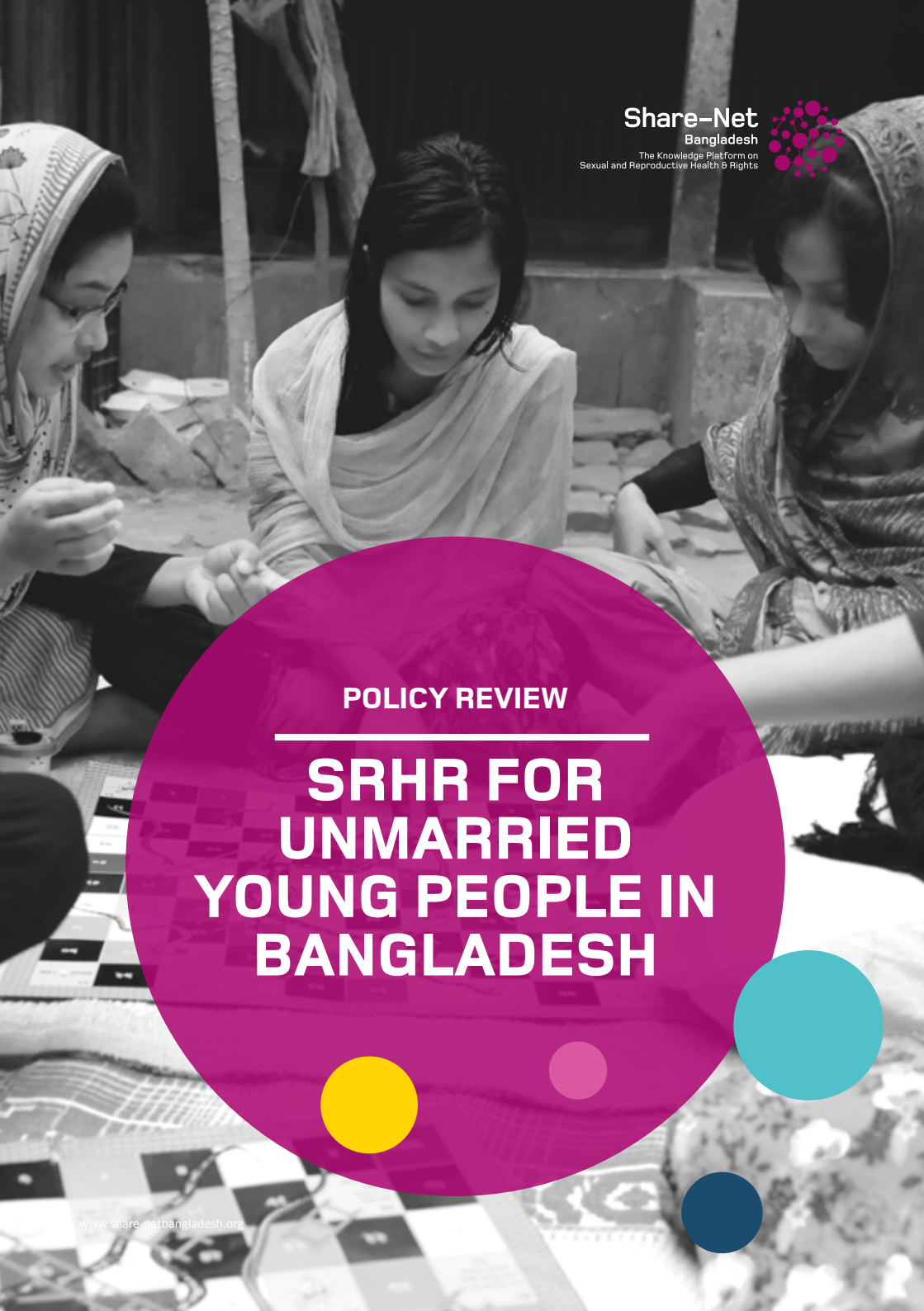

Share-Net
Bangladesh
The Knowledge Platform on
Sexual and Reproductive Health & Rights

POLICY REVIEW

SRHR FOR UNMARRIED YOUNG PEOPLE IN BANGLADESH

www.share-netbangladesh.org

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
BCC	Behaviour Change Communications
BNHBS	Bangladesh National Hygiene Baseline Survey
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CoP	Communities of Practice
CSE	Comprehensive Sexuality Education
ESP	Essential Services Package
FP	Family Planning
GoB	Government of Bangladesh
HIV	Human Immunodeficiency Virus
HPN	Health, Nutrition and Population
ICDDR, B	International Centre for Diarrhoeal Disease Research, Bangladesh
ICPD	International Conference on Population and Development
LGBTQI	Lesbian, Gay, Bi-sexual, Transgender, Queer, Intersex
MHM	Menstrual Hygiene Management
MR	Menstrual Regulation
MRM	Menstrual Regulation with Medication
PAC	Post Abortion Care
QLA	Qualitative Literature Analysis
NGO	Non-government Organisation
SBCC	Social and Behaviour Change Communications
SDG	Sustainable Development Goal
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
UHC	Universal Health Coverage
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

EXECUTIVE SUMMARY

Bangladesh has a growing population and young people constitute one third of the entire population. Therefore, it is crucial to ensure their well-being. The Government of Bangladesh and the development partners have introduced and implemented a wide range of policies and programmes to address the Sexual and Reproductive Health and Rights (SRHR) for the adolescents and young people over the last decade. However, there are still gaps in these policies and programmes. In this light, Share-Net Bangladesh reviews the current policies, strategies and plans to illustrate the limitations and scope of work. To highlight the current SRHR needs of the unmarried adolescents and young people, we have analysed the available literature using Qualitative Literature Analysis. In addition, we have interviewed experts and SRHR practitioners to validate and supplement the findings from literature review and to identify the gaps in the policies and programmes and how this can lead to negative outcomes for unmarried adolescents and young people. This was followed by discussion on policies, strategies and plans. Based on the findings, expert interviews and declaration from the Share-Net Bangladesh Young Knowledge Fair Leaders, we have outlined recommendations. The review unveiled that the unmarried adolescents and young people are often excluded from the policies and plans due to their marital status. Given that marriage is socially acceptable in the country, married adolescents and young people have more access to SRHR services. While the policies, strategies and plans emphasise on creating awareness on STI/STDs and HIV/AIDS among adolescents and young people, family planning services are exclusive for only married adolescents.

However, the Government has introduced adolescent friendly health corners in the country, aiming to ensure the adolescents have access to SRHR services and information. Our review also highlights recommendations and discusses that improving the knowledge among parents, teachers and service providers is as important as to improve the knowledge of adolescents and young people. Furthermore, it stresses to improve the SRHR services, and education and to strengthen the communications efforts to create public awareness. To ensure a concise plan of action and to achieve maximum impact, the review emphasises on strengthening collaborations among the Government and Non-Government Organisations.

