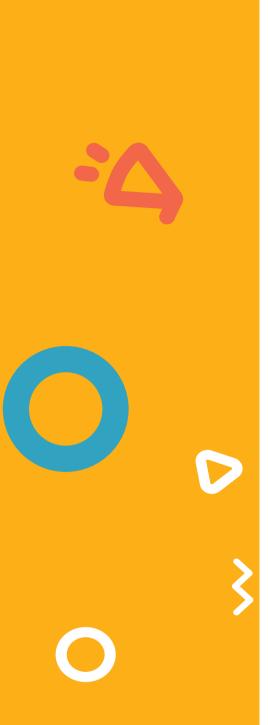


Bangladesh Voluntary National Review

Report on the situation of Youth's Sexual and Reproductive Health and Rights





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Right Here Right Now (RHRN) in Bangladesh aims towards minimize the existing taboo and stigma associated with the Sexual and Reproductive Health Rights of youth and bring positive change in the society through engaging youths and multi-level stakeholders. RHRN Bangladesh focuses empowering the youths to make informed decision about their health and well-being and harnessing towards a gender-just society.

Bangladesh RHRN platform has been advocating for youth empowerment, comprehensive sexuality education, Youth-Friendly Health Service and gender-friendly, youth-friendly, inclusive amendment of existing discriminatory laws and policies.

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Acknowledgements

2

Firstly, we are thankful to the youths from minority communities and the change-makers from NoboDyuth Team of Nagorik Uddyog, who have volunteer and participated during the entire process and have been major support.

Secondly, we are immensely grateful to the CSO representatives, school authorities and community representatives who have supported us to contextualize the report and develop the recommendations.

Thirdly, we are indebted towards Dr. Mohammad Mainul Islam (Professor, Department of Population Sciences, Dhaka University), Dr. Zobaida Nasreen (Professor, Department of Anthropology, Dhaka University) and Shamima Akhter Chowdhury (Project Coordinator BAPSA) for their guidance and enriching the report with their valuable insights.

In addition, our humble gratitude towards RHRN technical and financial supporter, who had made the report possible.

Nonetheless, we are thankful to Masudur Rahman (National Coordinator, RHRN Bangladesh) and the coalition members from BRAC, Naripokkho, RHSTEPS, Wreetu, YPF and Oboyob for consultation and providing necessary support for the report.

Finally, special thanks to Ms. Joyeeta Hossain, Project Coordinator and her team for compiling the report.

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List of Abbreviations/Acronyms

ASK: Ain o Salish Kendra

CSO: Civil Society Organizations

CSE: Comprehensive Sexuality Education

CEDAW: Convention on the Elimination of All Forms of Discrimination against Women

ECOSOC: United Nations Economic and Social Council

GBV: Gender-based violence

HLPF: High-Level Political Forum

LNOB: Leave No One Behind

NAHS: National Adolescent Health Strategy

NGO: Non-governmental organization

NCTB: National Curriculum and textbook Board

SRH: Sexual and Reproductive Health

SOGIESC: Sexual Orientation, Gender Identity, Gender Expression, and Sex Characteristics

STD: Sexually Transmitted Disease

SDG: Sustainable Development Goals

SRHR: Sexual and Reproductive Health and Rights

VNR: Voluntary National Reviews

WHO: World Health Organization



Table of Content

Executive Summay	5
1. Introduction	6
2. Methodology	8
3. Policy Framework	9
4. Relevant Ministries	10
5. Understanding the Sexual and Reproductive Health and Rights Landscape in Bangladesh	11
6. Implementation Status of SDGs: A review from the SRHR Perspective	13
7. Call for Action	23

Executive Summary:

Bangladesh has 45.9 million of youth covering 27% of the entire population of the country. The young and enthusiastic population has demonstrated their power and stated the rights as the citizen of the country through the monsoon mass uprisal in July-August'24. The entire world has manifested the power of youth against a repressive regime and leading the nation to overthrow the authoritative government; marking it a milestone and navigating the nation to commit towards institutionalizing democracy, transparency, accountability and inclusivity in political trajectory. This young generation being the key stakeholder with the vision to reform the nation, has to in the decision-making table with the aim to accomplish the SDGs, which Bangladesh is committed to achieve in the next 5 years.

