



Share-Net
Bangladesh



Conference Narrative

Situation of SRHR and Education in Bangladesh

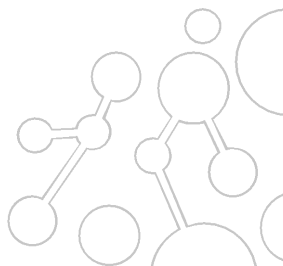
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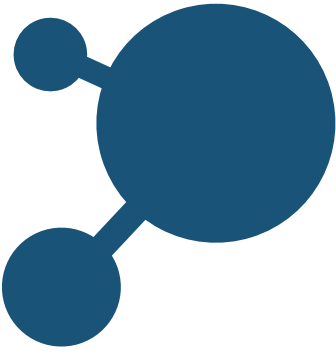


Government of Bangladesh Commitments on Adolescent SRHR

COMMITMENT 5: Operationalize its new National Adolescent Health Strategy (Family Planning Summit in London, UK on July 11, 2017)

- Special focus family planning needs
- Promoting rights of all adolescents
- Adolescents' access to widest range of family planning methods
- End child marriage
- Track adolescent health data.
- Anticipated impact
- Unmet need among married adolescents brought down from 17% to 15% by 2021



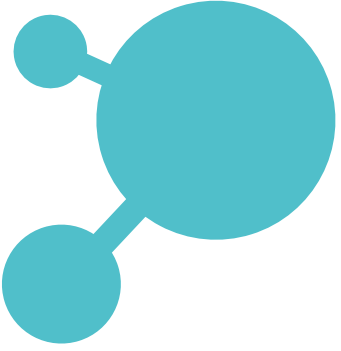


Adolescent Health in MCRAH OP; 4th HPN Sector Program, 2021-2022

Activities:

- Promotion of AFHS and health education
- Scale-up of AFHS at least 2 UH & FWCs in each upazila
- Satellite clinics by SACMO
- Linking referrals from schools to AFHS
- Awareness building

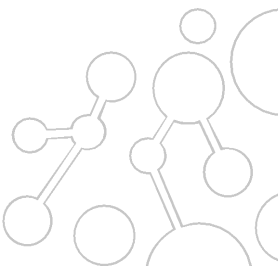


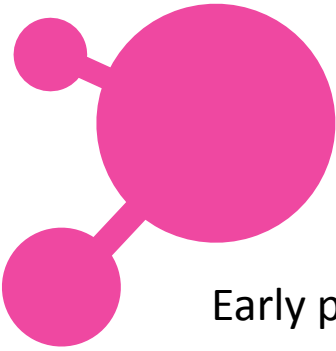


Adolescents in Bangladesh 20% of the total population

Situation

- 13% short stature (<145cm)
- 50% of adolescent brides in the world
- Partner violence: 42.8 % reported physical or sexual violence during their lifetime
- Non-partner violence: 27.8% of all girls and women have experienced violence in their lifetime (BBS 2015b)

