

ADOLESCENT HEALTH AND WELLBEING: Baseline Survey in Munshiganj and Cumilla

Research Report

November, 2024

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DEVELOPMENT
RESEARCH (CDR)



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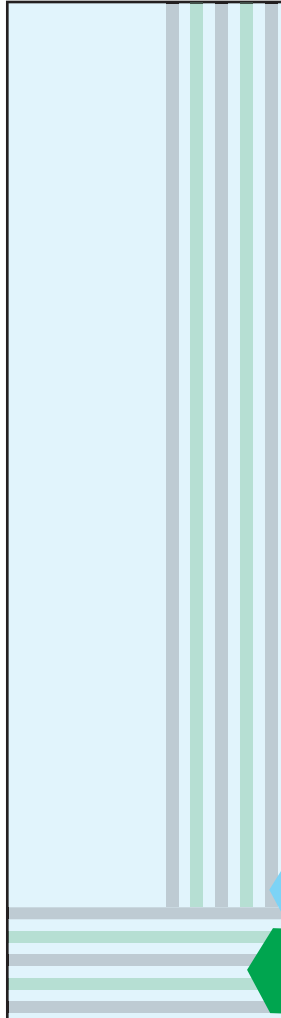


DEVELOPMENT INITIATIVE FOR
SOCIAL ADVANCEMENT (DISA)



TALUKDER FOUNDATION





Research Report

November, 2024



Message

from the

DISA's Founder and Chief Executive

It is a pleasure to write about this research report on Adolescent Health and Wellbeing: Baseline Survey in Munshiganj and Cumilla. Adolescence is a critical stage of development, and understanding the health challenges faced by young people is vital for shaping effective interventions and support systems.

Since 1993, DISA has addressed complex community challenges through collaboration, aligning with national goals and 10 Sustainable Development Goals (SDGs) for a more inclusive, equitable future. Our work spans five core sectors: Economic Empowerment, Human Development, Health and Well-being, Education, and the Protection of Women's and Children's Rights. Central to our mission is the Microfinance Program, supporting small enterprises and vulnerable groups alongside CSR initiatives like scholarships and relief efforts. We extend our gratitude to the Center for Development Research (CDR) for their rigorous, multi-method research support, strengthening DISA's commitment to community impact.

Md. Shahid Ullah

Founder and Chief Executive

DISA



Message

from the

**Talukder Foundation's
General Secretary**

It is my pleasure to write about this study report on Adolescent Health and Wellbeing: Baseline Survey in Munshiganj and Cumilla. The Haji Md. Torab Ali Talukder Foundation (TF) began in 2012 to support social development for communities impacted by river erosion in Munshiganj. What started as a family initiative to improve local health has grown, with the support of donors, into a thriving organization. Our health center in Tongibari Upazila provides essential services to around 3,000 people each year, two-thirds of whom are women. With Samaj Seba registration since 2013, we've focused on community health needs, especially adolescent health. In partnership with DISA, we're launching a three-year Adolescent Health Program, reaching 1,520 youth across Chandina and Tongibari with government-endorsed curricula. We're grateful for the support from DISA, local leaders, and government agencies, as we work together to make a lasting impact on adolescent health in Bangladesh.

Dr. Mohsin Uddin Ahmed

General Secretary

Haji Md. Torab Ali Talukder Foundation

Acknowledgement

We extend our heartfelt gratitude to the school principals and teachers for their unwavering support in facilitating data collection for this research. Also, we would like to thank those participants who attended this survey. The research team also wishes to acknowledge Dr. Md Shahiduzzaman for his valuable feedback on the study questionnaire and research report, which has greatly enhanced the quality and rigor of our work. The research team also acknowledges feedback from Dr. Hasan Mahmud on the earlier version of the report and for attending the two consultation meetings. Also, we acknowledge the feedback from Dr. Quamrun Nahar, head of research, Maternal & Child Health, icddr,b. Lastly, we thank designer Md. Fakhrul Islam for designing our final report.



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Adolescent Health and Wellbeing: Baseline Survey in Munshiganj and Cumilla

Introduction

During Jan- May 2024, a comprehensive baseline survey was conducted to assess the Adolescent Health and Wellbeing: in the Munshiganj and Cumilla districts of Bangladesh. This ground-breaking study, part of the Awareness Program, aimed to provide crucial insights into the health status, knowledge, and behaviours of adolescents in these regions. The survey covered various aspects of adolescent health, including nutrition, reproductive health, mental well-being, and access to healthcare services. By focusing on these two distinct districts, researchers were able to capture a nuanced picture of adolescent health in two different districts, highlighting the unique challenges and opportunities adolescents face by gender, demographic characteristics and area.

This baseline data serves as a vital foundation for DISA and Talukder Foundation, public health officials, and researchers to develop targeted interventions and programs.

The results will inform evidence-based strategies to improve adolescent health outcomes, ensuring that future initiatives are tailored to the specific needs of young people in Munshiganj and Cumilla and other areas in Bangladesh.

Research Design

Objectives of the Study

- Assesses adolescent health awareness in Munshiganj and Cumilla districts in Bangladesh.
- Identifies unique challenges and opportunities for adolescent boys and girls.
- Informs policy, public health professionals, and community stakeholders.
- Identifies key areas of concern and potential improvement avenues.

Study Setting

- Two unions, Barkait (Cumilla) and Kamarkhara (Munshiganj), were selected for the study.
- Two schools: Swarnagram R N High School and Barkait Udayan High School were chosen from both unions.

Sample Size¹

- Cochran's formula was used to determine the sample size with a 95% confidence level and a 5% margin of error. (Nanjundeswaraswamy & Divakar, 2021)

¹ Nanjundeswaraswamy, T. S., & Divakar, S. (2021). Determination of sample size and sampling methods in applied research. *Proceedings on engineering sciences*, 3(1), 25-32.

- The sample size was calculated to be at least 384, considering diverse demographics.
- A total of 412 adolescent interviews were conducted (206 boys and 206 girls).
Data Collection Process.

Data Collection Process

- A structured questionnaire was used to gather information on adolescent health awareness, physical and mental health, menstrual hygiene, and sexually transmitted diseases.
- The questionnaire was pre-tested for transparency, significance, and cultural relevance.
- Data collection was conducted in Bengali by trained enumerators, ensuring clear understanding and authentic responses.
- Consent was obtained from the participants, school management, teachers, and guardians, adhering to ethical guidelines.
- Privacy was ensured through anonymity and the confidentiality of responses.