This report presents a joint assessment by Civil Society Organizations (CSOs) and youths from marginalized communities on the status of Sexual and Reproductive Health and Rights (SRHR) in Bangladesh within the framework of the Sustainable Development Goals (SDGs). It has been developed through an open, consultative process, incorporating national and grassroots-level dialogues, experts' opinions, data reviews, and expert consultations. Information has been drawn from government portals, national surveys, and SRHR-focused research and organizational reports to ensure an evidence-based approach. The report exclusively focuses on SRHR-related issues across selected SDG goals, highlighting progress, challenges, and gaps in policy and practice. The report has focused on SDG 3 and SDG 5, reflecting on crosscutting SRHR topics: CSE, consent, youth-friendly health care, SRHR of minorities, child marriage, GBV, gender-based discrimination, and marital rape.



1. Introduction

1.1 Background

The Sustainable Development Goals (SDGs), also known as the Global Goals, were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity. The "5 Ps" of SDGs—People, Planet, Prosperity, Peace, and Partnerships—represent the foundation of Agenda 2030. The SDGs provide a framework for international cooperation and encourage governments, businesses, and civil society to work together to achieve sustainable development. Leave no one behind (LNOB) is the central, transformative promise of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs). LNOB not only entails reaching the poorest of the poor but also requires combating discrimination and rising inequalities within and among countries and their root causes.

SDG goals and sub-grouping

There are 17 Sustainable Development Goals (SDGs), divided into four subgroups: Social, Environmental, Economic, and Law and Governance. The social group includes Goals 1 to 5, which focus on poverty, hunger, health, education, and gender equality. The environmental group covers Goals 6, 11, 12, 13, 14, and 15, about clean water, cities, climate, and nature. The economic group includes Goals 7, 8, 9, 10, and 17, related to energy, jobs, industry, reducing inequality, and partnerships. Goal 16, under Law and Governance, focuses on peace, justice, and strong institutions.

High-level political forum

The United Nations High-level Political Forum on Sustainable Development (HLPF) was established in 2012 by the United Nations Conference on Sustainable Development (Rio+20). The HLPF is the central United Nations platform for the follow-up and review of the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs) at the global level. This year the HLPF is themed 'Advancing sustainable, inclusive, science- and evidence-based solutions for the 2030 Agenda for Sustainable Development and its Sustainable Development Goals for leaving no one behind', where an in-depth review of SDG 3 (Good Health and Well-being), SDG 5 (Gender Equality), SDG 8 (Decent Work and Economic Growth), SDG 14 (Life Below Water), and SDG 17 (Partnerships for the Goals) will be discussed.

Voluntary National Review (VNR) Process and Bangladesh

The Voluntary National Review (VNR) process is an important tool for countries to assess and present their progress toward achieving the Sustainable Development Goals (SDGs) outlined in the 2030 Agenda. Rooted in the principles of national ownership and inclusivity, VNRs encourage member states to carry out regular evaluations at both national and local levels. These country-led reviews offer an opportunity to highlight successes, identify challenges, and share experiences, helping to strengthen policies, institutions, and partnerships. By promoting transparency and collaboration, the VNR process plays a key role in driving sustainable development efforts globally.

Bangladesh has successfully presented two VNRs previously (in 2017 and 2022) and is now preparing its VNR third to be presented at the High-Level Political Forum (HLPF) in July 2025. The 13th session of the HLPF will be held under the auspices of the UN Economic and Social Council (ECOSOC), with meetings scheduled for 14th to 23rd July 2025. Bangladesh's VNR 2025 will be on 18th of July 2025 in the UN Headquarter, NewYork. The process emphasizes broad stakeholder engagement. including government agencies, civil society, youth groups, and private sector actors, to ensure an inclusive and comprehensive evaluation aligned with the country's commitment to "Leaving No One Behind."