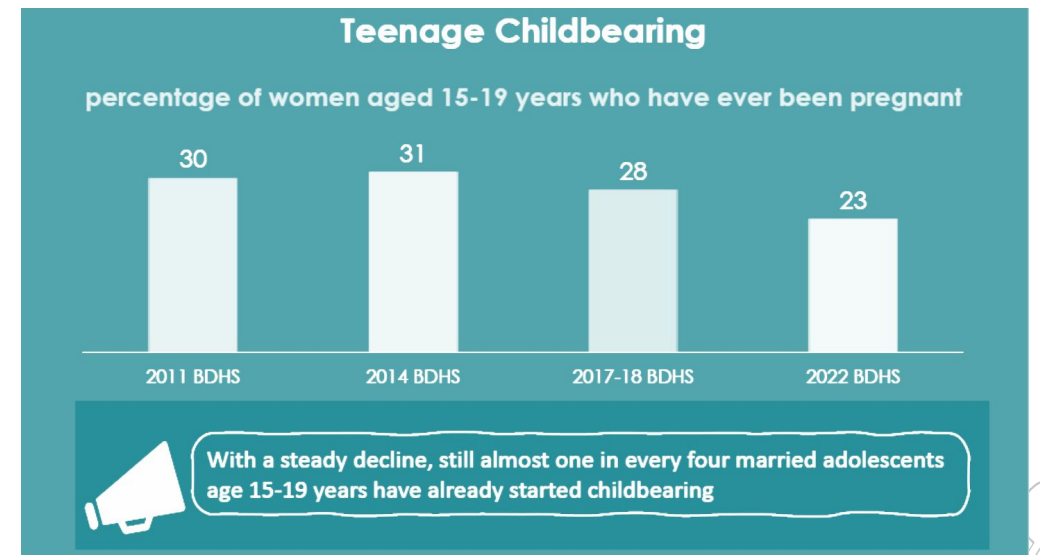
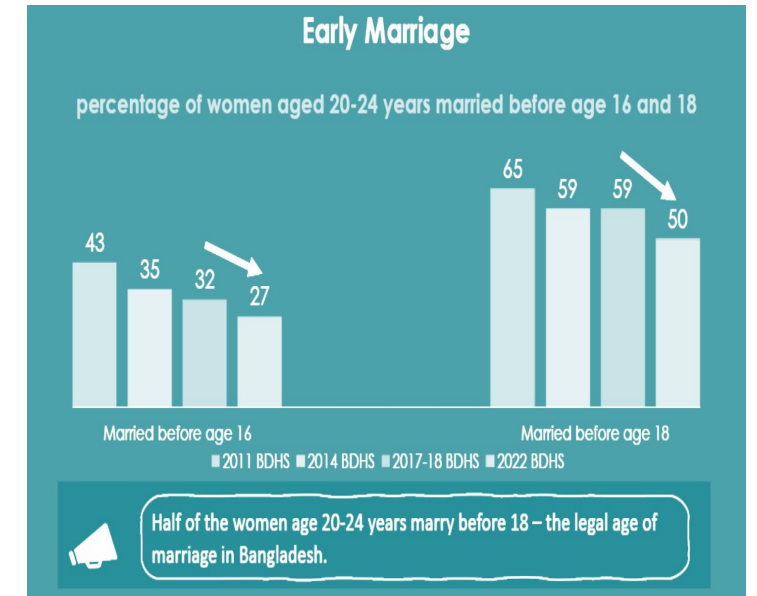


