads has increased and 65% of adolescent girls reported that they did not face any health problems in the previous six months attributable to menstruation. WaterAid also introduced a similar concept in madrasahs and Matri Sadan and adolescent health centers (MCWCs).

Conclusion: Healthy and safe management of menstruation is an important component of overall adolescent health; likewise, menstrual hygiene management (MHM) is a critical agenda within WASH. Bangladesh has progressed a lot yet a substantial lack and gap remain to further improve MHM and allied services.

PRESENTATION 4: IMPACT OF TIPPING POINT INITIATIVE: A SOCIAL NORM INTERVENTION TO ADDRESS CHILD MARRIAGE IN A NORTHERN DISTRICT IN BANGLADESH



Sultan Mahmud, Research Investigator, icddr,b
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He holds a Master's degree in Applied Statistics from the University of Dhaka, Bangladesh. He joined icddr,b in March 2021 and has been working on violence against women and girls (VAWG), and sexual and reproductive health and rights (SRHR) since then. He is a skilled trainer of gender, quantitative methodology, and ethical concerns in research on sensitive issues (e.g., SRHR and violence).

Co-authors: Ruchira Tabassum Naved^{1*}, Mahfuz Al Mamun¹, Sultan Mahmud¹, Aloka Talukder¹, Kausar Parvin¹, Sadhvi Kalra², Anne Laterra²

¹Health Systems and Population Studies Division, icddr,b, Dhaka, Bangladesh, ²CARE USA, Atlanta, USA

Introduction: Child Marriage (CM) is a violation of human rights and it bears negative implications for the lives and well-being of girls. Bangladesh has the fourth-highest prevalence of CM globally and the highest in South Asia. Moreover, a stalling of CM rates has been observed recently in Bangladesh. Against this backdrop, the Tipping Point Initiative (TPI) developed by CARE aimed to reduce CM through the transformation of social norms driving CM in Bangladesh by promoting adolescent girls' agency, creating supporting relations, and developing girls' movement.

Methodology: TPI was implemented in 51 villages in Pirgacha upazila, where the prevalence of child marriage is higher than the national rate (63% vs. 59% among women aged 20-24 years). The evaluation employed a mixed-method, three-arm Cluster Randomized Controlled Trial (CRCT) design. Arm 1 received light, Arm 2 received full, and Arm 3 received no social norm intervention. Girls' movement building component differentiated Arm 2 from Arm 1. Results: A total of 1,123 girls successfully interviewed both at baseline and endline were included in the analyses. The results of multilevel parametric survival analyses show no overall statistically significant impact of any of the interventions on child marriage in the full sample. However, analyses of the intervention effect by the level of girls' participation in group sessions show that the hazard of child marriage was reduced by 63% among girls who received 36-40 sessions in the full TPI arm (Adj. hazards ratio=0.37; 95% CI: 0.17, 0.79) compared to those who did not receive any session.

Conclusion: High participation of girls in the full social norm intervention involving a movement-building component is highly effective in reducing CM. The magnitude of this effect is unforeseen in Bangladesh and globally. This intervention needs to be replicated in other settings and in a non-pandemic situation for assessing its full potential.

PRESENTATION 5: UNHEARD STORIES: VIOLENCE AGAINST YOUNG GIRLS WITH DISABILITIES IN SELECTED AREAS OF BANGLADESH



Nigar Sultana Zoha, Research Assistant, Centre of Excellence for Urban Equity and Health at the BRAC JPG School of Public Health (BRAC JPGSPH), BRAC University
email: nigar.zoha@bracu.ac.bd

She completed her BSc in Public Health from Asian University for Women. She has experience in working with underprivileged and vulnerable communities, such as primary school dropout students, persons with disabilities, and the displaced population.

Authors: Nigar Sultana Zoha, Fatema Akter Bonny, Arifa Bente Mohosin, Md. Uzzal Chowdhury, Sabina Faiz Rashid, and Md. Tanvir Hasan

Introduction: In Bangladesh, 7% of children under the age of 17 are estimated to have one or more disabilities (UNICEF, 2022). These people are known to be one of the most vulnerable and ostracized individuals in many communities (Kwadwo et al., 2014). Study findings indicated that 96% of women with disabilities are likely to be victims of emotional, physical, and sexual abuse in Bangladesh. Gender-based violence can take many different forms, including intimate partner violence, sexual assault, and so on. Adolescents with disabilities are extremely vulnerable to experiencing violence by different perpetrators; however, there is a significant gap in knowledge in developing-country settings, particularly in Bangladesh.

Methodology: A quantitative survey with 1539 women and girls with disabilities was conducted, followed by qualitative interviews with a smaller group of survey participants and other stakeholders as part of the study's explanatory sequential mixed method design. The study was conducted in 10 unions from the five sub-districts of the Bogura district. Data of both lifetime and current (within 12 months) experiences of different forms of violence were estimated.

Results: The most prevalent forms of emotional and verbal abuse were being treated differently, mocking, cursing, or being looked down upon for working differently and/or slowly. Family members, neighbors, service providers, and even strangers have been identified as perpetrators of such emotional abuse. More than half of the research participants reported suffering at least one act of emotional abuse during their lifetime and in the 12 months preceding the survey. Furthermore, they faced physical violence like slapping, hitting with fists, kicking, or dragging by the perpetrators. In extreme cases, they faced severe sexual violence such as rape.

Conclusion: Society manifests multiple layers of stigma, discrimination, and violence against persons with disabilities, which even amplifies if the individuals are women and girls with disabilities. There is a need for a holistic approach wherein individuals, including parents/caregivers, community members, stakeholders, and changemakers must work together to end the violence against women and girls with disabilities.

SCIENTIFIC SESSION 2: 11.15 AM- 12.15 PM AT CARNIVAL HALL

CHAIR



Dr. Sayed Rubayet, Country Director Ipas Bangladesh
email: rubayets@ipas.org, phone: 01730338191

He is RMNCAH and health systems expert, a public health researcher, and a program/organization management professional who leads Ipas's work in Bangladesh. Before joining Ipas in 2017 he worked as the Program Director of 'The Saving Newborn Lives Program, Save the Children in Bangladesh. Dr. Rubayet joined Save the Children in 2009 from the World Health Organization. He worked for nearly 10 years with the World Health Organization in the Immunization and Polio Eradication program of Bangladesh and Ethiopia.

CO-CHAIR



Nondini Lopa, Liaison Officer, Global Financing Facility (GFF)
email: nlopa@worldbank.org; phone: 01716875798

She is working as a Development Professional for the last 13 years in different national and international organizations to address development issues related to adolescents and youth. Her interest includes strategic communication and networking for Adolescent Health (AH) programming and policy reform. She is also known as a technical expert for Adolescent Sexual and Reproductive Health and Rights (ASRHR), SRHR in Emergencies and Disaster (SRHRie & DRR), Comprehensive Sexuality Education (CSE), Gender Equality (GE), and Gender Based Violence (GBV).

COORDINATOR



Dr. Umme Haney, Research Officer, Department of Public Health and Informatics (DPHI), Bangabandhu Sheikh Mujib Medical University (BSMMU).
email: uhaney89@gmail.com; phone: 01742480415

She completed an MPH on Reproductive and Child Health from BSMMU to develop a career in the public health-related sector.

PRESENTATION 1: EXPLORING ENABLING AND HINDERING FACTORS ASSOCIATED WITH UTILIZATION OF ADOLESCENT FRIENDLY HEALTH SERVICE CENTRE OF BANGABANDHU SHEIKH MUJIB MEDICAL UNIVERSITY: A MIXED-METHOD STUDY



Dr. Fariha Haseen Ph.D. Associate Professor, Head, Division of Reproductive and Child Health, Department of Public Health and Informatics (DPHI), Bangabandhu Sheikh Mujib Medical University (BSMMU).
Email: far_haseen@yahoo.com; mob: 01711066908

Authors: Fariha Haseen¹, Shiuly Chowdhury², Tripti Rani Das², Begum Nasrin², Umme Haney¹, Syfunnahar Bristi¹, Samira Moyeen², Mehriban Amatullah², Nurjahan Akter¹, Hridi¹, Syed Shariful Islam¹

¹Department of Public Health & Informatics, Bangabandhu Sheikh Mujib Medical University, Shahbag, Dhaka, Bangladesh & ²Department of Obstetrics & Gynecology, Bangabandhu Sheikh Mujib Medical University, Shahbag, Dhaka, Bangladesh

Introduction: Providing health services to the adolescent population through Adolescent Friendly Health Services (AFHS) is an innovative approach. In June 2019 Department of Obstetrics and Gynecology with the Department of Public Health and Informatics established 'The Adolescent Friendly Health Services Centre (AFHSC) with the support of UNICEF. According to standards, AFHS has signboards, rooms, service providers, counseling services, and treatment for adolescents. The objective of the study was to explore enabling and hindering factors associated with the utilization of AFHSC of BSMMU.

Methods: A cross-sectional study was conducted with a mixed-method approach. The study participants were female adolescents who visited for services, accompanying persons, and service providers of AFHSC. These adolescents initially came to the outpatient department of Obstetrics and Gynecology and were referred to AFHSC in Block E. Total of 240 interviews with female adolescents and 24 qualitative interviews were conducted with adolescents, parents, and service providers in AFHSC. The study was conducted from September 2021 to June 2022. Results: Almost three-fourths of adolescents (75.00%) visited for menstrual problems and one-fourth of adolescents (22.10%) for general health problems. The majority of respondents (92.50%) did not hear about AFHS before. Around 16.30% of respondents felt fear and 17.90% of respondents felt shyness during receiving services. Lack of awareness, feeling fear or shyness to utilize services, distance from home and inconvenient service hours, and distance from outdoors to AFHSC in another building are leading hindering factors. Good quality of service, friendly behavior of service providers, availability of free service, and a clean environment are the main enabling factors.

Conclusion: This study revealed many female adolescents were not aware of AFHSC of BSMMU before utilizing the service. Lack of awareness about AFHSC, fear, shyness, distance, service-hour were the hindering factors. Adolescents were satisfied with the environment, gender-specific service provider, quality of services, and cost after use of services which played as enabling factors.

PRESENTATION 2: ASSOCIATION BETWEEN MOTHER'S AGE AT FIRST BIRTH AND CHILD UNDERNUTRITION IN BANGLADESH: EVIDENCE FROM CROSS-SECTIONAL BANGLADESH DEMOGRAPHIC HEALTH SURVEY 2017-18



Md. Alamgir Hossain, Research Officer, icddr,b.
email: alamgir.hossain@icddr.org,
Phone: 01717023148

He has almost ten years of experience in qualitative and quantitative research. He graduated from Shahjalal University of Science and Technology in Anthropology and completed a Master in Public Health (MPH) from the Independent University of Bangladesh (IUB). His interesting area of research is adolescent health, nutrition, maternal and child health, gender, HIV and women empowerment, etc.

Authors: Md. Alamgir Hossain¹, Md. Tariqujjaman², Novel Talukder³, Rubaiya Matin Chandrima¹, S.M Hasibul Islam¹, Ema Akter¹, Ahmed Ehsanur Rahman¹, Mahfuzur Rahman², Aniq Tasnim Hossain¹

¹Maternal and Child Health Division (MCHD), icddr,b, Dhaka, Bangladesh, ²Nutrition and Clinical Services Division (NCSD), icddr,b, Dhaka, Bangladesh, ³Health System and Population Studies Division (HSPSD), icddr,b, Dhaka, Bangladesh

Introduction: In low and middle-income countries (LMICs), it is projected that 21 million girls become pregnant before their 19 years, and among them, about 12 million give birth. Also, in LMICs roughly 45% of under-five death occurs due to malnutrition. Giving birth at young ages is common in Bangladesh, which hurts both maternal and child nutrition and health. In this study, we examined the relationship between a mother's age at first birth and child undernutrition in Bangladesh.

Methodology: Data extracted from Bangladesh Demographic and Health Survey 2017-18. Mothers aged under 19 at their first childbirth were considered younger mothers, while those aged above 19 were considered adult mothers. We defined children as stunting, wasting, and underweight respectively, if their height-for-age, weight-for-height, and weight-for-age z-scores, respectively below -2 SD according to the median of the World Health Organization's growth standards. Multivariable logistic regression models were used to examine the association between maternal age at first birth and child undernutrition of under-five children.

Results: We found 71.5% of mothers gave their first birth under 19 years. The undernutrition status of the children of younger mothers and the children of adult mothers was differ significantly from stunted ($p < 0.001$), wasted ($p = 0.008$), and underweight ($p < 0.001$). Mothers who had the first child under 19 years were 1.6 times more likely to be stunted [Adjusted odds ratio (AOR): 1.6, 95% confidence interval (CI): 1.02- 2.46; p -value: 0.008], 1.4 times more likely to be wasted (AOR: 1.4; 95% CI: 1.09-1.78; $p < 0.001$), 1.5 times more likely to be underweight (AOR: 1.5, 95% CI: 1.15-2.07; $p < 0.001$) compared to children of adult mothers.

Conclusion: This research might draw attention to the policymakers in stepping forward to take necessary initiatives for increasing the maternal age at first birth which ultimately helps to reduce all forms of childhood undernutrition

PRESENTATION 3: HELP-SEEKING BEHAVIORS AND MENTAL WELL-BEING OF FIRST-YEAR STUDENTS DURING THE LATE ADOLESCENCE PERIOD



Ms. Sumaiya Habib has completed her Bachelor's in Psychology and a Master's in Clinical Psychology from Dhaka University. Throughout her previous experience, she provided individual & group counseling to adults and her areas of specialization are Depression, Anxiety, OCD, Panic Disorder, Bipolar Mood Disorder, Crisis management & Suicide prevention, Somatic Disorder, Relationship crisis, and Marital conflicts
Email : sumaiya.habib@bracu.ac.bd

Co-authors: Sumaiya Habib and Dr. Sharmina Rahman

Introduction: Adolescence is a crucial period of biological, cognitive, and emotional development. Late adolescence is an important but underexplored developmental stage in the etiology of social support. These individuals are experiencing many significant life changes, and social support can help them adjust to the associated environmental stressors of this time. Well-being levels also tend to decrease during this time. Many mental health problems also tend to emerge and can be predictive of the occurrence of mental illness in later adulthood. Late adolescence is an exciting development period as individuals encounter many environmental changes. Adolescents who reported more psychological stress were less likely to seek help for their mental health problems. University students during the late adolescence period demonstrate poor help-seeking behaviors for their mental health, despite often reporting low levels of mental well-being. So this present study aimed to examine the help-seeking behavior of first-year university students in terms of their mental health and well-being.