ABOUT SHARE-NET BANGLADESH

Share-Net Bangladesh is the country hub of Share-Net International, a Knowledge Platform focusing on Sexual and Reproductive Health and Rights (SRHR).

Share-Net Bangladesh is the first of Share-Net International's country hubs, drawing on the years of experiences and interventions by practitioners, researchers, and policymakers in the field of sexual reproductive health, placing SRHR at the centre of human rights.

Share-Net Bangladesh aims to bring together the Communities of Practice (CoP) that consist of social and medical researchers, development practitioners, health workers, government officials and legal experts to engage with each other in finding solutions and take critical issues forward.

Priorities of Share-Net Bangladesh:

- Promote interaction between the national, international, sustainable and empowered community of practice and encourage them to share learning.
- To apply the knowledge to evidence-informed SRHR programs, policies and practices.
- Enable the members and the strategic partners to connect, discuss, share, translate and jointly operate this knowledge network on SRHR.
- Ensure the accessibility of the policymakers, practitioners and researchers to the knowledge platform and enable them to address the relevant knowledge gaps on SRHR scientifically, politically and practically.

Share-Net Bangladesh is hosted by RedOrange Media and Communications.

ACKNOWLEDGEMENT

We would like to thank the experts for giving their valuable input in this review. We would also like to thank the Young Knowledge Fair Leaders for bringing their demands to us and making this review possible. We are thankful to our development partners for their programmes addressing the SRHR needs of young people. We would like to thank the Government of Bangladesh for empowering young people through national policies, strategies and plans. Last, we would like to thank Richard Sanderson for proof-reading and copy-editing our study.

1. INTRODUCTION

The Sexual and Reproductive Health and Rights (SRHR) for young people and adolescent was endorsed by the Government of Bangladesh (GoB) in the International Conference on Population and Development (ICPD) in 1994 and in the Fourth International Conference on Women in 1995 (p. 352, Rob, Ghafur, Bhuiya and Talukder, 2006). While this is considered as a break-through for policy makers, health professionals and development practitioners to focus on SRHR for young people, and adolescents in Bangladesh, challenges still remain due to taboo and stigma associated with it (ibid). The GoB and Non-Government Organisations (NGOs) have been extending their efforts to address SRHR for young people and adolescents for years. However, the lack of well documented evaluations made it difficult to know what worked and what did not work (p. 1, Ainul, Bajracharya, and Reichenbach, 2016). Besides, most of these efforts are not addressing the SRHR for the unmarried young people (p. 3, Ainul, Bajracharya, and Reichenbach, 2016). As a result, a significant segment of the population are deprived from the SRHR services. While the current policies, strategies and plans have been extensively focusing on the well-being of the young population in the country, SRHR for unmarried young people is still a neglected topic. Besides, stigma and taboo associated with SRHR for unmarried adolescents and young people create barriers for them to access the services.

According to the survey done by BRAC Institute of Governance and Development, BRAC University, youth constitute the third of the entire population in Bangladesh, where 22% represents the age group of 15-19, 22% represents the age group of 20-24, 22% represents the age group of 25-29 and 21% represents

the age group of 30-35 (pp. 1-5, Matin, Bhattacharjee, Ahmed, Das and Jahan, 2018). While this percentage provides an overview of the different age groups and their percentage, there is no available data highlighting the number of unmarried young people in the country. Therefore, it poses a challenge for the development practitioners to further work on the SRHR for unmarried young people and adolescents.

Share-Net Bangladesh aims to offer a context-based analysis of current policies, strategies and plans to support the GoB and development practitioners in adapting policies and improving the best practices. The review highlights the limitations and scope of work to address SRHR for unmarried young people and adolescents in Bangladesh.

2. OBJECTIVE

The core objectives of the policy review are:

3. METHODS

In this review, we have used a multi-method research approach where we conducted Qualitative Literature Analysis (QLA) and expert interviews. We sought to conceptualise the needs of SRHR services for unmarried adolescents and young people in Bangladesh through analysing literature. We also analysed the relevant policies, strategies and plans. Based on the analyses, we highlight the gaps in the current policies, strategies and plans. This is followed by the recommendations which we have harvested from our study findings, expert interviews as well as from the knowledge fair declarations in 2018 and in 2019 by the Share-Net Bangladesh Young Knowledge Fair Leaders.

We have interviewed 6 experts from Bangladesh and 1 expert from India which offered an in-depth insight of the current conditions of unmarried young people and their access to SRHR services. To bring a wider range of perspective and experience in this study, we have interviewed donors, NGO practitioners, INGO practitioners, global movement activists as well as researchers. These interviews further allowed us to validate and supplement our research findings as well as allowed us to develop recommendations.

The search for the literature was conducted in August, 2020. We set the date limit of 2000, as most of the policies, strategies and plans were developed after 2010. Besides, this allowed us to highlight the data which are more relevant for today.

These policies and interviews were coded in NVivo 12 following the open coding. This allowed us to investigate, compare, conceptualise, and categorise data (p. 22, Kuckartz, 2014).

The search items are generated to encapsulate the four main concepts of our review:

1. Unmarried young people in urban setting;
2. Unmarried young people in rural setting;
3. Unwanted pregnancy among unmarried young people; and
4. SRHR services and information for unmarried young people.

Following figure shows the search items and how these were combined:

(SRHR) AND (UNMARRIED YOUNG PEOPLE, ADOLESCENT) AND (BANGLADESH)

(SRHR) AND (UNMARRIED YOUNG PEOPLE, ADOLESCENT) AND (RURAL BANGLADESH)

(SRHR) AND (UNMARRIED YOUNG PEOPLE, ADOLESCENT) AND (URBAN BANGLADESH)

(SRHR) AND (UNWANTED PREGNANCY) AND (UNMARRIED YOUNG PEOPLE, ADOLESCENT) AND (BANGLADESH)

(SRHR, INFORMATION, SERVICES) AND (UNWANTED PREGNANCY) AND (BANGLADESH)

Figure 1: Search items

3.1 INCLUSION CRITERIA

For this review, we have reviewed published journals which are available in the public domain, written or translated in English, and original research including mixed method research, literature review, and policy analysis. We did not include studies that focus only on early married girls.

To discuss the limitations and scope of work, we have reviewed National Youth Policy 2017, National Health Policy 2011, Population Policy 2012, National Women Development Policy 2011, National Children Policy 2011, National Education Policy 2010, and Persons with Disability Rights Protection Act 2013.

In addition, we also have reviewed the National Strategy for Adolescent Health 2017-2030.

Two operational plans by Directorate General of Health Services on Maternal Neonatal Child and Adolescent Health and, Lifestyle and Health Education and Promotion were also reviewed. To capture the scope of work, we also have reviewed the 7th Five Year Plan.