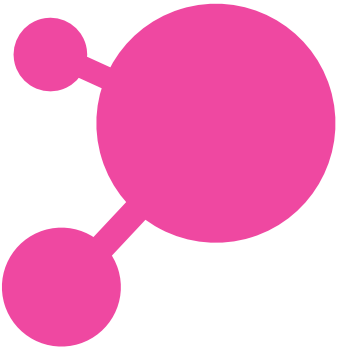


Child Marriage & Adolescent Pregnancy in Bangladesh

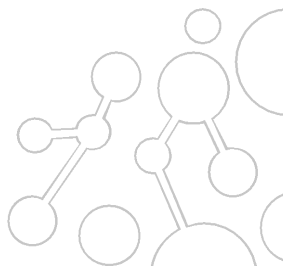
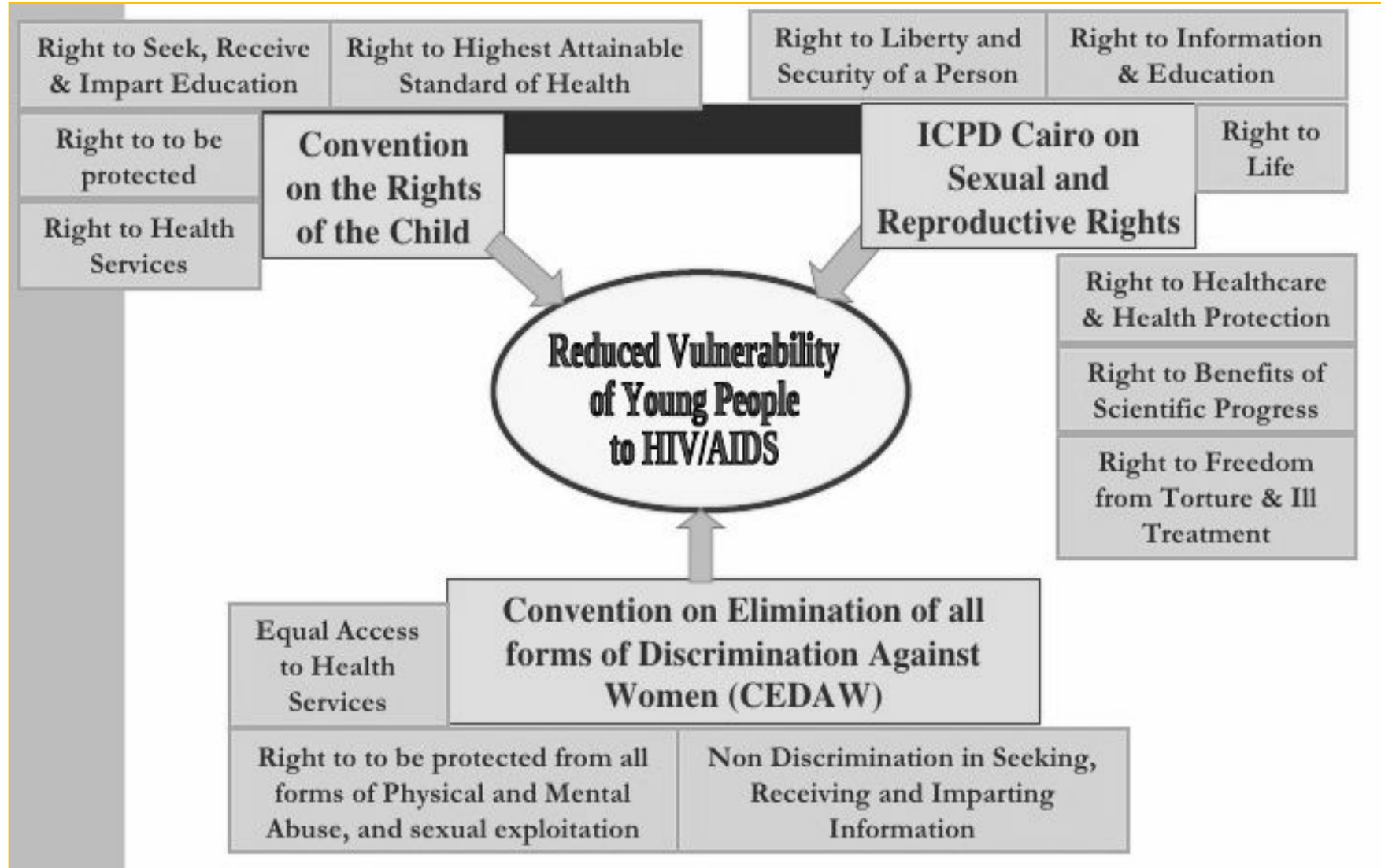
Early pregnancy is common in Bangladesh.

- 50% of women 20-24 are married before 18 (legal age at marriage)
- 27% (over 1 in 4) are married before age 16.
- 23% percent of women aged 15–19 have begun childbearing
- Unmet need for family planning much higher in 15-19 years (National 10%)
- Mothers under the age of 18 are twice as likely to die of complications
- Mothers under the age of 15 are five times more likely to die of complications

