

A COLLABORATIVE STUDY OF TMSS AND CINI



**UNDERSTANDING ADOLESCENT GIRLS' RIGHTS AND
CHOICES DURING COVID-19 IN BANGLADESH:
AN ANALYSIS THROUGH GENDER LENS**

Md. Aminur Rahman, PhD
Arpita Banerjee, PhD



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UNDERSTANDING ADOLESCENT GIRLS' RIGHTS AND CHOICES DURING COVID-19 IN BANGLADESH: AN ANALYSIS THROUGH GENDER LENS

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FOREWORD

This report is the first attempt in capturing voices of the adolescent girls in connection to their experience of rights and choices during COVID-19 period at northern Bangladesh (Bogura, Joypurhat and Gaibandha districts). The study is based on an unprecedented effort to gather the views, experiences, and aspirations of more than 200 adolescent girls from urban, peri-urban and rural part of northern Bangladesh. This is collaborative research between TMSS Grand Health Sector, TMSS, Bangladesh and Child in Need Institute (CINI) India; where TMSS provided all supports including financial and logistics and CINI provided technical supports. This report is a production of a collaborative research.

The study brings together the voices of several girls who are mostly from middle and poor-income categories, who suffered miserably during COVID-19 period and subsequent lockdown. Although the study was initiated during the COVID-19 period in 2020, it took a backseat due to the lockdown in two countries. A series of online activities took place -online-discussion, dialogues, to develop the concept note, arrive at the methodology and train the enumerators and finalization of study. And after COVID-19, in 2022, we did the study physically and produced the information that were collected through the study techniques. The first attempt was brought together to synthesize the collected qualitative information from several corners of the study districts and that was a challenge also.

In methodological aspects, researchers faced crucial problems in conducting the study especially knowing the gender aspects of the pandemic period. Though it is very normal to say in some areas, patriarchy is the root causes for the gender differentiations in getting facilities during COVID-19, but the root cause is more than that. In some regards, females were treated also

as agents of gender right abuser in the study areas. What the rights of the girls were violated and their voices were raised? Simply, the answer was 'no'. For in-depth understanding, using participatory and qualitative research methods, the study presents very directly, through girls' own voices, the realities of their lives. How do girls view their right and choices as their own thought? What are their problems and priorities? What is their experience with the institutions of the family, community, society and state? How are gender relations faring within households and communities? Inside the reports, lines contain many issues to explain the answer that did not seen before. This is a very important discovery of this study; where socio-cultural traits were explained in an exact manner considering Muslim affluent culture and ethos. And girls shared with us is sobering. A majority of them feel they are worse off and more insecure than in the past during pandemic period. As their experience, girls' rights and voices were violated in both inside and outside home. But it has been revealed, GOs and Many NGOs specially TMSS did a good job in offering food support, health care facilities and mothers and neo-natal care during COVID-19.

In mitigating the challenges for future perspective, girls paved the way through their suggestions and recommendations that are very realistic. Adolescent girls should be cared about on their rights and choices through implementing gender-sensitive policy and actions, For TMSS, they argued for set up a girls' platform where they may work jointly against any injustice of girls and others also. From the perspective of adolescent girls, abusive behavior is identified as crucial is existing in family and society.

In considering organization, Non-Governmental Organizations (NGOs), too, receive mixed ratings from the girls of the study districts. Though there

are many NGOs but TMSS did good job for their crisis period in offering food and health care at door during pandemic. Girls advocated, NGOs to be accountable to them and they claimed support from TMSS. Girls' interactions with elders especially male members of their family are stamped with their powerlessness to negotiate fair behavior.

How then do adolescent girls survive? Suggestions were made, turn to their informal networks of family, kin, friends, and neighbors for forming strong bondage that may help to establish their rights and choices. But these are already stretched thin. And what can be more important than listening to the poor girls all over the region to respond to their concerns? Our core

mission is to help voiceless girls who will be succeed in their own efforts, and present study open major ways out to both of our institutions and to all of us concerned about deprivation of girls on rights, choices, free movement, free-opinion and facing poverty.

We are prepared to hold ourselves accountable, to make the effort to try to respond to these voices. Obviously, we cannot do this alone. We urge all to join this mission, in order to reflect and respond and make gender-friendly society, that has been dreamed. Our hope is, the voices of this report will call you to act as they have us.

Finally, try to knocking the door for girls' right, if possible, we urge all of you.

WITH THANKS

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India

MESSAGE

EXECUTIVE DIRECTOR OF TMSS



Dear Respected Colleagues

I am pleased to announce the successful completion of our collaborative research titled "Understanding Adolescent Girls' Rights and Choices during COVID-19 in Bangladesh: An Analysis through a Gender Lens," jointly conducted by TMSS and CINI. This important study, led by our dedicated researchers, Md. Aminur Rahman and Arpita Banerjee have provided valuable insights into the challenges faced by adolescent girls during the pandemic.

A study into the lives of adolescent girls in northern Bangladesh during the pandemic directly captured their stories. Researchers listened to over two hundred girls from diverse backgrounds, hearing their experiences through in-depth interviews and group discussions.

The research revealed a deeply troubling portrait of heightened vulnerability, documenting significant violations, a distressing rise in child marriages, and an increased threat

of violence against girls. These challenges, while intensified by the pandemic, were severely exacerbated by deep-seated socio-cultural barriers and patriarchal norms that left them isolated and unprotected.

I extend my sincere appreciation to all those who contributed to this vital work, researchers, participants, and partner organizations alike. Your dedication has been instrumental in bringing these stories to light.

As we look ahead, I call upon all stakeholders, government, civil society, and community leaders, to champion gender-sensitive policies that protect and empower adolescent girls. Their voices must not only be heard but acted upon. Together, let us strive to build a society that is just, inclusive, and safe for every girl. Thank you for your continued support and collaboration.

Warmest regards

Prof. Dr. Hosne-Ara Begum

Ashoka Fellow, PHF & AKS

Founder and Executive Director

TMSS, Bangladesh

MESSAGE

CHIEF EXECUTIVE OFFICER OF CINI, INDIA



Dear Esteemed Colleagues

It gives me great pleasure to share the completion of our collaborative research initiative titled “Understanding Adolescent Girls’ Rights and Choices during COVID-19 in Bangladesh: An Analysis through a Gender Lens”, jointly undertaken by TMSS and the Child in Need Institute (CINI).

This important study, led by Dr. Md. Aminur Rahman and Dr. Arpita Banerjee, offers critical insights into the realities faced by adolescent girls during the COVID-19 pandemic. Drawing on the lived experiences of girls from rural, peri-urban, and urban areas of northern Bangladesh, the research captures their voices through qualitative methods, including in-depth interviews and focus group discussions.

What emerged is a sobering account of heightened vulnerabilities — widespread rights violations, a troubling rise in child marriage, and increased exposure to violence. While the pandemic deepened these challenges, they are deeply rooted in entrenched social and cultural barriers reinforced by patriarchal norms, leaving many girls with little protection or support.

With warm regards

Dr. Indrani Bhattacharyya

Chief Executive Officer

Child in Need Institute (CINI), India

I would like to express my heartfelt gratitude to everyone who made this study possible — the researchers, field investigators, the participating girls, and our partner institution, TMSS, Bangladesh. Their collective efforts have brought to light the urgent need to act on the voices of adolescent girls.

As we move forward, I urge policymakers, civil society actors, and community leaders to prioritize gender-sensitive measures that safeguard the dignity, rights, and choices of adolescent girls. Listening to them is only the first step; responding with meaningful action is what will truly create change. Together, we must build a society that is fair, inclusive, and safe for every girl — especially those left behind.

Finally, I extend my sincere gratitude to TMSS, Bangladesh, for its continuing partnership and solidarity. I hope this collaborative effort will contribute to social transformation in favor of vulnerable populations and advance the shared goals of both our organizations, in alignment with the United Nations Sustainable Development Goals (SDGs).

MESSAGE

CHIEF OF HEALTH SECTOR OF TMSS



Dear Distinguished Colleagues and Friends

I am honored to present key findings from our joint research effort with CINI, titled “A Collaborative Study of TMSS and CINI: Understanding Adolescent Girls’ Rights and Choices during COVID-19 in Bangladesh: An Analysis through a Gender Lens.” This initiative aimed to explore the lived experiences of adolescent girls across Bogura, Joypurhat, and Gaibandha during the unprecedented challenges posed by the COVID-19 crisis.

Using qualitative methods, including Focus Group Discussions and In-Depth Interviews, we engaged with over 200 girls from urban, peri-urban, and rural communities. Their testimonies revealed a troubling erosion of rights: rising child marriage rates, disrupted education, and increased vulnerability to violence. These

findings underscore the urgent need for targeted, gender-responsive interventions.

I wish to express my deepest gratitude to our lead researchers, Dr. Md. Aminur Rahman and Dr. Arpita Banerjee, for their exceptional work. I also extend thanks to our Chief Patrons, Prof. Dr. Hosne-Ara Begum and Dr. Indrani Bhattacharyya, whose visionary leadership guided this study.

Let us now turn these insights into action. I urge all stakeholders to collaborate in crafting policies and programs that safeguard the rights and futures of adolescent girls.

Thank you for your unwavering support and dedication to this cause.

With unwavering commitment

Rtn. Dr. Md. Matiur Rahman, MBBS, MPH, PhD

Deputy Executive Director, TMSS; and
Chief of Health Sector, TMSS

ACKNOWLEDGEMENT

COVID-19 has inflicted unprecedented misery among the population— children and adolescents in particular. To understand their difficulties, it became a need of the time to assess their conditions – through their lens. In an endeavor to understand adolescents' exercise of rights and choices, during COVID-19 period – information, insights are collected from them through Focused Group Discussions, In-depth Interviews and other qualitative approaches. They were also involved in mapping the vulnerable areas in their locality – culling out issues that are structural affecting their everyday lives that relate to violence against women (VAWs) also, especially during COVID-19 period. The researchers are thankful to these adolescents, who narrated their conditions - from the perspective of their rights, choices, aspirations, helplessness, despair, anxiety that they underwent during COVID-19 period. These adolescents were not a mere subject matter for the study – they were the key informants – highlighting their voices and also suggesting coping mechanism to confront any other pandemics in future.

Although adolescents are occupying a prime place in this study, it needs to be put, that the study would not have been possible without the involvement of some key personnel from two organizations – TMSS, Bangladesh and CINI, India. The researchers are highly obliged to **Prof. Dr. Hosne-Ara Begum (Ashoka Fellow, PHF, AKS) Founder Executive Director, TMSS, Bangladesh** for her support during the entire period in permitting from TMSS's end to conduct the research in its field areas. She has been a great source of support and inspiration during the entire study period.

Our sincere thank goes to **Rtn. Dr. Md. Matiur Rahman, Deputy Executive Director, TMSS** for his constant guidance in this research, provided all supports institutionally and personally that

smoothed the study journey. Under his guidance, TMSS respective persons has provided congenial environment for the researchers to capacitate the surveyors in a very conducive office environment and arranging the logistics for successful field investigation.

Our special thank goes to **Dr. Mohammad Mahbub Ur Rahim, Coordinator (Research, Planning & Development), TMSS Grand Health Sector** who has been intricately linked with the survey, provided us with his useful insights about the condition of the adolescents in the area during COVID-19 period and sometimes supported at a very crucial stage to control the fields. Our heartfelt thanks go to him. We also acknowledged contribution of **Md. Rahidul Islam**, Ex Coordinator of Research, Planning & Development Department TMSS Health Sector for his interest to this study and provided support for training, filed study and made comment on report writing process; besides, thank is given to **Mr. Kaoser Bin Siddique**, Coordinator (Research & Training), TMSS Grand Health Sector, communicated for case study and supported physically when we visited remote areas for conducting dialogues with adolescent girls. Our sincere gratitude to the **Mr. Md. Shahriar Ali**, Coordinator (MIS & Documentation), TMSS Grand Health Sector, and his entire team for the photograph and relevant information.

Due acknowledgement and deep respect are offered to **Dr. Indrani Bhattacharyya, Chief Executive Officer of CINI, India**, who has been a source of strength and encouragement to the researchers to conduct the survey. The MoU between the two organizations visioned cross-learnings, conducting research – that provides sufficient ground for future learnings, program implementation.

Our thanks offer to **Ms. Nilanjana Ghosh, Senior Program Manager**, CINI, who has been involved

in this research since its incipient stage. Her insights in shaping the initial concept note proved to be very helpful. Moreover, all the respectful professionals of CINI and TMSS are acknowledged who participated in joint-Webinars and offered insights for collaborative research and learnings between CINI and TMSS.

It is needless to say, this research would not have been possible without the involvement of a team of surveyors who dedicated time from their busy schedules - visited distant places, surveyed the adolescents, and developed the key highlights that made the foundation stone of this research. Our sincere gratitude goes to

Md. Minhaj Abedin (BBA student), Shahina Akter Jhorna (BBA student), Roksana (Medical Assistant, TMSS Health Sector), Shammy Akther (Medical Assistant, TMSS Health Sector), Samiah Sultana (Medical Assistant, TMSS Health Sector), Mst. Shammi Akter (Medical Assistant, Diploma of Medical Faculty), Hasna Jahan (Diploma in Paramedics), Afsana Jahan Minty (BBA student), Farjana Mehbuba (BBA student) and Mst. Kajoli Akter (Medical Assistant, TMSS).

We grateful all the staffs and support-providers of TMSS, Bangladesh and CINI India; who physically and non-physically help us in doing the present study.

With Thanks

**Md. Aminur Rahman, PhD
Arpita Banerjee, PhD**

ABBREVIATION

AG	: Adolescent Girls
CBO	: Community-based Organization
CEDAW	: The Convention on the Elimination of All Forms of Discrimination Against Women
CESCR	: The Committee on Economic, Social and Cultural Rights
CINI	: Child in Need Institute India
GOs	: Government Organizations
MJF	: Manusher Jonno Foundation
NGOs	: Non-Government Organizations
RP&D	: Research, Planning & Development
SRHR	: Sexual and Reproductive Health and Rights.
TGHS	: TMSS Grand Health Sector
TMSS	: Thengamara Mohila Sabuj Sangha
UNCRC	: The United Nations Convention on the Rights of the Child
UNDP	: United Nations Development Program
UNHCR	: United Nation High Commission for Refugee
UNICEF	: United Nations Children's Fund
VAAG	: Violence Against Adolescent Girls
WB	: World Bank
WHO	: World Health Organization

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CHAPTER ONE

INTRODUCTION OF THE STUDY

“Every child has rights “without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status”

**Article 2:
UN Child Right Convention¹**

¹ UNCRC

1.1 INTRODUCTION

The outbreak of novel coronavirus 2 (nCoV-2), declared as a global pandemic as well as an emergency public health issue have plagued a havoc in the lives of the people. There have been significant changes in the life trajectories of the people, worldwide. The world today is facing a global public health crisis, a pandemic of a unique nature with no immediate cure in sight. In a rapidly evolving and emerging situation, within 5 months of the first emergence of this deadly virus in December, 2019, more than seven million people in 213 countries and territories around the globe have been identified as confirmed cases of coronavirus (COVID-19) where almost 3.61 million people have recovered and more than 0.4 million deaths have been reported (Worldometers, 2020)². By, November 1, 2021, the COVID 19 had sickened 246.6 million people, globally, with over 5.0 million fatalities (Congressional Research Service, 2021). To contain the spread of this deadly virus across and between countries, more than 80 countries had closed their borders to arrivals from countries with infections, ordered businesses to close, instructed their populations to self-quarantine, and closed schools to an estimated 1.5 billion children (op.cit). Estimates indicate that the global economic growth was reduced to an annual rate of around -3.2% in 2020, with a recovery of 5.9% projected for 2021 (op.cit.). Thus, the concern of health implication transcends its boundaries – making deep footprints in the realm of economic and social aspects.

Bangladesh, like any other countries of the world was no exception. Although, this pandemic is a health crisis, but has posed serious challenges to the Government to implement monetary and

fiscal policies that support sustained economic activity (Kamruzzaman, 2021). The economy of the country dwindled because of the disruption of country's globalized supply chain of international brands and human resources. There are evidences suggesting that 'earnings, transportation, treatment, movement, farming, business and other IGAs have been postponed for declared strict lockdown and quarantine since March 2020. Peoples' sufferings are beyond imagination and it may predict both urban and rural people have been under misery situation that collapses their basic needs, fully and partially' (Rahman et.al. 2020). Although, the negative implications of COVID 19 on the health and on the economy, are somewhat measurable – the enormous infliction of this disease have a burnt on the social aspects, mental health issues have remained unrecognized in many studies.

The first detection of the COVID 19 cases in Bangladesh took place on 8th March, 2020. To contain the community transmission of the disease, the Government announced countrywide shutdown of transportation services including buses, trains and launch services. Further, the key interventions include 'compulsory mask-wearing and safe hygiene practices within and outside the home; a zoning approach to containment; community-based prevention practices, case identification, and quarantining utilizing local community health capacity for slowing spread of disease and sustaining behavior change following lockdown; the maintenance of physical distancing regulations based on latest expert and industry guidance' (Kamruzzaman, 2021:2).

² <https://www.worldometers.info/coronavirus/>

Chapter One: Introduction of the Study

These restrictions imposed had a deep impact on the lives of the people – both economically and socially – there is a drop in the domestic economic activities; decline in the exports of readymade garments – which comprises more than 80% of Bangladesh's export and there is a simultaneous fall in remittances. The sociological impact is enormous – where by restrictions on mass gatherings, religious practices, prolonged home confinement have inflicted several miseries on people, especially children and adolescents. A plethora of literature suggest that the prevalence of COVID 19 and the lockdown has severe repercussions on the overall development of the adolescents³ (Hamadani et. al., 2020; *Manusher Jonno Foundation, 2020*). School closures related to COVID 19, not only resulted in direct outcomes in the learning effects of the adolescents, its effect is noted in their labour market participation, child marriages, increased household work burden, lack of information and access to sexual reproductive health services, mental health issues and increased domestic violence (Baird et. Al. 2020; UN Women, 2020).

Global evidences as well as several studies from Bangladesh suggest that factors like home confinement, job loss caused serious concern in the home environment – resulting in increased mental health issues and gender-based violence, mainly at the household level (Hamadani et. al, 2020). The limited ability of the survivor to distance herself from the abuser or to seek external support have further exacerbated the violence (UN Women, 2020). In a country, like Bangladesh, which already witness a high incidence of child marriage - with 51.4 percent

of women in 20-24 years are married before 18 years – further aggravates this condition during this lockdown. The result of economic instability has threatened the food security of the adolescents – which was already lower even during normal times (Alderman et al. 2006, Frankenberg et al. 2017, Arndt et al. 2020, Bene 2020, USAID 2020) in Bangladesh.

Precisely, COVID 19 has brought untold misery among millions – where a setback has been noticed in realizing the SDGs – in terms of Good Health, No hunger, No poverty, Decent Work, Quality Education, Strong Institutions⁴. As the SDGs are embedded in the overarching rights of the children (Right to Survival, Right to Development, Right to Protection and Right to Participation) – as enshrined in the UNCRC⁵ (1989), the pandemic has hit hardly on those rights – whereby the fullest development of the children was at stake. Moving beyond the rights issues, how far the global pandemic has impacted the adolescents in exercising their choices has also remained an intriguing question?

Contextualizing the situation of adolescents at three different locations in Bangladesh, the present study aims to understand the impact of COVID-19 on them, especially girls in terms of exercising their rights and choices. The intersectionality of gender, cultural pattern, rural-urban dichotomy has been brought into the study to understand the differential outcomes of rights and choices among adolescent girls in different geographical locations.

³ As per WHO definition, adolescents refer to the population in 10-19 years of age.

⁴ <https://feature.undp.org/covid-19-and-the-sdgs/>

⁵ United Nation Convention on the Right of the Child (UNCRC) (1989)

1.2 LITERATURE REVIEW

To safeguard women's rights, several laws and conventions have emerged globally. Mention must be made of Convention on Elimination of All Forms of Violence against Women (CEDAW) in 1979. However, the provisions under CEDAW were revised to grant equal status to women as their men counterparts – stating that it is a discrimination against women which inhibits her ability to enjoy rights and freedom in the basis of equality with men⁶. Although CEDAW was rectified several times, United Nation Convention on the Right of the Child (UNCRC) (1989) is the first legally binding instrument in

safeguarding the rights of a child. Imbided in 54 Articles, the UNCRC ensures protecting Child⁷ Rights under its 4 overarching basic rights – right to survival, right to development, right to protection and right to participation. Each of these rights ensure the fullest development of the children under the overall state mechanism.

COVID-19 has brought unprecedented desolation into the lives of the adolescents, especially girls – whereby they were unable to exercise their rights. These are manifested through several ways as highlighted below:

1.2.1 Education

Literatures have suggested that the prevalence of COVID-19 and the lockdown had severe repercussions on the overall development of the adolescents⁸ (Hamadani et. al., 2020; Manusher Jonno Foundation, 2020). The schools were officially closed from March 17, 2020. Prolonged school closures over a period of almost two years paved the way for learning loss among the adolescents. Although, Bangladesh Government aired school curriculum through Sanshad TV, the accessibility of this facility differed widely – based on the adolescent's access to television. Many have voiced that no ownership of personal television, uncertain supply of electricity, technical faults with the television, feeling that education cannot be conveyed well through TV etcetera have highly debarred them to access this service (Braid, 2021). Further, a study by Khan et.

al. (2021), suggested that about 50 percent of the households in Bangladesh do not have a TV set – which implies an exclusion of large chunk of population from this facility. Many adolescents reported self-learning, with some educational inputs from parents and private tutors – the later was also largely limited due to financial constraints (ibid.) Moreover, instances of economic hardships barring the adolescents to buy reference books, copies were also highlighted.

Although, efforts were made to impart online education to the adolescents in Bangladesh, a study by UNICEF – International Telecommunication Union (ITU) reported that 63 percent of Bangladesh's school age children have no internet access at home (UNICEF, 2021)⁹. The findings underlie the fact that use of digital

⁶ Committee overseeing CEDAW in 1992.

⁷ UNCRC defines child to be below 18 years of age

⁸ As per WHO definition, adolescents refer to the population in 10-19 years of age.

⁹<https://www.unicef.org/bangladesh/en/stories/bangladeshi-children-share-experiences-remote-learning-and-challenges-they-face>

device is much restricted in marginalized communities. Besides this, several other issues came at the forefront, which have limited the use of mobile phones for education purpose – like expensive internet facilities, poor speed, especially in rural areas, little knowledge about technical and smart phone management among the users at the initial stages of the lockdown (Khan et. al. 2021)¹⁰. Thus, limited access to education, due to these above-mentioned reasons – resulted in the right to education. Moreover, huge learning loss has been noticed among the children, when the school reopened almost after two years (ibid). Incidents of school closure and resultant violence against the adolescents have been

well documented – like higher incidence of child marriage, child labour for mitigating loss of household income. Simultaneously, increased inclination for domestic chores, child care activities, especially for the girls have serious consequences on the adolescents. Many of the adolescent caregivers apprehended that the adolescents might not return to school after the pandemic is over. Studies have confirmed that, the condition of the adolescents belonging to vulnerable families are even more critical/precarious – adolescents of vulnerable families who are receiving less education support during this pandemic are less likely to return to schools, after school reopens (Braid et. al. 2020).

1.2.2 Health and Nutrition

A public health issue, COVID-19 had left a deep imprint on the livelihood options of the population as a whole – resulting in their decreased food intake, nutritional deficiencies, especially that of the children and adolescents. COVID 19 has a bad impact on the earnings of the family – that impacted their food and other daily facilities. A study by Rahman et. al. (2001) suggested that income/salary has been decreased from 21.9% to 14.9% from pre COVID-19 period to during COVID-19 period in agricultural sector. The same decline is noticed in the arena of daily laborers from 19.1% to 15.0%. Many people have also ventilated that they have passed COVID-19 days without any income. An assessment (ibid), highlighting the facts that many people have mostly 'borrowed from relatives/neighbors/ friends, loan from informal institutions and CBOs and some of them sold jewelry or valuable assets. More than 60% of the respondents narrated that 'they

have lessened their meals for coping the decreased income. Simultaneously, there has been a hike in the price of necessary commodities.

Instances mentioned above are widespread – where the entire household, more specifically the children and adolescents were worst hit. The economic instability at the household level have threatened the food security of the adolescents. An in-depth study of 39 adolescents in Bangladesh reported that, households cut back quantities of meal served per day to the adolescents. Adolescents reported that meals are less likely to contain meat, fish, chicken as compared to pre-COVID period (Braid, 2020). Lack of plain rice – two times a day were also denied and more people fed on lentils only. At times, the main earner of

¹⁰
<https://www.scirp.org/journal/paperinformation.aspx?paperid=107521>

the family was unable to provide anything to the family – the obvious outcome was starving.

Not only limited to food intake, people faced severe constraints in accessing health care services – specifically the women and the children. Distinct gender differences emerged – whereby a survey by UN Women (April, 2020) revealed that 61% of women in Bangladesh reported to be unable to access medical services, when they were in utmost need of it. In cases where 78% of the women reported to face difficulties in accessing medical supplies – in case of men this figure stood at 61%. Equally dismal were the women and adolescent girls' access to services pertaining to sexual and reproductive health.

NAWG (2019) report showed that 43% of the health care workers in Bangladesh apprehended an increase in the maternal deaths due to reduced access to ante natal care (ANC) and life-saving obstetric and newborn care. Moreover, it was estimated that the outbreak of the COVID-19 pandemic would result into 50% reduction of births by skilled attendants or

delivery in facilities as compared to its previous year (2019).

Access to health services, pertaining to SRH facilities were severely constrained. Insights from Tangail, reveals that in pre-COVID 19 period, at least 4000 people accessed SRH services (2019),

The Right to sexual and reproductive health entails the right to make free and responsible decisions and choices, free of violence coercion and discrimination regarding matters concerning one's body and sexual and reproductive health. It also entails entitlement to unhindered access to a whole range of health facilities, goods, services and information, which ensure all people full enjoyment of the right to sexual and reproductive health under article 12 of CESCR.

the number dwindled to 527 young people seeking SRH services during January-April, 2020. The number continued to decline even after – suggesting reduction in the up-take of SRH services. The worst hit are the women and children from marginalized communities. Also, lack of access to SRHR knowledge and information about services also remained unattended. Which needs to be addressed (ARROW, 2021).

1.2.3 Violence against Adolescents

In close conformity with violation of rights from the perspective of right to survival, right to development, the women and adolescents were no better off in terms of right to protection. Global evidences as well as several studies from Bangladesh suggest that factors like home confinement, job loss caused serious concern in the home environment – resulting in increased mental health issues and gender-based violence, mainly at the household level (Hamadani et. al., 2020). Moreover, the limited ability of the survivor to distance herself from the abuser or to seek external support have further

exacerbated the violence (UN Women, 2020). In a country, like Bangladesh, which already witness a high incidence of child marriage - with 51.4 percent of women in 20-24 years are married before 18 years – further aggravates this condition during this lockdown. Child brides are more vulnerable to intimate partner violence – 43 percent of the child brides 15-19 years have experienced physical or sexual violence during their life time (Bangladesh Bureau of Statistics, 2015).

Chapter One: Introduction of the Study

Domestic violence has further aggravated during the pandemic. A study by Sifat (2021)¹¹ showed that domestic violence is principally perpetrated by family members who abuse, attack and humiliate and torture women and children. Numerous reports have highlighted cases of domestic violence – which includes physical, verbal, financial, sexual abuse etc. In a recent survey by *Manusher Jonno Foundation* (MJF) in 27 out of 64 districts in Bangladesh, 4249 women, and 456 children were found to have been subjected to domestic violence in April 2020. Of these victims, 1,672 women and 424 children were facing violence for the first time in their lives. The women mainly blamed lockdown for the incidents, mainly emanating from financial pressure and increasing rifts within family members - mainly because of job loss due to COVID-19 lockdown. In another survey by *Manusher Jonno Foundation* (2020), revealed that out of 57,704 women and

children, 4,622 women were mentally tortured, 1,839 were physically abused, 203 sexually abused, and 3,009 women faced financial constraints imposed by their husbands (*Manusher Jonno Foundation* (MJF, 2020c).

