

REACHING HARD-TO-REACH YOUTH WITH SRHR MESSAGES IN BANGLADESH

POLICY BRIEF Prepared by MannionDaniels knowledge facilitator team, August 2020
(also available in Bangla via www.nwo.nl/srhr)

Introduction

Some 47.6 million or thirty per cent of the total 158.5 million people in Bangladesh are young, aged 10 - 24 (UNFPA, 2014). Yet they remain highly vulnerable regarding SRHR, with limited access to SRHR information and services. This applies to all young people: urban or rural, poor or non-poor. This problem is compounded by the challenges of rapid urbanisation and the accompanying socio-economic transition. In this context, there is limited understanding of what young people want and how they access services given the stigma that prevails surrounding issues related to sexuality, sex education, reproductive health and wellbeing.

The cultural context of Bangladesh includes strict gendered norms on sexuality. Sexuality is not talked about and views on masculinities and femininities remain traditional and patriarchal, harming both genders. Child marriages, unintended pregnancies, gender-based violence and unsafe abortions continue to be high. Young people suffer from sexual harassment, violence and trafficking. Thus, there is a mismatch between the lived experiences of young people in Bangladesh and the concept of SRHR as defined internationally.

Bangladesh's commitment to adolescents' SRHR is strongly embodied in a number of international commitments including Childs Rights Convention, ICPD (of which Bangladesh was a proponent), the Beijing Platform for Action and SDGs. The country has in place a number of Laws and Acts which support adolescents' SRHR (e.g. Child Marriage Restraint Act, Women and Children Repression Prevention Act). Issues affecting adolescents, including SRHR, are strongly recognised in a number of policies including the Bangladesh Population Policy, National Health Policy, Bangladesh National Children Policy, Education Policy and

The primary audience of this policy brief is SRHR programme planners and implementers. The brief identifies key factors which should be considered in designing/implementing youth SRHR interventions. The contents of this policy brief will also be helpful for the policy makers in understanding the context of designing programmes for young people, and the thoughtfulness, innovation and experience which would be required to make such programmes effective.

Nutrition Policy. Presently, National Adolescents' Health Strategy (2017-2030) is in place, and follows on the heels of the National Adolescents Sexual and Reproductive Health Strategy 2006, under which adolescent-friendly health services were integrated into the national health and family planning programme. The present strategy, broader than its predecessor, aims to create the necessary legal and policy environment required to enable all adolescent boys and girls, especially those who are most vulnerable, to enjoy a healthy life by 2030. Based on human rights principles and

recognising the rights of all adolescents to attain the highest standards of health, the first pillar of this strategy is that of adolescents' SRHR, and aims to create an enabling environment, integrate and strengthen comprehensive sexuality education and improve SRHR through evidence-based interventions. At implementation level, adolescents' SRHR is strongly integrated within the on-going five years national health programme with specific financial allocations and defined objectives. In addition to the government, a large number of NGOs and some private sector enterprises work towards fulfilling the objectives of the national level policies and programmes on adolescents.

Approach

This policy brief is based on the learnings from the five SRHR research projects of NWO-WOTRO conducted in Bangladesh between 2015-2018, which were part of a three-country research programme. The projects aimed to contribute to developing improved understanding in three important areas with regard to the SRHR of Bangladeshi youth: the realities of their lives including enabling factors and barriers, access to information and services, and their decision-making process.

All five projects (Table 1) focused on middle-to-low income groups and used qualitative methodologies with supplemental use of quantitative methods, followed by development and testing of online interventions. Four of the five projects were exploratory, examining how urban youth seek

SRHR information online (Digital Sister), how to overcome 'shame' which hinders effective SRHR promotion through innovative educational tools (Breaking the Shame), the linkages between traditional harmful norms of masculinity, stigma around SRHR and violence against women and girls (Campus Hero Café), and how vulnerable groups of female migrants influence their self-determination and sexual autonomy while living and working in the urban context (Migration and livelihoods). The fifth project designed and tested the effectiveness of a group intervention – psychodrama – in influencing the risky sexual practices of young men living in urban slums (Psychodrama). Each of these projects used their research findings to design and implement innovative online digital/visual tools which were launched and tested with the target audience. Accessibility of digital platforms for young people and their preference for this channel because of privacy and anonymity were the main reasons for selecting digital media. The projects were each executed by a consortium consisting of in-country research teams, local policy and implementing organisations, and international research institutions.

Insights

Urban youth do not know about their own bodies and changes taking place in them. Absence of sexuality education in the national curriculum, parents and teachers' inability to engage with youth in open discussion on SRHR, and ingrained bias among medical professionals are key barriers to young people accessing information about SRHR.