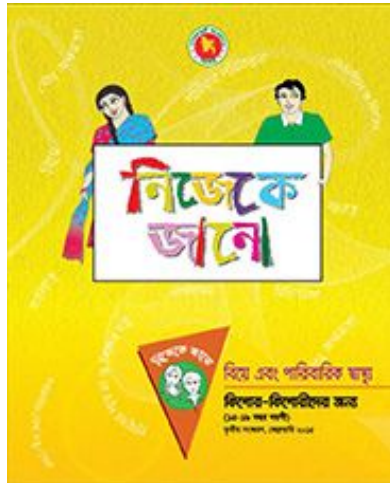
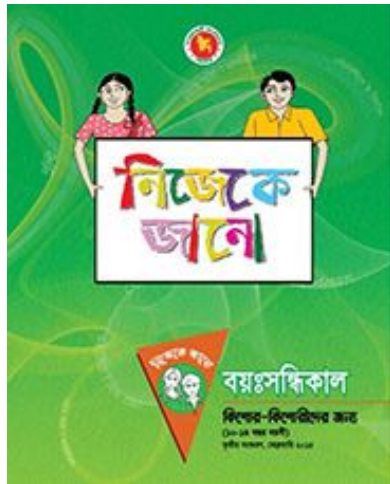




Adopting the Rights Based Approach

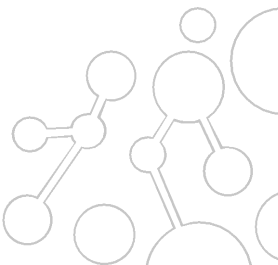


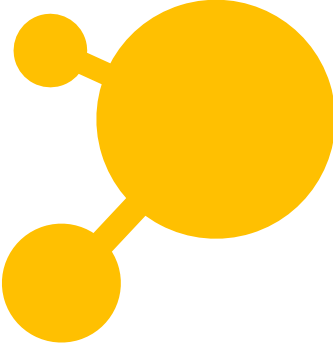
Gaps



EVIDENCE project of USAID in 2017, observed the following broad gaps

- SRH programs focused on adolescents
- Uneven distribution of ASRH programmes across Bangladesh
- SRHR for unmarried young people is still a neglected topic and face major barriers
- Stigma and taboo
- **School-based interventions face serious implementation challenges**
- **'Boyoshondhikal' by DGFP is not widely available to adolescents**
- Lack of coordination



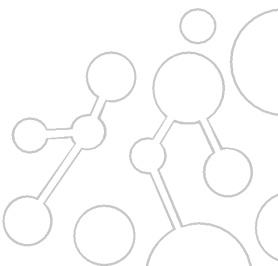


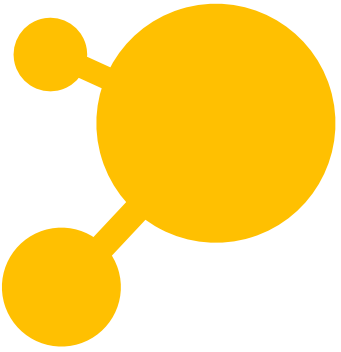
Adolescent and Youth-Friendly Services: what actions ahead?



ACTIONS to address SDG 3,4 and 5

- SRHR in secondary education program
- Gender learning in higher primary classes
- Need classroom-centered approach; Blended learning
- Teachers feel the need for SRHR and communicate
- Smoothen masculinity
- Change social construction: smoothen gender diversity
- Acknowledge the need for SRHR: self-enhancing, empowering



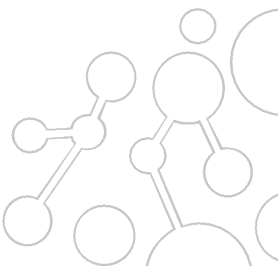


Objectives

Significance of SRHR and education in fostering informed decision-making, improving reproductive health outcomes, and enhancing overall well-being.

