

## **Intersecting Identities, Gender and Health: A Mapping of Adolescent Health Challenges in Bangladesh\***

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### **Abstract**

This article discusses the importance of adolescent health and wellbeing for realising the dreams of future Bangladesh. Using data from secondary sources, the paper provides an overview of the challenges faced by adolescents with a focus on gender and intersectionality. Adolescents have unique health needs that are often neglected, and gender norms and values play a significant role in shaping access to resources and opportunities, eventually affecting the physical, mental, and sexual and reproductive health of males and females differently. The contemporary world becomes constrained for girls and they face additional health risks due to child marriage, childbirth, reduced contraception usage, gender-based violence, malnutrition, household and care giving responsibilities. On contrary, the world tends to open up for boys making them vulnerable to health risks like child labour, occupational injuries, physical violence, substance abuse, and suicide. Furthermore, the marginalised groups of adolescents including sexually diverse groups, children of sex workers, street children, orphans, disabled individuals, coastal and indigenous inhabitants face multiple layers of discrimination and health inequalities due to their geographical, socio-economic, gender and sexual identities. All of these diversities need to be taken into account while designing policies for addressing the specific health needs of different groups. Their health needs should be incorporated from a

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more holistic and broader perspective, using both gender and intersectional lens. This paper emphasises the necessity to include the perspectives and voices of diverse adolescent groups in policymaking to ensure appropriate and effective solutions.

**Key words:** Bangladesh, adolescents, gender, physical health, mental health, sexual health, voice, agency.

## 1 Introduction

Adolescence can be defined as a phase of socialisation process and a period of human development that take place between childhood and adulthood. It is considered as one of the most critical stages of human life involving multi-dimensional changes such as biological, psychological, mental and social triggering new pressures and challenges. Pubertal changes and changes in brain structure take place as a part of biological change. Adolescents' cognitive capacities mature along with the development of critical thinking skills as a part of their psychological and mental change. They also encounter social changes due to the transitions in their responsibilities and the multiple roles adolescents are expected to play in different spheres including family, community and school.<sup>3</sup> These changes take place simultaneously but at a different pace for each adolescent based on gender identity, educational background, socio-economic conditions, and exposure to other structural and environmental factors.<sup>4</sup> The transitioning period from childhood to adulthood also marks a phase of increased autonomy and independent decision-making that influence an individual's health-related behaviour in the long run.

The global adolescent population stands at more than 1.3 billion constituting 18% of the total world population, most of whom live in the Global South<sup>5</sup> including Bangladesh. Around 36 million adolescents live in Bangladesh, which account for 20 percent of the country's total population.<sup>6</sup> This huge bulk of young population represents a demographic window of opportunities. However, adolescents can contribute to the development of a country only if they are well harnessed and invested in. Turning adolescent population into human resource through ensuring their health and well-being is the pre-requisite for realising the benefits of

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<sup>3</sup> N. Jaworska and G. MacQueen, "Adolescence as a Unique Developmental Period", *J Psychiatry Neurosci*, Vol. 40 (September), 2015, pp. 291-293

<sup>4</sup> N. Jones *et. al.*, "Intersecting Inequalities, Gender and Adolescent Health in Ethiopia", *International Journal for Equity in Health*, Vol. 19, 2020.

<sup>5</sup> *Adolescent Data Portal*, (UNICEF 2023)

<sup>6</sup> A. Sigma *et. al.*, *Adolescents in Bangladesh: A Situation Analysis of Programmatic Approaches to Sexual and Reproductive Health Education and Services*, (Population Council 2017)

demographic dividend. In line with it, this paper specifically addresses the issue of adolescent health challenges in Bangladesh. This area requires special attention in the arenas of both research and policy since adolescents are particularly vulnerable to health risks encompassing areas of physical, sexual, reproductive and mental health.

