Baseline Survey of the Generation Breakthrough Project

Prepared for



United Nations Population Fund (UNFPA)
IDB Bhaban (15th Floor), E/8-A Rokeya Sharani
Sher-e-Bangla Nagar, Dhaka 1207, Bangladesh

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Human Development Research Centre
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Dhaka: July 2015

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Acknowledgements

The UNFPA is working with Ministry of Education (MoE) and Ministry of Women and Children Affairs (MoWCA) to implement the Generation Breakthrough Project in its project areas at four districts (Barguna, Patuakhali, Barisal town and Dhaka city). Recently, UNFPA has assigned Human Development Research Centre (HDRC) to conduct a Baseline Survey of Generation Breakthrough Project in its project areas.

We express our deep gratitude to the relevant officials of UNFPA, Bangladesh for entrusting Human Development Research Centre (HDRC) to carry out this nationally important survey on adolescents focusing Gender Based Violence (GBV) and Sexual and Reproductive Health Rights (SRHR).

We are grateful to Dr. Mohammad Jahangir Hossain, Director (Planning and Development), Directorate of Secondary Education, and Project Director, Generation Breakthrough Project, Directorate of Women and Children Affairs, Mr. A.B.M Zakir Hossain, Project Director (Joint Secretary), Directorate of Women and Children Affairs, and Dr. Mohammad Sharif, Director, MCH&FP and Adolescent Health (AH), Directorate of Family Planning, Government of Bangladesh for their invaluable support to the study.

We highly appreciate the enthusiasm of UNFPA and International Centre for Research on Women (ICRW) team for the survey. We are grateful particularly to Eshani Rupawana, Programme Manager, Youth and Adolescent Section, Dr. Muhammad Munir Hossain, National Programme Officer, Youth and Adolescent, Md. Mozaharul Islam Khan, Monitoring and Evaluation Officer, Shamima Parvin, Senior Programme Officer, Gender, Debashish Choudhury, Procurement Officer, and Mohammad Shams Uddin, Procurement Assistant (all from UNFPA), and Ravi Verma, Regional Director, Asia Regional Office, and Pranita Achyut, Senior Technical Specialist – Adolescent & Gender, ICRW, and for their valuable inputs at different stages of this research, including finalization of methodology, data collection instruments and tabulation plans. We owe our profound gratitude to Alamin Shovon, Humaira Farnanaz and Ishrat Jahan Baki from Plan International for their precious inputs and support towards the study. We are indebted to all the programme officials of UNFPA, ICRW and Consultants of Embassy of Netherlands who have provided useful ideas in finalization of data collection instruments.

We gratefully acknowledge the cooperation from District and Upazila officials of Directorate of Education, Directorate of Women and Children Affairs, Directorate of Family Planning, CWFD, and local NGOs, and school, madrasah and club authorities of the study areas for supporting and providing us with required information. We are overly indebted to the students, parents, and the adolescent population of four project districts who have self-administered the questionnaire, allowed us to interview them and provided support through their time and cooperation during the process of data collection. We are grateful to in-depth interview participants who provided us with lot of valuable information during the process of interview.

We are thankful to the Quality Control Officers of ICRW and UNV, and field team members of HDRC for their commendable work done with utmost sincerity in study areas. Among our in-house staff, Niamat Sarker and other Research Associates and in-house staff members of HDRC also worked 'neck to neck' with us in successful completion of the job.

Above all, we have a special debt to the respondents of the survey for their enduring encouragement towards the research team in accomplishing this critical assignment and providing helpful information.

Abul Barkat, Dhaka: July, 2015
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Abbreviations