Methodology: A cross-sectional study design of 100 students, age range between 18 & 19, studying at Diploma in Midwifery Education, Brac University participated in the study, which focused on mental well-being and help-seeking behaviors. Bangladeshi Adaptation Warwick Edinburgh Mental Well-Being Scale (WEMWBS) was used to measure subjective well-being. The Attitude toward Seeking Professional Counselling Support scale measured help-seeking behaviors. Descriptive statistics were used to analyze socio-demographic factors (e.g., socioeconomic status, age, education, marital status) while Pearson Correlation was used for the analysis of the association between the variables, and to recognize the statistical significance of the differences.

Results: results demonstrated that those with low/average well-being scores were less likely to seek help than those with higher scores.

Conclusion: Findings indicated the importance of enhancing public knowledge of mental health issues and further examining students' understanding of help-seeking resources to improve this crucial adolescent group's help-seeking behaviors and mental well-being.

PRESENTATION 4: NATIONAL STATUS OF ADOLESCENT MOTHER HEALTHCARE SERVICES ACCORDING TO ELECTRONICALLY RECORDED (E-MIS) DATA



Md. Arafat Hasan 'Technical Specialist - Software Development', Save the Children, USAID's MaMoni Maternal and Newborn Care Strengthening Project.
Email: arafat.hasan@savethechildren.org

He has more than 11 years of experience as an ICT professional. He completed his bachelor's degree in computer science and Telecommunication Engineering from Noakhali Science and Technology University. Additionally, he got an MBA degree in management information systems from the University of Dhaka.

Authors: Arafat Hasan, Anik Mahamood, Janel Juliat Gomes, Sabina Parveen, Bal Ram Bhui, Afsana Karim

Introduction: The eMIS project which was a multi-partner initiative for supporting the Ministry of Health and Family Welfare (MOH&FW) of Bangladesh to digitize routine health information, has been owned by the government since a few years ago. As part of this project, several applications were developed and tested to incorporate automated e-registers for the root level service providers both from community and facility levels of DGFP (Directorate General of Family Planning).

Methodology: After the initial testing and piloting eMIS in several districts through the developing partners, DGFP took ownership of eMIS and started scaling it up gradually in other districts of Bangladesh. At present, eMIS has ~40.M population data among whom ~10M are eligible couples. The e-MIS system links routine data, builds electronic health records, and allows the building of custom dashboards focusing on specific age groups like adolescent mothers. Local and national level managers can use such dashboards to monitor and observe the national scenario and take decisions for various indicators by analyzing those.

Results: According to national eMIS data, approximately 1.7M pregnant women are registered electronically as of December 2022. Among them, 120,368 (6.9%) were adolescents (Ages between 10 to 19). The majority (~70%) of those adolescent mothers took at least one ANC service. However, nearly one quarter (26.5%) of the adolescent mothers went for institutional delivery which is substantially low considering the ANC coverage. Besides, more decline (4.2% of the total adolescent pregnant women) is noticeable considering PFP (Post-Partum Family Planning) acceptance. For the rest, no birth spacing method was provided. This group is now out of preconception care and at significant risk of developing unwanted pregnancies. Due to their early age, this may further lead to maternal health complications in the future.

Conclusion: The eMIS is supporting government managers and policymakers to take effective measures where required through such reports and dashboards. Hence, the government of Bangladesh should complete the implementation of eMIS in all the districts and utilize the data for ensuring quality health and family planning care for all the citizens.

PRESENTATION 5: WELLNESS IN ADOLESCENTS ACROSS LIFE COURSE-CAN WE DO BETTER?



Professor Gulshan Ara

MBBS; FCPS; DMAS

Diploma In Reproductive Medicine & Embryology

Former Professor and Head of the Department of Obstetrics and Gynaecology

Enam Medical College.

Secretary General OGSB

Adolescence is the phase of life between childhood and adulthood, from ages 10 to 19. It is a unique stage of life and time for laying the foundations of good health. Rapid physical, cognitive and psychosocial growth experienced by adolescents. This affects how they feel, think, make decisions, and interact with the world around them. Despite being thought of as a healthy stage of life, there is significant death, illness, and injury in the adolescent years. The life course approach is a key pillar of Health 2020 and central to the achievement of the 2030 Agenda for sustainable development. It is a cornerstone of policy frameworks, focused on improving health and health equity. To grow and develop in good health, adolescents need information, including age-appropriate comprehensive sexuality education; opportunities to develop life skills; health services that are acceptable, equitable, appropriate, and effective; and safe and supportive environments. In early sexual and reproductive health, promotion implication is more in future health. Starting early is the best way for parents to prepare for their child's adolescence. Unintentional injuries are the leading cause of death and disability among adolescents. Violence mental health alcohol and drug use, tobacco use HIV/AIDS are the main issues of adolescents' health. What will be the way to prepare through life course will be present.

SCIENTIFIC SESSION 3: 12.15 TO 13.15 PM AT CARNIVAL HALL

CHAIR



Professor Ferdousi Begum is the President, of the South Asian Federation of Obstetricians and Gynaecologists (SAFOG), the President, of the Obstetrical and Gynaecological Society of Bangladesh (OGSB), and the President, of the Society of Gestosis, Bangladesh Chapter. She is also the Co-chairman of, the Journal Committee, Bangladesh College of Physicians and Surgeons. 2021-23, Editor, Journal of OGSB, Bangladesh J of Obstetrics & Gynaecology, 2017-19, Editor, J of Bangladesh Perinatal Society, 2014-18 and Assistant Editor, Journal of OGSB, Bang J of Obstetrics & Gynaecology, 2012-16. She is a Member of TAG, Adolescent Health and DGHS, MOHFW; Technical Sub-Committee for Sexual Reproductive Health (SRH Quality Improvement Secretariat) under the South-East Asia Region Technical Advisory Group (SEAR-TAG) for Women's and Children's Health, WHO. Focal Point for Bangladesh, FIGO Initiative of Prevention of Unsafe Abortion. Member, Expert Panel for the revision of the FIGO intrapartum foetal monitoring guidelines.
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CO-CHAIR



Dr. Ferdousi Begum completed her Bachelor of Medicine and Surgery (MBBS) from Sir Salimullah Medical College, Dhaka, University of Dhaka, Bangladesh. She did her Master in Public Health in Health Policy and Administration from the University of North Carolina at Chapel Hill, School of Public Health, Chapel Hill, North Carolina, USA. Dr. Ferdousi has more than 25 years of working experience in Health, population, and nutrition for the development and humanitarian sectors in Bangladesh with a special focus on adolescent sexual & reproductive health and rights. She is an active member of the National Adolescent Task Force and contributed in the formation of our current Adolescent Health strategy and NPAN. She has been working in Plan International Bangladesh as the Lead of Sexual & Reproductive Health Rights (SRHR) at the Bangladesh Country Office since June 01, 2021.
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COORDINATOR



Dr. Md. Hafijul Islam, National MNH Consultant, UNICEF
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He is a passionate public health professional with 11+ years of experience in health services management & planning and health economics focused on MNCAH areas and dedicated to creating safe, effective, equitable access for the marginalized and vulnerable populations to provide quality healthcare services without financial hardship.

PRESENTATION 1: EFFECT OF A COMPREHENSIVE SEXUALITY EDUCATION (CSE) PROGRAMME ON KNOWLEDGE, ATTITUDE, AND PRACTICE RELATED TO SEXUAL, REPRODUCTIVE HEALTH AND RIGHTS (SRHR) AMONG BANGLADESHI YOUTH: A CLUSTER RANDOMIZED CONTROLLED TRIAL



Dewan Tanvir Ahmed, Program Officer, Family Planning Association of Bangladesh (FPAB)

He has a BSS in Social Work from the Shahjalal University of Science & Technology (SUST), Sylhet. In the year 2014, he completed his MA in Population, Reproductive Health, Gender & Development (MPRHGD) from East West University, Dhaka. He worked at icddr,b during 2011-15 in 6 intervention studies. He started with FPAB in 2019 in the most successful collaborated SRHR-based implementation project named "Unite for Body Right (UBR-2)

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Background: As per the recent Bangladesh sample vital statistics, 20.7% of the population are adolescents and another 8.9% of the population belong to 20 to 24 years. Bangladesh faces many challenges concerning the sexual and reproductive health of its adolescents and young population. Although the Bangladesh government has included sex education in grade 6 to 9 curriculum, only a few components of CSE are being taught in the school. The current study is aimed at documenting the impact of one such comprehensive sex education program, which is being implemented by a collaborative effort of multiple stakeholders.

Methodology: It was a community-based cluster randomized trial. The study participants were adolescents and young adults living in the community aged between 10 to 24 years. The study followed a multistage cluster sampling method. There were 24 clusters and a total of 720 participants in the control cluster and 720 participants in the intervention cluster.

Results: Pearson Chi-square showed at the endline increased proportion of study participants had given the correct answer to the questions related to SRHR knowledge and attitude compared to the baseline and these results were statistically significant ($P \leq 0.05$). Wilcoxon Signed Ranks Test indicated there was an increase in total knowledge and attitude score at the endline, particularly among the intervention group, which was statistically significant. At baseline total knowledge score, the median (interquartile range, 25th, 75th) of both control and intervention groups was 5(4, 6) and at the endline, the score increased. At the endline control group knowledge score Median (Inter quartile range, 25th, 75th) increased to 8 (6, 11) and the intervention group Median (Inter quartile range, 25th, 75th) increased to 9 (8, 10) which statistically significant.

Conclusion: CSE is very effective to increase SRHR knowledge and attitude among Bangladeshi youth, so regular CSE programs should be carried out among the youth population of the country. To get a significant change in SRHR behavior long duration training program at regular intervals is required.

PRESENTATION 2: A GENDER PERSPECTIVE ON DIETARY BEHAVIOR AND NUTRITIONAL STATUS AMONG ADOLESCENTS LIVING WITH FAMILIES IN SELECTED SLUMS OF DHAKA, BANGLADESH



Dr. Umme Haney, Research Officer, Department of Public Health and Informatics (DPHI), Bangabandhu Sheikh Mujib Medical University (BSMMU).

She completed an MPH in Reproductive and Child Health from BSMMU. She is the principal investigator of this study. She has a sound knowledge of both qualitative and quantitative research, preparing thesis papers, research reports, project proposals, and manuscripts. Currently, she is working on a research proposal on the gender transformative approach and adolescent health of DPHI and monitoring the services of Adolescent Friendly Health Services of BSMMU

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Authors: Umme Haney¹, Fariha Haseen¹, Tamanna Sharmin², Nurjahan Akter¹, Hridi¹, Syfunnahar Bristi¹, Barna Biswas³, Mahmuda Ali⁴, Zobaidur Rahman⁴, Syed Shariful Islam¹

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Background: Adolescent population comprises one-fifth portion of the demographic profile of Bangladesh. Proper dietary behavior and optimum nutrition provide adolescents with all nutrients required for the development. Adolescent girls are disproportionately impacted by nutritional deficiency due to gender norms; many adolescent boys are malnourished as well. The nutritional vulnerability of adolescents living in slums is more compared to general adolescents.

Methods: This cross-sectional mixed-method research approach was developed to assess the objectives. Male and female adolescents between 10 to 19 years living in the slums of Dhaka were the study population. Quantitative data was collected through a pre-tested structured Bangla questionnaire with 55 questions in a household survey of 115 adolescents. BMI was categorized according to WHO and 24-hour dietary recall was used to obtain dietary information by dietary diversity score. For qualitative interviews, In-Depth Interview guidelines were used. Qualitative data was collected by audio-recording of 12 In-depth interviews of adolescents and their parents.

Results: Around 33% of males and 40.6% of females were underweight. Around 5% of males and 9.4% of females were overweight. Only 2% of females were obese. Almost 52.7% of males and 41.8% of females had the lowest dietary diversity score. Around 23% of males and 31.2% of females had a medium dietary diversity Score. The qualitative result revealed that females were expected to learn cooking since they had to feed other members of her in-law's house. Females made food sacrifices so that other family members could eat more.

Conclusion: There were gender differences where female adolescents were more underweight than male adolescents though females had better dietary behavior than male adolescents.



PRESENTATION 3: RAPID COMPARATIVE ANALYSIS OF THE CALLS TO THE NATIONAL ALAPON HELPLINE SERVICE PRE, DURING AND POST-COVID-19 PANDEMIC IN BANGLADESH



Arifun Nahar Soma is a psychosocial manager of the Adolescents and Youth Programme at the Concerned Women for Family Development (CWFD)

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Authors: Arifun Nahar Soma; Co-Author: Lipi Ghosh, Dr. Muhammad Munir Hussain

This analysis examined 47,724 adolescents' calls made to the National Alapon Helpline over 42 months, 14 months before COVID-19, 14 months during the pandemic phase, and 14 months post to COVID-19, that incorporated the imposition of various restrictive measures, including cessation of educational facilities across the country. Data was collected from the Concerned Women for Family Development (CWFD) and included several variables on reasons for calling, gender, age, and locations. Analysis was conducted using different methods. Statistical analysis was conducted using SPSS for the National Helpline. A statistically significant difference was observed between the program intervention area and the number of calls made, with 74% of all calls coming from UNFPA intervention areas. In the Pre-COVID phase, calls for counseling came mostly from young men, however, during the pandemic younger women sought counseling services. This Alapon helpline provides tele-counseling to adolescents and young people of Bangladesh on sexual and reproductive health and rights (SRHR), prevention of and response to gender-based violence (GBV), and mental health to adolescents and youth through 8 trained counselors. Alapon national line has continued to be the main source of information and counseling on SRHR among adolescents and young people throughout the pandemic when with the advent of the COVID-19 pandemic, all types of educational facilities had been closed in Bangladesh since March 2020, leaving over 20.8 million students out of schools and the Government of Bangladesh imposed various restrictions to flatten and curb COVID-19 spread, which led to disruption of both in-and-out of school-based programs, leaving many adolescents and youth out of education, including LSE/CSE. However, a reduction was observed across all age groups in late 2020 and in 2021 during which demand-generation activities were stopped due to COVID-19-related restrictions. Despite these changes, the number of callers seeking information about COVID-19 increased in the second quarter of 2020. Callers inquired about gender-based violence notably increased in 2021 when compared with the same period of 2020 and 2022.