Demographic Profile of Respondents

	N	%
Sex		
Female	206	50.0
Male	206	50.0
Age Distribution		
10-13 years	146	35.4
14-16 years	233	56.6
17-19 years	33	8
Education		
Class 6-8	231	56.1
Class 9-10	179	43.4
Class 11-12	2	0.5
Parental SES		
Professional/businessmen	97	23.5
Expatriate	97	23.5
Agriculture/farmers	86	20.9
Other	132	47.1



Inception Meeting of Adolescent Health Programme for Baseline Study



Adolescent Team Meeting for CDR Baseline Study

Key Findings

- 62% of adolescent girls do not use sanitary napkins during menstruation.
- 33% of adolescent girls report either not knowing about sanitary napkins or not using them at all.
- 77% of adolescent girls had no prior knowledge of menstruation before experiencing it.
- 75% of boys and 72% of girls show negative or low awareness regarding early pregnancy.
- 45% of boys and 54% of girls display negative or low awareness about HIV.
- A significant gender gap exists in access to digital technology: 51% of girls lack access compared to 21% of boys.
- Mental health issues are reported by 19% of girls and 39% of boys.
- Limited communication on adolescent health: Only 21% of adolescents feel comfortable discussing reproductive infections with their families, while 41% can discuss mental health issues with family members.
- 33% of adolescent males exhibit low awareness regarding nutrition for adolescent growth. 15% of adolescent females exhibit low awareness regarding nutrition for adolescent growth.
- 25% of adolescent males exhibit low awareness regarding salt and sugar consumption. 13% of adolescent females exhibit low awareness regarding salt and sugar consumption.
- The use and affordability of sanitary napkins present significant challenges, particularly for girls and women in rural areas and low-income communities.
- 56% (more than one in two) of adolescent girls tend to miss school during menstruation. This frequent absenteeism is likely to disrupt their educational progress, undermines cognitive growth, and, over time, affects their career prospects and future income potential.
- 39% of Adolescent Male and 19% of Adolescent Female experience mental stress during studies.
- Data shows a substantial digital divide in adolescent health information access, with 72% of male adolescents having access to digital devices compared to only 49% of females.
- This gap highlights gender disparities in the ability to acquire critical knowledge about adolescent health, impacting young girls' access to reliable information on topics like mental health, menstruation, and reproductive health.
- Gaps of Family and community engagement in reproductive infection (21%), reproductive health awareness (39%), effects of smoking and drug (39%), adolescent mental health (41%) and adolescent health and safety (47%).

Survey Results

Part A: General Health Awareness

Part B: Adolescence Health Awareness

Part C: Cause, Effect, and Affordance

Part A: General Health Awareness

General health awareness of adolescent boys and girls is measured by five indicators:

- Awareness on the importance of 'not overeating salt' and 'eating less sugar'
- Awareness on the importance of nutrition to adolescent growth.
- Importance of personal growth.
- Importance of environmental cleanness.
- Negative effects of smoking.

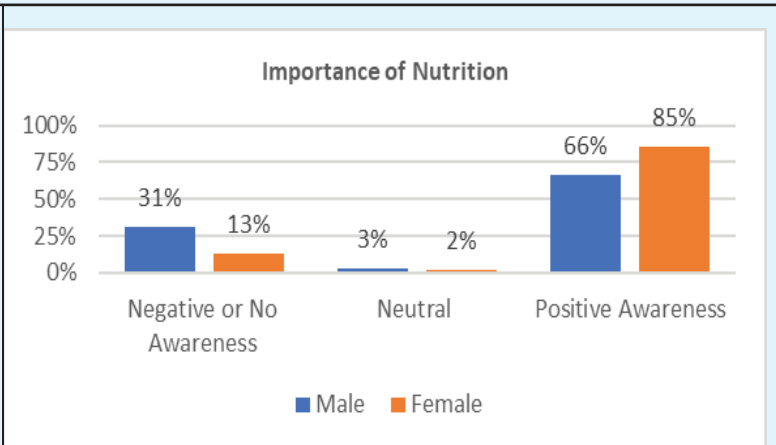
Below we present the results for each of the five categories. Participants' awareness is measured by a three-point scale: "Negative/No Awareness", "Neutral" and "Positive Awareness". Results are reported for adolescent females and males separately, with differences of awareness between the two groups examined using Chi-Square statistics. A "p-value" of Chi-Square statistics less than 0.10 indicates a significant difference in awareness between females and males.

Importance of 'not overeating salt' and 'eating less sugar'

<ul style="list-style-type: none"> • 25% of adolescent males exhibit low awareness regarding salt and sugar consumption. • 13% of adolescent females exhibit low awareness regarding salt and sugar consumption. • The difference in awareness between males and females is statistically significant. 	<table border="1"> <caption>Importance of 'not overeating salt' and 'eating less sugar'</caption> <thead> <tr> <th>Category</th> <th>Male (%)</th> <th>Female (%)</th> </tr> </thead> <tbody> <tr> <td>Negative or No Awareness</td> <td>23%</td> <td>10%</td> </tr> <tr> <td>Neutral</td> <td>2%</td> <td>3%</td> </tr> <tr> <td>Positive Awareness</td> <td>75%</td> <td>87%</td> </tr> </tbody> </table>			Category	Male (%)	Female (%)	Negative or No Awareness	23%	10%	Neutral	2%	3%	Positive Awareness	75%	87%
Category	Male (%)	Female (%)													
Negative or No Awareness	23%	10%													
Neutral	2%	3%													
Positive Awareness	75%	87%													
	Negative/ No Awareness	Neutral	Had Awareness												
Female (F)	10%	3%	87%												
Male (M)	23%	2%	75%												
Awareness Difference (F-M)	-13%	+1%	+12%												
Chi-Square (p-value)	13.146 (0.01)														

Importance of nutrition to adolescence growth

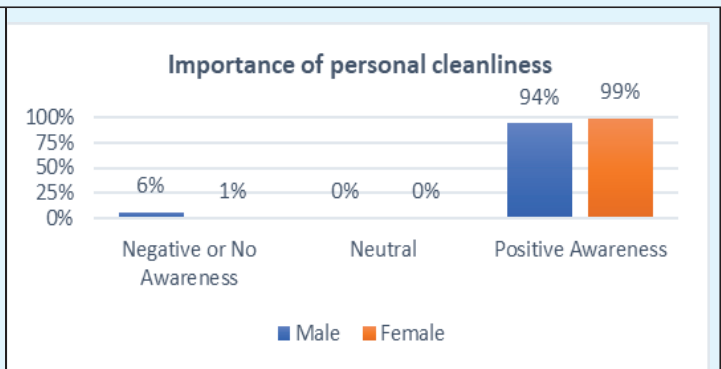
- 33% of adolescent males exhibit low awareness regarding nutrition for adolescent growth.
- 15% of adolescent females exhibit low awareness regarding nutrition for adolescent growth.
- The difference in awareness between males and females is statistically significant.