The reality, however, is that adolescents remain an unexplored area, often neglected, silenced and pushed back into oblivion as a problematic entity from the mega national, social and cultural discourse. Adolescence, as a stage of life develops and moves on without proper attention. In Bangladesh, adolescents remain one of the under-served priority targets under existing health programmes.<sup>7</sup> Through the inclusion of Sustainable Development Goals and Vision 2041, the government undertook a range of policies targeting adolescent health i.e. National Strategy for Adolescent Health (2017-2030),<sup>8</sup> but the agenda remains far from complete. The mainstream policies lack intersectional understanding on health issues and mostly focus on the health problems of married adolescents, limited to their maternal health or menstrual hygiene practices. The existing policies overlook important issues including healthy lifestyles, substance abuse, violence and injury prevention and most importantly mental health and well-being.<sup>9</sup> The picture, however, is not all bleak. Over the past decades, Bangladesh has shown achievements in numerous health indicators including adolescent mortality, malnutrition, and communicable diseases.<sup>10</sup> The gains have not been equal for all. The specific health needs of marginalised adolescent groups have remained neglected including adolescents living in streets, informal settlements, coastal belts, brothels, detention centers or the ones working under hazardous conditions.<sup>11</sup>

More precisely, girls in Bangladesh remain starkly disadvantaged compared to their male counterparts in every adolescent cohort. Bangladesh Bureau of Statistics (BBS 2011)<sup>12</sup> estimated the country having 14.4 million girls and 15.1 million boys. The

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<sup>7</sup> T. A. Chowdhury, "Adolescent Health in Bangladesh", *Journal of Bangladesh College of Physicians and Surgeons*, Vol. 33 (January), 2015, pp. 01-02

<sup>8</sup> *Bangladesh National Strategy for Adolescent Health (2017-2030)*, (Ministry of Health and Family Welfare 2016)

<sup>9</sup> A. Williams *et. al.*, "What We Know and Don't Know: A Mapping Review of Available Evidence, and Evidence Gaps, on Adolescent Sexual and Reproductive Health in Bangladesh", *Sexual and Reproductive Health Matters*, Vol. 29, 2022

<sup>10</sup> T. Sultana, "Present Health Status in Bangladesh: Challenges and Achievements", *Journal of Economics and Business*, Vol. 2 (November), 2019

<sup>11</sup> J. Dejaeghere and S. K. Lee, "What Matters for Marginalised Girls and Boys in Bangladesh: A Capabilities Approach for Understanding Educational Well-Being and Empowerment", *Research in Comparative and International Education*, Vol. 6 (January), 2011, pp. 27-42

<sup>12</sup> *Bangladesh Population and Housing Survey 2011*, (Bangladesh Bureau of Statistics, 2015)

proportion of both male and female populations who make it to the age bracket of 15-19 from 10-14 has increased in Bangladesh. However, the proportion is higher among boys than girls that clearly indicates the existing gender gaps in health and well-being among the adolescents.<sup>13</sup> Similarly, Bangladesh Sample Vital Statistics (2022) hints at a striking gender gap for the age cohorts of 10-14 and 15-19. Both the cohorts constitute more number of boys than girls, and the gap widens during late adolescence (aged 15-19).<sup>14</sup> This large under-enumeration of young women in comparison to their male counterpart has been termed as “missing female youth”<sup>15</sup> and it reveals some serious social biases against this gender and age group which is likely to affect appropriate policies and provisions for young women's health services. Gender disparity thus becomes crucial to scrutinising the cohort of adolescent population in Bangladesh. It is important to analyse the unequal gender norms and roles for a better understanding of how the socially constructed identities and gender power relations exacerbate the health related risks, behaviour and outcomes for women in different age and social groups. It is essential that the matter of inequitable expectation in behavioral pattern and roles of male and female adolescents is addressed to understand the societal view of the power relations between the genders, the health risks they face and how they seek remedies to those risks, and its consequences on different genders across age and social groups.

Adolescents are a distinct group in the society and display major differences compared to other groups like children and adults. Despite such concerns, adolescents often get cornered or neglected as a population group in health research, being either generalised with younger children or with young adults.<sup>16</sup> Existing academic literature also treats adolescents as a homogenous group with paying inadequate attention to the inequalities related to socioeconomic status, age, gender, ethnicity, place of residence or disability among this group.<sup>17</sup> Against this backdrop,

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<sup>13</sup> This paper has drawn statistics from the previous census of 2011. According to the census of 2022, male population was higher for the age group of 10-14. While, for the next age cohort (15-19), female population has been reported to be higher than male population. The paper preferred not to use the latest census data due to the controversial questions raised against its authenticity

