

Original Paper

Adolescents Engagement to Promote Maternal and Newborn Health Services in Bangladesh: The Case of Faridpur District

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Abstract

In Bangladesh, adolescent-related development projects usually focus on adolescent health, education, well-being, and protection. These development projects are implementing by national and international development organizations and the government. In most cases, the adolescent groups are the project participants and beneficiaries. Besides the beneficiary, they can play a significant role in promoting development services as health-seeking behaviours, especially maternal and newborn health (MNH) in the community. Lack of engagement initiatives and information about their social role and responsibilities prevents them from using their agency and expectance in society to increase services for poor and marginalized communities. To address this issue, Save the Children International engaged adolescents through project intervention for using adolescent agencies to promote MNH services from public health facilities.

Keywords

adolescent engagement, adolescent club, maternal and newborn health, union parishad, public health facility, capacity-building, union health and family welfare centre, antenatal care, normal vaginal delivery

1. Introduction

Adolescence is the phase of life between childhood and adulthood, from ages 10 to 19. It is a unique stage of human development and an important time for laying the foundations of good health (Unicef, 2018). About 1.3 billion (16%) of the world's population are adolescents. The vast majority of this population currently lives in low- and middle-income countries, where the number of adolescents is projected to continue to grow (WHO, 2024). In Bangladesh, there are more than 32 million adolescents, making up 23% of the entire population. It is estimated that by 2030 more than 35 million adolescents will live in Bangladesh (Oxford Policy Management, 2020).

Adolescents have the powerful agency to be active citizens and contribute to addressing social issues affecting service delivery mechanisms. The United Nations defines adolescent and youth engagement as “the active and meaningful involvement in all aspects of their development and that of their communities, including their empowerment to contribute to decisions about their personal, family, social, economic, and political development” (United Nations, 2007).

Adolescent engagement is defined in the UNICEF Adolescent and Youth Engagement Strategic Framework as “The rights-based inclusion of adolescents in areas that affect their lives and their communities, including dialogue, decisions, mechanisms, processes, events, campaigns, actions and programs – across all stages, from identification, analysis, and design to implementation, monitoring, and evaluation.” (Unicef, 2020). This strategic framework focuses on adolescents engaging themselves in social development issues in their communities. It is possible if the development projects target them as change agents and actors for social development.

But in most cases, different government departments, national and international development organizations, especially NGOs (non-government organizations) target adolescents as project beneficiaries in their development projects. The development activities focus on supporting adolescent girls and boys in developing and reaching their full potential protecting adolescents’ rights to health, well-being, education and full participation in society to enable them to acquire the capabilities and opportunities they need to make a healthy, safe, and productive transition into adulthood. They are getting services, as-

- maximize their physical, mental, and social well-being.
- learn and acquire skills for learning, citizenship,
- employability, and personal empowerment.
- feel safe and supported in their families, and among themselves (Unicef, 2018).

But as adolescents grow, they explore innovative ideas and desire to be change makers. Adolescent engagement and participation in community and social development with groups and individuals have been recognized by the United Nations as fundamental rights (Emily & Richard, 2019).

If they are nurtured properly at this stage, they show great response in handling social challenges with higher skills and values.

As per Bangladesh National Adolescent Strategy; the government is working to ensure that all adolescents reach their potential, to ensure their rights are respected and their voices are heard while protecting and supporting them as they move from childhood to adulthood (Ministry of Women and Children Affairs, Bangladesh, 2020) The country also developed the National Adolescent Health Strategy 2017-2030 to address the overall health needs of adolescents by taking a broad and holistic understanding of the concept of health. It also fills a gap where adolescent health issues were not addressed comprehensively in other policy documents. The strategy 2017-2030 has identified four priority thematic areas of intervention:

- adolescent sexual and reproductive health

- violence against adolescents
- adolescent nutrition, and
- mental health of adolescents (DGFP, 2016).

In addition, social and behavioral change communication and health systems strengthening are included as cross-cutting issues, which need to be addressed for the effective implementation of the strategy. The Ministry of Health and Family Welfare is committed to ensuring the effective implementation of this strategy, which will contribute to the overall well-being and health of all adolescent boys and girls of Bangladesh (DGFP, 2016).