AH	Adolescent Health
AIDS	Acquired Immuno Deficiency Syndrome
ANC	Antenatal care
ASRHR	Adolescent Sexual Reproductive Health and Rights
CD	Compact Disc
DCIs	Data Collection Instruments
DDFP	Deputy Directors of Family Planning
DVD	Digital Versatile Disc
DWCA	District Women and Children Affairs Officers
EPI	Expanded Programme on Immunization
GBV	Gender Based Violence
HDRC	Human Development Research Centre
HIV	Human immunodeficiency virus
ICRW	International Centre for Research on Women
ICT	Information and Communications Technology
IDI	In-depth Interviews
MA	Medical Assistant
MoE	Ministry of Education
MoWCA	Ministry of Women and Children Affairs
Mo-MCH-FP	Medical Officer MCH-FP
NGO	Non-governmental organization
PNC	Postnatal care
QCO	Quality Control Officers
RTI/STI	Sexually transmitted infections/diseases
SACMO	Sub-assistant Medical Officer
SRH	Sexual and Reproductive Health
SRHR	Sexual Reproductive Health and Rights
ToR	Terms of Reference
UEO	Upazila Education Officer
UN	United Nations
UNFPA	United Nations Population Fund
UWCA	Upazila Women and Children Affairs Officers

CONTENTS

Sl. No. Title Page #

Acknowledgements
Abbreviations
Baseline Status of Selected Indicators of Generation Breakthrough Project

Executive Summary ..... *i-v*

CHAPTER 1: INTRODUCTION AND OBJECTIVES 1

1.1 Introduction 1
1.2 Objectives of the Survey 2

CHAPTER 2: METHODOLOGY 4

2.1 Methodology 4
2.1.1 Quantitative survey design 4
2.1.2 Qualitative data collection design 6
2.2 Questionnaires for Baseline Survey 6
2.3 Training and Field Works 6
2.4 Data Processing and Database Preparation 7
2.5 Data analysis Plan 7
2.6 Construction of Composite Index 7
2.7 Challenges of the Survey 7

CHAPTER 3: BASIC INFORMATION OF THE RESPONDENTS 8

3.1 Age of the Respondents 8
3.2 Level of Education of Adolescent Club Members 8
3.3 Parents Level of Education 8
3.4 Parents Occupation 8
3.5 Marital Status of Respondents 9
3.6 Place of Living of Respondents 9
3.7 Key Income Earner of Respondent's Household 9
3.8 Key Decision Maker Regarding Education Matters at Respondent's Household 9
3.9 Key Decision Maker Regarding Marital Matters at Respondent's Household 9

CHAPTER 4: SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF ADOLESCENTS 10

4.1 Knowledge, Attitude and Experiences on ASRHR 10
4.1.1 Knowledge of ASRHR and gender issues in curricula of school and club teaching 10
4.1.2 Dependable sources of SRH information 10
4.1.3 Feelings with growing body 11
4.1.4 Experience of nocturnal emission and masturbation 11
4.1.5 Experienced menstruation and maintenance of menstrual hygiene during period 12
4.1.6 Knowledge about problems during pregnancy, ANC and PNC 12
4.1.8 Knowledge on three delays responsible for maternal mortality 13
4.1.9 Knowledge about contraceptives 13
4.1.10 Knowledge on sources of condom and its proper use 13
4.1.11 Knowledge of proper use of pills 13
4.1.12 Discussion on issues related to ASRH 14
4.1.13 Knowledge on dual protection of condom 14
4.1.14 Knowledge of pregnancy at first unprotected sex 14
4.1.15 Campaign/workshops in schools and madrashas focusing ASRHR 15
4.1.16 Experience of SRH problems, health facilities utilized and satisfaction level 15
4.1.17 Knowledge on adolescent friendly health services in locality 15
4.1.18 Household decision maker on health related issues 16