PRESENTATION 4: THE VIOLENCE THAT GOES UNCOUNTED: GENDER-BASED VIOLENCE AND BEYOND TOWARDS TRANSGENDER AND HIJRA ADOLESCENT IN BANGLADESH



Md. Ariful Hasan, a molecular biologist, recently entered into the development field to explore and contribute in the space of SOGIESC (people with diverse Sexual Orientation, Gender Identity and Expression, and Sex Characteristics) activism. He has been involved in organizing people from diverse SOGIESC communities in different capacities, alternative teaching practices, dance and performance exercises, collective life-sustaining activities, and community-based research in social sciences since 2012. He joined Bandhu Social Welfare Society in the project regarding transgender and hijra entrepreneurship and has been involved in youth engagement under the Right Here, Right Now 2 project

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Description: Due to diverse gender identities and expression, transgender, hijra, and people with diverse gender identities endure gender-based violence (GBV) including sexual, physical, verbal, economic, and psychological means of violence, which are frequently overlooked and occasionally tolerated by society. In the existing dogmatic cis-heteronormative social system in Bangladesh, adolescents who identify as transgender and hijra, experience extreme levels of violence, stigma, and harassment from their homes, communities, schools, public services, and other settings. Studies show that 55.3% of transgender and hijra individuals have faced physical torture, 42.2% were victims of rape having 26.1% gang rapes with adolescents making up the majority. 63.3% of this population were arrested by the police and accused of many charges. They frequently experience physical, sexual, and verbal abuse along with other direct and indirect structural abuse during access to public services. 90% of the transwomen did not report violence against them. Violence against this community goes unrecognized due to the absence of any anti-discriminatory or hate-crime legislation. Sections of the Bangladesh Penal Code as well as several other provisions like Bangladesh Labor Act-2006, Domestic Violence Act-2010, DMP Victim Support Center, Women, and Children Repression Prevention Act-2000, and others exclusively offer assistance to women and children against GBV, ignoring victims from the hijra and transgender communities. The mentioned facts are turning the transgender and hijra adolescents into an unproductive burden despite their immense potential, violating their constitutional and human rights, eroding their faith in the country's legal and state systems, increasing the rate of criminal activities and offenses, impeding the implementation of SDGs, and failing to adhere to the commitments of the international treaties that Bangladesh signed which eventually harming the standing of the country in the world. To compensate for the damage, the requirements would be to have a proper recognition, acknowledgment, and census about this population, transgender and hijra protection bill, inclusion in national gender policy, anti-discrimination act, legal protection, and a helpline linked with victim support structures dedicated to transgender and hijra adolescent with proper awareness and sensitized service providers

PRESENTATION 5: THE EFFECTIVENESS OF COMMUNITY MOBILIZATION INTERVENTION IN PREVENTING EARLY MARRIAGE AMONG ADOLESCENTS IN BANGLADESH: THE CASE OF SHORNOKISHOREE NETWORK



Farzana Brownia is the founder, chairman, and CEO of Shornokishoree Network Foundation. Farzana holds a Bachelor of Science (BSS) and a Master of Science (MSS) from Dhaka University and a Masters's (MBA) in Business Administration from Victoria University in Melbourne, Australia. She has authored several scholarly publications concerning community development, adolescent development, health concerns of motherhood, etc. Besides social work, she is a renowned Bangladeshi presenter, TV personality, producer, director, and stage. At present, she is doing her Doctoral Course at the Bangladesh University of Professionals (BUP).

Bangladesh has one of South Asia's highest rates of child marriage (UNICEF). It makes adolescents, especially female adolescents, vulnerable to reproductive health risks owing to unsafe conjugation, adolescent pregnancy, STDs, etc. This study examines how community mobilization programs prevent child marriage and increase adolescent reproductive health in Bangladesh. The Shornokishoree Network initiative in Bangladesh is a well-known example. The Shornokishoree network has implemented a mobilization program to create awareness among adolescent girls and boys in secondary schools, bringing together as many stakeholders as possible to reduce early marriage. This paper analyzes the effectiveness of Shornokishoree interventions in preventing child marriage. The study used a quantitative method to survey 630 secondary school students from eight Bangladeshi regions. The study uses an experimental design to compare the intervention and the control group. The study finds out that the intervention group's understanding of child marriage and reproductive health is significantly higher than the control group. 27.86% more adolescents in Shornokishoree network reject the assumption that women's marriageability begins with puberty. 38.42% of the non-intervention group is unaware of the consequences of adolescent pregnancy to the mother and child whereas this number is as low as 8.17 percent in the intervention group. Besides, 29.9% of the non-intervention group have a very limited understanding of the child mortality and maternal death rates in Bangladesh whereas in the intervention group it is only 6.8%. The intervention group adolescents are more aware of the child marriage incidents around them and vocal about this malpractice than the control group. More adolescents in the intervention group (95.45%) now believe that they may be a powerful weapon in the fight against child marriage against 54.35% adolescents of non-intervention group. Thus, knowledge is affecting the perceptions of adolescents of child marriage, therefore affecting the practice of child marriage among adolescents.

POSTER: IDENTIFYING ENABLERS AND BOTTLENECKS TO PROMOTE ADOLESCENT-FRIENDLY HEALTH CARE IN SELECTED DISTRICTS OF BANGLADESH: EXPERIENCE FROM IMPLEMENTATION RESEARCH



Dr. Fariha Haseen Ph.D. Associate Professor, Head, Division of Reproductive and Child Health, Department of Public Health and Informatics (DPHI), Bangabandhu Sheikh Mujib Medical University (BSMMU). She is the Principal Investigator of the following 4 abstracts.

Fariha Haseen¹, Dipak Kumar Mitra², Afroza Begum³, Sumaiya Tasneem Khan¹, Nusrat Sharmin¹, Tajkia Rumman Worthy¹, Sabrina Sharmin¹, Md Hasan¹, Farhana Shams Shumi⁴, ASM Sayem⁴, Minjoon Kim⁴ and Syed Shariful Islam¹

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Introduction: Adolescent Health is a key focus for the Government of Bangladesh during the period of the SDGs. Ministry of Health and Family Welfare is implementing this linchpin into practice nationwide under the name Adolescent Friendly Health Services (AFHS) to cater to the unique needs of adolescents.

Methodology: This implementation research used a mixed-method study design. The study was conducted in selected health facilities at the district, sub-district, and union levels in Tangail, Jamalpur, Gazipur, and Khulna from October 2018 to December 2019. Initially, an innovative implementation approach was applied at selected health facilities of Tangail and Jamalpur, later it was scaled up at Gazipur and Khulna.

Results: In the pre-intervention assessment we have identified enabling factors like interest in adolescent health issues in schools, availability of AFHS, motivated service providers, and SBCC materials for adolescents. The bottlenecks were a lack of awareness about AFHS among adolescents, parents, school teachers, and community leaders, and less coordination among health facilities, schools, and communities about adolescent health. During the implementation of three interventions (School, community, and facility focused) and in post-intervention assessment we have found the majority of bottlenecks transformed into enabling factors like increased awareness of adolescents, parents, and teachers, skilled, well-behaved, and trusted service providers, coordination between schools and facilities for utilization of health facilities. The results also reflected the changes. In innovation areas, 14% of school adolescents knew about the services of AFHS during the pre-intervention phase, after the intervention, 91% of them knew about AFHS. In scaled-up areas during the pre-intervention assessment, 31% of school adolescents did not know about AFHS however after the intervention, students of study schools knew about AFHS.

Conclusion: The findings and experiences of implementation research will help to enhance the service utility of adolescents at the facility level and help scale up the solution country-wise by overcoming the implementation challenges through structured and strategic implementation

POSTER: A BASELINE SURVEY OF ADOLESCENT HEALTH AND RIGHTS ENHANCEMENT THROUGH INNOVATION AND SYSTEM STRENGTHENING



Fariha Haseen¹, Subrata Kumar Bhadra², Masuda Begum³, Dilip Kumar Basak¹, Sabrina Sharmin¹, AM Zakir Hussain¹ and Syed Shariful Islam¹

¹Department of Public Health & Informatics, BSMMU, ²NIPORT, ³Department of Hematology, BSMMU

Introduction: Evidence generation on a scalable model of adolescent-friendly health services through existing health systems has been considered fundamental for productive investment. ADOHEARTS is such an initiative of evidence generation for the government and other partners. Under ADOHEARTS a baseline survey was done in Gazipur, Jamalpur, Khulna, and Tangail districts from September 2016 to

December 2017. This survey had several objectives, including determining adolescents' current reproductive health status, estimating the prevalence of underweight and anemia among adolescents, and evaluating the availability of adolescent health care in government hospitals. Identify challenges of adolescent health services and offer areas for improvement. Methodology The survey used quantitative and qualitative approaches. From a subsample of adolescents' height, weight and blood were collected for examining anemia of adolescents. The study was conducted in four ADOHEARTS districts. The baseline survey comprised of i. Household survey, ii. Health facility survey, and iii. Qualitative study.

Results: Approximately 87% of married female adolescents aged 15 to 19 years were not in school, while approximately 87% of unmarried female adolescents aged 15 to 19 years were still in school. The majority of 15 to 19-year-olds married (93%), unmarried females (96%), and unmarried males (91%), knew the legal age for marriage. Underweight were approximately 50% of unmarried girls, 30% of married girls, and 45% of unmarried boys. Anemia affected nearly 49% of married and pregnant female adolescents. Adolescent health care in public facilities was underutilized. In a single year, only a few girls and boys received adolescent health services/information. Girls were twice as likely as boys to use adolescent health services/information.

Conclusion: These results would aid in the creation of an efficient research design for the evaluation of a good practice model to increase adolescent access to healthcare.

POSTER: MENTAL MODEL OF MOTHERS OF ADOLESCENT GIRLS AND HEALTH SERVICE PROVIDERS ON HPV VACCINATION IN URBAN SLUM AREAS OF DHAKA, BANGLADESH: A MIXED-METHOD STUDY



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Background: The study aimed to explore the perception of mothers of adolescent girls and health service providers in urban slums toward HPV vaccination.

Methodology: A cross-sectional mixed-method study in the slums of Rayer Bazaar, Kamlapur, and Mohakhali was conducted. The quantitative part included a household survey of mothers (n=150) and service providers (n=30) through a semi-structured pre-tested questionnaire and qualitative interviews included in-depth interviews (IDI) with mothers (n=10) and key-informant interviews (KII) with service providers (n=10).

Results: Around 96% of mothers had never heard of HPV, and 98% were unaware that the virus's transmission could be halted. Only 3.3% of mothers were aware that HPV can cause cervical cancer, although, during IDI, it was seen that the majority of mothers said that cervical cancer is a communicable disease. Nearly 98% of mothers wanted their daughters to get vaccinated. Service providers had a good understanding of HPV, HPV vaccine, and cervical cancer. All service providers during KII agreed that if they had received adequate training on HPV vaccination and cervical cancer, they could have treated their patients better.

Conclusion: The findings of this study have important implications for the design and advocacy of HPV immunization programs in Bangladesh.



POSTER: GENDER LENS REVIEW OF ADOLESCENT HEALTH CARE SERVICES: A MIXED METHODS STUDY FROM BANGLADESH



Fariha Haseen¹, Shahana Nazneen¹, Nurjahan Akter¹, Md Sunyet Alam Chowdhury¹, Hridi¹, Umme Haney¹, Md Saidur Rahman Khan², AGM Mashuqur Rahman², Nazma Siddika Begum², Mohd Shahdt Hossain Mahmud², Syed Shariful Islam¹

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Background: Gender exemplifies both a challenge and a source of optimism for adolescents' health, prosperity, and dignity. To ensure adolescent health care in Bangladesh, Adolescent-Friendly health services (AFHS) were developed in facilities for male and female adolescents. This study sought to explore the government health services provided to adolescents in Bangladesh using a distinct hierarchy through a gender lens.

Methodology: Three hundred and four adolescents were surveyed and 28 adolescents were interviewed through in-depth interviews for this study. Key-informant interviews were conducted with 48 key stakeholders including parents, teachers, health service providers, facility managers, and national program managers. Quantitative data were analyzed using inferential statistics and qualitative thematic analysis.

Results: There were gender differences in the need for information on services, the types of services offered to adolescents, and their use of services. The need for information on services of adolescents and their marital status were found to have statistically significant associations ($p < 0.05$). Male and female adolescents both received counseling, diagnosis, treatment, and medication supply; however, only female adolescents received immunizations and iron folic acid tablet supplies. While married female adolescents (14.9%) sought immunization more frequently than unmarried girls (11.8%) or unmarried boys (1.1%), unmarried female adolescents (36.1%) sought help with menstrual problems more frequently. Unmarried boys (24%) were more likely than unmarried girls (18%) to seek puberty-related services. The mixed methods findings showed that parents, teachers, and health service providers had different gendered perceptions of male and female adolescents' health needs and use of health services.

Conclusion: This study found the influence of gender norms and enduring social traditions on the need, types, and utilization of services. Due to differences in gendered perception of the critical stakeholders of adolescents, they sometimes face barriers in the utilization of health services at the facility.



