Bangladesh Statement:

Agenda Item 3 (b): Advancing gender equality and universal access to sexual and reproductive health and reproductive rights

Bangladesh has reduced gender inequalities, has done progress greatly. Gender parity in primary and secondary education has improved. However, dropout rate at secondary level is a challenge.

Elimination of harmful practices, such as Child Marriage, Gender-based Violence etc. are important in context of Bangladesh to ensure sexual and reproductive health and reproductive rights (SRHR).

Adolescent fertility rate among women aged 15-19 years, is prevalent in the country (31% in 2014 BDHS) owing mainly to early marriage. Although the rate of child marriage declined still it is a challenge.

Government is committed to halt the practice of child marriage and introduced ‘Child Marriage Restraint Act-2017’. The GoB also launched the National Plan of Action (NPA) to End Child Marriage in August 2018. The NPA for the prevention of the violence against women and children-2013 has been formulated and revision of this NAP-VAW is under process to translate it into concrete program with a monitoring framework and adequate resource allocation.

Bangladesh has a number of policies and legal frameworks to empower and promote women’s rights which includes the National Women Development Policy and the National Child Policy, the Women and Children (Prevention) Act, 2000, the GoB has enacted the Domestic Violence (Prevention and Protection) Act 2010, the DNA Act 2014 and the Child Marriage Restraint Act 2017 with a view to safeguarding women from all forms of violence, cyber-crimes and pornography. 24 hours helpline 109 introduced by the govt. for reducing VAW and elimination of child marriage.

In terms of Economic empowerment, 4 million women have been engaged in the Readymade Garments (RMG) sector. Promoting women entrepreneurship is also a mentionable initiative in the country.

At national level, 22 women got directly elected into the Parliament in the last parliamentary elections held in 2014. This is almost the double amount compared to the previous election. In the current parliament, the Speaker, the Leader of the House, the Leader of the opposition, and the Deputy Leader of the House are all women. Furthermore, 50 seats are reserved for women in the National Parliament. Bangladesh achieved the 7th position out of 144 countries in the political empowerment score rank of the Global Gender Gap sub-index. In the overall score for the year 2016, Bangladesh ranked 72nd. At the local level, one third of seats are reserved for women in Local Government bodies like Union Parishad, Municipalities and City Corporation.

Support for Rohingya Refugee:

The Ministry of Women and Children Affairs (MOWCA) has established and One-Stop Crisis Cell (OCC) and Regional Trauma Counseling Centre (RTCC) in Kutupalong makeshift camp. Furthermore, 10 Mental Health Service Centres (MHSC) have been established in Kutupalong and Balukhali of Ukhia Upazila for Rohingya women and children under Multi-Sectoral Programme on Violence against Women and children.
MoWCA in collaboration with UN agencies, INGOs and NGOs are implementing number of projects to prevent and respond to the survivors of the GBV such as GBV case management, psychosocial services, and community awareness and has established the referral pathway. A large number of Dignity Kits were provided to the vulnerable women and girls to maintain their dignity and expedite their mobility which helped them to access in different essential services. MoWCA is the member of GBV Sub-Sector in Cox’s Bazar to respond to GBV survivors.

**Access to sexual and reproductive health and reproductive rights**

Some of the good practices that have contributed to the country’s success in improving sexual and reproductive health include: strong political commitment in the success of family planning program, 30,000 “satellite clinics” organized at wards and community levels all over the country each month to extend the FP-MCRAH services at the door step of the people, distribution of contraceptives to eligible couples free of cost or at a minimum cost, client segmentation practice on the basis of number of child and FP methods, door-to-door services provided by Family Welfare Assistants (FWA), advocacy programs for religious leaders for promotion of family planning, maternal and child health and other reproductive health services, and reaching all eligible couples under registration for effective communication and counseling & follow up family planning services.

**Challenges and way forward**

The lack of adequate infrastructure and access to information and communications technologies for women and girls limits their educational opportunities and access to labour markets. Women’ abilities to decide freely on their sexual and reproductive health, in some cases, is undermined by third-party consent requirements and restrictions on essential information and health and contraceptive services.