



# Sexual and Reproductive Health Rights of Adolescents and Young People



যুব সম্মেলন ২০১৮  
বাংলাদেশ ও এজেন্ডা ২০৩০  
তারুণ্যের প্রত্যাশা

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## Context

According to the Bangladesh Bureau of Statistics (BBS) 2015, the adolescent population (between the ages of 10 and 19) covers more than one-fifth of the total population of Bangladesh, which consists of approximately 36 million in total<sup>1</sup>. Although many initiatives (policies, strategies and programmes) are taken to protect the rights of adolescents, the current trends related to sexual and reproductive health (SRH) of adolescents indicate the need for adopting a rights-based

approach in order to protect sexual and reproductive health and rights (SRHR) of adolescent and youth. For instance, 52 per cent of the girls get married by the age of 18, 18 per cent by the age of 15,<sup>2</sup> and the adolescent birth rate is 113 births per 1000 women.<sup>3</sup> Naripokkho conducted a literature review of several publications<sup>4</sup> on SRHR of adolescents and young people to identify gaps in the government's policies and programmes. Naripokkho's rich experiences from the field also have been consolidated in this review.

## Research Findings

The National Strategy for Adolescent Health 2017-2030 (NSAH) is very inclusive and comprehensive in its statement. It recognises all adolescent boys and girls of Bangladesh regardless of their intersectional identities, and addresses a few timely issues such as mental health, social and behavioural change communication and social mobilisation. In addition to these, the government is providing adolescent friendly health services through adolescent friendly health corners (hereafter AFHC) at selected health facilities, with financial support from development partners. These development partners are actively working in the area of SRHR. However, there are notable gaps in the programmes being implemented.

<sup>1</sup> MoHFW. (2016). *National Strategy for Adolescent Health 2017-2030*. Dhaka: Ministry of Health and Family Welfare (MoHFW), Government of Bangladesh.

<sup>2</sup> UNICEF. (2016). *The State of the World's Children 2016: A Fair Chance for Every Child*. New York: United Nations Children's Fund (UNICEF). Retrieved from: [https://www.unicef.org/publications/files/UNICEF\\_SOWC\\_2016.pdf](https://www.unicef.org/publications/files/UNICEF_SOWC_2016.pdf)

<sup>3</sup> NIPORT. (2016) *Bangladesh Demographic and Health Survey 2014*. Dhaka, Bangladesh, and Rockville, Maryland, USA: National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International.

<sup>4</sup> No statistics or information was taken from the years preceding 2006, bearing in mind that the first National Adolescent Reproductive Health Strategy was formulated in 2006, and resources used for the analysis are available both as online publications, and printed books and reports.

- The NSAH identifies the adolescent age group from 10–19 years and not youth who are between the ages of 20 and 25 years. Therefore, the AFHCs are only accessible to adolescents, although it is called ‘youth friendly’ and a large percentage of unmarried youth are deprived from SRH services.
- Although the strategy addresses all adolescents irrespective of their gender diversity and sexual orientation in its vision statement, there is no mention of the third gender and lesbian, gay, bisexual, and transgender (LGBT) adolescents in the suggested measures, implementation strategies and particularly in the section on vulnerable adolescents and adolescents in challenging circumstances.
- Bangladesh doesn’t have any nationally representative data about adolescent sexual and reproductive health (ASRH), which indicates the lack of effort in making it an evidence-based area of focus.
- A research report by USAID and the Population Council identified 32 programmes exclusively for young people and ASRH services both by the government and NGOs. There is not a single programme focusing boys only. Moreover, any type of information about the present knowledge and condition of boys around ASRH is almost nonexistent. The distribution of programmes by age and gender is presented in Table 1.