3.2 DATA EXTRACTION AND QUALITY ASSESSMENT

In our initial screening, we only checked the title and abstracts. We only assessed English journals to minimise the potential bias. We further scrutinised papers that were not rejected/ accepted in the initial screening. After finalising the list of papers, full papers were obtained for the review. In order to ensure credibility of the listed papers, we examined whether these papers show the same data set in different papers. Data extracted from the papers included the results and/or discussions on SRHR for unmarried young people. Policies and strategies that did not discuss health were excluded from this study.

4. FINDINGS

4.1 REVIEW– THE SRHR NEEDS OF UNMARRIED YOUNG PEOPLE AND ADOLESCENTS

While adolescents in Bangladesh enter their reproductive years with poor information (p. 4, Ainul et. al, 2017), unmarried young people are often left with limited access to the SRHR services as their needs are often more complex than married young people (p. 60, Braeken and Rondinelli, 2012). Both GoB and NGOs have taken a wide range of initiatives to address these issues, and the most common approach is creating awareness among young people as well as the community (pp. 2-4, Ainul et. al, 2017). However, there are very limited evaluation reports highlighting the impact of this approach (ibid). In this review, we analyse the available evidence on SRHR for unmarried young people and adolescents to capture barriers accessing SRHR services and the needs to address the issue.

The United Nation (UN) secretariat uses the definition of young people interchangeable to mean age 15-24. The World Health Organisation (WHO), the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA) define young people aged between 15-24 and adolescents aged between 10-19. The GoB has defined youth aged between 18-35 (National Youth Policy, 2017, p. 6) and adolescents aged between 10-19 (National Strategy for Adolescent Health, 2016, p. 1).

Due to social acceptability of marriage, the early married girls/ couples have some access to SRH services, such as family planning, and maternal health (pp.2-4, Ainul et. al, 2017). However, barriers to access SRHR services for unmarried adolescents and young people are multifaceted. First, the service providers, teachers and parents often do not provide complete and age-specific information to unmarried adolescents and young people (pp. 2-4, Ainul et. al, 2017, p. 2, Kabir, Saha, and Gazi, 2015). They also feel uncomfortable to share their sexual and reproductive health concerns with their parents, teachers and service providers (p. 2, Kabir, Saha, and Gazi, 2015).

The cultural practice, stigma and taboo associated with the SRHR for unmarried adolescents and young people make it extremely difficult for them to access the services and information (pp. 4-5, Ainul et. al, 2017, p. 36, Geibel et al. 2017, p. 2, Kabir, Saha, Gazi, 2015). Studies discussed that stigma associated with sex outside marriage, lack of confidentiality and fear of discrimination, disrespect and judgement dictate unmarried adolescents' and young people's SRH service seeking behaviour (p. 36, Geibel et al., 2017, p. 61, Braeken and Rondinelli, 2012). This further discriminates the subgroups of unmarried adolescents and young people such as LGBTQI community, young people with disabilities and sex workers who are already in the disadvantaged position in the current social and cultural settings (p. 36, Geibel et al. 2017). While taboo, stigma and cultural practice hinder unmarried adolescents' and young people's access to the services, policies and programmes also limit the access to the services and information for unmarried adolescents and young people (pp. 2-4, Ainul et. al, 2017, p. 74, van Reeuwijk, and Nahar, 2013).

Addressing the need for SRHR information and services for them is crucial to respond to their needs and realities as well

as to ensure their sexual development and well-being. (p. 4, Ainul et. al, 2017, p. 69, van Reeuwijk, and Nahar, 2013). This also has implications on the country's public health concerns such as prevention of unwanted pregnancy, unsafe abortion, increased maternal mortality and morbidity, and increased sexually transmitted diseases or infections (p. 69, van Reeuwijk, and Nahar, 2013).

This is important to mention that the Government as well as development partners are working to ensure adolescent-friendly health services in the country. The Ministry of Health and Family Welfare (MoHFW) has introduced adolescent-friendly health corners, however, it is crucial to ensure gender-sensitive as well nondiscriminatory services for this group (p. 60, Braeken and Rondinelli, 2012). Besides, access to Comprehensive Sexuality Education (CSE) should be the centre of youth-friendly health services as young people need to realise their SRH and their rights (p. 60, Braeken and Rondinelli, 2012, p. 20, Haberland and Rogow, 2015).

The key issue which has emerged from this review is that there is a growing need for addressing the SRHR needs for unmarried adolescents and young people. Unmarried adolescents and young people face barriers to the SRHR services and information which not only make them vulnerable to STI/STD, or unwanted pregnancy or unsafe abortion but also it has a negative impact on their overall health outcomes.

4.2 EXPERT INTERVIEWS

SRHR for young people and adolescents have been one of the focuses of development partners in Bangladesh. The major efforts to address SRHR for young people and adolescents are menstrual health and hygiene management, eradicating child marriage, providing information on contraceptives, STD/STIs and many more. Therefore, we have interviewed experts to

highlight the need of SRHR among unmarried young people and adolescents, ongoing research and programmes and the gaps.

4.2.1 THE NEED OF SRHR AMONG UNMARRIED YOUNG PEOPLE AND ADOLESCENTS

There is a common consensus among the experts about the underscored needs of SRHR among unmarried young people and adolescents. Emphasising on addressing the sexual and gender based violence, the experts mentioned that young unmarried girls are more vulnerable to rape, forced/untended pregnancy and forced and early marriage. One of the experts whom we interviewd says:, ***"Even if she is not married, she is victim of violence, she is victim of sexual abuse, she is victim of rape, if she is in relationship she may have a sexual encounter"***. Furthermore, they highlighted that unintended pregnancy is common among unmarried young girls, and it has negative consequences among them. First, this pregnancy is linked with family honour. One expert shared an example of girl who committed suicide as she got pregnant and her family threatened to kill her. She had no other choice but committing suicide to protect the family honour. Second, the cultural and religious practice forbid unmarried young people to have sex outside marriage. Hence, getting pregnant outside marriage forces girls to seek unsafe abortion. This also often leads to forced marriage. Experts also shared the examples of girls being forced to marry their rapists as they got pregnant; further adding that this is a gross violation of their rights. Last, the stigma and taboo associated with sex outside marriage makes it difficult for the girls to seek health care services such as accessing emergency pills from the pharmacy or accessing the Menstrual Regulation (MR) or Mestrual Regulations with Medications (MRM) services from the clinics.

Addressing the need of unmarried young men, these experts also suggested that they need information and services on SRHR. The lack of knowledge, awareness and services among these group make them vulnerable to unsafe sex. Besides, wrong information on sex often leads to inappropriate sexual behaviour and expectations, unsafe abortion, STI/STD and so on.

