

BRAC Research Report

December 2007

Impact Assessment of Adolescent Development Programme (ADP) of BRAC

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ACKNOWLEDGEMENTS

We would like to express our deep gratitude to the ADP team at BRAC-BEP for their cordial support in this research project. We would particularly like to thank Dr. Imran Matin, Director of RED, for his support and encouragement. We would like to thank Mr. Samir R Nath, Senior Research Fellow of RED, for his continuous attention in this study. Special thanks go to the forty-seven research assistants whose hard work has made this work possible. Thanks are also due to the ADP staff working in the fields including Mr. Mosleuddin, Ms. Hafija Khatun, and who helped in many difficult situations during our fieldwork. We appreciate greatly the drivers of the vehicles who took us to distant areas of Bangladesh sometimes on not too comfortable roads. We would also like to thank Anwar Hossain, Sharmina Bashir, Goutam Roy, Notan Chandra Datta, Moshioul Azam Minto at RED particularly for their help and inspiration.

The Research and Evaluation Division (RED) is supported by BRAC's core funds and funds from donor agencies, organizations and governments worldwide. Current major donors of BRAC and RED include Aga Khan Foundation Canada, AusAID, BRAC University, CAF-America, Campaign for Popular Education, Canadian International Development Agency, Columbia University (USA), Danish International Development Agency, DEKA Emergence Energy (USA), Department for International Development (DFID) of UK, Embassy of Denmark, Embassy of Japan, European Commission, Fidelis France, The Global Fund, Government of Bangladesh, Institute of Development Studies (Sussex, UK), Inter-cooperation Bangladesh, Japan International Cooperation Agency, KATALYST Bangladesh, Land O Lakes (USA), Scojo Foundation Incorporation, NORAD, NOVID, OXFAM America, Oxford Policy Management Limited, Plan International Bangladesh, The Population Council (USA), Rockefeller Foundation, Rotary International, Royal Netherlands Embassy, Royal Norwegian Embassy, Save the Children (UK), Save the Children (USA), SIDA, Stanford Medical, Swiss Development Cooperation, ULG Northumbria (UK), UNDP, UNICEF, University of Manchester (UK), World Bank, World Fish Centre, and the World Food Programme.

ABBREVIATIONS

ADP	Adolescent Development Programme
AGP	Adolescent Girls' Programme
AIDS	Acquired Immune Deficiency Syndrome
AO	Area Office
APON	Adolescent Peer Organized Network
BAPS	BRAC Adolescent Primary Schools
BAS	Bangladesh Adolescent Survey
CMES	Centre for Mass Education and Science
ELA	Employment and Livelihood for Adolescents
GoB	Government of Bangladesh
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
KK	Kishori Kendro
MOHFW	Ministry of Health and Family Welfare
MOHW	Ministry of Health and Welfare
NGO	Non Governmental Organization
NIPORT	National Institute of Population Research and Training
PPS	Probability Proportion to Size
RC	Reading Centre
RH	Reproductive Health
SS	Secondary School
STD	Sexual Transmitted Disease
UNICEF	United Nations International Children's Emergency Fund

ABSTRACT

This research aimed to assess the impact of the Adolescent Development Programme (ADP) of BRAC. Collecting both statistically representative quantitative data and qualitative information from case studies this report made a comparative analysis with the national data of the Bangladesh Adolescent Survey (BAS) 2005. Findings show how ADP – Adolescent Peer Organized Network (APON) course graduates become empowered in terms of participation in and control over decision making and in nurturing leadership qualities to be the agents of social change. The study also captured how the target groups' attitudes towards early marriage, dowry, reproductive health knowledge, health seeking behaviour, knowledge on HIV/AIDS along with other STDs, awareness on social and gender perceptions vary from the general adolescents nationally. At the end, APON graduates evaluated the course in relation to their own lives.

INTRODUCTION

Adolescents of 10-19 years of age constitute about a quarter of the total population of Bangladesh (SC/USA 2003), approximately 33 million in the year 2001 (Siddique & Kabir 2002). While adolescence emerges as a distinct stage of life, it has no proper appreciation in Bangladesh society. A growing recognition has developed recently that the needs of adolescents are distinct from those of children and adults (Amin *et al.* 2002). During adolescence, however, still most children do not complete the process of achieving physical and emotional maturity (SC/USA 2003). Again, almost 60% of adolescent girls are married off before the age of 18 years (South-South Centre 2000). One of the great obstacles that the adolescents face is lack of accurate and accessible information regarding their reproductive and sexual health needs. As a result, generally they have a poor understanding of sexual and reproductive health associated with early marriage, adolescent pregnancy and the increasing occurrence of high-risk sexual practices (ICDDR'B 2004, SC/USA 2005). Although the literacy rate is highest among the adolescents, other facts and figures (UNICEF 2003, MOHFW 1999) show some sheer development challenges in this area.

ADOLESCENT DEVELOPMENT PROGRAMMES IN BANGLADESH

In Bangladesh, compared with the proportion in the population and its significance in the national development, initiative addressing adolescents' overall advancement seems inadequate. A review found that 252 of 703 NGOs working on education have programmes for the adolescents (Nath 2004). Again, there is parochialism in the interventions that is heavily biased on health issues and more precisely on reproductive health.

For many years, the government of Bangladesh (GoB) has been running different livelihood training courses for youths through Jubo Unnon Kendros under the Ministry of Youth, Culture and Sports. However from 2001, the GoB in collaboration with UNICEF, introduced a project called 'Empowerment of Adolescent Girls' or '*Kisohri Abhijan*' a sub-project under the 'Empowerment and Protection of Children and Women' of the Department of Women's Affairs, Ministry of Women and Children's Affairs. The objective of this project is to promote a gender equitable environment where girls can widen their choices, participate in empowering social and economic processes and realise their potential as agents for social change. This project is based on the expectation that effective education and livelihood experiences are essential for the well-being of adolescents. Adolescent groups or networks in some rural areas are supported under this project. These are implemented by two non-governmental organizations (NGOs)-BRAC and the Centre for Mass Education and Science (CMES). The BRAC part is called Adolescent Development Programme (ADP) and the CMES part is called Adolescent Girls' Programme (AGP) (Amin *et al.* 2002). The objective of the project is to increase visibility of adolescent girls as a special interest group in the media and in national policies and programmes.

Box 1. Development challenge for adolescents in Bangladesh

- Almost a half of the girls are married by the age of 15, and 60% become mothers by the age of 19.
- Sixty percent of the girls (15-19 years) are employed, predominantly in low-wage and insecure/informal sectors of economy.
- The majority of adolescent girls are uninformed or insufficiently informed about reproductive health and contraception.

Source: (UNICEF 2003, MOHFW 1999)

BRAC INITIATIVES FOR ADOLESCENT DEVELOPMENT

Considering the vulnerability of adolescent girls, BRAC started adolescent development initiatives under the BRAC Education Programme (BEP) in 1993. Now, there are two key interventions for adolescent development namely: i) Adolescent Development Programme (ADP), and ii) Employment and Livelihood for Adolescents (ELA). The former came about as it was noticed that graduates from BRAC Adolescent Primary Schools (BAPS) who do not continue their study in higher grades in the formal institutions tend to relapse into ignorance and illiteracy. An idea to establish centres equipped with reading materials was realised in 1993 mainly to encourage adolescent girls to retain their literacy, numeracy, and life skills. Later on, the programme arranged a training course called Adolescent Peer Organized Network (APON) for adolescents. Then, in January 2003 a microcredit support programme called Employment and livelihood for Adolescents (ELA) was introduced to meet the financial requirements of adolescent girls.

ADP aims to improve the quality of life of vulnerable adolescents, especially girls, in selected intervention sites. The programme objective is two-fold: a) Empowering adolescents, especially girls, to participate meaningfully in decisions that affect their lives (including education, livelihood strategies and increasing marital age) and making them active agents of social change; b) Creating and sustaining a supportive environment for adolescent girls development both at the household and community level. As primary input, ADP's *Kishori Kendros* (KK, formerly known as Reading Centres) equipped with reading materials create a space where rural adolescents girls have an opportunity to retaining their literacy and numeracy skills. Besides offering reading materials, Kks also provide a safe place for girls' socialisation, where they can participate in indoor games, singing, dancing, and exchanging ideas amongst themselves.

However, BRAC felt subsequently that giving young girls a respite from their daily life is not enough. It was also imperative for them to acquire further education and knowledge, making informed choices and flourishing leadership potentials that would empower them both economically and socially. Thus, the APON course was developed for adolescent girls and later on for boys also. The APON course is facilitated by peer adolescent educators in Kks and Secondary Schools (SS) where participants are educated on essential issues which typically are not discussed in Bangladeshi society such as reproductive health, early marriage, child rights, dowry, inheritance law, oral divorce, acid throwing, HIV/AIDS, abuse and drug addiction. To date, 195,875 adolescent girls and boys have been educated through APON course. Currently 234,368 adolescent girls are the members of 8,538 Kks located in rural areas. In addition, ADP also provides other life skill training – e.g. in photography and with computers - and sends members to youth development training courses arranged by the Ministry of Youth, Culture and Sports.

The initiative encourages adolescent leadership and role models, and fosters gender equality and peer-to-peer education. As an innovative programme, ADP has been able to draw continuous attention from the stakeholders. It is now a matter of probe on how and to what extent the programme has influenced the life and livelihood of its target groups, i.e. - adolescent girls and boys.

RESEARCH QUESTIONS

The objective of the research is to assess the impact of ADP on adolescents. The specific research questions asked in this study are as follows:

- a. Whether or how do APON graduates participate in and control over the decisions that are consequential for their lives?

- b. How do the APON graduates perceive them as agents of social change?
- c. Is there any variation in the perception on marital age, dowry practice?
- d. Is there any difference in expectation in the number of the children and sex?
- e. What is the pattern of health-seeking behaviour among the target groups?
- f. What is their level of awareness on reproductive health issues?
- g. Is there any change in gender perception?
- h. What is the targeted groups' perception about suitable childbearing age?
- i. How do the participants use learning of the APON course in their lives?

METHODOLOGY

Both quantitative and qualitative approaches were used in this study. Data collection methods and materials were developed from the experience of a wide observation of the programme in two upazilas in Rajshahi district viz. Paba and Tanore. Subsequently, a pilot survey was conducted in Gazipur and Manikganj programme areas. Knowledge gathered in a pilot helped finalising the survey questionnaire and sample size.

The research assistants received a five-day training on data collection procedure. Forty trained research assistants collected data in December 2006. Seven supervisors were engaged to supervise and monitor the data collection process.

For the quantitative survey, the respondents were selected from APON course participants who graduated between 2003 and 2005. The APON course was conducted in four different training venues considering adolescents' sex and educational status. Thus, participants were categorised into four sub-groups i.e. *Girls in KK*, *Out-of-school boys*, *Boys in SS* and *Girls in SS*. A representative part of each category was chosen. The desired sample size was calculated using the formula of proportion by Cochran 1977 at 95% confidence limit with 5% error tolerance limit (Table 1).

