Faraha Nawaz
Lecturer
Department Of Public Administration
Rajshahi University
Rajshahi 6205
Bangladesh

Tel # +88-0721-750390 (Res)
+ 88-01190-124410 (cell)

E-mail: Faraha.nawaz@yahoo.com
Elevation of health awareness among rural adolescent girls in Bangladesh: Does Adolescent Development Program of BRAC intervention Matter?

Faraha Nawaz

Abstract

The purpose of writing this paper is to identify the effectiveness of Adolescent Development Program (ADP) of BRAC (Bangladesh Rural Advance Committee) in awareness elevation regarding health issues among rural adolescent girls in Bangladesh. Currently BRAC operates four categories of core programs like economic, education, health and social development program. Adolescent Development Program is a part of Education Program of BRAC that merely works for elevating awareness among rural adolescent girls. The study is based on analysis of primary data. Interview, questionnaire, and observation were taken as data collection techniques and survey and case study were taken as methods. The awareness level of these girls was tested by measuring their knowledge level and also by measuring their willingness to act. It was measured how this program creates awareness and which factors and variables influence on their awareness. It was also assessed whether these factors elevated their awareness level. Various dependent and independent variables have been taken to reach to the research goal. Through this comprehensive study a very important outcome is that these adolescent girls had a good knowledge level about their health after involving ADP.

1 Lecturer, Department Of Public Administration, Rajshahi University, Rajshahi, Bangladesh
Introduction:

Adolescent period is the most important formative time that shapes the future course of girl’s and boy’s life. But adolescent girls in Bangladesh mirror the situation of adult women and are characterized by inequality and subordination in the family and society. Some major sources of vulnerability include early marriage, violence and sexual abuse and marginalization or exclusion from health, education and economic opportunities. (http://www.braceducation.org/adp.php). Not only in the adult stage, but women, especially poor rural women in Bangladesh face different kinds of problems right from their birth. At the adolescent stage they suffer from different crucial problems, which turn their life into misery.

Being a leading NGO, BRAC is engaged in implementing various sectoral programs to alleviate poverty and ultimately empower the poor women (Zareen& Kabir, 2003:93). BRAC initiated ADP for making the rural adolescent girls aware about different problems of their life. BRAC took this program to help Governmental activities also by initiating Non Formal Primary Education for 8-10 years old children. (Khan, 2001:7). After completing it the children got admitted to Governmental formal schools to get more education. But the drop out rate of these students is 56 % (khan and chowdhury, 1993:49). In order to help those poor rural students (girls) by keeping them attached with books and make them aware about different critical problems of adolescent stage, BRAC launched this program under education program in 1993 for adolescent girls of 11-19 years.

The need of increasing health knowledge to reduce morbidity and mortality in childhood has been widely reported (WHO, 1994: Aung etal, 1994 cited in Hadi, 2006), although the level of awareness has remained very poor in the developing countries (Nichter and Nichter, 1994; Hussain etal, 1997 cited in Hadi, 2006). Community based intervention to promote health knowledge has been launched in many countries (Davis and Reis, 1988; Huang etal, 1994; Tembo, 1995 cited in Hadi, 2006) but the assessment of such attempts indicates that the achievements have been minimal (Huang etal, 1994;
Laverack etal, 1997 cited in Hadi, 2006). Considering all these facts BRAC launched Adolescent Development program to make the rural girls aware about their health.

Rationale of the Study and Research Objectives

The annual growth rate of adolescent population is very high at 4.33% compared to 1.7% of the total population. Despite the alarming picture of the adolescent population, it is not given enough importance (MOHFW, 1998 cited in Khan, 2000:175). The adolescent population characterized by those between ages 10-19 years still constitutes about 23% of the total population in Bangladesh. The absolute size is about 27 million and expected to rise to about 30 million in the year 2000(Annex 1: Table- 1)

The growth rate of adolescent population is very high but this period is not given utmost importance. Adolescence is an unknown territory to parents, teachers and even adolescents themselves. It is a period of rapid physical and emotional growth (VHSS, 1999 cited in Khan, 2000:176). The transition of childhood to adulthood is difficult in a society as adolescents are no longer children but are not yet considered by society to be fully adult. They can neither mix with children nor are they acceptable to adult discussion. Even in many societies the period of adolescence is not recognized, children are regarded as adults once menstruation begins or when they have passed through a ritual ceremony or marriage (Khan, 2000:176).

Considering the above-mentioned reasons BRAC launched this program in order to make the rural adolescent girls aware about different critical problems around them. As, I am very much tense about adolescent period of women’s life; I am interested to study about this program.