Therefore, there is a growing need for SRHR for unmarried adolescents and young people to ensure that they can practice SRHR.

4.2.2 ACCESSIBILITY, AVAILABILITY AND AFFORDABILITY

While discussing accessibility, the experts highlighted that unmarried adolescents and young people have very limited access to the services because of stigma and taboo associated with the services. The major concern which they highlighted is that the services are geared towards married adolescents and young people. For example, family planning services are only for married adolescents or young people. This hinders unmarried young people to seek the family planning services including information on the services. Besides, service providers' attitude towards unmarried young people creates barriers to access the services.

> *Having sex without marriage is usually regarded as a crime and taboo.*
> *- Dr. Suchitra Dalvie*

Lack of confidentiality and privacy create barriers to access the services. One of the experts highlighted that young boys feel uncomfortable buying condoms from pharmacies as the chemists might leak the information. Young girls also do not feel comfortable buying pills or other contraceptives

because of a lack of privacy and judgement from the chemist. Highlighting the barriers, the experts also assessed that these are some of the main reasons for increased unsafe abortion among unmarried young girls.

While the services are not accessible because of stigma and taboos, lack of available centres in some areas makes it difficult for unmarried young people to access the services. Especially for unmarried young girls, and as they have restricted mobility. Some of the service centres such as Union Health and Family Welfare Centres are not available in hard to reach areas. Furthermore, these service centres are designated only for mother and child health, not adolescent health.

> *At the clinic level, there is a major problem. If unmarried girls come, they will misbehave with them. They don't welcome them.*
> *- Dr. Halima Hanum Akhter*

Another major issue that was raised during these interviews is affordability. As adolescents and young people have little to no earnings, service fees create additional barriers to avail and access these services.

The issue of accessibility, availability, and affordability are key issues which emerged from our interviews. Hence, it is important to analyse whether or not these issues are addressed in the national policies, strategies and plans.

4.2.3 KNOWLEDGE GAP

There is a growing effort to address the aforementioned issues, and the GoB has already expanded its health care services and included Adolescent Friendly Health corners. This is a major milestone to address SRHR for unmarried

adolescents and young people; acknowledged by the key informers. However, they also mentioned that there is a knowledge gap among unmarried adolescents and young people on SRHR services. There is misconception about the services and these groups often think that SRHR services are only for married couples. Adding to this point, experts mentioned that unmarried girls have very limited information on family planning, MR and MRM services. Besides, there is also a knowledge gap among service providers. These service providers often do not know that MR services can be availed by both married and unmarried girls and women.

> *There is a critical gap in SRHR information and services for unmarried adolescents, especially girls on using family planning contraceptives, MR, and MRM services in Bangladesh.*
> *- Khaleda Yasmin*

Continuing with this discussion, experts added that parents also have knowledge gaps on SRHR. Stigma associated with the subject makes it difficult for adolescents and young people to discuss this with their parents. While mothers have limited discussion with their daughters on menstruation, boys are left excluded and have limited scope to share their concerns related to puberty, changes in the body and other SRHR issues with their parents.

4.2.4 CURRENT POLICIES, PROGRAMMES AND RESEARCH

When asked how current policies and programmes are addressing the need of SRHR for unmarried adolescents and young people, experts highlighted that the GoB has already expanded its programme to address the issue. However, they have raised concerns that these programmes are not

addressing the contraceptive or MR needs of unmarried young people. Besides, LGBTQI adolescents and young people are not included in any of the policies, strategies and programmes. This segment of the population is deprived from availing the SRHR services. There is limited research on this population and on their SRHR needs.

Nonetheless, adolescent friendly health services, comprehensive sexuality education, HIV/AIDS, and menstrual hygiene management are being widely addressed through government programmes as well as through development partners' programmes.

As these programmes are contributing to increased SRHR services as well as increased demand from the unmarried adolescents and young people, development partners often do not share the project reports nor evaluation reports. There is also a lack of collaboration among them. The experts highlighted that it is important that development partners share their reports with others so everyone can learn what worked and what did not. It will also help to develop the future programmes from the experience.

> *But these activities have often been fragmented and are not well documented or evaluated, making it difficult to know what actually worked well, what was the result and what did not work well.*
> *- Khaleda Yasmin*

While most of the programmes are geared towards adolescents in rural areas and in informal settlements, unmarried adolescents in English medium schools often are excluded from the school interventions. Therefore, this segment of the population is relying on the internet, and peers

mostly to get information on contraceptive methods, safe sex and menstrual hygiene. There is no intervention that focuses on this group of the population.

> *You cannot progress in women's right if you don't bring in the men, change their mindset and make them understand why it is needed that they attend to the women rights*
> *- Mushfiqua Zaman Satiar*

There is also limited focus on young men. Experts discussed that the efforts to address gender based violence and sexual harassment need to include boys and young men. Furthermore, they added that including boys and young men is important to address the aforementioned issues.

4.2.5 THE CONSEQUENCES OF LACK OF SRHR FOR UNMARRIED ADOLESCENTS AND YOUNG PEOPLE

We have delved into the consequences of lack of SRHR for unmarried adolescents and young people. Experts highlighted that lack of SRHR for unmarried adolescents and young people is one of the driving force of increased child marriage, unsafe abortion and suicide.

There is a lack of knowledge among parents about SRHR; especially in rural areas. Many girls are married off by their parents when they start menstruating. They believe that menstruating girls are vulnerable to sexual activity as well as sexual violence. Hence, marrying them off is one of the ways to minimise the burden of security. Besides, sexual activity outside marriage is connected to family honour. Therefore, unmarried girls are seen as liability to secure their family honours. Acknowledging the growing incidents of rape cases

in the country, experts pointed out that some survivors are married off to their rapists. They indicated that this is a gross violation of these girls' basic rights.

Lack of knowledge among unmarried adolescents and young people is also one of the causes of increased child marriage and unsafe abortion. Young girls who get pregnant outside marriage often marry their partners. In addition, unmarried girls often seek for unsafe abortion as they have little to no knowledge on MR or MRM. Girls also have very limited knowledge on emergency contraceptive pills, further posing them to the risk of pregnancy related complications.

> *But in many cases, parents are not friendly. Even university girls are unaware of their stoppage of menstruation (due to pregnancy) and then she goes to pharmacy. After taking medicine, she thinks problems are solved but in many cases things (foetal remains) remain inside which creates infection in future.*
> *- Dr. Elvina Mustary*

Experts also discussed that service providers often create barriers for the girls to access the MR services. From their experience, they have seen that girls often tend to seek unsafe services because some service providers deny to provide the MR service to unmarried girls. Highlighting the stigma associated with unintended pregnancy, experts further expressed their concerns in increased suicide rates among unmarried girls.