POSTER: EXPLORING THE SEXUAL AND REPRODUCTIVE HEALTH AND QUALITY OF LIFE OF FEMALE ADOLESCENTS LIVING IN THE SLUMS OF DHAKA, BANGLADESH DURING COVID-19 PANDEMIC SITUATION: A MIXED-METHOD STUDY



Dr. Hridi is currently employed as a Research Officer, at the Department of Public Health and Informatics (DPHI), Bangabandhu Sheikh Mujib Medical University (BSMMU). After graduating as a medical doctor, she completed her master's in Public Health majoring in Reproductive and Child Health. She is the principal investigator of this study. She developed considerable expertise in quantitative and qualitative analysis, social mapping, project management, and scientific literature review Her genre of research interest lies in sexual and reproductive health, female empowerment, gender, culture, and society.

Hridi¹, Fariha Haseen¹, Tamanna Sharmin², Syfunnahar Bristy¹, Nurjahan Akter¹, Umme Haney¹, Barna Biswas³, Mahmuda Ali⁴, Zobaidur Rahman⁴, Syed Shariful Islam¹

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Introduction: The COVID-19 pandemic has exacerbated the challenges of vulnerable adolescents who had reproductive health problems even before the COVID-19 pandemic.

Methodology: We investigated this vulnerability through cross-sectional studies with a mixed-method approach. Female adolescents aged 15-19 years, residing in the Bauniabadh and the Ta block Jhil Par slums together with service providers. The quantitative method included a household survey of adolescents (n=144) through a semi-structured pre-tested questionnaire. The qualitative method included interviews with service providers (n=10) and with adolescents (n=9).

Result: The study revealed changes in length, duration, and flow of menstruation, substandard menstrual hygiene practices, and impediments to the uptake of reproductive health (RH) information by adolescents during the pandemic. Married pregnant adolescents are inclined in taking their antenatal check-ups (ANC) only during the last trimester and preferred delivery at home during the pandemic. There was also an increase in marriage among these adolescents and service providers had difficulty providing door-to-door RH services. Most of our female adolescents were married off during the pandemic, they lost connection with their friends and this made them feel lonely and secluded. They did not receive the support of their friends as before the pandemic.

Conclusion: The study will enable the adolescent health expert to focus on the sexual and reproductive health (SRH) of vulnerable adolescents living in impoverished conditions during the COVID-19 pandemic.

POSTER: ADOLESCENTS AND WOMEN WITH POLYCYSTIC OVARY SYNDROME (PCOS) VISITING THE TERTIARY LEVEL HOSPITAL OF BANGLADESH: AN ASSESSMENT OF DEPRESSION, ANXIETY, AND STRESS SYMPTOMS



Dr. Nurjahan Akter is a Research Officer at the Department of Public Health & Informatics of Bangabandhu Sheikh Mujib Medical University with two & half years of experience in both quantitative and qualitative research. Considerable expertise in the scientific literature review, protocol development, project management, monitoring, and reproductive health and nutrition of rural women, vulnerable women with PCOS and cervical cancer, adolescent health, gender, and diversity with a focus on public health and sustainable development goals.

Fariha Haseen¹, Nurjahan Akter¹, Shahjada Selim², Rezaul Karim Kazal³, Mohammad Shamsul Ahsan⁴, Umme Haney¹, Hridi¹, Nahid Mahjabin Morshed⁴, Begum Nasrin³, Syed Shariful Islam¹

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Background: Polycystic ovary syndrome (PCOS) is linked to several mental health issues, including anxiety, depression, stress, and lower health-related quality of life among adolescents and women of reproductive age. Difficulties with menstrual function, fertility, and body image (weight, hirsutism, and acne) are the key reason manifesting mental health issues in adolescents and women with PCOS.

Methods: A cross-sectional study was conducted by using a mixed methods approach in the Department of Endocrinology & Metabolism and the Department of Obstetrics & Gynecology of BSMMU. A total of 266 PCOS patients were surveyed. The DASS-21 Scale was used to assess the severity of depression, anxiety, and stress symptoms. Sixteen in-depth interviews (IDIs) were performed with PCOS patients and with their mothers.

Result: Nearly 18% of patients were aged below 19 years although the remaining 19 years and above. In clinical features of PCOS, around 91% and 58% suffer from hirsutism and acne respectively. The depressive symptoms were severe among 47.9% of adolescents and 44.0% of women, anxiety symptoms were extremely severe among 68.8% of adolescents and 67.9% of women, and stress symptoms were severe among 47.9% of adolescents and 44.0% of women. Single marital status, infertility, and delayed conception were significantly associated with anxiety while hormonal problems and hirsutism were significantly associated with depression. In-depth interviews found that women with delayed conception and infertility experience pressure from their families and society. Adolescent girls worry a lot about how they look on the outside and their mothers were concerned about their daughters' marriage and subsequent fertility.

Conclusion: Adolescents and women with PCOS require services that are comprehensive and holistic. Counseling for patients and their families is crucial.

POSTER: OVERWHELMS INFORMATION BARRIER IS CRITICAL TO SEEK SEXUAL REPRODUCTIVE HEALTH OF YOUNG GENDER DIVERSE POPULATION IN BANGLADESH



AKM Anisuzzaman works as the Program Coordinator of Bandhu Social Welfare Society (Bandhu). Mr. Zaman worked exclusively on program development and management and have gathered strong leadership toward managing national and international partnership with various organizations He accumulated vast and real experiences in the field of human rights & gender justice programs, SRHR & GBV, humanitarian responses, community mobilization, development & institutional building, women and legal rights & empowerment, child rights and protection, WASH program, Tobacco Control Program, HIV/AIDS programs for disadvantage, vulnerable and most at-risk people. Mr. Zaman earns a diploma in “Volunteer Management and Practice” from “The Asia Pacific School of Volunteer Management (APSVM)” in Australia

Issue: Sexual and Reproductive Health and Rights of adolescent and young gender diverse population.

Description: Sexual Reproductive Health and Rights (SRHR) is the concept of human rights applied to sexuality and reproduction. Around the globe young adolescent often do not have access to SRHR information and services as well. Around one-fifth of the country’s total population is adolescents. They are at risk of sexually transmitted infections (STIs) including HIV, and unwanted pregnancy because of limited access to SRH information and services. Some of them are involved in high-risk behavior including practicing unsafe sex and suffer from STIs. The young and adolescent gender-diverse population is facing enormous challenges to sexual reproductive health and rights. To know the needs of SRH services of the Young Gender Diverse Population (YGDP) Bandhu conducted an assessment study among the 18-30 years of young and adolescent GDP. 44% of respondents said they face problems regarding their SRHR issues. Though 85% of respondents have heard about STIs only 31% know about the different STI syndromes and how infected. 89% of respondents said SRHR issues should be in textbooks more inclusively and 75% think awareness is needed among the teachers.

Lesson learns: Traditional mindsets of family, society, and service providers and lack of access to SRHR information YGDP are faced with enormous stigma, discrimination, and denial of SRHR services. Authentic information could them space for understanding sexualities, sexual & gender identity, and expression.

Recommendation: There is an urgent need to increase knowledge and share information on sexual and reproductive health among YGDP. The 24/7 helpline on SRHR is highly recommended by the YGDP and awareness at all levels emphasizes digital platforms. Inclusive SRHR chapter in the textbook for comprehensive sexual education and ensure teaching in the class. Increase awareness and sensitization among parents, family members, society, and health professionals to increase the accessibility of YGDP for sexual reproductive health services.



POSTER: THE MENTAL HEALTH STATUS OF LEFT-BEHIND ADOLESCENTS



Md Ruhul Amin is working to ensure basic human rights & SRHR services for the marginalized community of Bangladesh. In 2020, he has awarded a Fellowship Grant from the James P Grant School of Public Health, BRAC University to 'Strengthening Voices and Capacities for Addressing Gender-Based Violence (GBV)' against women and girls and others gender, which is funded by CREA. He is the first Asian Filmmaker, who made a film on Intersex issues. Pursuing his passion to be a filmmaker he has received a second post-graduation in Television and Film Studies from the University of Dhaka.

Issue: Mental Health issues of transgender, hijra, and other gender-diverse adolescents in Bangladesh.

Description: In the existing binary social construct, transgender, hijra, and people from other gender-diversity experience the utmost amount of stigma, discrimination, harassment, and violence from their family, society, and state systems. They are denied the basic needs and rights secured in the constitution, such as education, accommodation, healthcare service, livelihood, inheritance, family, social respect, and so on, leading them to a high risk of deteriorated mental health. This situation worsened during the COVID-19 pandemic when experiencing a countrywide long-term lockdown to prevent/control COVID-19 transmission massively. A quick study of Bandhu states, 95% of them lost daily incomes, 71% borrowed money to survive, 80% consumed less food, and 41% faced discrimination taking aids resulting in devastating mental crises. Early in March 2021, Bandhu launched a helpline support system *"Porichoy"* with the support of the Norwegian Agency for Exchange Cooperation (Norec) to provide mental health counseling services for the community linked with COVID-19 response and beyond. From May 2021 to November 2022 a total of 593 transgender and hijra people received mental health counseling.

Lesson Learned: Maintaining confidentiality along with the safety and security of the support seekers needs a top-notch priority to gather the community's trust. The services should be provided on weekends through social media.

Recommendation: More promotion of the helpline is required to reach as many people as possible. The helpline should be made a hotline to be available 24/7 for the community with coordinated action with drop-in centers (DICs) along with HIM staff to share an update about the progress and status of counseling services to strengthen the mental health counseling service as this is one most important and significant area for the transgender and hijra adolescents towards their emotional, psychological, and physical well-being.

POSTER: SEXUAL REPRODUCTIVE HEALTH RIGHTS JOURNEY OF BAPSA



Dr. Altaf Hossain is an Executive Director, of BAPSA. He is a member of the Board of Trustees of Atish Dipankar University of Science and Technology (ADUST), Ultra Campus, Member Executive Committee of the Local Initiative Plan, a National NGO, Member Executive Body Integrated Rural Development Center (IRDC) an NGO, Member Bangladesh Paribesh Andolon (BAPA), President, Development Support Services, Member Soviet Alumni Association, Bangladesh, & Member Bangladesh Population Committee.

BAPSA emerged as a research organization in 1982 to identify the problems of unsafe MR, MR training, and Post Abortion Care. BAPSA gradually shifted to Sexual Reproductive Health and Rights (SRHR) service-providing organization in 1990 and provides Reproductive Health Care to underserved urban and rural populations. In 1998 Swedish Sida came forward to support the SRHR project at a large scale followed by the UPHCP of the GoB in 2001. SRHR program exclusively for Adolescents and Youths started in 2010 with support from RFSU (Swedish Association for Sexuality Education) and the UBR 2 (Unite for Body Rights) in 2016. In the meantime, several SRHR projects for Adolescents and youths were implemented with the support of IPPF and UNICEF. During the late 90s through the 1st decade of the 21st-century SRHR service and information for adolescent girls was limited to services and information related to menstruation. Boys were not counted for any service or information. Providing comprehensive SRHR services and information through Youth Friendly Service Centers to both Adolescent boys and girls started in 2010 when RFSU started supporting the SRHR program. At the same time EKN through WHO supported an education program to provide information on MR, Abortion, and family planning to adolescents and young girls (Both married and unmarried) in rural areas which was a very brave initiative to implement in rural Bangladesh. A few days later IPPF through the Safe Abortion Action Fund (SAAF) supported a similar project which was implemented for 6 years. BAPSA joined with another project of EKN that was similar to RFSU named UBR in its second phase. UNICEF came out in the second half of that decade with an SRHR project for Adolescents and youths intending to develop a good design of SRHR project for Adolescents to implement nationwide through government service centers.

POSTER: DOORSTEP FAMILY PLANNING SUPPORT FOR MARRIED ADOLESCENT GIRLS



Naimul Islam is working in BRAC Health Nutrition and Population Program as Senior Manager, Data Science. He has been working in the public health sector for the last 10 years. He completed his graduation and post-graduation degree in the Department of Statistics, Biostatistics, and Informatics from the University of Dhaka in 2011. He also completed a Master of Public Health (MPH) at James P. Grant School of Public Health (JPGSPH) from BRAC University in 2017.

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Population Programme, BRAC

Introduction: Adolescent pregnancies are very high in Bangladesh which is 113 within 1000 women which is very risky for not only adolescent mothers but also their newborn children. Some previous research has estimated that 44% of maternal mortality can be reduced through family planning. The prevalence of contraceptives for mothers of married adolescents is also low in Bangladesh. BRAC is the largest non-governmental organization (NGO) in the world. BRAC has worked intensively to promote family planning to raise awareness of overpopulation among 11.4 million eligible couples, including 351k adolescent couples, and to provide family planning support to them.

Methodology: About 45,000 BRAC's community health workers (CHWs) are all women, who mobilize the 76m community people and provide health education to targeted people including the married adolescent couple. BRAC CHWs inform adolescent couples about appropriate family planning methods and provide short-term family planning methods. If any adolescent ELCO faces complications due to the use of contraception, BRAC CHWs refer them to higher facilities.

Result: About 60% of the married adolescent girls were using modern family planning (FP) methods in the BRAC coverage area where pill (44%) was their most preferred method among married adolescent girls. Their next best choices were injectable methods (19%) and condoms (12%).

Conclusion: To reduce the risk of early pregnancy and correct contraception processes, modern contraception should be accessible, acceptable, equitable, appropriate, and effective for married adolescent couples at their door level. Adolescent couples should be given the proper knowledge about the risk of early pregnancy and appropriate contraception processes by public and private facilities.

POSTER: INTEGRATED MENSTRUAL HYGIENE MANAGEMENT SYSTEMS CAN IMPROVE MENSTRUAL HYGIENE BEHAVIOR AMONG ADOLESCENT GIRLS



Tanzin is a Senior M&E Officer with six years of working experience in the development field focusing on Urban Health, Emergency Communication Management, Humanitarian Response, maternal, child & adolescent health, quality assurance, M&E framework development, and MIS management, knowledge management, capacity development, and research. She is a EEE graduate from North South University with a Post-Graduation Diploma in Educational Leadership and School Improvement from the BRAC Institute of Educational Development (BIED).