The foregoing discussions can only indicate the gross rights violation of the children and adolescents from every perspective. Although these issues have been well documented in different literatures – very few have related it from the rights perspective. In case of children and adolescents, the issues hold a separate dimension – as denying the right to survival, development and protection hampers their overall development. This seems to have a detrimental effect on their life trajectories, especially the adolescent girls – who faced severe issues of low food intake, least access to health services – especially related to SRHR.

1.2.4 Impact of COVID-19 on Adolescent Girls from Choice Perspective

The term choices entail a larger horizon – where individual preferences are given much weightage. The Rational Choice Theory in social work is important as it explains how individuals make decisions after pondering over the cost, risks, benefits of that decision. Importantly, choices widely differ from person to person, based on individual preferences¹².

The Rational Choice Theory is widely used in social work – which tries to explain why the people (commonly described as clients) behave in a particular fashion – for example – in the arenas of relationship, with friends, often engaging in self-destructive behavior and in

addictions, pattern/changed pattern of social interactions etc.

This idea has been applied to understand the pattern of behavior of the adolescents during COVID-19 period – that is how they made rational choices in their activities during that period – especially when strict lockdown was imposed country wise. This implies their choices in mobility outside the household, in meeting their friends, partners. The lockdown, school closure has often paved the way for the adolescents to indulge into harmful practices – like addictions, especially boys. To contain the disease, severe restrictions on mobility were

¹¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7462560/>

¹² <https://www.onlinemswprograms.com/social-work/theories/rational-choice->

[theory/#:~:text=This%20theory%20states%20that%20individu,think%20will%20serve%20them%20best.](#)

imposed – in moving to friends' place, restricted mobility to participate in religious festivals like Eid etc. Literatures have also suggested that prolonged home confinement among the adolescents have inflicted mental health issues. Studies have revealed that adolescents in Bangladesh suffered from anxiety, loneliness, a lack of close relationships, bullying, substance usage, and smoking¹³. A research study after the lockdown revealed that adolescent girls were more prone to depression because of customs and social stigmas in Bangladesh. Moreover, physical abuse was on the rise, affecting children and adolescents' mental and psychological development¹⁴. Incidences across the world also shows that prolonged home confinement and unable to meet the

partner also led to suicides among the adolescents (New Age, September 2020)¹⁵.

Simultaneously, prolonged home confinement has also debarred the adolescents to fulfill their aspirations as well – whereby they cannot enroll themselves in desired education stream, unable to avail the employment opportunities, etc., when the entire world came at a standstill.

All these issues of choices – whereby the adolescents are/want to exercise their willingness in mobility, in communicating, in chasing their dreams are much rooted in the rights of participation – where COVID-19 played a negative role – whereby their choices/options are limited due to freedom of mobility, lack of transport facilities etc.

1.2.5 Nexus of Gender, Cultural Pattern and Rural-Urban Dichotomy in Exercising their Rights and Choices

Although, COVID-19 has brought unprecedented misery among the adolescents, worldwide, the differential impact of COVID-19 in exercising the rights and choices of the adolescents are more prominent in a society where the patriarchal structures are stringent. Although it is well-documented that closure of schools has affected both boys and girls, yet its impact on girls are far reaching as compared to their boys' counterpart. As part of Gender and Adolescence: Global Evidence, a study of 2000 students in Bangladesh revealed differential impact of the pandemic among male and female adolescents. Female adolescents reported less support for education and access to learning materials, mobile learning apps, and television or radio time for learning. Girls were entrusted more of household responsibilities, while the boys reported that their families

reduced their household chores – so that they can study more frequently¹⁶.

On the other hand, stark differences exist among the adolescents with respect to access to education, based on rural-urban locations. Precisely, 'adolescents from urban households are also more likely than adolescents from rural households to be learning through online resources and TV programs (23 percent vs 11 percent). In COVID-R2 adolescents in urban areas (45.6 percent compared to 32.4% of adolescents in rural areas) and in better-off households (44.1 percent compared to 34.9 percent of worse-off households) are also more likely to receive learning support from formal schools during school closure' (ibid).

¹³ Anjum A, Hossain S, Sikder T, Uddin ME, Rahim DA. Investigating the prevalence of and factors associated with depressive symptoms among urban and semi-urban school adolescents in Bangladesh: a pilot study. *Int Health*. 2019. <https://doi.org/10.1093/INHEALTH/IHZ092>.

¹⁴ Ibid

¹⁵ [On World Suicide Prevention Day 2020](#)

¹⁶ <https://www.poverty-action.org/study/gendered-impact-covid-19-adolescents%E2%80%99-education-and-school-work-transitions-bangladesh>

Findings reveal a stark gender difference in voice and agency. Due to cultural traditions, adolescent girls have limited mobility compared to their male counterparts, particularly as they progress through adolescence, the gender norms become even stricter. As a result, the pandemic situation has either maintained or increased the mobility restrictions on adolescent girls. While some reported new restrictions imposed by their parents because of the pandemic, others highlighted the pre-existing gender differences regarding going out of the house.¹⁷ A study in the Sylhet district of Bangladesh showed that adolescent boys have more flexibility and agency regarding their mobility. Some reported

going out for a walk down the street or meeting their peers whenever they got bored or exhausted staying at home. However, this was not the case with adolescent girls.

In this backdrop, by analyzing through gendered lens, the present study aims to understand the impact of COVID 19 on violence against adolescent girls (VAAG) and practices of their rights and choices. The present study also tries to understand how cultural pattern plays an effective role in bringing out the differential gender outcomes during the pandemic. The objectives of the study are as follows:

1.3 OBJECTIVES OF THE STUDY

1. To identify the immediate impact of COVID-19 on adolescent girls in exercising their rights and choices in education, health and nutrition, food intake.
2. To map and identify the type, causes, agents and impacts of VAAG during the pandemic at both the household level and outside.
3. To identify the various coping mechanism and capacities of the adolescent girls to overcome the challenges during the pandemic.
4. To make recommendation that enhance policy and practices in mitigating gender disparity during this pandemic and in future as well

¹⁷ Ibid.

1.4 METHODS AND MATERIALS

1.4.1 Study Method

The study is conducted completely based on qualitative survey. Meeting the need, different methods and techniques have been applied at field level and these are 'Case studies, Adolescent Group Discussions (AGDs), Mapping of Violence against Adolescent Girls

(VAAG) and Field observation'. Relevant frameworks, questionnaires, checklists, tools have been prepared and used for collecting the information from the respective respondents. The details of the methodology are presented below:

1.4.2 Selection of the Study Area

Several studies have indicated that COVID-19 has plagued a havoc in the most urbanized part of the country, i.e., Dhaka, Chattogram, Rajshahi, Bogura and other cities. The cities, but virtue of their high population density, lack of proper basic amenities, congested housing, and inadequate sanitation facilities provided ample ground for the rapid spread of the disease (WHO, 2020). Withholding, this observation, the present study has been carried out in the northern Bangladesh, where no such study had been conducted so far. Drawing insights from the adolescents, especially

adolescent girls the study will enable us to understand the voices of respective groups who did not practice their rights and failed to enjoy their basic choices during COVID-19. The study concentrated in three districts of Bogura, Joypurhat and Gaibandha districts in Rajshahi Division. To understand the differential impact of COVID 19 on the adolescents, especially girls across different rural-urban settings, insights were collected from both the rural, semi-urban and urban areas of these districts. Areas selected for the study were as follows

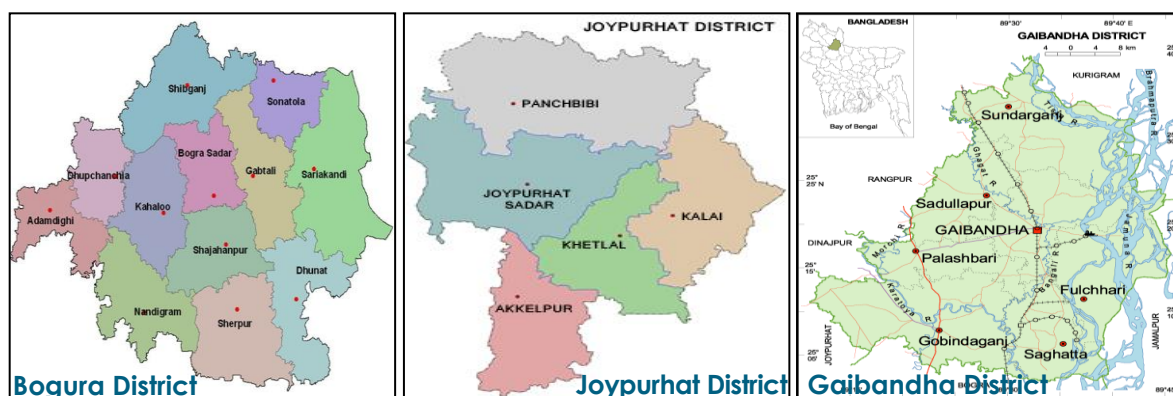


Table 1.1: List of the Study Areas

District	Upazilas	Locality Character
Bogura	Sadar Upazila, Adamdighi	Rural, semi-urban and urban
Joypurhat	Panch Bibi, Akkelpur	Rural, semi-urban and urban
Gaibandha	Sadar Upazila, Shaghata	Rural, semi-urban and urban

1.4.3 Selection of the Respondents

The present study covered the adolescent population (13-19 years) with special focus on girls. The respondents were selected from rural,

semi-urban and urban areas from the three districts mentioned above.

Distribution of Respondent's category and characters

Adolescent Girls who are 13 to 19 years old (WHO) were considered for this study.

Girls Age group	Methods	Tools	Numbers
13-19 years	<ul style="list-style-type: none"> ▪ Case Study ▪ AGDs ▪ VAW Mapping ▪ Observation ▪ Photograph 	<ul style="list-style-type: none"> ▪ Checklist ▪ Format ▪ Framework ▪ VAW tool ▪ Voice recording 	<ul style="list-style-type: none"> ▪ Case Study-3 for one place ▪ AGDs-1 for one place ▪ Photograph-Need based

Distribution of Methods, Adolescent Girl Respondents and Study location

Girls Age group	Place	Methods	Number of Girls	Locations
Age group 13-19 years	Rural	Case Study	1 (one)	1. Joypurhaat <ul style="list-style-type: none"> ▪ Panch Bibi, ▪ Akkelpur 2. Gaibandha <ul style="list-style-type: none"> ▪ Sadar, ▪ Saghata 3. Bogura <ul style="list-style-type: none"> ▪ Sadar ▪ Adamdighi
		AGD [Adolescent Girls Discussion (AGD)]	3 (1 in each rural location in 3 districts)	
		VAW Mapping	3 (1 in each rural location in 3 districts)	
Age group 13-19 years	Semi-urban	Case Study	1 (one)	1. Joypurhaat <ul style="list-style-type: none"> ▪ Panch Bibi, ▪ Akkelpur 2. Gaibandha <ul style="list-style-type: none"> ▪ Sadar, ▪ Saghata 3. Bogura <ul style="list-style-type: none"> ▪ Sadar ▪ Adamdighi
		AGD	3 (1 in each rural location in 3 districts)	
		VAW Mapping	3 (1 in each rural location in 3 districts)	
Age group 13-19 years	Urban	Case Study	1 (one)	Only 3 District Town 1. Joypurhaat 2. Gaibandha 3. Bogura
		AGD	3 (1 in each rural location in 3 districts)	
		VAW Mapping	3 (1 in each rural location in 3 districts)	
Total	3 Case Studies, 9 Focus Group Discussions, 9 VAW Mapping			

NOTE: The key researchers have also visited Shibganj (Joypurhat district) and Sariakandhi (Bogura district) to get more insights about the conditions of the adolescents during COVID-19 period

Distribution of Methods, other respondents and Study location

In addition to the adolescent girls, community people (parents, members of SHGs,) other NGO workers, service providers (TMSS health

workers) all of them were present in the FGDs with the adolescent girls.

Adolescents perceived as subject of Intervention to Key Informants

The study tried to look at the adolescents differently. They occupy an important part of the study as a prime subject – where insights are collected about their condition during COVID-19 period, mainly focusing on how their rights and choices were breached. At the same time, there is also a sharp departure from this subjectivity, whereby the adolescents are treated as research participants and key informants of the study – acknowledging their identity, treated as separate entity and upholding the belief that these adolescents are capable enough to highlight their voices, suffering during pandemic and also can suggest suitable solutions/ coping mechanism, which can have a policy level implication.

1.5 OPERATIONAL DEFINITION: RIGHTS, CHOICES AND GENDER LENS

Based on UNCRC (1989), the study tried to look at the 4 basic rights of the children:

Right to Survival, Right to Development, Right to Protection and Right to Participation

Under Right to Survival, adolescents were asked about the issues pertaining to health and nutrition, especially what was the condition of their food intake, availability of food, importantly baby-food during COVID-19 times and how it was determined by the issues of job loss, reduced income etc. Moving a step further, accessing health services as an important right of the children, adolescents and most importantly about pregnant women, queries were also raised in this regard.

Under **Right to Development**, the aspect of education is mainly brought under the purview. Efforts were made to look at how the adolescent's accessed education during COVID-19 period – precisely how they continued education, challenges confronted,

access to phone, internet, TV for education purpose. Efforts were made to understand the effects of COVID-19 in the life trajectories of the adolescent girls, when they could exercise their Rights to Education

Under **Rights to Protection**, issues that were probed were mainly concerned about the child rights violation cases of early marriage, teenage pregnancies, issues of child labour, issues of violence against the child like physical, sexual and mental violence, the causes and agents causing the violence – especially during COVID-19 period, when they were confined at home. Further, the adolescent girls were probed about its addressal mechanism.

Under **Rights to Participation**, the adolescents were asked whether they have been able to participate in different social events/activities which they were used to during normal times. This aspect seems to have affected them more – as it curbed their mobility outside the household, especially for the adolescent girls.

Chapter One: Introduction of the Study

The term **choices** are based on more of personal preferences of exercising their wishes, but it is closely overlapped with the issues of Rights to Participation as well. This aspect also brought the issues of mobility outside the household domain, communication with the friends, selection of certain career pathways etc. and how these issues were looked during COVID-19 times.

Gender Lens: this component forms an integral part of any research study in social work, especially

in a setting guided by patriarchal and cultural norms. In this study the issues of rights and choices have been looked through the perspective of gender – how both men and women perceive their roles and what is the current practice in accessing the basic rights to food, education etc. How adolescent girls have become prey to different types of violence based on the socio-cultural pattern of any region.



Picture: Adolescent group discussion and VAW Mapping in Gaibandha District of Bangladesh

1.6 LIMITATIONS OF THE STUDY

Several hurdles and challenges were faced in getting the information of present study. First, there was the challenges of getting the real girls who have ideas and knowledge of COVID-19 situation that they shared with study team. Second, for diversification of the study areas as like urban, peri-urban and rural set-up, respondents especially adolescent girls were not available in line with research and difficult to scrutinize what they informed. Third, suggestions that they had

given, it was difficult to make document in qualitative nature. Finally, researchers were often reluctant to spend time analyzing across communities and writing reports. In addition, time shortage for made dialogues, group discussions and physical observation were real challenges in doing the job and synthesizing qualitative reports further aggravated research processes in this regard.



CHAPTER TWO

ACCESS TO EDUCATION OF THE ADOLESCENTS DURING COVID-19



“

**Education is the most powerful
weapon which you can use to
change the world**

”

-Nelson Mandela



2.0 INTRODUCTION

In human history, education is one of the most powerful invention than any other invention. The modern age started based on alphabet invention and writing. In ancient Egypt, at first hieroglyphic sign was invented and that was the first form of alphabet. In making from barbarian to civilized society, education was the basic force that created the modern era. Continuous nurturing of the education system since ages, the present examination-based hierarchical education system was established and practiced by British rulers in Indian subcontinent. This system paves the way to assess the age-grade academic competencies of the children on one hand and is also connected with the need of employees at workplaces. But in course of time, several inventions, discoveries were done through educated genius and once, it was established that education was the great tool for human development, the nations across the globe constituted their own education structure/system to impart appropriate

education to their children. Although, the very nature of education is inclusive, often social norms have debarred the females in accessing educations, especially in countries guided by stringent patriarchal structures. However, through several movements – right to education for females were acknowledged.

Historically the need for women's education started during the 19th century with the abolition of 'Sati' pratha (a practice of burning alive the wives of the deceased person), to end child marriages, female infanticide etc. Such movements were spearheaded by the male reformist, where women were the passive recipients (Brote, 2013). The Modernists advocated for women's education – a means to be good mother and wives. They also called for relaxation of extreme segregation of women and their increased participation in public arena through social and welfare activities. However, they emphasized on maintaining purdah norms to uphold the modesty of women

in dress and behavior in public (Nazneen, 2017). Although, women's voice was ventilated through modernists mainstream discourse, there were exceptions like Rokeya Shakhawat (1880-1932) – who criticized against women's subordination, purdah norms and patriarchal nature of Islam (Jahan, 1995). She advocated for women's education, autonomy, mobility and set up school for Muslim girls (ibid).

In spite of these visionary measures, the education of women took a backseat after independence (1971). In 1974, The Qudrat E Khuda Education Commission Report in Bangladesh asserted that women's education should be such which ensures a better domestic life of women in terms of taking care of the children, elderly, and preservation of health, food and nutrition of the household members (Raynor, Wesson and Keynes, 2006).

Within this backdrop, it was observed that although females comprise more than half of the country's total population, their literacy rate is dismal. Population Census of Bangladesh revealed that 17.5% of females (7 years and above) were literate in Bangladesh in 1981 as compared to 33.8% males. Although, the literacy rate improved much over the decades, yet women lag behind than their male counterparts – 53.4% of females are literate as compared to 58.8% males in 2011.

To boost up female education, Government of Bangladesh, in its National Education Policy (2010) has emphasized on promotion of education of women to eliminate any sex-based stereotyping and to promote gender-equality. The Bangladesh Constitution does not envisage education as a right but as a principle.

To bring this into effect, allowances, stipend, free education was brought into concern areas. Government initiatives like Reaching out-of-school children project (2006), gave disadvantaged children a second chance to continue their education; Secondary Education Quality and Access Enhancement Project (SEQAEP) provided incentive awards to students, teachers and schools and extends support to students in english and mathematics to improve academic performance; Higher Secondary female Stipend Project enabled the female students from poor families to enroll and continue higher secondary education. Similar kind of stipend at the secondary level acted as a catalyst to continue education for the girls at the secondary level as well.

The literacy rate in the urban area is 81.28 percent while in rural area it is 71.56. The rate is higher among the male population which is 76.56 percent, while among female population it is 72.82.¹⁸

Although, the literacy rates have improved over the years, data from the 2017 Bangladesh Bureau of Educational Information and Statistics revealed that dropout rates for girls are at a high 42 percent at the secondary school level; completion rates are low, with grade 10 rates bottoming at only 10 percent, and secondary level completion rates reaching a mere 59 percent¹⁹. Most disturbing scenario is that dropout rate is higher for female than the male students. There is a wide disparity between male and female in respect of completion rate, dropout rate and survival rate. According to research, if the rural-urban dichotomy is taken into account, the higher rates of female enrolments in schools were observed in the

18

<https://www.google.com/search?q=female+literacy+rate+in+bangladesh+2022+by+BBS>

19

<https://www.theindependentbd.com/post/258852>, retrieved dated

metropolitan area, while the lower rates of enrolments were found to be in rural areas.

With this differential pace of development of the male and female population in Bangladesh, the COVID-19 pandemic strikes the country in 2020 – further exacerbating these differences. It is widely accepted that the basic right to develop as an individual has been enshrined in Human Rights Based Approach – whereby the UN Convention on the Rights of the Child (CRC) affirms that every child has a right to education. The purpose of education is to enable the child to develop his or her fullest possible potential and to learn respect for human rights and

fundamental freedoms. But during COVID-19, girls' education was hampered and they faced several problems which this study aims to highlight.

The basic motto to know how adolescent girls' education was hampered during COVID-19 period and whether their right and choice on access to education was violated or not. According to the collected information, several opinions were gathered from adolescent girls and difference has been revealed between Bogura, Gaibandha and Joypurhat district depends on urban, peri-urban and rural settings.

2.1 ACCESS TO EDUCATION DURING COVID-19

According to the collected information of urban areas, 'girls of three districts informed, that 'during COVID-19, access to education was seriously hampered'. During the first phase of COVID 19, in 2020, school was closed by the government, based on the instructions by WHO'. Coupled with this, the restrictions of movement outside the household were severely banned and the family members spent their days as captives inside the households. Although, some of the adolescent boys still managed to move outside the household

domain, the girl counterparts were totally home confined – which has inflicted mental stress among them. The situation was no different in the peri-urban and rural areas of the three selected study areas.

Access to education was almost zero nil, with least contact with the school teachers, until the online classes were initiated. Education support from the parents were equally non-existent – as highlighted by an urban adolescent girl in Gaibandha district.

Access to Online Classes through Mobile Phones

On one hand COVID 19 pandemics has witnessed closure of institutions and services; on the other hand, it has opened a new vista of expanding virtual spaces. Access to education is a point in this regard. The entire education system was channelized through the use of mobile phones, so that the adolescents do not lose interest in education and they are retained in school once the school re-opens.

Conducting online classes remains to be the most viable option for the teachers and to reach children with education support. However, in several cases, unavailability of smart phones, even among the urban dwellers pose a major problem. Wherever, smart phones were available, availability of internet packages proved to be a second hindrance. Adolescent girls in urban Bogura and Joypurhat stated that 'when the internet was exhausted, education remained completely unavailable

for next few days. It is often difficult to recharge the internet package soon, as they had no earning'.

On receiving online education facilities through mobile phone, the scenario is not different in peri-urban set-up of these three districts, even the scenario was much worse in rural areas. Regarding online class, using mobile phone was not available for rural families though girls from urban families got better chance in this regard. Availability of smart phone was connected also with family income. The respondents' household depended on petty business and shops—which witnessed severe repercussions during COVID 19. Business and shops were almost closed, leading to reduced family income which impacted online classes of the adolescents and purchasing of mobile phones. This scenario was little bit better in urban areas because, girls had the own mobile phone and they use it when needed for online-class. In peri-urban areas of Bogura district, the situation went worst – when an adolescent girl stated that 'she was unable to submitted online assignment because they had no mobile phone and due to lack of money, during COVID-19 period; many girls left education and worked at home for earning like

sewing'. The same dodges were found in Joypurhat, another study district. Adolescent girls had been faced another type of problems as like 'no mobile phone, so they failed to join online education'. Other comments carried another important indication, when girls said, 'many of us poor, failed to purchase internet package and they suffered in education and in one mobile, we joined online-classes'.

In rural areas, when information was collected, it was seen that their education was hampered seriously due to no family income, lack of internet connectivity, unavailability of mobile phone in family, psychological trauma and so on. No stark difference is noticed among the rural adolescents in the three study-districts in this regard.

The main problem that they faced as 'no internet system in village, so they did not participate in on-line education', 'no smart-phone, they did not communicate with their teachers'. And some informed, 'assignments that were submitted just they copied it', and 'in real, they did not learn at all'. So, these are the scenario of COVID period when girls failed to get education'.

2.2 ACCESS TO EDUCATION AND GENDER AS AN INTERSECTIONALITY

The overall scenario of least access to mobile phone and hence, education is further complicated, once the gender-dynamics is brought into context. Regarding, the accessibility of online education through mobile phones, boys are more opportunistic than girls in terms of all facilities including mobile using for online-class. When online-classes were initiated within the lockdown period, girls received less opportunities than boys. This has been noticed in the peri-urban and in the rural areas of

Joypurhat and Gaibandha district. But, in poor families of urban and peri-urban families, when there is one mobile phone in family, boys used to get the priority. During COVID-19, it was a normal practice among the families of three study districts. One meaningful statement was commented by one girl student, who said, 'we have one mobile phone, brother and sister quarrel for that and finally, brother used this at first'.

2.3 IMPACTS OF NO-SCHOOLING IN THE LIVES OF THE ADOLESCENTS

2.3.1 Child Early and Forced Marriage

Non-schooling impacted badly on their physical and mental health of the adolescents. The shutting down of the transport and communication system in the country along with school closure have led many girls to become victims of 'forced-marriages'.

The psychological health of these girls—which were already jeopardized during the lockdown took a further down curve due to these situations. School closures and lack of communication with their friends and teachers exacerbated this issue. Although, most of the adolescents participated in

the FGDs ventilated that they are aware of the fact that child marriage is a crime and punishable offence in Bangladesh, yet, they uphold their inability to protest against such incidences. Through a group discussion in the rural area of Gaibandha district, adolescent girls stated that, 'approximately out of 55 classmates (girls), 35 were back in school, the rest were forced to get married'. So, it is seen, due to COVID 19, not only they failed to go school physically, family took decision for get marriage that violating their access to school

and own choice. Same incidences were echoed from the peri-urban areas of the same district—lesser number of adolescent girls returned to school, after it re-opened. Though, they know toll-free government helpline 10921

In light of gender lens, it has been seen, this is the fate of adolescent girls who lost their dreams and bound to surrender before marriage. And as tradition, it has again re-examined, social construction is highly male-dominated and girls' opinion has been ignored at all respects even their marriage. In addition, during COVID, not only girls have lost their regular access to school but they failed to raise their voices against forced marriage and in some regards, they lost their life-dreams to be a dignified human being; rather, family and society like to portray them as 'girls, women and mothers' that is called 'Meyemanush' in Bangla (women in English).

and 999 for preventing child marriage that is printed in back cover page of primary and secondary books.

These findings suggest that patriarchal roles dominate at a greater way during emergencies as compared to normal times. Inability to receive education, financial crisis, prevalence of social norms of marrying daughters at early ages—have manifested through large number of child brides in the country during COVID period.

2.3.2 Adolescent Girls' Mental Health

All these factors impacted jointly on girl's livelihood and barred their normal movement inside family and society. For that, girls faced immense psychological pressure that they explained and for closing the schools, many parents took decision for girls' marriage without

their consent. That increased child marriage in rural areas that seen also at urban and peri-urban areas. This is the fate of adolescent girls who lost their dreams and bound to surrender under marriage. Through the whole issues, it has been revealed that social construction is highly

male-dominated and girls' opinion has been ignored all time. In short, it can be commented that during COVID-19, not only girls have lost their normal access to reading but they failed to raise their voices against forced marriage and in some regards, they lost their life-dreams to be a dignified human being.

Other factors that are identified are 'decreasing family income, ban physical movement and 'for

2.3.3 Labour Market Entry

This is one of the crucial information that has been identified from the field. Due to school closure, poor girls from peri-urban areas of Bogura joined in earning activities - implying enhanced child labor. They left all their dreams in connecting to higher education, joining services and establishing self-esteem and choice. But lived in same reality, boys do not

school-closed, many girl students forced to marriage'. These are the same experience as like peri-urban areas girls. During COVID-19 though transportation was stopped and market was closed but in rural areas, people enjoyed liberty for movement at field and collected their crops and vegetables. But they had no cash income because then no market system was at all.

leave nothing and dream for their education. Like other areas, so called material modernization like electricity, road communication, TV and so on fail to change social norms and values related to girls' right and choices. Even today, most of the family members including female members think, it is better to get marry girls than getting education.

