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Women and girls in Bangladesh

KEY STATISTICS

Indicator	
Ratio of girls to boys in primary school[1]	103:100
Proportion of births attended by skilled health personnel[1]	24%
Maternal mortality ratio (deaths per 100,000 births)[2]	320*
Percent of unemployed women, aged 15-49[3]	65%
Proportion of women aged 15-49 who were married before age 15[4]	33%
Proportion of women aged 20-49 who were married before age 18[4]	74%

Source: [1]UNICEF and BBS, *Multiple Indicator Cluster Survey (MICS) 2009,* Bangladesh 2010

[2] National Institute of Population and Research Training, *Bangladesh Maternal Health and Maternal Mortality Survey (BMMS) 2001*¸ Dhaka 2003. * The last BMMS was in 2001. The BMMS 2010 is in progress. The UN adjusted figure for maternal mortality ratio is 570.

[3] National Institute of Population and Research Training, *Bangladesh Demographic Health Survey (BDHS) 2007,* Dhaka 2009

[4] UNICEF and BBS, *Multiple Indicator Cluster Survey (MICS) 2006,* Bangladesh 2007

Background

Bangladesh's socio-cultural environment contains pervasive gender discrimination, so girls and women face many obstacles to their development. Girls are often considered to be financial burdens on their family, and from the time of birth, they receive less investment in their health, care and education. With the advent of puberty, differences in the ways that adolescent girls and boys are treated become much more pronounced. Adolescence is not viewed as a distinct phase of life; instead the onset of physical maturity is seen as an abrupt shift from childhood to adulthood. At puberty, girls' mobility is often restricted, which limits their access to livelihood, learning and recreational and social activities.

Bangladesh's rates of child marriage and adolescent motherhood are among the highest in the world. Maternal mortality rates also remain extremely high. Poor maternal health is the result of early marriage, women's malnutrition, a lack of access to and use of medical services and a lack of knowledge and information. Most women give birth without a skilled attendant.

In the home, women's mobility is greatly limited and their decision-making power is often restricted. For instance, about 48 per cent of Bangladeshi women say that their husbands alone make decisions about their health, while 35 per cent say that their husbands alone make decisions regarding visits to family and friends[1].

Violence against women is another major impediment to women's development.

[1] UNICEF, *State of the World's Children: The Double Dividend of Gender Equality,* 2007
[2] The World Bank, *Whispers to Voices: Gender and Social Transformation in Bangladesh* 2008

Education is essential to reducing discrimination and violence against girls and women and Bangladesh has made great progress in this area, already achieving gender parity in primary and secondary education. Women's employment rates remain low despite progress, and their wages are roughly 60-65 per cent of male wages[2].

ISSUES

Child marriage

While the practice of child marriage has decreased in Bangladesh over the last 30 years, it remains common in rural areas and urban slums, especially among the poor. The legal age of marriage is 18 for girls, however three-quarters of women aged 20-49 were married before age 18[3]. The practice of arranging child marriages remains common, especially in rural areas and in urban slums, where many families believe that the onset of puberty signifies readiness for marriage.

Although the practice is illegal, it is common for the bride's family to pay a dowry to the family of the groom. There is evidence that the practice of dowry is becoming more common. In one study, women aged 46-60 reported that dowry was practically non-existent when they married, while 46% of women aged 15-25 reported that they had to pay dowry[4]. Dowry paying is more common in poorer sections of society, and it also reinforces poverty because it often renders families destitute.

Despite the cost of dowry, poorer families consider early marriage financially beneficial dowry generally increases as girls become older and more expensive. Early marriage also relieves families of caring for their daughters, because they live with their husband's family once married. But early marriage threatens girls' education, mobility, health and safety. A child bride usually drops out of school and begins full time work in the home of her husband's parents, where she often lacks bargaining power and may be reduced to the status of a bonded labourer. Adolescent brides are often much younger than their husbands, since men are not considered ready to marry until they have some financial independence. This reduces equality in the marriage, has a negative effect on the life chances of girls, and increases the probability that they will be widowed. In a strictly patriarchal society like Bangladesh, being without a male protector and provider can render women vulnerable to abuse and isolation from the community.

