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### Commission on Population and Development

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**Assessing the status of implementation of the Programme of Action of the International Conference on Population and Development and its contribution to the follow-up and review of the 2030 Agenda for Sustainable Development during the decade of action and delivery for sustainable development**

### **Statement submitted by Bangladesh Rural Advancement Committee, a non-governmental organisation in special consultative status with the Economic and Social Council<sup>1</sup>**

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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<sup>1</sup> The present statement is issued without formal editing.



## Statement

Young people's sexual and reproductive health and rights (SRHR) is a burning concern, especially in developing countries like Bangladesh. Around 45.9 million people (one-fourth of the total population) in Bangladesh are between the age of 15-29. It is also a country where 51.4 per cent of girls are married off before the age of 18. The enjoyment of sexual and reproductive health and rights by adolescents and unmarried youth, especially girls, is adversely affected by social norms and traditions. Despite multiple favourable policies regarding young people's health and well-being, there are still substantial areas of improvement, especially in ensuring comprehensive sexuality education and adolescent-friendly services including health services and menstrual hygiene facilities in schools. As a signatory to the International Conference on Population and Development (ICPD), this is vital to safeguard the sexual and reproductive health and rights of all young people within a gender-just society.

The ICPD Programme of Action established human rights at the heart of sustainable development, acknowledging reproductive rights as inherent to human rights. It also identified young people and adolescents as right holders of their sexual and reproductive health. Bangladesh has significantly reduced under-five mortality and achieved the Millennium Development Goals (MDG-4), while considerably decreasing maternal deaths. Building on the synergies between the ICPD Programme of Action (POA) and the Sustainable Development Goals (SDG), the Government of Bangladesh has weaved the two in its policies, strategies, and action plans. However, prioritisation of the issues, resource allocation, and the pace of implementation is greatly influenced by the wider global challenges including economic growth, climate change, the recent pandemic as well as the long-standing socio-cultural-religious beliefs and political environment of the country which has made the progress inconsistent and slow.

As prioritized in the Population Growth and Structure chapter of the POA, still the high prevalence of child marriage and adolescent pregnancy is a key concern for Bangladesh. Bangladesh Rural Advancement Committee (BRAC) conducted a comprehensive survey during March-June 2023 of nearly 50,000 households in 2080 villages across 27 districts of Bangladesh to identify who is at risk of child marriage and determine the underlying causes and trends. The survey suggests that girls aged between 16 and 17 experience the highest rate of child marriage (63.1 per cent) irrespective of their economic and educational status. Contrary to popular belief, child marriage is not solely influenced or driven by poverty or economic conditions. The decision to marry off a girl at an early age is catalysed by the availability of a suitable groom (living/working abroad, having cultivable lands, a nuclear family, a similar socio-economic background, a similar cast, a sustainable job, etc.) regardless of the socioeconomic conditions of the household. The survey analysis reveals that over 70 per cent of adolescent girls are at risk of child marriage due to societal norms and practices. However, the household head's education was negatively correlated with child marriage which showed that child marriage rates were lower in households where the head had a higher level of education. This calls for a dire need for education especially comprehensive sexuality education in the mainstream curriculum to address deep-rooted social norms and reduce child marriage in the long run.

Sexual and reproductive health is still a cultural taboo in Bangladesh, especially for adolescents and young people, and particularly outside marriage. Parents feel uncomfortable discussing these issues with their children and schools provide very limited or no information on it. According to one survey, only 23 per cent of adolescent girls were aware of menstruation before their first experience and missed school for an average of 2.5 days per month during periods. Adolescent girls enter married life without proper knowledge of contraception and with limited ability to

exercise their rights, including decisions related to their reproductive life. Among ever-married adolescents, 42.8 per cent face physical or sexual violence during their lifetime. The rate of non-partner violence over a lifetime was highest (30.9 per cent) among adolescent girls. Marginalized adolescents living “on the streets”, in slums, engaged in child labour, sex work, or in detention and refugee camps are even more vulnerable and face challenges that exacerbate their helplessness.