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Background: Adolescent girls from secondary schools in Bangladesh face challenges in maintaining proper hygiene during menstruation. The low-quality sanitary materials, the social taboo, inadequate WASH facilities, and insufficient information are common issues related to unhygienic menstrual practices. According to the National Baseline Survey 2014 in Bangladesh, there is, on average, 1 toilet per 187 students with insufficient water and soap facilities in nearly two-thirds of the bathrooms. Consequently, absenteeism, school drop-outs, and lower educational attainment might have long-term effects on gender equality, education, and sexual & reproductive health.

Methodology: CARE Bangladesh started the Integrated Menstrual Hygiene Management Systems (IMHMS) in the Gazipur City Corporation area through the following activities: Conducting awareness sessions- A focal teacher is selected from each school and oriented in menstrual hygiene management to provide the correct messages about menstrual hygiene to students, establishing Sanitary Napkin Vending Machine (SNVM)- Ensuring easy availability of sanitary napkins at schools at low prices. Girls can easily avail of the napkin with Radio Frequency Identification (RFID) cards provided to them and establishing Sanitary Napkin Disposal System (SNDS)- The SNDS is connected to the girl's toilet so that the used sanitary napkins can be easily disposed of and burnt down.

Result: 136 girls in 6 Higher Secondary schools reached through SNVM, 1200 girls in 2 Higher secondary schools and 1 Madrasa reached through SNDS, 3000 students reached through the distribution of RFID cards, 179 (101 males, 78 females) teachers oriented through awareness sessions

Conclusion: CARE Bangladesh is currently working on IMHMS for adolescent health improvement in 6 schools in Gazipur. The District Commissioner visited this initiative and committed to scaling up and establishing this IMHMS in 35 schools in Gazipur

POSTER: YOUTH AND ADOLESCENTS MOVEMENT ON SRHR SERVICES FOR UNDERSERVED URBAN WOMEN AND GIRLS: LINKING COMMUNITY AND GENERAL PRACTITIONERS THROUGH PROJONON SHASTHO BONDHU



Jinea Ferdaus's professional career started with an international charity organization, "BBC Media Action", where she worked for more than 8 years on multiple projects with the specific audience like women, girls, and adolescents. She joined in 2021 at Pathfinder International's Shukhi Jibon project's adolescent team, funded by USAID. There she led 9 districts of Dhaka division with GoB focusing on Family Planning promotions for Adolescents. She has been working with Ipas Bangladesh since 2022, as SBC Coordinator on community engagement particularly focusing on youth and adolescent engagement and empowerment on SRHR issues.

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Despite the various health projects designed for the urban population in Bangladesh, especially the SRH services in urban areas are not adequate to meet the demand of underserved urban women and young adolescent girls. To address this, the Improving Sexual and Reproductive Health and Rights (SRHR) in Dhaka – a five-year project funded by Global Affairs Canada through Health Bridge Foundation in Canada, launched in August 2021 with the aim to strengthen SRHR and address GBV issues of underserved vulnerable women and adolescent girls, living in low socio-economic areas of Dhaka North and South City Corporation, garments areas of Gazipur and Narayanganj District. The project is engaging General Practitioners (GPs) physicians through building their capacity on SRHR services, particularly on FP, MR, PAC, and GBV, as a special intervention model to enhance SRHR and GBV services for marginalized women, girls, and adolescents at the community through involving youth volunteers for strengthened referral linkages to GPs, urban clinics/health facilities. Considering the easy access and acceptability of youths in the community, youth volunteer involvement is crucial in promoting reproductive health, especially raising awareness on SRH issues - ensuring health equity and women's empowerment. Therefore, volunteers selected nearby GP service areas mainly youth adolescents' girls, and boys, named "Projonon Shastho Bondhu". Among them selected youth leaders to conduct community sessions on FP, MR, PAC, and GBV at the community for sensitization on SRHR issues and sources of service availability within their locality. As a result, community people get aware of the accessibility and availability of SRH services which enables them to connect with GPs directly or through Projonon Shastho Bondhu as a community contact point. This initiative is considered a bold youth movement to enhance access to SRH services for underserved and marginalized women and adolescent girls in need of SRH services and support.

POSTER: AVAILABILITY AND QUALITY OF HEALTHCARE SERVICES FOR ADOLESCENTS IN BANGLADESH: FINDINGS FROM BANGLADESH HEALTH FACILITY SURVEY 2017



Shahnaj Sultana Sathi is currently working as a Research Fellow at icddr,b. She completed her education with a Master's degree in Statistics from Shahjalal University of Science and Technology, Sylhet in 2022 and secured 1st position in both Bachelor's and Master's degrees. She worked as a research assistant at SUST for the past two years. She published three papers as a co-author.

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Introduction: Bangladesh has about 31 million adolescents, constituting one-fifth of the total population of the country. This growing population, with its potential to be a demographic dividend, has special healthcare needs. This paper aims to explore the availability and quality of healthcare services for adolescents in Bangladesh to inform future policies and strategies.

Methodology: The Bangladesh Health Facility Survey (BHFS) 2017 assessed 1524 health facilities of all levels across the country. We presented the descriptive analyses of adolescent health care service-related data of BHFS in this paper.

Results: Among 1524 facilities, almost all (98%) of the facilities had provision for adolescent healthcare services. The majority (89.4%) of the facilities provided services to adolescents six days a week, whereas only 0.31% of facilities had the service less than once a week. However, only 7% (107) of facilities had dedicated space for providing services to adolescents. Among those which had dedicated space, less than two-thirds (59.5%) had privacy whereas 15% of the spaces were shared with other rooms with auditory/visual privacy, and 19.7% had no privacy at all. Furthermore, more than half (59.3%) of the facilities did not have any protocol, guideline, or handbook for adolescent healthcare. The adolescent vaccination service, especially the TT vaccine was found to be available in most (84.8%) of the facilities at least once a month.

Conclusions: According to the findings, a substantial number of facilities in Bangladesh lacked private and safe rooms, as well as a strategic guideline for healthcare consultation and services to adolescents. This data will be useful in optimizing and strengthening the national Adolescent Health Strategy 2017-2030.

POSTER: DO ADOLESCENTS IN BANGLADESH WANT TO DELAY MARRIAGE?



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Between the first and last Demographic and Health Surveys conducted in Bangladesh in 1993-94 and 2017-18, respectively, the median age at first marriage of women has increased by only two years from 14.4 to 16.3 years when the legal age for marriage is 18. The country continues to rank among the top five countries in the world with the highest levels of early marriage. This is a paradox given the vast number of government and NGO-led initiatives that have been in place since the 1990s to prevent child marriage. Recent evidence suggests that progress must be accelerated significantly to meet the SDG or the national targets for eliminating child marriage by 2030 and 2041, respectively. Using the 2019-20 Bangladesh Adolescent Health and Well-Being Survey (BAHWS), this study highlights that early marriage before the legal age is still rampant, with 87% of married female adolescents having been married before the minimum legal age of 18. Additionally, almost half of the unmarried adolescent girls reported a preference to delay marriage after age 21. Continuing school, egalitarian attitude, higher economic status, urbanity, living with parents, youth program involvement, and lower density of married adolescent females in the area are associated with the preference for marrying after age 21. The paper argues that interventions for eliminating early marriage should be centered around human rights principles that address adolescents' social and structural needs should they choose to delay marriage. The adolescents in the survey further reported that with the support of siblings and relatives, they can negotiate the timing of marriage with their parents. This underscores the need to reach these family members with information and strategies for behavioral change.

POSTER: ADOLESCENT GIRLS' SRHR AND ECONOMIC EMPOWERMENT: A LITERATURE REVIEW



Dr. Samiha Yunus is working as a Project Manager for Jhpiego Bangladesh. She graduated from ZH Sikder Women's Medical College and earned a Master in Public Health (MPH) from the National Institute of Social and Preventive Medicine (NIPSOM). In 2015, She was a "Master Trainer" for the Directorate General of Health Services (DGHS) in Bangladesh's "Adolescent Health Program." She is now a member of the Royal Society of Tropical Medicine and Hygiene in London, UK as well as the "MARCH Centre, LSHTM."

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The literature review examined the interconnection of adolescent sexual and reproductive health rights (SRHR), gender-based violence, and women's economic empowerment in developing countries. Review criteria included publications that: were conducted in a low- or middle-income country; had a sample size of at least 100 young people aged 10–24 years, and used multivariate analysis. All studies that were identified were also conducted between 2010 and 2021, a 12-year time frame. The link between SRHR and women's socioeconomic situation is acknowledged by the SDGs. Managing menstruation, pregnancy, early and child marriage, maternal mortality, maternal disability from inadequate pre- and postnatal care, restriction of movement due to fear of violence or the risk of pregnancy, and taking on domestic care and unpaid work responsibilities in the family are challenges that make it difficult for adolescent girls to access paid work and other income-generating activities. Girls' economic chances are impacted by limited access to SRHR in both the formal and informal sectors (SDGs 1, 5, and 8). Results showed a 32% increase in girls' participation in economic activities as well as a 26% decrease in the risk of adolescent pregnancy. Studies showed that for each additional year that marriage for girls is delayed, her likelihood of being literate increases by 5.6 percent, and the prospect of her completing secondary school rise by 6.5 percent. Moreover, adolescent childbearing may interrupt school attendance and impair young women's long-term social and economic mobility and, indirectly, their empowerment. In sub-Saharan Africa and South Central and South East Asia, more than 60 percent of adolescents who wish to avoid pregnancy do not have access to modern contraception. Furthermore, because adolescent girls are less able to negotiate the conditions, such as condom use, multiple partnerships, and sexual abstinence, which influence their risk of infection, they are more susceptible to sexually transmitted diseases. This is because of their economic vulnerability and dependence on men.

POSTER: "I DO NOT KNOW WHERE I SHOULD GO" BLOCKS IN USING SEXUAL AND REPRODUCTIVE HEALTHCARE BY MALE ADOLESCENTS IN BANGLADESH: FINDINGS FROM MIXED METHOD STUDY



Muhammad Riaz Hossain has a Bachelor's and Master's degree in Social Anthropology. He specializes in ethnographic and qualitative research. He has been working as a qualitative researcher since 2013 at BRAC JPGSPH. His expertise is developing qualitative tools, conducting sessions on sensitive topics, qualitative data management, and analysis, and giving training on ATLAS-TI and report writing. Mr. Riaz has experience in intervention research, mixed-methods research, program evaluation, and process documentation research.

"I do not know where I should go" blocks in using sexual and reproductive healthcare by male adolescents in Bangladesh: findings from mixed method study.

Introduction: Sexual and reproductive healthcare (SRH) is essential to health and well-being, although the issues of male adolescents in Bangladesh are mostly overlooked. There are 15.1 million adolescent boys in the country, yet little is known about the challenges they experience in receiving SRH care. The purpose of this study is to investigate the barriers to SRH care encountered by adolescent boys in Bangladesh.

Methodology: The research employed a mixed-method approach that included a national survey (n=7,400) and a Focused Ethnographic Case Study in four geographic regions, Dhaka, Chittagong, Satkhira, and Bandarban (n=20), with 15-19 years of adolescent males.

Results: Findings demonstrate that only 44.6% of adolescents seek services while they have SRH issues from informal and formal health facilities but mostly from local informal healthcare providers. Male adolescents reported a lack of privacy in government hospitals, and the majority of the male adolescents are unaware of existing government SRH services; as a result, they seek SRH services from informal practitioners. In addition, lack of proper knowledge, community taboos, fear of being judged and humiliated, financial difficulties, and a lack of trust and confidence are significant obstacles to accessing timely treatment.

Conclusion: This study will help government and non-government program implementors design accurate SRH information and services for adolescent males. Addressing these challenges in government and NGO programs and strategies will not only benefit teenage males but will also help minimize sexually transmitted infections, Gender-based violence, and early pregnancy in both genders and contribute towards better SRH outcomes.

POSTER: ASSOCIATION OF HYGIENE PRACTICE AND DE-WORMING TABLETS WITH THE NUTRITIONAL STATUS OF ADOLESCENT GIRLS IN RURAL BANGLADESH



Saira Parveen Jolly is a public health nutritionist. She has 19 years of experience in conducting research in the field of food, nutrition, and public health epidemiology. She is experienced in carrying out both primary and program research. She worked at the BRAC Research and Evaluation Division. Currently, she is working as a Senior Research Fellow at BRAC James P Grant School of Public Health, BRAC University. She is also a Ph.D. candidate at the University Medical Centre of Groningen, The University of Groningen, the Netherlands.

Authors: Saira Parveen Jolly*, Tanbi Tanaya Sarker, Kaosar Afsana

Introduction: In Bangladesh, under-nutrition and micronutrient deficiency among adolescent girls are the worst due to various infectious diseases. Iron deficiency is more occurrent among adolescent girls. BRAC had been implementing a community-based nutrition education service package targeting adolescent girls in seven districts across rural Bangladesh since 2013.

Objective: The objective of the study is to explore the underlying factors associated with nutritional status and iron deficiency anemia among adolescent girls under the BRAC nutrition program area to improve their existing intervention package.

Methodology: This cross-sectional study was conducted in 2016, in 24 upazilas of Bogra, Barguna, Comilla, Dinajpur, Feni, Jessore, and Meherpur districts where the BRAC nutrition Programme was implemented while the rest of the 27 upazilas of these districts were selected as comparison area. A total of 1620 adolescent girls were interviewed by using a pre-structured questionnaire from the study areas through multistage cluster random sampling. Anthropometric measurement was taken, and the serum hemoglobin (Hb) level of the adolescent girls was measured. All statistical analysis was done in STATA Version 12 (Chicago Inc.).