Gender discrimination starts at birth and that continues throughout the life cycle, which resulted in malnutrition, low literacy rate of girls, lack of access to health services, low status of women (Khan, 2000:177). Again they have limited access in choosing their life partner, gender role, and cultural programs, leadership role, decision-making power etc. In order to deal with these things adolescent girls need to be aware about their surroundings. I want to say that they are the future spearhead of a nation as educated and conscious mothers who can give birth educated and conscious child. By isolating and depriving them no nation can achieve success, as they are future responsible citizens. All
these factors inspired me to conduct research in this field and I believe my study is a significant study.

The main objective of this study is to examine the effectiveness of adolescent development program in terms of strengthening awareness among rural adolescent girls from their perspective and how much they are satisfied with this program. The objectives of the study are as follows:

1. To identify whether Adolescent Development Program (ADP) of BRAC truly raise health awareness among poor rural adolescent girls in Bangladesh.
2. To find out the factors or variables that influences on awareness elevation.

**Methodology of the study**

Research methodology includes research methods, data collection technique, data analysis technique and problem of data collection. The combination of survey and case study methods has been used in this study.

The question may arise why the combination of two methods have been chosen. (Creswell 1994:177 cited in chowdhury, 2004:18) suggests that it is advantageous to a researcher to combine methods to better understand a concept being tested or explored. Researcher thinks that the combination of these two methods will be reliable for the study and will provide a general picture of the study area. The researchers believe over dependence on one method is not appropriate for research. Combination of two methods helped us to gather reliable data. It will also ensure validity of research. So both case study and survey method have been chosen for the study.

**Data Collection**
The study is based on both primary and secondary data. Primary data has been collected through direct communication with the adolescent girls, which includes questionnaire, interviews, and observation as data collection techniques. Secondary sources for my research basically include different books written by scholars; research reports, Journals, thesis, relevant publications, daily newspapers, relevant websites and reports of BRAC.

**BRAC’s Core programs**

BRAC is a national Government development organization focuses on long-term issues of poverty alleviation and empowerment of the poor. (Islam&Sultana, 2006:63) BRAC
implements a comprehensive development approach, with a number of programs for economic and social development of the people. BRAC core programs include four main ones: BRAC Economic Development Program, BRAC Social Development, Human Rights and Legal Education Services Program, BRAC Education Program and BRAC Health Program. The most vulnerable people if provided appropriate support and training may lead a better life through working on other’s land. (Www.brac.net)

**Adolescent Development Program of BRAC**

The Adolescent Development Program (ADP) trains adolescent BRAC school graduates, both girls and boys, in vocational skills, health awareness including reproductive health, and leadership and in 1993 ADP was launched under education program. Adolescence is demographically dense stage of life when individuals make a series of highly consequential life course transitions (www.braceducation.org) The issues of adolescence have recently emerged as a distinct phenomenon in the development discourse. However, it is a time when individuals learn to be socially responsible for themselves and for their actions (Bnacroft and Reinisch 1990 cited in Khan, Nath & Kabir, 2003:1). Over a quarter of the Global population (1.7 billion) belongs to the age group 10-24 years. Eighty six percent of them live in the developing world with limited access to basic education, economic opportunities, and sufficient health care. They are often denied basic rights, and needs, and face a unique set of challenges in their transition to adulthood (UNICEF 2003, cited in Khan, Nath & Kabir, 2003:1).

**Awareness**

Hazel D’Lima (1983) mentioned that awareness indicates the extent of knowledge or information about surrounding social reality. Here he indicates only knowledge for mentioning awareness. The researchers believe willingness to act is also very important for awareness. Only knowledge cannot indicate awareness fully. Again Iqbal Narain (1976) told that information is very much needed for evolving suitable strategy for political action. He mentioned that information is the prerequisite of political action and without information no action can be taken.

So, the author think awareness includes two things one is knowledge (information) and the other is willingness to act (action). From my understanding I would
like to define awareness of adolescent girls by their knowledge and their willingness to perform their duties and responsibilities as members of society in order to evaluate the adolescent development program.

**Health Awareness**

In our country people don’t have enough knowledge about their health. But health is truly important to survive in the world. Without a good health man will certainly face a great disaster. It is also very important for adolescent’s life. The researcher asked them whether they have good knowledge about nutrition, cleanliness, how much knowledge they have about menstruation management, do they eat nutritious food, do they keep themselves clean during menstruation etc.

In this study by health awareness the researcher means how much adolescent girls of kishori centers are conscious about their health including menstruation management, nutrition, cleanliness, different kinds of diseases like anemia, skin diseases etc.

