

HopeBox: A Contribution for the Orphan Adolescent Girls to Claim their Choices to Improve Sexual and Reproductive Health and Rights Knowledge and Practices

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Background

The world is home to 153 million orphans, and currently, there are 0.5 million orphans living in Bangladesh. There are 85 government orphanages across the country with the capacity of accommodating 17,500 orphans among whom 8,700 girls are enrolled in institutions run by Department of Social Services under the Ministry of Social Welfare.

Orphan adolescents easily fall prey to sexual abuse, exploitation, and coercion. Their vulnerability forces them to engage in risky sexual behaviour and activities. It predisposes girls to the risk of

unwanted pregnancy and contracting life-threatening STIs, e.g. HIV/AIDs. Sexual and Reproductive Health challenges faced by orphans in Bangladesh are understudied. This encompasses various aspects such as the awareness, needs, access, and availability of Sexual and Reproductive Health and Rights (SRHR) resources and services for orphaned adolescents. The provision of age-appropriate, comprehensive sexuality education has a positive impact on SRHR. However, there is a lack of consensus on the course design, which is evident from the available resources in Bangladesh.

Who is an orphan?

A boy or girl under eighteen years of age who has lost his or her father or has been abandoned by his or her parents or guardians.

Ref: The Orphanages and Widows' Homes Act, 1944 (Bengal Act) (ACT NO. III OF 1944)

To shed light in this context, this study has been initiated with the hypothesis that implementation of HopeBox will improve the knowledge and practice regarding SRHR among the orphan adolescent girls residing at the Shishu Paribar orphanages in Bangladesh.

The Study

Objective(s)

To design, develop and implement the HopeBox to improve the SRHR knowledge, and SRH practice among the orphan adolescent girls in Shishu Paribar orphanages, Bangladesh.

Primary objectives:

To determine whether HopeBox improves SRHR-related knowledge of orphan adolescent girls

To determine whether HopeBox improves safe SRH-related practices among orphan adolescent girls

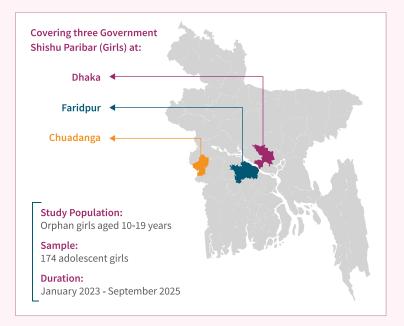
Secondary objectives:

To determine female orphaned adolescents' knowledge about how to avail SRHR services in health facilities

To determine whether HopeBox improves female orphaned adolescents' healthy SRHR practice

Methodology

The study is measuring the effectiveness of the treatment/ intervention using a pre- and post-quasi-experimental study design.



Implementation

1 st Phase Development	2 nd Phase Implementation	3 rd Phase Advocacy
 Formative Research and Qualitative Exploration Social Ecology Model Social Constructivism Design and Advocacy Panel Think Tank Gatekeeper Network Co-design Workshop Technical Guidance and Advocacy Community Sensitisation and Support 	 Pre and Post-Study Trainers Pool Distribution and Inauguration 	 Dissemination Policy Dialogue

HopeBox: Components



Booklets



Postcards



Puzzles





Things like acne or an oily face—I didn't know these happened to everyone due to physical changes... I learned that hair grows below the navel area after getting period—that too happens due to physical changes. Then there's this thing called pigmentation... it became completely clear to me—I had never even heard the word. I heard it from the HopeBox sessions, and read about it there... Earlier, I used to think that my breasts would suddenly grow when I got older. But now I've learned that it happens gradually, as part of physical changes. I thought it would just happen all at once."

- 17 years, Orphan girl

Primary outcome variable 1

Knowledge about modern contraception

Figure 1 presents changes in knowledge about modern contraception among orphaned adolescent girls across three study sites and overall. Before the intervention, knowledge levels ranged from 4% to 11%, indicating a low baseline.