Results: It was observed that the adolescent girls who had used sanitary latrines for defecation were less likely to be thin [adj OR 2.60 (95% CI 1.23-5.52)] compared to those who had not used them. Girls who were exposed to media [adj OR 1.53 (95%CI 1.15-2.02)] and had a de-worming tablet within six months preceding the interview [adj OR 1.34 (95%CI 1.08-1.66)] had 53% and 34% higher chance to be non-anemic ($Hb \geq 12$ g/dl) compared to those who did not watch television and had a de-worming tablet.

Conclusion: Periodic intake of deworming tablets and regular monitoring compliance of tablets may improve the iron levels of adolescent girls. Integration of Water Sanitation and Hygiene components along with nutrition components might help in achieving the program goal for the reduction of under-nutrition and anemia among adolescent girls.

POSTER: 'HAVING A CHILD GIVES PROTECTION': REASONS OF TEENAGE PREGNANCY AMONG EARLY MARRIED GIRLS (EMGS) IN DINAJPUR SADAR UPAZILA, BANGLADESH



Subas Biswas is currently working as a Senior Research Fellow at BRAC School of Public Health (BRAC JPGSPH), BRAC University, Dhaka, Bangladesh, and has about 14 years of experience in the field of public health. He obtained his Master's Degree in Botany, Development Studies, and Public Health. His focused areas are gender, sexual and reproductive health rights, marginalized community empowerment, and development. His expertise is in designing research and intervention, including developing Behavioral Change Communication Materials and their implementation.

Subas Biswas, Tasfiah Jalil, Abdul Jabbar, Sabina Faiz Rashid

Introduction: Similar to many other low and middle-income countries, teenage pregnancy is one of the major public health problems in Bangladesh. Though there are several reasons, such as early marriage, low level of knowledge, and poor practice of contraception use, however, there are strong socio-cultural perspectives on taking decisions for early pregnancy by early married girls (EMGs) in Bangladesh.

Methodology: This finding was derived from a study conducted in 10 unions of Dinajpur Sadar upazila, Bangladesh from March 2021-November 2022 to understand the reasons for early pregnancy among EMGs (age <18). Data were collected through a survey among 84 EMGs, 14 In-depth Interviews and 7 Focus Group Discussions with EMGs, their spouses, and parents-in-law, and 5 Key-Informant Interviews with community influential people, programs, and government officials.

Results: Findings show that 88% of EMGs were ever pregnant and their average age of experiencing their first pregnancy was 15.9 years; on average, they got pregnant just five months after marriage. This paper identified family pressure, social expectations, strengthening the EMG position in the family, and establishing family ties as major socio-cultural reasons for early pregnancy. Other factors were fear of future infertility, poor knowledge and practice of contraception, lack of agency for decision-making, and social stigma to getting pregnant as early as possible after marriage. Motherhood is believed to ensure EMG's value in the family, and having a child, particularly a son, secures the EMG's position in her husband's family.

Conclusion: Teenage pregnancy is a risky practice, negatively impacting EMG's physical and mental well-being and affecting the child's health. These findings recommend programs and policy-makers address the socio-cultural barriers that drive silently towards teenage pregnancy in Bangladesh by reaching out to the influencers and decision-makers at the familial and social levels with effective awareness-raising messages to accelerate progress toward achieving SDGs.

POSTER: MENSTRUAL HYGIENE MANAGEMENT IN INFORMAL URBAN SETTLEMENTS IN DHAKA: CONVERSATIONS AROUND TABOO, STIGMA, AND CHALLENGES



Nishika Somdder Tumpa, is a young girl living in the informal settlement of Shyampur and is currently working as a co-researcher for BRAC James P Grant School of Public Health, BRAC University. Tumpa has received capacity-building training and works closely with the team to collect primary data in the informal settlements.

Authors: Adrita Rahman, Nishika Somdder Tumpa, Esha, Sweety Akter

Adolescent girls, universally, are one of the most vulnerable groups; their bodies undergo physical and psychological changes that induce shame, guilt, and vulnerability, deteriorating their mental and emotional health. Menstruation is seen as an illness that makes girls 'dirty'. Their vulnerability is further exacerbated when they live in informal urban settlements. ARISE, a large multi-country participatory action research project organized a webinar on International Menstrual Hygiene Day on 28 May 2022. Adolescent girls and boys from three informal urban settlements of Dhaka city participated in the webinar and shared their experiences, taboos, and stigmas around menstruation. The taboo, myths, and stigmas on menstruation that came forward from the webinar were not specific to these informal settlements but were aligned with the beliefs commonly shared across the sub-continent; they mainly revolved around restrictions on adolescent girls' mobility, their food intake, and "invisibility". Older women in the household instruct and ensure that girls undergoing menstruation do not stay out in the evening to prevent them from getting an "evil eye" or "Batash"; they are not allowed to have meat or fish during menstruation as they would lead to odorous menstruation and are instructed to make menstrual management as "invisible" as possible, washing menstrual cloth at night and drying them in hidden spaces where men and boys cannot see them. The ramifications for these are reduced self-worth of these adolescent girls, negative impact on education and psychosocial outcomes, and dietary restrictions affecting their overall physical growth during the formative years of their lives. Various NGOs provide sanitary napkins to these adolescent girls but after their projects are over, there is a sudden halt in their supply. NGOs often advise these girls to save TK 2 per day to buy sanitary napkins. However, the participants from the webinar mentioned that even an amount as small as TK 2 is not always possible to save for they do not get any pocket money; their families prioritize getting food on the table first. To have positive health outcomes for these adolescent girls, who are the nation builders of tomorrow, there need to be greater efforts to arrange awareness sessions on menstrual hygiene and the need for nutritious food during this time to dispel the myths. Men and boys also need to be included in these discussions to help them better understand the importance and practicalities of safe sex and contraception. Lastly, there need to be provided for separate bathrooms for adolescent girls to ensure privacy and dignity. Then only can we eliminate such taboo and stigma on menstruation and "make menstruation a normal fact of life by 2030".

POSTER: IMPLEMENTATION OF ADOLESCENT SEXUAL REPRODUCTIVE HEALTH SERVICES



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Access to sexual and reproductive health (SRH) services allows adolescents to decide when to have their first child (without impeding on their life plan), how many children they want, space subsequent births, receive maternal health and the delivery care they need, as well as have healthy babies and lead healthy lives. Many barriers prevent adolescents from obtaining sexual and reproductive health services, such as social norms, legal restrictions, inadequate availability of services, and lack of quality care. Adolescents and young people are lacking understanding of sexuality, reproduction, and sexual and reproductive health. They are also not aware of ways of responding to these needs and problems. At the same time education and information that is needed at home, school, and communities are generally restrictive, and the social environment is not supportive to acknowledge their right to healthy sexual development. Bangladesh has taken strategies and has developed a good number of adolescent health clinics where counseling services are available to develop an effective referral system and necessary treatment. Moreover, most adolescents are not aware of how to receive these services. Finally, social skill development is a priority in their life events that help to protect them from possible risks and injuries. The design and implementation of high-quality services and programming help to combat these barriers and increase access to sexual and reproductive health care.

POSTER: ADOLESCENT PREGNANCY AND ITS CIRCUMSTANCES: A STUDY IN DISTRICT HOSPITAL BANGLADESH



Dr. Fouzia Akhter

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President OGSB Brahmanbaria- Narsingdi Branch

Background: Adolescent pregnancy, which is detrimental to the health of the mother and child, is a common public health problem worldwide. It is one of the key issues concerning the reproductive health of women not only in developing countries but also in developed countries. There is growing awareness that early childbearing has multiple consequences in terms of maternal health, child health, and the overall well-being of society. The goal of the study is to identify current trends and issues regarding adolescent pregnancy, adolescent sexuality, and childbearing, and offer solutions to the problems associated with adolescent pregnancy.

Methodology: This cross-sectional observational study was carried out in the 250-bed District Sadar Hospital in Brahmanbaria. A total of 800 pregnant women participated in this study. To obtain data, a standardized and pretested questionnaire was used. To identify factors related to adolescent pregnancy. Mother resided in the same area and attended the different services of the district hospital. First-pregnancy adolescents ≤ 19 years old, treated in hospital services were included in this study.

Results: The mean marriage age is 16.84 (± 2.33) years. Common causes of adolescent pregnancy were mother education below primary level 624(78%), father education illiterate and primary level 568(71%), rural residential status 784(98%), early age at first sexual intercourse 593(74.13%), not knowing family planning methods 652(45.25%), not utilizing contraception 521(65.13%), did not know a place where contraceptive methods are provided 423(52.88%).

Conclusion: Residence, early age at the first sexual encounter, lack of knowledge of family planning methods, lack of use of contraception, and lack of knowledge of a location where contraceptive methods are available were all linked to teenage pregnancy. Family planning should take into account the timing of safe sexual intercourse, the types and locations where family planning methods are available, and the promotion of family planning use for deferring conception.

POSTER: ADOLESCENT CONTRACEPTIVES



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Editor in chief JZHSWMC. She wrote books on the management of menopause and many chapters of national and international books. She is a reviewer of many journals and has more than 50 publications

Authors: SK Zinnat ara Nasreen & Safnaz Shahreen

Adolescents contraceptive needs to be the top most priority in the national policy to prevent adolescent pregnancies and their adverse consequences. All the countries of the world should have their national strategy liaison with global consensus regarding Adolescent contraceptives. The global challenge is to tackle adolescent Pregnancy. Contraceptives use is the answer. So, adolescents should be central to everything we want to achieve, and to the overall success of the 2030 SDG Agenda. Without Contraceptives "SDG achievement" is not possible. About 21 million 15-19 years old girls in developing countries become pregnant every year. Half of these pregnancies (49%) are unintended. If we are successful to implement contraceptives among youngsters, adolescent pregnancy complications can be eliminated. But again, this needs strong political motivation and the hard work of health care providers. The health care team should design and deliver a confidential, personalized, adolescent-friendly service, taking into account adolescents' psychosocial & sexual needs. Almost all methods of contraceptives are suitable for adolescents except a few. After taking comprehensive medical history & assessing risk factors, counseling should be done for risks & benefits. Good & sensible communication with women, their husbands, or their partner is important. It remains a critical aspect in empowering adolescents to make informed choices and only then adolescents will use contraceptives wholeheartedly.

POSTER: ANNUAL ANALYSIS OF BUDGET ALLOCATED FOR THE NATIONAL PLAN OF ACTION (NPOA) OF THE NATIONAL STRATEGY FOR ADOLESCENT HEALTH 2017-2030



Nilufa Nargis Purbasha works as a Technical Specialist-SRHR, Y Moves project, Plan International Bangladesh Country Office. She completed a Master of Public Health (MPH) with a specialization in Reproductive and Child Health. Completed EMBA with specialization in Operations and Supply Chain Management from American International University Bangladesh. She has 17 years of professional experience in the health sector on Sexual and Reproductive Health and Rights (SRHR), Maternal, Neonatal, and Child Health, nutrition, HIV/AIDS, disability, and development program. She has authored the following two abstracts

The Government of Bangladesh has adopted a "National Strategy for Adolescent Health (NSAH) 2017-2030" and devised a "National Plan of Action (NPoA)" to implement the strategy. Therefore, Aparajeyo-Bangladesh (AB) and Plan International Bangladesh (PIB) intended to thoroughly examine relevant ministries' budget allocations mechanisms since the approval and implementation of the "National Plan of Action for Adolescent Health Strategy 2017-2030". This study on an annual analysis of the budget allocated to the National Plan of Action for Adolescent Health Strategy 2017-2030 involved a detailed review of available secondary data as well as a qualitative approach, including a literature review and a small-scale primary data collection and review. The study focused only on the national budget allocations of MoHFW, as a 95 percent financing requirement for implementing the NPoA lies under this ministry. The focus is on the budget analysis of the NPoA and therefore finds out a few areas that need to be taken care of. In a nutshell, findings focus on the cost of the NPoA's and budget implementation. It is found that the budget is not that high and which has an absolute focus on SD1 while there are three others that need to be taken into account adequately. Accordingly, in the implementation part, there is needed adequate attention critically to investing in younger adolescents and the need to develop a mechanism for budget tracking. However, need to strengthen AFHS and need to align with the sector plan as well. A series of recommendations are focused on, official; endorsement of the costed plan, policy level attention to carry forward the budgetary implication, giving attention to the SD2,3 and 4 at the same, capacity development of professionals, and adequate MIS. The findings of this analytical study will be used for advocacy purposes towards the parliamentary caucus and lobby to the government for a concrete budget for the National Health Strategy and its Plan of Action in the future.

POSTER: "MY MOTHER-IN-LAW FORBADE ME TO TAKE PILLS"



Umayr works as a Project Coordinator at Red Orange. He started his journey with a background in Journalism and Media Studies from Stamford University, followed by a master's degree in development studies from United International University in Bangladesh. His vision to contribute to sustainability and to building an egalitarian world inspires him to work for development.

The high rate of adolescent pregnancy in Bangladesh is a major concern from health, rights, and development perspectives, as adolescent pregnancy affects both girls and their children. It has negative consequences on adolescents' physical, mental, and economic outcomes. Adolescent pregnancy increases the risk of maternal complications. It is highly correlated with low birth weight and early neonatal deaths.

Adolescent pregnancy also increases school dropout and reduces employment opportunities in the labor market. The national and global evidence generated using the quantitative lens reported that the following factors are associated with adolescent pregnancy: early age at marriage, lower use of contraception, higher spousal gap, women's education, husband's education, place of residence, religion, wealth, and geographic region. The evidence to understand the context of adolescent pregnancy is scanty. The studies conducted in Bangladesh using the quantitative approach have primarily used demographic and health survey data. The quantitative determinants of adolescent pregnancy reflect the reality from far behind as the issue of adolescent pregnancy is complex. Thus, we need a deeper understanding of adolescent pregnancy using a qualitative lens. In addition, it explored the reasons for adolescent pregnancy in locations with geographical and environmental variations and then compared the findings between fragile settings (i.e., coastal areas, displaced populations) and the general population. The findings of this study will help to design innovative and interactive programs to reduce adolescent pregnancy to ensure adolescents' health and developmental rights.

