Improving adolescents’ food choices: Learnings from the Bhalo Khabo Bhalo Thakbo (“Eat Well, Live Well”) campaign in Bangladesh

By Inka Barnett, Wendy Gonzalez, Moniruzzaman Bipul, Detepriya Chowdhury, Eric Djimeu Wouabe, Ashish Kumar Deo and Rudaba Khondker

Inka Barnett is a behavioural epidemiologist and public health nutritionist with over 15 years of experience in international health and nutrition research. She has led impact evaluations and implementation research studies for GIZ, FCDO, UNICEF, USAID, the EU, Irish Aid, the MRC and others.

Wendy Gonzalez is Senior Technical Specialist at the Global Alliance for Improved Nutrition (GAIN). She has experience of conducting implementation research on nutrition programmes in Latin America, East Africa and Southeast Asia.

Moniruzzaman Bipul is a development professional currently leading GAIN’s portfolio of programmes that are focused on nutrition governance, adolescent nutrition, workforce nutrition and micronutrient supplementation.

Detepriya Chowdhury is a former advertising professional currently working to support youth to adopt healthier food habits via the ‘Bhalo Khabo Bhalo Thakbo’ campaign. He is a true believer of the power of creative communications to help people to adopt better behaviours.

Eric Djimeu Wouabe is an economist and Senior Technical Specialist at GAIN with more than a decade of experience designing, conducting, supervising and disseminating the evaluations of development programmes and policies in Africa and Asia.

Ashish Kumar Deo is the Senior Advisor of Commercial Solutions and leads the Demand Creation agenda for GAIN. He has over 20 years of experience in consumer goods marketing followed by 10 years in the not-for-profit sector including six years in the nutrition sector.

Rudaba Khondker is the Country Director of the Bangladesh Country Office of GAIN with a background in child health and development. She has more than 15 years of experience working in South Asia, Africa and the Pacific with different organisations in multi-sector programmes and policy advocacy.

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Background

Adequate nutrition is critical to the optimal growth and development of Bangladesh’s 36 million adolescents who make up nearly one-fifth of the country’s total population (Bangladesh Bureau of Statistics, 2015) and will contribute to the country’s future. However, poor nutrition remains a challenge. Currently, one third of adolescent girls and one fifth of adolescent boys 15-19 years of age in the country are stunted and 10% of unmarried girls 15-19 years of age are overweight (NIPORT, 2021).

Inadequate nutrition is influenced by several structural and socio-cultural factors, prominent among which is that adolescents are rarely recognised by decision makers as having unique nutritional needs as well as growing agency to make their own decisions. Efforts to engage adolescents and to enable them to participate in decision-making are needed to capitalise on their potential for generating transformative change. Co-designed with adolescents and using learnings and experiences from building social movements, the Bhalo Khabo Bhalo Thakbo – BKBT (“Eat Well, Live Well”) campaign in Bangladesh aimed to activate adolescents’ agency (i.e., their capability to act for a given purpose) and trigger both individual and collective action towards improved food choices. This article discusses the process and key elements of the design, implementation and evaluation of the BKBT campaign in Bangladesh.

The BKBT campaign

The BKBT campaign was designed through an 18-month collaborative process (February 2018 to August 2019) among relevant governmental agencies, GAIN, local partners and adolescents. The campaign was built around two fundamental insights generated from formative research: (1) adolescents have dreams for their lives but find it difficult to “untangle” their dreams from the more restrictive ambitions that their parents have for them, and (2) adolescents recognise that in order to achieve their dreams they need powerful bodies and minds “nourished” by nutritious food. Furthermore, the formative research revealed a limited availability of nutritious foods for adolescents, especially around schools. Popular snacks included packaged biscuits and cakes, chocolate, crisps and foods prepared by street vendors such as deep-fried puri (deep-fried bread), singhara (deep-fried potato pockets) and jhalmuri (puffed rice with fried vegetables and spices).

The BKBT campaign consisted of three phases: the catalyst ‘my dream, my decision’
The pledge (see Box 1) kicked off in October 2019. By mid-September, one million adolescents had pledged to use their pocket money to buy more nutritious foods. On a collective level, and as a long-term goal, it aimed to trigger adolescent-led social movements to improve the availability of more nutritious snacks around school venues. With the onset of the pandemic, these efforts were halted to prioritise supporting adolescents’ individual consumption of more nutritious foods.

**The impact of the COVID-19 pandemic**

In March 2020, as schools closed and adolescents began spending most of their time at home, BKBT adjusted, adapted and refocused its efforts to ensure adequate reach and delivery of relevant messages that resonated with the new reality of the COVID-19 pandemic. The main adaptations as a result of the pandemic were:

- **Shifting the pledge’s focus** – the pledge focused on nudging adolescents to use their pocket money to purchase more nutritious snacks. With school closures and movement restrictions, the focus shifted to adolescents buying more nutritious foods at home. This allowed for opportunities to implement new activities, such as helping adolescents to gain new cooking skills (e.g., by organising online cooking competitions to prepare healthy breakfasts, soups, etc.) and encouraging their involvement in meal preparation at home among others.

