



Embassy of the Kingdom of the Netherlands

Current Situation of SRHR of Persons with Disabilities in Bangladesh in the Context of SDGs and UNCRPD



United Nations Convention On The Rights Of Persons With Disabilities



The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) is an international human rights treaty of the United Nations intended to protect the rights and dignity of persons with disabilities. It aims to ensure that persons with disabilities enjoy the same human rights as everyone else and that they can participate fully in society by receiving the same opportunities as others.

Bangladesh is one of 181 states that have ratified the UNCRPD

By ratifying the UNCRPD, Bangladesh is committed to promoting and protecting the full enjoyment of human rights by persons with disabilities and ensuring they have full equality under the law. The Convention covers a wide range of areas including, education, employment, access to justice, personal security, independent living, and access to information.

BANGLADESH

The Sustainable Development Goals



Recommended SRHR Targets for SDGs



SUSTAINABLE DEVELOPMENT G ALS



Ensure healthy lives and promote well-being for all at all ages

4 EDUCATION

Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all



Achieve gender equality and empower all women and girls

TARGET 3.7

By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs

TARGET 4.7

By 2030 ensure all learners acquire knowledge and skills needed to promote sustainable development, including among others through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship, and appreciation of cultural diversity and of culture's contribution to sustainable development

TARGET 5.2

By 2030 eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

TARGET 5.3

By 2030 eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

TARGET 5.6

By 2030 ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences





Ensure healthy lives and promote well-being for all at all ages

TARGET 3.7

By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs

INDICATORS

- Proportion of family planning demand met with modern contraception
- Proportion of health facilities that provide essential SRHR services
- Proportion of health facilities that provide postpartum, post abortion and/or HIV services that also provide clients who use those services with contraceptive information and care
- Proportion of young men and women aged 15-24 with basic knowledge about sexual and reproductive health and rights
- Adolescent birthrate among women aged 10-14, 15-17 and 18-19
- · Proportion of births to women younger than 20 that were unplanned
- Proportion of women using contraceptives who were informed about possible side effects of their method and how to deal with them
- · An indicator reflective of respectful care and human rights in provision of SRH information and services
- Country includes HPV vaccination in its vaccination program
- Proportion of health facilities that provide care for complications related to unsafe abortion or where it is not against the law, that provide safe abortion

UNCRPD ARTICLES ALIGNED WITH SDG 3

- This is underpinned by the right to life (CRPD article 10)
- Access to sexual and reproductive health services is recognized by the right to enjoyment of the highest attainable standard of health without discrimination on the basis of disability (CRPD article 25)
- Family planning, information and education is ensured by respect for home and the family (CRPD article 23), as well as articles 6, 7, 9, 11, 31 and 32





Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

TARGET 4.7

By 2030 ensure all learners acquire knowledge and skills needed to promote sustainable development, including among others through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship, and appreciation of cultural diversity and of culture's contribution to sustainable development

INDICATORS

• Proportion of schools that serve students in the age range of 12-17 years in which comprehensive sexuality education is available

UNCRPD ARTICLES ALIGNED WITH SDG 4

- Article 24 of the CRPD promotes an inclusive education system at all levels on the basis of equal opportunity and freedom from exclusion
- Persons with disabilities must have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training as outlined in article 27 of the CRPD
- Safe, non-violent learning environments can be enabled by protection from exploitation, violence and abuse outside the home in article 16 of the CRPD, in addition articles 5, 6, 7, 9, 31 and 32 apply





Achieve Gender Equality and Empower All Women and Girls

TARGET 5.6

By 2030 ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences

INDICATORS

- Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care
- · Whether universal access to contraceptive and SRH information and services is included in national policy

TARGET 5.2

By 2030 eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

INDICATORS

- Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age
- Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence

TARGET 5.3

By 2030 eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

INDICATORS

- Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18
- Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting, by age

UNCRPD ARTICLES ALIGNED WITH SDG 5

- Article 6 of the CRPD recognizes that women and girls with disabilities are subjected to multiple discrimination; the elimination of harmful practices requires effective women- and child-focused legislation and policies as outlined in article 16 of the CRPD
- The provision of social protection policies is covered by article 28 of the CRPD
- The right to participation in political and public life relates to article 29 of the CRPD; the right to the same range and quality and standard of free or affordable sexual and reproductive health is recognized in article 25 of the CRPD
- The right to reproductive and family planning is ensured through respect for home and family (CRPD article 23)
- · Women's right to ownership over land, property and inheritance is acknowledged in CRPD article 12's right to equal recognition before the law
- And the right to accessible information and communications for women and girls is outlined in article 21 of the CRPD
- The promotion of gender equality for women and girls with disabilities is recognized in article 8 of the CRPD on awareness-raising, in addition articles 5, 7, 9 and 31 are applicable