2.3.4 Addiction to Mobile Phones

During discussion few girls made objection against mobile using, 'few students addicted in phone rather using for education'. Boys are the users in highest numbers than girls in this que. At times, it creates chaos inside family and society also. So, technology is not all time productive. As per field insights, when the students acquired mobile phones for study purposes, it was used more as a substance of addiction rather than education, especially by the boys. This insight is also supported, when Chief Researchers visited Char land ²⁰ for discussion with adolescent girls and experienced uneven attitude and behavior of few adolescent boys who are school and college going. The observation of locals was - mobile addiction is crucial cause for such unsocial and non-polite behavior of the

adolescent boys. These adolescent boys are from poor families and river-migratory people due to the yearly flood and river bank erosion created by Jamuna. The adolescent girls, who participated in the FGDs, informed, these boys' group (gang) threatened them all time in many ways that hampered their schooling. Even sometimes, they avoid those roads where the boys gather. This is indicative of another information - using mobile phone inject other types of problem that is harmful for girls especially who go to school regularly. It is seen, girls' potential is always dominated by male chauvinism and patriarchy that indicates social norms and values are not highly gender-sensitive or women-friendly. Even, it does not under changing trend that is vividly seen.

²⁰ Ghughumari, Shariakandi, Bogura district, Bangladesh.

Box 2.1: Insights from adolescent girls during field visits

Urban (Bogura, Joypurhat and Gaibandha)	Peri-urban (Bogura, Joypurhat and Gaibandha)	Rural (Bogura, Joypurhat and Gaibandha)
Access to education was seriously hampered (Bogura)	Had no/least access to education (Bogura, Joypurhat)	During COVID 19, no access to education (Gaibandha, Joypurhat)
No mobile phones, books to continue education (Bogura)	Unable to submit assignment due to no mobile phone (Bogura) Smart phone was available for education (Gaibandha).	No internet system in village, thus online education suffered (Bogura, Joypurhat)
One Mobile phone – quarrel among siblings, brother(s)/elder siblings received priority (Bogura)	Only one mobile in their para (small area of village) and all students used it (Bogura, Joypurhat)	
---	Due to financial constraints, during COVID 19 period, many girls left education and worked at home for earning like sewing (Bogura)	---
Education was inaccessible for many days, when internet package was exhausted (Bogura, Joypurhat)	Failed to purchase internet package, education suffered (Joypurhat)	
Education support received from parents (Gaibandha)	No one assisted the adolescent girls in education. No tutor was available then (Bogura)	In real, no education at all though few used smart-phone for online-class (Joypurhat).
During COVID 19 school was postponed by government order (Gaibandha, Joypurhat)		No income in the family, education hampered the most – also no access to mobile phone (Gaibandha)
---	No online examination was conducted – all were promoted to next level – merit-judgement (Joypurhat)	School-assignments were submitted, but it was mainly copied from text books – losing both education and morality (Joypurhat)

Urban (Bogura, Joypurhat and Gaibandha)	Peri-urban (Bogura, Joypurhat and Gaibandha)	Rural (Bogura, Joypurhat and Gaibandha)
	It times, could communicate with school teachers over mobile phones (Gaibandha)	No smart-phone, could not communicate with our teachers (Bogura)
School closure made adolescents girls sceptical to return to school, once its re-opens (Gaibandha)	---	---
Incidences of child marriage – 35 out of 55 adolescent girls returned to school after it re-opened (Gaibandha)	Incidences of child marriage – out of 60 students, 40 students returned to class after it re-opened (Gaibandha)	As schools were closed, many girls' students were married, dropped-out (Bogura, Gaibandha)
---	---	Girls were under social and psychological pressure because they did not visit any place or communicate others as boys. (Joypurhat).
	Few adolescents were addicted in phone rather education	

2.4 SUGGESTIONS

To face any pandemic for future, girls suggested few important actions that may minimize their sufferings with their freedom of getting education. In this regard, no difference has been seen irrespective of urban, peri-urban and rural areas. Urban girls made suggestions, 'in future if any pandemic, internet could be free for the students and no school and exam will be postponed or closed'. Same ideas have been collected from peri-urban areas, when girls commented that 'In future, if any pandemic;

school should be opened with following health protocol and school should be opened in one day weekly, at least'. Rural girls recommended also differently when they claimed, 'in future, during COVID 19 or any pandemic, Wi-Fi-zone should be introduced inside village for education'. The same experience that girls gathered in connection to education and going to school which reflects in their suggested opinions.

Box 2.2: Idea for overcome the problem

<p>Urban</p> <ul style="list-style-type: none">▪ In future, if any pandemic, internet could be made free for the student for education (Bogura)▪ No school and examination will be postponed or closed (Bogura)▪ School should be opened by following health protocol (Gaibandha)▪ No organization was helped during COVID for any education (Joypurhat)
<p>Peri-urban</p> <ul style="list-style-type: none">▪ During any pandemic in future, school should be opened in one day weekly, at least (Bogura); schools should remain open by following health protocols (Gaibandha)▪ In future, in any pandemic, school should be opened (Joypurhat)
<p>Rural</p> <ul style="list-style-type: none">▪ In pandemic school should be opened (Bogura, Gaibandha)▪ Examinations should be taken on regular basis (Bogura)▪ Awareness program should be practiced among the rural people (Gaibandha)▪ During COVID-19 or any pandemic, Wi-Fi-zone should be introduced inside village for education and other communication (Joypurhat)

2.5 CONCLUSION

Regarding going to school and getting education, whole world was suffered that was also applicable for northern part of Bangladesh. But the question is how girls suffered in getting their education facilities than the boys. According to the information, all are sufferers, but in few areas, boys enjoyed better than their sister or other girls' students of same families. One important issue was known, only girls were victim of marriage due to absence of school and they had no voice to protect their marriage, even they failed to inform it to government or any local bodies for COVID situation. Even till today, social norms and values are highly male favored and girls are now shown as puppet that played by their father or guardian without having ignored all rights and choices of girls however constitution,

law or state mechanisms ensures many vocabularies for their right and choices. Reality is, in practice, during COVID, girls are most sufferer in access to education and deprived for using mobile phone for online-classes. Regarding enjoying education facilities during COVID in urban, peri-urban and rural areas, girls were ignored, deprived and forced against their opinions than to boys.

On gender rights and relations, evidences thrash to make comment, many miles need to be walked for changing the society especially gender- sensitive norms, values and social construction; where girls will enjoy their right with freedom and make their lives by their own choices.



CHAPTER THREE

ACCESS TO FOOD-INTAKE AND NUTRITION



“

**Hunger is not a problem. It is an
obscenity. How wonderful it is
that nobody need wait a single
moment before starting to
improve the world**

”

— Anne Frank



3.0 INTRODUCTION

Bangladesh is the most densely populated country in the world, with about 161 million people living in a landmass of 147,570 square kilometers, and approximately one-fourth of the population is under 18 years (UNICEF, 2019). Bangladesh has maintained an impressive track record of 7.9 percent economic growth rate during the past decade, coupled with remarkable improvements in human development (World Bank, 2018).

However, population growth, urbanization, and soil and natural resource depletion have degraded the land, water bodies, wetlands, and forests, and pose a significant threat to the agricultural sector. Despite these challenges, Bangladesh reached Millennium Development Goal (MDG)¹, of halving poverty by 2015, reducing the number of people in poverty from

57 percent in 1991 to 32 percent in 2010. Most recently, the percentage of the population living in poverty has declined from 32 percent in 2010 to an estimated 23 percent in 2017 (GED et al. 2015; GED et al. 2018).

On Food and Nutrition situation, USAID explained the situation, 'despite significant economic progress and poverty reduction, about 35 percent of Bangladesh's population remains food insecure, with around 10 percent of ever-married women reported as moderately or severely food insecure (NIPORT et al. 2013).

But it has no available and authentic data of access to food and nutrition during COVID-19 during 2019-21 especially adolescent girls and boys. Collected data and information that has

been used in this study are considered as benchmark information for the three districts.

As collected information, during COVID-19, food problem was peak than to need and it is seen most of the adolescent girls informed they lost their access to food as necessary than to

normal time. Even within family, some of them did not get normal ratio of calorie food that is from 2000 to 2500 kilo calorie food²¹. It is informed the same scenario from urban, peri-urban and rural areas respectively. In 2018, Bangladesh average food consumption per person was 2,563.²²

3.1 URBAN AREAS: SCENARIO OF ACCESS TO FOOD AND NUTRITION

According to the information of urban areas, adolescent girls informed, they suffered immensely in getting food due to unavailability of food, lack of transportation, market closure and so on. Since century, humankind faced such experience that was part of history but during 2020-2021, they faced food crisis due to lock down and COVID-19 situation, although, food was available in market.

In urban areas of Bogura, adolescent girls replied when they were asked about food

availability, 'during COVID-19, income decreased seriously that impacted badly on food-in-take, we did not eat three square meals in a day as the market was closed and, in the kitchen, goods were not available'. Even from few discussions, many commented that 'many of us took food that allocated for only one person, and during Ramadan (fasting month), the holly fasting month for Muslims; we broke fasting at evening by taking water only because we had no alternative food'.

Box 3.1: Access to Food-intake and Nutrition Urban Area Bogura
<ul style="list-style-type: none"> ▪ During COVID, income was decreased seriously that impacts badly on food-intake. ▪ We did not eat three square meals in a day due to market was closed and kitchen goods was not available. ▪ Price hiking was another issue that hampered our access to food. ▪ Many of us took food that allocated for only one person. ▪ During Ramadan (fasting month); we break fasting by taking water only. ▪ Children's nutritious food was not available and they just took elder's food.

²¹ As a guide, an average man needs around 2,500kcal (10,500kJ) a day to maintain a healthy body weight. For an average woman, that figure is around 2,000kcal (8,400kJ) a day. These values can vary depending on age, size and levels of physical activity, among other factors.

Source:

<https://www.google.com/search?q=what+is+the+a>

[verage+food+consumption+of+a+human+per+day+in+kilo+calorie&ei](https://en.wikipedia.org/wiki/List_of_countries_by_food_energy_intake)

²²

https://en.wikipedia.org/wiki/List_of_countries_by_food_energy_intake

Chapter Three: Access to Food-Intake and Nutrition

Regarding food for the children during the COVID-19 – field insights revealed that 'children's (0-5 years) nutritious food was not available in the families and they just took elder's food in different form'. That means children were suffered as like girls, women and men. In a nutshell, it is revealed, most members of the families have less access to food. Though they had rice only in their families but other foods were not available. The children were deprived severely from their supplementary food.

In Gaibandha, the scenario was same and, in some cases, it was worse than in Bogura. Urban

people are depending on non-farming activities and their living is much costly than rural and peri-urban areas.

During COVID-19, most of the family's income decreased because of stopped-over earning activities, closed business and other individual functions that were connected to income. Even then, many private offices were closed and government offices were operated under special mode of actions. All these were related highly with income and due to decreasing income, families of Gaibandha faced the same experience as urban people of Bogura.

Box 3.2: Access to Food-intake and Nutrition Urban Area

Gaibandha

- No 3 square meals in a day during lock down because of stopping income
- Main foods were rice, potato smash and daal (pulses). In some days, few had no food at all
- Children took elder's food and toddlers took breast milk

During interaction with the adolescents in Gaibandha regarding availability of food, it was revealed as like, 'no three-square meals in a day during lock down because of halting income'. During COVID-19, it was common scenario, families lost their income for government's pandemic-transportation policy, maintaining social distance and quarantine, and banned physical movement. Additionally, few informed, 'their main foods were rice, potato smash and *daal* (pulses)'. Others informed, 'in some days, we had no food at all'. When they were asked about food distribution inside families i.e., how girls were treated when food is distributed with other male members - gathered information suggested that 'girls received food as their male family members and they did not face any discrimination in getting food'.

But all informed, children suffered much for non-availability of baby food due to closed market and shop. Then children managed their food by taking elder's food and toddlers took breast milk' that was very minimal for meeting their nutritional demand. Irony of fate, in Gaibandha, during that crisis, no authority or entity assisted them through supplying food grains or supplemented nutritious package. Even neighbors have failed to assist other families who were under more food crisis due to maintaining social distance policy.

In urban areas of Joypurhat district, people's access to food was much lower in comparison to other two study areas. Joypurhat town is of semi-urban characters and is not a highly urban area as compared to Bogura and Gaibandha. Except government officials, most population come from villages those depends on small

trades and businesses. So, people faced serious income problem for pandemic due to closed market and business that impacted badly on income, food and nutritional status.

Respondents informed, 'we had no income and they were under serious food crisis' during lock down. The main cause for this food crisis was 'closed market that restrained them to purchase essential foods though they had money in their own'. At the first time, they knew, 'money has no value and we could not eat it,

when the production and marketing system failed'. So, in getting food, rich and non-rich both were on the same platform.

Girls stated that, during the lock-down 'rice, vegetables and potatoes were the main food that we took, but we could not consume highly nutritious food that we consumed in normal time'. Regarding children, 'kids were depended on elders' food and toddler depended on breast feeding only because then no supplementary baby food available.

Box 3.3: Access to Food-intake and Nutrition Urban Areas	
Joypurhat	
<ul style="list-style-type: none"> ▪ In urban areas, people have no income and we were under serious food crisis ▪ Due to market closure, many did not purchase essential foods ▪ Middle class suffered mostly; lower class people was assisted by government ▪ Rice, vegetable and potato were the main food ▪ Children depended on elders' food and toddler depended on breast feeding ▪ Access to nutrition was restricted extremely 	
Overall	
<ul style="list-style-type: none"> ▪ Local Government assisted through food distribution (rice, pulses and soyabean-oil. ▪ Few families were supported food by TMSS. 	

3.2 STATUS OF GETTING NUTRITION

The scenario of urban areas is same like Bogura and Gaibandha though girls think that 'middle class suffered mostly because of they did not get assistance from anywhere and they also failed to request others for food for social statuses. These three districts are famous for rice and potato production in Bangladesh, and it was revealed that they consumed rice and

potato as their daily foods as these foods are used to preserve in their families. Thus, undoubtedly, the adolescent girls failed to meet their necessary consumption level during the lockdown. Even the rich families and relatives did not extend their food assistance support to them that they used to experience previously on a regular practice.

3.3 PERI-URBAN AREAS: SCENARIO OF ACCESS TO FOOD AND NUTRITION

Sufferings of the population in general and that of adolescent girls in particular have been documented in terms of accessing food in the three per-urban areas in the study.

Traditionally, mixed professional characters people have been living in peri-urban areas including service holders, small businessmen, farmers and huge laborers (day-Laborers, Van and Rickshaw-Pullers). Responses that was

Chapter Three: Access to Food-Intake and Nutrition

collected from peri-urban areas are not satisfactory at all in getting food and nutrition. Girls from peri-urban areas of Bogura informed, 'during lock-down, food was limited and sometimes no food in their houses' and 'during COVID-19, many day-Laborers, van and rickshaw-pullers had no income and they had no food in their home'. As per information, the marginalized people who have no food storage for future, they suffered much for lack of food. And those were the most vulnerable class during COVID-19. Other important information that was identified, 'mostly taken shared food

from one's food and without meat and fish', and 'during lock-down, we took 1 or 2 square meals instead of 3 square meals in a day'. So, through this information, it can be seen, their food consumption was decreased and nutritional status have been compromised than any time of previous.

What about the children's food? Information was, 'not available at all'; they informed, 'no supplementary foods for the children, they just took the same food that was available'.

Box 3.4: Right to Food-intake and Nutrition Peri-urban

Bogura

- During lock-down, food was limited and sometimes no food in their house
- During COVID, many day-laborers, van and rickshaw pullers had no income and they had no food in their home
- No special foods for the children, they just took the same food that was available
- Mostly taken shared food from one's food and without meat and fish
- During lock-down, they took 1 or 2 square meals instead of 3 square meals

No more food information was collected from peri-urban areas of Gaibandha and Joypurhat, when the participant girls agreed about, 'we did not get 3 square meals in a day and 'we did

not get meat and fish during lock-down than just took 'rice, potato smash, pulses, vegetable were the main food'.

Box 3.5: Right to Food-intake and Nutrition Peri-urban

Gaibandha

- Livelihood was seriously hampered due to less and no income
- They did not get 3 square meals in a day
- Rice, potato smash, pulses, vegetable were the main food; no meat and fish
- During lock-down, nutritious food decreased severely at family level
- Got very few assistances from government but nothing from any NGO or TMSS

Joypurhat

- During COVID, they had no income; so, they had not available food
- Children were suffered mostly and they shared with elders' food.
- Took no 3 square meals but very poor in amount.
- Food was distributed among neighbors who had no food.
- Basic nutrition need was not fulfilled.

In Joypurhat, adolescent girls and few numbers of mother were present also, who informed, 'our basic food-intake did not fulfill during lockdown' and those who are the lower-income class people, 'they suffered immensely without 3 square meals and basic nutritional fulfillment'. But one issue was revealed that was different from two other districts that was, locals claimed, 'they distributed food among neighbors. As information, food distribution was possible because in Joypurhat, lock down was relaxed

than other study areas. It indicates due to maintaining strict lock down and social distance, if someone wanted to assist other families through food or other essentials that was not possible. Administrative actions at local level as policing, social media information, WHO's guideline (Social distance, 14 days quarantine, no physical and family to family communication etc.) restrained many persons who wanted to assist other people as volunteers.

3.3.1 Information of Getting Nutrition

From this, it has been known about the nutritional status that they consumed was not important at all. Given information confirms, irrespective of all family members including children faced problem in getting food and girls and boys even children all were on the same ground. And it is seen, no was much facilitated than other, in any consideration; however, it was girl or other identity.

The same scenario and situation have been emerged, where people of peri-urban areas failed to assist each other on food assistance. Peri-urban areas are more or less consisted with people who have been living since many days

and they know each other. But during lock-down, their familiarity did not play any positive role for food assistance and other humanitarian support.

From collective attitude, during COVID, just they moved into individualistic attitude, that hampered mostly to support each other. And it has no meaning, when participants blamed, 'no NGOs or government entities supported us for food grain', because, without internal assistance system of society, it may difficult to face lock-down situation, when no one has experience to face pandemic at all'.

3.3.2 On Nutritional Status

In gender perspective especially for girls, women and children, no difference was found in distributing food but in real sense, but, the nutritional status fall-down when mostly got 1 or 2 square meals in a day than to 3 meals. The children were suffered mostly, because of, no supplementary food for them due to lack of market and money, both. Potato and rice were the available grain that they took and no doubt, their access to food were barred and they had no alternative options than what they

got, that was the main failure. Social-support system fully failed to assist each other in offering food and other basic commodities that impacted negatively in fulfilling their nutrition.

The whole scenario helps to rethink how social-support system could be refabricated as humanitarian approach that fight against such lock-down and food crisis that every person has right to get. In single statement, it may be commented, during lock-down, nutritional status was fall-down.

3.4 RURAL AREAS: SCENARIO OF ACCESS TO FOOD AND NUTRITION

In rural Bangladesh, people are much attached to each other where major portion of them are relatives and neighbors who have been living since many years with familiarity. Economy is farming based and few have small scale business; though, at present, one kind of cash economy is also found there. But, during lock-down, people from rural northern Bangladesh faced hard-situation where food grain was not available. In this regard, no major differences were noticed among the rural areas of three districts.

After many dialogues with adolescent girls of Bogura, it was informed, during lock-down, 'many earners lost their income and jobs. Few claimed 'not available food storage in their families'. That means they faced hardship for family operation and impacted negatively on available food. But other girls claimed, 'few had farming and they took vegetable and other field-generated seasonal crops. Though they did not get meat, fish or nutritious food but only vegetable'.

**Box 3.6: Right to Food-intake and Nutrition
Rural**

Bogura

- During lock-down, many lost their income and jobs, so food was not available in their families
- Not available food storage in families
- In village, few had farming and they took vegetables from fields
- In rural areas, there was no access to meat, fish or nutritious food but only vegetable
- From own cow, few families ensure their kid's milk and, in some regards, breast feeding

In feeding children, they informed, children fed milk from own cows. Alternatively, few families ensured their kid's milk through breast feeding'. The toddlers were fully depending on breast feeding during COVID-19.

In Gaibandha and Joypurhat, the scenario was same in village areas. People suffered less than urban and peri-urban areas in getting food. No In village areas, main problem was, people did not have work and income that the hence they could not purchase food. Those, who have no own cultivation land, they were the most sufferer. And those who sold their labor and purchased daily foods; they were also extreme

high nutritional food, but they had least access to food and mostly claimed, managed 2 square meals in a day. In Gaibandha, rural people ate vegetable and kids depended on only breast-feeding. But they blamed, no food assistance was distributed for their families though government declared. Even no NGOs distributed food at rural areas, at all.

sufferer in getting food however it was nutritional or not.

But respondents acknowledged, 'in rural areas, they somehow managed food as like vegetable and pulses though few claimed, 'those are poor, they took 1 or 2 meals in a day'.

This information certain us to think, people suffered in getting food as famine situation irrespective of male and female. But based on entire discussion, it has commented, poor had lost their access to food than the middle class

and rich of rural areas. And girls, female and kids suffered also equally in food and nutritional status than the normal time.

Box 3.7: Right to Food-intake and Nutrition
Rural

Gaibandha

- Decreased income and they suffered immensely
- No food in house and somehow, they managed food 2 meals in a day
- Food demand of children were not fulfilled for lack of money
- Vegetables were the main source of food
- Kids were dependent on breast feeding than other market foods
- Though government distributed few foods but no NGO even TMSS did not assisted them

Joypurhat

- During lock-down, no work and income was not up-to mark
- They had no sufficient food storage in their house
- In rural area, food somehow managed as like vegetable, rice and pulses
- Those are poor, they took 1 or 2 meals in a day
- No support from TMSS to them

In rural areas, pandemic guideline was relaxed and people had opportunity to move from house to farming fields and getting support from other families as like neighbors and relatives. Among villagers, social support system was much active and pro-human that helps them to survive during COVID-19 though no external

support was for them. Relationship, neighborhood, fraternity and traditional empathetic system of rural areas helped them to fight against such pandemic COVID-19 in a better way than to so-called educated people of urban and peri-urban people.

3.5 ON NUTRITIONAL STATUS

In short, in getting food and nutrition of urban and peri-urban areas; same scenario was discovered in rural areas. No difference was noticed in this practice what they have suffered for access to food. Girls were not deprived inside families in comparison to male members regarding food distribution rather they shared meal what they had in their families. Field insights suggest that there was equal distribution of food among the family members, rather

sometimes parents sacrificed food for their babies. But, information indicated, children were deprived from their supplemented food, not for family's unwillingness rather lock-down and decreased income. In some regards, toddlers' food was meet-up through breast feeding and traditional nutritional vegetable smash. In a nutshell, in rural areas, girls and babies had lost their access to food and they suffered from low-nutrition intake. Similar

observation is noted in case of peri-urban and urban respondents. In long-run, it may create health related problem, if no measures are

taken for this group of people; especially for the girls and children.

3.6 IMPACT OF COVID POLICY AND DEATH-PHOBIA ON FOOD AND NUTRITION

Uncertainty and death-phobia shocked the families and society failed to understand how to cope-up with COVID-19 and for how many days or months, that impacted negatively on food assistance locally. Society failed to show its integration and solidarity on these issues when cohesion and mutual cooperation are one of the most valuable social capitals in Bangladesh society, off course. In any pandemic, history informs, food scarcity was a normal phenomenon that does not mean food was not available rather hunger was created due to pandemic policy and phobia that is highly connected to food distribution and market system.

Even for COVID-19, new issues were identified, neighborhood and relatives' assistance did not care of others who have no food. In addition, social distance and quarantine created huge

problem, that is defined as 'nearest-person and family were treated as most distanced-person and family'. Since century, at first humankind experienced, in the name of fighting against CORONA-VIRUS, how policy created distance among people and society that impacted negatively on mankind and created sufferings. All these restrained peoples' access to food and nutrition than previous areas. In gender-perspectives, girls were not the out of the box in this regard.

But during lock-down, the scenario was in less access to food helps to think, how people cope-up with adverse situation when they will face such lock-down in future. Or, what solution participants offered through this study for rest of people that may create new pathways for future fighting in getting food and nutrition.

3.7 SUGGESTIONS FOR MEETING FOOD CRISIS FOR ANY FUTURE PANDEMIC

Adolescent Girls who are under-aged and not experienced in handling family crisis, in any perspective; but they made important comment for searching way-out in terms of getting food in adverse situation like COVID-19. Previously, it has been known about the

problems that they faced in getting food during lock-down. When these girls were asked about the way out for meeting the food-intake problem in future, if needed, they commented many issues from several areas of three districts.

Box 3.8: Suggestion for overcome the problem of getting food and nutrition

Urban Areas

- In any pandemic, food should be ensured especially for children and aged (Bogura/ Gaibandha)
- In future, poor families should be facilitated with food free of cost (Bogura/ Gaibandha)

Peri-urban Areas

- In any pandemic, children's food should be ensured (Bogura)
- For middle class families, food should be supplied without any price (Bogura)
- During any crisis, poor families should be taken under safety net (Gaibandha/ (Joypurhat)
- Society should be aware more in response to pandemic (Gaibandha)

Rural Areas

- During any pandemic, children food should be ensured by government (Bogura)
- In lock-down situation, TMSS and other organizations should distribute food and grants (Bogura)
- For any lockdown, following health protocol, market, office, schools, pharmacy should be opened (Gaibandha)
- During any crisis, price of essential goods should be lessened and market be controlled (Gaibandha)
- For any lock down, Union Parishad (UP) should take responsibilities of all distress people (Joypurhat)
- UP should distribute food and essential goods for people (Joypurhat)
- During lock-down, middle- income class should be taken under safety net program (Joypurhat)

Evidences are shown that no distinct differences are seen among three areas; but the empirical experience may be helpful for policy makers and applied professionals that guide them how to handle food distribution during lock down situation in future.

Suggestions are made major from urban areas as 'in any pandemic, food should be ensured especially for children and aged and 'in future, poor families should be facilitated with food free of cost'. They emphasized for 'food for free of cost in any lock-down or crisis situation'. But in peri-urban areas, three major suggestions were identified, these are 'in any pandemic, children's food should be ensured', 'for middle class families, food should be supplied without any price' and 'during any crisis, poor families should be taken under safety net by government'. If it is noticed carefully, girls

wanted, 'government should take responsibilities for food-intake and children's food'. From urban and peri-urban areas, they did not advise for social or group support for ensuring available food for any pandemic.

But difference has been shown from rural girls' comment in comparison to girls' suggestions of urban and peri-urban areas. When rural girls suggested, 'during any crisis, price of essential goods should be lessened and market be controlled and 'for any lock down, Union Parishad (UP/Local Government) should take responsibilities of all distress people'. This is the first time, from rural areas, girls commented to involve UPs in handling any crisis situation as like food distribution also. From other discussion sessions, they advised 'for any lockdown, following health protocol, market, office, schools, pharmacy should be opened that may

ease food related crisis' and 'during any pandemic, children's food should be ensured by government'.

In getting support from out of government, girls expected, 'in lock-down situation, TMSS and other organizations should distribute food and grants for the sufferers. But the important information is, girls did not show themselves as opportunistic, they advocated for benefit of all the people of the family and society; not for own interest and food.

In ensuring food and nutrition, no definite suggestions were given that should be practiced in future by any authority whether it will be public or private entities. Throughout the study, many discussion sessions were conducted but no sessions confirmed for one or two suggestions relatively advocated for many options for future practice. If it is calculated in

different ways, it seems, food crisis is inevitable part of any pandemic or humanitarian crisis. And best suggestions were made by adolescent girls are 'government should include the least tier of the local government namely Union Parishads (UPs) for food distribution and other supports. Next suggestion is, 'during lock down, 'price of essential foods should be lessened and market be controlled by the local government and should be opened'.

Out of this, observation from researchers advise that all local CBOs, NGOs, and other social force including Women and Girls Organizations, Educational Institutions should be involved in facing the challenges against any crisis like COVID-19 pandemic and that approach should be sustainable not for only gender-perspective; but for the society, as a whole.