Sl. No.	Title	Page #
4.2	Knowledge and Practice of Smoking and Drug Addiction among Adolescents	16
4.2.1	Awareness about the smokers and drug addicts, harmful effects and practices	16
4.2.2	Exposure to pornographic materials	17
4.3	Knowledge on STIs and HIV/AIDS among Adolescents	17
4.3.1	Knowledge on STIs, transmission and manifestation	17
4.3.2	Experience of symptoms of STIs and consulting service provider	18
4.3.3	Knowledge on HIV/AIDS, transmission and protection	18
4.3.4	Comprehensive knowledge on HIV transmission	18
4.3.5	Frequency of sex and confidence for using condoms	19
4.4	Appointment of Teachers of Same Sex as of Sex of Students	19
4.5	Parents' Participation Experience in Campaign/Workshops on SRHR	19
CHAPTER 5: GENDER ISSUES		20
5.1	Knowledge, Attitude and Experiences of School/Madrasah Students and Club Members	20
5.1.1	Gender perceptions and attitudes	20
5.1.2	Knowledge of negative effects of violence against boys, girls and women	21
5.1.3	Experience of classmates to violence	21
5.1.4	Knowledge of services for violence against boys, girls and women	21
5.1.5	Services receiving experience on violence issues and satisfaction level	22
5.1.6	Close friend's exposure to proposal for physical relationship	22
5.1.7	Protest experience about violence against boys, girls and women	23
5.1.8	Alternative skills against violence	23
5.1.9	Suggestions of respondents to prevent violence	23
5.2	Knowledge, Attitude and Experiences of School and Madrasha Teachers	23
5.2.1	Curriculum, class/period, and teachers focusing gender equity	23
5.2.2	Subjects/issues taught or information provided in the course/topic on gender equity	24
5.2.3	Perception about appointment of teachers	24
5.2.4	Opinion on friendship between girls and boys	24
5.2.5	Attitude of school and madrasha teachers on different gender issues	24
5.2.6	Focus on gender equity by campaign/workshops in schools and madrashas	25
5.3	Knowledge, Attitude and Experiences of Gender Promoters in Clubs	25
5.3.1	Existence and nature of activities in clubs focusing gender equity	25
5.3.2	Perception about appointment of gender promoters of same sex as of members	25
5.3.3	Attitude of gender promoters on different gender issues	25
5.3.4	Focus on gender equity by campaign/workshop in clubs	26
CHAPTER 6: ADOLESCENT MARRIAGE AND DOWRY		27
6.1	Knowledge on Legal Age of Marriage of Respondents	27
6.2	Source of Knowledge of Legal Age of Marriage of Respondents	27
6.3	Reported Bad Effects of Adolescent Marriage by Respondents	27
6.4	Perception on Adolescent Marriage of Respondents	28
6.5	Perception on Dowry of Respondents	28
6.6	Knowledge, Attitude and Experiences of School and Madrasah Teachers	28
6.6.1	Observing incidents of forced/early marriage among students	28
6.6.2	Action taken against incidents of forced/early marriage	28
6.6.3	Observing incidents of dowry demand	29
6.6.4	Action taken against incidents of dowry demand	29
6.7	Knowledge, Attitude and Experiences of Gender Promoters in Clubs	29
6.7.1	Observing incidents of forced/early marriage among club members and actions taken against such incidents	29
6.7.2	Observing incidents of dowry demand among club members and actions taken against such incidents	29

Sl. No.	Title	Page #

CHAPTER 7: VIOLENCE ON ADOLESCENT STUDENTS IN SCHOOL 30

7.1 Violence against Students by Teachers or School Staff 30
7.1.1 Exposure to physical/psychological violence from teachers/employees 30
7.2 Violence Perpetration in School by Students 31
7.2.1 Exposure to beating and measures taken by authority and parents 31
7.2.2 Exposure to psychological humiliation and measures by school/madrasah authority 31
7.2.3 Exposure to sexual humiliation in schools/madrasahs 32
7.2.4 Commission of violence against students by someone bearing studentship 33
7.2.5 Witnessing violence against students and action taken 34
7.2.6 Observing sexual harassments against students and measures taken by teachers 34

CHAPTER 8: VIOLENCE AGAINST ADOLESCENTS IN COMMUNITY 35

8.1 Exposure to Beating 35
8.2 Exposure to psychologically humiliation 35
8.3 Exposure to Sexual Humiliation and Actions Taken by Club Authority and Parents 36
8.4 Commission of Violence by Adolescents in the Community 37

CHAPTER 9: STATUS OF ASRHR AND GENDER EQUITY ACTIVITIES: GOVERNMENT AND NGOs 39

9.1 A Socio-psychological Perspective on ASRH and Gender Issues 39
9.2 Activities Likely to Ensure ASRHR and Gender Equity 39
9.3 Communication, Monitoring, Counselling and Awareness-Generating Programs 40
9.4 Programs and Skilled Manpower for ASRH Education and Gender Equity 40
9.5 Provision of ASRH Services and Challenges 41
9.6 The Drive for Collaborative Initiative 42

