Elevation of health awareness among rural adolescent girls in Bangladesh: Does Adolescent Development Program of BRAC intervention Matter?

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Adolescence is taken as an unknown territory to parents, teachers and even the adolescents themselves. The children in this stage are neither child nor are considered as fully adult. Lack of proper care in this transitory period may create problem within the adolescents themselves or within their families or even in society. The adolescents among the girls are even vulnerable which should be given proper care. The number of adolescent population characterized by those between ages 10-19 years constitutes about 23% of the total population which is growing as high as 4.33% annually in Bangladesh. Due to the cultural values, economic and lack of literacy of the adolescent girls are facing various problems in Bangladesh. The efforts made by the government in Bangladesh for raising awareness and provide related services particularly to the adolescent girls in the rural areas are not enough. So the NGOs including BRAC have also been launching their programs to raise awareness to the adolescent girls in the rural Bangladesh for more than sixteen years. BRAC has emerged as an independent virtually self financed paradigm in sustainable human development. It is one of the largest Southern development organizations employing 97,192 people with 61% women and working with the twin objectives of poverty alleviation and empowerment of women. Through the unique integration of its core programs, strategic linkages and constant evolution, BRAC has come to stand as a unique example of how a development organization of the South can be sustainable without being largely dependant on donor assistance.

Adolescent development program has been emerged to make poor adolescents aware regarding health, social, economic and cultural issues. To address on such issues BRAC has launched Adolescent Development Program (ADP) under education program in 1993. Major programs and activities of the BRAC are to augment the adolescent development program by initiating the ‘Adolescent Peer Organized Network’ (APON) and *Kishori Kendra* (Adolescent Centers). There are 8,811 *Kishori Kendras* operating all over the country. This program covers the economic, educational, health and social development related activities. In this context, this paper aims to discuss on the following issues: What is the awareness level of adolescent girls in rural Bangladesh? Do these girls have enough awareness regarding their health issues? Do the NGOs like BRAC able to raise health awareness among the adolescent girls in the rural areas? What are the major bottlenecks to raise awareness to this group? The main objective of this study is to examine the effectiveness of adolescent development program for strengthening health awareness among rural adolescent girls from their perspective and changes realized by these programs.

The study is based on both primary and secondary data. To generate primary information the BRAC program areas such as Mahendra, Nowdapara, and Shampur Nagar were selected purposively. Primary data has been collected through direct communication from the adolescent girls. Altogether 60 respondents were randomly selected from these selected areas. A structured questionnaire was administered to collect primary data from the respondents. In addition some the adolescent girls were discussed on various issues of their awareness regarding health and their social development. Some of the key informants like Adolescent girls’ group leader, BRAC’s social mobilizer, project coordinator, local CBO leader were interviewed. In addition the researcher observed the field for collecting the data. To substantiate the factual information, the secondary sources of information were used. For this, different books, research reports, Journals, thesis, relevant publications, daily newspapers, relevant websites and BRAC’s reports were also reviewed.