<sup>14</sup> *Bangladesh Sample Vital Statistics: Key Findings (2022)*, (Bangladesh Bureau of Statistics, Statistics and Information Division, Ministry of Planning)

<sup>15</sup> R. I. Rahman, *Demographic Dividend and Youth Labour Force Participation in Bangladesh*, (Bangladesh Institute of Development Studies 2014)

<sup>16</sup> M. Stelin, *Thinking about Adolescent neglect A Review of Research on Adolescent Neglect Focusing on Identification, Assessment and Intervention*, (University of York 2018)

<sup>17</sup> J. Dejaeghere and S. K. Lee, “What Matters for Marginalised Girls and Boys in Bangladesh: A Capabilities Approach for Understanding Educational Well-Being and

this paper offers an overview of adolescent health status and challenges in Bangladesh by applying both gender and intersectional lens.<sup>18</sup>

## 2 Who are the ‘Adolescents’?

Defining the age of adolescence has long posed a conundrum. There is no universally accepted definition of adolescence, it varies from culture to culture and changes across time. The definition provided by United Nations is widely accepted, setting the age range of 10-19 years for defining adolescents. Alike their parent organisation, UNFPA (United Nations Population Fund) and WHO (World Health Organisation) also adhere to the same age range (10-19) for defining adolescents. UNCRC (United Nations Convention on the Rights of the Child) identifies anyone under the age of 18 as children. The transitional phase of adolescence is further divided into two developmental stages; (i) early adolescence (10-14 years) and (ii) late adolescence (15-19 years).<sup>19</sup>

In Bangladesh, the age of adolescents has been a subject to huge debate over the decades. The state documents refer to different age bars to define adolescents/children<sup>20</sup> depending on the context of laws/policies, leading to immense confusions and ambiguities.<sup>21</sup> The Majority Act (1875) has laid down the age of maturity at 18. The Suppression of Women and Children Act (2000) lowers the bar and identifies anyone under the age of 16 as a child. Bangladesh Penal Code (1860) and Bangladesh Labour Act (2006) also lower the age bars to define children based on specific contexts. Bangladesh National Child Policy (2011) defines every citizen under the age of 18 as a child and specify the age range of 14-18 for adolescents. The Children Act (2013) sets forward that anyone before reaching the age of 18 should be treated as a child. Under the provisions of Child Marriage Restraint Act (2017), men reach adulthood at the age of 21 and women at the age of 18.<sup>22</sup> Historically, the laws and policies have been using different age bars to define the term “adolescents”.

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Empowerment”, *Research in Comparative and International Education*, Vol. 6 (January), 2011, pp. 27-42.

<sup>18</sup> Intersectional lens enables us to recognise the fact that membership in a particular group can make people vulnerable to various forms of oppression. Because we are simultaneously members of many groups, our complex identities can shape the specific way we each experience oppression.

<sup>19</sup> “Age Limits and Adolescents”, *Paediatrics & Child Health*, Vol. 8 (November), 2003.

<sup>20</sup> In some occasions, the terms ‘children’ and ‘adolescents’ have been used interchangeably in this paper.

<sup>21</sup> S. R. Nath, *Adolescents and Youths in Bangladesh: Some Selected Issues*, (BRAC 2006)

<sup>22</sup> A. Banu, and N. Ahmed, *Dreams of Adolescents, Bangladesh National Human Development Report*, (Ministry of Finance 2021)

Following the National Strategy for Adolescent Health (2017-2030) and WHO's framework, this paper defines individuals aged 10-19 as adolescents with the age cohort of 10-14 as early adolescents and the age cohort of 15-19 as late adolescents.

### **3 Methodological Issues**

As it was mentioned earlier that the paper emanated from the Chapter on “Dreams of Adolescents” in BNHDR, 2021,<sup>23</sup> but this paper went beyond and looked into issues which could not be accommodated in the report due to scope limitation. BNHDR addressed the health issues of adolescents from a more conventional approach, broadly in areas of physical, mental, and reproductive health. Our paper departed from the preceding report with an expanded focus on sexual health. It captured how sexuality issues and sexual practices affect adolescent health, the topics often considered as controversial and difficult to be addressed in a traditional society. The discussions of BNHDR was confined to the gender based health inequalities while our paper has adapted a broader and more intersectional approach. We elaborated how unequal social and gender norms at both public and private spheres shape the health ramifications for adolescents. Furthermore, we explored how multiple horizons of vulnerabilities intersect each other leading towards various levels of victimhood and health inequalities.