Comprehensive sexuality education is crucial for the holistic development of adolescents and youths and lays the ground for their reproductive life and well-being. Comprehensive sexuality education builds on and promotes gender equality, acceptance, tolerance, understanding of universal human rights, and non-discrimination. Sexuality education is a fairly new concept in Bangladesh. In 2023 a new curriculum was introduced for classes 6 and 7 where some more topics like understanding gender, skills for health and wellbeing, violence, and staying safe were included. Once launched, the topic of transgender and parts of pubertal changes met with opposition from conservative religious groups backed by support from some parents, teachers, and media. This resulted in the withdrawal of the topics and promise of revision from the next edition. Despite inclusion of the sexuality education topics in the curriculum, the implementation is highly challenged. Deep-rooted socio-cultural stigma, religious norms, capacity and conceptual gaps of the teachers to deliver the topics in classrooms, increased need for value clarification, and training of the teachers greatly hamper the implementation process.

Apart from the changes in the curriculum, the Government of Bangladesh has developed the National Adolescent Strategy 2017-2030 and introduced Adolescent Friendly Health Corners in health facilities to implement the strategy. The Ministry of Health and Family Welfare has planned to scale up the Adolescent Sexual and Reproductive Health services and achieve the three zeros of the ICPD Programme of Action in the fifth health sector program (July 2024-2029). There is also significant scope for improvement in the coordination and synergies among the ministries to ensure proper implementation of the ICPD Programme of Action and create an enabling environment for young people to enjoy their sexual and reproductive health and rights in a gender-just society.

### Recommendations:

Some of the recommendations to reach the goals are:

(a). **Revise the National Adolescent Health Strategy** to ensure that all individuals, regardless of their marital status, gender identity, or sexual orientation, have universal access to sexual and reproductive health services, including information, counselling, and contraception. Additionally, **the scope of national health policies must be expanded** to include all gender diverse groups, to ensure that they have equitable access to sexual and reproductive health services.

(b). **Provide a clear, inclusive, and dignified definition of “Hijra gender”** in the law, and clarify the distinction between “intersex”, “transgender”, and other gender identities by enacting legislation that protects and promotes the fundamental rights of all individuals with diverse gender identities, through consultations with the Hijra community, the transgender population, intersex persons, SRHR experts, human rights activists, and NGOs, and by taking their recommendations into account.

(c). **Establish national and sub-national monitoring committees** and theme-based stakeholder task forces on the Programme of Action of the International Conference on Population and Development and leverage multi-sectoral collaborations to follow up its contribution to the 2030 Agenda for Sustainable Development.

(d). Acknowledge the importance of comprehensive sexuality education in promoting the health and rights of youth, fostering gender equality, and contributing to sustainable development and **make it compulsory by law and policy in both in and out of school curricula.**

(e). **Increase investment** and introduce new programmes and necessary support materials to ensure teachers and educators are sensitised and well-equipped to effectively deliver comprehensive sexuality education in educational institutions.

(f). Under the leadership of the line ministries, **promote multi-sector collaboration** in programme planning and implementation as well as resource utilisation.

(g). **Partner with both civil society and business organizations** to mobilise communities, through online and offline channels for raising awareness on sexual and reproductive health and rights, comprehensive sexuality education, child marriage, adolescent fertility, gender-based violence etc.

(h). **Review, update and develop relevant laws, acts and policies** to uphold sexual and reproductive health and rights of all segments of the population including youth, aged, disabled, ethnic minorities, linguistic minorities, and people with diverse sexual orientation, gender identity and expressions along with **amending stringent ones.**

(i). **Facilitate the meaningful engagement of youth and youth-led entities** in developing sexual and reproductive health strategies for youth in sub-national, national, regional, and global policy arenas.

(j). Prohibit all forms of sexual harassment and gender-based violence by law and **ensure robust enforcement.**

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