1.2 Objectives

The main objectives of preparing this report are

- 1.To assess Bangladesh's context and implementation status in achieving the Sustainable Development Goals (SDGs) with a specific focus on SDG no.3 Good Health and Well-Being and SDG no. 5 Gender Equality and to recommend strategies for accelerating implementation during the remaining period of SDG 2030 agenda.
- 2.To highlight SRHR-related challenges and gaps experienced by marginalized communities, especially women, adolescents, and minority groups, and bring these issues to the attention of the Government of Bangladesh and the international community.
- 3.To support the commitment to "Leave No One Behind" (LNOB) by promoting the inclusion of SRHR issues in the SDG implementation process and ensuring that policies and programs are responsive to the needs of all, particularly the most vulnerable.

2. Methodology & Approach

This report mainly used qualitative methods, supported by secondary data, to assess Bangladesh's progress on SRHR-related SDGs.

• Desk Review:

Reports, studies, and publications from the government, NGOs, UN agencies, and research organizations were reviewed. Additionally, data was collected from national and international portals to ensure comprehensive coverage.

• Stakeholder Consultations:

Consultations were held from the community level up to the national level. Participants included youth representatives, community members, experts, CSOs, academics, and relevant stakeholders from the RHRN2 platform. These discussions helped gather insights on SRHR challenges, policy gaps, and progress.

• Collaborative Assessment and Report Writing:

The assessment and drafting process was participatory, involving contributions from multiple SRHR-focused organizations and stakeholders. A dedicated team collected data, analyzed findings, and drafted the report based on goal-specific responsibilities.

• Validation:

The draft report was presented at national-level consultation meetings where stakeholders provided feedback. Their inputs were incorporated, and the final report was cross-checked with secondary data sources before completion.

Limitations

This report has a few limitations. First, due to time and resource constraints, it was not possible to cover all regions and communities equally. The consultations mainly focused on stakeholders who were available and accessible through the RHRN2 platform and related networks. Second, the report relied heavily on secondary data, and in some cases, up-to-date or disaggregated SRHR data was limited or unavailable. Finally, the rapidly changing policy environment around SRHR issues could mean that some information may have shifted by the time of publication.

3. Policy framework

Bangladesh is the signatory of a number of international conventions and committed to ensuring gender-justice and young people's health rights, including SRHR. Bangladesh is a signatory of the Child Rights Convention (CRC), the International Conference on Population and Development (ICPD), Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Beijing Platform for Action. The conventions advocate and promote for the well-being and dignified environment for the young people to enjoy their rights and make informed decisions.

The Constitution of Bangladesh recognizes health as the fundamental right and a primary duty of the state. The reflection of the constitution has been reflected upon many laws and policies. Bangladesh Population Policy,2012, and National Adolescent Health Strategy, 2017-2030 highlights reproductive health, family planning and prioritizes the adolescents' and youths' health and well-being. However, the gap exists in the implementation and mind-set of the service providers.

To ensure a gender-just and inclusive society, free from gender-based violence, the government of Bangladesh has been signatory of multiple convention promoting the rights and dignity of women and gender diverse community.

The laws and policies has been enacted in the shadow of the conventions and the Constitution of Bangladesh which promotes the rights of the women, protect from discriminatory actions and prevent gender-based violence. However, existing patriarchal norms and practices in the society is the major barrier in proper implementation of the policies. It is further hindered by the discriminatory provisions in the existing laws and policies, along with the reservation on the few articles in the international convention.

4. Relevant Ministries

The Ministry of Health and Family Welfare (MoFHW): works towards ensuring the health and well-being of the people and achieving SGD 3. Under this ministry, the Directorate General of Health Services (DGHS) and Directorate General of Family Planning (DGFP) are implementing programs addressing young people's health, which includes SRHR.

Ministry of Women and Children Affairs (MoWCA): works towards achieving SDG 5 and preventing gender-based violence. Under the ministry number of initiatives are taken in preventing child marriage, protecting gender-based violence and promoting the rights of women. However, prevailing patriarchal societal norms and discriminatory provisions within the existing laws and policies prevents in achieving SGD 5.

