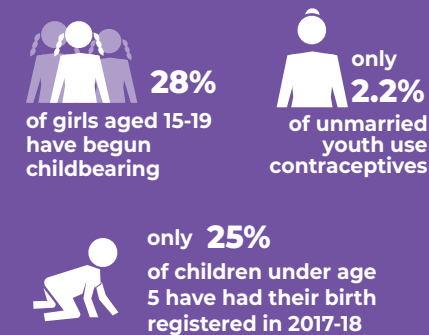


ADDRESSING THE ISSUE OF ADOLESCENT PREGNANCIES IN BANGLADESH



Resilience through Information on SRHR & Empowerment

Adolescent pregnancy (below 19 years) is a complex issue that presents many risks to adolescents and young people, particularly girls and young women. It affects young women's health, education, financial independence, and increases risks of violence. In Bangladesh, 28% of girls aged 15-19 have begun childbearing¹. Research has shown that underlying causes are limited knowledge of sexual and reproductive health and rights (SRHR), limited access to sexual and reproductive health services, and high rates of child marriage². For example, only 2.2% of unmarried youth use contraceptives. Also, only 25% of children under age 5 have had their birth registered in 2017-18¹, which contributes to the undermining the Child Marriage Restraint Act 2017. Many of these challenges are further amplified in fragile settings and for youth from marginalised backgrounds.



Source: Bangladesh Demographic and Health Survey 2017-18¹

Child marriages are increasingly occurring, often due to the poor implementation of the Child Marriage Restraint Act 2017

Without adequate SRHR related knowledge, information & services provided to young people, adolescent pregnancies will continue

Both unmarried and married adolescents have the right to seek sexual and reproductive health (SRH) services from health centers.

Adolescent pregnancy: What do we want to achieve?

1. Strengthen the implementation of the Child Marriage Restraint Act 2017

- Focus on targeting and sensitising individuals involved in organising underage marriages and raise the minimum age of marriage to 18 years under all circumstances.
- Monitor Union Parishads to ensure that ages specified in birth certificates are authentic.
- Ensure that law reform and implementation focuses on securing rights of young women and is not solely punitive in nature.

2. Include comprehensive SRHR education in school curricula, vocational education and community-based activities

- Comprehensive SRHR education includes information on prevention of pregnancy, including on contraception.
- Selected teachers in each primary and secondary school are trained as counsellors on SRHR-related issues.
- Invest in out-of-school SRHR education for marginalised youth (those with disabilities, those in refugee camps etc.)

3. Strengthen the implementation of the National Strategy for Adolescent Health 2017-2030

- All adolescents and young people regardless of marital status have access to contraceptive services.
- Health care providers are trained in the provision of youth-friendly health services and have positive attitudes towards youth's SRHR needs.

You can read more about adolescent pregnancies in Bangladesh [here](#)

¹ National Institute of Population Research and Training (NIPORT), and ICF. 2020. Bangladesh Demographic and Health Survey 2017-18. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT and ICF. Available at: www.dhsprogram.com

² Chatterjee, O., Kakal, T., Hossain, B. M. (2022). "My mother-in-law forbade me to take pills": Factors driving adolescent pregnancies among young women clients from health clinics in Bangladesh. Amsterdam: KIT Royal Tropical Institute.