'Our goal was to encourage those feeling helpless in their own situations to at least find the courage to speak to someone they trust as the first small but significant step towards getting the help they need'

Anushka Zafar - Digital sister project

Shame, stigma, taboos and myths surrounding SRHR issues also constrain young people's access to accurate information and appropriate services. Shame was often perceived as a sign of respect between young people and their parents, teachers and other gatekeepers. Major information gaps include knowledge on men's SRHR and cyber harassment, and the inability of parents in particular to understand the SRHR needs of young persons.

Stigmatisation of SRHR issues leads to high-risk behaviours and practices by young people, especially men. This was demonstrated by a high percentage of pornography viewing among men in the absence of positive accurate information and models of sexual behaviour. In many cases, young men adopt harmful sexual practices, behaviour and attitudes as a result of such viewing.

Different segments of Bangladeshi society have different levels of knowledge and information on SRHR issues. Service providers, parents and other gatekeepers have limited scientific knowledge; sometimes their perceptions are influenced by prevailing myths and misconceptions on SRHR issues. Service providers often deliver social norms as medical advice, and may be reluctant to provide SRHR services to unmarried young people. Sensitivity around religion contributes to dilemmas and uncertainties in trying to reconcile religious



notions of adolescent sexuality with a human rights approach to SRHR. This results in young people being confronted with contradictory messages from different actors and media, e.g. their teachers/gatekeepers, curriculum and digital media, causing uncertainty and confusion.

There is no reliable source of SRHR information. Young people struggle to get accurate information



Table 1: Projects in Bangladesh

Short title	Project Title
Breaking the shame	Breaking the shame. Towards improving SRHR education for adolescents and youth in Bangladesh
Campus Hero Café	The Campus Hero Café: Engaging young men and boys in the promotion of SRHR and the prevention of violence in Bangladesh
Digital sister	Digital sister for urban youth: Using new technology for effective SRHR communication for urban youth of Bangladesh
Migration and livelihoods	Migration, livelihoods and SRHR: A triple case-study of young female migrants (YFMs) in Dhaka, Bangladesh
Psychodrama	Psychodrama as transformative intervention in the SRHR of young men in urban slums in Dhaka; proof of a novel approach

Further description of each project and a list of publications are provided via the programme website: www.nwo.nl/srhr.



and support to manage issues such as harassment, strong emotions and cyber bullying which they experience in real life. In this vacuum, digital/online media was shown to be effective in overcoming the shame and stigma of accessing SRHR information, and obtaining factual, accurate and reliable information, informed by scientific insights, in a private and confidential manner. Young people also prefer specific messages presented visually in an attractive format and endorsed by peers and/or experts.

In designing SRHR interventions, it is important to understand the context of the young people in

that particular situation. Several apps/tools were developed through the projects which were inclusive and effective in knowledge transfer. The researchers had made efforts to identify and understand the various youth groups and obtained inputs from them when designing interventions. Rather than providing generalised scientific knowledge about SRHR (e.g. anatomy/physiology of reproductive health), young people, at least in Bangladesh, are hungry for precise, skill-based knowledge which addresses their needs, such as how to use a condom, how to debunk myths and misconceptions, or handle cyber bullying.

Recommendations



Create a safe space for youth which is reliable, accessible, anonymous, and sustainable

Digital media and platforms are attractive ways for accessing accurate and reliable information and acquiring skills on SRHR. These channels provide young people with the privacy and confidentiality they desire, along with the opportunity to share information with peers, while keeping them engaged through interesting visuals/designs.

Linking-up young people to SRHR services anonymously/privately is important to ensure their complete wellbeing. Single men and women are often stigmatised when they approach such services compared to people who are married. SRHR policies thus need to be inclusive, so that the entire range of young people can have access to knowledge and services.



Consult and involve youth directly in the design, development, and implementation of programming and advocacy

Young people prefer clear, skill-based knowledge which addresses their felt needs. Young people can experience strong emotions they find challenging to cope with through heartbreak, rejection, bullying and conflicts. They need to be provided with support and coping strategies. Visual media are effective for this, e.g. use of graphics, videos and drama. Research-informed strategies should be used to effectively deliver critical SRHR messages to Bangladeshi youth using digital and visual tools.



Engage and empower gatekeepers - parents, teachers, religious leaders, health care providers - in facilitating youth to develop positive SRHR behaviours

Young people are conflicted in the face of strong prevailing myths and misinformation, the 'shame' factor, and the felt tension between religious and social norms. It is crucial to build gatekeepers' knowledge and understanding so that young people receive the required support they need to address their SRHR problems.

Cost-effective and community-based psychosocial education interventions can be explored to create a safe space for discussing and asking questions and providing customised information for different groups of young women and men.