3.8 CONCLUSION

The foregoing discussions highlighted that COVID-19 affected significantly to the population, especially in a developing country – where a large chunk of population is derived from poor economic background. Many a day, there were no food at the households - leaving the children and adolescents hungry, or even if there was food, it was grossly inadequate for all. No gender differences were highlighted in terms of intra-household resource allocation, food in this point. Protein deficiency was not common

in dietary practices. Most importantly, toddlers were deprived of their basic foods and were dependent on the foods taken by the adult members of the household.

In this situation, incidents of free distribution of dry ration by TMSS or any other NGO is very limited. This calls for strengthening the market regulatory mechanism by the state – so that the poor people can have access to basic food even during any pandemics/emergencies.



CHAPTER FOUR

ACCESS TO HEALTH SERVICES, TREATMENT AND SAFE MOTHERHOOD



**“ Health care should be
a human right and
not a commodity for
sale. ”**

- Jim Wallis



4.0 SCENARIO OF HEALTH ISSUES AND GETTING TREATMENT

Article 25 of Universal Declaration of Human Rights indicates that "everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood²³.

Considering this, this study has tried to collect information about peoples' access to health

services and how they got health services during lock down in the study areas. It has a great gender perspective regarding in getting the health service opportunity and it needs to testify how women and girls were facilitated or not during COVID-19. Besides, pregnant mothers, who delivered babies during COVID-19 situation, whether they were facilitated or fighting with death or victim of family avoidance; was also a mission to judge in the study of these three districts.

²³

<https://www.google.com/search?q=un+declaration>

[+on+health+and+human+rights&og=un+declaration+on+health+&aqs](https://www.google.com/search?q=un+health+and+human+rights&og=un+declaration+on+health+&aqs)

4.1 SITUATION OF RESPONDENTS' FAMILY MEMBERS ON COVID-19 AND TREATMENT

4.1.1 Evidence of COVID-19 and Other Diseases and Techniques of Handled Problem

Comments of urban girls of Bogura reflected the situation when they informed, 'most of our family members were infected with fever, asthma, cold and cough'. They confirmed, 'few got treatment from local pharmacy and Community Clinics (CCs)' and mostly failed to reach hospital due to 'lack of transportation

facilities which seriously impacted on the patient and unable to visit any hospital or other health clinics. In addition, voices were raised from several sessions of girls when they informed, their family members visited and got treatment 'from TMSS hospital and other hospitals of Bogura town'.

Box 4.1: Health Issues and Getting Treatment

Urban

BOGURA

- Most of the family members were infected with fever, asthma, cold and cough
- Halting of transportation seriously impacted on patient and they were unable to visit any hospital/other health clinics
- Few got treatment from local pharmacy and Community Clinics (CC)
- Many COVID-19 infected patients received treatment from TMSS Hospital
- Health Professionals of TMSS Health Care Centers (THCC) offered door-step services to mothers and children

But pregnant mothers suffered seriously in getting their routine treatment like vaccination and even delivery services in hospital. Though in few cases, 'Health professionals of TMSS Health Care Centers (THCC) offered door-step services to mother and children after few days of lock down.

In Gaibandha, the scenario was different from Bogura, because, in Gaibandha town, treatment facilities were not available as Bogura town for COVID patient. During first lock-down, no COVID-19 treatment was there and even no COVID-19 specialized health institutions. So, people who felt cough related problem, they hide their diseases in fear of social isolation and administrative aggression.

It is known when adolescent girls said, 'no COVID-19, but few had fever, asthma, cold and cough' that means, no one tested their COVID-19 and even during first phase of lock-down, no RTPCR test facilities there at all. People who felt fever and cough they somehow managed to visit 'rural doctors and got services and few claimed, visited local clinics of Gaibandha town or Gobidaganj bazar'. That means they failed to get quality health services if someone felt problems. Few blamed, 'for distance from Gaibandha to Bogura, they did not get any treatment support from TMSS hospital or Public Hospital of Bogura City'.

What about female and children medical services? Responded informed, 'BRAC provided ANC and rural doctors provided PNC

services' in second and third waves of COVID-19 that took place in 2020 and 2021'. Regarding health protocol maintenance, girls informed, 'our family members did not follow health rules as 'not wearing masks and not cleaning hands with sanitizer, on regular practice'. Few of it happened for lack of awareness and few for poverty and less income.

From Joypurhat, information was collected as same, when girls informed that 'few of our family members were infected with fever, asthma, cold and cough'. Village doctors and pharmacy were open and people took medical support from there and most girls thought, 'pharmacy owners did a very helpful job for locals in providing primary health care and medicine'.

**Box 4.2: Health Issues and Getting Treatment
Urban**

Gaibandha

- No COVID-19, but few had fever, asthma, cold and cough
- Rural doctors provided services for the patients and they have done good jobs
- BRAC provided ANC and rural doctors provided PNC services
- People from Gaibandha did not receive any services from TMSS, as it is far away from Bogura
- Most did not follow health rules - not wearing masks and not cleaning hands
- People facilitated by local clinics of Gaibandha city or Gobidaganj bazar

During first phase of COVID-19, pregnant women and children were worst sufferer; though after few months, THCC²⁴ provided its door-step support at catchment areas of Joypurhat district. But due to distance, very few got services from TMSS Hospital besides who did

not bear ambulance and other vehicle charge'. But girls thought that 'cell-phone and TV were very effective means in getting health services from any sources and provided good information that helped people in getting treatment during lock down'.

**Box 4.3: Health Issues and Getting Treatment
Urban**

Joypurhat

- Few of the family members were infected with fever, asthma, cold and cough
- They got primary treatment from the family and cured
- Pregnant women and children were worst sufferer
- After few months, THCC provided its door-step support at catchment area
- Pharmacy was open and people took health support from there
- Pharmacy keeper did a very helpful job for locals when every means of medical facilities came to a standstill
- Cell-phone was very effective means in getting health services from any source

²⁴ TMSS Health Care Centers (THCCs) from where primary health care services are given for rural people. And mothers and children used to get services from THCC. All THCCs are situated at rural areas and about 100 THCCs are now under operation. And it has referral service for secondary

and tertiary level treatment. There are about 50 THCCs are working in three study districts. These provided medical services during COVID for rural mothers and children and primary treatment for COVID patient.

4.1.2 Situation of Safe Motherhood

Regarding safe motherhood in urban areas in Bogura, 'pregnant mothers got treatment with ANC and PNC services'. But responses from Gaibandha and Joypurhat revealed, 'due to COVID-19, many mothers did not get treatment for lack of Health Organizations'. Besides,

mothers faced life-threatening problem due to 'lack of transportation'. Almost no pregnant mother got delivery support from health professionals or hospital or even from any TBA (Gaibandha/ Joypurhat).

Box 4.4: Information of Safe Motherhood (ANC, PNC, Vaccination etc.)
Urban
<p>During COVID-19, situation of Safe Motherhood</p> <ul style="list-style-type: none"> ▪ Pregnant mothers got treatment at urban areas (Bogura) ▪ They got ANC and PNC services (Bogura) ▪ Due to COVID, many mothers did not get treatment for lack of Health organizations (Gaibandha/Joypurhat) ▪ Mothers got ANC and PNC services from Health Institutes (Joypurhat) ▪ Lack of transportation created serious problem for pregnant mother in getting treatment (Gaibandha/Joypurhat) <p>Role of TMSS and other organizations</p> <ul style="list-style-type: none"> ▪ THCC provided door-step support for ANC and PNC services (Bogura/Joypurhat) ▪ BRAC, ASHA, provided motherhood services (Bogura) ▪ No organization provided ANC and PNC support during COVID (Gaibandha)

4.1.3 Health Institutions where they Received Health Services

From where they got treatment, THCCs (TMSS Health Care Centers) were the top of their chart of Bogura and Joypurhat but girls in Gaibandha informed, 'no organization provided ANC and PNC support during COVID-19'. Through this information, several accountable reasons were

revealed that was 'distance and lack of vehicle or ambulance' that hampered the access of mothers in getting medical services and most sufferers were mothers and new-born babies, both.

4.2 SCENARIO OF PERI-URBAN AREAS IN GETTING COVID TREATMENT AND OTHER HEALTH SERVICES

4.2.1 Evidence of COVID-19 and Other Diseases and Techniques of Handled Problem

The same issues have been seen in peri-urban areas and no strong difference were shown than to urban areas of three districts. In Bogura and Gaibandha districts, girls commented that 'during pandemic, many were infected but no one go to hospital (Bogura and Gaibandha), vaccination program was postponed during COVID of first wave (Bogura and Gaibandha), 'social distance' was a wrong concept and for

that many patients were deprived fully from other's support' (Bogura and Gaibandha).

In Joypurhat district, adolescent girls participated in several sessions, they identified these problems during COVID-19 as like 'many of their family members were infected with fever, asthma, cold and cough (Joypurhat), pregnant mothers, delivery, vaccination etc. were problematic during lock-down (Joypurhat).

Box 4.5: Health Issues and Getting Treatment Urban

Bogura

- During pandemic, many were infected but no one went to hospital
- Vaccination for kids was under trouble for COVID-19
- Vaccination program was postponed during COVID-19
- THCC operates her programs within its catchment area
- Many got treatment from THCC as much as possible

Gaibandha

- Most of our family members were infected with fever, asthma, cold and cough
- 14 days quarantine was confirmed for COVID patient in here
- Pharmacy was opened and patients were facilitated really
- 'Social Distance' was a wrong concept and many patients was deprived fully from other support due to that statement

Joypurhat

- Many of our family members were infected with fever, asthma, cold and cough
- Pregnant mothers, delivery, vaccination etc. were problematic during lock-down (Joypurhat).

Common observation from three districts

- Rural doctors were most effective health service provider
- Pharmacy keeper was played important role for local's health services
- When no doctor, hospital, clinic was opened, then pharmacy was open and people got advices and medicine both from Pharmacy
- Stopping bus and all small vehicles created huge problem for patient in getting treatment from any hospital or Clinic
- People was feared for quarantine by administration, for that many never disclose their light-fever, cough and asthma problem
- For getting treatment, females were not treated properly during lock-down

In Bogura and Gaibandha districts, girls did not only inform for their own problems but it clarified their family and social scenario also. The people got services from local pharmacy and rural doctors. During second and third waves THCC provided door step services (Gaibandha) that was really helpful for them.

In Joypurhat, rural doctors were most effective health service provider, stopping of bus and all small vehicles created huge problem for carrying patients in getting treatment from any hospital or clinic. For getting treatment, females were not treated properly during lock-down (Joypurhat) due to lack of treatment system failure.

4.2.2 Situation of Safe Motherhood during COVID-19

Safe motherhood is one of the important considerable subjects for this study that helps to know how gender issues including pregnancy related issues was handled during lock down. Different opinions of girls of different areas help to understand the nature of safe motherhood, and mothers were treated with care or not. According to information from peri-urban areas of Bogura, 'during lock down, pregnant mothers got treatment' but in few cases, 'mothers failed to get PNC treatment'. Besides, all respondents from three districts informed same information that was, 'in some cases, due to lack of

transportation, they failed to get treatment'; though in Joypurhat, it was known, 'lack of movement, pregnant mothers suffered severely in getting treatment'. It was identified that two facts were responsible for females' inaccessibility to health services that were 'distance and lack of vehicle'.

Good information was, several organizations provided ANC and PNC services including THCC, BRAC and ASHA. The government project *Surjer Hasi* (Sun's laugh) provided support in Joypurhat.

**Box 4.6: Information of Safe Motherhood
Peri-urban**

During COVID: Situation of Safe Motherhood

- Pregnant mothers got treatment (Bogura)
- In few cases, mothers failed to get PNC treatment (Bogura)
- In some cases, due to lack of transportation, they failed to get treatment (Bogura/Gaibandha/Joypurhat)
- Lack of movement, pregnant mothers suffered severely in getting treatment (Joypurhat)

Role of TMSS and other organizations

- THCC provided ANC and PNC check-up (Bogura/(Joypurhat)
- BRAC, ASHA, provided motherhood services (Bogura)
- TMSS or any other organization did not provide any services in Gaibandha (Gaibandha)
- SURJER HASI provided support in Joypurhat (Joypurhat)

4.2.3 Health Institutions where they got Services

During COVID and lock down, from where they got medical services; girls informed, 'pharmacy keeper played an important role for their local's health services, and rural doctors provided

services also. They failed to get treatment from TMSS Hospital due to distance, though THCC provided door-step services during second and third wave of lock down.

4.3 SCENARIO OF RURAL AREAS IN GETTING COVID TREATMENT AND OTHER HEALTH SERVICES

4.3.1 Evidence of COVID-19 and Other Diseases and Techniques of Handled Problem

Regarding rural scenario of lock down, difference was found in getting health services between three districts. People of Bogura was facilitated mostly in getting treatment from TMSS hospital especially for COVID treatment. This hospital is famous for COVID treatment and it did real good job for patients. During first, second and third waves of COVID, they got medical services from THCC. According to the girls' information, 'in getting treatment and other medical services, mothers and children were facilitated highly in all aspects through both THCC and TMSS Hospital (for detail, please see Box-3).

Information received from rural areas of Gaibandha and Joypurhat that indicates 'pregnant mothers suffered severely due to lock-down and no transportation was there and 'vaccination was stopped during first phase of COVID-19' (Gaibandha). But from Joypurhat, mostly informed that 'delivery of pregnant mothers was a serious problem because no hospital or clinic allowed them for get admission'. Few girls claimed, 'females suffered severely during COVID-19'; though in second and third waves they got services from nearest health institutes than the first wave. Due to distance, patients from Joypurhat did not get

facilities which provided by TMSS Hospital for COVID patient treatment.

Girls expressed their satisfaction on TMSS Hospital and THCCs' COVID related services. Out of this, people from both districts got

medical services from 'rural doctor and pharmacy' (Gaibandha/ Joypurhat). Additionally, lack of physical communication with doctors, TELE-MEDICINE was used in getting treatment during that period (Joypurhat).

Box 4.7: Health Issues and Getting Treatment Rural	
<p>Bogura</p> <ul style="list-style-type: none"> ▪ As nearest village of TMSS Hospital, people were facilitated hugely by this hospital ▪ Pregnant mothers were facilitated by THCC staff ▪ COVID-19 patients were admitted to TMSS Hospital 	
<p>Gaibandha</p> <ul style="list-style-type: none"> ▪ Most of our family members were infected with fever, asthma, cold and cough ▪ Pregnant mothers suffered severely due to lock-down and no transportation ▪ Vaccination was stopped during first phase of COVID ▪ THCC did good jobs during COVID and provided door-step services ▪ Rural doctor and pharmacy were available for patients 	
<p>Joypurhat</p> <ul style="list-style-type: none"> ▪ During COVID-19, few of our family members were infected with fever, asthma, cold and cough, but did not disclose due to quarantine anxiety ▪ Delivery of pregnant mothers were serious problem. No Hospital/clinic admitted them ▪ One COVID patient was admitted at TMSS Hospital ▪ Lack of physical absence, TELEMEDICINE was used in getting treatment ▪ Lock-down and quarantine created many problems for human communication even neighbors failed to provide assistance though they wanted. 	
<p>Common information from three districts</p> <ul style="list-style-type: none"> ▪ Female and kids suffered more than male in getting treatment ▪ They got health support from SURJER HASI (Sun's Laugh) and Family Planning Department ▪ TMSS also provided health support from THCC ▪ Doctors abused patients in many ways during COVID-19 such as verbally and avoidance ▪ In general, people of our locality were scared and no communication among us. Even, government authority, police, Boarder Guard also visited locality and threaten people for stay inside house ▪ Psycho-trauma was seen among many people even adolescent boys also 	

4.2.5 Situation of Safe Motherhood

On safe motherhood of rural areas, it has known the scenario where respondents of Bogura, Gaibandha and Joypurhat informed more or less same information that they faced. The 'pregnant mothers did not get the services up-to-mark'; whereas girls of Gaibandha informed, 'mothers did not get treatment due to closed

clinic, pharmacy at rural areas. This was also true for Joypurhat district.

When it was searched about the health service providers, THCC, Community Clinics and Family planning offices were identified as service provider organizations who provided services for safe motherhood.

**Box 4.8: Information of Safe Motherhood
Rural**

During Covid: Situation of Safe Motherhood

- Pregnant mothers did not get the services up-to-mark (Bogura/ Gaibandha/ Joypurhat)
- Mothers did not get treatment due to closure of clinics, pharmacy at rural areas (Gaibandha)
- Due to lock-down, many mothers failed to get treatment at rural areas (Gaibandha/ Joypurhat)

Role of TMSS and other organizations

- THCC provided ANC and PNC support to pregnant mothers (Bogura/Gaibandha)
- Community Clinic (CC) provided support at rural area of Gaibandha (Gaibandha)
- THCC and Family Planning provided support for pregnant mothers (Joypurhat).

4.2.6 Health Institutions where they Got Services

Major portion of respondents claimed that they got health services from private clinic, pharmacy and TMSS hospital. Especially, people of Bogura got these services better than to Gaibandha and Joypurhat. Because, these institutions are available in Bogura but not available health institutes in other two study

districts. Due to distance, mothers and other patients had failed to visit these health institutes due to lack of transportation and others support. Besides, given information ensured, lack of money was also liable for getting health services.

Box 4.9: Health Institutions where people got services

- They got health support from SURJER HASI (Sun's Laugh)
- TMSS also provided health support from THCC (Bogura/Gaibandha).
- THCC provided ANC and PNC support to pregnant mothers (Bogura/Gaibandha)
- Community Clinic (CC) provided support at rural area of Gaibandha (Gaibandha)
- THCC and Family Planning provided support for pregnant mothers (Joypurhat)

In rural area, crucial problem were 'distance' and unavailable vehicle' that restrain people in getting treatment from distanced-health institutions. But health professional of THCC, SURJER HASI and community clinic and government's Family Planning Department

provided door step support for mother and new born babies. Even, in second and third wave of COVID, ANC, PNC and vaccination were given on regular basis though in first wave it was hampered for few days.

4.3 POLICY AND GUIDELINES CREATED LOOPHOLES THAT INITIATED PEOPLES' SUFFERINGS

4.3.1 World Health Organization's (WHO) Guideline: Debated Issue

On getting treatment was the most important services during lock down of COVID situation. Evidence shown that, this was the first in human history when global lock-down was imposed for fighting against one virus named Corona-Virus which derived from Yohan virus laboratory of China. People did not know how to cope up against the virus-related diseases and deprivation. It was not the health or medical fact, additionally, it was the social phenomenon also where whole social system broke down without knowledge of meeting to lock down and phobia-stricken situation. All the people suffered in getting all services; but health was the important most and this study was collected information through adolescent girls regarding health seeking behavior and services in connection to COVID treatment. Reality was, when no one assisted to any

patient or doctors were unavailable and even, frightened to offer services to patients with PP dress and maintained social distance. Crucial fact was, treatment was really tough who reached to doctors and much difficult to reach hospital or any health institutions in getting treatment when no vehicle was on roads. World Health Organizations Guidelines and Bangladesh National COVID Guideline both banned all transportations and instructed for social distance; that created huge problem for getting health services. Even, it was very difficult to call Ambulance for reaching hospital in getting treatment. Besides, among three districts, at primary stage of COVID, except TMSS Rafatullah Community Hospital (RCH), no health institutes provided COVID treatment even they established RTPCR Lab for COVID Test.

4.3.2 Gender Parity in Getting Health Services Equally or Not?

In every year, World Economic Forum published a cross-country gender progress report since 2006 and in 2022, published it with detailed progress where COVID situation has been included also. The Global Gender Gap Index benchmarks the current state and evolution of

gender parity across four key dimensions (Economic Participation and Opportunity, Educational Attainment, Health and Survival, and Political Empowerment). It is the longest-standing index which tracks progress towards

Chapter Four: Access to Health Services, Treatment and Safe Motherhood

closing these gaps over time since its inception in 2006²⁵.

As the report 2022, the global gender gap has been closed by 68.1%. At the current rate of progress, it will take 132 years to reach full parity. This represents a slight four-year improvement compared to the 2021 estimate (136 years to parity). However, it does not compensate for the generational loss which occurred between 2020 and 2021: according to trends leading up to 2020, the gender gap was set to close within 100 years²⁶.

When the global situation, what the achievement of study areas in these key dimensions and other issues especially, Health issues. Though the report claimed, 'comparing this year's results against last year's by examining the 145 countries covered in both the 2021 and 2022 editions shows that the overall gender parity score rose from 67.9% to 68.1%. The Economic Participation and Opportunity subindex also increased from 58.7% to 60.3%, as did the Health and Survival subindex from 95.7% to 95.8%. The Educational Attainment subindex fell from 95.2% to 94.4% while Political Empowerment remained the same, at 22%²⁷. The progress of health and survival subindex is very poor that has been supported also by present study.

Through the study information, it has been revealed that adolescent girls were deprived also in getting treatment as like their own family

members and neighbors. But it is difficult to made comment that gender-character was exercised openly in family level where boys and males got preference than to girls or women in getting medical supports, but all were deprived, as a whole. And COVID policy guidelines created phobia situation inside urban, peri-urban and rural society that impact badly of all of them.

During COVID 2020-2021 period, people suffered hugely when government imposed several rules and regulation for virus protection. Additionally, no physical movement, halting of transportation, maintain social distance and 14 days quarantine, following COVID protocol, banned mass gathering and closed market, business and farming impact negatively on income and services. It thrashed society massively dysfunctional on social support system and people was also isolated from each other fully, even friends, neighbors and relatives also. Whole situation impacts negatively on women's health and safe motherhood also; even created their mental stress also.

This is highly supported by the Gender gap report were claimed that 'Gender gaps in stress levels; based on data by Hologic, the report finds that between 2021 and 2022, reported stress was 4% higher in women than in men. This adds to a growing global health burden of mental and emotional disorders, which is disproportionately affecting women's health and well-being²⁸.

²⁵ Global Gender gap Report 2022, World Economic Forum, Switzerland, July, 2022, P-5

²⁶ Ibid, p-5

²⁷ Ibid, P-5

²⁸ Ibid, P-7

4.4 GETTING SUGGESTIONS FROM THE STUDY PARTICIPANTS

Recommendations were made with priority that are different in character of three areas. From urban areas, girls prioritized for 'in any pandemic, poor patients should be got treatment with less cost' and 'during pandemic, TMSS should give free treatment for mothers, children and age-old people. Additionally, *Union Parishads* (UP) will be taken under consideration for providing health services. On the contrary, from peri-urban areas, girls advocated for 'during pandemic, medicine price should not be increased', and Community Clinics should be opened for 24 hours with qualified doctors' availability'. Emphasized to increase gender parity, girls from Joypurhat advised for 'during pandemic, concentrate more for female and girls in providing treatment' and 'for any crisis, pregnant mothers and kids should be cared with any cost'.

Regarding gender perspectives, girls from rural areas reflected their opinion mostly as like 'during any pandemic, pregnant mothers should be prioritized for health services and for children, it could be needed best health service arrangement during pandemic'. They also concentrate to TMSS authority in providing health services and requested for, 'TMSS's treatment standard should be increased with much quality and THCC would be more active during any crisis period at peri-urban and rural areas.

In conclusion, it may be said that from urban, peri-urban and rural areas, major suggestions are 'for poor, treatment should be free and CCs should provide health services during any natural crisis or pandemic'. And other issues are,

'girls, mothers and children should be given prioritize in providing door-step medical services especially peri-urban and rural areas that helps to meet the gender gap in getting health and other services.

Through researchers' observation, it is advised that joint collaborative treatment system of public and private health institutions should be practiced that be much pro-poor for any pandemic or disaster. Even, TMSS Health Sector should be enacted an emergency health policy for pandemic exercise and essential health cares for mothers and children including primary, secondary and tertiary level.

Finally, it needs to be reconstructed the structural areas of TMSS health services and ensure the services to those areas where no or less opportunity is existing in getting medical services. During pandemic, several learnings have been taught, that helpful for future stepping in promoting medical and health services for public and private areas.

Besides, for adolescent girls and children's health facilities during any pandemic or lock down, empirical evidence and observation help to rethink the arrangement of health services for them, if possible, door-step support and helpline may be opened for active response in providing medical support. Out of this, COVID Volunteers should be organized with support of adolescent girls and boys in urban, peri-urban and rural areas that capacitated society to fight against such health poverty and re-fabricated social network where mothers and children will be safer and much secured.

Box 4.10: Suggestion for overcome the problems

Urban

- In any pandemic, poor patients should get treatment with less cost (Bogura)
- During pandemic, TMSS should give free treatment for mothers, children and age-old people (Bogura)
- During pandemic, Union Parishad should take care the patients for treatment (Gaibandha)
- District Hospital, Upazila Hospital and Community Clinic be more active (Gaibandha)

Peri-urban

- During pandemic, medicine price should not be increased (Bogura)
- Poor patients should be given treatment without any charge (Bogura)
- In future, for any crisis, Community Clinic (CC) should be opened 24 hours (Gaibandha).
- Qualified doctors should be posted at CC level (Gaibandha)
- For District Hospital, free transportation could be introduced for poor people (Gaibandha)
- Awareness programs will be introduced for rich and educated class people in society (Gaibandha).
- During pandemic, concentrate more for female and girls in getting treatment (Joypurhat).
- For any crisis, pregnant mothers and kids should be taken care mostly (Joypurhat).

Rural

- During any pandemic, pregnant mothers should be prioritized for health services (Bogura)
- For children, it could be best arrangement during pandemic (Bogura)
- TMSS's treatment standard should be increased with much quality (Bogura)
- THCC would be more active during any crisis period (Gaibandha).

4.5 CONCLUSIONS

COVID-19 has not only hit children's and adolescents' food in-take, it too had a bearing on access to health services. As obvious, with the closure of most of the services, unavailability of doctors, seeking health services widely deteriorated. Where village doctors, community clinics played a vital role in the treating the people in rural areas, pharmacy keepers were much active in the urban areas. Important to note that urban, peri-urban areas

in Bogura was served by TMSS Health Sector, while the other two locations were deprived of this facility.

The field study also suggested the low-awareness, stigmas attached to COVID-19. Many respondents reported that their family members suffered from cough, cold and fever – but most of them never seek

COVID-19 tests. Often this has accrued due to fear of social isolation, if they are reported as COVID-19 positive.

Equally dismal was the conditions of the pregnant women who lacked ANC and PNC treatments.

The prevalent gender-gap in accessing health services was accentuated during COVID-19

period. Lack of transportation severely hampered their access to services.

Suggestions from the adolescent girls, mother suggested for free treatment for the pregnant women, reduction in the prices of medicine – that calls for equitable accesses to health services for all sections of the society.



CHAPTER FIVE

VIOLENCE AGAINST ADOLESCENT GIRLS: WHAT COVID-19 HAS DONE?



“ The victimization of children is nowhere forbidden; what is forbidden is to write about it ”

-Alice Miller



5.0 INTRODUCTION

Gender-based violence, often held coterminous with violence against women and girls (although strictly not) has been a matter of inter-disciplinary discussion since ages. Violence against women and girls were documented historically across the globe – which emanates from un-equal power distribution between men and women. Violence on women and girls are manifested at the household level (intra-household) as well as within the broader context of the society. The so-called violence against women and girls are much intensified during any crisis – war, partition, disaster, conflict, pandemic etc. UN (2016) claims that 1 in every 3 women and girls are subject to sexual or physical violence – most often the violence is perpetrated by their intimate partners (The Daily Star, 2019). According to the same UN data, 750 million

women and girls alive today had been forced into underage marriage around the world²⁹.