Methodology:

1. Literature Review
2. Data Collection of Qualitative & Quantitative Perspectives
 - a. Key Informant Interviews (KIs):
 - b. Focus Group Discussion (FGD):
3. Data Analysis
4. Synthesis and Narrative Review Writing



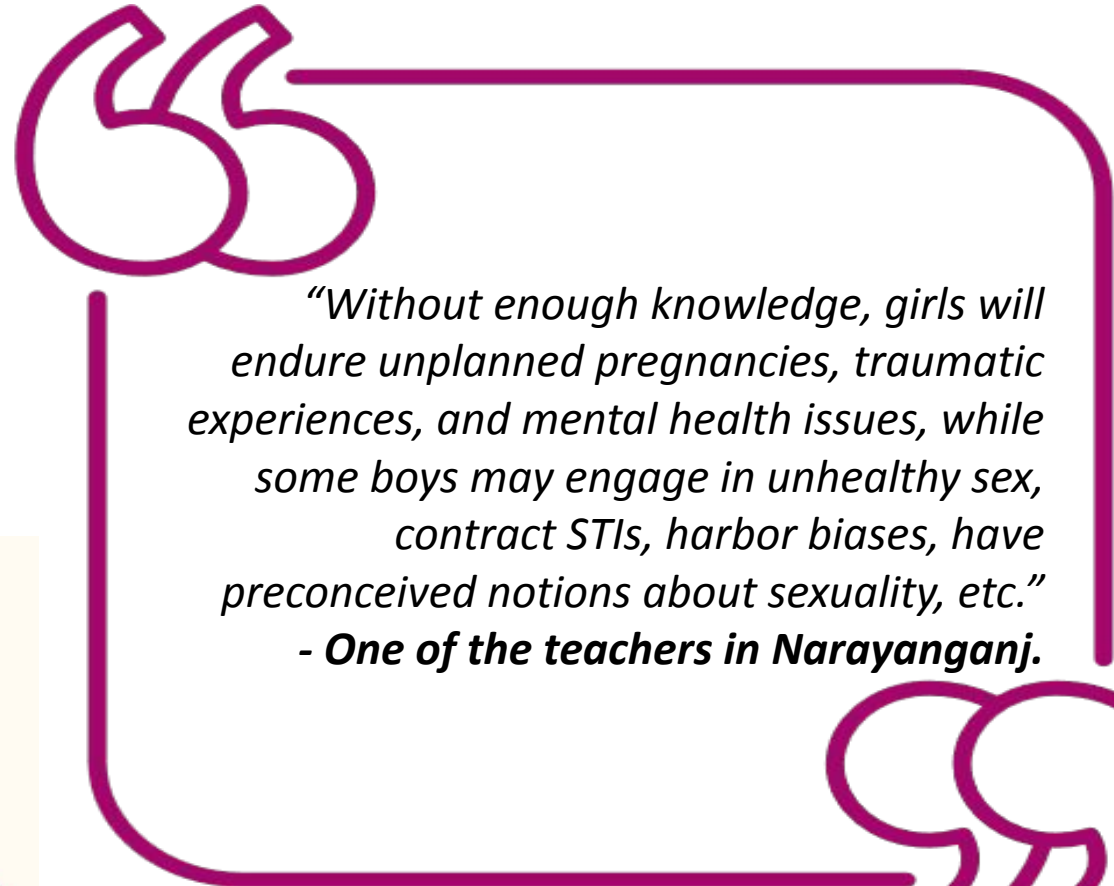
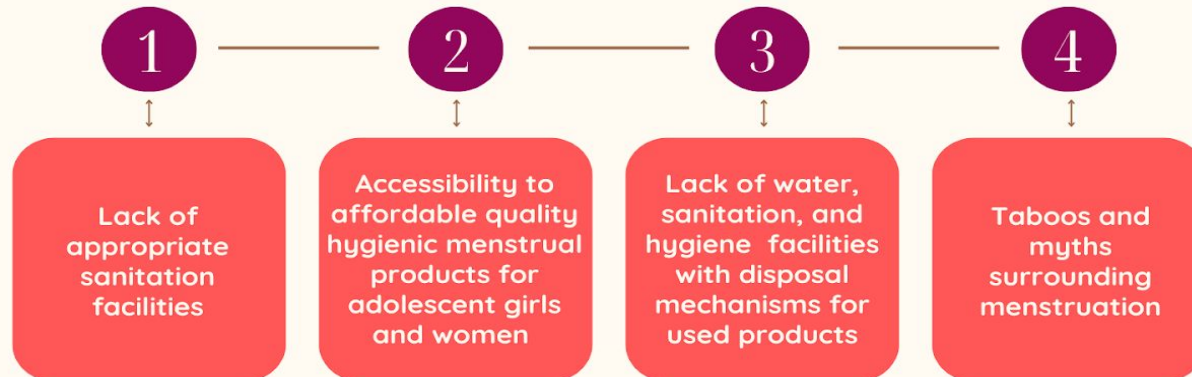