The paper was written based on data derived from secondary sources, focusing on both qualitative as well as quantitative studies. Extensive data was collected through governmental, non-governmental, and independent sources. Journal articles, government reports, research papers, newspaper articles, reports from various NGOs including Interweb resources and websites were analysed through a gender and intersectional lens. Quantitative studies and statistical data were helpful to understand the broader picture and overall trends and patterns of adolescent health in Bangladesh. However, they often seemed inadequate to explain and understand how socio-cultural dimensions, intra-household power dynamics, and personal choices shape the nexus of gender, intersectional identities, and health outcomes. Adolescent health related disparities are deeply rooted in social and cultural factors embedded in values, norms, sanctions and barriers, and these are not always reflected in quantitative macro-data alone. Capturing these critical issues, which are often unquantifiable, required us to review qualitative studies, narratives, and insights. Qualitative studies, although not representative and often difficult to reach a generalized conclusion, were crucial in revealing multiple layers of inequalities

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<sup>23</sup> Ibid

otherwise blurred in macro-data. They allowed exploration of new issues and horizons beyond numbers and facts.

Writing about adolescents however was not easy. It soon became apparent that our knowledge of adolescents was quite limited. Our own adolescence, no matter how glowing and/or traumatic it seemed are often muted, sometimes to be painted rosy and radiant, shifted further away from the reality. How many of us have truly tried to delve into the lives of adolescents with all its trauma and triumph, dreams and disappointments as experienced across class, gender, sex, location and other diverse situations? How far is it justified to write about them without really listening to their voices? We again are limited by focusing on health issues only while adolescent's wellbeing like any other issues in our lives are shaped and molded by myriads of factors which are all linked in a web of entangled reality. We remain humble and inadequate in attempting to fathom the landscape of this deep, dark and unknown terrain through secondary data only. Hope this meagre attempt will open up windows for further research based on primary data, which will carve out spaces for the adolescents to raise their voices in their own terms.

#### **4 Impact of Gender Norms and Values on Adolescent's Health**

Adolescence is a period that fosters personal growth towards adulthood. It is a transitional period in which social expectations and conventions create a greater impact on what young people do and are expected to do. As children enter into adolescence, they enter into a different set of roles and expectations as a result of the manifestations of their sexual maturity. One's nature of engagement with peers and the outside world changes during puberty which influences the values and aspirations they carry into adulthood.<sup>24</sup> Gender norms which start to influence adolescent trajectories and influence many life-altering decisions in adolescence and beyond are central to those values. Gender norms are the unspoken rules of society that establish what qualities and actions are regarded favorable for men, women and other gender minorities.<sup>25</sup> The distribution of power and resources, both inside and outside the home, as well as the formal and informal sociocultural institutions embedded in a patriarchal society impact on adolescent health, wellbeing, their educational and employment opportunities across gender categories.

Romanticising adolescence as the most crucial period of life's journey is not unproblematic across diverse categories of adolescents. Adolescents are frequently

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<sup>24</sup> R. W. Blum *et. al.*, "It Begins at 10: How Gender Expectations Shape Early Adolescence Around the World", *J. Adolesc Health*, Vol. 4 (October), 2017, pp. S3-S4.

<sup>25</sup> B. Barnett, "Gender Norms Affect Adolescents", *Network (Research Triangle Park, N.C.)*, Vol. 17, 1997, pp. 10-13

misunderstood by the society as troublesome (*balai*/ বালাই in Bangla),<sup>26</sup> a misfit who does not belong to either world of children or adults. Particularly male adolescents are often judged as being arrogant, unruly, hooligans, rough and insolent, easily criminalised, to be controlled, avoided, or tortured, and careless disregard towards their particular physical and mental needs remain a reality in Bangladesh, as it does in many other countries. Due to gender norms that prioritise girls' sexual and reproductive capacity at the expense of their education, agency, and talents, this period of life can be much more problematic for girls and have life-threatening ramifications for future generations.<sup>27</sup>