Based on the strategies all the development activities determine adolescents as project beneficiaries. There are no interventions and objectives to use the adolescent's agency through engaging them in social development activities. This emphasized adolescents as the service recipients from different programs and projects. This is an almost similar attitude from the national and international organizations working for adolescents in Bangladesh.

The specific objective of this paper is to examine the engagement and contribution role of *adolescents as a change agent/ contributor* in development issues especially promoting maternal and newborn health (MNH) services in the rural areas of Bangladesh.

It also reviews adolescent mobilization in the community for MNH services in rural areas. In addition, the study also provides some examples of what adolescents can do to promote MNH services, which may be replicable throughout the country.

2. Methodology

The research took a case-study approach, focusing on the Faridpur district in Bangladesh, where adolescents have contributed to expanding MNH services in the community and within public health facilities. The research mainly involved collecting data from various primary and secondary sources. The secondary sources covered literature review including evidence-based reports, articles, case studies, and success stories. In addition, some primary data and information were obtained through public health facility visits, community visits, household visits, and discussions with mothers, community members, healthcare providers, and adolescent club members. Some meetings, workshops, and training sessions for adolescent clubs were also observed.

Save the Children's approach

Save the Children (SCI) has the number of development programs for wellbeing regarding health, education, skill development, participation in the decision-making process, and ensuring rights for adolescents. The programs promote service delivery and empower adolescents to contribute to community social issues. SCI values adolescents and youth for promoting their agency to engage them in contributing to social, political, and economic issues in the community. The adolescents are not only the beneficiaries of SCI's program delivery, but their engagement in social issues is important for strong advocacy. Save the Children Action Network admits the power of adolescents and their potential to

address development issues through engagement and advocacy for better services for the community people (Note 1).

SCI implemented the project Child-Friendly Local Governance in six districts in Bangladesh focusing on children and adolescents' capacity building so, they will be confident to work with service providers to ensure quality services for the community. The project formed children and adolescent clubs to work as lobbyists for securing services for marginalized communities. In 2014-2015 they secured a budget of USD 239,647 from local government institutions (LGIs) for community development. They also ensured that 44,423 children and their families get a social safety net program (Fernando, 2015).

SCI implemented USAID's MaMoni Health Systems Strengthening projects (USAID's MaMoni HSS) (Note 2) in six districts of the Barisal, Chattagram, and Sylhet regions to increase the use of integrated maternal, newborn, child health, family planning, and nutrition services through local health and family planning departments from 2013-17 (Sharad Borkataki, 2020). The project encouraged strong engagement of youth and adolescents in MNH services delivery. Strengthening local youth and adolescent clubs in planning and engagement in MNH service provision was one of the key priorities of the project.

Following USAID's MaMoni HSS, SCI created the USAID's MaMoni Maternal and Newborn Care Strengthening Project (USAID's MaMoni MNCSP) (Note 3) in 18 districts in Bangladesh to address Goal 3 of the United Nations Sustainable Development Goals (UN SDGs), with a particular focus on reducing maternal and newborn deaths (Note 4). Again, one of the key priorities has been to promote the engagement of youth and adolescents, especially adolescent clubs, to provide responsive, quality MNH services that are widely available in rural areas.

SCI has worked with local adolescent clubs in the Faridpur district to build capacity so they can play a significant role in promoting MNH services. The SCI project has also acted as a catalyst to strengthen coordination between adolescents, schools, local governments, the Department of Health (DGHS), and the Department of Family Planning (DGFP) to increase service coverage and improve MNH outcomes.

Engaging adolescents SCI used the strategy including-

- Raise Awareness and Educate through training, workshops, and exposure visits.
- Create relevant and engaging opportunities through adolescent-lead activity plans and support to execute the planned activities.
- Encourage peer-to-peer influence through peer mentorship where older adolescents' mentor younger ones in community activities, fostering a culture of participation.
- Involve families and communities through create opportunities for families to participate together in community development, encouraging adolescents through family support.
- Establish a system where communities recognize and celebrate the contributions of adolescents, such as awards or public acknowledgments.

- Work with schools to integrate community service into extracurricular activities or as part of service-learning programs.