That said, violence on women and girls are much prevalent across the world, it is pertinent to understand the impact of COVID-19 in accelerating gender-based violence globally and Bangladesh in particular. Gender-based violence has intensified during COVID-19. In the context of the global pandemic, COVID-19, the situation of violence against women worsens in many indicators because of the crisis that has an enormous impact in almost all spheres of lives. Different reports show a spike in the amount of violence against women all over the world (ibid). There is a reported rise in the case of violence on women, especially by the intimate partners in the countries of Argentina, Canada, France, Germany, Spain, UK and USA. Government authorities, women's rights

²⁹ The United Nations (UN). (2016). *Gender Statistics - Violence against Women*. The United Nations

Statistics Division. Retrieved from <https://unstats.un.org/unsd/gender/vaw/>

Chapter Five: Violence Against Adolescent Girls: What COVID-19 has Done?

activists and civil society partners have highlighted increasing cases of domestic violence during this period³⁰.

Bangladesh, is no exception in this regard. A plethora of literature suggests an increase of violence against women and girls on account of COVID-19 pandemic. According to Human Rights Watch (2020) women and girls in Bangladesh are facing increased domestic violence during the COVID-19 pandemic. There is 24% increase of the incidents of gender-based violence in Bangladesh during the COVID-19 pandemic (Dhaka Tribune, 2020c). According to the recent data of BRAC (2020), there were more cases of violence against women during

pandemic than in 2019 handled by BRAC. There were 410 Human Rights and Legal Aid Services in the first 10 months of 2020. According to community-based women's groups of BRAC, Polli Shomaj (2020), there was a rise in the incidents of violence against women in the year 2020 than 2019 (Dhaka Tribune, 2020c). The same report states that child marriage is one of the major violence against women and girls provoked by the pandemic situation. Polli Shomaj (2020) indicates that a total of 371 child marriages were prevented in 2019 whereas 646 child marriages were prevented from June to September 2020. It clearly shows a rise in the cases of child marriage during COVID-19 period than pre-COVID-19 period.

Several determinants with a plausible explanation for increased violence against women and girls during COVID-19 are:

- Parents have reported that early marriage of their girl child is a way of reducing the economic burden on one hand and securing the future of their child from the financial perspective. Also, early marriage of the girl child is a mechanism to prevent her from stalking and sexual harassment³¹. Given this basic societal norm, it is obvious that during the period of school closure, when the adolescent girls were unable to continue studies – marriage is an obvious outcome. Early marriage also leads to early pregnancy.
- COVID-19 brought another implication for women and girls. Loss of family income, reduction of income often diverged the men to stay at home

during the day, often making demands of one kind or the other. The more household burden and lack/reduction of financial options created stress at the family level – which generated conducive environment for the violence to grow³² at home.

- With a total halt of the transport system, quite often the victim and the perpetrator had to spend longer hours together, resulting in increased violence on the women and girls. Combined with this, the prevalence of COVID 19 pandemic had led to school closure and hence detachment from their peers, school teachers – which hindered in the process of seeking help by the girls at times of emergencies. Simultaneously

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https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic?gclid=Cj0KCQiA1NebBhDDARIsAANiDD2AKMKXASOQleK4DsUcaoqHH6bK3dDelj47jxiUwXTcs92XgTdizhUaAmUDEALw_wcB

31 <https://www.cribfb.com/journal/index.php/BJMSR> Bangladesh Journal of Multidisciplinary Scientific Research Vol. 3, No. 1; 2021 53

32 <https://www.thedailystar.net/opinion/news/the-impact-covid-19-child-marriage-and-other-gender-based-violence-2021813>

the closure of roads and transport system have prevented women and girls

to alienate from the perpetrators or to seek refuge in their natal places.

Under this scenario, the present study delves to look at the experiences of girls who faced violence during COVID-19. Although both boys and girls face violence in the society, the pattern of violence differs and here, in the present study special emphasis has been given to the adolescent girls, because the patriarchal structure delimits the free exercise of the rights and choices by the adolescent girls – which have lesser restriction on the boy counterparts. At the same time, where lot many literatures have spoken eloquently on violence against women, studies on Violence against Adolescent Girls (VAAG) is much limited. Thus, the present study tries to understand the extent and the nature of violence against adolescent

girls in three locations of Bangladesh (Bogura, Gaibandha and Joypurhat). It also tried to analyses, whether any differences occur based on their rural-peri-urban and urban locations. In addition, it has collected information regarding VAG agents, mitigation approach and suggestion to overcome. In doing the job, several Adolescent Group Discussions and VAG mappings were conducted with the adolescent girls. Researchers' observation was also used as approach to delve into the girl's situation in connection to gender perspective. Insights were also collected about the mitigation strategies from the adolescent girls themselves.



5.1 VIOLENCE AGAINST ADOLESCENT GIRLS: INCIDENCE OF CHILD MARRIAGE

In the three districts of Bogura, Gaibandha and Joypurhat, the adolescent girls faced violence. Violence against them is often manifested in the form of child marriage which most often involved the family members.

Although, in Bangladesh, the legal age of marriage for the girls are 18 years, field insights suggest an increase of child marriage during COVID-19 period in all the 3 districts of Bogura, Gaibandha and Joypurhat – in all the areas of urban, peri-urban and rural. Focused group discussion with the adolescent girls revealed that in urban areas, girls between 13-18 years were forced to marry due to school closures and no access to education (Gaibandha and Joypurhat), whereas in peri-urban areas, the age dropped down to even 12 years. The incidences of child marriage increased in all the three areas and even the girls are forced to marry – as the case was with Momin (aged 15 years) (peri-urban Gaibandha).

The adolescent girls also stated that the 'law enforcing agencies failed to prevent the child marriage' during COVID 19 (urban Gaibandha). Even if, the neighbors, relatives, friends are aware about the helpline number (999), no one came forward to prevent it (peri-urban Joypurhat). Adolescent girls of peri-urban areas ventilated that 'during the lock-down, people faced many problems because COVID-19. The survival issue was at-stake and hence little priority was given to prevent child marriage'.

Compounded with this, more often, bribes were paid to the legal authorities to increase the age of the girl (18 years+) to legalize the marriage (peri-urban Gaibandha, peri-urban Joypurhat). Poverty was seemed to be the main underlying cause for child marriage.

Box 5.1: Information of Child Marriage: Field Insights from Urban, Peri-urban and Rural Areas

Urban	Peri-urban	Rural
During lock-down, incidence of child marriage increased (Bogura, Gaibandha, Joypurhat)	During lock-down, incidence of child marriage increased (Bogura, Gaibandha, Joypurhat)	During lock-down, incidence of child marriage was increased (Bogura, Gaibandha, Joypurhat)
Many girls (aged 13-18 year) got married due to non-schooling and education (Bogura, Joypurhat)	Many girls age 12-19 year got married due to non-schooling and education (Bogura, Gaibandha, Joypurhat)	Many girls forced to marriage due to non-schooling and education (Bogura, Gaibandha, Joypurhat)
Due to poverty, girls were the victim of child marriage (Joypurhat)	--	Due to poverty and uncertainty of education, school-dropped girls were forced to marriage (Bogura, Gaibandha, Joypurhat)
The girls know helpline number for stopping child marriage but no one called (Bogura, Gaibandha)	They only know government number 999 but never used (Joypurhat)	They know 999 number but never used it for preventing child marriage (Bogura, Joypurhat)
Bribe was given to increase the age of girls (18 yrs+) for marriage (Gaibandha, Joypurhat)	Bribe was given to increase the age of girls (18 yrs.+) for child marriage (Gaibandha)	Bribe was taken to increase girls age for child marriage by Union Parshad members, Registration Officer (Gaibandha)
During lock-down, child marriage was happened among the relatives (Gaibandha)		
Law enforcing agencies failed to prevent child marriage (Gaibandha, Joypurhat)	-	By law it is crime, but relatives, neighbors were liable for child marriage (Gaibandha)

Case Study: 01

Jemy: Became a mother before Knowing It's Meaning

Jemy, a fifteen-year-old girl, living in a village *Kanikandur Bepari para*, under *Sherpur* Upazila of *Bogura* District, Bangladesh. This village is situated about 50 kilometers away from district town and 10 kilometers of Upazila town. When she was 13 years old, got married and now became a mother of four months daughter.

Jemy was a good student in her class and she completed class eight in Kanikandur High School. She dreamed to be a job-holder after completion of education. But irony of fate, due to poverty and her three elder sister's marriages; her father arranged her marriage. Though her husband is a service-holder and good earner as rural consideration (10 thousand taka per month) and she is happy with this marriage.

When asked, which thing she like, she replied 'love to read'. Additionally, Jemy answered, 'I remember, my most pleasant moment was with my school'. But now everything is past and only for becoming a girl; she faced this fate. If you want to back the school, Jemy commented with tears, 'alas! no chance to back my school; because I have a very small kid'.

If you are a son, what fate waiting for you? With sigh, she replied 'off-course continuing education', and family did not arrange son's marriage? Before her marriage, no member of the family taken her consent. As girl, she has less value in family and locality than sons. What things she choice? Jemy commented, 'reading book, visiting local markets and park'. After marriage, that were fully stopped and she did not visit market and park; though both are very near to her house.

When she was asked, what dream she possesses for her own daughter? Jemy steadily answered, 'I must educate my daughter as her choice, and never arrange marriage before age of 20 years old'. The only notable fact is, after pregnancy, she took all vaccines from Community Clinic of own village and for her new born baby. She heard the name of TMSS and locals get support from TMSS, though she is not facilitated directly.

Early marriage is a cultural norm in lower-economy class families in rural society in Bangladesh and it used to practice among all areas. Sometimes, parent think, girls are the burden and it is wise to arrange marriage for them rather than to educate them. Besides, family-honor is highly linked with daughter's attitude, action and practice of traditional norms that prevailing for rural girls. Most of the girls also think, this is not bad, as a Muslim girl, maintaining purity in all aspects are mandatory and marriage is not bad practice. Probably, they are highly motivated through their family and society where they used to observe the marriage in minor age. Besides, they do not have awareness on basic rights especially, right to education, freedom and choices.

In consideration to right to survive; 'marriage' is considered here as way out for girls and they like to living under husband. Sometimes, it is considered 'means of livelihood' for them.

Even, when we talked with three girl friends of Jemy, those are also victim of child-marriage and looked them happy and tension-free. All of them have less idea about the rights of the girls and protect themselves from injustice and imposed-decision. All of them informed, they are very fearful about their father and they obey every order of their father unconditionally. Herein noticed, patriarchy has many colors and their father and mother-in-law presented there when we talked with Jemy and her friends. So as girl and daughter, she has no freedom to talk with outsiders alone though they knew previously who come to discuss. Mother-in-laws and mothers are playing role as active agents of patriarchy as like any male members.

Please see next page

Case Study: 01 (Con...)

Jemy has no idea what is the meaning of 'right' and how to achieve it or practice it. Besides, she never thinks on 'right to education, freedom and choices'; though she completed Junior School Certificate (JSC/Class Eight) examination. Considering all aspects, it would be concluded, society is 'highly closed and gender-sensitive' and it is really hard to break the invisible-chain that tighten girls. Even present education fails to make awareness and potential that create 'power from within' which has been reflected through protest by the girls and the broader society. Girls' education establishes a 'false-consciousness' that decorate them only as 'fashionable-puppet' in marriage-market than to be developed as human being.

And it is not astonishing, if after 17 years, another researcher will visit Jemy's house and take interview of her new-born baby (then she will be 17 years old girl) who will be under marriage and she also dream for her coming baby. The achievement could be, Jemy faced marriage in 13 years and her daughter will be 15 years; the progress is only 2 years. Then the new researcher again searches girls' rights, freedom, choices and many indicators that are highly linked to gender-development; but ultimate result is society is unchanged though ratio of the girls' education could be high in nationally and UNO praise for Bangladesh. Society creates many Jemys but not their future.

Case Study: 02

Mahmuda: Story without Conclusion, Got Marriage instead of Education

Mahmuda, a 17 years old girl, now mother of 16 months baby. When she was 15 years old and student of class nine, she was forced to get married. No one took her opinion. She was shocked much when she came to know about her marriage. Her father is living in village of Chandia Bepari Para under Kanchipara Union, Fulchari Upazila of Gaibandha district; this village is within 10 kilometers of district town.

Mahmuda informed, 'I was one of the most talented students in my class; but my dream has lost and nothing in my hand'.

Her father dreamed also for her daughter's education. But the rural social environment thrashed him to arranged daughter's marriage. In Chandia Bepari Para, if daughter does love-marriage that is considered as heinous crime. So, all fathers are afraid of daughters' marriage and that was also applicable for Mahmuda's father. Society has no protection against child marriage and nurturing daughters' dream.

Case Study: 02 (Con...)

Chandia school and College is situated very nearer of Mahmuda's house but reality is 'she is far from school'. Physical distance does not matter if cultural distance is higher than that.

She wanted to make herself as '**Asha madam**, who was her science-teacher and icon in her school'. But she failed to change her own fate. When she was asked, why not? Because of father's attitude. In northern Bangladesh, it has common scenario, fathers are unreachable for the daughters and daughter has no opportunity to share anything with their fathers. Mahmuda commented, 'as daughter, this is our fate'. Why society is highly restricted for girls, Mahmuda commented that 'mobile phone is very bad device and destroy the ethical basis of the girls and boys. They engaged in bad relationship in minor age that why under-age marriage is increasing now'. Besides, she added, '**BERIE JAOUA** (marry love one and flee away) is very bad in our village'; and nobody wants, girls join in any service'.

When few girl friends of him visited to see the discussion session, it has been known also all are married whose age within 14 to 17 years. But the irony of fate, they have no regret about their early marriage and destroyed their dream.

The exceptional fact is, 'Mahmuda has the mental stress against the marriage and wants to start again the education'. Few NGOs like TMSS and Momo Da foundation are working now for education of girl children who are married early.

Violence does not mean just to beat any girl or women physically; it has many forms as like psychological and emotional violence. Many girls as Mahmuda are facing psychological and emotional violence due to lost their dream. It will never be possible to refabricate again, because time does not wait for any person. In rural society, girls have no space to express their opinion, chance to take decision and enjoying their freedom with choices.

Mahmuda is not the only victim of this locality, many girls' tears are dropped in dark night and their sigh mixed with air that is invisible and visible fact are less than the invisible.



5.2 VIOLENCE AGAINST ADOLESCENTS: INCIDENCE OF CHILD LABOUR

On the issue of child labour, the adolescents reported that it is mainly the boys – who parted away from education and joined labour force to seek livelihood. These children never got back to school (urban and peri-urban Bogura, urban Joypurhat). Child labour increased in all these 3 areas. Insights from peri-urban areas suggested that children mainly worked in garages, small shops (peri-urban Bogura and Gaibandha).

Scenario in rural Bangladesh does not differ much. Traditionally, the children are engaged as unpaid helpers in family farms as well as in non-farm activities. With this tradition in vogue,

there is an increase of child labour due to COVID 19.

In all the three areas of urban, peri-urban and rural areas the work status of the children and adolescents are segregated according to the stereotypical gender roles. Understandably, it is mainly the boys who work in garages and shops, whereas, the girls are traditionally engaged in household chores – which is outside the realm of productive activities. Social construction differs boys and girls on child labour; when boys work and earn, it is called child labour but for girls, it is unpaid work and not child labour.

Box 5.2: Information of Child Labour: Field Insights from Urban, peri-urban and Rural Areas

Urban	Peri-urban	Rural
During lock-down, child labour increased for livelihood support (Bogura, Gaibandha, Joypurhat)	During lock-down, child labor increased for ensuring food (Bogura, Gaibandha, Joypurhat)	During lock-down, child labor increased for ensuring food (Bogura, Gaibandha, Joypurhat)
Many children left school and joined income-activities; never back to school (Bogura, Joypurhat)	Many children left school and joined income-activities; never back to school (Bogura)	Many children left school and joining income-activities; never back to school (Bogura).
Poverty is the main cause for child labor (Joypurhat)	Poverty/food crisis and school vacation were liable for Child Labor (Joypurhat)	-
-	They joined in the small workshop, motor-bike garage and shops (Bogura, Gaibandha)	Children joined to work in small workshop, Motor-bike garage and garments (Bogura).
-		They only know government number 999 but never used (Joypurhat)

5.3 VIOLENCE AGAINST ADOLESCENTS: TRAFFICKING

No child trafficking case was reported from any of the three districts under study, as the transport was completely halted. Moreover, the closure of district and the national borders have prevented trafficking. Besides, far-distance of international boarder plays role itself as non-trafficking element. No information on internal trafficking was got in the three districts. Zero information of children, girls or women

trafficking were shown due to halting transportation, policing and non-movement rules were followed strictly at urban, peri-urban and rural areas during COVID 19. Testimonies of girls, local's observations and insights of researchers supported that prevalence of trafficking in study areas did not consider as problem.

5.4 VIOLENCE AGAINST ADOLESCENT GIRLS WITHIN THE HOUSEHOLD

The study revealed that, apart from child marriage, other forms of violence is rampant against the adolescent girls (both within and outside the household domain). Focused-group

discussions with the urban adolescent girls revealed that verbal and often physical violence (in the form of rebuking) from the elders increased (urban Gaibandha and

Joypurhat). Verbal chaos inside the family, elders' authoritarian attitude has prevented the girls from moving outside the household, lack of physical meet with the friends and neighbors created additional discomfort into the lives of these girls. Prolonged home-confinement of the adolescents especially the girls have brought 'psychological trauma for long time staying in home and non-movement, not going to school, lack of physical communication with friends, neighbors' etcetera (urban Joypurhat).

Almost the similar perspectives have been echoed from the peri-urban areas - girls informed 'during lock-down, they faced several types of violence including verbal and psychological trauma (peri-urban Bogura, Gaibandha, Joypurhat). The nature of trauma was that 'we were not allowed to visit outside of home as boys', and 'few school girls were forced to marriage'. Even in Bogura, girls informed, dowry related violence was increased during lock-down and they forced by their husband to get back to father's home'. The adolescent girls also stated that 'forced-living with other family members, frequent

marriage proposal created psycho-trauma for girls (per-urban Gaibandha). The girls of Joypurhat said that 'the (potential) victim cannot convey her situation to friends and neighbors as the school was closed and no communication with outside world due to COVID 19' (peri-urban Joypurhat).

The rural areas are no different – rural girls informed 'during COVID 19, we are victims of violence verbally and psychologically mostly'. They expressed their comments through such statement, 'psychologically, faced trauma and verbally abused by family members'. In Gaibandha and Joypurhat, adolescent girls said as reflection of Bogura's girls' saying – 'the statements were as 'due to lock-down, we had no freedom to move (Gaibandha)'. They were tortured psychologically, when 'repeatedly marriage proposal was imposed for their marriage' (Gaibandha). In Joypurhat, girls' felt trauma due to 'did not go to school, failed in getting education, listened frequently their marital proposal'. But good sign is girls of rural areas from three districts claimed, we did not face any physical torture'.

5.5 VIOLENCE AGAINST ADOLESCENT GIRLS OUTSIDE THE HOUSEHOLD

Violence against the adolescent girls in public spaces is not a new phenomenon. In many cases, mostly in the urban areas of Bogura district (city-area), adolescent girls identified several violence prone areas, where violence against them (teasing, taunting) is much pronounced. Participant girls (mainly in urban

areas) informed that 'when we are outside of home, faced more violence by boys and 'in normal time, in front of school and college, boys teased us' (Bogura). The girls have even raised objections, 'when we are in van or rickshaw; boys try to touch us inappropriately (Bogura)'.

5.6 AGENTS OF VIOLENCE

Irrespective of the rural-urban divide, regarding the agents of Violence against Girls (VAGs), girls mostly identified, 'local boys and students of the school and colleges (urban Bogura), para, community and the relatives who are living in the same house (peri-urban Bogura). Besides, girls also identify family and society (per-urban Gaibandha) and few female members (peri-urban Joypurhat) as agents causing violence. Through this, it has known, not only male members of the family and society played role as agents of VAAG; but females of families sometimes also played role as agents. So, patriarchy is not the only factors; whole society including females considered as agents. And irony of fate, when few of them identified that 'lock-down' itself played role as agent of VAAG

(peri-urban Gaibandha). The main problem is whole society was fully silent against VAAG and no one raised voice when they saw any violence or abuse against girls and women. Apart from these, the rural adolescent girls identified 'boys of locality' and 'family members and match-makers' (rural Gaibandha). This is interesting, when girls were out of school and out-side visit, then Match makers took opportunity to communicate with their fathers and influenced them for marriage. That increased girls' psychological trauma and child marriage also. For this, girls blamed them, as agents of VAAGs. From Joypurhat, they said 'outsiders and family members' played role as agents (Joypurhat).

Box 5.3: Information of Violence against Adolescent Girls: Field Insights from Urban, peri-urban and Rural Areas

Urban	Peri-urban	Rural
Faced violence outside home by the boys (Bogura)	Faced violence in home during lock-down - verbal abuse, psychological trauma (Bogura)	Violence occurred within the family (Gaibandha, Joypurhat)
No permission in going to outside of home (Gaibandha)	Girls not allowed to outside visit than the boys (Bogura, Gaibandha)	
In normal time, in front of school and college, boys teased girls (Bogura) When in van or rickshaw; boys try touch inappropriately (Bogura)	---	Boys teased girls at cross-roads or shop-centers when girls went there (Bogura)
---	Dowry related violence were increased among whom married among us (Bogura)	---
Suffered psychological trauma by the family (Gaibandha), verbal chaos within the family;	No outside game impacted badly on psyche and body; Forced-living with other family	Trauma due to verbal abuse by family members (Bogura); sufferings, lack of

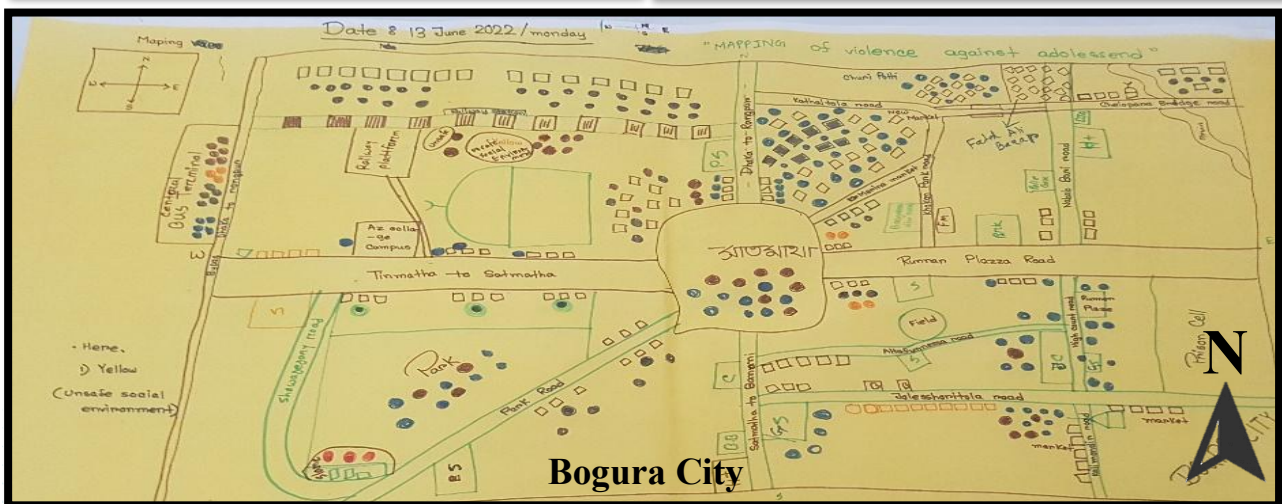
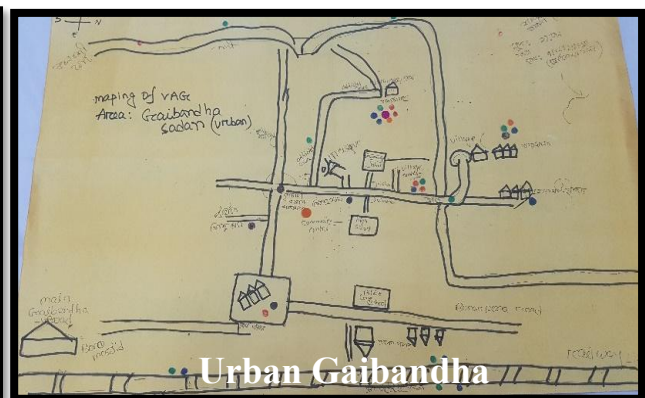
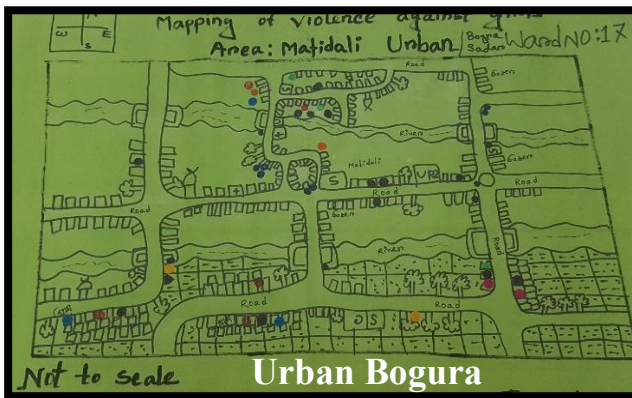
<p>long time confinement within the household, non-movement, not going to school, lack of physical communication with friends, neighbors (Joypurhat)</p> <p>Elders warned the girls all time when they are in home - creating trauma (Joypurhat)</p> <p>COVID-phobia also liable for psychological and physical illness (Joypurhat)</p>	<p>members created mental unrest (Gaibandha);</p> <p>No school, no education, lack of communication with friends and neighbors (Joypurhat)</p>	<p>communication with friends and classmates (Bogura)</p>
	<p>Frequent marriage proposal created psycho-trauma for girls (Gaibandha)</p>	<p>Repeated marriage proposal tortured us psychologically (Gaibandha, Joypurhat)</p>
---	---	<p>We did not purchase sanitary pad during COVID 19 (Bogura)</p>
		<p>No one want to listen our voice or taking our opinion in various issues' (Bogura)</p>
---	---	<p>As girl, we were victim of eve-teasing or sexual violence (Joypurhat)</p>
Agents of Violence		
Urban	Peri-urban	Rural
<p>Local boys/students of school and colleges (Bogura)</p>	<p>Boys of Para/community and relatives who are living with same house (Bogura)</p> <p>Boys/few female members/societies are not helpful for violence against girls (Joypurhat)</p>	<p>Boys of locality (Bogura)</p>
<p>Family members/ society/ outsider boys (Gaibandha)</p>	<p>Family/society (Gaibandha).</p>	<p>Lockdown/ Family Members/ Match-makers (Gaibandha)</p>
<p>Family members/ Corona phobia/ captive life in home (Joypurhat)</p>	<p>Lock-down (Gaibandha)</p>	<p>Outsiders and family members (Joypurhat)</p>

5.7 VIOLATING THE RIGHTS OF THE CHILDREN AND ADOLESCENTS: INSIGHTS THROUGH MAPPING

Urban Areas

Besides highlighting, the main issues of violence against adolescent girls and boys during COVID-19 period, an attempt has been made to map the type of vulnerabilities present in the residing areas of the adolescents. This gives an idea about the types of violence/potential violence that adolescent girls and boys undergo and if there exist any difference by the type of vulnerabilities according to urban, per-urban and rural areas.

The map shows the prevalence of child labour in the markets of the urban areas – which largely employ cheap child labour. The congested market areas also represent un-safe zones for the girls where they are subjected to sexual-violence – mostly of inappropriate touching by the boys. The areas where the adolescent girls are unsafe are the ones where lots of addiction by the boys and the males take place – hence creating the areas risk-prone.