**Promoting Health Knowledge through ADP**

The status of health enjoyed by the people largely depends upon the overall socio-economic development of the country. In a developing country like Bangladesh the extremely low income of the majority of the people pushes health care to low priority. As a result ill health of the masses has been accepted fact of life till very recently. Though Bangladesh has achieved significant progress in primary health care and has been successful in eliminating some scourges like smallpox and malaria, the situation of female health is, as in all other social areas much below the health condition of the total population. As girls are more neglected and they don’t have enough consciousness regarding their health BRAC launched ADP to make them aware about their health. (Khan, 1980:11) Because there is a proverb “Prevention is better than cure.”

**Salma: Adolescent Girl as case Focus**

Salma, 19 year old girl from Mahendra village was a participant of ADP. When she was 15 year old she got period. She felt a great fear as she was in the dark about it. One day she told her mother. She advised her not to tell it to anyone, as it is a very secret thing for girls. Her family members and her near and dear ones forbade her to go outside during this time and told her to wash bedcover if she sit on a bed, clean all her clothes, the rooms including veranda etc. So, Salma had to follow all these bindings during period. Again,
she kept herself very dirty during period. She used dirty clothes for three/four days. But after being a member of Kishori Center she came to know that these were prejudices and baseless beliefs. During period one can go anywhere, can eat anything but excessive cleanliness is highly desirable during ministration. A girl having period may faces different types of female diseases if she keeps herself dirty. Now she makes her mother understand about all these false beliefs and thoughts. Now, she is very much careful about her health.

**Measuring their knowledge level**

The research was conducted on 40 adolescent girls and they were asked with different questions to test their knowledge regarding health. The questions include why a person got anemia, what measures should be taken, women’s health and different reproductive diseases, what are the reasons behind cancer, how to prevent it, and what measures should be taken to protect it. 39(97.5%) respondents gave me a very good impression about health. In every case the researcher got very good impression about their knowledge. It should be said that they have a very good knowledge about health and different diseases, since almost everyone answered correctly of the questions regarding health issues. The researcher asked questions regarding their health to test their knowledge about cleanliness, hygiene practices in menstruation management. All of them got very good knowledge about all these things. That means 100% adolescent girls told that they know very well that menstruation needs high care and good cleanliness, why cleanliness is necessary, if any one remain dirty what type of diseases have to face etc. In every aspect they gave right answers and they all know very well about all these things.

**Opinion of respondents about nutrition, Amenia and different diseases:**

Here the researcher measured adolescent’s awareness regarding health issues. The primary data have been collected of how many respondents’ had knowledge about these health issues before getting them involved in this program. Through these data it is possible to say whether this program positively change adolescent girls in terms of increasing awareness regarding health issues *(Annex: Table 2: Impact of ADP on elevating health awareness)*

It can be clearly said that most of the adolescent girls have their knowledge and develop their health consciousness after getting involved in this program. After acquiring
much knowledge about health issues they also inform their family members, which is certainly a great indicator of their health awareness.

**Measuring their willingness to act**

The author asked Questions to test their willingness to act about different diseases like anemia, cancer etc. Though they had a very good knowledge about different diseases, which means how to prevent diseases, knowledge about nutritious food, diseases like blindness, Gologanda, sexual diseases and the necessity of vitamin, iodine, use of sanitation etc. Now they try to eat certain foods that would give them more vitamins. Through this program these girls came to know that they can easily get nutritious food and they are willing to follow this diet. They were also asked about hygienic practices during ministration and the author understood that they had a high level of willingness to act about it.

**Promoting awareness with regard to health of these adolescent girls**

In Bangladesh, especially in villages girls and women are not fully aware of what they should have done regarding their health. They do not have much knowledge regarding health issues that causes many health hazards of these girls. BRAC had a vision to make these girls aware regarding various health question. With their exposure to this Adolescent Development Program, these girls are now much aware regarding their health. This program makes a huge impact on their attitude and makes them aware.

These girls spent their time for this program, which gave them lifetime knowledge to have a healthy and sound life. It clearly indicates that some girls spent more time to these Kishori Centers and consequently, they have relatively higher level of awareness. Even though all participants have knowledge regarding health through this program, but it was found that the more time they spent to this program, the more they educated in regard to various social and health issues.

The situation of female health is much below the condition of total health population because a woman has to bear the brunt of poverty more than her male counterpart. “The average weight of a Bangladeshi women is about 40.90 Kg which is less than mean weight of women in most third world countries. The low weight is
refection of years of food deprivation. (Khan, 1980:12) Unusual high female mortality at childhood and high maternal mortality are reflected in serious health problems of women are frequent pregnancy, prolonged breast feeding and food taboos, limited availability of nutritious food etc.