A two-stage cluster-sampling technique was adopted to select the respondents. First, 206 Area Offices (AO) were randomly chosen from a total of 565 AOs. Two KK/Secondary Schools were randomly chosen from each AO. Then five adolescents were randomly chosen from each KK/Secondary School. The survey was carried out in six divisions and 48 districts of the country. A total of 3,175 respondents were surveyed. Data were collected from adolescents through direct interview using questionnaires. In terms of checking validity, the content validity was checked by taking expert's and respondent's opinion. For checking reliability, triangulation followed on time, place and person.

Table 1. Distribution of respondents by year and training options

Year	Respondents				Total
	Girls in KK	Out-of-school boys	Boys in SS	Girls in SS	
2003	373	-	332	-	708
2004	383	203	361	168	1,112
2005	418	248	406	283	1,355
Total	1,174	451	1,099	451	3,175

The national data of the Bangladesh Adolescent Survey (BAS) 2005 included all the adolescents and youths of Bangladesh aged between 10 to 24 years. The total BAS sample was 14,942 at 95% confidence limit with 5% error tolerance limit. BRAC and the Population Council, USA conducted the Bangladesh Adolescents Survey (BAS) jointly.

The survey design of BAS and ADP both considered the selection of sample on the PPS (Probability Proportion to Size) basis, meaning that the sample was self-weighting. Therefore, weighting factors need not to be applied to the data set of this survey. But in case of making comparison within four different sub-groups weighting factor was added to find the pool estimators.

In order to have an in-depth knowledge and understanding of the programme impact, a small number of case studies (eight female and seven male) were made by the core researchers. This part of the research was done to describe what happened to the adolescents following the ADP training and to probe in-depth about why things happen/not happen as they do. In order to keep fully focused on the main research questions and to keep consistency in the findings, the same set of questionnaires used for the survey was used for the case studies, although with additional probing.

The theoretical framework behind the study was that the ADP training should have a sustainable short and long-term impact in empowering the adolescents to better shape their lives by making them aware of some specific issues, such as: assertiveness in decision making, health-seeking behaviour, awareness about reproductive health, rights and services, early marriage, dowry, gender conception, etc.

The case studies, therefore, looked at adolescents, existing knowledge, perceptions, behavioural patterns on those issues and finally their spontaneous approach and ability towards applying APON knowledge into their practical life. Further, a few non-ADP adolescents were also included in the case studies to gauge the difference in the knowledge and practices of adolescents.

STRENGTHS AND LIMITATIONS OF THE STUDY

Strengths

This study explores the knowledge level of adolescents on various social, economical, educational, health, and legal issues. It represents all the components of ADP programme. The study design permitted valid conclusions regarding the whole country as well as breakdowns for gender.

Limitations

The APON course was started in 2000. In order to gauge the impact of the training on the lives of adolescents, the research team initially planned to study the very early ADP graduates. However, there was a drawback as the team could not trace any ADP graduates before 2002 due to the unavailability of records in the Area Offices. Also, during the data collection period, it was found that some of the targeted adolescents were missing mainly due to migration. This issue was resolved through substitute sampling, which may result in some bias in the results.

The lack of any baseline information on adolescents also limited the scope for measuring the impact of the programme. For example: drawing the current rate of child marriage from the survey and comparing it with the years since ADP intervention could have been a good yardstick for measuring the impact of the programme.

STRUCTURE OF THE REPORT

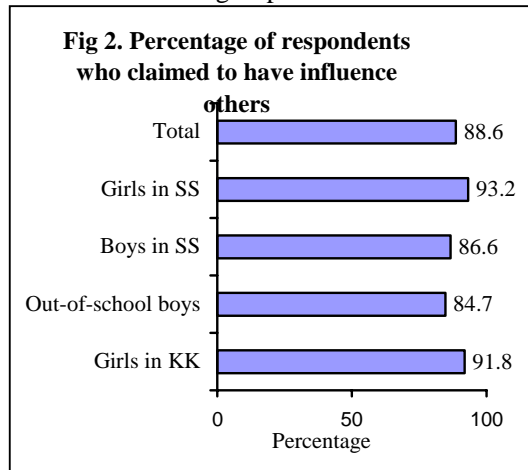
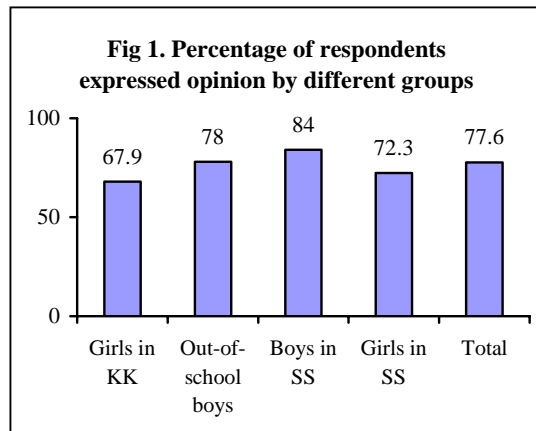
The findings of the study are organised as follows. Programme impact on empowering the participants, especially girls, has been described in the first part of this report. The subsequent parts dealt with different issues and topics such as: early marriage, dowry, reproductive health, HIV/AIDS, gender, etc. Finally, a discussion on the presented data is followed by a conclusion. It is to be mentioned here that the BAS data do not provide information adequately on all issues that were covered in the ADP survey. So, in many cases, comparisons were made only within the sub-groups of respondents. This limits the scope for drawing a full sense of impact.

EMPOWERMENT

One of the main objectives of ADP was to empower adolescents, especially girls. If a person or group is empowered they possess the capacity to make *effective* choices; that is, to translate their choices into desired actions and outcomes (Alsop and Heinsohn 2005). Taking the same definition of empowerment conceived for the programme - “to participate meaningfully in the decisions that affect their lives and to become active agents of social change” - this study scrutinises the empowerment issue from two angles. Firstly, by exploring whether the adolescents take part in communicating with elders in the family and social meetings, and take decisions on life events such as schooling, marriage, and social life. Secondly, by probing if the targeted adolescents have developed psychological agencies to be the agents for social change.

CONTROL OVER DECISIONS

APON graduate respondents were asked whether they expressed their opinions at home and social meetings and also if they thought that their opinions could influence over others in the meetings. Data show that in general, more than two-third of the respondents from each sub-group of APON graduates claimed that they expressed their opinions. About 84% of the boys in SS claimed to have expressed opinions in the meetings, proportionately a higher number than the other sub-groups. This seems reasonable as the boys are already an empowered section



of the society, being male and studying in higher secondary level. Similarly, out-of-school boys (78%) out-numbered girls in SS (72%) and girls in KK (nearly 68%) in expressing opinions. The findings reveal that the four groups significantly varied in control over decisions ($p < 0.05$). Among the girls are not far behind their peer boys in expressing their opinions. This could be considered as a positive indication towards empowerment (Fig. 1).

Respondents who claimed to have expressed opinions in social and home meetings were then asked if they think they

could influence the opinion of others. Fig. 2 shows that 88.6% of respondents claimed to influence others' opinions. Interestingly, over 90% of the girls, both in SS and in KK, claimed to have influenced the opinion of others. This is a higher proportion than for boys in the SS and out-of-school boys. This finding implies that, being mainly a female focused intervention, ADP might have effectively influenced girls raising their voice. However, as high as 87% and 85% of the boys in SS and out-of-school boys respectively claimed that they influenced others' opinions. The response status of four categories significantly varied in influencing opinion of others ($p < 0.05$).

The study also sought to find out how many APON graduates have taken decisions that they think have consequences in their lives. Fig. 3 shows the distribution of APON graduates who claimed to have taken various decisions on life events such as schooling, marriage, and other issues. Findings show that about 69% of the respondents claimed that they have taken at least one decision, which they think had consequence in their life. The, boys in the SS and out-of-school boys were reasonably more likely to make decisions than their peer girls in KK and in SS. This finding reflects that a reasonable proportion of the graduates got empowered to take important decisions and that girls are not too far behind boys in this respect. These proportions four categories significantly varied in decision making ($p < 0.01$).

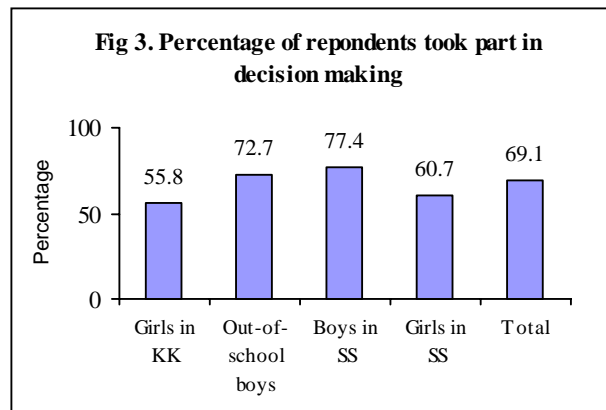


Table 2. Percentage of different types of decisions taken by the adolescents who claimed to make decisions

Decision types	KK (652)	Out-of-school boys (328)	Boys in SS (850)	Girls in SS (273)
Marriage related	23.6	7.0	3.1	19.4
Education related	70.9	32.0	90.1	88.3
Money transition related	8.6	28.7	8.4	2.9
Employment related	30.1	72.9	20.4	13.2
Hobby related	0.5	1.0	1.3	0.4
Training related	2.3	1.0	0.4	-
Others*	6.7	1.0	1.0	4.0

*Love affair, pardha, and treatment related decisions

Along with the previous question, respondents who claimed to have taken decisions were also asked *what decision(s) they had taken*. Multiple responses were considered. The range of responses was laid from one to five. Table 2 shows the decisions claimed to have taken by the interviewees of four different sub-groups. The response status of six major decisions presented below. Some other decisions, which were very few in number also summarized and termed as 'Others'. The total numbers of respondents were enclosed within parenthesis. From the girls of KK, about 71% adolescents claimed to make decisions on education, which was higher than decisions taken regarding employment (30.1%), marriage (23.6%) and money transition (8.6%). Similarly, from the girls in SS, about 88% claimed to make educational decisions followed by marriage (19.4%) and employment (13.2%), indicated that this sub-group of girls were also more progressive in taking decisions on education. Likewise, from boys in SS, 90% respondents voted for education, 20.4% for employment and only 8.4% on money matters. In contrast, from out-of-school boys, nearly 73% respondents took employment related decisions,

followed by education (32%) and money (28.7%), indicated that out-of-school boys differ significantly with other groups in taking decisions, particularly with regard to their employment. This huge number of claims in taking decisions on education, money and employment from girl respondents implies a possible effective drive towards empowerment.