Motherhood

Bangladesh's maternal mortality ratio is one of the highest in the region. Government figures estimate that there are 320 maternal deaths per 100,000 live births[5], however UN estimates place the rate as high as 570 deaths per 100,000 live births[6]. The prevalence of unattended home births, the high rate of births to adolescent girls, and malnourishment are the main contributors to the high maternal mortality rate. A woman's lifetime risk of dying in pregnancy or childbirth is one in 51, compared to one in 47,600 in Ireland (the best performer)[7]. About 12,000 women die every year from pregnancy or childbirth complications[8].

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[2] The World Bank, *Whispers to Voices: Gender and Social Transformation in Bangladesh* 2008

[3] UNICEF and BBS, *Multiple Indicator Cluster Survey (MICS) 2006*, Bangladesh 2007

[4] World Bank, *Whispers to Voices: Gender and Social Transformation in Bangladesh,* March 2008

[5] National Institute of Population and Research Training, *Bangladesh Maternal Health and Maternal Mortality Survey (BMMS) 2001*¸ Dhaka 2003.

[6] UNICEF, *State of the World's Children*, November 2009

[7] ibid

[8] Government of Bangladesh, *Millennium Development Goals: Bangladesh Progress Report 2008*

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Bangladesh also has one of the world's highest rates of adolescent motherhood. One in three women starts childbearing before age 20[9]. While the number of births to adolescent mothers has reduced by almost one quarter in the past 18 years, the pace of decline is very slow, and adolescent motherhood remains common in rural areas[10]. Young motherhood is associated with several risks such as higher maternal mortality rates, pregnancy complications and low birthweight babies. Patriarchal norms and structures make it difficult for women, and particularly younger women, to refuse sex or insist on using birth control. They are thus exposed to premature pregnancy and sexually transmitted infections.

Maternal health and mortality is linked with women's low status in the household and their restricted mobility. Many women are denied freedom to seek help at a hospital or health centre because their husbands or husband's family make the decisions about their health care. Despite an increase in health facilities nationally, 85 per cent of deliveries still take place at home[11] and less than a quarter of births are attended by skilled health personnel[12] (some women use skilled birth attendants at home). The coverage of antenatal care among pregnant women is low and only 21 per cent have four antenatal care visits, as recommended by WHO[13].

Nutrition

Malnutrition is a significant contributor to complicated pregnancies and high maternal and infant mortality rates. Malnutrition is also transmitted from one generation to the next as malnourished mothers give birth to infants who struggle to thrive. Malnourished children are physically weak, they lack resistance to disease, their academic performance suffers and they are less productive when they grow up.

There have been some modest improvements in past decades, but the nutritional status of women in Bangladesh remains alarming. Almost one-third of women of reproductive age have a body mass index less than 18.5; this means they are very underweight. Even among the wealthiest quintile of society, 13 per cent of women are underweight. Girls are also slightly more likely to be stunted and underweight for their age, compared to boys of the same age[14].

Inadequate intake of food and poor diet are the primary causes of malnutrition. Vitamin A deficiency particularly affects pregnant and lactating mothers, increasing the chances of maternal mortality. Anaemia is a severe public health problem which is experienced by 30 per cent of adolescent girls (compared to 26 per cent of adolescent boys) and almost half of all pregnant women. However anaemia is more common among boys, in children aged

[9] National Institute of Population Research and Training (NIPORT), *Bangladesh Demographic and Health Survey 2007*, March 2009
[10] Sample Vital Registration System 2008
[11] UNICEF, *State of the World's Children, special edition,* November 2009
[12] UNICEF and BBS, *Multiple Indicator Cluster Survey (MICS) 2009*, Bangladesh 2010
[13] National Institute of Population Research and Training (NIPORT), *Bangladesh Demographic and Health Survey 2007*, March 2009
[14] National Institute of Population Research and Training (NIPORT), *Bangladesh Demographic and Health Survey 2007*, March 2009

under two years[15]. As well as reducing the survival of mothers and children, anaemia lowers immunity and reduces growth, learning ability, work capacity, productivity, and birth weight. Girls also have lower levels of iodine than boys, as measured by urinary iodine excretion. Nationally, 37 per cent of girls are iodine deficient, compared with 31 per cent of boys. While iodine is crucial for the cognitive development of a growing foetus, more than one third of pregnant women are iodine deficient[16].

