



September 2003

The Committee on the Rights of the Child

Re: Supplementary information on Bangladesh, scheduled for review by the Committee on the Rights of the Child during its 34th Session

Dear Committee Members:

This letter is intended to supplement the periodic report submitted by Bangladesh, which is scheduled to be reviewed by the Committee on the Rights of the Child during its 34th session. The Center for Reproductive Rights, an independent non-governmental organization, hopes to further the work of the Committee by providing independent information concerning the rights protected in the Convention on the Rights of the Child (Children's Rights Convention). This letter highlights several areas of concern related to the status of the reproductive health and rights of girls and adolescents in Bangladesh, with a focus on discriminatory or inadequate laws and policies.

Because reproductive rights are fundamental to adolescents' health and equality, states parties' commitment to ensuring them should receive serious attention. Furthermore, adolescent reproductive health and rights receive broad protection under the Children's Rights Convention. Article 24 of the Children's Rights Convention recognizes girls' and adolescents' right "to the enjoyment of the highest standard of health and to facilities for the treatment of illness and rehabilitation of health." It also requires states parties to take appropriate measures "to develop family planning and education services." Yet, despite these protections, the reproductive rights of girls and adolescents in Bangladesh continue to be neglected and, at times, blatantly violated.

We hope to bring to the Committee's attention the following issues of concern, which directly affect the reproductive health and rights of girls and adolescents in Bangladesh:

I. The Right to be Free from Traditional Practices that are Harmful to Children's Health (Article 24(3) of the Children's Rights Convention)

Article 24(3) requires states parties to take measures to abolish traditional practices that are harmful to children's health. The Committee has determined that child and forced marriage is both a harmful traditional practice and a form of gender discrimination.¹ In its most recent Concluding Observations on Bangladesh, the Committee expressed concern at "the persistence of harmful practices such as...early marriage."² It recommended that Bangladesh "develop public awareness campaigns and measures to

provide appropriate assistance to families in carrying out their child-rearing responsibilities with a view...to preventing early marriages and other harmful traditional practices.³

While child marriage is formally prohibited under Bangladeshi law, current legal provisions are inadequate to address the problem, which is widespread throughout the country. The Child Marriage Restraint Act of 1929 (Child Marriage Law) establishes the legal minimum age of marriage at age 18 for girls and age 21 for boys.⁴ Violating the Act is punishable with imprisonment and/or a fine.⁵ The Dissolution of Muslim Marriages Act, which co-exists with the Child Marriage Law, offers little additional protection. The Act provides that a girl married while under the age of 18 may repudiate the marriage before she turns 19, but only if the marriage has not been consummated.⁶ Such a provision ignores the reality of the married lives of child brides, who rarely are in a position to refuse sexual relations with their spouses.

In addition, traditional norms and community standards permit and even endorse child marriage. The widespread acceptance of child marriage is reflected in the fact that 80 percent of Bangladeshi women marry while they are still teenagers.⁷ The median age at marriage among women in Bangladesh is 15.⁸

II. The Right to Reproductive Health Services (Article 24 of the Children's Rights Convention)

Child marriage, generally accompanied by early pregnancy and childbirth, creates widespread need for reproductive health services among adolescents in Bangladesh. The Committee has regularly expressed concern in its Concluding Observations where adolescents have limited access to reproductive health services and has asked states parties to increase women's and adolescents' access to such services.⁹ The Committee has frequently expressed concern over high rates of maternal mortality, including in its most recent Concluding Observations on Bangladesh,¹⁰ and has brought attention specifically to maternal death related to teenage pregnancy.¹¹ To address high rates of maternal mortality, the Committee has asked states parties to allocate adequate resources¹² and develop comprehensive policies and programs.¹³ It has recommended measures to improve women's access to pregnancy-related health care services,¹⁴ emphasizing the importance of appropriately trained personnel attending births.¹⁵

Adolescents in Bangladesh begin childbearing early in life. One in three Bangladeshi women between the ages of 15 and 19 is already a mother or pregnant with her first child.¹⁶ Maternal mortality and morbidity is high among adolescent girls. While the overall maternal mortality rate in Bangladesh is estimated to be 480-600/100,000, for those under age 19, the rate exceeds 1800/100,000.¹⁷ Twenty-five percent of all maternal deaths occur to women under age 19.¹⁸

Girls also have a significant unmet need for contraception, leading to unwanted pregnancies and unsafe abortion. It has been estimated that 20% of married adolescents in Bangladesh have an unmet need for family planning.¹⁹ A little over half of ever-

married girls ages 15-19 have ever used a modern contraceptive method.²⁰ Only 31 percent of married women in this age group currently use a modern method.²¹ Statistics for unmarried adolescents are virtually unavailable, reflecting the invisibility of the reproductive health needs of this group.