In case studies it was also found that most of the adolescents made decisions regarding their choice of school, college and study. Some of them, who were still continuing their study, have also successfully stood up against marriage decisions taken by their families. In terms of influencing other family decisions, it was found that only three of the respondents felt able to make or influence family decisions to some extent, and one of them was married. The absence of brother was cited as an important factor for allowing girls to have a role in making decisions at home. However, the situation was quite different for adolescent boys. All but one of them stated that they were not only able to take active part in family decisions but, in some instances, they also influenced decisions at meetings outside their home.

AGENTS OF SOCIAL CHANGE

‘Young people are a source of creativity, energy and initiative of dynamism and social renewal’ (UNO 2000). ADP asserted that one of its key objectives is developing leadership capacity through the APON course. In traditional Bangladeshi society, self-grown vigilance against the ill social practices is not commonplace. So, to develop adolescents’ organising and leadership capacity at a stage of life when they are full of vigour and enthusiasm seems to be a promising initiative of ADP. This study examined this issue initially by reviewing whether the APON graduates felt that they have a role in social development. Later, they were asked what would be their perceived reaction towards the occurrence of rape or acid throwing in their locality.

Table 3. Percentage distribution of the respondents’ opinion regarding their perceived role in social development

Perceived role in social development	Girls in KK (1168)	Out-of-school Boys (448)	Boys in SS (1097)	Girls in SS (451)
Partly have	54.7	64.5	69.9	50.8
Fully have	13.6	14.1	15.7	9.1
Don’t have	31.6	21.2	14.4	39.7
No scope for playing role	0.1	0.2 (1)	-	0.4

More than half of the respondents in all subgroups thought that they have a role to play in social development (Table 3). However, the claims of boys in the SS sub-group were higher than those in other subgroups. Almost one in every six of the boy respondents thinks he has a strong role to play in social development. For girls in KK and SS respectively the proportion is nearer to one in seven and one in ten.

Table 4. Distribution of the respondents’ perceived reaction upon acid throwing

Options	Girls in KK (1098)	Out-of-school boys (427)	Boys in SS (1090)	Girls in SS (410)
Nothing	1.2	0.7	0.4	1.5
Suggest to inform law enforcing agency	58.7	25.1	34.1	57.3
Inform law enforcing agency	41.5	66.5	62.0	41.2
Take to the hospital/doctor	6.1	8.2	1.7	4.4
Shalish	3.7	2.3	2.2	1.0
Others*	3.6	1.8	3.4	2.4

*Making protests, helping for getting established, suggesting capital punishment, informing journalists.

Table 4 shows the perceived reaction of the respondents in case of acid throwing occurrence in his/her neighbours or in the village. It was assumed that the respondents who would say that they would inform the law enforcing agencies would be regarded as a manifestation of leadership. It was found that besides nearly half of the respondents from the girls in KK and girls in SS suggested to inform to the law enforcing agencies, about 42% and 41% adolescents believed on taking self initiative to inform law enforcing agencies about the incidence. But the scenario found reversed for the boys where 66.5% and 62.0% responses came from out-of-school boys and boys in SS respectively on the same issue. About 25% and 34% adolescent boys opined about 'suggesting informing law enforcing agency'. Although proportionately more respondents from boys supported 'informing law enforcing agency, a substantial respondents of girls (over 40%) in SS and out-of-school boys were found to have opined about informing law enforcing agencies by themselves, which seems to be a clear manifestation of possessing leadership qualities.

Table 5 shows respondents' perceived reaction to rape cases that might occur in his or her village. Here, self-initiative to 'inform law enforcing agency' could also be seen a manifestation of the leadership.

Table 5. Percentage distribution of the respondents' perceived reaction upon rape

Option	Girls in KK (1094)	Out-of-school boys (426)	Boys in SS (1092)	Girls in SS (409)
Nothing	1.7	0.5	0.3	1.5
Suggest to inform law enforcing agency	56.9	23.7	34.1	57.9
Inform law enforcing agency	40.8	64.1	60.3	41.8
Shalish and then marriage	5.9	10.8	9.2	1.5
Take steps that this never happens again	1.0	0.5	1.2	0.5
Contact with BRAC office	1.8	0.5	0.1	0.5
Others*	1.1	2.3	1.6	1.2

*Making protests, helping for getting established, suggesting capital punishment, informing journalists, and providing social rehabilitation to the victims.

Findings show that a significant number of respondents from all groups favoured 'informing law enforcing agency'. Out-of-school boys and boys in SS proportionately outnumbered their peer girls in the KK and SS, indicating that boys are more likely than girls to manifest leadership qualities in this respect. This is corroborated by the finding that girls are more inclined than boys to the option 'suggest to informing law enforcing agency'. About one-tenth of the out-of-school boys and boys in SS, and 6% of the girls in KK that, in the event of a rape case, a *shalish* should be called to determine the commencement of marriage between the victim and the offender.

In the case studies it was found that all the targeted adolescents (both boys and girls) possessed a reasonable amount of social awareness with regard to violence, harassment, acid throwing, rape, etc. Also all of them indicated that they would seek legal assistance in case of the occurrence of such crimes. Probing as to how they would report these crimes revealed that many girls would first report the incident to the 'Sir' or 'Apa' of BRAC Reading Centres. Some of them also realised that it would be difficult for them to take a pro-active role in seeking legal services as it might invite more danger; also, for that reason, their families might not allow them to do so. The response from the boys was different; they would go direct for legal assistance.

EARLY MARRIAGE

In Bangladesh, 68% of young women marry before their 18th birthday (NIPORT, Mitra & Associates and macro International 2005, cited in Goni and Ahmed 2006). ADP aims at reducing child marriage and the APON course is designed to raise awareness on this issue among adolescents. It is hoped that participants would be aware on the consequences of early marriage and will stand up against it. We assessed the awareness of early marriage among APON graduates rather than the outcome (number of early marriages that have taken place).

CONSEQUENCES OF THE EARLY MARRIAGE

The study explored if respondents are aware about the consequences of early marriage and whether they have developed a perception about the legal age of marriage for both sexes. To understand the programme impact a comparison was made with the national average perceptions of adolescents on the suitable age of marriage. About 96% of ADP and 84.8% of BAS adolescents correctly knew the suitable age of marriage for male ($p < 0.05$). Similarly, about 99% of ADP and 91.3% of BAS adolescents knew the suitable age of marriage for female ($p < 0.05$). Allowing scope for multiple responses (all respondents had an option to express three main responses), respondents were asked if they were aware about the bad consequences of early marriage. Table 6 shows a comparative sketch of adolescents' awareness about the danger of early marriage.

Table 6. Percentage distribution of the respondents who aware about the danger of early marriage

Responses	ADP			BAS		
	Male (1558)	Female (1612)	Total (3160)	Male (5343)	Female (7532)	Total (12875)
Risk in delivery	77.7	87.8	83.1	42.4	55.9	50.3
Trouble in family	38.6	33.7	36.3	31.1	26.7	28.5
Health deterioration	82.9	87.1	85.3	71.9	72.5	72.3
Increased population	5.2	1.5	3.3	0.4	0.1	0.3
Others*	2.9	4.3	3.7	0.5	0.8	0.7

*Hamper in education, economical problem arise, adolescent mother doesn't take a good care of her child

It was found that the respondents from both ADP and BAS were able to identify some of actual risks related to early marriage. Irrespective of sex, the respondents most frequently indicated 'health deterioration' followed by 'risk in delivery' and 'trouble in family' as possible consequences. Female respondents proportionately out-numbered their male peers both in the ADP and BAS surveys regarding 'risk in delivery' showing that they are more aware of this problem. The gender face of this risk is more related to female concerns over maternal death, whereas male are more concerned with broken family, expenditure and other items.

AGE OF MARRIAGE

The respondents were asked about their perception regarding the suitable age of marriage for male and female. The data were compared with adolescents' response nationally (BAS) for this issue. The results were found much differ between the respondents of ADP and BAS.

Table 7. Percentage of respondents correctly answered the suitable marital age (18 years and above) for females

Survey	Respondents correctly answered the suitable marital age for female (in %)		
	Male	Female	Both
ADP	99.1(1537)	99.6(1615)	99.3(3152)
BAS	89.9(5959)	92.5(7662)	91.3(13621)
Level of significance	p<0.05	p<0.05	p<0.05

Table 7 about 99 % of ADP and 91% of BAS respondents reported the suitable marital age for female as 18 years and above (although the respondents indicated different ages, “18 years and above” was taken as a cut off point).

Table 8. Some basic statistics on suggested marital age for female in year

Statistics	ADP		BAS	
	Male	Female	Male	Female
Mean \pm SD	18.9 \pm 1.5	18.7 \pm 1.49	18.7 \pm 2.0	18.8 \pm 2.0
Median	18	18	18	18
Minimum	15	16	10	10
Maximum	30	30	40	35

Table 8 shows that no variation was found in the mean and median suitable marital age for females, although a number of variations were observed in the range. Both ADP male and female respondents suggested that minimum age of marriage for females should be 15 and 16 respectively whereas the BAS respondents (both male and female) thought that minimum marital age should be 10 years. More interestingly, while 30 years was suggested as maximum marital age for female by ADP respondents (both male and female), the BAS suggestion for the same was 40 and 35 years.

Table 9. Percentage of respondents correctly answered the suitable marital age (21 years and above) for male

Survey	Respondents correctly answered the suitable marital age for male (in %)		
	Male	Female	Both
ADP	96.3 (1442)	98.1 (1522)	96.0 (3048)
BAS	85.2 (5649)	84.5 (7002)	84.8 (12651)
Level of significance	p<0.05	p<0.05	p<0.05

Table 9 shows the suitable age of marriage for males as suggested by the respondents. About 96% of ADP and 85% of BAS respondents felt that 21 years and above would be the most suitable age. Again the pattern for the range around this figure varies between the two surveys with BAS respondents opting for a lower minimum age (12 years) than ADP respondents (18 years) and the highest maximum age (40 years) (Table 10).

Table 10. Some basic statistics on suggested marital age for male in year

Statistics	ADP		BAS	
	Male	Female	Male	Female
Mean \pm SD	23.4 \pm 2.	22.5 \pm 2.6	23.8 \pm 3.1	24.1 \pm 3.4
Median	23	21	25	25
Minimum	18	18	12	12
Maximum	32	40	40	40

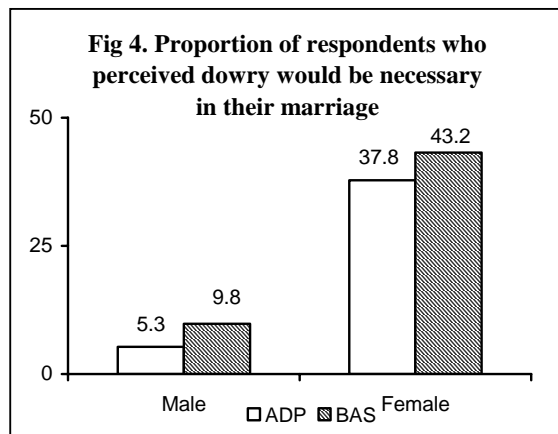
The case studies also revealed that all the targeted adolescents were aware about the proper marital age and they were able to describe the bad affects of early marriage. However, we were also convinced that the family economic situation plays an important role in dealing with many of the social issues like girl’s education and early marriage. Despite great effort, we could not trace any ADP graduates from poor families as most of them have discontinued study at the primary school level, got married and reside elsewhere. The adolescent girls, who were found to be continuing their studies and gaining confidence to raise voices against early marriage, mostly came from economically solvent families.

