



Bangladesh



Adolescent sexual and reproductive health

Currently, the Bangladeshi government is implementing the National Adolescent Health Strategy (NAHS) 2017 to 2030. This was preceded by the Adolescent Reproductive Health Strategy (ARHS) 2006-2016. The new strategy focuses not only on sexual and reproductive health (SRH) but also on a holistic approach for adolescents. For this reason, it is termed a “comprehensive strategy.”⁵⁵¹

The adolescent fertility rate in Bangladesh is 76 births per 1,000 women aged 15-19⁵⁵² – the highest rate in South Asia.⁵⁵³ According to the 2018 Bangladesh Demographic and Health Survey (BDHS), 28% of women and girls aged 15-19 have begun childbearing,⁵⁵⁴ while the unmet need for modern contraception for this age group is 31%.⁵⁵⁵ SRH clinical service delivery remains primarily limited to married women and girls, as the services are designed to provide antenatal check-ups, delivery, and family planning services. This limits clinical services for unmarried adolescents. Adolescent Friendly Health Corners (AFHC) aim to cater to these adolescents, but quality and access are limited due to capacity issues among staff, clinic timings falling within school hours, infrastructure that does not address privacy concerns, and significant stigma associated with unmarried adolescents seeking SRH services.^{556, 557}

Another problem is that the coverage of SRH service providers remains limited in areas such as urban slums – despite the fact that these areas have a higher density of adolescents living within them.⁵⁵⁸ Other marginalised groups – such as people with disabilities, rural youth, ethnic minorities, and people living with HIV – remain inaccessible due to inequality perpetuated by structural and social factors.

To address these gaps, in 2019 the government of Bangladesh drew up a guideline for adolescent friendly health services (AFHS). These aim to standardise the quality guidelines within AFHS, and clarify the roles and responsibilities of providers.⁵⁵⁹ In line with the guideline, the services provided by AFHS sites, both at public and private health facilities, should be improved through regular monitoring, coaching, and mentoring. The learning should be used to gradually scale up AFHS sites throughout the country.



Comprehensive sexuality education

A comprehensive sexuality education (CSE) curriculum was introduced in Bangladesh as life skills-based education (LSE) in 2013 (the latest revision was in 2022, and this will be gradually rolled out by 2025).⁵⁶⁰ The new curriculum aims to include CSE from primary level rather than from Class 6, as is currently the case. If this happens, children who drop out before middle school will still be able to access basic topics of CSE within the school settings.

However, the curriculum content is still far from being comprehensive, inclusive, or gender-friendly. It covers a range of issues – including puberty and menstruation – but its overall tone perpetuates gender stereotypes and stigma related to sexuality, and fails to address the SRH needs of adolescents and young people.⁵⁶¹

Obstacles to progress

Teaching CSE is not uniform or consistent. For example, the curricula being taught in madrassas (religious schools) are different from the curricula of Bangla and English medium public schools.⁵⁶²

Teacher training in Bangladesh does not include CSE, which makes teachers reluctant to teach it and encourages them to skip chapters. It also means they have little knowledge of using a rights based approach for CSE.⁵⁶³ As a result, many young people turn to the internet and pornography for information on sexual health, which in turn perpetuates myths and misinformation surrounding sexuality.

The Adolescent Reproductive Health Strategy of 2006 recommended the inclusion of CSE in the school curriculum, with special services for out-of-school and married adolescent girls.⁵⁶⁴ Some civil society organisations (CSOs) have developed supplementary

materials to address young people's knowledge gap on SRHR. But in 2017, the government directed that, before any extra curriculum materials could be used in schools, they must have prior government approval. This effectively excluded the supplementary materials. Moreover, the textbooks which do contain SRHR content are not addressed in a regular exam/evaluation process. Consequently, these particular chapters are not regarded as important by teachers or even by students. We have witnessed that the inclusion of transgender concepts in the curriculum has faced strong opposition from many Islamic fundamentalists. Unfortunately, amid controversy, the government directed the National Curriculum and Textbook Board (NCTB) authorities to withdraw two textbooks of grades 6 and 7 content. Nonetheless, the changes are still in process to get a final version published. Officials from the National Curriculum and Textbook Board (NCTB) were assured they could carry out a further review if they found the information provided scientifically wrong. They have even considered further updating the new curriculum by eliminating 'contentious' parts.

During the COVID-19 pandemic, attempts were made to impart a gender transformative approach by broadcasting gender-transformative life skills sessions through national television, and through the distribution of cartoon series to schools. But rather than highlighting sexuality, the approach focused on life skills-based education (LSE) which can be considered as a less sensitive term.⁵⁶⁵

During the COVID-19 pandemic, attempts were made to undertake a gender transformative approach to SRH education by broadcasting gender-transformative life skills sessions through national television, and the distribution of cartoon series to schools. Rather than explicitly highlighting sexuality (a culturally sensitive topic), the approach was through life skills-based education (LSE),⁵⁶⁶ a framing that is considered less sensitive or contentious (thereby helping to mitigate opposition or backlash).