While discussing the prevalence of gender based violence, experts highlighted that a lack of SRHR education and information for young men and boys often contributed to the

increased rate. Besides, the LGBTQI adolescents and young people are vulnerable to violence.

4.3 POLICY LANDSCAPE

4.3.1 NATIONAL YOUTH POLICY 2017

With the vision ***"Moral, humane and forward-looking youth capable of boosting prosperity and glory of Bangladesh",*** the National Youth Policy 2017 aims to enable youth to play an active role in achieving SDGs and national vision 2041[1] . The policy defines youth citizens aged between 18 and 35.

The policy prioritises health and education for youth development. It highlights to ensure equal and affordable health care services for youth. Increasing awareness among youth on SRHR, the policy explicitly focuses on STDs, and HIV/AIDS. It also discusses creating awareness among pregnant youth.

The policy focuses more on creating awareness, however, knowledge, attitude and practice are not considered in the policy or how it can be addressed through programmes. Furthermore, the policy discusses unsafe sex, but does not talk about unintendent pregancy and unsafe abortion. Besides, ensuring a health care service provision which is equal and affordable for all requires youth friendly and stigma free services, which is missing in the policy.

4.3.2 NATIONAL HEALTH POLICY 2011

The National Health Policy (NHP) is a guideline for governments to make 'decisions, plans, and actions that are undertaken to achieve specific health-care goals within

1 *As noted, two principal visions underpin the PP2041:(a) Bangladesh will be a developed country by 2041, with per capita income of over USD 12,500 in today's prices, and fully in tune with the digital world; (b) Poverty will become a thing of the past in Sonar Bangla.*

society.`[https://www.who.int/topics/health_policy/en/. Last accessed 29 November, 2020]. The first ever NHP of the country, published in 2011, underlines that equal access to health care is a fundamental right for all. It also mentions that the health policy will focus on gender equality and access for marginalised groups and people with disability. The nineteen main goals of the NHP describe the priority areas of the government for ensuring a proper health care for all. Some of the objectives highlight specific population groups like marginalised people in urban and rural areas (goal 2), mother and child (goal 7) and people with low income (goal 8). Also, the 16 key principles in the document describe how the government will work to provide health services focusing on the above mentioned priority areas and priority groups of the national health policy. However, these chapters do not mention youth (married or unmarried) as a specific group. Also, even though a lot of emphasis is given to areas related to family planning, sexual and reproductive health is not motioned as one of the priority areas as such. The policy document describes in details the challenges for ensuring a better healthcare for all, both from the demand and supply ends. Those challenges include issues related to reproductive health such as antenatal and postnatal care, childmorbidity and a lack of maternal health care facilities, but it does not mention the challenges and needs related to sexual and reproductive health and rights of (unmarried) young people. Also, the 39 points under 'strategy' do not include any action to address the SRHR needs of the (unmarried) young population of the country.

4.3.3 BANGLADESH POPULATION POLICY 2012

Bangladesh Population Policy 2012 is the integration of social reformation and national development with an extensive focus

on reducing family size, and ensuring sound maternal and child health, family welfare and higher standard of living. The policy envisages to ***"Develop a healthier, happier and wealthier Bangladesh through planned development and control of the nation's population."*** While the policy aims to ensure the availability of family planning to the 'eligible couples' by providing access to reproductive health services, it does not clarify the definition of 'eligible couples'. It also mentions to ensure the unmet family planning and health needs of the 'couples' without clearly defining if this includes unmarried couples. This further creates a barrier for unmarried young people to seek reproductive health services.

However, the policy has an extensive focus on creating awareness among the adolescents and young people on reproductive health and family planning methods. It has introduced Adolescent Welfare Programme where it acknowledges the problem of child marriage in Bangladesh and the importance of providing information on the advantage of late marriage and adequate birth intervals. While these are some important strategies for addressing SRHR for married young people, the strategies for unmarried young people and their SRHR services are limited to the information.

4.3.4 NATIONAL WOMEN DEVELOPMENT POLICY 2011

Within the broader focus of women empowerment, the National Women Development Policy 2011 includes health, family planning and education for women. The policy also emphasises on ensuring security of women, eliminating discriminations and all forms of abuse and violence. It also mentions to ensure equal rights in all levels of health care services. This is indeed important while discussing SRHR services for unmarried young people, as they often face barriers to access the services.

The policy not only mentions ensuring equal rights for health care services, it also indicates ensuring and extending legal support for girls and women. This includes training the judiciary and police department to ensure that the services are gender sensitive. This is crucial as SRHR services are not limited to health care services only.

The policy highlights to strengthen the primary health care for women and this includes their rights in making decisions on family planning and pregnancy. While it is imperative to take account for, the policy does not discuss that this right should be available for women and girls beyond their marital status. The entrenched stigma associated with pregnancy outside wedlock and barriers accessing the MR services for unmarried young girls lead to unsafe abortion. Hence, it is crucial to address health care and judiciary services for all women beyond their marital status.

4.3.5 NATIONAL CHILDREN POLICY 2011

National Children Policy 2011 aims to ensure the rights of the children and adolescent irrespective of their age, sex, religion and socio-economic status. These rights are- rights to education, health, nutrition, safety and other rights. The policy stresses on extending facilities to the female child, child with disabilities and with special needs.

The policy discusses to include reproductive health, STDs and HIV/AIDS in its child health strategy as preventive measures. In addition, it mentions incorporating information on reproductive and mental health in the school curricula. Furthermore, the policy highlights “Necessary steps shall be taken to impart adolescents in surrounding environment education on reproductive health and other necessary education taking into consideration of the physiological and emotional issues of the adolescents.” However, it does not explain the “necessary steps”.

With the special attention to the adolescents, the policy discusses to protect the right of this group from violence, marriage, trafficking and forced commercial sex. This special attention is needed as the unmarried adolescents (including young people) are vulnerable to aforementioned abuses. Besides, the policy has an extensive focus on female children

Children: shall include all individuals under 18.

Adolescents: 14-18 age group children (male & female) shall constitute adolescents.

Figure 2: The definition of children and adolescent provided by the policy

where it stresses to protect them from sexual harassment, pornography and physical and mental abuse.

While the policy is comprehensive addressing rights of the children and adolescents, it does not clarify the underscored needs of unmarried adolescents. Given that unmarried young people are subject to violence, it is important to clearly mention the rights to the services.

4.3.6 NATIONAL EDUCATION POLICY 2010

The National Education Policy 2010 aims ***"to prescribe ways through which citizens can be groomed to become leaders in pro-people development programs and progress of the society"***. The policy has a focus on health, nursing and education where it discusses the needs of health awareness, medical facilities and proper treatment. However, there is no focus on including gender and rights based approach services in the medical and nursing training curricula. This is important as service providers often bring their morals in the service which creates barriers for the unmarried young people to access the SRHR services.