DOWRY

The practice of dowry is illegal in Bangladesh, but widely practiced (Geirbo and Imam 2006). Awareness building initiatives have been taken up by the ADP to change the practice. In APON course the participants require to read and discuss topics such as – *what is dowry, what is the punishment for dowry, why dowry is a bad practice, and what they should do to eradicate the practice of dowry*. This study sought for respondents view whether dowry would be required or claimed in their marriage and why?

PERCEPTIONS ON THE REQUIREMENT OF DOWRY

Figure 4 shows the proportion of the male and female respondents from the ADP and BAS surveys who perceived that dowry would be necessary in their marriage. There is a huge gap between males and females in the perception of dowry. This is mainly because the female side offers dowry to the male. It is interesting to note that, although demand for dowry usually comes from the male, male respondents said that they do not think dowry would be claimed in their marriage. On the other hand, it is usually difficult for females to pay dowry, but they said that dowry would be required in their marriage. Comparative data show that the perceived requirement of dowry was higher for BAS than ADP respondents. About 38% of female adolescents under ADP vis a vis 43% of BAS opined that they would have to provide dowry in their marriage. Conversely, only about 10% of the BAS against 5% of the ADP males said that they would demand dowry in the marriage.



CAUSES BEHIND THE REQUIREMENT OF DOWRY

When the respondents were asked *why dowry would be necessary in their marriage*, more than three quarters of the female respondents from KK and SS replied that it was ‘*niom*’ (social norm). One-third of the boys in the SS and out-of-school expressed similar thoughts. Interestingly, 53% and 34% of these two groups regarded dowry as an essential element for their marriage because it could be used for investing in future business.

In the case studies, almost all the girls said that dowry is a bad practice both for families and society, but they did not know how to eradicate this practice. They mentioned that people were aware about the law and punishment for taking dowry, however, they put a blind eye to

the laws. Only one girl confidently said that she would not allow her family to pay dowry in her marriage. She was determined to continue her study up to masters level and then to go for a good job.

Table 11. Percentage distribution of respondents who thought dowry would be necessary

Why dowry would be necessary?	Girls in KK (390)	Out-of-school boys (32)	Boys in SS (47)	Girls in SS (111)
Social practice/ <i>Niom</i>	77.9	28.1	25.5	79.3
No condemn from in-laws	5.4	3.1	6.4	10.8
For future invest in business	0.5	53.1	34.0	-
Dowry is a must in Hindu marriage	3.8	.0	8.5	0.9
No marriage without dowry for dark-skinned girls	6.9	6.3	-	-
Others*	5.4	9.4	25.5	9.0

* Family pressure, for getting better husband, lack of education, due to poverty

All the adolescent boys were found to be aware about proper marital age and the bad affects of early marriage. Almost all of them regarded dowry as a bad practice, which should be prohibited. However, they all explained that they would be happy to accept any gifts provided by the bride's family in the form of cash (money for business or job) or kind (freeze, motorbike, furniture, TV, etc.).

REPRODUCTIVE HEALTH AND HIV/AIDS

ADP made particular focus on developing adolescents' knowledge, perception and motivation towards safe reproductive health practice. We tried to explore adolescents' knowledge on contraceptive methods, suggested decision maker(s) in family planning, suitable child bearing age, desired number of children, gender preference for expected children, health-seeking behaviour, reproductive health information seeking behaviour and sexually transmitted diseases (STD) including HIV/AIDS.

KNOWLEDGE ON CONTRACEPTIVE METHODS

Both male and female respondents of ADP were asked if they knew any one permanent contraceptive method for female and also male.

Table 12. Proportion of respondents on permanent family planning methods for males

Response	Sex		Total (1159)	Level of significance
	Male (500)	Female (659)		
Correct	58	57.1	57.5	ns
Incorrect	42	42.9	42.5	ns

A considerable similarity was found in the responses of male and female to this question. It was revealed that a little over 60% of the respondent didn't know the name of permanent method(s) of family planning for male (66% of male and 57% of female). Among the rest of the respondents 57.5% could tell the name of the method for male either correctly or partially correct. By contrast, about 42% and 42.9% of male and female respectively replied incorrectly.

These findings reflected that male respondents were more knowledgeable than female respondents about the permanent family planning methods for male (Table 12).

Similarly, more than half of the respondents (around 53%) stated that they did not know the permanent family planning method(s) for females. It was also noted that proportionately more male respondents answered 'don't know' than the female (66% vs. 40%). Interestingly, the male respondents answered correctly more than their female counterparts (57.2 vs. 55.6), which again implies that male adolescents were more aware about family planning methods for female (Table 13).

Table 13. Proportion of respondents on permanent family planning methods for females

Response	Sex		Total (1447)	Level of significance
	Male (503)	Female (944)		
Correct	57.5	55.6	56.2	ns
Incorrect	42.5	44.5	43.2	ns

SUGGESTED DECISION MAKER(S) REGARDING FAMILY PLANNING

To assess the perception on reproductive rights, the respondents were asked *whose decision should get priority in deciding family planning method(s)*.

Table 14. Response status of adolescents on suggested decision maker(s) in family planning

Decision maker(s)	Girls in KK (1,138)	Out-of-school boys (438)	Boys in SS (1,091)	Girls in SS (438)
Both	48.2	65.8	72.2	52.3
Wife	27.6	24.4	20.2	17.4
Husband	24.3	9.8	7.6	30.4

Most of the ADP respondents thought that both husband and wife should discuss and take decisions about family planning matters (Table 14). Nearly three-fourth of the boys in SS suggested that family planning methods should be discussed between spouses. The same suggestion came from 48%, 65% and 52% girls in KK, out-of-school boys, girls in SS respectively.

PERCEPTION ON SUITABLE CHILD BEARING AGE

The respondents were asked *'what should be the suitable child bearing age for first child'*? Both male and female ADP and BAS respondents suggested that 35 should be the maximum age suitable for first child-bearing. ADP male and female suggested that the minimum ages would be 15 and 13 years respectively however, in contrast with 11 and 10 years as suggested by BAS (Table 15).

Table 15. Some basic statistics on suitable age for first child bearing

Statistics	ADP		BAS	
	Male	Female	Male	Female
Mean \pm SD	20.9 \pm 2.0	21.0 \pm 2.3	21.60 \pm 2.5	20.9 \pm 2.1
Median	21	20	21	20
Minimum	15	13	11	10
Maximum	35	35	35	35

DESIRED NUMBER OF CHILDREN

Respondents were asked *how many children they wish to have*. A great similarity in response to this question was found between males and females in both the ADP and BAS surveys. Generally, four out of five of the respondents wished for two children.

Table 16. Percentage distribution of respondents on desired number of children by sex

Desired Number of Children	ADP			BAS		
	Male (1,550)	Female (1,614)	Total (3,164)	Male (5,018)	Female (6,700)	Total (11,718)
Only one	16.9	17.8	17.4	5.4	7.2	6.4
Two	81.3	80.5	80.9	83.1	79.1	80.8
Three and more	1.8	1.7	1.7	11.5	13.7	12.8

Although about 17% of ADP males and females desired to have only one child, the proportion was only 5% and 7% of males and females in the BAS survey. Less than 2% of respondents from ADP wanted three or more children; the proportion for BAS respondents was about 13% (Table 16). These findings imply that irrespective of gender differences, the respondents from ADP were more conscious about keeping their family smaller than those of BAS.

BAS respondents indicated 11 or 12 as the maximum number of desired children, while ADP respondents desired a maximum of 4 or 5 (Table 17). In the case of minimum number desired, both sex of the respondents of ADP and BAS suggested 1.

Table 17. Some basic statistics on desired number of children by sex

Statistics	ADP		BAS	
	Male	Female	Male	Female
Mean \pm SD	1.9 \pm 0.4	1.8 \pm 0.4	2.1 \pm 0.6	2.1 \pm 0.6
Median	2	2	2	2
Minimum	1	1	1	1
Maximum	5	4	12	11

The data variation was negligible for both surveys. It was much higher in BAS male responses, i.e., 0.6 and much lower in ADP, i.e. 0.4. Mean numbers of children found 1.9 and 1.8 from ADP male and female respondents respectively. Mean numbers of children found 2.1 from BAS both groups of respondents. Means were found significantly different at 1% level in case of male respondents in both surveys. For female respondents means were not significantly different. Median number of children was found to be same, i.e., 2 from both ADP and BAS respondents. The median test revealed that medians were not significantly different.

HEALTH-SEEKING BEHAVIOUR

Health-seeking behaviour is a vast concept that requires many indicators to represent it fully. This part of the study was limited in its scope, dealing only with questions such as *after how many days of sickness the adolescents seek treatment; and to whom they go for consultation/medication*. It was found that the adolescents who were sick within 15 days before the survey, received treatment (any type) on average 1 day after they got sick. Similar findings

Table 18. Percentage of respondents on adolescents' health seeking behaviour by ADP and BAS

Treatment	ADP (862)	BAS (3698)	Level of significance
Traditional	4.2	4.4	ns
Qualified MBBS	15.4	15.0	ns
Para medics	16.6	12.2	p<0.05
Allopathic medicine centre	36.4	35.2	ns
Homeopath	6.1	2.9	p<0.05
Village doctor	0.7	0.5	ns
No treatment taken	20.0	21.2	ns
Others*	0.6	8.6	p<0.01

* BAS-Modern home treatment, ORS LGS, Kabiraz/Hakim, Jarfuk, Bedy
ADP-Kabiraz, Govt.Hospital

adolescents who met paramedics; however, it was slightly higher for the adolescents of ADP (Table 19). No treatment was taken in the case of around 20% of the adolescents in both surveys.