LGBTI+

There is no legal or social recognition of the rights of LGBTI+ people in Bangladesh.⁵⁶⁷ The constitution guarantees the right to freedom from discrimination and equal access to services for every citizen, but LGBTI+ people continue to face stigma, hatred, discrimination, and threats.

Section 377 of the Penal Code criminalises same-sex relationships.⁵⁶⁸ And, under the Societies Registration Act (1860) Section 20, only specific types of civil society organisations may be registered. LGBTI activists have reported that registration of their groups has been rejected on the basis of the criminalisation of same-sex sexual activity, and/or that in trying to register they have faced threats to their safety from state officials and citizens.⁵⁶⁹ This discourages activism and advocacy around the issue.

There has been some progress for Bangladesh's hijra community (although hijra is a term generally understood as "intersex" in Bangladeshi communities, and hence does not recognise other non-binary individuals beyond the hijra community). In 2014, the Ministry of Social Welfare recognised the hijra community as a hijra sex or "third gender".⁵⁷⁰ Then, in 2018, there was remarkable progress when the government created an option for "third gender" on voter lists and passports. And, in 2019, several hijras competed for spots on the ruling party's candidate list for women's reserved seats. No hijra candidates received a seat but their candidacies were generally accepted.⁵⁷¹

Deep roots of discrimination

This should have been the start of a new chapter for LGBTI+ rights in Bangladesh. But discrimination against LGBTI+ people remains deep-rooted. A 2021 study showed that LGBTI+ people face discrimination, physical violence, and verbal harassment. It demonstrated that they are coerced into marriage and sexual harassment by their family and society, face ignorance and humiliation from the media, find it difficult to get jobs, and suffer from serious mental health challenges including depression and suicidal tendencies.⁵⁷² A 2018 UPR review resulted in 10 recommendations for the government of Bangladesh. These included abolishing Section 377 of the Criminal Code and thus decriminalising consensual sexual acts between same-sex couples, and protecting the rights of LGBTI people. However, the government has only "noted" these recommendations.⁵⁷³

Pandemic effect on LGBTI+ rights

The COVID-19 pandemic heightened the need for a comprehensive law that protects the lives of LGBTI+ people. Many LGBTI+ people lost their jobs, and could not access assistance and relief due to stigma. They also faced a lack of medical support when ward divisions were binary (using only two genders), and had their right to healthcare violated when they were unable to produce the right identification papers.⁵⁷⁴ A Transgender Protection Act is being formulated by the Social Welfare Services.⁵⁷⁵ It aims to facilitate the access of transgender people to human rights and basic needs, and hence must be fast-tracked immediately.



Recommendations

Adolescent sexual and reproductive health (ASRH)

- In line with the vision of Bangladesh's National Adolescent Health Strategy (NAHS) 2017-2030, provide the highest standard of health to all adolescents irrespective of their gender, age, class, caste, ethnicity, religion, disability, civil status, sexual orientation, location, or HIV status
- Improve the quality of services provided by public and private sites, to provide accreditation as adolescent friendly health services (AFHS), as per the government's 2019 guideline. Also, regularly monitor sites that provide services, and continue to expand accreditation across the country.
- Improve the quality of adolescent friendly healthcare through peer educators, expansion of clinic timings to cater for school students, and value clarification to the providers.

Comprehensive sexuality education (CSE)

- The National Curriculum and Textbook Board (NCTB) and Ministry of Education should continue to make sexuality education comprehensive in a real sense, by incorporating age appropriate, evidence-based, and non-judgmental information.
- The NCTB has introduced a new curriculum with commitments to revise/ review it if it is found to be unsuitable. This review should be done through a consultative process that engages women, girls, young people, parents, teachers, CSOs, and marginalised people to ensure that CSE covers SRHR issues comprehensively and provides progressive content.
- Curriculum content needs to be synchronised across different education systems – general education, Bangla medium schools, English medium schools, and religious schools, including madrassas.

- Roll out the curriculum and strategies for ways for CSE to reach out-of-school youth, young married girls, people of diverse sexual and gender identities, and disabled young people.
- Enhance the capacity of teachers – through revision training and mentorship – to deliver CSE using a life skills-based approach.

LGBTI+

- Fast-track the Transgender Protection Act, which comprehensively addresses the discrimination faced by the LGBTI+ community. Provide them with healthcare, education, and legal and social protection.
- Abolish Section 377 of the Criminal Code that criminalises same-sex relationships.
- Abolish Section 20 of the Societies Registration Act that criminalises organisations that work for LGBTI+ issues.
- Provide a clear, inclusive, and dignified definition in the law of what constitutes the 'third gender' or LGBTI+ population. Clarify the distinction between 'intersex', 'transgender', and other gender identities.
- Integrate LGBTI+ topics into school curricula, and sensitise family members and media through value clarification approaches.
- Develop the capacity of healthcare providers to deliver user-friendly services to LGBTI+ people, including clarifying values regarding their unique need for care in SRHR and HIV programmes.





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