By implementing these strategies, communities can effectively engage adolescents in meaningful ways, empowering them to contribute positively to MNH services in the community while also gaining valuable life skills.

Adolescent Club

Adolescent clubs are based on locally formed voluntary organizations in their locality and they are representative of different educational institutions and communities. They are linked with many community peer groups and family members.

The club has monthly meetings with all members to develop a monthly work plan and share the progress of last month's activities. Usually, the meetings are held on holidays and in their leisure time. SCI representatives and health workers also present as observers and provide necessary information/support at the meeting.

The focus of the adolescent clubs is promoting MNH services in the community through organizing awareness sessions, identifying pregnant women, and ensuring that pregnant mothers get antenatal care (ANC) during the pregnancy period from the nearby Union Health and Family Welfare Centre (UH&FWC) (Note 5). They also develop linkage the pregnant mothers with government service providers and provide support to the pregnant mothers and their families in referral services in higher services centers at sub-district and district levels. Besides these, they disseminate MNH information at school sessions, courtyard meetings, and social media.

Specific work in the case study area

Faridpur is one of 64 districts in the south-west region of Bangladesh. It is located 140 km from the capital city, Dhaka, and has an area of 2,053 km². Within the district are nine sub-districts, 81 Union Parishad – the lowest level of local government in Bangladesh and six municipalities Bangladesh Bureau of Statistics, 2022).

Faridpur has 525,877 households and a population of 2,232,772, of which 76.8% live in rural areas. The population density is 1,088 per square km. The literacy rate (age 7 and over) is 72.13%, compared to the national average of 74.80%, and the population is 51.4% male and 58.6% female. The majority of the population is Muslim (91.5%), and the rest are Hindu, Buddhist, and Christian. Farming is the main occupation, along with manual labour and small business. Women mainly engage in household activities, alongside cow and goat rearing (Bangladesh Bureau of Statistics 2022).

Health services provision by the government comprises one teaching hospital, one district hospital, three maternal and child welfare centre (MCWCs), eight upazila health complexes, 78 UH&FWCs, and 198 community clinics in the Faridpur district. All these facilities provide MNH services, and in the case of UH&FWCs, this is the main public health facility offering MNH services at the rural level.

According to the UN SDGs, the Government of Bangladesh has set a target of lowering the maternal mortality rate (MMR) to 70 per 100,000 live births and lowering the neonatal mortality rate (NMR) to

12 per 1,000 live births by 2030. However, in the Faridpur district, maternal and newborn deaths are still high; 163 per 100,000 live births and 17 per 1,000 live births respectively (Bangladesh Bureau of Statistics, 2021).

With the support of USAID's MaMoni MNCSP, SCI formed 18 adolescent clubs in 9 upazilas (sub-districts) of Faridpur district aged between 15-19 and each club consists of 30 members. In each club, the members are selected from every corner of the village. There are 15 boys and 15 girls members of each club. The members are selected from every corner of the villages. The club has an executive committee consisting of the president, vice president, executive member, and general members. The clubs operate through by-laws developed in cooperation with SCI. There are a total of 540 members (270 girls and 270 boys) in the 18 adolescent clubs.

SCI formed the adolescent clubs at the village level to engage them in promoting MNH services for community people. SCI focused on adolescent engagement strategy with capacity building interventions, leadership support, coordination, and skill development at the village.

Inputs

SCI provided orientation to the adolescent club members through Sub Assistant Medical Officers (SACMO), Health Assistants (HA), and Family Welfare Assistants (FWA) with social and behavioral change communication (SBCC) materials like the Saf Kotha booklet- *a guide on preventing maternal and newborn death and their basic critical symptoms*.

They also oriented on MNH services from public facilities, especially on the importance of Antenatal Care (ANC), Postnatal Care (PNC), and Delivery Care along with pregnancy identification, and danger signs of mother and newborn through multiple sessions at school and within the community.