CHAPTER 10: CONCLUSIONS 43

REFERENCES 45

Sl. No.	Title	Page #

List of Figure

Figure 3.1: Age distribution of respondents (%) 8
Figure 3.2: Key income earner of respondent's household (%) 9
Figure 4.1: Distribution of students by key dependable sources of SRH information (%) 10
Figure 4.2: Distribution of club members by dependable sources of getting SRH information (%) 11
Figure 4.3: Experiencing menstruation and maintenance of menstrual hygiene of club girls (%) 12
Figure 4.4: Distribution of the respondents by their knowledge on dual protection of condom (%) 14
Figure 4.5: Knowledge of club members on dual protection of condom (%) 14
Figure 4.6: Students' believe on risk of pregnancy after first unprotected sex (%) 14
Figure 4.7: Knowledge of club members on possibility of pregnancy at first unprotected sexual act (%) 15
Figure 5.1: Reporting types of services that they are aware of for information and supports of violence issues (Students and club members) (%) 22
Figure 6.1: Teachers reporting about actions taken against incidents of forced/early marriage (%) 28
Figure 6.2: School and Madrasah teachers reporting about actions taken against incidents of dowry demanding (%) 29
Figure 7.1: Distribution of adolescent by experience of being violated by teachers/ school staff (%) 30
Figure 7.2: Distribution of students experienced of being psychologically punished by teachers or school staff (%) 30
Figure 7.3: Distribution of students by types of psychological violence experienced by them (%) 31
Figure 7.4: Distribution of adolescent students experienced sexual violence by any student in the school/madrasah (%) 32
Figure 7.5 Distribution of adolescent students by committing violence against any girl or boy or both in school (%) 34
Figure 8.1: Distribution of adolescent club members experienced physical violence in community (%) 35
Figure 8.2: Distribution of club members by types of psychological violence experienced by them (%) 36
Figure 8.3 Distribution of adolescent club members by committing violence against any girl or boy or both (%) 38

List of Table

Table 2.1: Sample allocation of school and madrasah by project locations 5
Table 4.1: Percentage distribution of school/madrasha going adolescent girls by experiencing menstruation, material used, method of cleaning and place of drying washed rag 12
Table 4.2: Percentage distribution of adolescent respondents by their comprehensive knowledge on HIV transmission 18
Table 5.1: School and Madrasha teachers reporting on subjects/issues taught or information provided on gender equity (%) 24
Table 5.2: School and madrasha teachers reporting on friendship between girls and boys (%) 24

ANNEXURE

Annex 1: Data Tables 47-88
Annex 2: Data Collection Instruments (DCIs) 89-213
Annex 3: Consent Form 214-215
Annex 4: Coverage of the Survey 216-217
Annex 5: Data Analysis Plan 218-219
Annex 6: Sample Distribution of the Survey 220-222
Annex 7: Construction of Composite Index 223-226
Annex 8: Odds Ratio for Selected Indicators 227-228
Annex 9: Members of the Study Team 229-231

Baseline Status of Selected Indicators of the Generation Breakthrough Project

Indicators	Students	Club members
1. % of adolescents Gender equitable, Non-violent, and Responsible		
Gender equitable		
High	40.1	52.7
Moderate	58.4	45.4
Low	1.5	2.0
Non-violent	83.9	85.9
Responsible	0.6	0.5
2. % of adolescent who have comprehensive knowledge on Sexual Reproductive Health and Rights(SRHR) issues and negative effects of Gender Based Violence (GBV)		
Comprehensive knowledge on SRHR issues	0.4	1.9
Negative effects of GBV	44.6	69.9
3. % of adolescents who are knowledgeable about the source of SRHR and GBV prevention information		
Knowledgeable about source of SRHR information	92.7	98.5
Knowledgeable about source of GBV prevention information	29.6	81.1
4. % adolescents who agree that a husband is justified in beating his wife for at least one reason	25.4	28.6
5. Level of skills among adolescents about SRHR and GBV	52.0	66.5
6. % of adolescents who fell able to say 'No' to any undesired proposal for physical relationship	90.9	89.8
7. % of marriage before 18	0.7	0.0
8. % of adolescent who have knowledge on HIV/AIDS	2.3	7.3
9. % of adolescents reported of having at least one youth friendly facility in or around their school/madrasah or community	15.3	21.8