POSTER: INCLUSION OF ADOLESCENTS AND YOUTHS IN THE SRHR PROGRAM OF RHSTEP



Tithi Rani Sarker, is a Research Officer, at RHSTEP. She graduated from the University of Dhaka and worked on several SRHR research studies. She considers herself very passionate about research, training, and program designing on SRHR, gender, diversity, and gender-based violence-related issues. She has a keen interest in adolescent development notions as well.

The preliminary census report of 2022 reveals that around 20% of the total population of Bangladesh consists of adolescents, aged 10-19. With this adolescent group of the population, Bangladesh has the possibility of achieving massive economic growth by the year 2040. Especially, to attain SDG goals by 2030, the health and well-being of this group of the population need to be ensured. However, social and cultural taboos related to sexual and reproductive health-related information and services still prevail in Bangladesh. In this state of affairs, being the pioneer organization in SRHR service and training provision, RHSTEP has taken the initiative to bring adolescents under its umbrella through the youth-centric initiative called **Alordhara Pathshala** aiming to empower the adolescents with information and skills to take an informed decision about their SRH needs. This youth cell of RHSTEP mobilizes adolescents from all walks of life through distinct knowledge-sharing activities in a form of book reading, knowledge games, debate, drama, fairs, and so on. Through its wide range of activities, RHSTEP raises awareness regarding SRHR, gender, and development-related issues among adolescents. **Alordhara Pathshala** regularly holds health camps providing adolescent-friendly health services. In order to create an enabling environment, **Alordhara Pathshala** also assembles the local gatekeepers including, parents, teachers, locally influential personnel, and so on. Currently, RHSTEP has Four Alordhara Pathshala in 04 districts of the country. After its inception in 2019, the initiative has gained huge acceptance among local adolescents and gatekeepers, involving nearly 30,000 adolescents and youth of different identities. One of the adolescents with autism from **Alordhara Pathshala** received the prime minister's award on the 15th world autism day. RHSTEP envisions running this initiative on a wider scale and making it self-sustained through community ownership. Thus, an extended number of adolescents can be benefited from **Alordhara Pathshala**.

POSTER: STRENGTHENING EXISTING HEALTH SYSTEM FOR ADOLESCENTS AND YOUNG: DEVELOPMENT OF A POSTNATAL PRE-DISCHARGE COUNSELING CHECKLIST TO IDENTIFY HIGH-RISK MOTHERS AND BABIES



Dr. Syeda Nabin Ara Nitu, is a medical graduate and a public health expert working for Save the Children in Bangladesh. She is well-known in the field of Sexual & Reproductive Health & Rights. She is one of the technical committee members who have worked to develop the National Adolescent Health Strategy in Bangladesh. She represented Bangladesh in different international forums such as Women Deliver Conference 2019, FIGO XXIII, ICFP 2022, etc. She is the author of the following two abstracts.

Background: Adolescent and young first-time mothers face more complications compared to another multigravida. In many low-and-middle income settings like Bangladesh, rising institutional delivery rates offer opportunities to optimize pre-discharge counseling to identify needed follow-up for those with complications, and encourage continuity of care including postnatal care (PNC) inclusive of family planning (FP). Few existing resources are available to guide pre-discharge counseling and to identify additional care needed for high-risk mother-baby dyads.

Methodology: We adapted an existing pre-discharge checklist to include an algorithm to screen for risk factors among adolescent & young mothers and their babies, and to guide providers to counsel, refer, or delay discharge when risk factors are identified. To inform the development of the algorithm, a scoping review identified the risk factors for the major causes of maternal and neonatal mortality and the underlying risk factors for the non-use of PNC services. Published, peer-reviewed studies conducted in LMICs within the last 10 years that included a test of association between risk factors and outcome were included. We gathered feedback to improve the tool and process through pause-and-reflect sessions with providers and mothers, routine monitoring, and supervision visits.

Results: Proximal factors include age (<19, >35), parity (primigravida), previous history (postpartum hemorrhage, pre-eclampsia) and marital status, and distal factors including household socioeconomic status (SES), education, place of residence (urban, rural). Most mothers who delivered in facilities and received pre-discharge counseling reported obtaining clear instructions about when to return for PNC. Providers felt that the checklist was useful, with an additional value of the checklist in providing written documentation of the condition of mothers and babies at the time of discharge, a key gap in the current system. However, heavy workload, busy discharge times, short facility stays, and complex referral cases, especially at high-level facilities, resulted in the de-prioritization of completing the checklist.

Conclusion: A pre-discharge screening tool can optimize facility birth, and advance equity by guiding providers to prioritize adolescent & young mother-baby dyads with clinical and non-clinical risk factors. Our findings show that incorporating a risk screening into pre-discharge counseling is acceptable to both mothers and providers. Further, while clinical factors can be clearly linked to needed provider actions, non-clinical predictors of poor outcomes had fewer clear implications and could be stigmatizing.

POSTER: INFLUENCE OF EXPECTATIONS AND INTENTIONS DURING PREGNANCY ON POSTNATAL CARE UTILIZATION AMONG ADOLESCENT AND YOUNG FIRST-TIME MOTHERS: LESSONS FROM A QUALITATIVE STUDY IN BANGLADESH



Dr. Syeda Nabin Ara Nitu, is a medical graduate and a public health expert working for Save the Children in Bangladesh. She is well-known in the field of Sexual & Reproductive Health & Rights. She is one of the technical committee members who have worked to develop the National Adolescent Health Strategy in Bangladesh. She represented Bangladesh in different international forums such as Women Deliver Conference 2019, FIGO XXIII, ICFP 2022, etc. She is the author of the following two abstracts

Introduction: In Bangladesh, 43% of women have started childbearing before turning 18. Despite high Antenatal care (ANC) coverage, less than a third of adolescent and young mothers receive Postnatal Care (PNC) services. We aimed to explore the intention to seek postnatal care for 15-24 years-old first-time mothers (FTMs), their expectations of postnatal needs and services, and how these expectations influence the utilization of services.

Methodology: We carried out a longitudinal qualitative exploratory study in 2021 among 22 primiparous FTMs in the Noakhali district of Bangladesh. Two in-depth interviews were conducted during the third trimester and then within 42 days postpartum. Within and cross-case analyses were conducted to illustrate the influence of intention on care utilization among those who sought care and those who did not.

Results: while the majority of FTMs interviewed sought multiple ANC visits, most did not recall receiving any counseling or information regarding PNC services. During pregnancy, most participants had no specific expectations of PNC due to a lack of awareness, and limited or no exposure to the health system. Almost all participants either did not consider seeking services postnatally or only intended to seek PNC if there is a problem with the mother or infant's health. Some FTMs were able to cite specific complications that would motivate them to seek PNC including excessive bleeding & pain or obstructed labor ("baby's head getting stuck") etc. A key theme was the lack of decision-making power by FTMs on where to deliver their child and whether to seek care. The decision lay with the spouses or in-laws. The intentions during pregnancy directly influenced FTM's care-seeking behavior; a majority of FTMs receiving PNC solely sought it to address issues with their child's health. In a few instances, negative experiences during a facility delivery dissuaded them from seeking additional PNC. Others wanted to seek PNC but either did not know where to receive services or were prevented by their husband's families.

Conclusion: Increasing PNC utilization among FTMs has a crucial role in improving maternal and child outcomes. Improve quality ANC counselling, the importance of availing PNC impacts expectations, intention, and utilization of services. Family engagement, particularly husbands and in-laws, is essential to improve PNC coverage as they influence maternal decision-making.

POSTER: COMPREHENSIVE SEXUALITY EDUCATION (CSE) MAPPING FOR ADOLESCENT PEOPLE IN BANGLADESH



Tasnia Ahmed is a public health practitioner and young researcher works at SERAC Bangladesh as a Program Manager for the last 14 years as a volunteer and 6 years professionally. She acts as UNFPA Youth Task Force Committee on Population, SRHR, and Climate Action. She led projects with UNFPA-Bangladesh, Amplify Change, Plan-International, Rutgers, IPPF, PAI, Dance4Life, Global Affairs Canada, Health Bridge Foundation of Canada, Nuffic, and Share-Net International. She is the Bangladesh country coordinator of the Global South Coalition of Dignified menstruation. She received the Special Mention Award as a Youth Activist at the Women Leadership Summit 2018.

Background: Bangladesh has practiced a progressive rate of contraceptive prevalence rate in less than forty years from 8% in 1975 to 62% in 2014, whereas the total fertility rate is 2.0%. Based on SDG 3.7, universal access to SRH services should be attained by 2030. However, SRH knowledge remains limited in many lower-and-middle-income countries. Whereas adolescents' SRH must be supported, this means providing access to CSE is mandatory to combat societal taboos. Considering the situation, research was conducted on a comprehensive mapping with the aim to accomplish a mapping exercise where CSE-related programs/activities that have been implemented and proposed within the country will be mapped.

Method: 1. A Youth consultation meeting was held by engaging 30 youth experts to identify program experiences, and existing challenges, followed by recommendations under multiple NGO/INGOs interventions 2. 7 In-depth interviews of expert SRH/CSE Stakeholders on program and advocacy interventions were carried out and evidence-based research and social and behavior change and communication (SBCC) materials were collected followed by a draft youth declaration development to be presented at SRHR Knowledge Fair-2022.

Results: CSE contents must be integrated by delivering a curriculum and creating CSE friendly classroom environment for effective teaching and learning into the primary grades/class according to the age needs. CSE pre-counseling must be introduced in the school and development programs effectively. Additionally, Tool-free tele-counseling could be a better option as there will be a chance for the service takers to talk anonymously. Students must be well-oriented on the human body and psycho-social counseling, especially the reproductive organs as a part of sexuality education; more discussion on SRH through formal and non-formal programs and events by adapting the scaling-up plan to pose a positive impact around CSE and ensure a safe space for the adolescents to discuss openly. Determine and map the current policies, projects, and programs that deal with adolescent issues generally by region, the sociodemographic, and the outcomes from these programs, support capacity development, assist supervision, educative program, and strengthen planning and management functions.

Conclusion: Effective CSE is based on solid research, and it is essential to offer CSE from an integrated public health, rights, and educational viewpoint. In light of this compelling argument, the majority of nations worldwide are offering sexuality education within their educational systems. It is evident in this study that significant efforts are being made in many countries to make sexuality education comprehensive in its content and more firmly established in broader education and health initiatives.

POSTER: ADOLESCENT HEALTH CARE SERVICES AT AALO CLINICS PROJECT' MODEL URBAN PHC CLINICS (AALO CLINICS) PROJECT



Dr. Md Saidur Rahman is the Team Leader- of UNICEF's Model Urban PHC (Aalo Clinic) project. He was also the Ex-Chief of Party USAID's Local Health System Sustainability project and Ex National Coordinator & Deputy Director Emergency COVID-19 Response project, Save the Children.

Introduction: The model Urban PHC (Aalo Clinics) project is being implemented and piloted under the support of UNICEF and funded by the Embassy of Sweden since 2021. The objective of the Aalo clinics project is to setup a competitive and sustainable system for the management of the urban clinics including the empanelment of health workers and establishing comprehensive Management of Primary Health Care Centers in the light of the Essential Service Package (ESP) with

special focus to Adolescent Health. The project has been successfully providing adolescent health services since the beginning and is now ongoing besides other PHC activities.

Service Modalities: A total of six clinics, two in Dhaka North City Corporation (DNCC), two in Dhaka South City Corporation (DSCC), one in Narayanganj City Corporation (NCC), and another one in Gazipur City Corporation (GCC) have been providing adolescent care services among the vulnerable adolescent segment of the catchment population of Aalo clinics since last one year. This service is being provided both at the clinic and outreach levels. Adolescent girls are already reaping benefits from Aalo clinics, which may contribute to reducing adolescent violence, gender discrimination, and early marriage. Total adolescent healthcare and counseling services have been provided to 12,405 adolescents in the last 11 months. Among them, 1,526 clients received nutritional services and 10,320 clients received counseling. The clinics measure the BMI of each adolescent girl through health screening and provide need-based nutritional supplements. Besides, Tetanus Diphtheria (TD) vaccination services have been provided to 559 adolescent girls for ensuring safe motherhood. The staffs of Aalo clinics outreach provide nutritional counseling to adolescent girls and refer them to static Aalo Clinic when necessary. The Aalo clinics have also partnered with the Directorate General of Health Service (DGHS) and Directorate General of Family Planning (DGFP) to render services to the adolescent community.

Conclusion: Adolescents continue to experience major constraints in making informed life choices: a significant number of adolescents experience risky or unwanted sexual activity, do not receive prompt or appropriate care, and, as a result, experience adverse health outcomes (National Strategy for Adolescent Health 2017-2030). Aalo Clinic has been consistently providing adolescent services in addition to other healthcare services to urban people. Aalo clinics are expected to be scaled up soon after successful piloting and the whole adolescent care services will come under urban primary health care. This would ensure the adolescent reproductive health for safe motherhood.

POSTER: STRENGTHENING COMMUNITY TO EMPOWER ADOLESCENT GIRLS WITH MENSTRUAL KNOWLEDGE: AN ACTION RESEARCH IN KHULNA, BANGLADESH



Sharmin Kabir is a Social Entrepreneur and the Founder of Wreetu Health and Well-being Foundation. She has written the first comic book in Bangladesh on puberty and period for girls and developed a Period Guide for Dads. She has worked as a consultant to UNICEF and the Government of Bangladesh in one of their projects with adolescents. Currently, she is a Member of the National Committee of a longitudinal study run jointly by Burnet Institute, BRAC University, and WaterAid Bangladesh. She is an alumna of Swedish Institute, an Acumen Academy Fellow and an Unleash Global Talent.