Adolescent girls in low- and middle-income countries, like Bangladesh, may be especially vulnerable to the endorsement of gender stereotypes. A girl might not have a say in the major life decisions due to unfair gender norms. The world of girls frequently becomes more constrained during the early adolescent years when they are forced to leave behind their comparably carefree childhood in order to pursue the norms of adult womanhood. It often places a focus on household and caregiving duties which usually lead to school dropouts, restriction of female sexuality, child marriage, childbirth, reduced contraception usage, violence against women/girls, malnutrition, neglect, rape, and suicide.<sup>28</sup> These gendered expectations have a significant impact on girls' health and development which persists throughout adulthood and to the following generation. Unequal gender norms are associated with a number of negative health consequences including maternal death, infant and/or child mortality, inadequate child nutrition and other outcomes.<sup>29</sup>

Contrarily, throughout the early stages of puberty, the world tends to open up for boys but this comes with a price. The extroverted personalities of young boys make them more likely to engage in risky criminal activity. They experience physical violence, die in car accidents, suffer injuries or homicide, engage in interpersonal violence, use drugs, and commit suicide.<sup>30</sup> Male gender norms are characterised by a need to prove their masculinity through dominating women and other minority

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<sup>26</sup> R. Tagore, *Chhuti (Bangla) Homecoming, in Golpo Guccho (Bangla): A Collection of bengali short stories*, (Edition Next 2015).

<sup>27</sup> H. B. Shakya *et. al.*, "Adolescent Gender Norms and Adult Health Outcomes in the USA: A Prospective Cohort Study", *The Lancet*, Vol. 3, 2019, pp. 529-38

<sup>28</sup> C. Harper *et. al.*, *Empowering Adolescent Girls in Developing Countries: Gender Justice and Norm Change*, (Routledge 2018).

<sup>29</sup> M. Nussbaum, *Creating Capabilities: The Human Development Approach*, (Harvard University Press 2011).

<sup>30</sup> L. Puma, *Gender Violence in Poverty Contexts: The Educational Challenge*, (Routledge 2015)



groups, likely to trigger a range of health hazards for men related to injury, violence, and substance use.<sup>31</sup> These normative discourses about adolescent boys encourage them to engage in criminal activities namely “Kishore gangs”,<sup>32</sup> or suffer from low self-esteem. Male adolescents have a far higher frequency of physical disability than female adolescents, mostly because they are more exposed to the outside world and frequently work in dangerous or physically taxing child labor which increases their risk of occupational injuries.<sup>33</sup>

Although girls tend to have higher rates of adolescent self-harm and suicide tendencies, young men typically have higher rates of suicide deaths. Young men are nearly universally more likely to have substance use problems and dangers associated with alcohol, cigarette, and illegal drug use. Boys die earlier than girls from mid-adolescence onwards, yet, girls and women often have higher levels of health-related impairment and lower subjective well-being.<sup>34</sup>

One of the most prevalent outcomes of gender inequalities on the lives of adolescent girls is the unfair share of food and resource allocation at household level. In a patriarchal society, a household having enough grains does not necessarily ensure everyone’s equal access to food and nutrition.<sup>35</sup> Women and girls are the first ones to be left out of this list. Patriarchal values encourage parents to invest more on raising boys than girls. Boys are expected to fulfil family responsibilities while girls would be married off into other households.<sup>36</sup> The unequal distribution of food, access to health and nutrition, and access to education are only a few examples of the intra-household inequities between boys and girls that are brought on by this prejudiced assumption. Making concessions in relation to food distribution and consumption is

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<sup>31</sup> T. S. Betancourt *et. al.*, “Past Horrors, Present Struggles: The Role of Stigma in the Association between War Experience and Psychological Adjustment among Former Child Soldiers in Sierra Leone”, *Social Science & Medicine*, Vol. 7, 2010, pp. 17-26.

<sup>32</sup> A. A. Mamun, “Kishor (Youth) Gang Culture: A Threat to the Erosion of Social Values”, *International Journals of Progressive Science and Technologies*, Vol. 23, 2020, pp. 224-229; Adolescent gangs who engage in criminal activities such as gang murder, gang robbery or gang rape.