Executive Summary

Introduction

Bangladesh is a country, where adolescents accounting for one-fifth of the total population have a poor understanding of their own sexuality, wellbeing, health and rights. The pre-adolescent and adolescent boys and girls grow up here through witnessing or experiencing Gender-based Violence (GBV). Early marriage, leading to teenage pregnancy, is another problem. Risk of unwanted pregnancies and unsafe abortions in adolescents are the other problems, which deteriorates when they become sexually active without any contraception before or after marriage. As they do not get required information on Adolescent Sexual and Reproductive Health and Rights (ASRHR) from home and school, mostly they learn it from wrong sources. Proper and adequate education is essential to understand adolescent desires, safer sex, sexuality, reproduction and HIV or other STIs. There remains an enormous unmet need in this group to grow up in healthy, non-violent, gender-equal environment. Against this backdrop, access to reliable ASRHR information and services is both a priority and a challenge.

Considering an enormous unmet need on SRHR and GBV in adolescents, UNFPA has launched Generation Breakthrough Project in four districts of Bangladesh. A baseline survey of the project has been conducted by Human Development Research Center (HDRC), which will set a baseline for regular results-based monitoring, and evaluation at the end of the project.

Objectives of the Survey

The objective of this survey is to carry out a baseline study, for Generation Breakthrough Project at schools, clubs and sports organizations at four project districts, on knowledge, attitude and practices among adolescent boys and girls, school teachers, and parents in relation to ASRH and genders issues.

Methodology of the Survey

This baseline survey includes both qualitative and quantitative data/information collection to assess the current GBV and ASRHR scenario in selected program locations. This assignment entails quantitative data collection that includes a survey where information of adolescent boys/girls in school and madrasaha (grades VI, VII, IX and X) was collected, using a structured questionnaire for self-assessment interview, and members of adolescent clubs were interviewed separately. In addition, qualitative information has been collected through In-depth Interviews (IDI), with different government officials, local NGO officials, health service providers, parents/guardians, etc.

A total of 3051 students have been interviewed using self-assessment questionnaire and 206 club-members interviewed one to one using the same type of questionnaire. Sample design for this survey was stratified and selected in two stages. Each project area was stratified into two strata (GB Arm and GEMS Arm). Ethical consent has been collected from the parents of students prior to the survey. The qualitative and quantitative data analyses have been done separately and their findings triangulated where applicable.

Study Findings

Basic Information of the Adolescents: Most respondent students from school/madrasaha are of 10-12 years of age groups (59.0%), followed by age 13-14 years (28.3%). Only 13 of percent students are 15-17 years old. Almost all adolescents in schools, and all the club members are unmarried and live with parents, and most of their mothers are housewives. Fathers are the key income earner and main decision-maker in all the issues. Primary occupation of most of the fathers is either unskilled labor or business.

Adolescent Sexual and Reproductive Health and Rights: Both adolescent students and adolescent club members have shown their lack of awareness of ASRHR issues. The students and club members are less aware of 'sexuality', 'conception process', 'contraception', and 'STIs and its prevention', included in their school curriculum. Both teachers and gender promoters acknowledged it. The dependable source of SRH information to the adolescents is public hospital/clinics, followed by NGO, and private hospital/clinics, and television/ radio. However, currently they learn it from friends, siblings, mothers, teachers, text books and television.

Around half of the girl students and four-fifths of club girls have experienced menstruation. During menstruation, around half of each of the girl students uses sanitary pad and cloth, while among club girls these are used by half and one-third respectively. More than 90 percent of cloth users wash used cloth with soap and water. And, 27 percent students, and 39 percent of club girls dry it under sufficient light.

Around 16 to 31 percent students and 26 to 54 percent of club members are aware of complications of pregnancy, namely- severe headache, blurred vision and profuse vaginal bleeding. Only 4 percent students and 12 percent club members are aware of the need of at least 4 ANCs, and 5 percent students and 16 percent club members aware of at least 2 PNCs. About 39 percent students and 72 percent club members are aware of three delays responsible for maternal mortality. Boys are found relatively much more aware of all the maternal health issues than the girls.