Key Findings

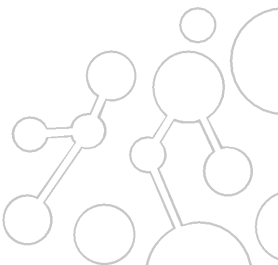

- 2 related to early pregnancy and marriage
- 2 related to social norms, attitudes, and policies
- 3 related to bodily autonomy, harassment, and emotional distress
- 2 related to gender-based violence



Factors affecting proper practice of MHM



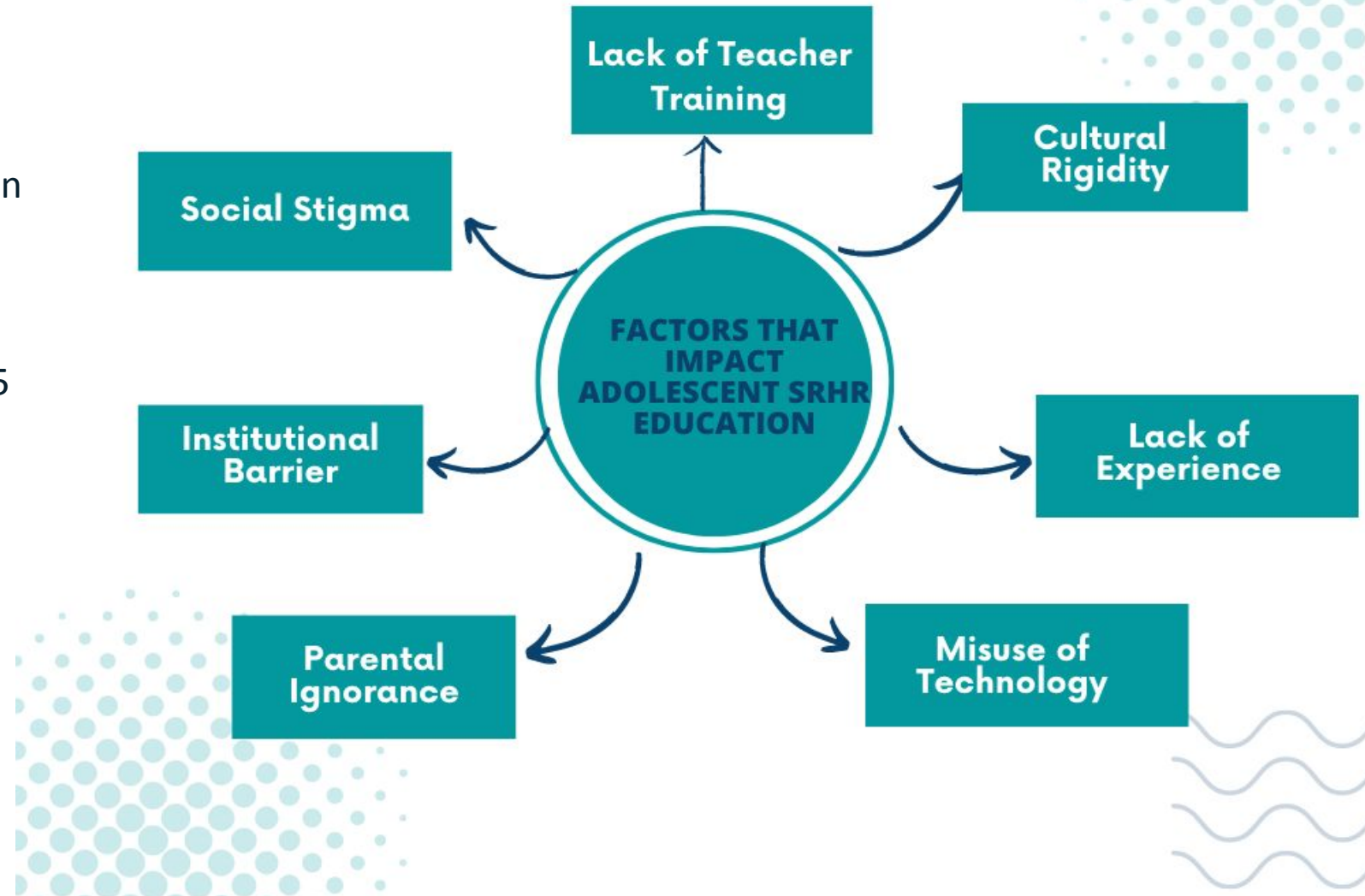
“Without enough knowledge, girls will endure unplanned pregnancies, traumatic experiences, and mental health issues, while some boys may engage in unhealthy sex, contract STIs, harbor biases, have preconceived notions about sexuality, etc.”
- One of the teachers in Narayanganj.