<sup>33</sup> R. W. Blum *et. al.*, “It Begins at 10: How Gender Expectations Shape Early Adolescence Around the World”, *J Adolesc Health*, Vol. 4 (October), 2017, pp. S3-S4.

<sup>34</sup> R. G. Levitov *et. al.*, “Pathways to Gender-equitable Men: Findings from the International Men and Gender Equality Survey in Eight counties”, *Men and Masculinities*, Vol. 17, 2014, pp. 1-35.

<sup>35</sup> A. Banu, *Human Development, Disparity and Vulnerability: Women in South Asia*, (UNDP 2016)

<sup>36</sup> M. A. Razzaque & A. Ahsanuzzaman, “Intrahousehold Resource Allocation and Women’s Bargaining Power: New Evidence from Bangladesh”, *SSRN*.

another aspect of female socialisation. Many adolescent girls, married and unmarried, have absorbed the altruistic gender norms to sacrifice food for their fathers, siblings, and husbands.<sup>37</sup> Factors such as birth order, the number of female children, and family size have an impact on how highly valued women are, further highlighting how discrimination against girls is changing.<sup>38</sup> The preference for sons is waning in Bangladesh as more and more parents believe that daughters will provide them with more security as they age<sup>39</sup> but this is yet to be reflected in the lives of girls ('*konnya shishu*' in Bangla) and female adolescents ('*Kishori*' in Bangla) real life opportunities and transformative changes. Despite many changes, the girls and female young adults are still encouraged to internalise the gender norms of being a wife, a mother and looking after their home and hearth as their primary responsibilities. While the young males are systematically picking up the masculine roles as expected of them. Gender norms and values thus significantly affect the entire spectrum of physical, mental and reproductive health of the adolescents of Bangladesh.

## 5 Physical Health

Adolescence brings about a change in the physical health of a person which sees quick changes in body functions, sexual, neurological changes as well changes in behaviour<sup>40</sup> which is again shaped by the social and cultural settings. For girls, the prevalent traditional roles that they are expected to fulfil in the family imposes heavy burden on their physique,<sup>41</sup> e.g. daily household duties like collecting water and firewood or caring for the younger children etc.<sup>42</sup> That being the case, girls in lower income countries naturally have poorer nutritional profiles given that the adolescents need more nutrient intake than adults.<sup>43</sup>

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<sup>37</sup> L. Erin, "Complicating Narratives on Women's Food and Nutrition Insecurity: Domestic Violence in Rural Area", *Elsevier*, Vol. 104, 2018, pp. 271-280.

<sup>38</sup> R. W. Blum *et al.*, "Using a Gender Lens to Understand Eating Behaviour of Adolescent Females Living in Low Income Households in Bangladesh", *Maternal and Child Nutrition*, Vol. 15, 2019, pp. 1-13.

<sup>39</sup> N. Kabeer *et al.*, "Diverging Stories of 'Missing Women' in South Asia: Is Son Preference Weakening in Bangladesh?", *Feminist Economics*, Vol. 20, 2014, pp. 138-163.

<sup>40</sup> J. K., Das *et al.*, "Nutrition in Adolescents: Physiology, Metabolism, Nutrition Needs", *Annals of New York Academy of Sciences*, Vol. 1393, 2017, pp. 21-33.

<sup>41</sup> R. Oniang'o, and M. Mukudi, *Nutrition and Gender*, (Nutrition: A Foundation for Development 2002)

<sup>42</sup> C M. Blackden, and Q. Wodon., *Gender, Time Use and Poverty in Sub-Saharan Africa*, (World Bank 2006)

<sup>43</sup> R. Caleyachetty *et al.*, "The Double Burden of Malnutrition among Adolescents: Analysis of Data from the Global School-based Student Health and Health Behavior in School-aged

In Bangladesh, girls suffer from alarmingly lower nutrition than their male counterpart, and two factors contribute to this state, namely – poor diets and bearing child at early age. The latest adolescent health and wellbeing survey (2019-20) reported one-third of female adolescents as physically stunted compared to one-fifth of their male counterparts.<sup>44</sup> Impaired growth in adolescents is 36 percent while the body mass index (BMI) is 50 percent.<sup>45</sup> Between 25–27% adolescent is anemic and 30% in the age group of 14-18 suffer from iron deficiency. While the number of adolescents suffering from zinc deficiency is unknown nearly half i.e. 47-54% are deficient in Vitamin A. Expectant women and breastfeeding mothers have insufficient caloric intake by about 60% or over, impacting on the fetus and resulting in malnourished-born babies.<sup>46</sup>