- Child Marriage
- Teenage Pregnancy
- Sexual Violence
- Irregular School Going
- Areas unsafe for girls
- Child Labor
- Addiction Prone Areas
- Area with inadequate health services

The so-called violence of the adolescent girls and boys are much pronounced in the city-scape of urban Bogura – there are dominance of child labour, sexual violence, unsafe social environment (teasing, verbal abuse), irregular

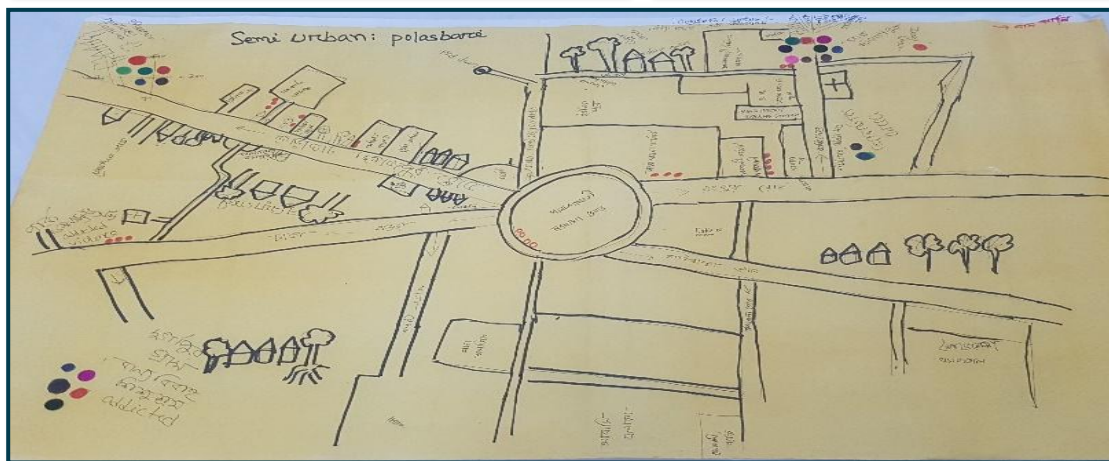
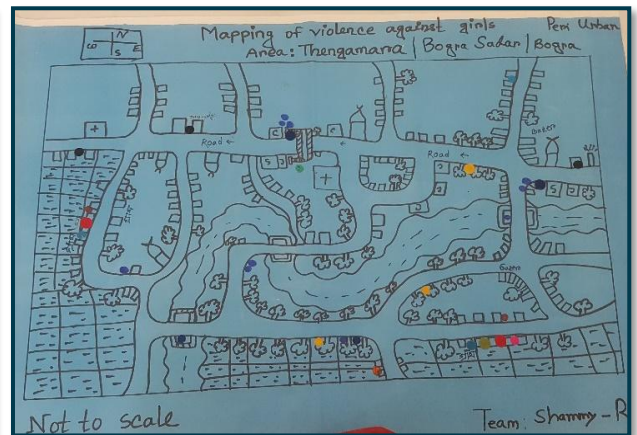
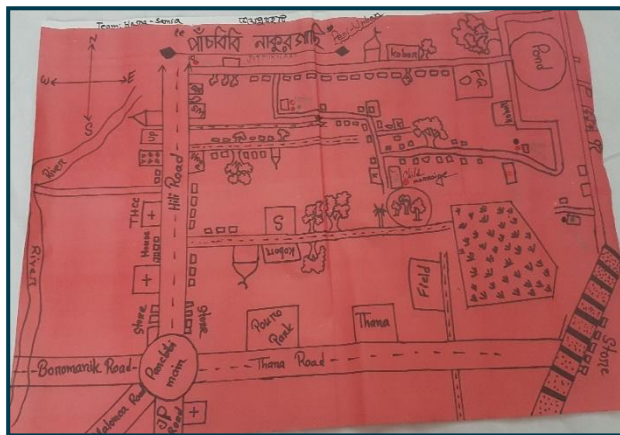
school going children in market areas, railway lines or at the cross-roads of large streets. The smaller settlement areas, surrounding the main market areas are prone to child-marriage.

Peri-Urban Areas

Similar exercise has been done in the Peri-urban areas– the peri-urban areas show slightly different character. The mapped areas are mainly dominated by residential areas – rather than market places – which reveal a different dimension of vulnerabilities. The residential areas near the paddy fields are often the ones which are dominated by child marriage and to

some extent child labour where the children of these areas work.

The peri-urban areas of the Bogura city, reveal almost similar characteristics – the market areas near to the main cross-roads employs child labour. As highlighted in the map of urban areas, the market areas of the peri-urban areas are also the places of sexual abuse for the adolescent girls. Besides these, the peri-urban



- Child Marriage
- Teenage Pregnancy
- Sexual Violence
- Irregular School Going
- Areas unsafe for girls
- Child Labor
- Addiction Prone Areas
- Area with inadequate health services



Chapter Five: Violence Against Adolescent Girls: What COVID-19 has Done?

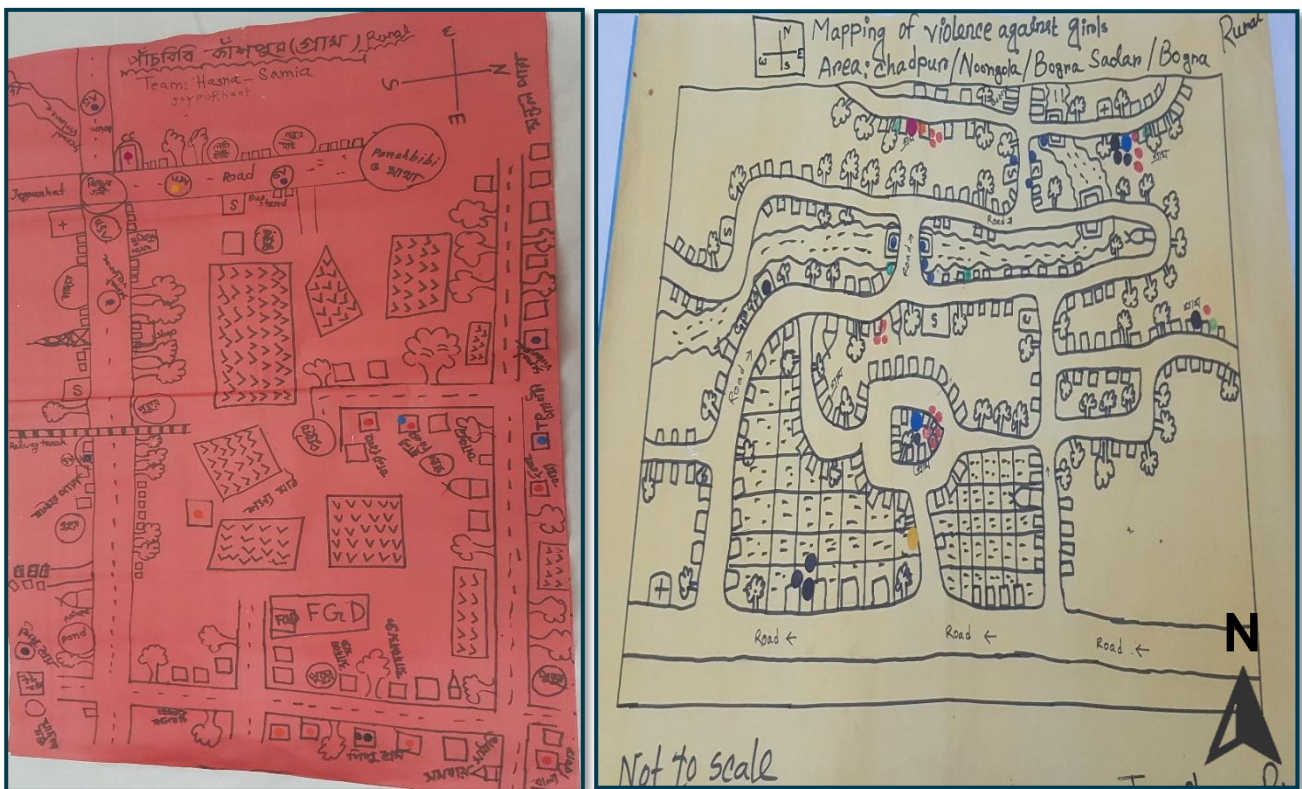
areas near the fields, rivers have been demarcated by the adolescents as unsafe zones – where the roads are less lit up and the areas are used for teasing and taunting of the

girls. The households in the peri-urban areas are also dominated by inadequate health care services for the children and adolescents.

Rural Areas

The main issues highlighted by the adolescent girls in the rural areas are very much related to lack of health infrastructure facilities for the population as a whole and children in particular. Although very limited, the map has also highlighted few cases of teenage

pregnancies and child marriage of the adolescent girls. In rural pockets, the cases of sexual violence have also been noticed. The cases of child marriage are also noticed in the villages.



5.8 MITIGATION: STRATEGIES AND PATHWAYS

5.8.1 Child Marriage, Child Labour and Child Trafficking

As discussed earlier, the adolescents were not seen a mere subject matter in this research. Their roles move beyond – where these adolescents are the decision-makers, change-agents and hence can sought suitable mechanism to address their issues.

Several suggestions emanated from them are:

- Need to convince the parents and family members against child marriage;
- The adolescent girls themselves disagreeing with child marriage;
- Need to campaign against child marriage, child labor and trafficking at all places;
- TMSS should introduce adolescent centric development programs;
- Adolescent girls' issues should be included inside Gender policy of TMSS;
- Other NGOs and CBOs should be involved against child marriage, child labor and trafficking;
- Child Right Convention (CRC) of UN should be needed to include inside school curriculum.

5.8.2 Other Forms of Violence

Gender roles are not only manifested in the forms of gender-based violence, but also in its mitigation strategies. Most of the girls think that rather to come up with any visible/ verbal/ written means of addressing the violence, it is important to bypass the issue silently. Thus, the following strategies were adopted by girls as a means to avoid the violence (urban, per-urban and rural):

- Not going out alone in public spaces
- Venturing outside the home with group of friends
- Never disclosed the issue of violence to family members and friends and maintained silence
- Kept patience to get over the evil-conditions soon
- However, with the aggravation of the abuse over a prolonged period, seek help to family members especially male elder members of family.

5.8.3 Knowledge about the VAW Policies

To curb violence against adolescents, an enquiry was made on the knowledge level of the adolescents about the helplines and the policies addressing VAW.

- Irrespective of rural-urban divide, most of the adolescents are aware of the helpline number 999 (give a line about the number)
- Almost all the adolescents reached through focused group discussion revealed that they are aware of the legal age of marriages of 18 years in Bangladesh
- The urban adolescents are aware of the helpline number - 10921 for VAW/ GBV/

VAAG that is backside cover of high school book

- Apart from these, the 10-19 years old girls do not know the policies both national or UN.

5.8.4 Practicing Steps in eradicating Violence Against Adolescent Girls

- *Village Salish* (arbitration), or *Union Parishad* played role against VAG
- TMSS has system but, never practiced it to prevent VAG, took steps against child Marriage
- Prevent Child marriage with collaborative effort
- Complain against VAW to *Village Salish* (arbitration), *Court* and *Upazila parishad*.

5.8.5 Suggestions from the Adolescents to Overcome VAAG

- Boys' gathering should be banned in front of educational institutions
- Government helpline should be used for girls' own safety and security
- Awareness programs should be launched for family members and other duty-bearers (service providers, government and non-government officials etcetera)
- During any pandemic, special attention should be given to prevent the vulnerabilities of the adolescent girls
- Need to make the Helpline numbers more functional. Fliers can be used to spread awareness about the issues
- Unity of society should be exercised
- Peaceful living in home irrespective of genders
- Need to listen to the girls' voice/opinion regarding marriage, especially by the male family members
- Regarding violence, family should be more sensitive for the girls
- Forced girl marriage should be stopped and not practiced by the families.

5.8.6 Society as Change Maker

- Girl groups should be formed under TGHS's THCC-catchment areas for preventing VAW/VAAG
- Women bodies as like club, group, association should be active to protect child rights
- Society as a whole especially male members should be practiced their role for protection and prevention of child rights.
- Several safe zones may be established for children's participation in all activities, as their own choices.

5.8 CONCLUSION

The preceding discussions highlight an essential aspect of the lives of adolescents. Given a set of strict patriarchal rules, violence against women and girls is nothing new in society. A gross violation of their rights in terms of safety and security led to their restricted mobility in public spaces. But what if they face violence within the house—fear of child marriage, child labor, dropping out of school, and excessive scolding by the parents—are the private spaces safe enough for them? We need to revisit this.

Violence against adolescents was much more pronounced during COVID-19. Lack of economic stability led to increased child marriage and child labor incidences—a diversion of the children from their everyday lives to an uncertain future leading to severe repercussions on their fundamental rights. The children who were married away during COVID-19 were of very tender age. Although

friends in the community were aware of the helpline numbers, none took the initiative to stop child marriage. Similar are the incidents of child labor, mainly victimizing adolescent boys. No such significant differences are noticed among the study area and across rural and urban areas in this regard.

Besides these, the adolescent girls have come up with vulnerability mapping of their residential areas. Rural-urban differences are stark in those mappings – areas around the urban market are the zones of teasing and taunting by the boys. Market areas are also places of child labor. In peri-urban areas, the crossroads are also unsafe spaces for adolescent girls – teasing and taunting, while the residential areas are the places for child marriage and child labor. Coming to the rural areas, the rural pockets predominate the cases of child marriage, malnourished children, etc.



CHAPTER SIX

GIRLS' UNDERSTANDING ON RIGHTS AND CHOICES, VIOLATION AND COPING STRATEGY

“

**Life is a sum of all
your choices**

”

-Albert Camus



6.0 INTRODUCTION

As mentioned in the introductory session, the Rational Choice Theory³³, that has been tested in this study through girls' experiences and learnings. To deepen the understanding of how adolescent girls faced the deprivation of their rights and choices during COVID 19 period in study areas.

Explicitly, this idea has been applied to understand adolescents' behaviour patterns during COVID-19, which is how they made rational choices in their activities, especially when the strict lockdown was imposed country-wise. This implied their choices in mobility outside the household, meeting their friends

and partners, getting health and other services, and so on.

The mentioned issues are highly connected to the rights of children and adolescents as like Right to Survival, the Right to Development, the Right to Protection, and the Right to Participation that the UNCRC establishes³⁴ (1989). The following information sheds light on how the pandemic has hardly hit those rights whereby the entire right of the adolescent was at stake. Moreover, moving beyond the rights issues, how girls' choices were violated in northern Bangladesh due to pandemic-related policies and guidelines that were practiced as mandatory. All these actions probably negatively impacted the exercising of

³³ which tries to explain why the people (commonly described as clients) behave in a particular fashion – for example – in the arenas of relationship, with friends, often engaging in self-destructive behavior

and in addictions, pattern/changed pattern of social interactions etc.

³⁴ United Nations Child Right Conventions (UNCRC), 1989

adolescents' freedom and liberty as human rights.

For decades, oral testimony has been considered a method in the research world for clarifying any issue through participants' experiences. And as alternative development in the academic arena, presently, this is highly acknowledged as a method where the fundamental objective is 'know the people through their own experience.'

Considering this, the present study tries to understand the meaning of rights and choices through the experience of adolescent girls of northern Bangladesh who practiced during lockdown. But academia used to do the job of following academic norms that depend primarily on secondary sources that famous scholars around the globe write. But as a new exercise, researchers sought the voices of urban and rural adolescent girls about rights and choices of their own experience and try to understand the real meaning.

As human beings, every person has the potential and understanding; this study honors those person's capacity of thinking and does not undermine the girls based on age and residence. The study team practiced avoiding colonial and established ideas, 'everything knows the urban citizen and so-called educated' from educational institutions. Alternatively, the present study collected information from those who were part of the COVID and lockdown situation. Remember what Tolstoy wrote in his great philosophical story, 'Children May be Wiser than Their Elders'; bearing in mind that researchers made a journey with adolescent girls in getting few clarifications of unsolved issues who lived in the northern part of Bangladesh with minimum living facilities during COVID. Thoughts and voices expressed by the girls on rights and choices are critical and help to rethink a few related areas of gender study. The following sections are full of girls' voices that may be helpful for us to understand what they think about their own life and destiny on rights, choices, violations, and coping mechanisms.

6.1 ANALYSIS OF GIRLS' UNDERSTANDING OF RIGHTS AND CHOICES

Rights are legal, social, or ethical principles of freedom or entitlement; that is, rights are the fundamental normative rules about what is allowed of people or owed to people according to some legal system, social convention, or ethical theory³⁵. In 1959, the UN General Assembly adopted the Declaration of the Rights of the Child, which defines children's rights to protection, education, health care, shelter, and good nutrition. And Universal

Human Declaration was 'All human beings are born free and equal in dignity and *rights*.

In addition, UN CRC declared that 'every child has rights "without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status" (Article 2)³⁶.

³⁵ <https://www.google.com/search?q=what+is+the+me>

[aning+of+right+of+social+science+&sxsrf/">aning+of+right+of+social+science+&sxsrf/](#) retrieved on 11 Nov, 2022

³⁶ UN CRC,

That means, children have right to protection (e.g., from abuse, exploitation and harmful substances) provision for education, health care and an adequate standard of living, participation (e.g., listening to children's views and respecting their evolving capacities). These include many issues as like 'right to live free from

violence and discrimination; to enjoy the highest attainable standard of physical and mental health; to be educated; to acquire own property; to vote; and to earn an equal wage. This study captured these issues in different manner as like education, VAW, rights and choices and getting treatment and so on.




6.1.1 Rights: As Girls' Understanding

It is seen, the saying of urban and peri-urban girls on rights, both areas girls' thought are similar and they thought also the same about meaning of their rights. Access to education, food, cloth, housing are the common phenomena for every human being, even these rights are exercised based on UN's universal human right declaration. But what new they have thought, 'liberty as they want to do' and 'freedom of movement'. Though these issues were highly keen to lock-down that they failed to practice

it but they made the voices beyond the lock-down. In this regard, no difference was seen between urban and rural adolescent girls.

From rural areas, the collected scenario is not much different from urban and peri-urban areas. But if it is seen on rights, adolescent girls of rural areas clarified their right as 'right to express of opinion (Bogura), right of education (Bogura/(Gaibandha/(Joypurhat) and right to take decision (Gaibandha).

Box 6.1: Girls' Understanding on Rights

Urban	Peri-urban	Rural
<p> On Rights:</p> <ul style="list-style-type: none"> ▪ Right of education (Bogura/Gaibandha/Joypurhat). ▪ Access to food, cloth and housing/shelter (Bogura/Joypurhat). ▪ Freedom of movement (Bogura/Gaibandha/Joypurhat). ▪ Right to treatment (Joypurhat). 	<p> On Rights:</p> <ul style="list-style-type: none"> ▪ Right of education (Bogura/Gaibandha/Joypurhat). ▪ Right to Food (Bogura/(Joypurhat). ▪ Freedom of movement (Bogura). ▪ Observe Eid occasion (Bogura). ▪ Liberty of as they want to do (Joypurhat). ▪ Live in with basic facilities (Joypurhat). 	<p> On Rights:</p> <ul style="list-style-type: none"> ▪ Right of education (Bogura/(Gaibandha/(Joypurhat). ▪ Right to express of opinion (Bogura). ▪ Right to take decision (Gaibandha).

These three areas are very crucial for any human being and want to be practiced as human right. So being rural girls, it is difficult to

ignore such comment that are relevant to urban and peri-urban girls.

Have any gender differentiation in girls' thought and study observation. Probably not. Because, society is much male dominated where girls have been considered as second sex and sometimes, they have no voice at all on their rights. And a very narrow difference was vivid

between urban and rural girls. From urban girls opined, 'freedom of movement and right to treatment' were important right; then rural girls informed, 'right to take decision and expression of opinion were the best'. Though few were similar as their consideration.

6.1.2 Choices: As Girls' Understanding

Before initiating the study in getting voices of girls on 'choice'; it needed to confirm an operational clarification and searched the established theories relating to choose as like Social Choice Theory.

Social choice theory or social choice is a theoretical framework for analysis of combining individual opinions, preferences, interests, or welfares to reach a collective decision or social welfare in some sense.³⁷ Choice theory focuses on how people make decisions based on their preferences, whereas social choice theory focuses on how to convert an individual's preferences into the desires of a group. Emphasized given here for choices of individuals in connected to practicing rights during lock down that is gender-centric also rather social choice theory.

Exercising literature to know the Rational Choice Theory³⁸ that is widely used in social work which tries to explain why the people (commonly described as clients) behave in a particular fashion; for example – in the arenas of relationship, with friends, often engaging in self-destructive behavior and in addictions, pattern or changed-pattern of social interactions etc.

This idea has been applied to understand the pattern of behavior of the adolescents during COVID 19 period that is how they made rational

choices in their activities during that period especially when strict lockdown was imposed country wise. This implies their choices in mobility outside the household, in meeting their friends, partners.

According to the study, regarding choices, urban girls indicated that when it came to choices, they saw them as "moving to outside (Bogura/Joypurhat)" and "communicating with girlfriends and class-mates." Additionally, number of girls have thought of choices as "personal independence" and "they desire to be employed" (Gaibandha).

When it is seen in peri-urban areas, differences were seen in three areas though other identification was the same. Identified differential choices are 'work for society and people', 'laugh as they wish' and 'sacrifice themselves for nation' (Gaibandha).

When girls stated their support for 'being sacrificed for the country', it is incredible what they must have imagined. And it has been determined that "laugh as girls' wish" refers to a choice that implies that during the lockdown, their 'freedom to laugh' is somewhat constrained by their family and society. They should therefore be given the freedom to practice laughing as a right and a choice.

³⁷ Amartya Sen (2008). "Social Choice," *The New Palgrave Dictionary of Economics*, 2nd Edition

³⁸ <https://www.onlinemswprograms.com/social-work/theories/rational-choice-theory>.

Box 6.2: Girls' Understanding on Choices		
Urban	Peri-urban	Rural
<p>On Choices:</p> <ul style="list-style-type: none"> ▪ Movement to outside (Bogura/ Joypurhat). ▪ Communication with girlfriends/ class mates (Bogura). ▪ Observe religious and secular national days (Eid/Puja and national day, 1st Baishakh) (Bogura). ▪ Want to be employed (Gaibandha). ▪ Personal freedom (Joypurhat). 	<p>On Choices:</p> <ul style="list-style-type: none"> ▪ Participation in Eid/Picnic (Bogura). ▪ Moving here and there ((Bogura/Gaibandha). ▪ Eating street foods (Fuska, Jhal-muri etc) ▪ Communication with girls' friends/class mates (Bogura). ▪ Observe religious and secular national days (Eid/Puja and national day, 1st Baishakh) (Bogura). ▪ Want to be self-employed (Gaibandha). ▪ Sacrifice for nation (Gaibandha). ▪ Work for society and people (Gaibandha). ▪ Laugh as we wish (Gaibandha). 	<p>On Choices:</p> <ul style="list-style-type: none"> ▪ Freedom of movement to outside (Bogura). ▪ Participation in gossiping with neighbor-female and girls (Bogura). ▪ To be employed as boys and take family responsibility (Bogura/(Gaibandha). ▪ To be an educated person and employed (Gaibandha/(Joypurhat).

From rural areas, what rural girls are thinking about choices, four themes they have determined, the most important is 'freedom of movement to outside' (Bogura). During lockdown, even the rural areas, girls did not move from one place to another; even to close neighbor's houses.

They therefore reasoned that 'freedom of movement' was extremely vital to them and that nobody should obstruct it.

They also considered, 'to be employed as boys and take family responsibility' and to be an educated person and be employed in future (Bogura/(Gaibandha/Joypurhat). This is a good commitment because without economic

solvency, no one practices choices and enjoys freedom.

Even, from rural perspective girls identified choice as 'participation in gossiping with neighbor-female and girls' (Bogura). It is established that story-telling is a traditional practice in Bengal culture. And there are many great epics and writings were made based on story telling. And this is part of rural culture. And as social fabrication, rural girls' and boys' psychology are constructed through story-telling process, that is one of the important approaches to construct peoples' mentality and psyche. But in urban areas, this is not important, and other types of gossiping culture in there. And rural girls claimed that 'gossiping with neighbors' is considered as one of their

Choices that means they considered it as rights also in practice level. This is a process of community building, making gender-sensitive

relationship and in some regards, such story-telling-group has strength also that prevent injustice and violence against girls and women.

6.1.3 Evidence of Gender parity of Rights and Choices

When it has been searched the gender parity of urban and rural girls' rights and choices; before that, gender equality needs to be clarified. And it is when people of all genders have equal rights, responsibilities and opportunities. Traditionally, everyone has been affected by gender inequality like women, men, trans and gender diverse people, children and families. It impacts people of all ages and backgrounds. And it is seen girls suffered during pandemic and lockdown both in family and society in relation to exercising their rights and choices.

Gender equality is not only a fundamental human right, but a necessary foundation for a peaceful, prosperous and sustainable future. Eradicating gender issues means a world where women and men, girls and boys all enjoy

equal rights, resources, opportunities and protections. But across the globe many women and girls still face discrimination on the basis of sex and gender. And that is also supported in this study where seen, girls right were violated and they took alternative approach to cope up the situation.

And the study areas of northern Bangladesh are not difference than global scenario in rights and choices in connection to gender perspective. And throughout the study, all experiences of rights and choices was identified as girls' individual thought than to group thought³⁹. Though, it has to be scope to transform as group thought that depends on injecting external forces inside social and development actions.

6.1.4. Nexus of Thought on Right and Choices

Comparison on right-based issues between three areas, it does not give any clear variance though little difference has been seen between urban and rural areas. When urban girls want to access to education and freedom of movement then rural girls think that right to expression of opinion and right to take decision. Because, from girlhood, girls of rural areas used to see, their female members always face deprivation in these two areas. So, they

consciously made the comment and want to exercise this as right.

Regarding choices, same difference has been identified between rural and urban girls; when urban girls emphasized on 'out-side movement, communication with mates and friends and personal freedom; then rural girls recognized, 'neighborhood and to be educated and employed'. By nature, peri-urban is a complex entity having mixed culture where existing both

³⁹ How individuals decide what will serve them best is dependent on personal preferences. For example, one individual may decide that abstaining from smoking is best for them because they want to protect their health. Another individual will decide

they want to smoke because it relieves their stress. Although the choices are opposite, both individuals make these choices to get the best result for themselves.

rural and urban traits. In peri-urban areas, girls advocated for rights, 'they enjoy liberty as they want to do and freedom of their movement'.

Regarding choices, no difference is seen in comparison to urban and rural areas; except 'laugh as they wish'.

6.1.5 Violation of Rights and Choices

When it has been sought in urban areas, how their rights and choices were violated during COVID and lock-down, girls informed, their rights and choices were violated in many ways. Few approaches were identified as like 'lack of transportation disturbed their outside movement (Bogura/(Gaibandha), in-house captivity thrashed them not to communicate

with friends physically (Gaibandha), failed to movement other places (Gaibandha) and due to lock-down, they deprived from 'proper education, food and treatment' (Joypurhat). Even few girls expressed their voices with sighs, 'due to close education, destroyed their choices as they dream to make themselves as Doctor, Engineer etc. (Gaibandha).