Despite their needs, adolescents have long been neglected in Bangladesh's health care programs, which have emphasized children under five and maternal health.²² The Health and Population Sector Program (HPSP) has recently adopted a policy aimed at improving adolescent health. In addition, adolescent health services have been included in the Essential Services Package (ESP) and are addressed in a separate program entitled "Maternal Nutrition and Adolescent Health."²³ However, the HPSP is silent on the provision of reproductive health and family planning services to unmarried adolescents. It states in its policy that contraceptive services are not to be provided to unmarried adolescents.²⁴

III. The Right to Education on Sexuality and Family Planning (Article 24 of the Children's Rights Convention)

The Committee, in evaluating state party compliance with the Children's Rights Convention, has recognized states' duty to ensure access to sexual and reproductive health education. In numerous Concluding Observations, the Committee has recommended that states parties strengthen their reproductive health education programs for adolescents in order to combat adolescent pregnancy and the spread of HIV/AIDS and other STIs.²⁵

The HPSP aims to provide health education in communities and schools on issues including anemia, malnutrition and STIs.²⁶ Another government program, the School Health Pilot Project of the Directorate General Health Services, aims to introduce health education into school curricula. Included topics are reproductive health, safe sex, STIs and HIV/AIDS, adolescent contraception, the negative effects of early marriage and treatment of gynecological problems.²⁷

The vast majority of Bangladeshi adolescents are lacking vital information regarding their reproductive and sexual health. For example, only about 30% of ever-married women under 20 have heard of AIDS, with the majority living in urban areas.²⁸ Only about 16% of these women know that condoms are one means of preventing the transmission of HIV/AIDS.²⁹ Over 90% of ever-married women under 20 have no knowledge of STIs other than HIV/AIDS.³⁰ Clearly, the government of Bangladesh must do more to ensure that young women have the capacity to protect themselves from the risks associated with the onset of sexuality.

We hope the Committee will also consider addressing the following questions to the government of Bangladesh:

1. What is the government's legal and policy strategy for stopping the practice of child marriage? Does the government envision law reform to strengthen the legal

prohibition of the practice? What measures have been adopted to enforce existing norms?

2. What policies and programs have been adopted to improve accessibility of health care and family planning services, and to encourage adolescents to use services?
3. What legislation and measures have been initiated to ensure a better respect and protection of reproductive health and rights in rural areas?
4. What programs have been set up to improve education and information on sexual health?

There remains a significant gap between the provisions of the Children's Rights Convention and the reality of adolescents' reproductive health and lives. We appreciate the active interest that the Committee has taken in the reproductive health and rights of adolescents and the strong concluding observations and recommendations the Committee has issued to governments in the past, stressing the need to take steps to ensure the realization of these rights.

We hope that this information is useful during the Committee's review of the Bangladeshi government's compliance with the provisions of the Children's Rights Convention. If you have any questions, or would like further information, please do not hesitate to contact the undersigned.