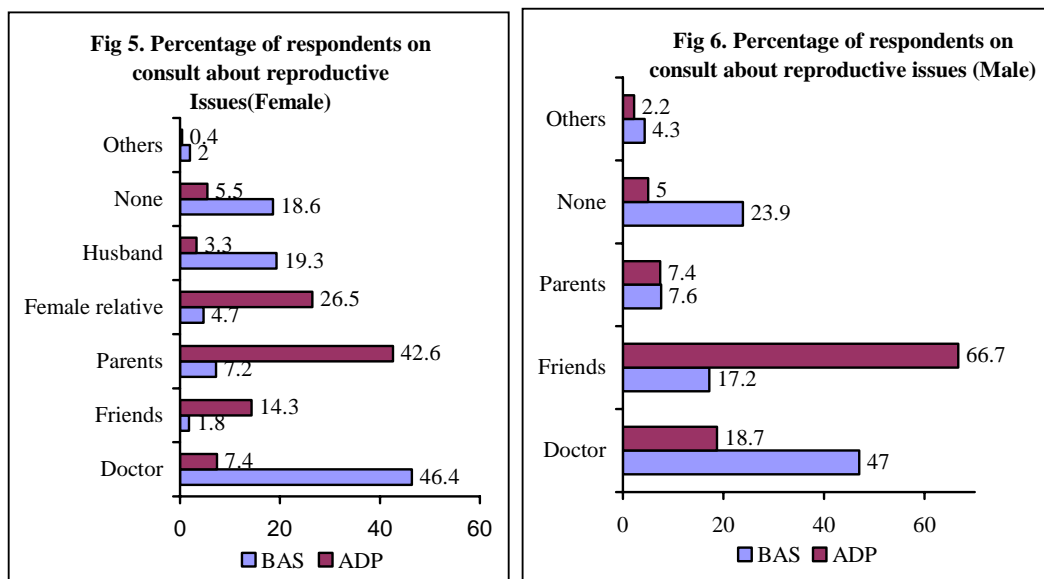
Table 19. Percentage of respondents on different types of treatment received by different target groups

Treatment	Girls in KK (373)	Out-of-school boys (78)	Boys in SS (299)	Girls in SS (110)
Traditional	3.2	2.6	4.7	7.3
Qualified MBBS	17.2	10.3	15.4	13.6
Para medics	12.6	21.8	20.4	15.5
Allopathic medicine centre	33.0	41.0	40.5	34.5
Homeopath	8.3	5.1	4.7	3.6
Village doctor	1.3	-	0.3	-
No treatment taken	23.9	19.2	14.0	22.7
Others*	0.5	-	-	2.7

*Kabiraz, Govt. Hospital

AWARENESS ON REPRODUCTIVE HEALTH INFORMATION

The study explored the awareness on reproductive health information, options, and services by identifying the person(s) whom the adolescents consulted in case of any reproductive health problems. It also asked if they had visited doctors in case of complications. Figures 5 and 6 show the different people consulted by adolescent males and females. The APON course taught them that in case of reproductive health related query, the adolescents should share that with friends and parents. Figure 6 shows that about 67% of ADP boys consulted with their friends on reproductive issues. However, nationally almost half of the adolescents have consulted with doctors and the figure was nearly 19% for ADP. Again, whereas more than 20% of the BAS adolescents did not consult with anyone on this particular issue, which was only 5% for the ADP adolescents.



Most female adolescents (46%) consulted with doctors, whereas the proportion was only 7% for the ADP (Fig 5). However, the situation was opposite in the practice of consulting parents. About 40% of the adolescents under ADP consulted parents, while the proportion was about 7% for BAS.

KNOWLEDGE ON HIV/AIDS AND OTHER STDs

The respondents were asked *if they knew any STD other than HIV/AIDS*. It was found that at least three out of four adolescents knew/heard the name of AIDS (Table 20).

Table 20. Percentages of adolescents' knowledge on HIV/AIDS and other STDs

HIV/AIDS	Girls in KK (1102)	Out-of-school boys (450)	Boys in SS (1079)	Girls in SS (432)	ADP Total (3153)
Don't know about AIDS	3.7	2.2	0.7	1.9	2.1
Only know about AIDS	86.0	83.2	67.0	88.2	76.9
Know one STD except AIDS	6.9	10.6	29.4	6.7	14.9
Respond incorrectly	3.4	3.8	2.8	3.2	3.1

Although, in general nearly 15% of the ADP respondents knew about one STD except AIDS, the number of respondents varied in proportion within the targeted sub-groups. Boys in the SS answered correctly about five times than girls in KK and SS and three times than the out-of-school boys. About 3-4% of the respondents in each sub-group responded incorrectly.

GENDER

This study scrutinised the gender perception of adolescents by posing three questions related to gender. Although this is insufficient to understand the gender conception of adolescents, the answers give some insight into the present situation.

GENDER AWARENESS

Respondents were asked consecutive three questions- *whose work is more important in the family, who needs more education, and who makes more contribution in the household economy*. In answering the first question, nearly half of the respondents from male ADP and both male and female BAS claimed that both husband and wife's work was important in the family whereas the proportion fell to 38% for ADP females. Almost the same proportion (36.7%) of female ADP respondents claimed that female's work was more important than that of the male. A small proportion (13%) of the BAS males claimed that female's work was more important but 37% claimed that male work was more important (Table 21).

Table 21. Perception on gender by ADP and BAS

	Male			Female		
	ADP	BAS	Level of significance	ADP	BAS	Level of significance
1. Whose work is more important in the family?						
Females	24.9	13.4	p<0.001	36.7 (594)	22.8	p<0.001
Males	27.9	37.3	p<0.001	25.0 (405)	27.6	p<0.01
Both	47.2	49.3	ns	38.2 (618)	49.6	p<0.001
Total	100.0 (1552)	100.0 (6519)	p<0.01	100.0 (1617)	100.0 (8228)	p<0.01
2. Who needs more education?						
Females	6.9	5.3	p<0.05	15.1 (244)	9.8	p<0.05
Males	10.3	26.9	p<0.001	8.7 (141)	14.0	p<0.001
Both	82.8	67.7	p<0.001	76.2 (1236)	76.2	ns
Total	100.0(1550)	100.0(6615)	p<0.1	100.0(1621)	100.0(8282)	ns
3. Who has more contribution in household economy?						
Females	5.4	4.0 (266)	p<0.05	11.2	8.4	p<0.01
Males	56.8	59.3 (3918)	ns	60.5	53.5	p<0.01
Both	37.8	36.6 (2420)	ns	28.3	38.1	p<0.001
Total	100.0(1549)	100.0(6604)	p<0.1	100.0(1609)	100.0(8243)	ns

With the second question, '*who needs more education between male and female*', more than four-fifths of the ADP males said 'both' whereas more than three-quarters of the ADP and BAS females thought similarly. About 68% of the male BAS respondents claimed the same. More than a quarter of the respondents from BAS male thought that males need more education.

With the third question, '*who has more contribution in the household economy*', more than half of the respondents from all sub-groups said that the male's contribution was more important. Although 28% of ADP female respondents thought that both husband and wife's work was important, they out-numbered their BAS counterparts in thinking that female's work was more contributing in the household economy.

Respondents were also asked to express agreement/disagreement with some statements related to women’s work and rights. Table 22 shows the perceptions of male and female adolescents on these issues.

Table 22. Perception on women’s work and rights

Statements	Disagreement					
	Male		Level of significance	Female		Level of significance
	ADP	BAS		ADP	BAS	
It’s impossible for a married woman to work outside home for an income	82.8(1282)	45.0(2913)	p<0.01	83.7(1359)	71.7(5844)	p<0.001
It’s impossible for a woman to work outside for an income while having child/children	65.9(1020)	39.0(2525)	p<0.01	75.2(1220)	66.5(5402)	p<0.001
It’s difficult for women to have good relationship with husband if she works outside home	59.2(914)	43.5(2725)	p<0.01	67.3(1091)	69.5(5484)	p<0.5
Women has no right for divorce	86.4(1324)	59.2(3403)	p<0.01	82.3(1299)	58.3(4439)	p<0.001

The above findings imply that ADP adolescents (both male and female) are more sensitive to the married women’s work than their BAS counterparts. Similar findings were also observed in the case of second statement. But in the third statement, although ADP males disagreed more than BAS males, BAS females slightly out-numbered ADP females. In the fourth statement, where women’s right of divorce was tested, more than four-fifths of ADP males and females disagreed with the statement, but the proportion for BAS respondents was only over a half.

APON COURSE

Initially the APON course was developed for adolescent girls; courses for boys started later. APON is a course facilitated by peer adolescents in KKs and Secondary Schools where participants are educated on essential social and life skill issues, such as: knowledge and awareness on reproductive health, consequence of early marriage, child rights, dowry, inheritance law, oral divorce, acid throwing, HIV/AIDS, abuse and drug addiction, etc. There is a strong taboo in Bangladeshi society, which prohibits healthy flow of information regarding many of these issues. Inadequate or limited public information is available on the others. The APON course was developed by ADP to educate adolescents on these essential issues so that it would empower them to make a positive difference in their perceptions and day to day practices. This chapter has attempted to capture the assessment of APON graduates, i.e. *how APON graduates weigh up the course in relation to their own lives.*

LEARNING FROM THE APON COURSE

APON graduates were asked ‘*what they think they learned from the course*’? This was an open ended question and respondents were given sufficient time to answer it. Several responses were recorded but few respondents could remember eight issues simultaneously. ‘Early marriage’, ‘polygamy’ and ‘marriage registration’ were named by most respondents. The highest number of claims proportionately came from girls in KK (72.8%), whereas out-of-school boys, boys in SS, and girls in SS were 66%, 67.2% and 74.5% respectively. Nearly 60% or more of girls in KK and in SS indicated ‘awareness about menstruation and reproductive health issues’; more than 40% of out-of-school boys and boys in SS made a similar claim. A significant number of the respondents indicated ‘awareness about dowry’ where responses from KK out-numbered other sub-groups proportionately at 0.5% to 8.7%. Responses from girls in KK and girls in SS also indicated ‘child trafficking as one of their learning (19.8% and 26.2% respectively), which was less reflected in the respondents of other two sub-groups, i.e., out-of-school boys and boys in the SS. In general, the adolescents from KK (21.2%), girls and boys in SS (20.8% and 23.2%) respondents claimed that they learned about the ‘problems of adolescent period’, only 6.9% claim came from the out-of-school boys (Table 23).

Table 23. Learning from APON

Issues learnt from APON	Girls in KK (1142)	Out-of-school boys (437)	Boys in SS (1091)	Girls in SS (450)
Aware about menstruation and reproductive health related issue	58.3	46.0	46.8	65.4
Early marriage, polygamy and marriage registration	72.8	66.0	67.2	74.5
Dowry	48.6	39.9	48.1	43.7
Social security and norms	3.6	0.9	1.6	5.7
Child trafficking	19.8	14.2	4.9	26.2
Violence against women/rape	9.2	9.7	13.6	7.5
Punishment on acid throwing	12.0	13.0	11.7	16.3
Problems of adolescent period	21.2	6.9	20.8	23.2
Gender conception	8.9	2.9	10.7	16.3
Disadvantage of taking drugs	0.8	71.5	68.5	0.3
Others*	23.2	18.5	23.9	21.4

*Respect elders, inheritance law, punishment for trafficking heroin, birth registration, select good friend, and nutritious food.