	Negative/No Awareness	Neutral	Had Awareness
Female (F)	13%	2%	85%
Male (M)	31%	3%	66%
Awareness Difference (F-M)	-18%	-1%	+19%
Significance Level (Chi-Square)	21.172 (0.00)		

Importance of personal cleanliness

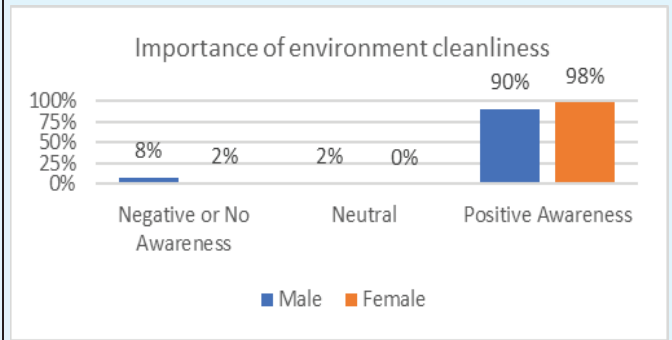
- 94% of adolescent males exhibit High awareness regarding personal cleanliness.
- 99% of adolescent females exhibit High awareness regarding personal cleanliness.
- The difference in awareness between males and females is statistically significant.



	Negative/No Awareness	Neutral	Had Awareness
Female (F)	1%	0%	99%
Male (M)	6%	0%	94%
Awareness Difference (F-M)	-5%	0%	+5%
Significance Level (Chi-Square)	8.371 (0.004)		

Importance of Environmental cleanliness

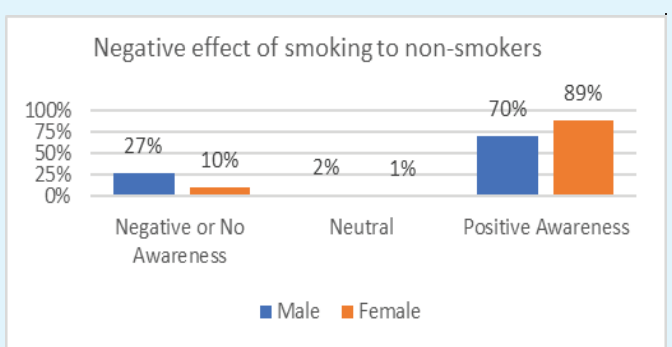
- 90% of adolescent males exhibit High awareness regarding environmental cleanliness.
- 98% of adolescent females exhibit High awareness regarding environmental cleanliness.
- The difference in awareness between males and females is statistically significant.



	Negative/No Awareness	Neutral	Had Awareness
Female (F)	2%	0%	98%
Male (M)	8%	2%	90%
Awareness Difference (F-M)	-6%	-2%	+8%
Significance Level (Chi-Square)	11.860 (0.004)		

Negative effect of smoking on non-smokers

- 70% of adolescent males exhibit High awareness regarding negative effect of smoking.
- 89% of adolescent females exhibit High awareness regarding negative effect of smoking.
- The difference in awareness between males and females is highly statistically significant.



	Negative/No Awareness	Neutral	Had Awareness
Female (F)	10%	1%	89%
Male (M)	27%	2%	70%
Awareness Difference (F-M)	-17%	-1%	+19%
Significance Level (Chi-Square)	21.597 (0.000)		

Part B: Adolescence Health Awareness

Adolescence health awareness is a complex information to measure. Generally, children are shy to release information on health information, partly due to discomfort regarding various issues. In this study, adolescence health awareness is measured by six questions

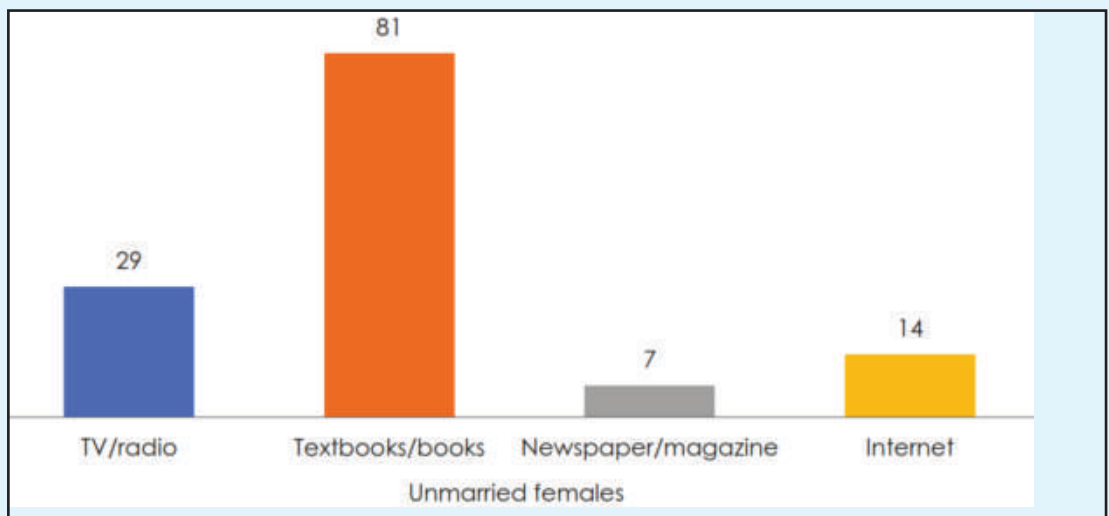
- B1. Knowledge on menstruation
- B2. Misconception: Early Pregnancy
- B3. Awareness on HIV/AIDS
- Misconception: Ejaculating in a dream is a misconduct
- Misconception: Formation of semen
- Menstrual Hygiene

B1: Knowledge on menstruation before onset if menstruation	Negative/No Awareness	Had Awareness
Female (F)	77%	23%

- Study results show that only 23% of adolescent females had knowledge of menstruation before onset of menstruation.
- This number is lower than the national survey in 2019-20, which found that 29.8% of unmarried females “Had knowledge of menstruation before onset of menstruation.