**Table 1: Distribution of Programmes by Age & Gender**

Age Group	Girls Only	Boys Only	Combined	Total Number of Programmes
10 – 19 Years	7	-	9	16
10 – 24 Years	-	-	9	9
Mixed between ages 15 and 49	3	-	3	6
15 – 19 Years, Married	1	-	-	1
<b>Total</b>	<b>11</b>	<b>-</b>	<b>21</b>	<b>32</b>

Source: Ainul *et al.* (2017)<sup>5</sup>

- There is a lack of tailored, age-appropriate SRH programme for younger adolescents (between the ages of 10 and 14). Only two of the 32 programmes had a tailored strategy for 10–14 year olds, although it is crucial to address early adolescents in policies and programmes, since this is the age when gender and sexual norms, values, and attitudes start forming, and many adolescents become sexually active during this period or soon after.
- Currently, 101 mother and child welfare centres (MCWCs) and union health and family welfare centres (UH & FWCs) in 13 districts<sup>6</sup> have AFHCs supervised by the Directorate General of Family Planning (DGFP). Although the facilities offered by the AFHCs are playing significant roles in ensuring access to information and SRHR services to adolescents, there is a lack of awareness about the centres among the service seekers. The distinction between the mother and child centre and the AFHC is not very clear to the young people from outside, as it is separated by a curtain only.
- The opening hours of the centres (9:00 am–2:00 pm) are not convenient for students, as it is school time for a majority of the schools in Bangladesh.

<sup>5</sup> Ainul, S., Bajracharya, A., Reichenbach, L. and Gilles, K. (2017). *Adolescents in Bangladesh: A Situation Analysis of Programmatic Approaches to Sexual and Reproductive Health Education and Services*. Situation Analysis Report - January 2017. Washington, DC: The Population Council.

<sup>6</sup> Ainul, S., Ehsan, I., Tanjeen, T. and Reichenbach, L. (2017). *Adolescent Friendly Health Corners (AFHCs) in Selected Government Health Facilities in Bangladesh: An Early Qualitative Assessment*. Research Report - April 2017. Washington, DC: The Population Council.

- Maintaining privacy is a challenge, since the patients of AHFCs or SRH services share a common waiting space with other visitors.
- Despite encompassing a broad range of SRH issues that are relevant to young girls and boys, ASRH is seen as synonymous with family planning, which under the conservative Bangladeshi context is only permissible for married women and couples. The systematic exclusion of unmarried adolescents from SRH services makes them vulnerable to health risks and discriminatory treatment.
- Among other concerns, an explicit focus on HIV services for adolescents is lacking. According to NIPORT (2016)<sup>7</sup>, only 12 per cent of ever-married Bangladeshi adolescents had comprehensive knowledge about HIV/AIDS, reflecting low levels of knowledge on SRH issues among adolescents. Knowledge about other sexually transmitted diseases is far lower than HIV. Most SRH programmes focus on reproductive health issues (e.g. family planning, maternal care, and so forth) but neglect sexual health.

## Policy Recommendations

- By 2020, adolescents and youth friendly SRH services and information should be provided by all public health facilities.
- The government should ensure adequate budget allocation for essential expenditures in sexual and reproductive health services for adolescents and youth, which include capacity building of health service providers.
- The government should ensure that knowledge, information and counseling on contraceptive methods is universally accessible to young married and unmarried men and women, and that policies regarding contraceptive methods are being effectively implemented and monitored.
- The NSAH needs to be revised in terms of providing access to SRH services, regardless of gender identity or sexual orientation, and for unmarried youth.
- The government should ensure that adolescent friendly health services are accessible to all adolescents and therefore, should pay close attention towards issues, such as opening hours, distinctive services for boys and girls and age-specific service programmes.



This Brief has been prepared by the Naripokkho ([www.naripokkho.org.bd](http://www.naripokkho.org.bd)), a Partner organisation of the *Citizen's Platform for SDGs, Bangladesh*.

*The views expressed in this Brief are of Naripokkho, and do not necessarily reflect the views of the Platform or any of its other Partner organisations.*

<sup>7</sup> NIPORT. (2016). Bangladesh Demographic and Health Survey 2014. Dhaka, Bangladesh, and Rockville, Maryland, USA: National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International.

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The **Citizen's Platform for SDGs, Bangladesh** is a civil society initiative, taken at the national front, to contribute to the implementation of globally adopted 2030 Agenda for Sustainable Development. The Platform was formally launched in June 2016, at the initiative of a group of individuals; the objective has been to track the delivery of the Sustainable Development Goals (SDGs) in Bangladesh and enhance accountability in its implementation process. The concept of the Platform was inspired by the participatory and multi-stakeholder approach promoted as a vital element for success in the attainment of all the SDGs. The Platform currently includes 88 Partner Organisations working on SDG issues across the country.



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