Only 45 percent of students and 13 percent of club members have visited any health facility for SRH problems during last 6 months. Among those visited facilities, 48 percent students and 38 percent club members are satisfied with their care. Around 15 percent students and 22 percent club members know at least one facility where youth-friendly services are available. Father is the final decision maker on health issues in both the adolescent groups.

Merely 17 percent of students (boys 24.0%, girls 9.8%) and 37 percent club members (boys 48.5%, girls 26.2%) have the knowledge of contraceptives. Condom is most familiar to them, followed by oral pills. The most reported source of condom is pharmacy. Around 16 percent students and 38.8 percent club members are aware of ‘dual protection of condom’. Regarding places/provider for safe abortion, majorities reported govt. hospital/clinic, followed by NGO hospital/clinic, private doctor, and private nurse.

As admitted by themselves, 3 percent students and 5 percent club members are smoker and/or drug addict. However, according to teachers and gender promoters, around 30 percent have this smoking practice/ addiction. About 52 percent students and 80 percents do not know about bad effects of smoking/addiction. More than 70 percent are confident enough to refuse drugs or smoking, even if offered by close friends.

Merely, 15 percent students and 30 percent club members have heard of sexually transmitted infections (STIs), and most common modes of transmission are STIs is known to more than half, and symptoms of STIs are known to one-third of them. Around one-third students, and two-thirds of club members have heard of HIV/AIDS. About 20 percent of students and 45 percent of club members know the common modes of transmission of HIV, and 13 percent students and 25 percent club members know preventive measures against HIV/AIDS.

According to 81 percent teachers, they are having curriculum focusing ASRHR. However, 40 percent of them reports having particular classes/period on ASRHR, while only 28 percent reports of having particular teachers assigned to take classes on it. Around half of them teach the students on bad effects of smoking/drug addiction. About 35 percent teachers report the launch of campaigns/workshops in their educational institutions on ASRHR, mostly organized by government organizations.

According to club gender promoters, half of the clubs have activities on informing on ASRHR issues. However, gender relationship, safer sex behavior, and issues like dual protection of condom are neglected. Half of them are teaching on bad effects of smoking/ drug addiction. Most of the gender promoters do not report any campaign/workshop on ASRHR in their clubs.

Gender Issues: Study findings on knowledge, perception and attitude among adolescent school students and club members towards the norms and views reflect negative gender roles and relation based reactions developed through the existing socio-cultural practices across the country. Accepting massively the fact that, 'boys are violent and girls are tolerant by nature', most of the adolescents support the roles which society assigns differently for men and women. The adolescents also 'agree to see women in home making and rearing children rather than doing service', whereas 'agree to hold more rights of men in household decision making'. It is alarming that, a noteworthy proportion of these adolescents are found who support domestic violence against women with notion of 'tolerating such violence to hold family bondage'. Although most of the teachers are positive on gender attitude, around 30 percent of them support beating wife. In addition to this, study finds that both adolescent boys and girls in majority hold the view that 'girls who wear less cloth provoke boys for violence'. However, more than half of the students do not support the statement that 'it is appropriate for teachers to give physical punishment to students in certain situations'.

The study finds that around half of adolescent students and club members know of public hospital for information and support services regarding violence issues. Considerable proportions of them also know of One Stop Crisis Centre (OCC), counseling centre under MOWCA, and victim support centre in police station. Nearly, one-fourth students (boys 32.4%, girls 19.8%) and two-fifths club members have raised their voice against gender based violence. The findings show that, around half of the students and club members have developed at least one of skills alternative to violence.

Above 85 percent students and 94 percent club members have the knowledge on legal age of marriage for women. Adolescents mostly gained their knowledge on legal age of marriage from parents, teachers, or television. More than 90 percent of them believe that, marriage at adolescent age is bad and do not support dowry. Boys are more aware of harmful effects of adolescent marriage as compared to girls.