SDGs and Disability SRHR Scenario



Our Nationwide Research on SRHR of Persons with Disabilities



Objective 1:

Primary research among persons with disabilities to explore their SRHR needs, knowledge about SRHR, SRH sufferings and SRH service utilization

Objective 2:

Mapping of existing interventions and services relevant to SRHR of persons with disabilities in Bangladesh, identify gaps/limitations in the existing interventions and services and recommend strategies to improve delivery of efficacious interventions/services

Objective 3:

Exploring the policy approaches to promote SRHR of persons with disabilities in Bangladesh, identify gaps/limitations (if there is any) in the existing laws, policies and action plans, and recommend strategies to fill the gaps





TARGET 3.7

By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs

INDICATORS

Knowledge about Sexual and Reproductive Health Issues







Source of knowledge*	Male (%)	Female (%)
Academic institutions	17.7	13.5
Family	35.0	50.0
Friends	45.0	7.3
Neighbours	41.1	41.1
Health worker	38.3	43.8
Adolescent club	0.5	1.8
Private organizations	4.1	3.2
DPOs	1.0	1.8
Government health service centre	4.5	9.5
Private health service centre	3.1	3.2
Mass media	19.6	13.1
Others	1.3	0.8





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INDICATORS

Knowledge about Pubertal Changes





Adolescents participants with disabilities Knew about pubertal changes



Source of knowledge*	Male (%)	Female (%)
Academic institutions	51.2	41
Family	20.8	62.5
Friends	52.5	16.3
Neighbours	19.2	16.5
Health worker	3	8.8
Adolescent club	0	1.7
Private organizations	0	2.7
DPOs	0	1.6
Government health service centre	0	0.6
Mass media	12.7	1.9
Others	8.2	1.8





TARGET 3.7

By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs

INDICATORS

Knowledge about Menstrual Hygiene Management



Source of knowledge*	Female (%)
Academic institutions	15.9
Family	74.7
Friends	9.4
Neighbours	31.7
Health worker	15.5
Adolescent club	1.9
Private organizations	1.3
DPOs	1.0
Government health service centre	1.9
Private health service centre	0.8
Mass media	4.0
Others	0.5





TARGET 3.7

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INDICATORS

Knowledge about Family Planning





Ever married survey participants had Knowledge about family planning methods



Source of knowledge*	Male (%)	Female (%)
Academic institutions	3.9	2.4
Family	42.2	55.6
Friends	39.1	1.5
Neighbours	42.7	48.4
Health worker	44.0	47.8
Adolescent club	0.2	0.9
Private organizations	1.7	1.2
DPOs	0.1	-
Government health service centre	9.3	7.2
Private health service centre	4.0	1.7
Mass media	17.3	3.0
Others	0.2	0.0





TARGET 3.7

By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs

INDICATORS

Knowledge about Pregnancy and Maternal Health Issues





had knowledge about pregnancy and maternal health issues

Source of knowledge*	Female (%)
Academic institutions	3.4
Family	51.1
Friends	0.9
Neighbours	50.8
Health worker	57.8
Adolescent club	1.2
Private organizations	4.0
DPOs	0.6
Government health service centre	9.4
Private health service centre	2.0
Mass media	4.8





TARGET 3.7

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INDICATORS

Sexual and Reproductive Health Service Availability



In the past 12 months prior to the survey period 52.1% survey participants suffered from at least one SRH issues.



Among them **45.1**% sought SRH service

Service seeking is influenced by need, accessibility, availability and social practice " If I had too much trouble, I went to the doctors even twice or thrice in a month. Surjer hashi clinic was available for me whenever I faced any problems during pregnancy."