Box 6.3: Girls' Understanding on Violation of Rights and Choices and Coping Strategy

Urban	Peri-urban	Rural
<p>Violation of rights and choices (types/ agents/ causes):</p> <ul style="list-style-type: none"> Due to lock-down and social distance maintaining during COVID (Bogura). As authoritarian agents Government/Local authority/family violate their rights (Bogura). No/lack of transportation disturbed their outside movement (Bogura/(Gaibandha). In-house captivity thrashed them not to communicate with friends physically (Gaibandha) Failed to movement other places (Gaibandha). Due to lock-down, they deprived from education, food, treatment (Joypurhat). 	<p>Violation of rights and choices:</p> <ul style="list-style-type: none"> Due to Lock-down and social distance maintaining during COVID (Bogura). As agents, Government/Local authority/Family controlled their rights and choices (Bogura/ Gaibandha/Joypurhat). During COVID, our movement was halted for lack of transportation (Bogura/(Joypurhat). Destroyed their choices as they dreamt to make themselves Doctor, Engineer etc. (Gaibandha). Restrained movement, not going to school and faced huge economic crisis ((Joypurhat). 	<p>Violation of rights and choices:</p> <ul style="list-style-type: none"> During Lock-down, no one supported their choice (Bogura/Gaibandha). Government/Local authority/Family controlled their rights & choices (Bogura/(Gaibandha). Participation to gossip with neighbors was prohibited (Bogura/(Gaibandha). Loss of their income (tuition/sewing) and that of the family (Joypurhat).
<p>Coping Mechanism:</p>	<p>Coping Mechanism:</p>	<p>Coping Mechanism:</p>

<ul style="list-style-type: none"> ▪ Staying inside home/Watching TV/ (Bogura). ▪ Faced all problems with support of family members with patience (Gaibandha/Joypurhat). 	<ul style="list-style-type: none"> ▪ We Staying inside home/ writing Assignment and submitting (Bogura/(Gaibandha). ▪ Faced all problems with support of family members (Joypurhat). 	<ul style="list-style-type: none"> ▪ Staying inside home and watching TV (Bogura). ▪ No protest though we were deprived. ▪ Faced the challenges in association with family members/personally (Gaibandha/Joypurhat).
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6.1.6 Coping Mechanism

In coping their problems during lock-down, they informed three ways that they followed for cope-up with the situation of urban and peri-urban areas. These are 'staying inside home and watching TV (Bogura) and faced all

problems 'with support of family members. Another was, girls cope up all problems 'with practicing silence and patience' (Gaibandha). In this regard, rural girls informed that 'they never protested though they were deprived'.

6.1.7 Suggestions for Overcome the Problems

Regarding suggestions for overcome the problems, from three areas, several types of comments have been collected. Which is better or best is not important, but importance is girls' suggestions are considered as reflection of their own life-experience. So, it has standing to mitigate problems in any pandemic or catastrophe in future. All the recommendation From rural areas, girls emphasized on gender-gap, when they made comment, 'to minimize gender-gap, several programs need to be taken by government agencies, NGOs and other organizations for girls' rights and choices

that they made as 'government should take the responsibilities for minimizing opportunity-gap in terms of rights and choices between boys' and girls' (Urban areas, Joypurhat) and 'should be implement awareness program among mass-people in favor of girls' rights and choices' (Peri-urban areas, Bogura/ Gaibandha/Joypurhat).

(Gaibandha). And rural girls' voice was high with the suggestion that 'it needs to campaign in the society, all are equal irrespective of girls and boys (Bogura/Joypurhat).

Box 6.4: Suggestions for overcome the problems		
Urban	Peri-urban	Rural
<ul style="list-style-type: none"> Government should take the responsibilities for minimizing opportunity-gap in terms of rights and choices between boys and girls (Joypurhat) 	<ul style="list-style-type: none"> Should implement awareness program among mass-people in favor of girls' rights and choices (Bogura/ Gaibandha/(Joypurhat). 	<ul style="list-style-type: none"> To minimize gender-gap, several programs need to be taken by government agencies, NGOs and other organizations for girls' rights and choices (Gaibandha). It needs to campaign in the society, all are equal irrespective of girls and boys (Bogura/ Joypurhat).

Case Study: 03

Moutushi: On Her Way to Pursue Her Dreams

Moutushi Roy Choudhury, a 15-year daughter of a middle-class father who is reading now in a prestigious school and college in Joypurhaat district town. She is from upper middle class in rural set up and living 12 kilometers away from her school. Her village name Agair, Upazila Panchbibi under Joypurhaat district.

Moutushi is a fair-looking girl among her close friends. This physical image takes place against herself and she has been teased through marriage proposal again and again. And she informed, match-makers and neighbors created the marriage problem mostly. As she, 'match-makers are much responsible for this'. Though, her parents did not support such proposal. When asked, 'why did not agree for her marriage?' she informed, 'due to my elder sister's early marriage and we have a bitter experience'.

To protect my marriage, Didi (elder sister) and maternal uncle played an effective role; additionally, I disagree also fully against my marriage'. Now she is in the school hostel and she involved in education seriously. And have a dream to be a doctor in future.

Social and cultural fabrication in Joypurhat is as like where the traditional practice is to arrange marriage girls as early. This practice is very common among the rural and semi-urban areas than the urban areas. But different scenario has been identified among the higher economic class where parents want to educate their girls. It is noticed that, if the parents are higher educated, then it may helpful for education of girls. So, parents should be a very effective catalyst and if they will be motivated, girls will be education and marriage be late.

Please see the next page

Case Study: 03 (Con...)

This study tries to understand, what she known about **right, choice and freedom**. Irony of fate, she has no clear idea on this but little bit. Regarding right, Moutushi answered, 'movement without any problem'. When she has been asked, what she has known about choices, Moutushi commented, 'what I like'. But she did not clarify it in-depth. But good sign is she knows something and spoke freely what she like. What is the meaning of the freedom, she replied, 'what I like to do; that is my freedom'. As a school-going girl, she is very spontaneous and have rapid to answer. As understanding, education, school environment and family background help her to make a self-confident girl than other girls of Bogura and Gaibandha.

On Violence Against Women (**VAWs**), she has clear idea. She replied, "when one girl is beaten or wife has been beaten by husband or any male members; that is VAW". This is also the same answer of her girl-friends who read in the same class. But they did not play any role against any women or girls' violence. And good sign is, Moutushi did not faced any violence physically; as her voice, 'my parents, grandparents love me with heart'.

So, in the age of technological change, she blamed, mobile phone is the bad instrument that helps to tease of girls by boys. And most boys have the masculinity and want to show it to girls. What the fearful place? As Moutushi, 'cross-section of road where boys are sitting and giving *adda*'. How resolve the problem from the teased-boys? She advised that it may helpful, 'if their fathers will be motivated'. And social elites are important persons as like chairman, member and especially teachers.

In Bangladesh, teachers have great influence on society and if they will be taking under girls' right program, it may be great impact against child marriage and violence against women.

What steps should be taken for girls' emancipation who are living urban, peri-urban and rural areas. Then she talked with her friends and made few suggestions.

- Society should be aware for girls right, choices, freedom and VAWs.
- Girls' group need to be formed for raising voices and protect any injustices against girls.
- Government help-line needs to be disseminated among all schools, colleges
- Boys should be taken under girls-right issues
- Parents and especially teachers should be included inside girls' right movement.

Concluding Remark: In gender perspective the three case studies both rural and urban depicted a new clarification on adolescent girls' views, understanding and knowledge on Child Marriage, VAWs, Rights, Choices, Freedom, Agents and so on. It also added, 'gender lens' that is one of the main approaches in the study.

Remark One: Through case studies, both rural and urban areas, there is no huge difference on child marriage especially on lower economic and social class.

Please see the next page

Case Study: 03 (Con...)

Remark Two: Understanding of gender issues as like rights and choices are fully absent among the rural girls. But in urban areas, girls of Joypurhaat have minimum idea of these girls' issues. In comparison to urban areas, knowledge of adolescent girls and raising voice are little bit better than rural areas. This may be because of their class position and education. But they did not give a meaningful explanation on Rights, Choices and even, of freedom.

Remark Three: Regarding voice, as adolescent girls, they have no own voice especially in rural areas. In Bogura and Gaibandha, 'fathers' are considered as patriarchal agents; however, in Joypurhaat, 'neighbors and idle-boys' are considered as agents of girls' teasing. Match-makers are also liable for child marriage.

Remark Four: In local culture and society, no one has any attention on girls' right and their freedom. This is very traditional fact, 'whatever happens for girls' lives that is their fate'. And even girls also think as like.

Finally, without a grand social and economic change, it may be unachievable for girls to enjoy their rights, freedom, choices and many indicators that are highly linked to gender-development. For a gender-friendly society, male attitude needs to be changed where girls considered as 'subject than to an object'. And education and economic upliftment are the vibrant transforming elements for change. And parents and teachers are the center of changing catalyst among all.

6.2 CONCLUSION

From the above discussion, there are many issues have been identified as rights and choices. And evidences are available in violation of girls right and choices during COVID period in study areas. Though few suggestions have been gathered that girls practiced as mitigation approach. If possible, in short and long term, if these suggestions should be practiced in state level, society should be more gender-friendly where adolescent girls and women be safer than present. And people's sufferings could be minimized in any pandemic and lock down situation even in health-pandemic like than COVID 19.

And the study areas of northern Bangladesh are not difference than global scenario in rights and choices in connection to gender perspective. And throughout the study, all experiences of rights and choices was identified as girls' individual thought and practice than to group thought and practice. Though, patriarchy, masculinity and male domination are available inside family and society, therefore, it has to be scope to transform as group thought that depends on injecting external forces inside social and development actions. And all depends on gender normative culture and ethos where every girl's right and choice should be protected as human-being.



CHAPTER SEVEN

SOCIAL AND CULTURAL BARRIERS FOR GENDER- RELATED BEHAVIOR

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To change structurally unequal relations, and injustices implies the transformation of centuries-old ideologies and institutionalized practices. For such a transformation, a dialectical process of women's and men's collective and cooperative agency, fundamental changes in peoples' mindset from hierarchical thinking to an all-inclusive egalitarian, non-exploitative thinking and concerned efforts to put these changed mindsets into practice collectively are required.

Culturally and socially, women, in particular poor peasant women, have stretched the boundaries of norms and values. If this comes about, it will eventually lead to changes in economic and socio-cultural spheres of life at all levels--local, national and global that reflect this new

thinking.”

-Jenneke Arens

Women, Land and Power in Bangladesh; Jhagrapur Revisited
University Press Limited, Dhaka, Bangladesh, 2014.



7.0 INTRODUCTION

Justification for taking social and cultural issues in judging gender biasedness in society is one of a mission of this study. Evidence shows every person's behaviour depends on their own culture, which shapes their thought process, analysis capacity, seeing the material and human world, existing reality, and unseen future.

These are the causes of differences among persons around the globe in connection with thinking, food habit, belief system, farming, prayer, and so on. Even the notion that every person looks at women is constructed by their society. Few cultures are highly male-dominated, and few are liberal, which influences a person's thought process of how

they look at girls and women. Male-biasedness or gender preferences are the reflections of society and culture, and gender relations should be changed through changing cultural patterns, including traits, norms, values, etc.

In short, 'culture is a totality of learned, socially transmitted customs, knowledge, material objects, and behaviour. It includes a group of people's ideas, values, traditions, and artifacts (for example, DVDs, comic books, and birth control devices)⁴⁰. Culture was defined by E B Tylor as 'culture is that complex whole which includes knowledge, belief, art, moral, law, custom and any other capabilities and habits acquired by man as a member of society'⁴¹. It has a deep understanding and explanation to

⁴⁰ R T. Schaefer, Sociology, McGraw-Hill, Ninth Edition, 1986, P-58

⁴¹ E B Tylor, Primitive Culture, 1871

know how females are living under patriarchy, and it impacts badly on their living standards.

In addition, society is also an entity of the result of culture, and these two entities are entirely interdependent and complicated to differentiate them. According to Schafer, a relatively large number of people are said to constitute a society when they live in the same territory, are relatively independent of people outside their area, and participate in a common culture.⁴²

For the present study, efforts were made to understand the behaviour of adolescent girls during COVID-19 through social and cultural ideologies. Information was collected from three districts, and various important messages from them provided insights into how and why people behave differently with boys and girls at intra-household and inter-household levels.

7.1 GENDER GAP AS A RESULT OF CULTURAL PRODUCT

This is also linked to this study objectives when it has searched why and how adolescent girls have been treated differently within family and society during lockdown. Questions were raised that, if girls were victim of injustice, only because of their status 'quo' (female identification); it needs to judge how society react it and whether culture nurture this discrimination and inequality or not. In northern Bangladesh, the survival system runs based on basically land-farming and majority of the population depend on agricultural activities directly and indirectly. Society is male dominated and they are the decision-makers in the family and community as well. Women are not visible much in public sphere and in the decision-making position

though few are in jobs and girls go to schools and colleges, large in numbers. One university is situated in middle part of three study districts, named *Pundra* University of Science and Technology and it contributes for girls' higher education also. Girls of three study districts have been facilitated by this university. And it may impact on local gender-relations positively in long term. For changing society, education is the important tool that work as catalyst and *Bogura, Gaibandha* and *Joypurhat* are also under that umbrella. Collected information indicated that, social and cultural pattern influenced badly on gender-relation especially on adolescent girls during COVID-19 and lock down; though that is not very open to judge.

7.2 INSIGHTS OF GIRLS ON MALE-BIASEDNESS, PATRIARCHY AND INHERITANCE LAW

This was difficult for respondent girls to understand how society has been shaped through male domination and patriarchy since centuries. On discussion of social and cultural barriers, respondent girls identified several

causes against meaningful probing by the researchers. Many of them believe that 'social settings and culture are main causes for gender-biasedness' (*Bogura/ Gaibandha/ Joypurhat*). Comments by the adolescent girls

⁴² R T. Schaefer, *Sociology*, McGraw-Hill, Ninth Edition, 1986, P-58

reveal that 'superstitions and male-dominated mentality are responsible for existing gender-gap' (Bogura/Gaibandha/ Joypurhat). Though few explained it in the way of 'patriarchy is the root causes for girls' deprivation and torture' (Joypurhat). Girls of Joypurhat emphasized that 'patriarchy and inheritance law are cause for domination of girls and women'. 'Less education' has been considered as liable factor for girls' deprivation when girls of Bogura and Gaibandha identified this (Bogura/Gaibandha).

Besides, girls of Bogura and Joypurhat identified a very crucial factor that lies inside social fabrication, when they commented 'unequal rights to parental assets (land, house, etcetera) thrash girls into periphery of rights' (Bogura/Joypurhat). This implies that, girls' subordination is highly connected to inheritance laws of

permanent assets especially for land where girls get half portion of assets than her own brother (in Muslim Law). Additionally, girls thought also, this is the root causes for their peripheral position. Regarding violence, they blamed boys and male members as agents that has been shadowed fully with chauvinism.

In analyzing connection between social and cultural traits (barriers) and violence against girls that male have the power of domination over female due to social set up where people think girls are inferior to boys. The very notion of giving birth to boy alleviates the position of a woman in the family and society. This has, most often paved, the way for son-preference. And all families have desire for boy children than to girl children because, if they have no boy that means they are weaker in society than to those families who have boy(s).

7.3 GIRLS UNDER MALE DOMINATED POWER-STRUCTURE

Existing power structure is highly attached to numbers of male within a family. Patriarchy and masculinities both are existing in society that has been constructed by culture which devalue and undermine girls as second sex in society. This is often held as the root cause behind violence against adolescent girls in the study society also. Though change is being carried out through girls' education and women access to job market and income; but there should be

behavioral changes among the population at large, so as to place women and girls at an equal footage with men and boys. The role of male in this regard is immense – men should emerge as catalyst of change in favor of girls and women, that adds value in real. Field insights suggest that adolescent girls of study areas are also waiting for such change but they think also, this is not easy and need to have walking for countless miles.

**Box 7.1: Identified Social and Cultural Barriers for Gender-biased behavior:
[Urban/ Peri-urban/ Rural]**

- Social settings and culture are main causes for gender-biasedness (Bogura/Gaibandha/ Joypurhat).
- Social attitude and values are not in favor of girls' advancement (Gaibandha).
- Superstitions and male-dominated mentality are responsible for gender-gap (Bogura/Gaibandha/ Joypurhat).
- Patriarchy is the root causes for girls' deprivation and torture (Joypurhat).
- Less education is also cause for girls' deprivation (Bogura/Gaibandha).
- Boys/male child preference from family is the liable cause for gender-based behavior (Joypurhat).
- Unequal Rights to parental assets (land, house, etc.) thrash girl children into periphery of rights (Bogura/ Joypurhat).
- Male and Boys are responsible for Violence Against Girls (VAGs) (Bogura/ Joypurhat).

7.4 PATRIARCHAL CULTURE, STRUCTURE AND AGENCY

A patriarchal society is based on the idea that men are the superior and women are the dependents who need protection. This has consequences for the pattern of interaction between women and men, men feel superior and tend to dominate and subordinate girls and women. One needs to understand that gender inequality is hardly perceived by the boys and the girls in a traditional patriarchal society - when daughter uses a Cell-phone of 40,000 BDT but her brother uses 1,40,000 priced Cell phone; sister thinks it is normal fact and she feels happy because her younger brother (college student) occupied a valuable Cell-phone. And seen that, she become happy though she (university student) is elder sister and own a less-priced Cell-phone.

As social aspect, that very university girl student is being under 'false consciousness' and playing role as agent of structure. Where gender roles

devalue her dignity through social system, influenced highly by patriarchy.

The whole scenario has been revisited through such gender lens; when Jenekke Arens described it as, 'within the social structure men and women interact with each other in various power relations, such as in conjugal kinship relation (marriage), in domestic relations (the household), in kinship relations (her marital and natal family), her neighborhood, the village community and the larger community⁴³.

Anthony Giddens' Structure and Agency⁴⁴ Approach has been used for better understanding power dynamics of gender relation in household level in delving girls' position. This is much linked to social relationship and practices that produces violence against girls and women and all types of deprivation.

⁴³ Jeneke Arens, Women, Land and Power in Bangladesh: Jhargapur Revisited, UPL, Bangladesh, 2014, p-22

⁴⁴ A, Giddens, Central Problems in Social Theory; Action, Structure and Contradiction in Social Analysis. London and Basingstoke, McMillan Press, 1979.

Gidden's Structure and Agency

Structure	Agency	Outcome
<ul style="list-style-type: none"> ▪ Ideology ▪ Culture ▪ Roles and resources organized by social system 	<ul style="list-style-type: none"> ▪ People initiative and individual's actions 	<ul style="list-style-type: none"> ▪ Produced male-favored social rules, values, norms etc. ▪ Gendered biased society Patriarchy, masculinity and inheritance laws.

Source: Researchers rearrange it based on A. Gidden's Structure-Agency Theory

Since long, social scientists and activists have debated the questions how process of change brought about and what/who are the main agents of change. The debate on structure and agency is part of this larger debate. According to Giddens, the role of structure (such as state ideologies, culture) and of agency (peoples' individual and collective actions) in social change, and the relation of structure and agency to one another is an important issue in the debate.

When we try to understand why girls' opportunity was different among urban, peri-urban and rural areas; it also needs to understand, girls have different positions and identities in the context of various arenas, as wives, mothers, sisters, daughters, in-laws and neighbors. During COVID 19 and lockdown, gotten facilities were judged by this based on relationship nexus and it determined also why

boys gets more? So, this is not easy to explain why girl's movement was restricted than the boys. Rather the answer was lies inside social and cultural pattern that discussed yet.

Even girls sighed, 'sometimes we were instructed for not to laugh with loud inside house and advised for use of low tone for laughing'. Even in some regards, girls followed 'patience' as mechanism in lieu of protest against boys-teasing. All these are outcome of patriarchal norms where girls and women are considered second sex both ideologically and religiously. And on gender-perspective, the whole issues will be needed to examine also through empowerment approach that is highly connected to girls and women development. And without holistic approach, it is not possible to know why girls are living captive lives in household and social level.

7.5 EMPOWERMENT APPROACH: WHY GIRLS LEFT BEHIND?

Three ideas have been used here to examine the position of girls during lockdown. Agarwal (1994) explained empowerment as, 'to a process that enhances the ability of people in subordinate positions to challenge and change (in their favor) existing power relationships'.

S. Batliwala (1994) specifies explicitly that 'empowerment includes both control over resources and over ideology and also means an inner transformation that gives strength to overcome barriers to accessing resources and changing ideology'⁴⁵. Rahman (2014)

⁴⁵ For detail please see, J Arens, Ibid, P-29

recommended, '...gender equality means re-distribution of power. Without practicing 'power', no female can play any kind of authority' and ...women are very often assaulted and tortured both physically and mentally. So anti-torture law enforcement system should be to ensure female security'⁴⁶.

Whereas N. Kabeer (1994) relates empowerment to 'the ability to make choices' and deconstructs empowerment-the ability to exercise choice into three dimensions: resources-economic, human and social (preconditions), agency (process) and achievement (outcome)⁴⁷.

Choices are linked to control of resources but for adolescent girls that is depends on their families. Because they have no own income and resources. This is also supported by Rahman (2003), when he explained empowerment with J Rowland's theory of empowerment 'power of, power to and power within'. And without 'power within' female fail to practice their own choices. And structural change will be needed for women's movement, earning and practice their rights and choices; where patriarchy and prevailing culture are the basic hindrances.

These are also important to the study girls in northern Bangladesh where it has seen they suffered severely in access to material and non-material resources. Additionally, they failed mostly to enjoy their rights and choices due to gender consideration. It has revealed, even

they do not have bargaining power, besides, no one want to take their consent for their own marriage. Furthermore, during lockdown and closed-school, many girl students faced 'forced marriage' but they failed to protect it. The social environment was not favorable at all for adolescent girls in child marriage protection. Even their friendship network failed also to inform the information due to lack of mobile connection and physical communication. Lockdown, worked itself as barrier for girls who want to communicate with others.

On Violence Against Adolescent Girls (VAAG), during lockdown; several types of violence were identified where girls faced non-physical tortures than physical tortures. In this study, many places were identified in three districts, where girls were teased and victimized. But as structure-agency, lack of control over resources and achievements, girls failed to raise their voices and practice their choices, at all. Regarding rights of protection, movement and participation, they failed also to protest where 'dependency' was the main rival for them. In addition, no social agency (ies) played any role in favor of them in getting freedom and enjoying their rights and choices. Deprivation did not emerge from one or two sources but it has several characters that is called intersectionality. If want to understand, why girls were deprived from their rights and choices; it needs to have discuss intersectionality of the social issues that is highly gender-biased.

⁴⁶ Aminur Rahman, Empowerment of Women: Untold Story of Bangladesh, Lambert, Germany, 2014, p-181.

⁴⁷ Kabeer.N, Reversed Realities: Gender Hierarchies in Development Thought. New Delhi: Kali for Women.

7.6 INTERSECTIONALITY, BARGAINING POWER, FRIENDSHIP AND NEIGHBORHOOD NETWORK

Intersectionality is a framework for conceptualizing a person, group of people, or social problem as affected by a number of discriminations and disadvantages. It takes into account people's overlapping identities and experiences in order to understand the complexity of prejudices they face⁴⁸. When White stated, 'women are defined by their relationship'⁴⁹. This study tries to capture this in vast canvass with several components that are very influential but less

discussed in research areas. Present study made proposition to gather knowledge on these issues that shapes human behavior during critical situation and identified in the COVID 19 and lockdown situation. Here it takes into account four practices that are 'declining intra-household bargaining power', friendship and neighborhood network', social legitimacy and girls' false consciousness'.

7.6.1 Declining Intra-household Bargaining Power

If we want to understand why girls were victims of family injustices in fulfilling their rights; it needs to know how they have practiced their bargaining power during COVID 19. What kinds of opportunities were available to these girls to practice their choices? Information suggested, none of the girls enjoyed their bargaining power. Bina Agarwal (1994) did an effective work in her book 'A Field of One's Own: Gender and Land Rights in South Asia' to reviewed women's status inside household and society through bargaining power. And this study also tries to understand adolescent girls' rights and choices through bargaining power. During COVID 19, their rights were violated and choices remained unfulfilled for lack of bargaining power. Whereas, it is seen boys and male members of families had opportunity for practicing their bargaining power; when it has known, male members instructed them not to speak with loudly tone; but girls failed to protest against such command.

In the context of present discussion, it would be useful to conceptualize the 'household as a complexity of relationships in which there is ongoing negotiations, subjects to the constraints set by gender, age type of relationship (kinship relationship), and what could be termed 'undisputed tradition'⁵⁰.

The nature of intra-household interactions could usefully be described as simultaneously containing elements of both cooperation and conflicts. Collected information also supported which Bina Agarwal wrote,

'...many different cooperative outcomes are possible in relation to who does what, who gets what goods and services, and how each household member is treated. These outcomes are beneficial to the negotiating parties relative to non-cooperation. But among the set of efficient cooperative outcomes, some are more favorable to each party than others- that is one person's gain is another person's loss-

⁴⁸

<https://www.google.com/search?q=meaning+of+intersectionality+in+sociology+&ei>

⁴⁹ Ibid, p-22

⁵⁰ B Agarwal, A Field of One's Own: Gender and Land Rights in South Asia, Cambridge University Press, 1994, p-54.

hence the underlying conflict between those cooperating. Which outcome will emerge depends on the relative power of the household members'⁵¹.

This is highly linked to the girls' position in relation to bargaining for their rights and choices during COVID and lockdown. Analysis indicated, within very limited opportunity that distributed for children by family; girls were deprived not for the boy-preference but for losing bargaining power by the girls. When within household, adolescent girls have lost their bargaining power that means; elders both female and male thought that was not unjust or wrong practice. The patriarchal values are so imbibed in their everyday lives that the girls hardly perceive the discrimination as rights violation – rather it is accepted as natural and legitimate.

7.6.2 Non-functional Friendship and Neighborhood Network

In modern kinship system, there are three types of kinship, consanguineal, affinal and fictive⁵². In any rural and peri-urban society, kinship is considered as vibrant force in living society with dignity. Though, friendship and neighborhood are not occupied any position inside kinship pattern. Slightly, it may take position inside fictive strata. During lockdown, several steps were imposed for restricting movement and people lived captive live inside own house. In Shibgonj of Bogura, it has known, one wife

Precisely, females also thought, this is the right for the girls when they got few than their brothers or other male members.

In study areas, it is observed that, during lockdown, girls lost their bargaining power in getting their essentials even their rights and choices that is highly connected to their right to protection and participation. And bargaining power was decreased that means their power, right and choices are decreasing than previous situation. And known also, declining girls' bargaining power inside family and society were got social legitimacy which failed to support the adolescent girls for giving any protection. Even within lockdown, legal system failed also to protect their rights especially for their forced marriage.

maintained all tasks for her husband's dead body and buried. No neighbors and friends helped her to assist in that sacred job. Even, evidence proved that girls wanted to communicate with their friends for postpone several girls' marriage but failed. Total friendship system was non-functional during COVID and no one communicate with other for any cause as like treatment, right protection or other beneficial work.

7.6.3 Non-active Social Legitimacy

According to Bina Agarwal, 'social legitimacy means which is accepted and enforced as legitimate by the community (kinship, caste, religion, location) of which the household is a

part'⁵³. And it is irony of fate, girls' deprivation, injustices and physical and non-physical tortures are approved by the society and it has legitimacy as other part of Bangladesh. When

⁵¹ Ibid, p-54

⁵² Consanguinal means who are blood connected Kin, affinal means Kin through marriage and fictive means social-Kin.

⁵³ B Agarwal, *A Field of One's Own: Gender and Land Rights in South Asia*, Cambridge University Press, 1994, p-54.

society played silence role and have no voice against any violence against girls and women. And observation supported, adolescent girls were victims both in-house and society.

All these factors are liable for girls' deprivation of their rights and choices that was much linked to gender-biasedness. And in taking food to

using Cell phone, every girl enjoyed less than her brother or other male members of household though it has few differences among urban and rural areas. But reality, deprivation did not come from one side but entered from many avenues. And society was fully silent that was dangerous in any explanation.

7.7 FALSE-CONSCIOUSNESS OF GIRLS' OWN WELL-BEING

From many sessions, few girls informed, during lock-down, they were not deprived of their rights by the family and society. Their evidence is rechecked through few insights gathered by the researchers. Observation emphasized on girls' characters are embedded with false consciousness that linked to gender paradigm.

'False consciousness denotes people's inability to recognize inequality, oppression, and exploitation in a capitalist society because of the prevalence within it of views that naturalize and legitimize the existence of social classes'⁵⁴.