According to teachers, less than one-fourth of schools have teachers assigned to teach gender issues, and in only half of the schools, there are courses/topics on gender equity. However, during teaching the students, providing knowledge to handle sexual propositions, and source of GBV prevention information is neglected. Half of the teachers reports having campaigns and workshops in their educational institutions on gender equity organized mostly by the NGOs. Promotion of non-violent and responsible behavior is neglected in these workshops. More than three-fourths of the teachers are of opinion to appoint separate teachers for gender equity and ASRHR based on sex of the students.

According to club gender promoters, half of them have all activities for promoting gender relationships. However, only a few have activities for promoting non-violent and responsible behavior. Most of the gender promoters report positively on gender attitude issues. Majority of gender promoters reports that there were no campaigns/workshops on gender equity in their clubs. Although, a low proportion of gender promoters reports of knowing forced/early marriage incidents, in most of the cases they took initiative against this. More than two-thirds of them opined of appointing gender promoters based on sex of club members.

Violence against Students in School and Adolescents in Community

Violence by teachers or employees in school: A quarter of students have experienced physical violence by teachers or employees. In most of the cases, the perpetrators of violence are male. In addition, around 30 percent of students report the occurrence of psychological violence against them by teachers or employees. Most of them reported about facing humiliating or insulting language or being threatened verbally, mostly perpetrated by male teachers/staffs. Most of the time, the students had neither informed it to the school/madrasaha authority, nor their parents. Even if some of them had reported, in most of the instances, the authority or others did not take any action.

Violence by students: Around 13 percent of students experienced at least one type of physical violence by students in school or community. In most of the cases, such acts were done by the male students. In one-third of cases, the students informed it to school authority and in 40 percent cases the school authorities took action against perpetrator students. Regarding psychological violence by students the response was almost the same. Around 7 percent students and 6 percent club members experienced at least one type of sexual violence by students in school or community. Very few of them either tried to stop the perpetrators or shared such incidents with their parents/siblings or friends.

Perpetration of violence by students and club members: Very few of the students or club members admitted committing violence against on other students or adolescents in community.

Teacher's reporting about violence on students: A 14 percent school and madrasaha teachers have observed that students were threatened verbally, and another 6 percent witnessed physical violence on students by teachers or staff. In 20 percent cases they warned the teacher and or staff, in 53 percent cases they took no action. About 96 percent teachers did not report of sexual harassments among their students. However, those who observed it, counseled the victim students in 55 percent cases.

Parent's reporting about violence on students: The parents do not discuss issues of violence with their adolescent children. This indicates an ever existing gap in parent-children relationship.

Conclusions

The overall scenario of knowledge, attitude and practice appears to be an unpleasant truth and hard reality for the adolescents living in the Generation Breakthrough Project areas. The adolescents , both inside and outside schools (clubs) in these areas, have low knowledge and poor attitude in terms of ASRHR, gender issues, adolescent marriage and dowry, smoking and drug addiction, STIs and HIV/AIDS, and have high experience of being subjected to or witnessing violence on students in schools and violence on adolescents in community.

It is revealed from the study that knowledge of the school-going and club-going adolescents regarding various ASRHR and gender issues is very poor. Although issues are there in their text book or club teaching, teachers and club gender promoters do not pay due importance on vital issues. The other reason behind low knowledge of ASRHR and GBV issues is that, the parents do not feel it import to discuss it with adolescents. NGOs are playing some role in facilitating teaching of the adolescents in school and out of school clubs.

The research highlights that, the attitude of the adolescents towards GBV and other gender issues is still not positive regarding so many vital issues. Although half of the adolescents are informed of the services for GBV, only a few are informed of the 'hotline/helpline service through call center', and 'OCC'. Although some government and NGO efforts are there, the schools and clubs do not have any organized communication with them.

In the areas under survey, there are some government and NGO efforts regarding provision for adolescent-friendly services. But, most of those are limited to counseling.

Although government has included adolescent SRH and gender issues in its school curriculum, due to traditional attitude, lack of proper training of teachers and lack of a proper educational system on ASRH, the school-going adolescents are being deprived of getting its expected result. On the other hand, health service providers cannot provide FP supplies and MR services to unmarried adolescents due to existing policy of the government.

In this situation, it is really a challenging task for UNFPA to implement programs in four districts for supporting adolescents, educational institutions, and communities with specific interventions for breaking the silence, at this stage of development.