Although a good number of adolescent boys from both out-of-school and SS claimed ‘disadvantage of taking drugs’ (71.5% and 68.5% respectively) as an important learning, however, it did not reflect as an important focus for girls in KK and SS.

ADOLESCENTS’ EVALUATION OF THE APON COURSE

The first comment made by the respondents during the case studies was *how appropriate and useful the course was for them*. The main messages from APON which they remembered were: maintaining personal health and hygiene (girls), knowing physical changes (especially boys), health-seeking behaviour, proper marital age and bad affects of early marriage, dowry, acid throwing, drug addiction, harassments, etc.

All the girls found that APON was useful in terms of teaching them personal health and hygiene, especially how to deal with menstruation, which they did not know before. According to them, this knowledge was widely disseminated and well received by their friends, neighbours, younger sisters, and sister in laws, etc.

Nilufar Yasmin (an adolescent girl) described her APON learning as follows:

“APON, not only taught us how to keep clean and maintain hygiene during menstruation, but more importantly it removed our fear about menstruation, which is a sort of nightmare to many adolescent girls. I also learned that we should take some extra vitamins (milk, eggs and fruits) during our menstruation in order to fulfil vitamin deficiencies. I taught this message to many young girls within my family and outside”.

The general impact of APON course on boys was also found to be very welcoming and useful. As one APON graduate boy said:

“I did not know how dangerous the period from age 13 to 19 is! APON taught me about physical changes, to have control over mind and conscience (keeping mind fresh and not to watch porno graph movies, etc). The parents and guardians in the villages are not aware of these issues”.

DISCUSSION AND CONCLUSION

This study investigated the impact of the Adolescent Development Programme on its targeted population, adolescent graduates of APON courses. One of the key issues that the programme dealt with was 'empowerment' of the adolescents, especially girls. This study looked into the empowerment issue. The findings show that the ADP targeted adolescent girls are not too far behind their peer boys regarding empowerment. The themes on which the programme concentrated were also investigated by breaking down the concepts into small parts. Where possible the findings were compared with the national data of the BAS survey.

A good number of studies dealt with empowerment but the very question about '*what is empowerment?*' and its conceptualisation is debated widely. Although female empowerment proved to be an overriding issue throughout the survey no single definition emerged. Instead, the literature revealed the complexity of defining empowerment and the need to view it as incorporating many dimensions and facets. There was general agreement however that empowerment is about the transformation of power relations; that it includes both control over material resources, and a change in self-perception and confidence in one's self; that it can be viewed both as an outcome and a process; and that women's empowerment involves the transformation of power relations at four different levels: the household/family, the community, the markets and the state. This research conceptualises empowerment as '*how to participate meaningfully in the decisions that affect their lives (adolescents) and to become active agents of social change.*'

We examined empowerment from two angles. Firstly, by exploring whether the adolescents take part in discussions with elders in the family and social meetings. It was found that APON graduate girls were not too far behind boys in this respect. Further, many of them who claimed that they expressed opinions were inclined to think that they could influence other's opinions in the meetings. Being mainly a female-focused programme, ADP might have effectively influenced these girls to believe that they could influence other's opinions. The study also revealed that girls were not far behind boys in taking decisions that they thought have a consequence on their lives. These decisions are mainly related to education, marriage and money. In general, boys were found to be more empowered than the girls. However, the claim of APON graduate girls in 'participation' and 'control over decisions' surely reflects a possible effective drive towards empowerment. Qualitative data also validated that the APON course was able to bring about a change in the level of adolescents' knowledge creation on various physical/biological and social issues. The course proved to be a useful source of information for adolescents making informed choices/decisions in their lives, i.e., stay away from drugs, acids, being critical about dowry, early marriage, being assertive about continuing study, etc.

Secondly, by probing if the targeted adolescents were psychologically developed to be the agents of social change, this study found that the boys were more aware than girls that they had a role in social development. With regard to girls, it was found that those in KKs outnumbered those in SSs in thinking that they had a role in social development.

A great number of adolescents from all ADP target groups asserted that they would go to the law enforcing agencies or suggest others to do so in case of acid throwing or rape in their village. APON graduates' reaction to social crisis, like acid throwing and rape were also studied. It was found that although proportionately more boys than girls said they would inform the law enforcing agencies, only one-third of the girls made a similar response. Here,

programme intervention seems insufficient to make girls mentally strong enough to stand in social crises/emergencies.

ADP aims at reducing child marriage in the programme sites. In this regard, the APON course was especially designed to raise and disseminate awareness of the bad affects of early marriage among adolescents as well as the community. We assessed the awareness of this issue than the outcome (number of the early marriage occurred). It was found that both ADP and BAS respondents could identify the actual risks related to early marriage. It was interesting to note that, although not very high, concerns regarding 'population increase' were more strongly reflected in the responses of APON graduates than those of BAS respondents.

Although no significant difference between ADP and national figures (BAS) was found in the perception of female adolescents about 'suitable child bearing age', we observed a great difference in the suggested range for marital age. Almost all ADP respondents suggested 18 years and above as a suitable marital age for females and 21 years and above for males.

We also investigated whether the respondents thought that dowry would be required or claimed in their marriage, and if yes why they thought so. Both male and female respondents recognised that dowry would be required, but perception of the necessity of dowry at their marriage was less among ADP respondents (38%) than the national figure (43%).

The dilemma behind the necessity of dowry was captured in the case studies. Almost all the girls pointed out that it is a bad practice both for families and society. They mentioned that most people knew about the law and punishment for taking dowry, however, they put a blind eye to the laws. However, the perception of boys in this matter was quite different. For them dowry in the form of 'gifts' was found to be acceptable. Most of the girl respondents, who were still unmarried, could not think of a way out from paying dowry in their own marriage, although some of them thought that their education might put them in a position to negotiate dowry in the future. This view was more pertinent in the parents meeting. They thought that two ways to stop the practice of dowry are: 1) Educating their daughters; 2) Protesting against dowry collectively. The parents and community also thought that the ADP (especially, the KK centres) could play a more pro-active role in providing a platform as well as guidance to parents to find a sustainable mechanism to stand up collectively against dowry.

Surprisingly, both the ADP and BAS surveys found poor knowledge exists about permanent family planning methods, both for males and females. The study also revealed that the boys are more likely than girls to know about permanent family planning methods. Most of the APON graduates thought that both husband and wife should discuss and take decisions on family planning matters; this is clearly a significant progress in the thinking of targeted adolescents. Findings also show that, irrespective of gender, the respondents from ADP are more conscious about the advantage of a small family than those in the BAS survey. In health-seeking behaviour, a great similarity was found between the adolescents under ADP and BAS.

The BAS data have not adequately focused on all the issues that were covered in the ADP survey. Therefore, a comparative analysis was not possible in many cases. The scope of the preliminary findings of the ADP is limited. However, the data imply that the ADP programme has more or less positively influenced adolescents about the issues that it was meant to address.

The case studies focused in the area of economic life skills. A few girls were involved in small scale home-based poultry/duck rearing. We were convinced that many of these girls, especially the married ones, were not in a position to use their skills for generating any income (which has a direct impact on empowerment) due to lack of their access to financial resources and other relevant supports like, marketing links, etc.

Finally, while it is still premature to come up with any conclusion about ADP at this stage, however, it could be said that the programme has just started taking off for a long journey.

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Annexes

Annexe 1. Socio-economic demographic characteristics of adolescents under ADP.

Indicators		Sex		
		Male	Female	Total
ADP				
Age	10-14	3.6(56)	19.1 (310)	11.6(366)
	15-19	86.2(1334)	76.5(1238)	81.2(2572)
	20-24	9.7(150)	4.1(67)	6.8(217)
	25-29	0.5(7)	0.2(4)	0.3(11)
	30+	0.1(1)	0.0	0.0(1)
Mean age \pm SD		17.2 \pm 1.9	16.0 \pm 1.8	16.6 \pm 2.0
Marital Status	Unmarried	95.9(1489)	88.7(1440)	92.3(2929)
	Married	3.9(62)	010.2(165)	7.1(227)
	Widow/Widower	0.1(0)	0.1(1)	0.0(1)
	Separated	0.0(1)	0.3(5)	0.2(6)
	Divorce	0.0(0)	0.7(12)	0.4(12)
Enrolment Status	Currently enrol	75.7(1175)	72.2(1171)	73.9(2346)

Socio-economic demographic characteristics of adolescents under BAS.

Indicators		Sex		
		Male	Female	Total
BAS				
Age	10-14	47.7(3166)	36.8(3058)	41.7(6224)
	15-19	31.5(2091)	30.9(2565)	31.2(4656)
	20-24	20.9(1386)	32.2(2676)	27.2(4062)
Mean age \pm SD		15.47 \pm 4.137	16.66 \pm 4.34	16.13 \pm 4.292
Marital Status	Unmarried	93.4(6206)	55.3(4589)	72.2(10795)
	Married	6.6(437)	44.7(3710)	27.8(4147)
Enrolment Status	Currently enrol	57.2(3521)	46.1(3450)	51.2(6971)

Annexe 2. Overall economic condition

	ADP		BAS	
	Male	Female	Male	Female
Shortage in the whole year	5.0(77)	7.6(122)	10.8(717)	10.8(899)
Shortage some time	18.3 (283)	24.3 (389)	24.7(1640)	25.3(2096)
Neither shortage nor surplus	32.1 (497)	34.0 (545)	37.5 (2491)	37.4(3107)
Surplus	44.6 (690)	34.1 (546)	27.0(1795)	26.5(2197)
Total	100.0(1547)	100.0(1602)	100.0(6643)	100.0(8299)

Annex 3. Socio-economic profile of case study

A total of 8 adolescent girls (7 ADP; 1 non ADP) were interviewed; of them 7 were Muslims and 3 were married. 4 of the adolescents were between 14-19 age group and the rests were within 20-24. With regard to their family economic status, 7 of them perceived that their family economic situation has been increased in the past two years.

Also, 7 adolescent boys (6 APON and 1 non-APON) were interviewed; of them all but 1 were Muslims and all were unmarried. 5 of the boys came from economically well off families and were continuing their education ranging from SSS to XII.

Annex 4. Questionnaire

BRAC-RED
ADP Impact Study 2006

Identification:

ID NO.