Sincerely,

Melissa Upreti
Legal Adviser for Asia

Laura Katzive
Legal Adviser for Global Projects

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- ¹ See e.g., *Concluding Observations of the Committee on the Rights of the Child: Bangladesh*, para. 15, UN Doc. CRC/C/15/Add.74 (1997); *Concluding Observations of the Committee on the Rights of the Child: Burkina Faso*, para. 14, U.N. Doc. CRC/C/15/Add.19 (1994); *Concluding Observations of the Committee on the Rights of the Child: India*, paras. 32-33, U.N. Doc. CRC/C/15/Add.115 (2000).
- ² *Concluding Observations of the Committee on the Rights of the Child: Bangladesh*, *supra* note 1, para. 15.
- ³ *Id.*
- ⁴ Bangladesh, Child Marriage Restraint Act, Act XIX, §2(a) (1929) (as amended).
- ⁵ *Id.* Comments and illustration. “Marriage of a girl less than 18 years of age is not invalid by itself, though the adult husband contracting marriage and the persons solemnising the marriage may be criminally liable.” 22 DLR (S.C.) 289.
- ⁶ Bangladesh, Dissolution of Muslim Marriage Act, Act VIII, §2(vii) (1939) (as amended).
- ⁷ NATIONAL INSTITUTE OF POPULATION RESEARCH AND TRAINING (NIPORT) ET AL., BANGLADESH: DEMOGRAPHIC AND HEALTH SURVEY 1999-2000, p. 79 [hereinafter BANGLADESH DHS 1999-2000].
- ⁸ *Id.*
- ⁹ See e.g., *Concluding Observations of the Committee on the Rights of the Child: Benin*, para. 25, U.N. Doc. CRC/C/15/Add.106 (1999); *Concluding Observations of the Committee on the Rights of the Child: Cambodia*, para. 53, U.N. Doc. CRC/C/15/Add.128 (2000); *Concluding Observations of the Committee on the Rights of the Child: Mexico*, para. 27, U.N. Doc. CRC/C/15/Add.112 (1999).
- ¹⁰ *Concluding Observations of the Committee on the Rights of the Child: Bangladesh*, *supra* note 1, para. 20; *Concluding Observations of the Committee on the Rights of the Child: Colombia*, para. 48, U.N. Doc. CRC/C/15/Add.13 (2000); *Concluding Observations of the Committee on the Rights of the Child: Djibouti*, para. 41, U.N. Doc. CRC/C/15/Add.131 (2000); *Concluding Observations of the Committee on the Rights of the Child: India*, para. 48, U.N. Doc. CRC/C/15/Add.115 (2000).
- ¹¹ See e.g., *Concluding Observations of the Committee on the Rights of the Child: Chad*, para. 30, U.N. Doc. CRC/C/15/Add.107 (1999); *Concluding Observations of the Committee on the Rights of the Child: Dominican Republic*, para. 37, U.N. Doc. CRC/C/15/Add.150 (2001); *Concluding Observations of the Committee on the Rights of the Child: Peru*, para. 24, U.N. Doc. CRC/C/15/Add.120 (2000).
- ¹² See e.g., *Concluding Observations of the Committee on the Rights of the Child: Burundi*, para. 55, U.N. Doc. CRC/C/15/Add.133, (2000); *Concluding Observations of the Committee on the Rights of the Child: Georgia*, para. 45, U.N. Doc. CRC/C/15/Add.124 (2000); *Concluding Observations of the Committee on the Rights of the Child: Lesotho*, para. 44, U.N. Doc. CRC/C/15/Add.147, (2001).
- ¹³ See e.g., *Concluding Observations of the Committee on the Rights of the Child: Azerbaijan*, para. 45, U.N. Doc. CRC/C/15/Add.77 (1997); *Concluding Observations of the Committee on the Rights of the Child: Côte d'Ivoire*, para. 39, U.N. Doc. CRC/C/15/Add.155 (2001); *Concluding Observations of the Committee on the Rights of the Child: Dominican Republic*, paras. 37-38, U.N. Doc. CRC/C/15/Add.150 (2001).
- ¹⁴ See e.g., *Concluding Observations of the Committee on the Rights of the Child: Central African Republic*, para. 55, U.N. Doc. CRC/C/15/Add.138 (2000); *Concluding Observations of the Committee on the Rights of the Child: Guatemala*, para. 41, U.N. Doc. CRC/C/15/Add.154, (2001); *Concluding Observations of the Committee on the Rights of the Child: Yemen*, para. 24, U.N. Doc. CRC/C/15/Add.102 (1999).
- ¹⁵ See e.g., *Concluding Observations of the Committee on the Rights of the Child: Guatemala*, *supra* note 14, para. 35; *Concluding Observations of the Committee on the Rights of the Child: United Republic of Tanzania*, para. 47, U.N. Doc. CRC/C/15/Add.156 (2001); *Concluding Observations of the Committee on the Rights of the Child: Yemen*, *supra* note 14, para. 24.
- ¹⁶ J.L. Ross et al., *Bangladesh* in GENDER, SEXUALITY AND REPRODUCTIVE HEALTH IN SOUTH ASIA 1-33, 12 (Pilar Ramos-Jimenez & Celeste Maria V. Condor, eds. 2001).
- ¹⁷ *Id.* at 8.
- ¹⁸ *Id.*
- ¹⁹ BANGLADESH DHS 1999/2000, *supra* note 7, at 91.
- ²⁰ *Id.* at 49.
- ²¹ *Id.* at 51.
- ²² J.L. Ross et al., *supra* note 16, at 22 (2001).

²³ UNESCO Bangkok, *Adolescent Sexual and Reproductive Health, Case Studies: Bangladesh, Program Responses*, available at <http://www.unescobkk.org/ips/arh-web/demographics/bangladesh1.cfm> (last viewed Sept. 8, 2003).

²⁴ UNESCO Bangkok, *Adolescent Sexual and Reproductive Health, Case Studies: Bangladesh, Demographic Characteristics*, available at <http://www.unescobkk.org/ips/arh-web/demographics/bangladesh2.cfm> (last viewed Sept. 8, 2003).

²⁵ See *Concluding Observations of the Committee on the Rights of the Child: Argentina*, para. 19, U.N. Doc. CRC/C/15/Add.35 (1995); *Concluding Observations of the Committee on the Rights of the Child: Egypt*, para. 44, U.N. Doc. CRC/C/15/Add.145 (2001); *Concluding Observations of the Committee on the Rights of the Child: Georgia*, para. 47, U.N. Doc. CRC/C/15/Add.124 (2000); *Concluding Observations of the Committee on the Rights of the Child: Latvia*, paras. 39-40, U.N. Doc. CRC/C/15/Add.142 (2001); *Concluding Observations of the Committee on the Rights of the Child: Russian Federation*, para. 48, U.N. Doc. CRC/C/15/Add.110 (1999).

²⁶ UNESCO Bangkok, *supra* note 23.

²⁷ *Id.*

²⁸ BANGLADESH DHS 1999/2000, *supra* note 7, at 148.

²⁹ *Id.* at 150.

³⁰ *Id.* at 154.