

FOCUS ON YOUNG ADULTS

An Assessment of the RSDP/BRAC Adolescent Family Life Education Program

Background

BRAC, the Bangladesh Rural Advance Committee, -the largest nongovernmental development organization in Bangladesh, has been providing informal primary education to the poorest people of Bangladesh (the landless) for 13 years through some 34,000 schools. Recently, in collaboration with the Rural Service Delivery Project (RSDP), BRAC introduced the Adolescent Family Life Education (AFLE) Program into 350 schools. The AFLE, aimed at reaching poor rural children aged 10-15, was incorporated into two, three-year-cycle pilot projects in BRAC's Basic Education for Older Children Program, one of its informal primary education models. The AFLE curriculum was to be taught only in the third year of the pilot projects.

During the second three-year cycle, an assessment was conducted to provide a better understanding of how the AFLE Program evolved, how BRAC's strategy of social action contributes to program effectiveness, how the program creates links to health service delivery, the strengths and weaknesses of the program, and how the program might be expanded or replicated.

Data and Methods

The assessment was conducted using qualitative, participatory methods. Group discussions were held with male and female participants, as well as with adolescents who did not attend the project schools (i.e., nonparticipants). Interviews were conducted with program and field-level staff, parents, and key community members in each of the four program areas. Program documents also were reviewed.

Findings

- Students in the AFLE Program were primarily female (70 percent), and ~~they~~ were the children of parents already involved in the village organizations of BRAC's Rural Development Program. The drop-out rate for Phase I, the first three-year cycle, was 8 percent. Although one of the objectives of the AFLE Program is that students go on to formal secondary schools once they complete the three-year course, no system tracks program graduates.
- BRAC's strategy of social action contributes much to the program's effectiveness. The process of social action includes four steps: (1) identifying social groups, (2) engaging in discussions to build trust, (3) holding forums to increase dialogue, and (4) creating links to other programs. A one-page message, combined with training, was enough to equip program organizers and teachers (female members of the

community) with the skills to defuse community resistance to the program. During the second phase, the AFLE Program was expanded to include more culturally conservative areas of Bangladesh (i.e., sites with high fertility rates, low contraceptive use rates, low female literacy, high religiosity, and low mobility of women).

- The first-phase curriculum covered primary health care, with only 3 of the 12 sections devoted to reproductive health issues. The second-phase curriculum was redesigned to focus specifically on adolescent reproductive health issues and to accommodate increased awareness and understanding by graduates and current students of the topics covered (e.g., adolescence and adolescent needs, reproduction and menstruation, marriage and pregnancy, sexually transmitted infections and HIV/AIDS, family planning and birth control, smoking and substance abuse, and gender issues). However, the amount of time given to the AFLE curriculum still should be increased.
- Although referral to health care providers is not a formal component of the AFLE curriculum, students learn about the services available for general illnesses in the first and second years of the program. The BRAC Health Center does not monitor rates of use by adolescents. However, students in the AFLE Program not only could list formal-sector health services but, when questioned about their past health-care-seeking behavior, indicated that they accessed the formal health service delivery system in addition to the informal system. Nonparticipants could list fewer services, most in the informal, traditional, and commercial sector. They also described accessing informal and private-sector health providers, with little or no mention of the formal-sector system.

Implications

- BRAC's AFLE Program appears to be effective in building awareness of the needs of adolescents and influencing community norms about such issues as the ages appropriate for getting married and first giving birth, the dangers of early childbirth, and the value of education. Further, the curriculum has developed awareness of and imparted knowledge on key adolescent health issues. Adolescents in the program are aware of, make use of, and refer others to health services in the formal sector. Moreover, the need for AFLE in Bangladesh is very high, with adolescent female illiteracy at 50 percent, the maternal mortality rate -for adolescent females at 5.8 per 1,000 live births, and unplanned births to adolescent females at 21 percent of all births to that age group.
- The AFLE Program can be expanded, with minor modifications to improve efficiency and effectiveness. It can be expanded within BRAC/RSDP and in RSDP (outside of BRAC/RSDP). It can be adopted by other NGOs and the formal education system. BRAC has experience both with phasing out and scaling up the AFLE Program.

Source: Barkat, Abul, Shamsheer Ali Khan, Katherine Bond, Irit Houvras, Mahboob Aminur Rahman, Rashed Kabir, Sarder Jahangir Hossain and Meghla Islam. June 1999. *An Assessment of RSDP/BRAC Adolescent Family Life Education Program*. Washington, DC: FOCUS on Young Adults/Pathfinder International.

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