Higher undernourishment produces higher number of under-weight female adolescents. A consequence of undernourishment is enhanced likelihood of illness and death, poor mental development resulting in reduced productivity.<sup>47</sup> In Bangladesh, prevalence of underweight adolescent girls also is high – in as much as 33 percent of them are thin and of them 11 percent is severely or moderately thin. Notably, adolescent girls from low-income families living in urban areas have more severe thinness than girls living in rural areas and are more so in their early life.<sup>48</sup> Besides, more number of unmarried than married adolescent girls suffer from under-nutrition.<sup>49</sup> Nutritional deficiency is also contingent on one's geographical location, like hill areas, vulnerable zones in terms of food deficit, flood, river erosion, other natural disasters or pandemic like COVID-19.<sup>50</sup>

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Children Surveys in 57 Low- and Middle-Income Countries", *American Journal of Clinical Nutrition*, Vol. 108 (August), 2018, pp. 414-424.

<sup>44</sup> *Bangladesh Adolescent Health and Wellbeing Survey (2019-20)*, (Ministry of Health and Family Welfare 2021)

<sup>45</sup> S. Ahmad *et al.*, "Nutritional Status of Adolescent Girls in Bangladesh: Findings of a Community based Survey", *American Journal of Public Health Research*, Vol. 8 (July), 2020. pp. 122-124

<sup>46</sup> S. Ahmad *et al.*, "Nutritional Status of Adolescent Girls in Bangladesh: Findings of a Community based Survey", *American Journal of Public Health Research*, Vol. 8 (July), 2020. pp. 122-124

<sup>47</sup> M. Blössner and M. Onis, *Malnutrition: Quantifying the Health Impact at National and Local Level*, (WHO 2005)

<sup>48</sup> S. Ahmad *et al.*, "Nutritional Status of Adolescent Girls in Bangladesh: Findings of a Community based Survey", *American Journal of Public Health Research*, Vol. 8 (July), 2020. pp. 122-124

<sup>49</sup> *Bangladesh Adolescent Health and Wellbeing Survey (2019-20)*, (Ministry of Health and Family Welfare 2021)

<sup>50</sup> *Bangladesh National Strategy for Adolescent Health (2017-2030)*, (Ministry of Health and Family Welfare 2016)

Another evolving area of concern is the increasing number of obese and overweight adolescents. In an epidemiological study carried countrywide it was revealed that the percentage of childhood overweight and obesity is 9.5 and 3.5 percent respectively.<sup>51</sup> Around 16% of adolescent girls are reportedly overweight compared to 9% of adolescent boys.<sup>52</sup> The causes contributing to this are speedy urbanisation, socio-economic development, changes in the way of living made pronounced by lack of physical activities, shrinking space for outdoor games, easy access to new technological devices and quick demographic and epidemiological changeover.<sup>53</sup> Obesity is a class issue since its prevalence is higher among urban adolescents, mostly among girls from middle and higher socio-economic groups.<sup>54</sup> In developing nations, malnutrition and caesarean delivery exert considerable influence in the prevalence of overweight and obesity in children and adolescents.<sup>55</sup> From the above discussions, it is evident that urban adolescent girls at the same time occupy the highest rates of both over and undernutrition. A raft of issues dictates the differences in the nutritional status, and those could be the different conditions of domestic economy, intra-family disparate gender norms, assumption related to girls needing less calorie, lack of mobility and physical exercise, quantity and quality of diet and access to healthcare and nutrition services, disease burden, lack of awareness of the long-term costs of undernutrition of adolescents, and being deprived from the process of household decision making.

Nevertheless, the situation is not entirely grim. Bangladesh, a poverty and hunger-stricken country following its independence achieved remarkable progress in eradicating undernutrition in past decades. The status of child nutrition has improved steadily in the country. The undernourishment rates have dropped from 37% in mid-1990s to a recently estimated rate of 16.4% of the population in 2015.<sup>56</sup> One of the

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<sup>51</sup> T. Bulbul and M. Hoque, "Prevalence of Childhood Obesity and Overweight in Bangladesh: Findings from a Countrywide Epidemiological Study", *BMC Pediatrics*, Vol. 14 (April), 2014.