Poor environmental sanitation and lower food intake of females give them lower resistance capacity, thereby rendering them more vulnerable to diarrhea and communicable which cause the highest mortality and morbidity in this country. Though it is said that women are biologically more resistant to adverse health situation than men, women in Bangladesh have a lower life expectancy at birth (53.4) than men (54.2). (Khan, 1980:12) Considering the above-mentioned fact BRAC launched Adolescent Development Program to make the poor rural girls aware about their health. The research shows that ADP can successfully create consciousness regarding their health.

Some Suggested Measures
The study demonstrates that ADP can be effectively used in improving health knowledge among rural adolescent girls. Significant improvement can be possible if appropriate health promotion measures are taken. Several media can be used to promote health knowledge in rural Bangladesh such as discussion meetings, newspaper articles, posters and billboards displayed in public places, films and songs on the radio and television. ADP should be acted as a key player in this regard. Health knowledge promotion at the grassroots level is costly when it is a one-dimensional program but ADP is a multidimensional program, which is very much cost effective. The study concludes that a carefully designed program can significantly increase health knowledge among poor rural adolescent girls is Bangladesh. ADP is an excellent example of it.

Concluding Remarks

NGO’s central goal is empowering the powerless women folk or helping them to bloom their hidden potentialities that is power of thought, power of word and power of organization with a view to helping them to participate in the socio-economic development. (Haidar& Akhtar, 1999:57). In 1993 BRAC initiated a comprehensive and
unique program for the adolescents of Bangladesh, which is widely known as Adolescent Development Program (ADP).

Adolescent period is extremely important for every girls and boys, since this is the transition from one stage to another stage of life. In Bangladesh the adolescent girls are deprived of receiving real support and motivation to get through this period; they don’t know the obligations of this adolescent stage of human life. BRAC initiated ADP to make adolescent girls aware of this transition. BRAC invited rural adolescent girls to come to their Kishori Centers (Youth centers) and to learn about physical and social aspects that an adolescent must know. Our rural adolescent girls go through various social restrictions that held them back to do what an adolescent supposed to do.

The study focuses that adolescent girls became more conscious about their health after getting involved in ADP. From case studies the researcher found that in ministration management an adolescent girl got a high level of awareness after getting involved in ADP but she kept herself in dark before being a member of kishori center.

It can be clearly said that ADP makes a positive impact on adolescent girls in increasing awareness in many aspects. The girls who affiliated themselves with this program have earned remarkable recognition and respect in their communities. However, since the inception of ADP, BRAC tries to empower these adolescent girls by make them aware regarding social and physical aspects of life. It can be emphasized that the Adolescent Development Program is truly an effective program in many aspects, especially in elevating awareness regarding their health and health behavior that accede them to live happily and enthusiastically.
References


Chowdhury, Saber Ahmed (2004), “Participation in Forestry: A Study of People’s Participation on the Social Forestry Policy in Bangladesh Myth or Reality”, Unpublished M. Phil Paper, Department Of Administration And Organization Theory, University Of Bergen


Ibid; 176
Ibid; 177

Ibid.12

ANNEX I

Table 1: for Total Population and Adolescent Population in Bangladesh from 1961-2010

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Total (in 000)</td>
<td>55233</td>
<td>76398</td>
<td>89912</td>
<td>111455</td>
<td>119730</td>
<td>129243</td>
<td>146381</td>
</tr>
<tr>
<td>Adolescent (in 000) age (10-19years)</td>
<td>9290</td>
<td>16139</td>
<td>20550</td>
<td>22943</td>
<td>27060</td>
<td>29467</td>
<td>31765</td>
</tr>
<tr>
<td>% Of total population</td>
<td>16.8</td>
<td>21.1</td>
<td>22.9</td>
<td>20.6</td>
<td>22.6</td>
<td>22.6</td>
<td>22.7</td>
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</table>

This Table represents Total Population and Adolescent Population in Bangladesh from 1961-2010. It is conceivable that since our total population increase, adolescent population also increase day by day.
Annex 2

Table 2: Impact of ADP on elevating awareness among rural girls

<table>
<thead>
<tr>
<th>Total respondents</th>
<th>Respondents who were aware before joining this program</th>
<th>%</th>
<th>Respondents who became aware after joining this program</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>3</td>
<td>7.5%</td>
<td>37</td>
<td>92.5%</td>
</tr>
</tbody>
</table>

Source: Field Survey by Author