The policy gives special attention to women's education acknowledging that they are deprived from education due to social, cultural and economic reasons. While the strategy to address women's education is comprehensive, it does not include providing information on reproductive health and rights.

It discusses to regulate punishment for sexual harassment and violence in school premises, which is indeed important as there are cases of girls being harassed in school premises. One of the examples is Nusrat Jahan Rafi, who was burnt in her school premises after reporting sexual assault against her headmaster to the police in 2019. Therefore, it is important that the policy is followed and implemented to protect girls and women. However, this should not be limited to girls only. Young boys are subject to rapes and sexual assualt. There are several cases reported by Dhaka Tribune that young boys were raped by the Madrasa teachers. This further shows the importance of protecting young boys from sexual assault and violence.

4.3.7 NATIONAL STRATEGY FOR ADOLESCENT HEALTH 2017–2030

National Strategy for Adolescent Health 2017-2030 has four thematic areas of intervention which are- adolescent sexual and reproductive health, violence against adolescents, adolescent nutrition and mental health of adolescents. The strategy briefly discusses the social context of adolescent health in Bangladesh. Highlighting some of the core challenges faced by adolescents such as child marriage, lack of access to information and services and discrimination, the strategy acknowledges that these challenges have direct and indirect impact on their health and wellbeing. With that background, the strategy provides a framework with a goal which is- ***"by 2030 all adolescents will lead a healthy and productive***

life in a socially secure and supportive environment where they have easy access to quality and comprehensive information, education and services". The strategy provides a comprehensive guiding principle as implementation strategy for the government as well as the development practitioners.

The Strategic Direction (SD) 1 focuses on adolescent sexual and reproductive health.

To address the problem statement of SD 1 (see Figure 3), it provides four key strategies with an emphasis on including unmarried adolescents in policy and programme. It also discusses strengthening the SRH services including gender sensitive treatment and care.

It also gives attention to violence against adolescents in its SD 2.

Problem statement of SD 1: Adolescents of Bangladesh, both those who are unmarried and married, have low levels of knowledge and limited access to information and services on sexual and reproductive health and rights (SRHR).

Figure 3: Problem statement of SD 1

With four key strategies, SD 2 gives special attention to promote positive social norms, to empower adolescents; especially adolescent girls, and to strengthen health and social protection systems.

SD 3 focuses on adolescent nutrition and SD 4 focuses on mental health. One of the objectives of SD 4 is to create an enabling environment for mental health services including counselling and to develop the capacity of the services at all levels. This objective addresses the underscored need of adolescents to mental health services. Entrenched stigma associated with mental health and inadequate service create barriers to seek mental health services. Besides, this service

Problem statement of SD 2: Patriarchal gender norms as well as the hierarchical social system in Bangladesh contribute to the practice and justification of violence against adolescents, especially adolescent girls, which leads to various discriminatory and harmful practices including child marriage and domestic violence.

Figure 4: Problem statement of SD 2

should not be limited to urban areas but also rural and hard to reach areas.

The strategy illustrates the importance of strengthening the health systems. It further elaborates that adolescent health needs to be addressed through a systematic way, at all levels starting from national, district and sub-district levels in line with the Essential Services Package (ESP) of the Government of Bangladesh. Furthermore, it discusses strengthening the capacity of the health workforce by training them on adolescent friendly health services through "pre-service curriculum revision, on the job training, mentorship and effective supervision", which will ensure the accessibility of SRH services among unmarried adolescents.

Problem statement of SD 4:
Mental ill health is an important but under-recognised and neglected public health problem. It especially affects adolescents in Bangladesh who do not have access to effective public mental health services due to scarcity of skilled workforce, inadequate financial resource allocation and social stigma.

Figure 5: Problem statement of SD 3

Addressing the health needs of vulnerable adolescent groups, the strategy highlights that adolescent girls in sex work needs

special attention as their fundamental rights are violated as well as they are subject to sex trafficking, sexually transmitted infections and unwanted pregnancies.

Adolescents with disabilities and their SRHR needs are also addressed in this strategy acknowledging that they have lack of access to education, information on health and sexual and reproductive rights.

The National Adolescent Health Strategy 2017-2030 brings up the SRHR need of unmarried adolescents. The focus on strengthening the health workforce to ensure adolescent friendly health services is noteworthy, and it will generate demand to seek the services by the unmarried adolescents.

4.3.8 PERSONS WITH DISABILITIES RIGHTS PROTECTION ACT 2013

The Persons with Disabilities Rights Protection is formulated in line with the principle of the United Nations Convention on the Rights of Persons with Disabilities. The act defines 'Disability', 'Persons with Disabilities', and 'Rights of Persons with Disabilities'- "to any person who is physically, psychologically, and/or mentally not functioning properly due to social/environmental barriers. Any person who can't take part actively in society is considered to be disabled. Persons with disabilities have rights equal to all citizens, including fundamental basic human rights that are mentioned in this Act and other laws". The act has outlined general and fundamental rights where it stresses the health care services for people with disabilities. It highlights the protection of any kind of violence including sexual violence and rape, regardless of gender within or outside family. Summarising the responsibilities of the government, the act has very limited attention on Sexual and Reproductive Health and Rights for people with disabilities.

4.4 OPERATIONAL PLANS

4.4.1 HEALTH, NUTRITION, AND POPULATION STRATEGIC INVESTMENT PLAN

The Health, Nutrition and Population Strategic Investment Plan (HNPSIP) 2016 – 2020 is published in April 2016 by the Ministry of Health and Family Welfare (MOHFW), with the slogan: 'Better Health for a Prosperous Society'. This plan identifies the key investment areas in the health, nutrition and population (HNP) services in the country. While the longer term goal of this plan is to achieve 'universal health coverage as targeted in SDGs', the HNPSIP 2016-2020 aims to ensure effective and quality HNP services.

The document recognizes that – considering the rapid demographic change that is currently taking place – it is important to ensure the health of the young population. However, the 10 'key driving forces' of the HNPSIP 2016-2020 that highlight the major focus areas of this plan does not mention youth as a priority of this plan. Number 4 of the 10 key driving forces states that the services should reach 'the poor, the hard to reach, the disabled, elderly and those left behind', but does not say anything specifically about adolescent and youth. The word 'youth' appears twice, 'young' 18 times and 'adolescent' 25 times in the document: mostly in connection with family planning, non-communicable diseases and nutrition services.

The plan underlines the importance of reducing the existing adolescent pregnancy rate which is linked to early marriage. It also acknowledges that this high adolescent pregnancy is caused by lack of information and supportive services for adolescent girls and young women. In order to address this, actions are planned under the framework of Family Planning; targeting newly-wed couples, particularly adolescents with

reproductive health services as well as nutrition services.