Violence against women

Domestic violence is a pervasive problem in Bangladesh and presents a huge threat to the security of girls and women. In a 2007 research study, more than half of ever-married women aged 15-49 reported that they had experienced some form of physical and/or sexual violence from their husbands, and one quarter had experienced it in the past year[17]. Additionally, more than one-third of both men and women believe that men are justified in beating their wives in specific circumstances, such as arguing[18]. The practice of dowry, a lower age at marriage, and poverty are all associated with women's higher likelihood of experiencing and condoning violence[19].

Adolescent girls are often victims of 'eve teasing' or sexual harassment and are not prepared to face such a situation.

In one of its most extreme forms, violence against women takes the form of acid attacks. Although legislation exists to prevent acid attacks, enforcement remains weak. Since May 1999, there have been almost 3000 reported cases of acid throwing, the vast majority against girls and women, however many cases remain unreported.[20]

Sadly, suicide is also common among girls aged between 14 and 17. The Bangladesh Health and Injury Survey reported that more than 2200 children, including about 1500 girls, committed suicide in 2004.

Education

Education is the key to addressing entrenched discrimination and violence against women. Research suggests that the presence of more educated children in the household and community acts as a restraint on violence against women[21]. In addition, educated girls tend to delay marriage, are more likely to seek help during childbirth and are more likely to give birth to healthy babies who will survive and grow into adulthood.

Bangladesh has made immense gains in girls' education, such that girls now outnumber boys in primary and secondary schooling[22]. However, net attendance rates in secondary education are still extremely low, at only 53 per cent for girls and 46 per cent for boys.[23] In tertiary education, there are only six girls for every ten boys, well below the Millennium Development Goal target of full equality[24].

[15] BBS, UNICEF, *Anaemia prevalence survey of Urban Bangladesh and Rural Chittagong Hill Tracts*, 2003-04
[16] *National Survey on Iodine Deficiency Disorders and Universal Salt Iodization in Bangladesh 2004-05,* March 2007
[17] National Institute of Population Research and Training (NIPORT), *Bangladesh Demographic and Health Survey 2007*, March 2009
[18] ibid
[19] World Bank, *Whispers to Voices: Gender and Social Transformation in Bangladesh*, 2007
[20] Acid Survivors Foundation, Bangladesh
[21] World Bank, *Whispers to Voices: Gender and Social Transformation in Bangladesh*, 2007
[22] Government of Bangladesh, *Millennium Development Goals, Bangladesh Progress Report,* 2008
[23] UNICEF and BBS, *Multiple Indicator Cluster Survey (MICS) 2009*, Bangladesh 2010
[24] ibid.

Older women typically received much less education than men their age. According to the Bangladesh Bureau of Statistics, 63 per cent of men aged over 15 are literate, compared with 55 per cent of women[25].

Work

Women have made important gains in the formal labour market in the past twenty years, mainly due to increased participation in the garment sector and an NGO-led microcredit revolution that targets women. However, according to the Bangladesh Demographic and Health Survey 2007, about 65 per cent of women aged 15-49 were unemployed in the year prior to the survey, compared to about 2 per cent of men in the same age group. For one in eight women who earn a wage, someone else decides how that wage will be spent.[26]

Child labour is very common in Bangladeshi society, and national legislation on child labour is rarely enforced. About 8-9 per cent of girls between the ages of 5 and 14 are working[27], but a lot of girls work in jobs that are hidden from view, such as domestic work and commercial sex work. Girls in particular, are often denied the right to work for a wage. For example, 58 per cent of female child domestic workers surveyed in a 2006 International Labour Organisation study received no monetary wages, and when they did receive a wage it was normally collected by their parents[28].