**Box 1 The Eat Well, Live Well/Bhalo Khabo, Bhalo Thakbo pledge**

“We, the 32 million teenagers of Bangladesh, have been spending our tiffin money on foods that aren’t nutritious and don’t prepare us to chase our dreams. But this is our tiffin money, it is something that we control. So, as individuals, we pledge to change our food habits and use our tiffin money to buy more nutritious foods. But our options are limited. There are not enough good choices for us to make. So, we must work together to change the way food is produced, manufactured and sold so that we can make nutritious, tasty choices every day. That is why we must all take the pledge. Together we can make this change.”

“I echo the voices of 32 million adolescents of Bangladesh, and pledge that I will buy more nutritious food with my pocket money.”

**Box 2 BKBT’s Theory of Change**

The BKBT campaign aimed to generate individual and collective action. On an individual level, it sought to increase adolescents’ willingness to purchase and consume more nutritious snack foods. On a collective level, and as a long-term goal, it aimed to trigger adolescent-led social actions to improve the supply of nutritious snacks in Bangladesh. Adolescents’ engagement with the campaign and its activities was expected to increase their knowledge and awareness of the importance of choosing nutritious snack foods (to achieve one’s dreams). This would lead to a change in their attitudes towards nutritious snacks, increasing their motivation and willingness to purchase and consume these. Adolescents would then take the pocket money pledge as an individual goal setting strategy, providing a practical approach to translate their willingness to improve their snack choices into action. While attempting to improve their snack food choices, adolescents would identify and voice (individually and collectively) a lack of limited availability and/or accessibility of nutritious snack food choices at, and near to, their school. This realisation would also be facilitated by campaign activities to raise awareness. As more adolescents took the pocket money pledge, this would act as a symbol for collective demand for improved availability of nutritious snack foods. Other campaign activities would promote and support adolescent-led individual action and, in the long term, collective action for demanding improved supply of nutritious snacks.

**Strengthening the campaign’s online component** – the campaign replaced planned offline activities such as school events with online and radio activities (e.g., mini campaigns, online competitions, engagement of influencers, radio shows) to support adolescents in meeting their pledge commitments. It also reinforced the government’s messages to prevent the spread of COVID-19 while encouraging the consumption of nutritious foods and the importance of remaining physically active.

**Exploring new channels for engaging adolescents** – by mid-2020, the campaign sought to reach adolescents without internet access by liaising with a local partner experienced in community outreach. Following COVID-19 safety protocols, a network of community workers comprised of young peer educators engaged with adolescents in their communities to disseminate key campaign messages, promote the pledge and support COVID-19 safety measures (e.g., by distributing hand sanitisers).

**Focusing on individual actions** – the campaign aimed to support the adolescents’ collective journey towards demanding more nutritious food. For instance, it planned to support pledgers and schools to work together with food vendors to improve the availability of more nutritious snacks around school venues. With the onset of the pandemic, these efforts were halted to prioritise supporting adolescents’ individual consumption of more nutritious foods.

**Evaluation of the BKBT campaign**

A consortium of researchers from the Institute of Development Studies in Brighton, UK and the Development Research Initiative in Bangladesh led the external evaluation of the BKBT campaign. The consortium employed a mixed methods approach to assess the BKBT’s contribution to 1) better snack food choices among adolescents and 2) adolescents’ motivations and actions towards building a social movement for improving the availability of nutritious snacks. The evaluation aimed to clarify the pathways...
through which these changes were achieved according to BKBT’s Theory of Change (ToC). The ToC kept constantly evolving to reflect the emerging evidence collected as part of the campaign’s monitoring and evaluation and critical contextual changes such as the COVID-19 pandemic. Treating the ToC as a living document facilitated structured learning and reflection about the campaign activities (see Box 2).

At baseline, data collection included eight focus group discussions with adolescents, 24 in-depth interviews with vendors and a survey with students (n=1,377), parents (n=858), school head teachers (n=20) and food vendors (n=74). For the endline data collection, the consortium conducted surveys with students (n=637) and parents (n=349), interviews with adolescents who had engaged with BKBT activities (n=38), head teachers (n=4), government officials, UN/NGO partners and the food industry (n=10) and a baseline online survey posted on the BKBT Facebook page (n=2,951). Here, findings related to the following are discussed: 1) the campaign’s reach, 2) adolescents’ understanding of the campaign’s narrative and goal and 3) adolescents’ understanding of the pledge. The findings related to intermediate outcomes and behaviour change will be presented in an upcoming paper.

The campaign’s reach

The BKBT campaign was in large part designed to be a social media-based campaign. The quantitative baseline assessment found that only few adolescents (16%) had access to the internet and even fewer (5%) regularly looked at Facebook. Qualitative baseline findings suggested that most adolescents did not have access to computers or mobile phones with internet connections and/or could not afford to pay for data connection packages. Moreover, most parents restricted access to Facebook as they feared it would interfere with study time. Thus, the baseline assessment concluded that the limited access to social media could pose a major barrier to the reach of the BKBT campaign. Based on these findings, the campaign strengthened its school-based activities which were held until school closures came into place.