Following the intervention, all study sites saw substantial increases, with post-intervention levels rising to 51% – 59%. The overall knowledge increased from 8% to 45%, suggesting that the HopeBox intervention had a notable and consistent positive impact across all regions.



Figure 1: Percentage of girls with knowledge about modern contraception

Primary outcome variable 2 Proper menstrual hygiene management

Figure 2 illustrates that proper menstrual hygiene management among female orphaned adolescents improved substantially across all study sites after the HopeBox intervention.

The prevalence increased from approximately 30-32% at baseline (Pre) to 63-71% post-intervention (Post), with the overall prevalence nearly doubling.

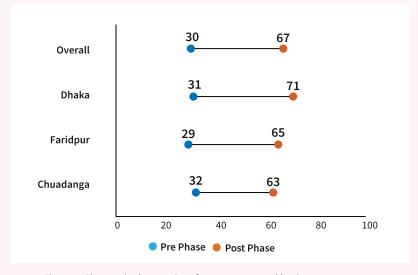


Figure 2: Changes in the practice of proper menstrual hygiene management among the study participants.



One thing I've come to understand is consent. Like, yes — I gave consent that you can do this much with me, you can touch me this much, or talk to me this much. But beyond that, you can't talk to me or touch me. I mean, if someone shows affection — like if my parents love me — then I would consent to that, because siblings, parents, they naturally show love. But if someone tries to do something bad, then of course I can't give consent for that....These are the kinds of things I'm learning from HopeBox."

Secondary outcome variable 1 **Access to SRHR services**

Figure 3 shows the change in knowledge among adolescent girls from orphanages before and after the intervention across three study sites, Chuadanga, Dhaka, and Faridpur, as well as the overall average. Knowledge levels were low at baseline (ranging from 3% to 7%) but increased significantly post-intervention, with all study sites showing a similar improvement of approximately 45 to 50 percentage points. This indicates a consistently positive impact of the intervention across all sites.

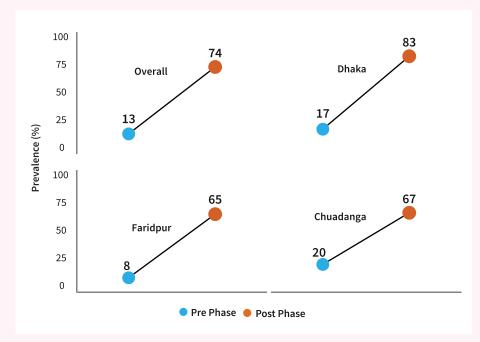


Figure 3: Percentage of adolescent girls with knowledge about how to access SRHR services in health facilities

Secondary outcome variable 2 Last menstrual period tracking

Figure 4 displays changes in the practice of menstrual cycle tracking among adolescent girls, before and after the HopeBox intervention. Overall, menstrual tracking increased from 43% pre-intervention to 71% post-intervention. All three study sites showed positive changes: Chuadanga (from 38% to 67%), Faridpur (from 41% to 69%), and Dhaka (from 46% to 74%). This suggests a consistent improvement in menstrual tracking practices across all regions following the intervention.

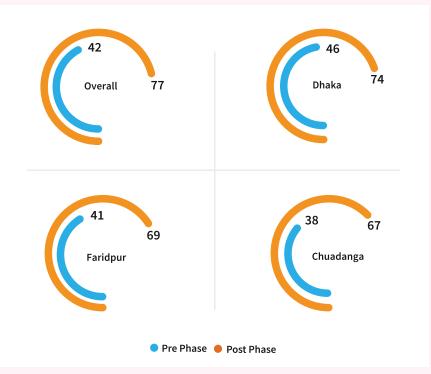


Figure 4: Percentage of adolescent girls who reported tracking their LMP

Way Forward

Policy advocacy should be carried forward to make HopeBox available to all the government and private girls' orphanages.

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