USAID's MaMoni MNCSP Project encouraged adolescents to identify pregnant women in their areas and disseminate information to the community for getting necessary services from government facilities to prevent unavoidable critical health complications for mothers and newborns. They did the most at the community:

- Support to formation of adolescent clubs' consultation with schools, parents, and public health workers and facilitated to develop their by-laws, action plan, and implementation the activities at the community.
- Provide age-appropriate MNH education through training, orientation, and workshops to the adolescent club members. The education covered key topics such as antenatal care, safe delivery, postnatal care, and newborn health.
- Provide peer education training for adolescents who will serve as peer educators. It included knowledge of MNH, communication skills, leadership, and facilitation techniques.
- Organize workshops and training sessions on advocacy, leadership, and community mobilization to prepare adolescents for active roles in promoting MNH services.

- Establish or strengthen youth-friendly spaces in schools, community centers, and health facilities where adolescents can gather, learn, and discuss MNH-related issues in a safe and supportive environment.
- Mentorship support with mentors from the community or healthcare professionals who guide them, provide support and help them navigate challenges in promoting MNH services.
- Engage community leaders, religious leaders, and local influencers to support and endorse the involvement of adolescents in promoting MNH services, ensuring that their efforts are respected and valued.
- Involve parents and guardians in the process by educating them about the importance of adolescent engagement in MNH promotion, and seeking their support and approval.
- Establish a system of recognition, such as certificates, awards, or public acknowledgment, to motivate adolescents and validate their contributions to promoting MNH services.
- Provide adolescents with simple tools for collecting data on the reach and impact of their activities, which can be used to monitor progress and make data-driven decisions.
- Ensure that adolescents promoting MNH services are linked with local health facilities, enabling them to refer individuals who need MNH services and receive support from healthcare providers.
- Integrate adolescent-led MNH promotion activities with broader community health programs to ensure coherence and maximize impact.
- Ensure that all engagement activities are culturally appropriate and sensitive to the local context, considering the diverse backgrounds of adolescents.
- Design programs that address gender-specific needs and barriers, ensuring that both boys and girls are equally engaged and empowered in promoting MNH services.

By providing these inputs, communities can create a supportive environment that enables adolescents to play an active and meaningful role in promoting maternal and newborn health services, leading to better health outcomes and strengthened community health systems.

Key outcomes

A key finding of the program to date is that the adolescent club's success in supporting MNH services relies very heavily on the initiative of the members of the clubs. They are in a position to mobilize effective support, such as in the following examples-

- Conducted 108 community awareness sessions at the community on Maternal and Newborn Health (MNH) interventions and services.
- 36 School sessions on MNH interventions and services
- Conduct 18 dialogue sessions with Union Parishad for resource mobilization to improve the function of UH&FWC.
- Advocacy with 9 upazila parishad (Note 6) for providing awareness and management support of UH&FWC.

- Organized 216 courtyard sessions with pregnant mothers and household members and disseminated MNH services messages.
- Identified 1250 pregnant mothers and shared the list with the community health workers/ Family Welfare Assistant (FWA) and FWV.
- Provide MNH services message to 964 households at the different villages for getting services from public facilities.
- Organized 54 peer learning sessions at school to raise awareness of MNH services.
- Conduct dialogue session with Union Parishad for resource mobilization to improve functional improvement of UH&FWC.
- Ensured antenatal care (ANC) services for 1440 pregnant mothers from public health facilities.
- Ensured 331 institutional delivery of pregnant mothers at public health facilities.
- Supported 37 pregnant mothers in the referral system during and after their delivery complications to higher-level health facilities.
- Secured mother and child benefit program/services (Note 7) to 270 pregnant mothers from poor households to create the ability to access institutional services and nutritional outcomes.

Through the works, the following significant impact has been outlined-

- Adolescents and their peers develop a deeper understanding of the importance of maternal and newborn health, including knowledge about antenatal care, safe childbirth practices, and essential newborn care.
- Through peer education and community outreach, awareness of MNH issues spreads beyond adolescents, reaching families and the broader community, leading to more informed health choices.
- Increased awareness leads to more pregnant women and their families seeking antenatal care earlier and utilizing essential MNH services, including skilled birth attendance and postnatal care.
- Adolescents' engagement generates greater demand for quality MNH services, encouraging health facilities to improve service delivery and responsiveness to community needs.
- Adolescents gain confidence, leadership skills, and a sense of purpose by actively participating in community health initiatives. This empowerment can extend to other areas of their lives, including education and career aspirations.
- Adolescents who successfully promote MNH services become role models for their peers, demonstrating positive behavior and leadership within their communities.
- Engaging both boys and girls in MNH promotion helps address gender disparities, promoting gender equality and empowering young women to make informed health decisions.