Child labour can expose children to physical and sexual abuse. Working children who have little or no contact with their families are more vulnerable to trafficking which may draw them into commercial sexual exploitation. Estimates of women and girls working in commercial sex range as high as 150,000[29]. Children who are the victims of sexual exploitation are regularly denied their rights to education and health. A recent study found that only 0.5 per cent of girls working in commercial sexual exploitation attend an educational institution. More than half had experienced a sexually transmitted disease[30].

Emergencies

Women and children are particularly vulnerable during emergencies such as natural disasters, which are unfortunately a common occurrence in Bangladesh. Women's restricted decision making power and mobility puts them at increased risk of injury or death during cyclones or floods. For instance, an astonishing 90 per cent of the deaths in Bangladesh's 1991 cyclone were among women[31]. Protection issues also often arise after natural disasters, because normal care mechanisms break down and women and children may not have the security offered by their usual shelter. These factors can put women at increased risk of violence, rape, abuse and trafficking. For instance, after the 1998 floods, there was an increase in the number of girls moving to Dhaka to become sex workers[32].

ACTION

Achieving gender parity in education

The Second Primary Education Development Programme (PEDP-II), funded by the Government of Bangladesh and 11 other development partners including UNICEF, is

[25] Bangladesh Bureau of Statistics, *Report on Sample Vital Registration System,* 2008
[26] Bangladesh Demographic and Health Survey 2007
[27] Bangladesh Bureau of Statistics, *Report on National Child Labour Survey 2002-2003,* October 2003
[28] ILO, *Baseline Survey on Child Domestic Labour in Bangladesh,* 2006
[29] UNICEF, *Situation Assessment and Analysis of Children and Women in Bangladesh,* September 2009
[30] UNICEF and INCIDIN Bangladesh, *Rapid Assessment: Commercial Sexual Exploitation of Children and Adolescents in Bangladesh,* 2008
[31] Global Humanitarian Forum, *The Anatomy of a Silent Crisis,* Geneva 2009
[32] UNICEF UK, *Our Climate, Our Children, Our responsibility,* 2008

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implemented in 61,072 schools in all 64 districts. The programme includes initiatives that aim to raise community awareness about the need for girls' education. Campaigns are conducted through mass media, national and sub-national education events, interactive popular theatre, TV drama series about quality education, cartoons promoting UNICEF's animated girl-hero Meena and printed materials.

The project also includes several initiatives to improve access to quality education for boys and girls alike, such as decentralising school management and improving teaching quality through training.

Helping working children access education

Work is an inescapable reality for many Bangladeshi children because their families are dependent on their income. UNICEF, in partnership with the Government of Bangladesh, runs a project to provide working children with basic education to help break the poverty cycle. The Basic Education for Hard-To-Reach Urban Working Children project provides basic education in Bangla, English, social science and maths as well as 10 core life skills such as interpersonal relationships, decision making, negotiation and job seeking. More than 166,000 students (60 per cent girls) attend 6646 learning centres in six divisional cities in Bangladesh as part of this project. Gender issues such as early marriage, gender equality in the workplace, and violence against females are also discussed in these sessions. The school day only lasts 2.5 hours so children can continue to work to support their families while fulfilling their right to education.

Improving maternal health care

UNICEF supports public hospitals to improve the quality of care, strengthen emergency obstetric care and make health services more women friendly. UNICEF also works within the community to improve community maternal health practices and aims to increase the usage rates of maternal and neonatal health care services, particularly among the poor and socially excluded.

UNICEF has three major maternal, neonatal and child health projects, which together reach more than 35 million Bangladeshi people in 21 low-performing districts. The projects' initiatives range from the community level up to the national government level and focus both on improving the supply of quality health services and the demand for these services. Through the projects, UNICEF partners with the Ministry of Health and Family Welfare, NGOs such as BRAC and Care, and UN agencies such as the World Health Organisation and UNFPA.

One focus is on the decentralisation of planning for maternal health care, through the promotion of community participation and developing local level plans. UNICEF has also supported an accreditation system to certify certain public facilities as 'Women Friendly Hospitals', to ensure that health care providers are more responsive to women's needs. UNICEF also works to build the capacity of health care staff through specific training programmes relating to providing maternal and newborn health care, the needs of female patients, and services for victims of violence. Other initiatives include strengthening supervision and monitoring to improve efficiency, renovating facilities and providing essential drugs and equipment.

