

Youth: Drivers of change to implement and monitoring of SDGs

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Presented at the Conference on
VNR 2020 of Bangladesh: Positioning Non-State Actors

Dhaka: 11 March 2020



Citizen's Platform for SDGs, Bangladesh
এসডিজি বাস্তবায়নে নাগরিক প্ল্যাটফর্ম, বাংলাদেশ





SDG 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 programmes.

Target 3.7 has close alignment with:

Target 5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

Target 5.6 ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences



Statement of the Problematic:

- Adolescent mothers between the ages of 15 and 19 are still twice as likely to die due to pregnancy and childbirth complications as women between the ages of 20 and 24.
- In education, there are fewer girls, compared to boys, in the higher secondary, post-secondary and tertiary level. Child marriage is a major cause of girls not enrolling in or dropping out of secondary education, with over half of women between the ages of 20 and 24 being married before their 18th birthday and almost one in five marrying before 15.
- Violence against girls still poses significant challenges for Bangladesh and it has increased alarmingly in the recent times. According to Bangladesh Bureau of Statistics (BBS) 2015, 42.8 per cent married girls (aged 15-19) are victims of physical or sexual violence during their lifetime.



International policy framework to implement SDG 3.7, 5.3 and 5.6

Key take-ways after International Conference on Population Development:
Bangladesh:

- Reframing the Child marriage narrative
- Refocusing SRHR narrative
- Contextualize the GVB agenda for priority action spaces
- Translating commitment into reality
- New partnerships



Sustainable development goals: Leave no one behind agenda:

When the United Nations (UN) presented the Sustainable Development Goals (SDGs) to the world in 2015, it pledged that: *No one will be left behind.*

Discrimination and human rights abuses still persists against marginalized groups

- ethnic minorities,
- migrants and refugees,
- people with disabilities (PWDs)
- indigenous peoples,
- people living with HIV/AIDS
- and LGBTI individuals.



National Policy and Framework related to SDG 3.7, 5.3, 5.6

Child marriage restraint act-Bangladesh 2017:

The National Parliament of Bangladesh passed the Child Marriage Restraint Act-2017 bill in February 2017,

National adolescent Health strategy 2017-2030

The National Adolescent Health Strategy 2017-2030 has identified four priority thematic areas of intervention:

- adolescent sexual and reproductive health,
- violence against adolescents,
- adolescent nutrition and
- mental health of adolescents.



Major Achievements in SDG 3.7, 5.3, 5.6

Government Initiatives

The generation break through project is being implemented By Ministry of Education (2019-2022).

- Follow Gender Equity Movement in Schools (GEMS) Curriculum covering 210 schools, and 40 madrasas
- Introduce help line namely “Dosh Unisher Mor”- 09612 600 600,
- Interactive Games for Adolescents on SRHR,
- Adolescent friendly Health Services and Community Level Advocacy.

Non- government actors Initiative:

- Create spaces for meaningful engagement –
- Build capacity of key actors and systems –
- Evidence-based AYSRHR best practices and innovation –
- Build platforms for informed advocacy –
- Youth engagement -



Trend analysis: Achievement

An evaluation conducted by VSO in November 2019 in Rangpur and Gaibandha showed that

Target 3.7

- Effective awareness raising program enabled married girls come to ask questions about family planning and maternal health management and boys getting AYSRHR services and they tend to have concerns about puberty.
- One clinic reported that establishment of AYSRHR corner, courtyard and youth club engagement had increased the number of people using the clinic by 50% - the additional users are predominantly aged 13-19 years old (from about 250 to 500 per month).

Target 5.3.1

- Improved menstrual hygiene management in school has helped to improve school attendance and student no longer are staying away from school during menstruation.
- Student and the School Management Committee reported a reduction in cases of child marriage at the school – it was estimated that it had gone from 75% to around 10%. The reduction in school dropout has significantly reduced from around 20% to 10%.
- Theatre was the best method to get message across because it is more engaging and can reach large numbers (around 400 people have come to sessions including people beyond the immediate community)



Key challenges

Action Research to identify gaps in service provision:

VSO conducted an Action research in Gaibandha, Dinajpur, Rangpur in February 2018 to generate findings about the existing gaps in the provision of AYSRH services. A total of 24 community clinics and Six UH&FWCs were also surveyed randomly in order to get more insight in their operational service delivery.