The BAHWS 2019-20 Final Report also highlighted various sources through which adolescents receive information. These sources include TV/radio (29.3%), Textbooks/books (81.4%), Newspapers/magazines (6.7%), and the Internet (13.9%).

Figure B1: Percentage of female adolescents ages 15-19 exposed to information on menstruation through mass media: Bangladesh 2019-20

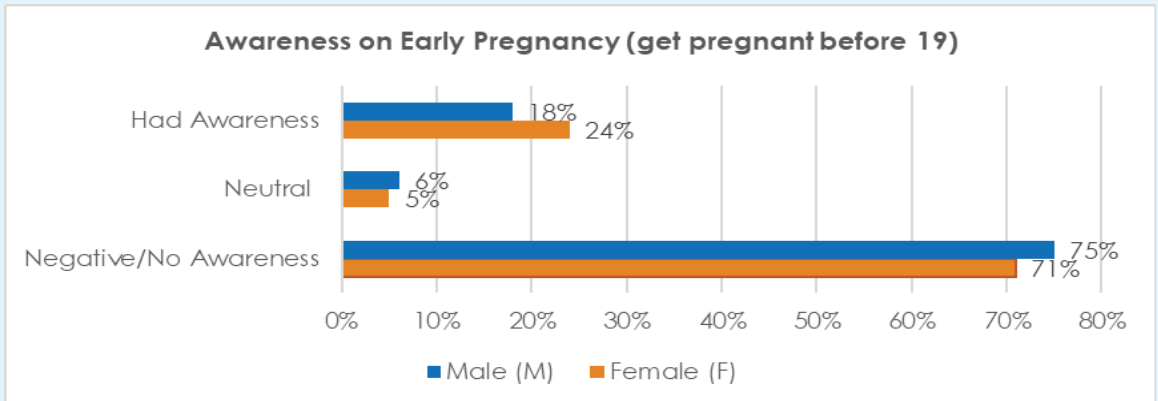


Source: Adopted from National Institute of Population Research and Training (NIPRT), International Centre for Diarrheal Disease Research, Bangladesh (ICDDR, b) and Data for Impact, 2021. Bangladesh Adolescent Health and Wellbeing Survey 2019-20: Final Report. Dhaka, Bangladesh, and Chapel Hill, NC, USA: NIPOT, icddr, b and Data for Impact.

² Data refers to the unmarried female adolescents.

Awareness on Early Pregnancy

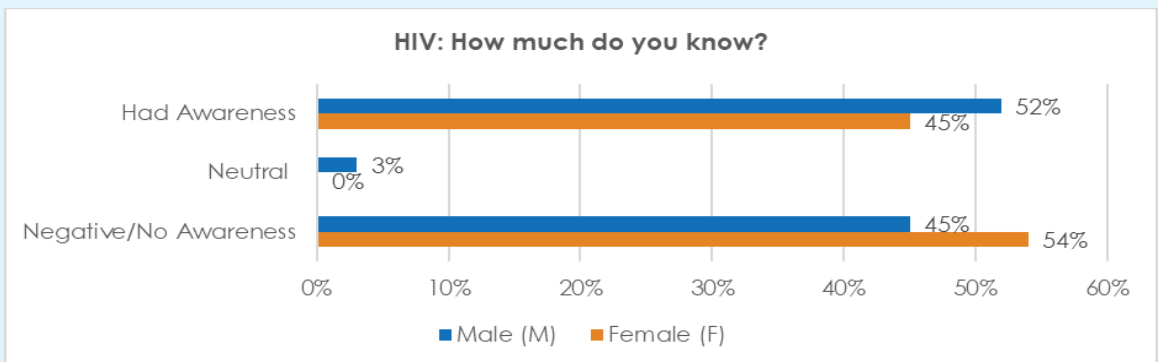
- Only 18% of adolescent males exhibit having awareness on getting pregnant before age-19 as compared to 24% by adolescent females.
- The difference in awareness between males and females is not statistically significant, indicating both female and male groups are having the common problem.



	Negative/No Awareness	Neutral	Had Awareness
Female (F)	71%	5%	24%
Male (M)	75%	6%	18%
Awareness Difference (F-M)	-4%	-1%	+6%
Significance Level (Chi-Square)	0.467 (0.792)		

Awareness on HIV/AIDS

- 55% of adolescent females exhibit low awareness regarding HIV/AIDSs, as compared to 45% male
- The difference in awareness between males and females is statistically significant.



	Negative/No Awareness	Neutral	Had Awareness
Female (F)	55%	0%	45%
Male (M)	45%	3%	52%
Awareness Difference (F-M)	+9	-3%	-7%
Significance Level (Chi-Square)	6.652 (0.036)		

Box 1: Adolescents Health Awareness: Myths and Taboos

Adolescent health awareness is often clouded by myths and taboos that can hinder young people from gaining accurate information and making informed decisions about their well-being.

Myths around menstruation, reproductive health, and mental health, which are often stigmatized in various cultures. For example, menstruation is still seen as impure in some societies, leading young girls to face restrictions and feel ashamed, which can affect their self-esteem and prevent them from seeking guidance.

Discussing mental health openly remains taboo in many families, causing adolescents to suppress emotions and avoid professional help. Myths about sexual health, such as believing that contraceptives cause infertility, also persist and can lead to risky behaviours or unplanned pregnancies.

Table B11 shows the common misconceptions about menstruation, reflecting the severity of the problem. Breaking these taboos will significantly improve awareness, however, this requires open conversation, education, and accessible health resources is essential to empower adolescents to take charge of their health, reduce stigma, and build a well-informed generation.

Table B11: Misconception about menstruation

Percentage of female adolescents ages 15-19 who agreed with various statements on misconceptions about menstruation, Bangladesh 2019-20.

Type of adolescent respondents	Percentage of ever-married female adolescents who agreed that:			Number of female adolescents
	Menstrual blood is impure	One cannot eat anything sour during menstruation	During menstruation one cannot do physical activity	
Ever-married females	86.5	65.8	58.6	2,439
Unmarried females	84.9	59.1	52.5	3,943

Source: Adopted from National Institute of Population Research and Training (NIPRT), International Centre for Diarrheal Disease Research, Bangladesh (ICDDR, b) and Data for Impact, 2021. Bangladesh Adolescent Health and Wellbeing Survey 2019-20: Final Report. Dhaka, Bangladesh, and Chapel Hill, NC, USA: NIPOT, icddr, b and Data for Impact.

Results from our survey also indicates significant awareness problems related to adolescence male. Only 10-11% of the survey participants show awareness, with majority of them are clouded by misconception.