- As more families access MNH services, there is a potential reduction in maternal and newborn mortality rates, contributing to better overall health outcomes for mothers and infants.
- Improved linkages between communities and health facilities result in better coordination and delivery of MNH services, ensuring that more individuals receive the care they need.
- Educating adolescents on MNH has a lasting impact, as they carry this knowledge into adulthood and pass it on to future generations, perpetuating a culture of health awareness and care.

These outcomes collectively contribute to the overall improvement of maternal and newborn health in the community, leading to healthier families and stronger community health systems.

Earlier, the adolescent members of the club were unaware of the basic knowledge of maternal and newborn health to prepare themselves for their future parenthood. They also had no idea where these services were available as well. But now they are equally contributing to enabling access to these healthcare services for their families, friends, and community.

One of the adolescent club members Moushumi (16) said, *“I had no idea of maternal and newborn health services especially the necessity of ANC, PNC, and delivery services; even I did not know about the services centers where these were offered. Now being an aware citizen, I feel the responsibility to make others aware of these. I am very thankful for this project. It helped me find my passion in serving my people. I can proudly say I am a part of major social change in ensuring the wellbeing of our mothers and babies.”*

I got to know how important it is to go for an ANC check-up during pregnancy from Lubna during her visit at my house. She is a member of a Adolescent Club and a student of grade X. She used a booklet to aware me for getting services from Bagat UH&FWC during pregnancy, delivery and after childbirth. I trusted whatever she told me because I know her personally. She is a good student and a good person too. I know she means well for all of us”. Said Zannat Begum (25), a pregnant mother from Bangladesh.

3. Findings

Engaging adolescents in social work and community development initiatives can yield several important findings, reflecting both the benefits and challenges associated with their involvement. Here’s a summary of key findings based on research and program evaluations:

- Adolescents involved in social work often develop a stronger sense of empathy and responsibility toward their communities. They become more aware of social issues and are motivated to contribute to societal change.
- Participation in social work can increase adolescents’ likelihood of engaging in other forms of civic participation, such as voting, community organizing, or volunteering in the future.
- Adolescents often develop leadership skills, including decision-making, problem-solving, and conflict resolution, through their involvement in community projects. These skills are valuable for their personal and professional growth.

- Engaging in social work helps adolescents improve their communication skills and ability to work in teams, as they often need to collaborate with peers, community members, and stakeholders.
- Successfully contributing to community projects can boost adolescents' self-esteem and confidence, as they see the tangible impact of their efforts.
- Adolescents engaged in social work often build strong relationships with peers, mentors, and community members. These connections can provide emotional support and create a sense of belonging.
- Through their work, adolescents become more integrated into their communities, gaining a deeper understanding of local cultures, values, and issues.
- Adolescents often face time constraints due to academic commitments, extracurricular activities, and family responsibilities, making it challenging to balance social work with other aspects of their lives.
- Some adults may underestimate adolescents' capabilities, limiting their opportunities to take on significant roles or responsibilities in social work projects.
- In some cases, engaging adolescents in social work can raise concerns about their safety, especially if the work involves risky environments or sensitive issues.

Engaging adolescents in social work offers numerous benefits for both the individuals involved and the communities they serve. While there are challenges to consider, such as balancing their time and ensuring they are adequately supported, the overall impact is positive. Adolescents gain valuable skills, increased social awareness, and a sense of responsibility, while communities benefit from their energy, creativity, and commitment to social change.

Adolescents can potentially contribute to community development activities, especially promoting MNH services for the community. They can mobilize the community, service providers, local government, and social influence to support pregnant mother and their families to access quality MNH services which contribute to reducing maternal and newborn deaths in the communities.

Most adolescents lack information on MNH interventions such as maternal care during pregnancy and childbirth. This prevents them from adequate knowledge and self-awareness about parenthood. They also have less engagement besides their formal educational activities rather than co-curricular activities which can contribute to social development. This limits them to performing their social role as a fast-growing generation for future leaders.