Findings on Target 3.7:

- Reproductive health services in general were found to be substandard.
- Existing gaps identified included a limited range of service delivery,
- inadequate staffing in some clinics,
- limited knowledge on reproductive health issues by both the local health care providers and the community,
- poor clinical organization,
- reporting and less community and co management committees' support.
- Inadequate BCC and I.E.C materials were lacking in almost all the health facilities visited.



Key challenges

Target 5.3.1

- Gender sensitivity among service providers.
- Local authorities are not always aware about child marriage restraint act (CMRA) and special circumstances (in upazila level)
- Gap between national and local level in understanding CMRA
- Most community people are not aware about CMRA
- The law enforcement on child marriage is still not strict (Kaji and Marriage Register sometimes can still serve the community after legalizing the child marriage)
- Difficult to monitor when child marriage “moves” to another area
- Not all the local authorities admit that child marriage is still happening in their area



Key challenges

Social exclusion and gender analysis conducted by VSO in eight districts in 2019

Target 3.7

- Youth and adolescents have knowledge on sexual and Reproductive Health Rights where there are intervention of Gov, CBOs, INGOs and NGOs.
- Female share issues of puberty with mother, sister and friends.
- Male share issues of puberty mostly with friends.
- Male has very limited space to share puberty and changes during adolescence with knowledgeable ones.
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Target 5.6.2

- Decision for consulting doctor for SRHR issues come from family instead of individuals.
- Husband takes decision on SRHR and contraceptives.
- Women space in decision making in SRHR is very limited.
- Men from poor families (as there is insufficient community clinic) and with disability has been deprived from inclusive health facilities
- Women are excluded from SRHR and menstrual hygiene due to family ignorance, social stigma and cultural attitude.
- Women with disabilities are the most vulnerable groups to get AYSRHR services and knowledge.



Policy recommendations:

from adolescent from adolescents and youth

Target 3.7:

- Age specific comprehensive sexuality education, Safety and Self-defence from grade 6 to 8.
- Inter-ministerial coordination between Family Planning and Education ministry to ensure SRHR education in institutions engaging satellite clinics.
- Inclusive AYSRHR services to provide adequate support to Person with Disabilities.
- Strong monitoring by ministry of education to improve teaching SRHR chapters in school.
- Sanitary napkin can be provided by linking the service of NGOs and market actors to schools and community places including UP or health canthers, schools
- Specific programs focusing male adolescent.
- Male engagement to create separate platform/program for boys on SRHR so that they improve their knowledge and SRHR and get services.



Policy recommendation

- Establishment of SRHR corner at school, college, industry and office.
- Inclusive materials specially for Person with Disabilities.
- CSE training for dedicated teachers including counselling on mental health.
- Govt allocation for Free sanitary napkin in schools
- Introducing Environment friendly and cost-effective napkin production technology
- Citizen led monitoring of SDG using social accountability tools



Policy recommendation

Target: 5.3.1

- Community mobilization to stand and take action against child marriage
- Youth movement in local and national platform to reduce child marriage and improve AYSRHR
- Advocacy on Child Marriage Restraint Act 2017, especially on the special cases of clause#19 to community change makers as well as policy makers at local and national level
- Collective collaboration with people in the community, local authorities, and national level policy makers
- Cultural show, TFC, sports, songs in local language to reduce harmful traditional practices including early marriage, dowry, teen age pregnancy
- Strengthening standing committee of Union Parishad to monitor child marriage strictly
- Special attention to the most marginalized group for their alternative livelihood and shelter
- Youth engagement at local, regional and global level
- Involvement of IT and media to reduce child marriage and improve knowledge on AYSRHR



Way forward:

- Bangladesh government must take necessary step to empower youth and adolescents to make their own decisions and advocate for Sexual and Reproductive Health (AYSRHR).
- Implementation of national adolescent health strategy and national plan of action will specifically reduce harmful tradition practices including early child marriage, teenage pregnancy, taboos surrounding SRHR, early childbirth, and gender discrimination.
- The AYSRHR program should be pro-poor, people centred and rights-based, and combines an evidence based social model of demand creation with capacity building of key stakeholders.

Question?



Awareness Campaign on Menstrual Hygiene



Conclusion

“It is independent and democratic – it is our freedom. Before this we had no space or choice.” **Girls club member – Bangladesh**

Thank you!