Ejaculating in a dream is a misconduct	Negative/No Awareness	Neutral	Had Awareness
Male (M)	80%	10%	10%
Formation of semen from 80 blood drops	Negative/No Awareness	Neutral	Had Awareness
Male (M)	87%	2%	11%

Source: CDR (2024)

Menstrual Hygiene: Use of Sanitary Napkins

In Bangladesh, the use and affordability of sanitary napkins present significant challenges, particularly for girls and women in rural areas and low-income communities. Lack of awareness of menstrual hygiene, cultural taboos and limited education prevents many from understanding the importance of sanitary products, leading them to rely on unhygienic alternatives like cloth, sand, or ash.

This survey shows concerning statistics about menstrual hygiene among adolescent girls, showing that 61% of them do not regularly use sanitary napkins during their menstrual cycle. Additionally, 33% of adolescent girls report either not knowing about sanitary napkins or not using them at all, highlighting a critical gap in menstrual health education.

Using sanitary napkins during menstruation	Regular	Non-regular	Don't Know	Not at All
Female (F)	39%	27%	24%	10%

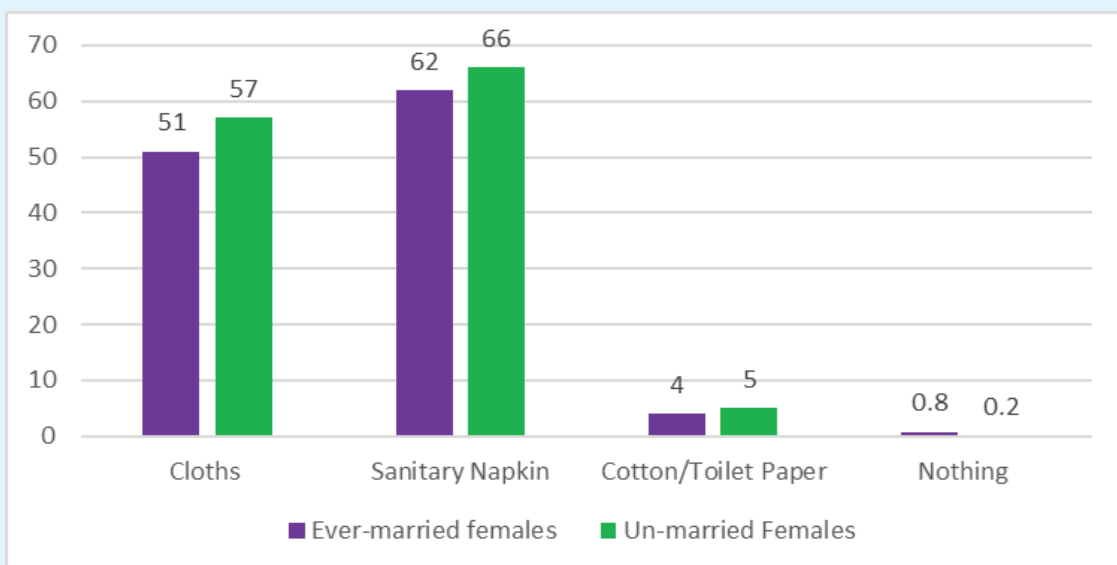
Awareness on Early Pregnancy

- 61% of adolescent girls do not use sanitary napkins regularly during menstruation.
- 33% of adolescent girls report either not knowing about sanitary napkins or not using them at all.

These practices increase the risk of infections and other health issues, which can have lasting consequences in life.

Our Results compares with the national results (Figure B2) from previous survey, which shows that 62-66% of female adolescents use Sanitary Napkin, while 51-57% use Cloths and the rest other means.

Figure B2: Percentage of female adolescents ages 15-19 who had experienced menarche by type of products or material used for management of menstruation, Bangladesh, 2019

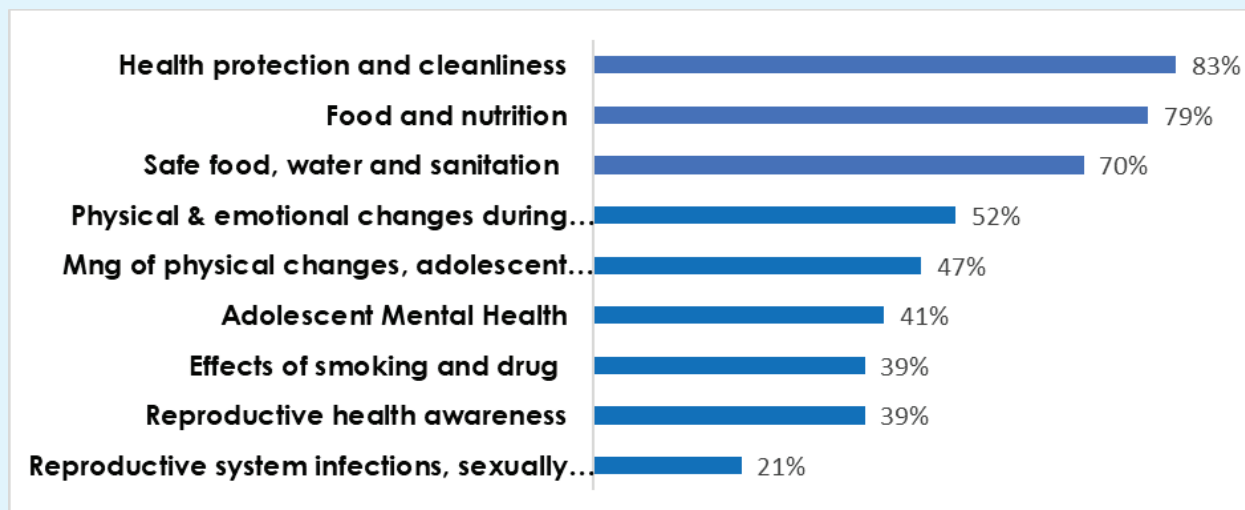


Source: National Institute of Population Research and Training (NIPRT), International Centre for Diarrheal Disease Research, Bangladesh (ICDDR, B) and Data for Impact, 2021. Bangladesh Adolescent Health and Wellbeing Survey 2019-20: Final Report. Dhaka, Bangladesh, and Chapel Hill, NC, USA: NIPOT, icddr, b and Data for Impact.

Family Engagement on Adolescence Health Issues

Family engagement plays a critical role in supporting adolescent health, as families are often the first and most influential source of information, guidance, and emotional support for young people. Open family discussions on health issues, such as mental health, sexual health, and hygiene, can create a safe environment for adolescents to ask questions, clarify misconceptions, and make informed choices. When parents are actively engaged, adolescents feel more supported and are more likely to adopt healthy habits, seek help when needed, and build resilience.