The Ministry of Youth and Sports: works in developing their skills and capacitating the youths to include them into the decision-making process through ensuring participation in the civic and social spaces. The ministry upholds the rights and well-being of the youths in the country along with catering in achieving the 2030 agenda.

The Ministry of Education: the ministry has been committed in implementing quality and skill-based education, aiming towards achieving SDG 3. As a reflection of incorporating inclusive curriculum, in 2023 the secondary school text books introduced comprehensive sexuality education and trained number of teachers on the issues, however, deep-rooted stigma and social norms associated with CSE has been a blockade in providing appropriate lesson to the students by the teachers. Furthermore, in 2025 the Secondary School text books has removed some chapters from the CSE syllabus in the objection by the fundamentalists and anti-rights groups.

5. Understanding the Sexual and Reproductive Health and Rights Landscape in Bangladesh

In 2022, the Bangladesh Bureau of Statistics (BBS) Census stated that one-fourth of the country's population is between 15 and 29 years old. At present, 45.9 million (4 crore 59 lacs) of youth in Bangladesh are covering 27.82 % of the total population. The youths are the torchbearers of the 21st-century social reformation; however, they still have limited awareness and access to their rights as citizens of the country. The existing stigma and taboo associated with Sexual and Reproductive Health and Rights is one of the darker areas where they still hesitate to address and demand their rights. Thus, depriving youths from enjoying their Sexual and Reproductive Health Rights, which results in a significant number of youths not making informed decisions and being mentally and physically at risk.

Despite decades of initiatives by both governments, national and international organizations, and civil society to advance Sexual and Reproductive Health and Rights (SRHR), significant challenges remain in raising awareness, building acceptance, and ensuring access to SRHR services. These setbacks are largely due to deeply rooted social taboos and persistent backlash across the society. However, youths, women, persons with disabilities, gender diverse individuals, people discriminated based on works and descent and minority communities are facing major discrimination and deprivation. These populations are disproportionately affected by taboos and denial of their rights, making them twofold vulnerable.

In Bangladesh, SRHR issues are intricately tied to social norms, cultural stigmas, and conservative views. SRHR is still widely perceived as a "women's issue," focused narrowly on menstruation, pregnancy, and childbirth, therefore, male SRHR issues are overlooked and neglected, causing young males to seek remedy from their peers and unreliable sources. Although the justifications lack scientific evidence, harmful social practices are often misguidedly justified using religious or traditional practices.

Due to prevailing social taboos, people are often discouraged from discussing their sexual and reproductive health issues, especially youths and unmarried individuals, which ultimately denies their access to sexual and reproductive health services, information and their rights.

The discomfort and secrecy related to SRHR that subsequently prevent individuals from seeking medical care; even for serious health problems, they rely on the peer's guidance, traditional healers or unscientific practices. Misinformation, disinformation, and stigma continue to dominate public discourse, further delaying progress on SRHR arena.

SRHR is not exclusive to medical remedy and knowledge but is grounded towards transforming individual and social behavioral changes and practices. The ethos and frame of mind of a society are deep-rooted; thus, the reformation of such states requires commitment, consistency and unity.

This report was mainly assessed under SDG 3 and SDG 5, with particular focus on Comprehensive Sexuality Education, Consent, Youth friendly health care, SRHR of Minorities (SOGIESC, Dalit, and linguistic minorities), Child marriage, Violence against women, Gender based discrimination and Marital rape.

6. Implementation Status of SDGs: A Review from the SRHR Perspective



SDG 3: Good health and well-being: Ensure healthy lives and promote well-being for all at all ages

3.7- By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs.

3.7.1: Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods.

3.7.2 - Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group.

1. Comprehensive Sexual Education

According to the Bangladesh Bureau of Statistics 2022, there are 45.9 million people in the population aged between 15 and 29 years, covering approximately 27.82% of the entire population of the country. The majority of these young people are going through their adolescent period, experiencing physical and mental changes, without any proper information to tackle the situation.

Furthermore, without proper guidance due to taboo and stigma associated with sexual and reproductive changes during adolescence, most of the information sourced by adolescents is misguided and unreliable, such as shared by- peers, pornography, etc. The information not only navigates them to have an unrealistic idea about femininity or masculinity but also draws them back from receiving scientific explanations, which empowers them to make informed decisions about physical and mental health.