The draft service delivery outline (Annex 1: The Essential Service Package) of the plan includes a four tier (community, union, upazila and district level) service delivery package for adolescents that includes counseling on puberty, safe sexual behavior, mental health and HIV-AIDS. However this plan does not describe adequately how this plan will be implemented.

Special attention is given to the young population with regards to non-communicable diseases. Also emphasis is given on healthy lifestyle of the young population for a healthy life. The document specifically mentions the necessity of reducing salt and sugar intake, eating a balanced diet, avoiding tobacco and other harmful substances and taking regular exercise as the 'key determinants of a healthy life'. However, access to services and information related to proper sexual and reproductive health is not mentioned as one of the 'key determinants'. The word 'unmarried' does not appear in this document.

4.4.2 MATERNAL NEONATAL CHILD AND ADOLESCENT HEALTH

The operational plan on Maternal Neonatal Child and Adolescent Health is part of the 4th Health, Population and Nutrition Sector Programme and Directorate General of Health Services is the implementation agency. The plan gives special attention to improving SRH knowledge of adolescents. Under this plan, training for teachers, service providers and adolescents were organised in 10 districts to address adolescent friendly health services.

The plan highlights the challenges addressing early pregnancy, violence and inequality among pregnant adolescents. As the country has high rate of child marriage, the plan further

illustrates that the use modern contraceptive is low among the early married girls. Besides, these girls suffer severe complications resulting in high neonatal mortality and both neonatal and maternal morbidities. Lack of information on MR and Post Abortion Care (PAC) services also put adolescents and young women put in severe health risks.

While the plan includes strengthening the services, and creating awareness, there is no focus on unmarried adolescent and young men and women. As it discusses the use of modern contraceptives, the plan does not include young men and their knowledge on modern contraceptives. Including young men in the use of modern contraceptives is crucial because it not only prevents unwanted pregnancy but also protects both the partners from STI/STD.

4.4.3 LIFESTYLE AND HEALTH EDUCATION AND PROMOTION

The operational plan on Lifestyle and Health Education and Promotion is part of the 4th Health, Population and Nutrition Sector Programme and Bureau of Health Education. Directorate General of Health Services is the implementation agency. The plan has extensive focus on Social and Behaviour Change Communication (SBCC). Promoting healthy dietary habits through SBCC, the plan aims to strengthen its cooperation with other ministries and stakeholders, develop social media strategy and develop and disseminate the knowledge products.

The plan has a comprehensive focus on SRHR among adolescents and young people with very limited scope. Some of the key activities addressing SRHR for adolescents young people are-

- Promoting hygiene behaviour;
- Providing counselling safe sexual behaviour, and HIV/AIDS ;
- Counseling on prevention of early marriage and delaying pregnancy among the adolescents and their parents.

It also discusses advocating for reducing Non-Communicable Diseases (NCD).

Addressing aforementioned issues through SBCC is indeed important as experts stressed that the wrong and fragmented source of information on SRHR leads to unsafe sex, unwanted pregnancy and unsafe abortion.

4.4.4 7TH FIVE YEAR PLAN

The 7th Five Year Plan is the Government's development strategy, built on the success of the 6th Five Year Plan. The plan will be implemented till the end of 2020.

Further strengthening the human resource development, the plan aims to-

- reduce under-5 mortality rate to 36 per 1000 live birth
- reduce maternal mortality ratio to 105 to 1000 live birth
- increase birth attendants to 65%;
- reduce total fertility rate to 2.0; and
- increase contraceptive prevalence rate to 75%.

Furthermore, it intends to ensure gender and adolescent friendly services including availability of proper information. Highlighting the inadequacies of the health workforce, finance, surveillance, drugs and equipment, information and research, the plan aims to strengthen the governance management of the health sector.

In addition, it prioritises to improve family planning services which includes-

v. promoting delay in marriage and child bearing, use of postpartum Family Planning (FP) and FP for appropriate segments of population;

vi. strengthening FP awareness building efforts through Information, Education and Communication (IEC) activities with special emphasis on mass communication and considering local specificities; and

vii. strengthening advocacy for male participation in permanent and other methods of contraception.

Furthermore, the plan addresses ensuring equal health services, which includes gender and adolescent friendly health services with due privacy and confidentiality. It also aims to strengthen and expand the health services through proper initiatives in education, service delivery and regulatory arrangements.

This plan addresses some major key issues addressing SRHR for unmarried and adolescent. It discusses strengthening the FP for all, and expanding its advocacy efforts for male participants in contraception. This is important as studies show that decisions on contraceptives are made by men whereas responsibilities to use the methods are on women.

The plan stresses the issue of confidentiality and privacy to establish gender and adolescent friendly health services. This is indeed required to ensure unmarried adolescents and young people have access to the stigma free services.

5. DISCUSSION

Current policies, strategies and plans have very limited focus on unmarried adolescents and young people. As previously discussed, the lack of SRHR for unmarried adolescents and young people has negative consequences on them. Therefore, it is important that these policies, strategies and plans explicitly focus and expand its attention to this segment of the population.

Our findings show that adolescent friendly health services are often not available for the unmarried adolescents. For example, family planning is only for married adolescents and young people. National Population Policy has an extended focus on creating awareness among young people on STD/STI, contraceptives and family planning. However, the term "eligible couple" limits unmarried adolescents and young people to avail the services. Most of the policies and plans focus on creating awareness among adolescents and young people on SRHR. However, there is very limited focus on addressing their knowledge and attitude and practice towards SRHR.

Our review further highlights that Comprehensive Sexuality Education is extremely crucial for adolescents to inform them about SRHR. The Education Policy has very limited focus on this. Though various programmes by the development partners are tirelessly working to address these issues, teachers are reluctant to teach students. The Education Policy does not mention training the teachers on SRHR so that they are sensitised to talk about these issues in class.

Besides, the service providers such as doctors, paramedics, and midwives play a big role in ensuring service provision for unmarried adolescents and young people. The current curricula for them do not include gender, SRHR and human rights. The Education Policy has no focus to address this gap.

However, a noteworthy achievement is Adolescent Health Strategy 2017-2030, which focuses on adolescents and their rights to SRH beyond their marital status. While it is very comprehensive, the strategy does not explicitly mention to address the SRH rights for the LGBTQI adolescents.

Bangladesh is expected to become a middle income country by 2021. The Vision 2021 has an intensive focus on human development which aims to strengthen the health facilities. The Government of Bangladesh acknowledges the underscored needs of adolescents and young people and their rights to health and education. This fact has been reflected in the Vision 2021. In line with this vision and the Vision 2041, it is important to address the SRHR needs of unmarried adolescents and young people.

6. KEY RECOMMENDATIONS

The following recommendations are identified and illustrated from the aforementioned discussions, expert interviews and the youth hub.