The results from the survey indicate gaps of engagement in reproductive infection (21%), reproductive health awareness (39%), effects of smoking and drug (39%), adolescent mental health (41%) and adolescent health and safety (47%).

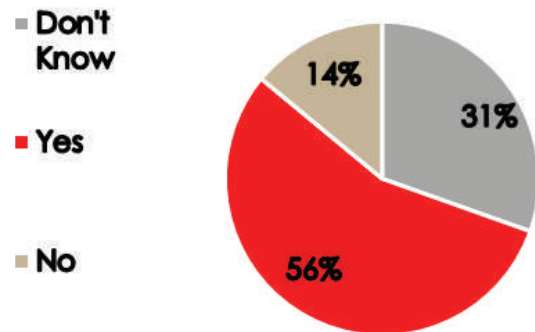


Presentation of AHP Baseline Study Report by Dr. Shahiduzzaman

Part C: Cause, Effects and Affordance

56% (more than one in two) of adolescent girls tend to miss school during menstruation. This frequent absenteeism is likely to disrupt their educational progress, undermines cognitive growth, and, over time, affects their career prospects and future income potential.

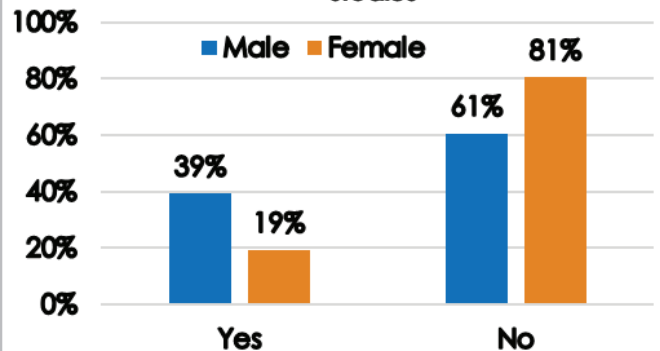
Decrease in school attendance rate during menstruation



39% of Adolescent Male and 19% of Adolescent Female experience mental stress during studies.

This data underscores a significant issue in adolescent mental health, as both boys and girls face academic pressures, but with differing levels of stress impact.

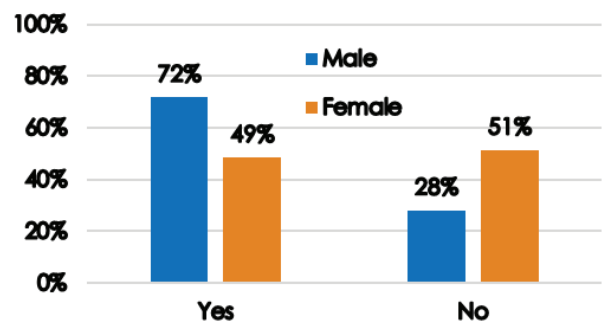
Adolescents facing mental stress during studies



Data shows a substantial digital divide in adolescent health information access, with 72% of male adolescents having access to digital devices compared to only 49% of females.

Limited digital access for female adolescents not only restricts their health literacy but also leaves them more vulnerable to misinformation and stigma.

Access of using digital devices to acquire knowledge about adolescent health



This gap highlights gender disparities in the ability to acquire critical knowledge about adolescent health, impacting young girls' access to reliable information on topics like mental health, menstruation, and reproductive health.

Qualitative Results (from Open Ended Answers)

Apart from surveys, this study adopts an exploratory qualitative research approach to understand the adolescence health issues in an in-depth manner and the type of intervention needed. During the time of the survey, each participant was given a free space to write about adolescent issues, barriers and support needed.

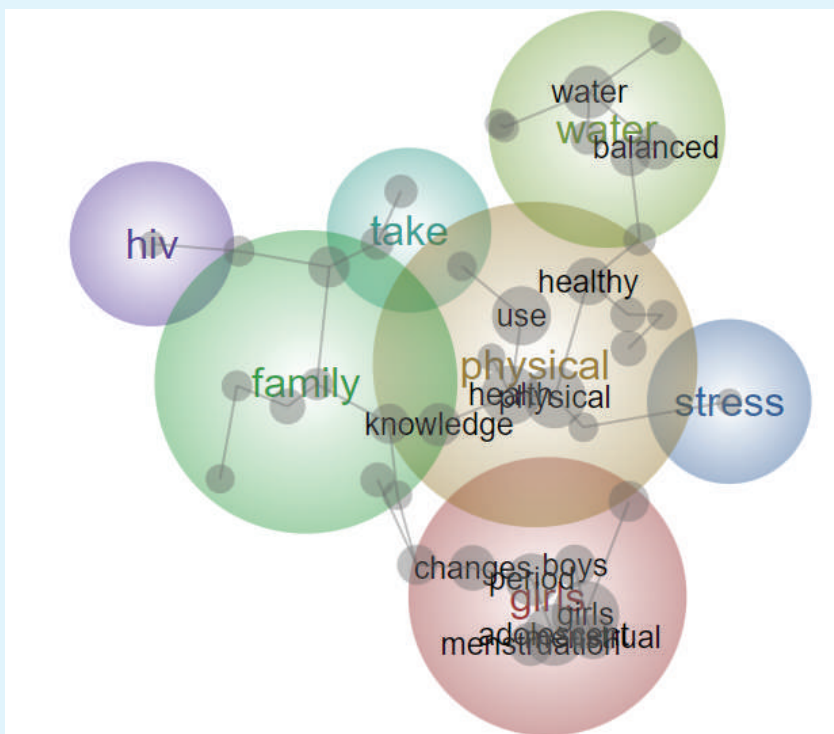
The data were analysed using Leximancer 5.0. Leximancer is a machine learning text analytics tool that analyses texts, map concepts and identifies co-occurrence (Patiar et al., 2021). Initially, transcripts from the recorded interviews were cleaned to correct for any errors or omissions that take place during the transcription process. The cleaned transcripts then uploaded in into Leximancer software for data analysis.

The advantage of using Leximancer is that it creates “concepts maps of words that travel together within text-based documents and these concepts indicate some element of being interrelated and connected” (Banfield et al., 2024, p. 5). This allows to perform an unbiased analysis using a machine learning tool.