Following the outbreak of the COVID-19 pandemic, and as a response to online schooling, adolescents’ access to the internet and Facebook increased considerably. In the endline survey, about half of adolescents reported increased access to the internet and greater use of Facebook. School closures and the shift to online schooling also changed the attitudes of many parents towards the internet. Adolescents reported that they experienced less parental and financial restrictions when accessing the internet and Facebook as compared to before the pandemic. Many adolescents explained that they learned about the campaign when browsing Facebook and that they were attracted to, and actively participated in, the specific campaign activities advertised there (e.g., the healthy soup contest or the healthy breakfast contest).

Endline results suggest the increased effectiveness of social media as a delivery channel of the campaign. According to findings from an endline online survey (results not shown), campaign activities delivered via social media reached and engaged older adolescents and young adults and young people who were already frequent social media users. However, the campaign’s reach via social media was limited for younger adolescents (<15 y) probably due to a more restricted access to internet.

Understanding of the campaign’s narrative and goal

The qualitative endline survey suggested that adolescents who actively engaged with the campaign supported different narratives of the campaign. Most of these narratives focused on individual behaviour change towards healthier food choices among adolescents including the framing of BKBT as an educational campaign aimed at raising young people’s general awareness of the importance of eating nutritious foods to stay healthy, consuming more home-cooked foods and avoiding snacks and foods from outside the home. This finding was supported by the quantitative endline survey and the online survey in which 99% and 81% of adolescents respectively understood the campaign as an effort to encourage adolescents to eat nutritious snacks.

Adolescents discussed many reasons for their engagement with the campaign in the qualitative evaluation including desires to learn about nutrition, altruistic ambitions to change society by promoting healthy eating for all and COVID-19 related concerns/opportunities (i.e., having more free time to engage). As expected, due to the campaign’s shift to focusing on individual actions, there was limited evidence of adolescents engaging out of an eagerness ‘to collaboratively wanting to change the way food is produced, manufactured and sold’ in Bangladesh (a goal of the campaign stated on the pledge).

Understanding of the pledge

According to the survey results, adolescents took the pledge mostly to motivate themselves to eat nutritious snacks (89% of boys, 84% of girls) and because their peers, teachers and parents encouraged them to take the pledge. In line with these results, the qualitative endline assessment found that many adolescents took the pledge as an individual goal setting strategy that provided a practical approach to translate their desire to improve their diet into action and to support adherence to these behaviours.

Successes, challenges and lessons learned

BKBT inspired a group of adolescents in Bangladesh to articulate and express their dreams for their lives and to realise the connection between nourishing their bodies with nutritious foods and fulfilling their dreams in the future. The campaign’s narrative around life chances, dreams and aspirations resonated with adolescents and motivated another one million adolescents to take the BKBT pledge. The campaign successfully used everyday life motivations to build a narrative that resonated with various sub-groups of the target audience (i.e., boys, girls, younger and older adolescents from different areas and socioeconomic status groups).

In the post-pledge phase, the campaign implemented activities to maintain the saliency of the pledge commitment. For instance, BKBT’s online platform provided feedback and acknowledgement to the participants who engaged in the campaign activities, detailed instructions and guidance on how to put the pledge commitment into practice on a regular basis and allowed adolescents to share testimonies and success stories. This highlights the importance of providing continuous support and guidance to plegers, recognising the need to maintain their motivation and to help them to build the knowledge and skills needed to continuously seek nutritious foods.

The baseline and monitoring results flagged the limited reach of the early campaign activities, especially among younger adolescents. This was largely linked to the limited reach of social media, radio and offline channels amongst the target groups of the campaign’s target audience. While online delivery channels may be suitable platforms for future campaigns among young adults/university students, other platforms such as schools may be more appropriate to reach and engage younger adolescents.

Conclusion and next steps

BKBT was able to create an engaging narrative and pledge to bring awareness and motivate adolescents to make better food choices. As it progresses, the campaign will continue to monitor the results and challenges posed by the new reality of the pandemic while maintaining a flexible approach to adapt to local circumstances. The independent evaluation helped to test and refine some of the assumptions made during the design of the campaign. It highlighted the importance of understanding the reality of different sub-groups of the target audience, particularly younger adolescents, to ensure adequate reach and the framing of messages.

BKBT has amassed a critical and enthusiastic group of adolescents with interest and motivation for improved nutrition. At the national level, and in partnership with the government, it seeks to refine its design and implement activities aligned with the National Adolescent Health Strategy. At the global level and capitalising on the momentum built by the United Nations Food Systems Summit, BKBT helped to inspire Act4Food, Act4 Change, an initiative of global youth advocates for food systems change. As the next steps, it will continue to collaborate with this initiative.

For further information, please contact Wendy Gonzalez at wgonzalez@gainhealth.org

References
