

BANGLADESH — Country Profile

Overview

Bangladesh is located in the northeastern part of South Asia. It is almost entirely surrounded by India, except for a short southeastern frontier with Myanmar and a southern coastline on the Bay of Bengal. The Moguls ruled the country from the 13th until the 18th century, when the British took over and administered the subcontinent until 1947. During British rule, Bangladesh was a part of India. In 1947, the independent states of Pakistan and India were created. The present territory of Bangladesh was a part of Pakistan. Bangladesh emerged on March 26, 1971, as an independent country on the world's map following a war of liberation.

Bangladesh is the most densely populated country in the world, excluding city-states such as Singapore, Bahrain, and the Vatican. The population of the country is about 158 million, with a population density of 1,070 persons per square kilometer in 2014. Muslims make up almost 90 percent of the population, while Hindus account for about 9 percent. The sex ratio is 95 males per 100 females. According to the 2014 survey, women aged 15-49 have completed a median of 4.6 years of schooling, and 86 percent of women aged 15-24 are literate compared with 39 percent of women aged 45-49.

Source: *extracted from Bangladesh Demographic & Health Survey (BDHS) 2014*

Sexual and Reproductive Health

Key findings from the 2014 BDHS on the situation of SRHR in Bangladesh are as follows:

Maternal Health:

- The maternal mortality rate fell from 322 deaths per 100,000 live births in 1998-2001 to 194 deaths per 100,000 live births in 2007-2010.
- Two-thirds of women (64 percent) received antenatal care from a medically trained provider
- The likelihood of receiving antenatal care from a medically trained provider increases with women's education level and wealth status. In the last three years of the BDHS, the gap in use of antenatal from a trained provider between the richest and the poorest women declined only slightly, from 57 percentage points in 2011 to 54 percentage points in 2014.
- 42 percent of births in Bangladesh were attended by medically trained personnel.
- Medically assisted births are more common among women in urban areas (61 percent), women who have completed secondary or higher education (75 percent), and women in the highest wealth quintile.
- 39 percent of mothers and 36 percent of children in Bangladesh received postnatal care from a medically trained provider within 42 days after delivery.

Contraception:

- The total fertility rate for the three years preceding the survey is 2.3 births per woman.
- Between the 2011 and 2014 BDHS, fertility declined or remained the same in 6 of 7 divisions.

- The total fertility rate in urban areas is nearly half a child lower than in rural areas.
- 31 percent of adolescents aged 15-19 in Bangladesh are already mothers or pregnant with their first child. This proportion has not changed in the last three years.
- Sixty-two percent of married women in Bangladesh use some method of contraception, and 54 percent use a modern method.
- At the time of the report, the four most popular modern methods used by married women are the pill (27 percent), injectables (12 percent), the male condom (6 percent), and female sterilization (5 percent).
- Fourteen percent of currently married women have ever heard of the emergency contraceptive pill (ECP), 13 percent of them have ever used it, and 6 percent used it within the last 12 months.
- The government sector remains the major provider of contraceptive methods, catering to 49 percent of users.

Abortion:

Under Bangladesh's penal code of 1860, induced abortion is illegal except to save a woman's life. However menstrual regulation (MR) has been part of Bangladesh's national family planning programme since 1979.

HIV & AIDS:

- Seventy percent of ever-married women aged 15-49 have heard of HIV/AIDS, similar to that documented in 2011.
- Only 11 percent of ever-married women aged 15-49 have comprehensive knowledge about AIDS.
- The great majority of ever-married women (91 percent) think that if a woman knows her husband has a sexually transmitted infection (STI), she is justified in refusing to have sexual intercourse with him.
- The proportion of women who sought advice or treatment for an STI from a clinic, hospital, or health professional increased from 31 percent in 2011 to 46 percent in 2014.
- Nearly all women who have completed secondary education (99 percent) have heard of HIV/AIDS compared with 40 percent of women with no education.
- More than half of ever-married women (56 percent) know that HIV can be transmitted during pregnancy and through breastfeeding, while less than half (44 percent) know that HIV can be transmitted during delivery.