Figure Q1 shows the Leximancer map for concepts and themes generated from relational texts analysis. As seen in the figure the identified concepts are presented in a circle, the larger the circle, the most prominent is the theme. The themes are also presented in heated map, where the hotter colours, such as “red”, indicate most discussed concepts in the texts, followed “brown”, “orange”, “green”, “blue” to “purple”.

The machine-learning analysis identifies six important themes. They are: Physical, Girls/Boys, Water/Cleanness, Family and School, HIV-AIDS and Stress. Given below are some direct quotes from participants from each of these themes:

Figure Q1: Unbiased Concept Mapping from Interview Data



Physical Health

- Concepts: health, use, healthy, knowledge, teachers, indicates
- “Teachers should give direction in society as well as do health campaigns.” (respondent 310). “Teachers should inform us about new things and health-related knowledge about how one can be healthy.” (respondent 136)
- “They can provide healthy safety books, and health-related knowledge & organize health-related panel.” (respondent 341)

Girls/ Boys

Concepts: girls, adolescent, period, changes, menstrual, menstruation, boys, hygiene, puberty

- “Some girls use clothes, some use Sanitary Napkins during menstruation period.” (respondent 343) Many adolescent girls said they use cotton cloth for menstrual hygiene management.

Water/Cleaness

Concepts: water, balanced, clean

- “Stay clean, eat nutritional food and have a balanced diet, drink safe water.” (respondent 186)
- “I think that to become a healthy person, you should stay clean, clean your hands before and after eating, use a hygienic toilet, drink safe water, eat a balanced diet, and do physical exercise daily.” (respondent 376)
- “Eating a balanced diet, taking baths regularly, staying Clean, keeping our residence and surroundings clean, doing regular sports, such as; football and cricket.” (respondent 148)
- “Stay clean, clean your hands before and after eating, use a hygienic toilet, drink safe water,
- “6 basic foods together, such as meat, carbohydrates, vitamins, mineral salts, water, fat, we mean balanced food.” (respondent 324)
- “Wash hands before eating and after using the toilet, regular Physical Exercise, sleep early, eat a balanced Diet.” (respondent 335)

Theme: Family/School

- “Family, school & teachers are barriers for me.” (respondent 78)
- “My family give mobile phone for a limited time.”
- Besides, some family limits mobile phone usage to a certain amount of time. This shows that by restricting digital device usage, the family wants their children not to get addicted or have any adverse health effects on adolescents.
- (respondent 353)
- “I will communicate with my family members.” (respondent 348)
- (respondent 398)

In addition, some respondents’ family consumes filtered and boiled water, showcasing a dual approach to water purification. Filtration helps them remove particulate matter and certain contaminants while boiling water effectively kills pathogens and other bacterial contamination.

HIV-AIDS

- “HIV is spread through the saliva of an infected person.” (respondent 368)
“If Aedes mosquito bites anyone then he/she will have AIDS.”
- “I think HIV AIDS spreads through If blood is taken from a patient suffering from this disease, then HIV is contracted or If associated with drug addicts.” (respondent 243)
“If someone uses a needle that an HIV patient has used will get infected by AIDS.”

Mental Stress

- “I feel tensed about the exam.” (respondent 356)
“Before examination, I am having mental stress.”
- “Too much pressure of reading”. “When I am studying, I don't eat food properly.” (respondent 389)
- “Teachers and parents are helpful for adolescents in dealing with stressful situations.” (respondent 111)

Areas of Attention

Area	Key Challenges that Adolescence Face
Nutrition and Hygiene	Limited Access to Clean Resources
	Inconsistent Nutritional Knowledge and Capability
	Difficulties in maintaining environmental cleanliness
Physical and Mental Health	Limited Knowledge about Physical Change
	Difficulties during adolescents on Mental Health
	Inaccurate information about Reproductive Health and STDs
Adolescent Menstrual Hygiene	Limited Knowledge about Menstrual Hygiene Management
	Difficulties during adolescents' health Protection
	Limited interaction opportunities with families and teachers on adolescence physical and mental health issues.



Data collection for Baseline Study in School.

Recommendations:

Recommendations for School Teachers and School Management Committee:

- Integrate health education into the school curriculum, emphasizing nutrition, hygiene, and adolescent physical and mental well-being.
- Organize workshops and seminars on menstrual hygiene, reproductive health, and prevention of sexually transmitted diseases (STDs).
- Create safe, supportive environments that encourage open discussions about mental health and provide students with access to counseling and guidance.
- Ensure essential resources at school, including clean drinking water, hygienic sanitary facilities, and nutritious meals.
- Equip teachers with specialized training to effectively educate students on puberty, physical changes, and mental health management.
- Engage parents and community members in awareness programs to promote consistent health-related conversations at home.
- Collaborate with healthcare professionals and institutions to offer reliable information and on-demand medical advice.
Implement routine monitoring of school facilities to maintain cleanliness and foster hygienic practices among students.

Recommendations for Community People, Especially Adolescent Parents:

- **Raise awareness** on key topics such as puberty, mental health, reproductive health, sexually transmitted diseases (STDs), menstrual hygiene, and early pregnancy to foster trust and understanding.
- **Encourage open conversations** with adolescents and their parents to address misconceptions and build mutual trust.
- **Remove gender gap** in access to technology and ensure equal opportunity between boys and girls.
- **Promote healthy eating habits** at home to ensure adolescents receive the nutrition they need for proper growth and development.
- **Educate adolescents on hygiene practices**, emphasizing the importance of cleanliness, safe water usage, and proper sanitation.
- **Stay informed about community resources**, such as local health clinics and facilities, to provide the best care and support for adolescents.
- **Ensure parents actively participate** in school meetings to stay aware of adolescent-related issues and challenges.