Considering the situation, the government of Bangladesh in 2023 has introduced CSE in the secondary school level National Curriculum and Textbook Board (NCTB), addressing adolescents' changes, gender justice, sexuality, gender diversity, etc., aiming to provide evidence-based, scientific, and non-judgmental information. The information that would help the adolescents to understand and connect with their physical and mental changes.

The initiative was appreciated by the liberals and right-wing communities of the country, but there was a major backlash from the conservatives to revise the textbook by removing specific chapters. The repercussion was revising the syllabus and removing the controversial chapters from the book, which ultimately reversed the entire purpose of educating and making the youths aware of sensitive topics of SRHR and assisting them in taking informed decisions regarding their health and well-being.

The importance of CSE is not only to inform the youth about their sexual and reproductive health but also to educate them about gender sensitivity, acceptance of diversity, and the importance of consent, with the objective of building a healthy, informed, and empowered young population.

2. Consent

The deep-rooted patriarchal society of Bangladesh is still alienated from the concept of consent. This crucially affects the lives of women's decision-making processes, particularly marriage and childbirth, where often their choices and opinions are overlooked.

The leading English newspaper of the country, the Daily Star, in 2023 reported that 80% of the parents and guardians believe that their daughters are not capable of making good decisions regarding marriage; thus, it is their responsibility to make decisions on behalf of them. Furthermore, in slums and rural areas during pregnancy, the women are often not consulted about their delivery methods; rather, it is the husband, in-laws, and families taking the decision. Lack of information on SRHR, minimal communication between the doctor and the patient, and social stigmas limit women from taking informed decisions about their body, health, and well-being.

Along with social drawbacks regarding consent, the institutions of the country are also reluctant to address the importance of the consent of women. The Bangladesh Medical and Dental Council's Code of Professional Conduct mandates informed consent for invasive procedures but does not address child-birth-related consent. Women signing admission forms before delivery receive no detailed information on risk or alternatives, violating their universal rights under the Respectful Maternity Care (RMC) Charter, which was ratified by Bangladesh.

Lack of awareness regarding consent not only is merely ethical and upholds the well-being and dignity of women but also aids gender disparity, domestic violence, gender-based violence, sexual harassment in the workplace, and rape. Furthermore, consents often given by the women are based on temptation and external influences, raising ethical concerns about the validity of the consent.

1. Govt withdraws two textbooks amid controversy, Dhaka Tribune

3. Youth-Friendly Health Care

The National Adolescent Health Strategy (NAHS) 2017-2030 has taken up a holistic approach for adolescents' health and well-being. The reproductive health issues have occupied a prime place in the design and implementation of reproductive health strategies, policies, and programs in Bangladesh (BMMS, 2010).

Although the policies and strategies initiated by the government are appreciated, the implementation of them seems to be far behind. There is an enormous absence of skill and awareness among the health workers on youth-friendly health care services, which discourages and prevents youths from seeking information and services. This is common, especially among the unmarried youths, as they are often subjected to significant labeling, shame, disapproval, and discrimination.

Although, in 2023, the adolescent health app was introduced by the Ministry of Family and Health Welfare to increase awareness and easy access to physical and mental health information and services for adolescents and youths. However, the implementation is still limited, and lack of access to smartphones and social media by rural youths is hindering the proper utilization of the app.

Furthermore, the walk-in, youth-friendly health care corners are inadequate in number considering the density of the youth population of the country. In addition to the lack of skilled and equipped health providers, the rigid hours, inadequate infrastructure, and lack of confidentiality and privacy practices limit the ability to cater to youth-friendly health services in the clinics. Thus, abstaining from the process of attaining SDG 3 targets for ensuring universal access to sexual and reproductive health information and services for youths and adolescents.

4. SRHR of Minorities (SOGIESC, Dalit, and Linguistic Minorities)

The minority youths are relatively more vulnerable and discriminated against in society due to their identity and social stigmatization, which restrains them from enjoying their rights and access to basic services. Different minority communities experience distinctive challenges from society depending on the location, socio-economic condition, and identities.