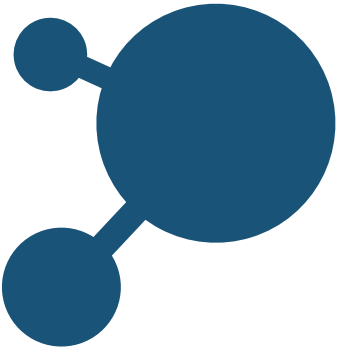




Key Findings: SRHR and Education

- New terms and existing situation of accessibility on SRHR and Education
- Usage of Social Media for SRHR information and knowledge (1.5 mil subscribers)
- Lack of awareness
- Absence of LGBTAIQ+ Rights



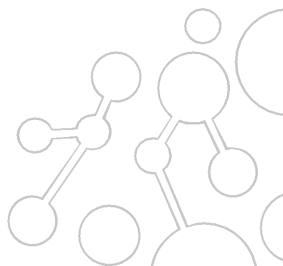
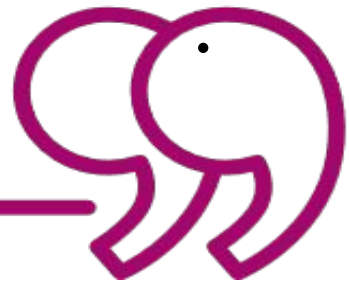


Recommendations

- Teachers training on SRHR
- Inclusion in B.ED programme
- SRHR and Education sensitive Monitoring framework
- ICT knowledge and online courses to better understand SRHR
- Sensitization programmes
- Inclusion in government initiatives (ex: 5th sectoral health plan)
- Creative and effective programmes for marginalized communities and proper advocacy
- Formal education to use SRHR services properly
- Further research on SRHR and Education



*“SRHR information is not connected in the process of the educational part and it is not standardized in the process where the beneficiary can have the demanding service information that he/she is asked for.
- **One of the SACMOs from Netrokona.***





THANK YOU

“SRHR and education is not for transgender or other diversified people as no one can access the health rights and education whenever and whatever they need. Transgender people have a right to the education, knowledge, and abilities they need to safeguard their health. Youth held in state custody are especially included in the health and education strategy, its specific demands and look forward to helping them in any way we can”

- One of the transgender persons

“Make a strategy for sustainability and ensure the necessary resources are available for scaling up or making a fundraising plan”

One of the senior school teachers.