Adolescents Group Session for Community Awareness by Health Officer



Community Awareness for Parents of Adolescents by Health Officer

বিদ্যালয়ের শিক্ষকদের এবং স্কুল ব্যবস্থাপনা কমিটির জন্য সুপারিশসমূহ:

১. স্বাস্থ্য শিক্ষা পাঠ্যক্রমে অন্তর্ভুক্তকরণ: পুষ্টি, ব্যক্তিগত পরিচ্ছন্নতা এবং কিশোর-কিশোরীদের শারীরিক ও মানসিক সুস্থতার মতো বিষয়গুলোর উপর গুরুত্ব দিয়ে স্বাস্থ্য শিক্ষাকে পাঠ্যক্রমে অন্তর্ভুক্ত করুন, যাতে শিক্ষার্থীরা আজীবন স্বাস্থ্যকর অভ্যাস গড়ে তুলতে পারে।
২. স্বাস্থ্য বিষয়ক কর্মশালা আয়োজন: নিয়মিত কর্মশালা এবং সেমিনারের আয়োজন করুন, যাতে মাসিক স্বাস্থ্য, প্রজনন স্বাস্থ্য, এবং যৌনবাহিত রোগ প্রতিরোধের মতো গুরুত্বপূর্ণ বিষয়গুলো নিয়ে সচেতনতা তৈরি হয় এবং শিক্ষার্থীরা নিরাপদ ও সঠিক তথ্য পায়।
৩. মানসিক স্বাস্থ্য নিয়ে মুক্ত আলোচনা উৎসাহিত করা: এমন নিরাপদ ও সমর্থনমূলক পরিবেশ তৈরি করুন, যেখানে শিক্ষার্থীরা মানসিক স্বাস্থ্য নিয়ে আলোচনা করতে স্বাচ্ছন্দ্যবোধ করে। মানসিক চাপ ও আবেগজনিত চ্যালেঞ্জ সামলানোর জন্য শিক্ষার্থীদের পরামর্শ ও গাইডেন্স পরিষেবার সুযোগ দিন।
৪. প্রয়োজনীয় স্বাস্থ্য সম্পদ সরবরাহ: বিদ্যালয়ে পরিষ্কার পানীয় জল, পরিচ্ছন্ন স্যানিটারি সুবিধা, এবং পুষ্টিকর খাবারের মতো মৌলিক সম্পদের প্রাপ্যতা নিশ্চিত করুন, যা শিক্ষার্থীদের সামগ্রিক স্বাস্থ্যকে সহায়তা করবে।
৫. বিশেষায়িত শিক্ষক প্রশিক্ষণ: শিক্ষকদের বয়ঃসন্ধিকাল, শারীরিক পরিবর্তন এবং মানসিক স্বাস্থ্য ব্যবস্থাপনা নিয়ে শিক্ষার্থীদের শিক্ষাদান করার জন্য বিশেষ প্রশিক্ষণ দিন, যাতে তারা আত্মবিশ্বাসের সাথে এবং সংবেদনশীলতার সাথে এই বিষয়গুলো আলোচনা করতে পারেন।
৬. অভিভাবক ও সম্প্রদায়কে সম্পৃক্ত করা: স্বাস্থ্য সচেতনতা কর্মসূচিতে অভিভাবক এবং সম্প্রদায়ের সদস্যদের যুক্ত করুন, যাতে ঘরেও স্বাস্থ্য সম্পর্কিত খোলামেলা আলোচনা করা যায় এবং বিদ্যালয়ে শিক্ষিত বার্তাগুলো আরও শক্তিশালী হয়।
৭. স্বাস্থ্যসেবা পেশাদারদের সাথে সহযোগিতা: স্বাস্থ্যসেবা প্রদানকারীদের সাথে অংশীদারিত্ব গড়ে তুলুন, যাতে শিক্ষার্থীরা নির্ভরযোগ্য তথ্য এবং প্রয়োজনে চিকিৎসা পরামর্শ পেতে পারে এবং স্কুল স্বাস্থ্য কর্মসূচিগুলির বিশ্বাসযোগ্যতা বৃদ্ধি পায়।
৮. বিদ্যালয়ের সুবিধাসমূহ পর্যবেক্ষণ ও রক্ষণাবেক্ষণ: বিদ্যালয়ের সুবিধাগুলোর নিয়মিত পরিদর্শন এবং পরিচ্ছন্নতার উচ্চ মান বজায় রাখুন, যা ছাত্রছাত্রীদের মধ্যে পরিচ্ছন্নতার অভ্যাস তৈরি এবং স্বাস্থ্যকর শিক্ষার পরিবেশ নিশ্চিত করবে।

এই সুপারিশগুলো বিদ্যালয়ে কিশোর-কিশোরীদের স্বাস্থ্য সুরক্ষায় একটি সমন্বিত সহায়ক ব্যবস্থা গড়ে তোলার লক্ষ্যে দেয়া হয়েছে, যাতে শিক্ষার্থীরা শারীরিক ও মানসিক স্বাস্থ্য নিয়ে চ্যালেঞ্জগুলো সঠিকভাবে মোকাবেলা করতে পারে।

সম্প্রদায়ের মানুষ, বিশেষত কিশোর-কিশোরীদের অভিভাবকদের জন্য সুপারিশসমূহ:

- কিশোর-কিশোরীদের প্রতি বিশ্বস্ততা ও বোঝাপড়া তৈরি করতে বয়ঃসন্ধিকাল, মানসিক স্বাস্থ্য, প্রজনন স্বাস্থ্য, যৌনবাহিত রোগ (এসটিডি), মাসিক স্বাস্থ্য এবং অল্প বয়সে গর্ভধারণের মতো গুরুত্বপূর্ণ বিষয়গুলো নিয়ে সচেতনতা বৃদ্ধি করুন।
- ভুল ধারণা দূর করতে এবং পারস্পরিক বিশ্বাস গড়ে তুলতে কিশোর-কিশোরীদের এবং তাদের অভিভাবকদের সাথে খোলামেলা আলোচনা উৎসাহিত করুন।
- প্রযুক্তিতে প্রবেশাধিকারের ক্ষেত্রে লিঙ্গভেদ দূর করুন এবং ছেলে ও মেয়েদের সমান সুযোগ নিশ্চিত করুন।
- কিশোর-কিশোরীদের যথাযথ বৃদ্ধি ও বিকাশের জন্য তাদের পুষ্টির চাহিদা পূরণে বাড়িতে স্বাস্থ্যকর খাদ্যাভ্যাস প্রচলন করুন।
- পরিচ্ছন্নতা, নিরাপদ পানি ব্যবহার এবং সঠিক স্যানিটেশন-এর গুরুত্ব বোঝাতে কিশোর-কিশোরীদের স্বাস্থ্যবিধি সম্পর্কে শিক্ষা দিন।
- কিশোর-কিশোরীদের সর্বোত্তম যত্ন ও সহায়তা প্রদানে স্থানীয় স্বাস্থ্য ক্লিনিক এবং সুবিধাসমূহের মতো সম্প্রদায়ের সম্পদ সম্পর্কে অবগত থাকুন।
- কিশোর-কিশোরী সম্পর্কিত বিষয় এবং চ্যালেঞ্জ সম্পর্কে অবগত থাকার জন্য অভিভাবকদের বিদ্যালয়ের সভায় সক্রিয় অংশগ্রহণ নিশ্চিত করুন।



Community Health Awareness in Talukdar Foundation by Health Officer

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