Dalit: The Dalits are discriminated based on the caste system, and they experience exclusion and untouchability from the society. Thus, accessing health care from local clinics can be challenged due to the rooted social stigma of untouchability.

The living conditions of these community people are denser, as they dwell inside colonies with limited access to water and sanitation systems. The adolescent girls and women in the colonies often face challenges to meet menstrual health and hygiene due to lack of awareness and inadequate access to menstrual commodities.

SOGIESC (Sexual Orientation, Gender Identity, Gender Expression, and Sex Characteristics): The diverse sexual communities are the most vulnerable due to their sexual orientation and gender identities. These community people are often targeted and threatened by the religious fundamentalists by labeling them 'against the order of nature.' Furthermore, Bangladesh is continuing with the law enacted during the Government of British India in 1860, which has been revoked by many countries under the British colony and the British parliament itself. Although there has been no conviction under this section 377; however, the law enforcement agencies exert the law to harass, extort, violate, and discriminate against these community individuals.

Furthermore, as this is considered as 'against religious sentiment,' the fear of threat and harassment often suppresses the activists from the SOCIESC community from advocating for their rights. Since 2023, hostility towards SOGIESC communities has escalated, causing shrinking safe spaces and allyship.

The government often overlooks the international recommendations on ensuring the rights of SOGI-ESC by stating that the people of the country are 'not ready,' and the intense anti-SOGIESC sentiment along with the social, cultural, and moral values of the state is the barrier to enacting the Trans Rights Bill. Furthermore, lack of awareness among the health service provider often leads to denial of emergency health services.

Lack of gender-sensitive practice neglects the transman/transwoman identity and marks a person based on their appearance, thus denying the rights of identity along with appropriate healthcare.

Despite the government's legal recognition of the Hijra community as 'Hijra sex,' along with ambiguity in the definition resulting in negligence towards other gender-diverse people. This evidence shows the lack of awareness among the policymakers and government officials regarding the SOGIESC community. The gazette published by the Ministry of Social Welfare in 2014 has yet to be reflected in any laws and policies due to the unwillingness of coordination among ministries and other government bodies. This disregard towards this community not only abstains this community from being mainstreamed and accessing their basic rights, such as health services and education, but also creates an identity crisis.

Linguistic Minorities: Bangladesh has often been interpreted as 'monolingual,' denying the existence of linguistic diversity and their rights as citizens of the country. Among these communities, the most stigmatized are the 'Urdu-speaking' Muslim population of the country, living in confined camps after the liberation war in 1971. They are considered to be the community against the liberation of the country, although it was evident that there were many who participated in the liberation war as freedom fighters.

This community's people are often stigmatized and excluded by labeling them as 'stranded Pakistanis'; thus, for years they have been denied citizenship by not issuing their national ID cards and passports. Although the government of Bangladesh recognized the community's citizenship in 2008, in response to a writ petition filed by a few of the community people, the high court division ordered the election commission to enroll the community as citizens of Bangladesh and issue national identity documents so they could enjoy citizen rights. Deep-rooted stigma and detestation often restrain their mobility, along with language barriers playing a vital role in restricting them from mainstreaming.

As the camps are overcrowded with limited access to water and sanitation systems, the hygiene of the women and girls during menstruation is compromised. Furthermore, lack of awareness and education often leads to prejudice and negligence regarding SRH, causing child marriage, early pregnancy, high mortality rates, and STDs. The limitation in accessing local health clinics due to distance and discrimination faced by them often demotivates them from visiting the health service provider.

While a significant number of the minority communities are being limited in enjoying their rights as citizens and accessing the basic services like health care, achieving SDG 3—ensuring health and well-being for all—seems ambitious.