(40 years old female, visual impairment, married, urban)

"The Sadar hospital is very far. So we don't go there usually. I take medicine from pharmacy. Period crams urine infections are common phenomena. One doesn't need to see doctor for these. But during my delivery last time when placenta was torn and I bleed a lot then I went to sadar hospital"

(35 years old female, physical disability, married, rural)





TARGET 3.7

By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs

INDICATORS

Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods







Survey participants have used at least one family planning method





Survey participants have never used any family planning method







TARGET 3.7

By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs

INDICATORS

Adolescent birth rate among women aged 15-19 years







TARGET 4.7

By 2030 ensure all learners acquire knowledge and skills needed to promote sustainable development, including among others through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship, and appreciation of cultural diversity and of culture's contribution to sustainable development

INDICATORS

Education attainment and comprehensive sexuality education

53.4%	3.6% never attended school but can read	Reasons for being dropout	
*	35.1% did not complete their primary education	Lack of disability sensitive education system	 Participants who have never accessed education or been dropout from primary level had no or limited opportunity to access CSE via school However, age appropriate sexuality education provided at an earlier stage at a special needs school was found to be beneficial
	18.1% completed primary education	Inaccessible environment and infrastructure	
	26.5% did not complete their secondary education	Lack of institutional access	
Survey Participants had opportunity to access education	16.7% completed Secondary and above	Lack of disability friendly toilet at school	





TARGET 5.2

By 2030 eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

INDICATORS

Violence Against Women and Girls With Disabilities



TARGET 5.3

By 2030 eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

INDICATORS

Women and girls with disabilities' marriage or union before age 18



27.8%

Men with disabilities got married before the age of **21 Years**





TARGET 5.6

By 2030 ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences

INDICATORS

Women making informed decisions regarding sexual relations, contraceptive use and reproductive health care



*Reasons of not using FP methods were recorded in multiple response

Facilitators to attain SRHR specific SDGs



- National Women Development Policy 2011 has a chapter (Chapter 39) on women with disabilities. This chapter focuses on their education and inclusion in society
- DGFP is working to implement the Adolescent Reproductive Health Strategy 2017-2030, which has 4 focus areas: 1. Sexual and reproductive health of adolescents 2. Violence against adolescents 3. Adolescent nutrition 4. Mental health of adolescents. Adolescents with disabilities have been identified as a "special vulnerable group" under this Strategy
- The focus areas of the Strategy relate to SDG 3 (3.1, 3.2, 3.4, 3.7, 3.8), SDG 5 (5.1, 5.2, 5.3, 5.6, 5b) and SDG 2 (2.1, 2.2), and the Strategy can also contribute to achieving commitments under UNCRPD Article 25 (Health), if programs and activities carried out under the Strategy include and focus on adolescents with disabilities
- Bangladesh has also ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and also has commitments under the Fourth World Conference on Women (Beijing Conference, 1995), which specifically mentions SRHR needs of women. If Bangladesh can work towards achieving these in an inclusive manner, it would also contribute positively to SDG 3, 5 as well as UNCRPD Articles 5, 6, 7, 12, 13, 15. DGHS has issued a circular in 2018 regarding making services at government health facilities inclusive to persons with disabilities. If this is properly circulated to all healthcare centers and implemented, it can contribute to achieve SDG 3, as well as commitments under UNCRPD Articles 9, 19, 20, 25
- Jatiyo Protibondhi Unnayan Foundation runs Protibondhi Seba o Sahajya Kendro (disability service centres) in all 64 districts, and operates 32 mobile therapy vans which provide healthcare services (including maternity services) to women with disabilities in remote and rural areas in the country
- Article 31 of the UNCRPD commits State parties to collect statistics and data that are necessary to put the other commitments under the Convention into effect. As a signatory, since Bangladesh has a commitment to do so, it can be recommended that information be collected strategically in a way that is consistent with SDG's

Recommendations

- 1. More focus should be given towards ensuring the standard AAAQ (accessibility, availability, acceptability and quality) framework while delivering services and interventions related to SRHR of persons with disabilities
- 2. Age appropriate comprehensive sexuality education should be taught in all special schools and in technical and vocational training institutes in the country
- 3. Government should focus on reducing social stigma and misconception around SRHR of persons with disabilities
- 4. Ministry of Health and Family Welfare may take the initiative of providing free sanitary napkins to adolescent girls with disabilities in urban and rural areas
- 5. More awareness programs are required to prevent violence against persons with disabilities, especially the emotional abuse faced by persons with developmental disabilities
- 6. Institutional responses of different government departments need to be strengthened to address any kind of discrimination and abuse against persons with disabilities
- 7. Appropriate interventions and plans are required for providing legal support to the sexually assaulted victims. Capacity building of different officials (such as, health care providers, police personnel and practicing lawyers) should be considered a priority
- 8. Multisectoral collaboration among different ministries (e.g., Ministry of Social Welfare, Ministry of Health and Family Welfare etc.) and other stakeholders (e.g, NGOs, INGOs, DPOs, developmental partners and civil society) needs to be strengthened in order to meet the SDGs related to disability and SRHR and in ensuring the rights of persons with disabilities as per the UNCRPD



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