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No.		Code
1.	Division:	
2.	District:	
3.	Upazila/Thana:	
4.	Area Office:	
5.	Name of Adolescent:	
6.	Sex: 1 = Male 2 = Female	
7.	Religion: 1 = Islam; 2 = Hindu; 3 = Christian; 4 = Buddhist; Others:.....	
8.	HH belongs to which NGO in past? 1 = BRAC 2 = BRAC & Others 3 = Others NGO 4 = Non NGO Member	
9.	HH belongs to which NGO at present 1 = BRAC 2 = BRAC & Others 3 = Others NGO 4 = Non NGO Member	
10.	Age of adolescent' .....Years	
11.	Peer educator or not? 1= Yes 2= No	
12.	Marital Status: 1 = Unmarried; 2 = Married; 3 = Widow; 4 = Separated; 5= Divorced	
13.	Apon Training: 1 = Apon in KK; 2 = Apon in School; 3 = Apon Out-of-school	
14.	Year of receiving Training:.....	
15.	Whether received Abrito Training? 1= Yes 2= No	
16.	Year of receiving Training:.....	
17.	Duration of membership in KK (in year).....	
18.	Ex-student of BRAC School? 1= Yes 2= No	

A I. (Education)

No.	Question	Answer	Code
1.	What is your current educational status?	Currently enrol (go to Q.4) Drop out (go to Q.3) Never enrol	1 2 3
2.	What were the main three reasons for not going to school? (go to Q.7)	Can not afford the cost of education Taking part in family business/household work Family/parent didn't want Got married Don't like to study Don't know Others..... 99	1 2 3 4 5 88
3.	What is the main reason for leaving school?	Own wish Could not pay the fees Due to sickness (physically/mentally) Had to work for family Marriage Don't know Others.....	1 2 3 4 5 88
4.	Which class have you passed?	..... 00 = Didn't pass any class, 33 = Nursery/KG, 01 = Class one, 02 = class two, 03 = class three,....., 10 = SSC, 11 = HSC 1 st year, 12 = HSC 2 nd year, etc. Other.....	
5.	At what age you started your schooling?	Age:..... Year Don't know	88
6. Now, I will ask you some question about your experience in primary/Secondary School. If you are still a student, I would like to know about the environment of your school. If you have already left the school, I would like to know about your last school. (Note for interviewer: If the respondent is currently studying in a college, but left her/his school within the last 2 years, then ask her/him about that school. If the school leaving period is over two years ago then go to Q.7)			
6.1	Why did you or your family take the decision to let you study in this school? (Circle 3 main reasons if the answers are more than three)	No alternative school available in area Only nearest school from home Comparatively low fee or no fee Comparatively better school Don't know Others.....	1 2 3 4 88
6.2	Do you use the school library?	Yes No No library	1 2 3
6.3	In what type of sports did you participate in a team in any year of your school life?	Football Cricket Volleyball Ha-du-du Kabadi Table- tennis Did not participate Do not know Others.....	1 2 3 4 5 6 7 88
6.4	Did you receive any financial help from your primary school?	Yes No Not applicable	1 2 99

No.	Question	Answer	Code
6.5	Did you receive any financial help from the Secondary School?	Yes No Not applicable	1 2 99
7.	What did you learn from Apon?	..... Don't know Not applicable	88 99
8.	What is the effect of APON learning in your life?	..... Don't know Not applicable	88 99
9.	What did you learn from ABRITO?	..... Don't know Not applicable	88 99
10.	What is the effect of ABRITO learning in your life?	..... Don't know Not applicable	88 99
11.	Did you receive any technical education/internship?	Yes No (go to Q.13)	1 2
12. If yes, what type of technical education/internship did you receive? (use correct code for the training provider against each training)			
Name of the technical education		Please Circle in proper answer	Training provider/ organization
1 = Garment manufacturing/ tailoring		1 = Yes 2 = No	
2 = Carpentering		1 = Yes 2 = No	
3 = Electrician		1 = Yes 2 = No	
4 = Motor/cycle mechanic		1 = Yes 2 = No	
5 = Computer training		1 = Yes 2 = No	
6 = Barber/ Hair dressing		1 = Yes 2 = No	
7 = Poultry/ livestock/ fishery		1 = Yes 2 = No	
8 = Small cottage/ handicraft		1 = Yes 2 = No	
9 = Photography training		1 = Yes 2 = No	
Others =			
Code for training organization: 1= School; 2=Government; 3=Non-government; 4=Individual; 5=Others.....			
13. Find the present education status: select the correct column.			
13.1	Currently studying (If Q.1 = 1) Up to what level would you study if you have a choice?		
13.2	Studied in school before but not going to school anymore? (Q. 1 = 2) Up to what level would you study if you have a choice?		
13.3	Never went to school (Q.1 = 3) Up to what level would you have studied if you had the chance to study?		
Code: 1= less than primary, 2 = Primary, 3 = Secondary, 4 = SSC, 5 = HSC, 6 = BA/MA, 7 = M. Phil/Ph.D, 8 = Vocational training, 9 = Don't wish to study, Others.....			

II. (Quality of life)

A. (Diet)

1.	What do you mean by balanced food?	Well known Partially Known No idea (go to Q.3)	1 2 3
2.	Have you taken balanced food?	Regularly Often Sometimes Never	1 2 3 4
3.	In Comparison to others' life standard in the society: how would you describe your own life standard?	Very good Good Bad Very bad	1 2 3 4
4.	Have you seen any change in your status in last two years?	.....

B. (Illness and health seeking behaviour)

1.	Did you get sick in the last 15 days?	Yes No (go to Q.6)	1 2
2.	Which treatment did you take during sickness? (First treatment taken)	Traditional Treatment Qualified MBBS Para-Medics Allopathic medicine seller Homeopath No treatment taken (go to Q.5) Others.....	1 2 3 4 5 6
3.	Treatment was sought for after how many days of sickness?	Days:.....	
4.	Medical costs incurred in the last 15 days	Doctors Fee..... Test cost..... Medicine cost..... Transport cost.....	
5.	You were seeking for how many days? (from 1 st to last)	Days:.....	
6.	Did you suffer from any kind of mental depression in the last 15 days?	Yes No (go to section C)	1 2
7.	What was the main reason for depression?	Permission to visit very limited places Physical change Sexual concerns Not having good relationship with family member Not beautiful/ Marriage has broken up Others.....	1 2 3 4 5

C. (Income generating activities)

1. Currently, with what type of IGA are you involved in?	2. Considering your skill, what type of IGA you want to do in future?	3. What types of IGAs are available in this area for people of your age?		
Code for IGA: 1= Not involved with any IGA, 2=Agriculture (farm), 3= Other agriculture, 4= Garments, 5= Chemicals factory, 6= Other factory, 7= Business, 8= Transport, 9= Construction work, 10= Self-employment, 11= Service, 12= Maidservant, 13 = No opportunity for any work, Others.....				
4. Some people get money or get some other benefits for work, e.g. food, clothes etc. Some people earn money for themselves, conduct business, do handicraft etc. Some do work in the family farm or family business but may not get paid for their work. Do you or did you do any such type of work?		Yes	1	
		No	2	
5. Success of self-employment depends on what?		Non response	1	
6. Now, I am going to read some sentences for you. Please tell me if you agree, disagree or not sure about them (please use correct code for each answer).				
(1) It is not possible for a woman to work outside home (for money) after getting married.				
(2) It is not possible for a woman to work (for money) when she has child/children.				
(3) It is difficult for a woman to have good relationship with husband if she works outside home.				
Code: 1= Agree 2= Don't agree 8= Don't know				

III. (Economy)

A. (Loan and savings)

1.	Do you have a loan at present?	Yes No (go to Q.5)	1 2
2.	What is the amount of your loan?	Tk:.....	
3.	Uses of loan (Circle 3 main reasons if the answers are more than three)	Consumption Investment Asset purchase Family expenses Others.....	1 2 3 4
4.	Who is the real user of the loan?	Own Others	1 2
5.	Is there any possibility of taking loan in next 2 years?	Highly possible Low possibility Not possible	1 2 3
6.	Do you have savings at present?	Yes No (go to section B)	1 2
7.	Amount of savings	Tk:.....	
8.	Which income do you save from? (Circle 3 main reasons if the answers are more than three)	Sale of poultry Income from business From physical labour Sewing <i>katha</i> / Tailoring Others.....	1 2 3 4
9.	Why do you save? (Circle 3 main reasons if the answers are more than three)	To spend for own need in future To spend in fulfilling own happiness in future To spend in crisis time Others.....	1 2 3

B. (Mobility)

1.	Do you think that your parents/guardians are concerned about your security?	Yes No	1 2
2.	What type of security is arranged from your family? (Multiple response considered)	Providing company during movement Not allowed to go outside after dark Restricted to go to some places Others.....	1 2 3
3.	Do females need to use <i>pardah</i> when they go out?	Yes No (go to Q.6)	1 2
4.	What is the reason for using <i>pardah</i> ? (Consider the main reason)	Security Religious reason Social reason Family reason Others.....	1 2 3 4
5.	When should one start using <i>pardah</i> ?	Age:.....Year	

6. I will ask you some questions on your mobility.

Place	Have you been? 1=Yes 2=No	Distance	Have you taken anyone with you?	
		Kilometre	1=Yes 2=No	Who went with you?
School				
<i>Bazar</i> / market				
Health center				
Relative's house				
Sport fields/ to play				
In a cinema				
Code: Husband =1; Younger sister/brother = 2; Friend = 3; Parents = 4; Close relative = 5; Distant Relative = 6; Others				
7.	Who do you want to be alike?		Cinema star Respectable professional Own self School teacher Others.....	1 2 3 4
8. Now I would like to know whether you like some of the below objects:		Like 1=Yes 2=No	Listen/Watch/read 1=Yes 2=No	
Radio				
Television				
Cinema				
Stage drama/Jatra				
Newspaper/Magazine				
9.	Are you involved with any club/organization,(worker/ farmer union, social club, cooperative, savings group, sport club etc.)?	Yes No (go to section IV)		1 2
10.	Which organization / group are you involved with? (Circle three main reasons if the answers are more than three)	BRAC (loan) <i>kishori</i> centre Other NGO Social club Sport club Gonokendra Pathagar Others.....		1 2 3 4 5 6
11.	Did you spend more than half an hour with any of the above group in last week?	Yes No		1 2

IV. (Empowerment)

A. (Self-dependency, efficiency and assertiveness)

1.	Have you ever expressed your own opinion in family / social meeting?	Yes No (go to Q.3)	1 2
2.	Are you able to convince other member/s in a meeting?	Yes No	1 2
3.	In your life, which decisions have you taken independently? (Consider multiple answer)	Marriage related Education Children Money transecting Employment No decision taken yet Others.....	1 2 3 4 5 6
4.	Can you do things that your friends do?	Yes Some times No	1 2 3
5.	Do you want to have any change in your life?	Yes No (go to Q.8)	1 2
6.	Which changes do you want?	..... ..... .....
7.	Who can help you in making those changes happen?	..... ..... .....
8.	Do you think you have any role on social development?	Yes, slightly Fully No Others.....	1 2 3
9.	What is necessary for establishing own rights?	..... ..... .....
10.	Are you able to do this?	Yes No This type of situation didn't arise yet Others	1 2 3
11.	What would you do if acid throwing accident occurred in your neighbouring house? (except first aid)	Will do Nothing Suggest to inform law enforcing agecy Inform law enforcing agency Don't know Others.....	1 2 3 88
12.	What would you do in the event of a rape case in your neighbouring house? (except first aid)	Will do Nothing Suggest to inform law enforcing agency Inform law enforcing agency Don't know Others.....	1 2 3 88