UNICEF also works on the other side of the coin, to improve demand for skilled medical treatment. In the community, volunteers provide door-to-door information about available

services, and emphasise the importance of seeking care during obstetric and birth emergencies. The volunteers also provide health information, including the major danger signs of pregnancy, to pregnant women and mothers. In some areas, community committees have been formed to raise awareness among the community about maternal health, and to support local solutions to the main barriers to safe pregnancy and childbirth in their communities.

Improving nutrition

To improve nutritional status of women and children, UNICEF supports interventions to prevent micronutrient deficiencies, including salt iodization, de-worming, and vitamin A, iron and folate supplementation. Community-based models for preventing anaemia in children, adolescent girls and women have been piloted in selected areas across the country. A UNICEF-supported project in the Chittagong Hill Tracts, an area with particularly high anaemia rates, provides iron tablets and counselling to improve iron intake and reduce anaemia. A network of adolescent girls is used to reach those who do not have regular contact with health services.

UNICEF also promotes maternal and child nutrition, through Mothers' Support Groups. Community nutrition promoters provide information and practical advice on breastfeeding and complementary feeding practices, while peer counsellors (such as mothers of older children) share their experiences with pregnant women.

Addressing child marriage, dowry and violence

As part of UNICEF's Empowerment of Adolescents project, adolescents, their families and communities are supported in adopting practices to reduce child marriage, dowry and other forms of abuse, exploitation and violence against girls. Through a peer support approach, adolescents across Bangladesh have access to life skills education on topics such as critical thinking and negotiation. The project, funded by the European Union, is implemented in partnership with the Ministry of Women and Children Affairs and NGOs. It contributes towards creating a social debate, bringing together community members for social change and providing alternatives to early marriage. Information sessions are held on social issues such as puberty, reproductive health, child marriage, HIV/AIDS, acid attack and domestic violence. Research on adolescent issues, including the prevalence of suicide, is also planned.

The Protecting Children at Risk project aims to protect children from child labour, trafficking and commercial sexual exploitation. In partnership with the Ministry of Social Affairs, UNICEF provides drop-in centres, open air schools and emergency night shelters for children who are living on the streets and at risk of exploitation. The centres offer recreation, planned social activities, para-counselling, livelihood training and health services. The project also refers children to other services, such as learning centres, and prepares children to reintegrate into their families and communities. There are nine drop-in centres dedicated for girls. Many girls who come to the centres are former child domestic workers who escaped from the continuous exploitation and violence, including sexual violence, perpetuated by their male employers.

UNICEF also supported the Government of Bangladesh in developing its first National Plan of Action against Sexual Exploitation and Abuse in 2005. In 2008, UNICEF conducted a rapid assessment of the situation of commercially sexually exploited children, with INCIDIN Bangladesh. In December 2009, UNICEF provided technical support to a national consultation on commercial sexual exploitation. This consultation disseminated the findings of the World Congress III against Sexual Abuse and Exploitation of Children and Adolescents among relevant stakeholders. UNICEF also helped formulate a working group

of service providers for sexually exploited children, to implement the recommendations of the world congress and improve coordination between stakeholders.

UNICEF is also working with the governments of Bangladesh, India and the United Arab Emirates to prevent cross border child trafficking and to repatriate and reintegrate children who have been trafficked.

Preventing and responding to acid attacks

UNICEF also supports psychosocial services for survivors of acid attacks, such as establishing community based support mechanisms and services. This includes mobilizing and sensitizing the community on the consequences of one of the crudest and worst form of violence against women to help prevent future attacks, and to assist with the reintegration of acid survivors, who are often stigmatised by their attack.

Promoting gender equality through sport

The Empowerment of Adolescents project also includes a Sports for Development component that uses sport as a tool for gender equality and female empowerment. In the project areas, adolescents (especially girls) have access to indoor and outdoor sports such as cricket, swimming, athletics and football. The project ensures that girls have the right to participate in sport, through activities such as organising sports competitions, managing sports grounds and providing sports' training to staff and adolescents. The project helps promote teamwork and fair play as well as providing girls with a rare opportunity for outdoor activities.