SDG 5: Gender Equality: Achieve gender equality and empower all women and girls

5.1- End all forms of discrimination against all women and girls everywhere	5.1.1: Whether or not legal frameworks are in place to promote, enforce, and monitor equality and non-discrimination on the basis of sex
5.2- Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	5.2.1: Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual, or psychological violence by a current or former intimate partner in the last 12 months, by form of violence and by age group 5.2.2: Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the last 12 months, by age group and place of occurrence
5.3 - Eliminate all harmful practices, such as child, early, and forced marriage and female genital mutilation	
5.6—Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Program of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences	
	5.3.1 - Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18
	5.6.1: Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use,

and reproductive health care decisions

regarding sexual relations

1. Child Marriage

Bangladesh has the highest child marriage rate in South Asia and globally stands in the top 10 countries. Girl child marriage has remained a concern during recent years (post-Covid), as data from Bangladesh Sample Vital Statistics 2023 shows an increasing trend of girl child marriage before 15 years and before 18 years. As per the data, the rate of marriage proportionately increased every year until 2023. Before 15 years, it had reached 8.2%, and before 18 years, it stood at 41.6 percent.

Despite the initiatives from both government and NGOs, eliminating child marriage still remains crucial due to the socio-economic context of the country. The factors that play the critical part in girl child marriage are poverty, social and cultural norms, non-functional Child Marriage Prevention Committees at the sub-district level, reluctance of the duty bearers, and climate change-related displacement and vulnerabilities.

Furthermore, in addition to the above factors related to child marriage, Article 19 under the Child Marriage Restraint Act of 2017 has allowed child marriage if it is deemed to be in the 'best interest of a child' with the direction of the court and consent of parents/guardians, has been misinterpreted by the community, and is being misused to legitimize child marriages in numerous cases.

In addition, the lack of data on the exact ratio and also the cases remaining underreported is snowballing to lagging behind in reaching the National Plan of Action's goal to eliminate child marriage, along with reverse and adverse impacts on achieving Sustainable Development Goals, such as quality education, quality health, and gender equality.

⁴ Bangladesh Sample Vital Statistics 2023

2. Violence against women

The deep-rooted patriarchal system has a reflection in the law and policies of the country, along with navigating the socio-economic condition of women. Women from all economic backgrounds have experienced some form of violence at least once in their lifetimes, and due to misconceptions of masculinity and a lack of gender-sensitive educational curriculum at the school level, in addition to social stigma, this incident plays a significant role in this incident being initiated.

Globally, it is evident that during and after any unrest or turmoil, women and children are the most affected community in the society. In the present example in Bangladesh, after the mass appraisal and shift of political power, several cases of violence against women took place, including harassment of women in public spaces.

The incidents range from harassing women on roads for not following moral dress codes to an 8-year-old girl child being raped by her relatives. According to a prominent NGO, Ain O Salish Kendra (ASK), statistics show that , during the last six months of 2024, after the political shift, more than 725 women and children reported different forms of violence, rape, and murder. Furthermore, from January to April 2025, more than 355 women and children reported violence, including rape and death. The number count would be higher if the unreported cases were included; however, the reported numbers are still larger than the first six months of 2024, which indicates that women and children are the most vulnerable during conflicts.

Although the laws and policies enacted by the country's policymakers to prevent the violence against women are appreciated by the stakeholders, the lack of sensitivity among the victim-blaming culture of impunity and the social shame often withhold the victim from taking legal actions. In addition, the increase in numbers of violence against women has pulled the country back from reaching SDG, along with creating a hostile environment within the country for women. If exemplary actions are not set to eliminate the occurrence of such violence, there is a chance of expediting gender-based violence in view of the current situation in Bangladesh.

⁵ Statistics on Human Rights Violations | Ain o Salish Kendra (ASK)

3. Gender-based discrimination

In Bangladesh, gender-based discrimination has notably been taken into consideration by all the governments over the years, which is reflected in the laws, policies, and national strategic plans, along with ratification of international resolutions that reaffirm gender equality. However, the few reservations in the CEDAW convention, i.e., Articles 2 and 16.1(a), by the government of the country have prevented women from having equality in domestic laws and marriage, which only delays achieving gender justice and sustainable development.