B. (Awareness on reproductive health, rights and services)

1.	Whom do you discuss with if there is any problem related to your reproductive health? (Consider the main response)	Doctor Friend Husband/wife Parents Keep silent Don't discuss with anyone Not applicable	1 2 3 4 5 6 99
2.	Did you consult a health worker when you had reproductive health related problem?	Yes No Kept silent Not applicable	1 2 3 99
3.	What is the right age to have the first child?	Age: Years	
4.	How many children would you like to have?	No. of children: Don't know	88
5.	How many boys and girls would you like to have?	Boys: Girls: No preference Don't know	87 88
6.	In case of family planning who's decision should get priority?	Both husband & wife Husband Wife Don't know	1 2 3 88
7.	What is the suitable method for keeping family size small (for those couple who do not want to have child anymore)?	Permanent Method Semi-permanent Method No response Don't know	1 2 3 88
8.	What are the permanent methods of family planning?	Female..... Male..... No response Don't know	1 2 3 88
9.	Child's sex (boy or girl) depends on whom?	Father Mother Nobody No response Don't know Others.....	1 2 3 4 88
10.	Do you know the name of any other STD except AIDS?	Don't Know about ADIS Only know about AIDS No response Others.....	1 2 3

C. (Marriage and dowry)

1.	At what age a male/female should get married?	Male..... Female.....	
2.	Why is this age suitable for marriage for a female? (Circle 3 main reasons only)	She is ready to be a mother She is prepared mentally She is prepared physically This is legal marital age Don't know Others.....	1 2 3 4 88
3.	Why is this age suitable for marriage for a male? (Circle 3 main reasons only)	This is legal marital age He is matured mentally He is matured physically He is ready to work & earn a livelihood Don't know Others.....	1 2 3 4 88
4.	Do women have rights for divorce?	Yes No Don't know	1 2 88
5.	What are the disadvantages of early marriage?(Circle 3 main reasons only)	Risk in delivery Trouble in the family Health status deteriorate Don't know Others.....	1 2 3 88
6.	Will it be possible for you to work outside home after marriage?(only for unmarried female adolescents)	Yes No Don't know	1 2 88
7.	Do you think that you will need to pay/demand dowry in your marriage?	Yes No (go to Q.10) Don't know (go to Q.10) Not applicable (go to Q.10)	1 2 88 99
8.	Why you will have to pay / demand dowry in your marriage?	.....
9.	How much money do you think will be needed/ demanded as dowry?	Tk..... Don't know	8
10.	What is the punishment for demanding dowry?	..... ..... .....
11.	What should be the punishment for a person marrying second time without having permission of his first wife?	..... ..... .....

12: Applicable for married adolescents only

12. Now, I would like to ask you few questions regarding your marriage. (Note: ask questions about marriage. If more than one marriage, then ask about first marriage)							
1	2	3	4	5	6	7	8
Year of marriage	Is your husband/wife a relative?	Was there any marriage contract (<i>kabin</i>)?	Amount of dowry (Taka)?	Main source of payment for the dowry	Amount claimed after marriage (Taka)	Education of the husband/wife?	Age at marriage husband/wife (Year)
<p>Column - 1 for example, write 1990 if the year is 1990 Column - 2 1=yes, 2=no Column - 3 1=yes, 2=no, 8= don't know Column - 5 1=own savings, 2=family savings, 3=father, 4=mother, 5=brother, 6=sister, others</p>							
<p>Column - 7 00=no education, 1=under primary, 2=primary, 3=secondary, 4=SSC, 5=HSC, 6=BA, 7=MA, Others</p>							

13.	Why did you get married or why you made to get married? (Circle 3 main reasons if the answers are more than three)	Due to poverty Due to the interest of Groom's family Liked the boy Family pressure Others.....	1 2 3 4
14.	Who chose your husband/wife?	Parents/family/own choice Parents/family and own consent Without the influence of family Others.....	1 2 3 4
15.	Which family planning method did you take (husband / wife)?	..... Didn't use No response Don't know	1 2 88

16-17: Only for married males

16.	Did your wife have any income (service) before marriage?	Yes No Don't know	1 2 88
17.	Is your wife continuing the job or involved with any new job after marriage?	Yes No Don't know	1 2 88

D. (Risky behaviour and harassment)

1.	Do you know about the symptoms of taking drugs? (Circle 3 main reasons only)	Feel sleepy Feel euphoria Abnormal attitude Others	1 2 3
2.	What are the bad effects of addiction? (Circle 3 main reasons)	Loss of family peace Loss of attention in study Loss of appetite Loss of working capability Some bad habits develop such as hijacking Others.....	1 2 3 4 5
3.	What is necessary to give up addiction? (Circle 3 main reasons)	Strong determination Give up the company of addicted people Get admitted in a rehabilitation center To be punished To get out of doors Others.....	1 2 3 4 5
4.	What is the punishment for trafficking heroin?	..... Don't know	88

(Applicable for female respondents only go to next section for male respondents). When you stay at home or go outside, i.e., school, work, etc., does any man tease you, annoy you, call you, tell offensive words, whistle, or try to have your attention in any other way?			
5.1	Did you face such incidents at home or from any close relative?	Yes No (Skip to Q.5.3)	1 2
5.2	If yes, what did you do then?	Did nothing Scolded him Complained Others.....	1 2 3
5.3	Have you faced any such harassment outside home?	Yes No (Skip to Q.5.5)	1 2
5.4	If yes, what did you do then?	Did nothing Scolded him Complained Others.....	1 2 3
5.5	Did you face such harassment in the school or in the class?	Yes No (Skip to Q.6)	1 2
5.6	If yes, what did you do then?	Did nothing Scolded him Complained Others.....	1 2 3
6.	Did anyone physically abuse you in the last one year?	Yes No No response (Go to section E)	1 2 3
7.	Who abused you physically for the last time?	Father Mother Husband/wife Male relative Female relative Teacher Others.....	1 2 3 4 5 6

E. (Gender conception)

1.	Should there be any difference between son and daughter in enjoying facilities at home?	Yes No	1 2
2.	Who has more contribution in the economic development of the family?	Female Male Both Don't know	1 2 3 88
3.	According to you, whose job is the more important?	Female Male Both Don't know	1 2 3 88
4.	Who needs more education, sons or daughters?	Girl Boy Both Don't know	1 2 3 88
5.	How much property can a wife claim after husband's death?	One eighth One third Nothing Don't know Others.....	1 2 3 88

For adolescents' mother/father

1. (Gender conception)

1.1	At what age a male/female should get married?	Male..... Female.....	
1.2	Who should take decision on marriage? (1) Males should take their own decision?	Yes No	1 2
	(2) Females should take their own decision?	Yes No	1 2
1.3	Do you think that boys and girls should have equal rights in the following? (1) Ownership of inherited property	Equal rights Boys should have more rights than girls Girls should have more rights than boys Others.....	1 2 3
	(2) Getting education	Equal rights Boys should have more rights than girls Girls should have more rights than boys Others.....	1 2 3

2. (Risky behaviour)

2.1	Do you know the symptoms of taking drugs? (Circle 3 main reasons)	Feel sleepy	1
		Feel euphoria	2
		Abnormal attitude	3
		Others	
2.2	What is necessary to give up addiction? (Circle 3 main reasons)	Strong determination	1
		Give up the company of addicted people	2
		Get admitted in a rehabilitation center	3
		To be punished	4
		To get out of doors	5
		Others.....	

3. (Parents' educational qualification and others)

3.1	Father's educational qualification.	00= Didn't pass any class, 33= Nursery/KG, 01=Class one, 02=class two, 03=class three,....., 10 =SSC, 11 = HSC 1st year, 12 = HSC 2nd year, etc. Other.....			
3.2	Mother's educational qualification.	00= Didn't pass any class, 33= Nursery/KG, 01=Class one, 02=class two, 03=class three,....., 10 =SSC, 11 = HSC 1st year, 12 = HSC 2nd year, etc. Other.....			
3.3	Boy	No.	Current Educational status	How many years of education would you like to allow for your children	What would you want him to be in future?
			A	B	C
	Girl				
<p>Column A & B 00= Didn't pass any class, 33= Nursery/KG, 01=Class one, 02=class two, 03=class three,....., 10 =SSC, 12 = HSC, 14= BA,16= MA, 50= Hafeji, Others.....,88= Don't know</p> <p>Column C 1= Doctor, 2= Engineer, 3= Teacher, 4= Lawyer, 5= Defence Academy, 6= Service Holder, 7= House-wife, 8= Living abroad 9= Moulana/Munshi, Others....., 88= Don't know</p>					

4. Social condition

4.1	To what extent are the members of this household involved with social work?	Very actively involved	1
		Moderately involved	2
		Very little involvement	3
4.2	What level of co-operation do you expect from your relatives/friends during household crisis?	Expect adequate help	1
		May be get some help	2
		Do not expect any help	3
4.3	How often do the members of the household read newspapers or listen to radio or watch television?	Very often (once or more in a month)	1
		Not that often (once in 3 months or less frequent)	2
		Not very frequently (once in a year or less)	3

(Self- assessment economic condition)

5. Food security

5.1	Can your household members have two meals regularly?	Yes No	1 2
5.2	How many times do you take the following food in a week?	Egg: Dal: Fish: Meat: Vegetables:	
5.3	During last week, how many days there was not enough food in your household?	.....Days	
5.4	During last week, how many days did you eat only rice?	.....Days	

6. Land property (in decimal)

Description	Own land/self cultivated	Own land/ Cultivated by others	Other's land/ self Cultivated	Own land/ uncultivated	Khas	Homestead/ own	Homestead/ Not owned
Land amount in decimal							

7. Clothing

7.1	Do all members of your household have three sets of clothing?	Yes More than 50% Less than 50%	1 2 3
7.2	Do the household members often have to buy second hand clothing because of financial crisis?	Never Sometimes Often (most of the time)	1 2 3
7.3	How often do the household members have to depend on 'jikat' clothing/ clothing given by other people?	Never Sometimes Most of the time	1 2 3

8. Overall condition

8.1	What was the overall economic condition of your household in the last one year considering income and expenses?	Shortage in the whole year Shortage sometimes Neither shortage nor surplus Surplus	1 2 3 4
8.2	What are the economic changes of your household in last year?	Improved No change Worsened	1 2 3

Give thanks to the respondent after the interview.

Name of the interviewer:

Date: / / 2006

Name of the supervisor:

Date: / / 2006