6.1 IMPROVING KNOWLEDGE ON SRHR

Current policies, strategies and plans need to address the knowledge gap on SRHR among young people, parents, teachers and service providers. Improving knowledge is the foremost important factor to address the needs, and this was recommended by our experts and Young Knowledge Fair leaders.

Improving knowledge on SRHR for adolescents and young people should be addressed through National Health Policy, National Population Policy, National Children Policy, National Women Development Policy, Lifestyle and Health Plan. These policies already have provisions for creating awareness, ensuring gender equality and quality health information for adolescents and young people. These policies should include provision for ensuring improved information and dissemination to this segment of population. Youth policy should include provision for SRHR information for adolescents and young people including the gender diverse and differently abled young population.

The National Adolescent Health Strategy has special focus on communications. It should add a provision to develop evidence based knowledge on health, specifically reproductive health, HIV, unsafe abortion, sexual and gender-based violence.

Furthermore, a special provision to reach out to parents, teachers and service providers and inform them about right-based information on SRHR should be included in the strategy.

6.2 IMPROVING SRHR SERVICES

The lack of SRHR services for unmarried adolescents and young people should be addressed through national policies, strategies and plans. Our review highlighted that these SRHR services are often exclusive for married adolescents and young people. It is important that current policies, strategies and plans include provision for improved access to youth-friendly health services, including for SRH, that are confidential, non-judgmental, non- discriminatory, and are affordable. SRH must also include access to contraception, safe menstrual regulation, and reproductive cancer prevention.

In addition to creating awareness on STI/STD, HIV/AIDs and contraceptives, the National Population policy should include a provision of SRHR service for all adolescents and young people. The term 'eligible couple' excludes unmarried as well as gender diverse and diverse sexual orientations' couples from the services.

The National Health Policy 2011 includes equal health care services for all. The policy should include a special section on SRHR and gender. Furthermore, it should have a provision to introduce equitably affordable health care services and social transformation scheme to reduce discrimination against disadvantaged communities including persons with disabilities, minorities, and indigenous adolescents and young people. In addition, the policy should include provision of easily accessible, affordable, and quality youth-friendly health services through all government hospitals.

The SRHR service should not be limited to health care services. There should be a framework ensuring and extending legal support for unmarried adolescents and young people. The Women Development Policy has a focus on this, but it is important to include this service should be available for the girls and women beyond their marital status. In addition, the Adolescent Health Strategy and National Youth Policy should include ensuring legal support for unmarried adolescents and young people beyond their sexual orientation and gender identity.

Though the current Government programmes have adolescent friendly corner, it is crucial to further provide a clear definition/ concept of what it actually means (p. 61, Braeken, Rondinelli, 2012). To ensure the quality of the current health services, the current Adolescent Health Strategy should include a framework where respecting confidentiality, giving choices, and raising awareness of rights are addressed (ibid).

To ensure inclusive services for all, the strategy should include human rights framework, including the right to be free from discrimination, coercion, and violence, as well as on principles of bodily integrity, dignity, equality, respect for diversity, and affirmative sexuality.

6.3 STRENGTHENING EDUCATION

Policies, strategies and plans need to recognise the importance of CSE for all young people, including young people with disabilities and young people with diverse sexual orientations or gender identities.

The Education Policy should include Comprehensive Sexuality Education compulsory in school curricula, including English medium schools, Madrasa and schools for children with

disabilities. The policy should include special training on SRHR for teachers to sensitise them and to strengthen their teaching capacity to ensure that this issue is covered in the classroom. In addition, the Education Policy should formulate regulations against sexual harassment and make it mandatory for all schools, colleges, and universities. A framework must be developed by the Education Ministry to monitor if the regulation is followed strictly by the schools, colleges and universities.

The Education Policy should also include gender, SRHR and human rights compulsory for health care service providers such as for doctors, nurses, and midwives. Furthermore, it should include special training for police on gender and human rights.

6.4 STRENGTHENING THE COMMUNICATIONS EFFORT

The policies, strategies and plans emphasise on creating awareness on SRHR among adolescents and young people. The experts and the Young Knowledge Fair leaders emphasised that this effort should be expanded to create public awareness on SRHR for unmarried adolescents and young people. In addition, there should be a provision to set up a toll-free telephone counselling service for young people. Myths and misconception associated with the use of contraceptives and safe MR should be addressed through SBCC by the Population Policy, National Health Policy and Health, Nutrition, and Population Strategic Investment Plan.

As discussed previously, there is a misconception among service providers that SRHR services are only for married adolescents and young people. The National Health Policy and Population Policy should include special provisions to address this through SBCC.

The Education Policy should include innovative ways to provide CSE such as through audio-visual contents.

The Women Development Policy should focus on strengthening its communications effort to address gender inequality and gender based violence. The policy should include a nationwide SBCC programme to address the on-going sexual and gender based violence in the country.

6.5 INVESTING ON THE SRHR NEEDS OF ADOLESCENTS AND YOUNG PEOPLE

Considering the needs of empowering adolescents and young people, the experts stressed that both government and development partners should extend its cooperation and investment on SRHR. They further highlighted that the current plans and strategies should include a special budget framework for investing on the SRHR needs of unmarried adolescents and young people.

The Young Knowledge Fair Leaders further added that the policies and strategies should include special provision for building intrinsic agency among young people so that they realise their rights and can exercise it. This should be addressed by including a budget framework in Adolescent Health Strategy, Youth Policy and Education Policy.

The experts also highlighted to invest more on research to identify the SRHR needs of unmarried adolescents and young people. They further stressed to invest in SBCC to address the issue nationwide.

6.6 ADDITIONAL RECOMMENDATION

While discussing the youth involvement in policy development, the experts and the Young Knowledge Fair Leaders highlighted that it is crucial that young people participate in policy development. Since all the policies, strategies and plans have provisions to support adolescents and young people and ensure their rights, it is important that they are involved in the development process.

GO-NGO collaboration is also being highlighted by the experts and the Young Knowledge Fair Leaders. The experts recommended that there should be a concise plan of actions so that resources (both technical and financial) are coordinated to achieve the maximum impact.

The Young Knowledge Fair Leaders reiterated that there should be an increased collaboration among NGOs, stakeholders, CBOs, governments, private organisations and donors towards addressing the unmet needs of young people.

7. REMARKS

The Government of Bangladesh priortises its young population. All the policies, strategies and plans include strengthening the capacity of adolescents and young people. However, these policies are outdated and the plans are aimed for 2021. To achieve the SDGs and the Vision 2041, it is important that the government updates the policies, strategies and plans together with the development partners and young people. Our review offers critical analyses of the current policies, strategies and plans and context based recommendations to support the Government of Bangladesh and the development partners for future action plans.

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