Despite progressive initiatives, not recognizing the contribution of women by society and often by the government thus deprives women of the economic, social, political, and cultural rights and overall empowerment of women. In modern society, women are burdened with professional life and domestic responsibilities, whereas there are no proper institutions to cater to the women's requirements. Women are considered to be the sole caregivers to their children; thus, working mothers require child care facilities during working hours. There are limited crèches and mothers' rooms as such in the private sector, which leads the working women to often quit jobs and be the full-time caregivers to the children.

The relentless discrimination experienced by the women regardless of age, class, religion, caste, or creed in the domestic sphere is engrained deep, which impacts the empowerment of women. At the domestic level, women are generally not part of the decision-making process; furthermore, marriage and birth are often decided by the men of the households. Women's sexual and reproductive health decisions are taken by the family or husband; for example, the process of child delivery, gaps in between children, and number of children are decided without or with little consent from a woman.

The sexual and reproductive health rights of a woman are ignored and stigmatized by society, which prevents women from seeking information from the health service provider; thus, women are not able to make informed decisions about sexual and reproductive health. Although laws and regulations are enacted to ensure the health of women, a lack of implementation and ignorance of women's SRHR in the law, policy, and strategies show a lack of cooperation with the international standards, clogging the achievement of Sustainable Development Goals.

4. Marital Rape

According to a study by Gary F. Kelly (2011), citied that 9% of the female rape victims are raped by their spouses, and in an interview by WHO, a woman from Bangladesh described being hit by her husband and forced to have sex: "I thought this is only natural. This is the way a husband behaves."

The concept of marriage in the context of a conservative society like Bangladesh is having social and cultural permission to have sexual intimacy with one's partner in their conjugal life. Therefore, it is perceived that marriage means giving consent to sexual intimacy by both partners, and because of the existing patriarchal system, women have subordinate legal status and are obliged to be submissive to their husbands. Therefore, it is expected that whenever and however the man desires, he can call upon his wife for sexual intimacy, and the wife cannot deny him in any circumstances. Women, therefore, can be forced into sexual intimacy by their husbands without their consent, and not acting is not considered rape.

To bring equality, justice, and empowerment of women in a real sense, the legal framework has to be created for equal rights of women, both in public and domestic life. If a woman is raped by someone else, she can seek justice under the existing legal framework; however, when she is raped by her own husband, she has to live with her perpetrator, and there is no law to protect and ensure her justice. To create an equal and gender-just society and achieve SDGs, there can be no alternative to recognizing that any forced sexual intimacy is rape and criminalizing marital rape to hold the perpetrator spouse accountable when the other's bodily autonomy and consent are intruded upon.

⁶ Marital rape - Wikipedia

7. Call For Action:

7.1 SDG 3: Good health and well-being: Ensure healthy lives and promote well-being for all at all ages

- 1. Revise the National Adolescent Health Strategy to ensure sexual and reproductive health services are added, including information, counseling, and contraceptive methods; and ensure accessibility to all regardless of their marital status, age, gender, ability, caste etc.
- 2. Address intersectional vulnerabilities by tailoring SRHR programs for minorities, people with disabilities, and climate-affected populations.
- 3. Integrate Comprehensive Sexuality Education (CSE) into national curricula to empower youth with accurate, age-appropriate and evidence-based information; along with capacitating the teachers to teach and assist the students in critical reasoning and negotiation skill to be able to take informed decision.
- 4. Provide a clear, inclusive, and dignified definition of 'Hijra gender' in the law, and also 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.

7.2 SDG 5: Gender Equality: Achieve gender equality and empower all women and girls.

- 5. Ratify the CEDAW Articles 2 and 16.1(c) to enshrine gender equality in marriage and domestic legislation.
- 6. Criminalize marital rape to recognize and enforce the equal rights of women in family and married life.
- 7. Reform all the discriminatory provisions for the existing laws and policies to prevent gender-based discrimination, sexual harassment, gender-based violence, cybercrime, child marriage, etc. to ensure the equal rights and opportunities of women as the citizen of the country.
- 8. Revoke the 'special provision,' which permits child marriage in special contexts with the consent of parents or guardians in conjunction with a magistrate, from the Child Marriage Restraint Act 2017, thus removing the contradictory clause and accelerating the elimination of child marriage.

