IMPACT

Education and work

Bangladesh has made huge progress in girls' education. The proportion of girls enrolled in primary school increased from 51 per cent in 1991 to 94 per cent in 2007. There are also substantially more female primary school assistant teachers, however, the proportion of female head teachers remains low.

Girls comprise more than 60 per cent of students enrolled in UNICEF's basic education programmes for working children. These girls now have the necessary life skills to apply to their day-to-day challenges, and are able to read and write basic text and perform simple arithmetic calculations. By November 2009, about 46,000 (out of 166,000) learners had graduated from the 40-month basic education course.

Maternal health

More and more women are seeking and receiving essential and emergency obstetric care during pregnancy, delivery and after delivery. The proportion of births in health facilities increased from just four per cent in 1993, to nine per cent in 2004, to 15 per cent in 2007. The proportion of births attended by skilled health personnel increased from 20.1 per cent in 2006 to 24.4 per cent in 2009. Maternal mortality rates have improved but remain unacceptably high.

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Nutrition and child survival

While in the past, girls had a higher infant mortality than boys, this trend has now been reversed. This suggests that parents are now caring more equally for their children than ever before.

Community-based models for preventing anaemia in children, adolescent girls and women have been piloted in selected sub-districts of Chittagong Hill Tracts, seven low-performing sub-districts, and selected urban slums. This project is covering 75,000 children, 15,000 adolescent girls and 6,000 women.

An estimated 75,000 pregnant women and lactating mothers have received information and support through Mothers' Support Groups in 15 sub-districts. The rate of breastfeeding within the first hour of birth increased from 36 per cent in 2006 to 50 per cent in 2009[33], however there is still more progress to be made. The rate of exclusive breastfeeding to six months of age remains low.

Child marriage

The Empowerment of Adolescents project supports 100,000 adolescents (60 per cent girls) to access peer education for life skills to protect themselves from exploitation, violence and abusive practices. Regular meetings of mothers, fathers and community leaders have strengthened wider community support toward adolescents. Communication activities have enhanced intergenerational dialogue between parents and adolescents. According to UNICEF monitoring research conducted in April 2010, almost all participating adolescents (90 - 100 per cent) had discussed most key project topics (including child marriage, birth registration and dowry) with others, helping to change societal norms. Additionally, while behavioural change is a slow process, the proportion of adolescents, family members and community leaders taking social action on key Project issues has been steadily increasing since the programme began in 2006, such that now about 80-90 per cent of adolescents participating in the project have taken social action on issues including child marriage and birth registration[34].

Violence

A rapid assessment of 675 commercially sexually exploited children and adolescents conducted in 2008 found that the number of trafficked women and children rescued has increased (from 93 persons in 2007 to 190 in 2008), while rehabilitation efforts are also

[33] UNICEF and BBS, *Multiple Indicator Cluster Survey (MICS) 2009,* Bangladesh 2010

[34] UNICEF/ Johns Hopkins Bloomberg/ SURCH/ BRAC/ CMES, *Report on Behavioral Change Monitoring Through Kishori Abhijan Project: Round Four,* April 2010

increasing (from 104 in 2007 to 207 in 2008)[35]. This highlights increasing social awareness of trafficking and sexual exploitation of women in Bangladesh.

Sports

The sports for development project is helping break down cultural barriers to the idea of girls playing sport. More than 125,000 adolescents, mainly girls, now have access to outdoor and indoor sports such as athletics, football and cricket. Eight girls' cricket teams and eight girls' football teams have been established in the project areas. Just as importantly, parents in the project areas are now expressing pride that their daughters are involved in sport. The project has also trained 140 adolescent community swimming instructors (69 per cent girls) who train children in survival swimming techniques, while also empowering the trainers themselves to take a responsible leadership role in their community.

Updated June 2010

[35] UNICEF and INCIDIN, *Rapid Assessment: Commercial Sexual Exploitation of Children and Adolescents in Bangladesh,* 2008