False consciousness is defined as 'the holding of false or inaccurate beliefs that are contrary to one's objective social interests and that contribute to the maintenance of oppression or unjust inequality in society'. It is a good technique of patriarchy for ruling over girls and

women in giving false information as women success. As mentioned before, when one girl student became satisfied with her brother's over-expensive cell phone though she is elder and given a low-priced cell phone.

Throughout the lockdown, many girls thought, they did not face any problem and not lost their rights and choices. Even few of them informed, they were in good condition during lockdown though movement was banned, school was closed and physical communication was fully disrupted. In few aspects, they failed to get their sanitary napkin from nearest household and suffered for proper menstrual hygiene management. But they felt, they had no problem. For such practice, sometimes, few girls did not know how they have lost and their rights and choices were violated.

7.8 GIRLS ARE 'LONELY CROWDED'⁵⁵ IN EVERYWHERE

When girls are inside home, they are instructed in all times how they do work, visit outside and when they are in school, school authority ruled them how they dressed themselves with purdah or extra cloths. Even when they are in the way

of school, market or any destination, boys teased them with harsh word and indecent indication. That means, adolescent girls are chain in everywhere and in every time however it is within lockdown or before or after lockdown.

⁵⁴

<https://www.google.com/search?q=definition+of+false+consciousness+in+sociology&ei>

⁵⁵ Lonely crowded is a newly used social term that means when someone is inside many people but no one with him or her. She/he feels lonely and helpless in real sense.

It is seen, most of the families of rural and urban areas are micro-credit or small and medium credit holders but those mothers also controlled their daughter's behavior in all spheres of grown up. Though many literatures claim those women as 'agent of empowerment'. But girls are not free from their mothers and elder sisters' instruction; they are also considered 'agent' of control of their daughters and do not give space for freedom practice. During lockdown, that was crucial for them and seen an intra-female confliction in household level. This is very unfortunate, when information was taken as daughter-mother clash in household; and it is normal phenomena in urban and peri-urban areas. This is also true for intimate partners of office and even sometimes in school-teachers; where female colleagues have been teased in office (50%+) and girls are exploited by their teachers both of female and male; in huge

numbers. Society that means social norms, values and ethos are fully or partially failed to protect adolescent girls' rights and choices in relation to 'Right to Survival, Right to Development, Right to Protection and Right to Participation'; elaborately, failed to open a space where girls are practicing their freedom in all aspects of their lives.

It is not easy to refabricate social norms and values within short span of time; after many years of girls' education, it is seen they are considered as 'object not as subject'. Girls of this study areas faced same experience during COVID and lockdown. It should be noted, that a robust change is needed in the attitude of the people in the areas, that enable society with gender-sensitive values and norms where girls enjoy their freedom without male domination.

7.9 DREAMED SUGGESTION: PATHWAYS OF FREEDOM

On seeking suggestions of mitigating social and cultural barriers; several types of steps should be needed to address as like 'girls' should be organized and raised their voice to change the society and 'equal rights between boys and girls should be established in all levels of society'. Additionally, they emphasized and advised to eliminate discrimination between boys and girls though few recommended, 'need to be changed boy's mentality'. In addition, adolescent girls think also 'girls' education should be increased for reducing all kinds of deprivation'. And doing the jobs, they advised that 'parents should be aware on the equal rights of girls and boys and 'girl-right issues should be included inside curriculum in primary

and secondary level that helps to change the mentality of the boys.

It may be considered the A. Gidden's Structure-Agent or S. Batliwala's empowerment model to refabricate cultural pattern that change society through resources redistribution, finally. Bangladesh is a country of micro-credit and women empowerment that is highly propagated and commendable. But in reality, adolescent girls are living under umbrella of torture and domination. Question is, what is the way of freedom for them? Probably, control over resources including assets, land, knowledge and relationship that advocated by Agarwal, Batliwala, Kabir and Rahman.

But this study deems, without rearrangement of social support it may be impossible. If we think just for lock-down; that is not wise because same norms and values dominate society pre, after and during lockdown. And for reducing

girls' torture and protect their rights and choices; needs an effective and result-oriented mechanism that can be practiced for long time in order to enabling society for girls' freedom and liberty.

Box 7.2: Suggestions (Bogura/Gaibandha/Joypurhat)

- Need to be changed boy's mentality (Gaibandha)
- Government laws should be implemented for punishment in proper way (Joypurhat)
- Discrimination between boys and girls should be eliminated in family and society (Bogura)
- Girls' education should be increased (Bogura)
- Girls should be organized and raised their voice to change the society (Bogura/ Gaibandha/ Joypurhat)
- Parents should be aware on the equal rights of girls and boys (Gaibandha)
- Gender issues – the concept of equity and equality should be included inside curriculum in primary and secondary level (Bogura/(Gaibandha)
- Equal rights between boys and girls should be established in all respects (Bogura/ Gaibandha/ Joypurhat)

So, it makes a suggestion for girls' greater freedom through rearrangement of household relationship, refabricate school rules, forming girls' and boys' groups, advocating for gender-parity in household and social level; because history proved it, economy just not enough for girls or females' freedom because every human being has been considered 'social being' finally.

In conclusion, researchers got evidence from respondents and other sources and finally, supported what J. Arens said, 'culturally and

socially, women, in particular poor peasant women, have stretched the boundaries of norms and values. If this comes about, it will eventually lead to changes in economic and socio-cultural spheres of life at all levels--local, national and global that reflect this new thinking'⁵⁶. And that depends on practicing new gender-centric values, norms and social construction. And this is also true for the adolescent girls of northern Bangladesh and this is all-time fact and not for only the COVID and lockdown period.

⁵⁶ Jenneke Arens, *Women, Land and Power in Bangladesh; Jhagrapur Revisited*, UPL, Dhaka, Bangladesh, 2014.

7.10 CONCLUSIONS

In conclusion, this study emphasizes the importance of considering social and cultural factors when examining gender bias in society. The behavior and treatment of individuals, especially towards girls and women, are influenced by their cultural background and societal norms. Patriarchal structures, unequal inheritance laws, and male dominance contribute to gender disparities and violence against girls. Girls' empowerment and access to resources are crucial for challenging existing

power dynamics and promoting gender equality. The study highlights the need for behavioral changes and a holistic approach to address the subordination of girls and women. Additionally, the concept of intersectionality sheds light on the complex prejudices and disadvantages that individuals face based on overlapping identities. Understanding these dynamics is essential for creating a more inclusive and equitable society.

CHAPTER EIGHT

ROLE OF TMSS IN FACING VAGS, COVID-19 AND FUTURE INITIATIVE

“

**There is no duty more
important than ensuring that
their rights are respected,
that their welfare is protected,
that their lives are free from
fear and
want and that they can grow
up in peace**

”

-Kofi Annan



8.0 INTRODUCTION

TMSS has done various tasks for serving COVID-patients through various approaches include primary, secondary and tertiary level services. Many patients of these three districts took treatment from TMSS Health Sectors (THS) when no treatment of COVID patients was in north Bengal. TMSS has established a tertiary hospital name Rafatullah Community Hospital (RCH) with 750 bed and various modern treatment facilities. During COVID and lock-down, it has established COVID ward with red, yellow and green zone. Additionally, TMSS Health Care Centers (THCC) served the people in following door-step approach specially for children, pregnant and lactating mothers and

adolescent girls. Good numbers of people got services through these THCC's medical professionals when no treatment was available due to lock down and lack of transportation. During lock-down, pregnant mothers faced severe problems in getting normal check-up and other tests. Few mothers gave birth child in home with life-risk in lieu of hospital visit. Staffs of THCCs did a great job for serving those patients and people of Bogura have been facilitated mostly than Gaibandha and Joypurhat districts. Due to distance, they failed to visit RCH but THCC provided same treatment for the mothers and children in two districts.

8.1 DESCRIPTION OF THE FINDINGS

As testimony of adolescent girls, they informed that 'TMSS opened COVID Unit and provided good services of COVID related treatment' (Bogura/Gaibandha/ Joypurhat). Besides, they expressed their satisfaction for masks distribution among local people (Bogura). But only people of Bogura got the masks and people of other two districts failed to get it due to distance. Though people of Joypurhat got food and masks during lock-down (Joypurhat) but in Gaibandha, due to distance; TMSS failed to provide food and masks among the people (Gaibandha). For overall services, they informed also, people of Bogura and adjacent areas should be facilitated much than other

areas of Gaibandha and Joypurhat (Bogura/ Gaibandha/ Joypurhat). Through this it has known, in getting treatment, distance matters.

But girls of three districts informed that 'during lock-down, mothers and Children were facilitated by THCC's door-step services' (Bogura/Gaibandha/ Joypurhat). Additionally, for Adolescent girls, TMSS provided treatment services who claimed (Bogura/Gaibandha/ Joypurhat) and in few cases, TMSS Mobile Hospital provided services in many places (Bogura). But it has identified that people of close distance of TMSS hospital and office got better services than to distance people.

Box 8.1: Role of TMSS in Facing COVID

[Urban/ Peri-urban/ Rural]

Done work by TMSS in facing COVID (Overall):

- TMSS faced the challenges of COVID related treatment and services successfully (Bogura/Gaibandha/ Joypurhat).
- TMSS opened COVID Unit and provide treatment for COVID patients (Bogura/Gaibandha/ Joypurhat).
- TMSS distributed masks among people (Bogura).
- Mothers and Children were facilitated by door-step services (Bogura/Gaibandha/ Joypurhat).
- TMSS provide food and masks among the people in few places (Bogura/Joypurhat).
- In Gaibandha, due to distance; TMSS failed to provide food and masks among the people (Gaibandha).
- For Adolescent girls, TMSS provided treatment services who claimed (Bogura/Gaibandha/ Joypurhat).
- People of Bogura and adjacent areas should be facilitated much than other areas (Bogura/Gaibandha/ Joypurhat).
- In few cases, Mobile Hospital provided services in many places (Bogura).
- No anti-violence cell of TMSS was established and provided services during COVID (Bogura/Gaibandha/ Joypurhat).

Source: FGDs by the study team

Regarding violence mitigation, it has known 'no anti-violence cell of TMSS and provided no services against VAGs during COVID (Bogura/Gaibandha/ Joypurhat). When girls confirmed, various problems they faced in home and society but no preventive tasks were practiced by TMSS for safety of abused girls. But reality was, due to strict lock-down and lack of transportation, services for girls postponed for a short-time, but after a while, professionals visited

the households and provided services. Though it was not directly related to violence prevention but indirectly helped it for family peace and mitigated disharmony.

As TMSS authority, it has revealed that more than million people got services directly and indirectly at family level through food distribution and medical kits.

Box 8.2: TMSS provided support for COVID-19 situation

Humanitarian support to COVID-19 affected people

It distributed 100 food packages daily for the poor people.

Capacity building of the health service providers.

337 Trained Birth Attendants, 900 hospital-based medical professionals including doctors, nurses & technologists, and 3000 students of TMSS Medical Education Institutes were capacitated through scientific seminars on Covid-19 disease. Additionally, 70 doctors, 155 nurses, 72 medical assistants/paramedics, 30 technologists, and 243 support staff were trained up for treatment and managing RT-PCR Covid testing including post COVID complications.

E-Health and mobile healthcare service

TMSS introduced E-Health and Mobile Healthcare Service and 8973 community people got treatment.

Distribution of safety KITS: Mask, PPE

Two million masks, one million soap & hand sanitizers, and 50 thousand PPE Kits were distributed.

COVID Screening, detection and management.

TMC & RCH, Bogura is the only private hospital which established RT-PCR Lab and dedicated 200-Beds COVID ward along with 10 Bed ICU and 10 Bed HDU.

Conducted research, workshop, seminar and developed COVID-19 management guidelines

TMSS formed a Research and Emergency Health Management Team and developed Six COVID-19 Management Guidelines and conducted several researches on during and post COVID-19 issues. One Million people become aware and followed COVID-19 related rules for individual and helped others to be aware.

Direct service-takers

1. 2947 Patients COVID-19 Infected patient received treatment
2. 775 Patients received post-covid treatment and 110 Patients physiotherapy treatment.

Source: MIS department, TMSS Grand Health Sector (TGHS)

Sustainable COVID treatment system has been developed by TMSS authority that is deepen contribution for the people of Bangladesh. Through establishing RT-PCR Lab and high-quality medical professionals, COVID will be faced with a sustainable manner and global standard. And people get good treatment in future when they face covid-related problem. For girls and women, facilities are available for them in getting any treatment including gynae problem and pregnancy related problems.

Based on previous experience, now TMSS has developed its capacity for pandemic management and rehabilitation. Early response, mid-term response and long-term response could be managed in any humanitarian crisis as COVID by TMSS and its sister-concerns. And for girls, it takes decision to establish separate organ who works with them in protecting violence and other right-based issues that ensure their rights.

8.2 RECOMMENDATIONS FOR FUTURE INITIATIVES

Regarding VAAGs and Girls' Rights and Choices, adolescent girls of three districts have recommended various steps that helps to reduce violence and protect their rights and choices during any pandemic. At first, they advised for 'Girls Forum' should be formed by TMSS in every village against VAGs (Bogura/Gaibandha/ Joypurhat) and this initiative could be practiced as early. Regarding their safety and security, 'awareness

program should be taken for boys and male against VAGs and girls rights'. Both initiatives will help to reduce the frequency of abuses and protect of violation of girl's rights and choices in home and society. And doing the job, BCC (Behavior Communication Change) materials including poster, flyers etc. will be distributed. As immediate action, these could be produced good result in reducing VAGs and raise their voices against all injustices.

Box 8.3: Recommendations of Adolescent Girls

Suggestions for future Initiatives

For VAGs and Girls' Rights and Choices:

- Girls Forum should be formed in every village against VAGs (Bogura/Gaibandha/ Joypurhat).
- Awareness program should be taken for boys and male against VAGs and girls rights.
- Poster, Flyers and other BCC materials will be distributed (Bogura/Gaibandha/ Joypurhat).

For Health services:

- For any pandemic, TMSS-given treatment should be less cost (Bogura).
- THCC should provide its treatment during COVID (Bogura/Gaibandha/ Joypurhat).
- Numbers of Doctor should be increased during COVID treatment (Bogura).
- For poor, TMSS should provide less and free treatment during any crisis.
- In future, for girls and mothers, special care should be easier (Bogura/Gaibandha/ Joypurhat).

For Health services during any lock down or emergency situation, girls made many suggestions, as like, 'for any pandemic, TMSS will provide treatment in less cost (Bogura) and THCC should provide its treatment during COVID (Bogura/Gaibandha/ Joypurhat). Based on recent COVID situation, they requested for increasing 'numbers of Doctor during COVID or any emergency treatment (Bogura). Not only that, adolescent girls emphasized that 'for poor, TMSS should provide less and free treatment during any humanitarian crisis as COVID (Joypurhat). And finally, they recommended that 'in future, for

girls and mothers, special care should be taken by TMSS (Bogura/Gaibandha/ Joypurhat). For implementing this, THCC's services can be practiced with door step approach.

Though, meanwhile, TMSS Health Sector (THS) have done many good practices that helps people in getting treatment but many tasks need to be taken for better health services. Additionally, TMSS has scope to enact gender-friendly policy that ensure girls' rights and choices and reducing violence against Girls and women through awareness raising of society.

8.3 CONCLUSION

In conclusion, TMSS (Thengamara Mohila Sabuj Sangha) has played a significant role in addressing the challenges posed by the COVID-19 pandemic in the Bogura, Gaibandha, and Joypurhat districts of Bangladesh. Through their various health sectors

and initiatives, including the Rafatullah Community Hospital and TMSS Health Care Centers (THCC), they have provided essential services to COVID-19 patients and the community. TMSS has established COVID wards, distributed masks, facilitated door-step services

for mothers, children, and adolescent girls, and provided treatment through mobile hospitals. However, the availability of services and resources varied among the districts due to distance and logistical constraints. TMSS's efforts have also indirectly contributed to violence mitigation by promoting family peace and harmony. They have served over a million people directly and indirectly through food distribution, medical kits, capacity building, e-health, and mobile healthcare services. Moving

forward, TMSS should establish an anti-violence cell, strengthen violence prevention measures, and create a Girls Forum to combat violence against girls (VAGs) and protect their rights and choices. Improved access to affordable healthcare, increased staffing during emergencies, and gender-friendly policies are also recommended for better health services and the well-being of girls and women in the future.



CHAPTER NINE

SUMMING UP AND WAY FORWARD

“
END is not the END,
In fact, E.N.D. means
‘Effort Never Dies’
”

-APJ Abdul Kalam



9.0 INTRODUCTION

The present study tried to understand the condition of the adolescent girls in exercising their rights and choices during COVID-19. As outlined in the beginning of the report – rights implied a wider aspect – throwing lights on their survival, development, protection and participation. The choice, on the other hand, is more of personal preferences, but is closely overlapped with the aspects of rights. The main objective of the study is to analyze that, when the whole world came at a standstill, during COVID 19 period and mere survival became questionable for majority of the population in Bangladesh, what were conditions of

adolescents, especially girls in the country and how far their rights and choices have been realized? Taking these into account, a qualitative study has been commissioned in three districts of northern Bangladesh – Bogura, Joypurhat and Gaibandha - jointly by TMSS, Bangladesh and CINI, India. Moving beyond a mere description of how or to what extent the adolescent girls were able to exercise their rights and choices during COVID 19, the study brings into context the gender aspects and rural-urban dichotomy in its analysis. The main findings of the study have been highlighted in subsequent paragraphs.

9.1 RIGHT TO SURVIVAL

The study noted that COVID-19 paved the way for food insecurity in the families – access to food was much limited during COVID 19 as compared to normal period. Reduction in family income and hence curtail in food was a major issue in the families of the adolescent girls in three areas under concern. But it needs to be mentioned that the rural and peri-urban areas had some liberty for cropping/kitchen garden, which minimized the risk of acute food shortage to some extent. However, this scope was much limited in the urban areas. In all the three above mentioned areas, the meals mostly concentrated on rice, lentils, and vegetables and very less on animal protein. The children in the families suffered maximum – as there were scarcity of baby food, due to closure of the market, transportation and they have to depend on the foods meant for the adults. However, the situation was bit different for the children in rural areas, where cow milk was available as an important part of their diet. The adolescents of the urban and peri-urban areas ventilated that food support from the government or other entity was much limited and the neighbors could not help, due to fear of infection from COVID-19. However, the rural areas differed in this regard – where they reported that relationship, neighborhood,

fraternity and traditional empathetic system of rural areas helped them to fight against such pandemic in a better way than to so-called educated people of urban and peri-urban areas. Not only difficulty in getting food during COVID-19 times, problems were noticed in terms of accessing health services mainly by the women, girls and pregnant women. It has been stated by the adolescent girls, in urban Bogura district, that whenever feasible, their family members and neighbors accessed treatment from TMSS Rafatullah Community Hospital (RCH), including that of COVID 19, but those who could not access it, because of complete suspension of the transport system received treatment from local pharmacy and Community Clinics. However, the absence of TMSS hospital for the treatment of COVID-19 in other districts forced the people to rely on rural doctors and clinics. Reporting of COVID-19 symptoms were less by the people due to fear of seclusion from the community. With respect to the general population, the condition of the pregnant women was much precarious – those in vicinity of TMSS Rafatullah Community Hospital (RCH) received treatment, but pregnant women in other districts hardly met the requirements, due to transportation bottlenecks.

9.2 RIGHT TO DEVELOPMENT

Access to education by the adolescent girls during COVID-19 period was considered under this head. By government order, the schools were closed, during the first phase of COVID-19 in 2020. Since, no online teaching initiative was initiated by the Government at the very initial stage, the adolescents suffered greatly. At a later stage, when the entire education was channelized online, many adolescent girls

reported lack of mobile phone, internet packages to access the service. The rural areas showed huge problem in internet services – the result of which, it was of no use to the adolescents. The study revealed that access to mobile phones were much higher in the urban areas as compared to rural areas. Lack of simple mobile phones, no connection with the school teachers have often demotivated the

adolescents to continue education. Huge learning loss were noticed – where the adolescents themselves stated that answers for the assignments given from the schools were simply copied rather than learned. The gender aspect played a major role in this regard, where the adolescent girls lack mobile phones for study purposes. Whereas it is much common for

the adolescent boys to play games in the mobile phone, to communicate with their friends etc.

The school closure has affected the personal lives of the girls – whereby they became much prone to child marriage, child labour – suggesting interrelatedness of the rights.

9.3 RIGHT TO PROTECTION

COVID-19 pandemic has brought unprecedented misery to the life of the adolescent girls – economic pressure on the family and school closures led to several rights' violation cases in terms of protection perspectives globally, and Bangladesh is not an exception. Child marriage was a common occurrence in all the 3 areas. Also, the age at marriage further dropped down in the peri-urban areas as compared to urban areas. The law enforcing agency failed miserably to address the issue and at the same time, there were hardly any responsive mechanism (friends, teachers, neighbors etc.) were functional to address the same.

Where COVID-19 induced child marriage for girls, child labour increased, especially in case of boys. Child labour hiked mainly after the lockdown was removed, the children diverted into low paid, informal sector to supplement their family income. However, the implication of entry into paid labour was enormous – the adolescents never went back to schools when it opened after the pandemic.

Apart from these two major issues, other forms of violence were reported as well – occurrence

of physical abuse, verbal abuse were reported by the adolescent girls within the household domain. These incidents had also led to occurrence of psycho-social trauma among the adolescents.

Beyond this, the study had mapped different forms of violence against the girls – that were prevalent during COVID 19 and also during normal time. The pattern of violence differs based on its rural-urban locations – the urban market areas are child labour prone areas, unsafe zones for the girls due to where they are subjected to sexual-violence – mostly of inappropriate touching by the boys. The peri-urban areas near to large urban centers (e.g., Bogura) reveal similar characteristics, whereas the peri-urban areas of Joypurhat and Gaibandha district shows more of rural characteristics – predominance of child marriage among the household. Further the peri-urban areas are the ones where child malnutrition and lack of adequate health services were noticed. The rural areas, are the ones where the issues of child marriage, teenage pregnancies are the most prominent ones.

9.4 RIGHT TO PARTICIPATION

Although, this issue is given less priority, the right to participation has been hampered the most. To contain the rapid spread of the disease, the adolescents were mainly confined at home – with limited scope to interact with friends, neighbors, teachers etc. Within the overall societal framework, the interplay of patriarchy puts adolescent girls at the forefront, largely influencing their behavior – whereby they are more confined at home as compared to their boy counterparts. Strict lockdown during the COVID-19 period barred the adolescent girls to form any association, to gather at festivals, to carry out any other activities in groups. Even the trivial activities of everyday life meant a lot for the adolescent girls. The adolescent girls

ventilated that, COVID 19 has also put an end to their aspirations – as they are unable to take admissions in desired colleges, pursue the subjects they wish to study. The participation of adolescent girls in closely-knitted rural communities 'in gossiping with neighbor-female and girls', the traditional way of story-telling has been missed badly. The rural girls claimed that 'gossiping with neighbors' is considered as one of their choices that means they considered it as rights also in practice level. This is a process of community building, making gender-sensitive relationship and in some regards, such story-telling-group has strength also that prevent injustice and violence against girls and women.

9.5 RECOMMENDATIONS

The main findings of the study highlight the condition of the adolescents, especially girls in Bangladesh, which is more or less common in the other countries of similar socio-economic background. Based on each of the aspects, several mitigation strategies have been highlighted by the adolescent girls themselves – which affirms their role as a key informant of the study - acknowledging their identity, treated as

separate entity and upholding the belief that these adolescents are capable enough to highlight their voices, suffering during pandemic and also can suggest suitable solutions/coping mechanism, which can have a policy level implication.

The most important recommendations that were highlighted by the adolescent girls were:

➤ At the Country Level

- The country should come up with some alternative means to continue education (e.g., mobile phones with internet facilities) for the children during any pandemic. Internet packages should be available at cheaper rates through government initiative, so that even the most poor and backward children and adolescents can access education and they are not completely out of the realm of education.
- Efforts should be made to make the schools open following required safety protocols.
- To ensure the health and overall well-being of the adolescents and children during emergencies, there should be support from the government to ensure food for them. The price for the essential commodities, especially the food items should be lessened and the market should be regulated - so that even the

most marginalized have access to basic necessities.

- The middle-income families should be brought under the purview of the social safety nets programs of the government, so they can also be benefitted during emergencies.
- Efforts should be made by the government to provide health services to its population. In far-off remote locations, health centers, pharmacies should be more equipped with health check-ups, availability of medicines, so that it can be accessed by people during any emergencies – especially when the transport system is completely at halt. In other words, the Government

should follow more of decentralization policy and need to strengthen the local health centers to cater its large population

- Efforts should be made from the end of the local government, education institutes to raise awareness campaigns, adolescent-centric programs should be taken up by the Government. The adolescent programs should spread awareness about adolescent issues and how to safeguard their four basic rights.
- The helpline numbers, local level committees (village Salish) should be made more functional to address the issues related to violence against children and adolescents.

➤ At TMSS Level

Although TMSS had played a great role during COVID-19 in providing treatment related to the pandemic as well as in other arenas, yet it has the potential to play huge role to combat such pandemics in future.

- As TMSS RCH is located in Bogura, it is understandable that more of its local people would be benefitted. But, to cater people in its adjacent districts, TMSS RCH can increase its outreach services to other districts. It can also

support the people of other districts through frequent ambulance services and can bring them under the curative mechanism of the hospitals.

- TMSS RCH can also organize awareness campaigns about any pandemic in future, so that the people can be benefitted.
- To fulfill its social responsibility, TMSS can also come forward and also provide dry ration, medicines at subsidized rate to its poor people.

➤ At Community and Its Key Players Level

- Adolescent girls suggested that to combat violence against children and adolescent, there is an urgent need to bring about behavior change among the adolescent and the family members.

- As a whole, society should be more functional and dealt effectively that organize inner forces through adolescent girls' and boys' groups that play role for challenging against any catastrophic situation and practiced lessons that they have learnt from

tradition of the soil. Avoidance should be practiced for any external dependency to handled pandemic or other forms of human crisis.

- Present covid 19 taught the people, not fear but showing the courage would be the way of crisis mitigation. It impacts directly in ensuring 'right to survival, children development and access to participation. Collective forces should have power to 'protect human right and choices' inside home and society.
- In gender aspects, experience supported, women and girls' voices should be practiced loudly without any fear and should have given them opportunity where their motherhood be

safe, movement should be free and they could be treated as 'human being not as female (*meye manush*)'.

Given the broad recommendations, the study tries to point out that in normal times, when the adolescent girls face several hardships, the challenges increase manifold during any emergency. The role of the government and that of the non-government organizations should take a lead – supporting the mass with food, routine and emergency services to help them to cope with the situation. Simultaneously, taking the learning of enduring a pandemic, the community should be able to build up a responsive mechanism which can address the issues in future with sustainable manner.

9.6 CONCLUSION

Nothing is last word for any right-based study or other. Research is a continuous process that always wants to know the new problems and search the mechanisms for solving those. This study collected several insights, statement, opinions in order to know how pandemic could be managed with a humanitarian manner not for the sake of adolescent girls only, but for the community and society both, in future. Researchers did not cry for past fact; but this study make pathways how to handle future pandemic, with better manner. Experiences from the northern Bangladesh may help other parts of the sub-continent to mitigate any new humanitarian crisis as COVID-19; and

advocates for new study for peripheral states of India (West Bengal, Tripura and Assam); even Nepal and Sri Lanka also. Because, it has been revealed that pandemic could be challenged jointly, not alone, that can produce positive result. Remind, when we get together, then we are strong and it is also for the girls and women. Teachings of this study is, if the community should be resilient, all pandemic can be defeated; but seek the learnings as other studies as this, 'when someone challenge; off course with girls and women', in that voyage. Deprivation or gender-gap is man-made and this study revealed this. And history teaches us this also.



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