Sexual and Reproductive Rights

Child Early & Forced Marriage (CEFM):

- The legal age of marriage for women in Bangladesh is 18 years, but a large proportion of marriages still take place before the woman reaches her legal age.
- The 2014 BDHS found that 59 percent of women aged 20-24 were married before age 18.
- The median age at first marriage among women aged 20-49 is 16.1 years.
- Fifty-nine percent of women aged 20-24 now marry before age 18.
- Almost 40 percent of women aged 15-49 would have preferred to marry later than they actually did.

- Half of the women who married before age 18 would have preferred to marry later.
- Older women (aged 21-49) are more likely than younger women to say that their marriage took place at the right time (54 versus 28 percent).
- 33 percent of women aged 20-49 had sexual intercourse by age 15.

Violence Against Women (VAW):

- Twenty-eight percent of women agree with one or more reasons justifying wife beating.
- One in five women thinks wife beating is justified if she argues with her husband.
- The most widely accepted reason for wife beating among women in Bangladesh is arguing with her husband (20 percent), followed by neglecting the children (15 percent).
- Agreement with at least one reason for wife beating varies little by age or marital status.

Current initiatives in Bangladesh

- ARROW is the regional coordinator for the **Right Here Right Now (RHRN)** partnership that focuses on young people's Sexual and Reproductive Health and Rights (SRHR). The RHRN partnership platform in Bangladesh includes youth-lead, youth-serving, women-owned organizations such as the Bandhu Social Welfare Society (BSWS), Naripokkho, Bangladesh Mahila Parishad, BLAST, Boys of Bangladesh, BRAC, Family Health Planning Association of Bangladesh, James P Grant School of Public Health (JPGSPH), Reproductive Health Services Training and Education Programme, SERAC-Bangladesh and Unite for Body Alliance. The partnership strives for the protection, respect and fulfilment of young people's SRHR, including girls, young women and young lesbians, gay, bisexual, transgender and intersex persons (LGBTI). Specific attention is given to: freedom from stigma, discrimination and violence; access to comprehensive youth-friendly services; access to comprehensive information; and space for young people's voices.
- ARROW works together with partners such as Bandhu Social Welfare Society (BSWS) and Durbin Foundation towards **building the next generation movement leaders and organizations in South Asia for young people's sexual and reproductive health and rights**. It strives for the improved capacity of the youth led, youth serving organisations and youth champions to conduct effective advocacy for CSE with greater understanding of intersectionality issues. One of the programme's main objectives is to position comprehensive sexuality education (CSE) as a crucial element for young people's education and health by adopting components of CSE into the formal and informal education system at the national level.
- ARROW works with partners like Naripokkho and Association for Prevention of Septic Abortion, Bangladesh (BAPSA) in the **Claiming the right to safe abortion: Strategic partnerships in Asia project** that addresses stigma on abortion across Bangladesh, Cambodia, India, Nepal and the Philippines. The initiative focuses on capacity strengthening, accountability, and advocacy on the right to safe and legal abortion. The focus of the Bangladesh national level work is on the key intervention areas of access to

services, denial of service by provider based on religion or otherwise and implementation of the guardian consent provision.

- ARROW and its partners in Bangladesh continue to work towards **ICPD+25: Revitalising and implementing the Sexual and Reproductive Rights Agenda in the Asia Pacific Region**. This ICPD+25 monitoring and advocacy initiative aims to show the progress gaps and challenges towards ICPD implementation in Bangladesh. In-depth monitoring is currently underway on the quality of the 'Accelerating Access to PFP' agenda of the Government of Bangladesh and conducting evidence-based advocacy.
- ARROW is also engaged in **innovative advocacy programmes on SRHR and environmental sustainability** with rights-based climate change/environmental groups. The Women and Earth Initiative (WORTH) is an innovation programme and fund that aims to create a platform where civil society can unleash creativity and develop new integrated solutions to gender equality, SRHR and climate change adaptation challenges. For 2019, the programme is focused on climate change/environmental civil society organisations from four countries experiencing devastating consequences from climate change: Philippines, Myanmar, Bangladesh and Pakistan.