In the coming days, the population size of adolescents will become a larger proportion in Bangladesh. They will be the social power to address social development activities. So, attention will have to be increased to be involved in solving social issues so they can be a change maker for a healthy nation. However, if the initiatives were taken to increase their engagement in the social role to address social development issues, they could play a significant role in contributing to promoting social change for greater impact.

Challenges identified

Engaging adolescents in community work presents several challenges, rooted in cultural, socio-economic, and educational factors. Here are some key challenges-

- Many adolescents are not aware of the importance of community service or its impact on their communities.
- In cases adolescents do not see immediate benefits from community work, leading to a lack of motivation.
- Their intense focus on education, especially the pressure to succeed in exams, leaves little time for extracurricular activities like community work.
- Parents often prioritize academic success over other activities, discouraging participation in community work.
- Traditional gender roles restrict the participation of girls in community activities, particularly those that require them to be outside the home.
- Lack of community support or recognition for adolescents involved in volunteer work, making it less appealing for young people.
- Limited organized opportunities for community engagement, especially in rural areas.
- Many adolescents come from economically disadvantaged backgrounds where the focus is on contributing to the family income rather than participating in unpaid community work.
- Adolescents who work to support their families may not have the time or energy to engage in community activities.
- There is a lack of visible role models in the community who are actively engaged in community service, making it less likely for adolescents to be inspired to participate.
- There are insufficient policies or institutional support to encourage or facilitate adolescent participation in community service.
- With the increasing use of social media and digital entertainment, adolescents prefer virtual interactions over physical community involvement.
- Poor health or disabilities can also be barriers to participation in community activities.
- Acknowledgement agency, especially their social role is still less recognized by family and social organization.
- Lack of safety and security, especially for girls at the community level and their mobility outside their residence and school.
- Lack of motivation and encouragement to the adolescents from school, family, and community to perform their social roles.
- They have less participation in social dialogue as well as any discussion affecting their life.
- The adolescents have no financial and organization formation support from government and development organizations.
- Less capacity-building initiatives for the adolescent group to develop their skills in leadership.

Addressing these challenges requires a multifaceted approach involving schools, families, community leaders, and policymakers to create a supportive environment for adolescents to engage in community work.

4. Conclusion

Engaging adolescents in promoting MNH services within the community is a vital strategy for enhancing health outcomes. Adolescents, as dynamic and influential members of their communities, have the potential to drive significant change when equipped with the right knowledge and skills. Through targeted education, advocacy, and community engagement, they can raise awareness, challenge harmful norms, and encourage the adoption of essential MNH practices.

By involving adolescents in peer education, advocacy initiatives, and community activities, empower them to become champions of maternal and newborn health. This not only improves the health-seeking behavior of families but also fosters a culture of health and wellbeing that extends beyond individual households. Furthermore, providing adolescents with leadership and communication training, as well as opportunities for meaningful participation, ensures that their contributions are sustainable and impactful. Ultimately, the success of adolescent engagement in promoting MNH services depends on a supportive environment that values their input, recognizes their efforts, and addresses the specific needs of both young men and women. By continuing to invest in these strategies, communities can create a positive ripple effect that leads to improved maternal and newborn health outcomes, benefiting present and future generations.

Additionally, the government and national and international organizations can design their strategy regarding adolescent development focusing on their engagement and collaboration with policymakers, parents, teachers, and civil society organizations.

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Notes

- Note 1. The power of youth engagement-Save the Children Youth Action Network.
- Note 2. United States Agency for International Development (USAID) provided financial support for the project.
- Note 3. United States Agency for International Development (USAID) provided financial support for the project.
- Note 4. The current maternal mortality ratio (MMR) is 163 per 100,000 live births, and the neonatal mortality rate (NMR) is 17 per 1,000 live births as per Bangladesh Sample Vital Statistics 2020. The UN SDG goal is for a maternal mortality rate below 70 and a neonatal mortality rate below 12.
- Note 5. UH&FWC is the rural level public health facilities provide health services including MNH services.
- Note 6. Upazila Parishad.
- Note 7. Bangladesh Government has a safety net program for poor and vulnerable women named the Mother and Child Benefit Program. From the identification of pregnancy from a public health service facility, a pregnant woman gets the services for the next 36 months with BDT. 800.00 per month.