Bangladesh is widely recognized to be one of the most climate-vulnerable countries in the world. Despite Government's climate change initiatives and other organizations' efforts, girls and women become the most vulnerable due to the short-term recurring climatic events and long-term climate-induced changes. This is more alarming for adolescent girls' menstrual health management for the existent social stigma, inaccurate and insufficient information, and poor infrastructure leading them to grow with psychological trauma, inferiority, and health risks. One of the interventions responding to solve problems is involving the boys and men and the community in a systematic way to build an empathetic and resilient society affecting the girls to take a timely dignified decisions about their bodily autonomy and menstrual needs. To date, none of the conducted studies have focused on the methodological intervention of the community to change adolescent girl' behavior toward their menstrual needs. Hence, this proposed action research focuses on a year-long community-led activation and adolescent girls' responses to their needs for menstrual hygiene management at school, at home, and in flood shelters. This follows the four stages planning, acting, developing, and reflection. In methodologies, both qualitative and quantitative approaches will be followed by keeping a research journal, document collection and analysis, participant observation recordings, questionnaire surveys, structured and unstructured interviews, and case studies. It is expected to see that the community's involvement increases girls' confidence in their growing up, helps them to make timely decisions on MHM, and saves them from health risks. As climate issues are burning now widely and also in Bangladesh, this action research will guide the government to review the community and women's involvement in climate change frameworks, NGOs, and other stakeholders to design interventions in the climate-prone areas and overall, the community to be empathetic towards the girls' needs.

POSTER: ADOLESCENT AND YOUNG PEOPLE ARE IN FRONTLINE FOR PROMOTING CHILD-CARE PRACTICES IN BARISHAL, BANGLADESH



Author: Sanjit Kumar Das, Social & Behaviour Change Specialist, UNICEF-Dhaka

Sanjit Kumar Das, a post-graduate in Social Science and Public Health, has long working experience in development sector. He has been working with UNICEF Bangladesh for last 15 years and currently working as Social and Behavior Change Specialist in UNICEF-Dhaka. Earlier, he had worked with Save the Children and CARE-Bangladesh in different projects. Sanjit has extensive experiences in programme design, implementation, capacity building, community engagement, adolescent & youth engagement, and social & behavior change programming.

Young people are the future leaders, and they have a right to participate in decisions that affects their lives. It is crucial to empower them to speak up on their issues and support them in organising their own actions. UNICEF supports and promotes

adolescent and youth engagement in Bangladesh to realize their rights, empower them with knowledge and skills and make them an agent of change in their community.

During COVID-19 pandemic situation, UNICEF significantly supported “Risk Communication and Community Engagement” (RCCE) interventions in collaboration with partners. As part of this, UNICEF-Barishal Field Office supported Divisional and District Administration of Barishal (a southern district in Bangladesh) to engage young people for community mobilization on COVID-19 and other key childcare practices. Accordingly, Barishal District Administration partnered with 10 youth organizations in July 2021 and consulted a diverse range of adolescent and young people to ensure their views are purposed for RCCE activities. Young people perspectives on RCCE were not only expressed to ensure effective COVID-19 awareness campaigns design, but also helped to increase their confidence in using multifaceted communication channels. Adolescent and young people promoted COVID-19 preventive behaviours i.e., hand washing, mask use, social distancing etc through a series of awareness raising activities along with online vaccine registration and referral for vaccination that resulted addressing the COVID related rumor, misinformation, and increased COVID-19 vaccination coverage.

This adolescent and youth engagement has created scope and further expanded to address other issues like climate change, child marriage, mental health, adolescent health, nutrition, violence against children etc. Trained adolescent and youth groups having the improved communication skills, effectively engaged children, adolescents, youths, community leaders, local influential, service providers and other stakeholders through interactive dialogue, counselling, consultation, orientation, rally, street miking and other means that resulted increased awareness of community people on key childcare practices.

This collaboration shows how duty-bearers should have entry-points to train adolescent and young people in community level awareness raising and underscores the significance of the youth inclusion in humanitarian and development programme.



POSTER: EARLY CHILDBEARING AND WOMEN'S HEIGHT: EVIDENCE FROM BANGLADESH



This is Dr Sabit Saad Shafiq, contributed as a co-author of this study. I completed my bachelor's in 2016 from Holy Family Red crescent medical college and completed my Master's in public health in 2021. Currently, I have been working as Project Research Physician in the Maternal and child health Division.

This is Dr Sadman Sowmik Sarkar, have been working as a co-author in this paper. I graduated from Dhaka Medical College (Session: 2011-12). Since last two years I been working in icddr,b

Authors: Dr. Sabit Saad Shafiq, Dr. Dr Sadman Sowmik Sarkar

Background: Early marriage and childbearing are chronic public health problems in Bangladesh. Several studies are showing the adverse consequences of early childbearing on women and their children's lives. However, no studies have ever examined whether early childbearing affects the growth of women's physical height, an indicator of health and well-being. We aim to examine if early childbearing, particularly childbearing by 17, is negatively associated with women's height in Bangladesh.

Methods: We used data from five Bangladesh Demographic and Health Surveys conducted in 2004, 2007, 2011, 2014, and 2017-18. We analysed the height of 32,937 women aged 20-29 years. The study sample includes women born between 1974-1998. We used descriptive statistics and the multiple linear regression method.

Findings: We found that women giving first birth by the age of 17 had an average height of less than 150.4 cm, while women giving birth after the age of 17 were as tall as above 151.1 cm. After controlling for household wealth quintiles, region and religion in multiple linear regression, the difference existed. This difference in height between women giving birth before age 17 and at or after age 17 was observed among women born after 1978 (statistically significant).

Implication: Around a third of Bangladeshi women have their first child before reaching their full height potential. This kind of behavior has a negative impact on maternal and infant health. For example, children of shorter mothers are more likely to be stunted; shorter women are prone to experience delivery complications due to a small pelvis, etc. Preventing early childbearing may help reduce several maternal and child health problems.

POSTER: STRENGTHENING ADOLESCENT HEALTH SERVICES IN UNICEF SUPPORTED 12 DISTRICTS



Dr. Sabrina Rafi a medical doctor by profession and a postgraduate in Master of Public Health (Epidemiology) has gathered more than ten years of experience as a Public Health Practitioner and served in diversified contexts across Bangladesh. During her tenure, she had extensively involved in Maternal, Neonatal, Child, and Adolescent Health (MNC&AH) Programs and Interventions especially strengthening Routine Immunization and Surveillance of Vaccine-Preventable Diseases, Essential Newborn Care including management of small and sick newborn, Emergency Obstetric Care, Quality Improvement Initiatives, Health Management, and Information System, Climate Resilient Health System, etc. Being in UNICEF she has been enormously involved in policy and advocacy for evidence-based Adolescent

Health Programs, providing technical assistance to MoH&FW and other relevant ministries for the implementation of Adolescent Health Interventions by ensuring multistakeholder coordination and digitizing Adolescent Health Platforms including Mental Health

Authors: Sabrina Rafi, Hasnain Ahmed, Shamima Chowdhury, Jannatul Ferdous

UNICEF Bangladesh

Abstract: UNICEF has been closely working with MOHFW to strengthen Adolescent Friendly Health Services (AFHS) in Health Facilities since the last sector program. One of the initiatives is to establish AFHS centre in health facilities through infrastructure, logistic and equipment support, training module and guideline development, capacity building of the service providers, development and dissemination of IEC/SBC materials and upstream advocacy to expansion of AHFS across all health facilities in the country with proper linkage to impart SRHR education in DSHE and engagement of community peer/ youth groups. Like as, a total 134,620 adolescents received AFHS services from UNICEF-supported 12 Districts in 2022. Unicef has also supported training for more than 500 Mid-Level Health Managers and Health Care Providers of DGHS and DGFP on SRHR, MHM, GVB, Adolescent Nutrition and mental health in 2022. Special Service Days for Adolescent were conducted in those districts where around 720 Adolescents participated and received knowledge on their health and wellbeing. 2275 Adolescents and 840 Adolescents are reached with Sexual Reproductive Health Rights (SRHR) education and services in 65 Secondary Schools and 12 Secondary Schools of DNCC. 252041 secondary level schoolteachers were supported to complete online Psychological First Aid courses (<https://muktopaath.gov.bd/course-details/848>). To enhance AFHS more accessible and user-friendly, UNICEF has been working for Integrated Gender Transformative Approach to existing AFHS in 2 pilot districts (Bhola & Nilphamari). UNICEF's support to ensuring services for adolescent has contributed to the sector program and well-acknowledged by MOHFW.



POSTER: MULTI-LEVEL ANALYSIS OF THE DETERMINANTS OF DOMESTIC PHYSICAL VIOLENCE AGAINST CHILDREN USING LONGITUDINAL DATA FROM MINIM AT MOTHER-CHILD COHORT IN RURAL BANGLADESH



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She holds a Master's degree in Statistics from the University of Dhaka, Bangladesh. Jannatul has experience working in diverse fields that include social development, public health, and quantitative social research in rural and urban areas of Bangladesh. She joined icddr,b in May 2018 and has been working on violence against women and girls (VAWG), Child marriage, and sexual and reproductive health and rights (SRHR) since then. She is also a skilled trainer of gender, quantitative methodology, and ethical concerns in research on sensitive issues (e.g., SRHR and violence).

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Introduction: Despite high levels of physical violence against children (VAC) globally (between 40% and 50%), the literature on the determinants of VAC remains inconclusive.

Methodology: Most of the literature on this topic is based on cross-sectional data. Moreover, the literature often ignores the multi-level nature of the factors that drive VAC. The use of such methodology results in model specification problems and inhibits making any causal inference. Although VAC is more prevalent in low- and middle-income countries, studies from high-income countries dominate the field. We attempt to address these gaps in the literature by examining determinants of physical domestic VAC using multi-level logistic regression analysis of longitudinal data of mother-child dyad collected between 2000 and 2020 in the Maternal and Infant Nutrition Interventions in Matlab (MINIMat) study from a rural site in Bangladesh.

Results: The results show that the single determinant that increased the likelihood of this violence across genders (OR-2.07; 95% CI- 1.09-3.90 among girls and OR-6.90; CI- 4.28-11.13 among boys) was the community-level prevalence of physical domestic VAC. Domestic violence against mothers (DVAM) did not affect physical domestic violence against girls, but it reduced the likelihood of this violence against boys by 52%. We contend that DVAM reflects an emphasized patriarchal culture in a household, where a boy is less likely to be physically abused. **Conclusion:** We conclude that social norms change is necessary for addressing community-level VAC, which would ultimately help reduce physical domestic VAC.

COMMUNITY YOUTH VOLUNTEERS FACILITATING PARTICIPATORY ADOLESCENT GROUP ACTIVITIES IN SCHOOLS AND COMMUNITIES TO PROMOTE ADOLESCENT HEALTH EDUCATION AND CREATE DEMAND FOR ADOLESCENT MENTAL HEALTH COUNSELLING SERVICES AMONG ADOLESCENT BOYS AND GIRLS IN RURAL AREAS OF BARISHAL AND PATUAKHALI DISTRICTS



Hasnain Ahmed

A Medical doctor with a Fellowship on Family Health and Masters in epidemiology (MPH), working for 8 years' in the field of public health sector.

He has working experience with UNICEF, World Health Organization in Bangladesh as Consultant for Grade-3 emergency in Cox's Bazar as well as EPI & Surveillance activities, Save the Children International, Quality improvement secretariat, health economics unit of MoH&FW, Gavi-HSS program with National EPI, Bangladesh Armed Service Board.

He is experienced in managing public health programs especially MNCAH, Routine immunization, IMCI, Quality Improvement initiatives, 5S Kaizen implementation in GoB & private hospitals, MPDSR, PDCA cycle, Grade-3 emergency activities, Polio Eradication program, NT, and Measles-Rubella elimination and JE control program at district & divisional level. He contributed for preparation of weekly WHO mortality & morbidity bulletin preparation activities, National EPI and surveillance manual preparation, Cold chain management guideline preparation activities.

Currently he is working as Health Officer in UNICEF Barishal Field office and working for Maternal & adolescent and child health activities including reaching every mother strategy, adolescent health education and promotion and quality improvement program.

Youths are the dynamic and potential groups of the society who can bring out positive changes if we can properly engage them in productive activities. They have their own mechanism of action and response to different kinds of social issues. To utilize the potential of youth groups, UNICEF always promotes youth groups to engage them in different kinds of social activities so that, their potentials are rightly addressed.

One in six people are aged 10-19 years. Adolescence is an unique and formative time. Physical, emotional and social changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health problems. Protecting adolescents from adversity, promoting socio-emotional learning and psychological well-being, and ensuring access to mental health care are critical for their health and well-being during adolescence and adulthood.





As in Bangladesh, the adolescent health issues are not easily dealt by parents and teachers, UNICEF planned to engage youth groups in promoting adolescent health education and create demand for adolescent mental health counselling by youth groups who just crossed this age and who are the elder brothers or sisters of these adolescent groups. UNICEF started Innovative and Strengthened, Pathways for Improved Resilience and Empowered (INSPIRE)' program in Barishal and Patuakhali districts to in collaboration of health, family planning and education departments where youth groups will take the leadership to coordinate between these departments to promote adolescent health education, adolescent mental health and psychosocial counselling issues.

Barishal district has 10 upazilas and Patuakhali has 7 upazilas. First UNICEF provided support to build the capacity of the health service providers of all these upazilas so that, all of the union level health service providers will be ready to provide adolescent health services. UNICEF partnered with 5 youth group organizations to work in the Barishal district and 4 groups to work in Patuakhali. The youth group organizations collected 2 community youth volunteers from each union who will work in their respective unions. They were also trained up on adolescent mental health issues.



Total 240 schools were selected considering at least 30% from each union to conduct health education session among adolescent groups. One of the trained medical officers from Upazila health complex with 2 community youth group members conduct the health education session where the headmaster will be present. Another 121 schools were selected to conduct adolescent health education campaign with website demonstration. There are 3 stalls in the campaign where a stall is from health department, one from youth group to demonstrate website and another from the school authority for organizing different events like quiz on adolescent mental health, essay writing, different indoor and outdoor sports and prize distribution to make the event participatory. Another

important youth group engagement is courtyard session with out of school child so that, vulnerable adolescents can be easily identified. They youth groups are also involved in taking the adolescents to nearest union health centers where UNICEF provided training, printing and IEC materials to facilitate adolescent health services.



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