<sup>52</sup> *Bangladesh Adolescent Health and Wellbeing Survey (2019-20)*, (Ministry of Health and Family Welfare 2021)

<sup>53</sup> S. Akter *et al.*, "Socio-demographic Factors Associated with Obesity among Primary School Children: A Cross-sectional Survey from Khulna District of Bangladesh", *Journal of Population and Development*, Vol. 2 (December), 2020, pp. 84-96

<sup>54</sup> A. F. Urmi and K. Bhuyan, "Obesity in Children and Adolescents and the Factors Responsible for it: A Case Study among Children of Some Affluent Families", *Integrative Diabetes and Cardiovascular Diseases*, Vol. 2 (August), 2018, pp. 56-66.

<sup>55</sup> R. M. Carrillo-Larco *et al.*, "Delivery by Caesarean Section and Risk of Childhood Obesity: Analysis of a Peruvian Prospective Cohort", *PeerJ*, Vol. 3, 2015.

<sup>56</sup> N. Nisbett *et al.*, "Bangladesh's Story of Change in Nutrition: Strong Improvements in Basic and Underlying Determinants with an Unfinished Agenda for direct Community Level Support", *Global Food Security*, Vol. 13 (June), 2017, pp. 21-29.

main reasons behind such progress has been state efforts and policies. Both National Strategy for Adolescent Health (2017-2030) and National Plan of Action for Adolescent Health Strategy (2017-2030) have prioritized nutrition as one of the four key areas.<sup>57</sup> While the 8th five-year plan (2020-2025) has made special efforts to mainstream gender issues in adolescent nutrition programs.<sup>58</sup> National Nutrition Policy (2015) have also included specific key objectives for improving under-nutrition of adolescent girls, especially pregnant and lactating girls through enhancing dietary diversity, scaling up nutrition-specific, and nutrition-sensitive activities.<sup>59</sup> The Second National Plan of Action for Nutrition (2016-2025) prioritizes promotion of adolescent nutrition and healthy life style through formal and informal curriculum and programs.<sup>60</sup> However, our whole national health policy environment is biased towards married girls, with lack of emphasis on the health needs of unmarried girls. Obesity issues have also received inadequate attention. National Youth Policy (2017) briefly promotes the necessity of nutritious food, the dangers of fast/junk food, and the benefits of healthy lifestyle.<sup>61</sup> Hence, we need more tailored policies to address the gender specific physical health needs of adolescents.

## 6 Mental Health

Mental health of adolescents is another area which is ignored, unrecognised and often stigmatised and thus unreconciled. Adolescence is a phase in life that exposes one to increased psychosocial vulnerability with half of all mental illnesses beginning by age 14 years.<sup>62</sup> Around 16% of the global burden of disease and injury in people aged 10–19 years is mental disorders.<sup>63</sup> Neuropsychiatric disorders are now being identified as the leading cause of disability and other complexities in adolescents.<sup>64</sup> Gender, age, vulnerable economic standing, educational achievement, education of

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<sup>57</sup> *Bangladesh National Strategy for Adolescent Health (2017-2030)*, (Ministry of Health and Family Welfare, 2016)

<sup>58</sup> *Eighth Five Year Plan (July 2020-June 2025)*, (General Economics Division, Bangladesh Planning Commission, 2020)

<sup>59</sup> *National Nutrition Policy (2015)*, (Government of Bangladesh 2015)

<sup>60</sup> *Second National Plan of Action for Nutrition (2016-2025)*, (Public Health and World Health Wing, Ministry of Health and Family Welfare 2017)

<sup>61</sup> *National Youth Policy (2017)*, (Ministry of Youth and Sports Government of the People's Republic of Bangladesh)

<sup>62</sup> M. Solmi *et al.*, "Age at Onset of Mental Disorders Worldwide: Large-scale Meta-analysis of 192 Epidemiological Studies", *Molecular Psychiatry*, Vol. 27 (June), 2022, pp. 281-295.

<sup>63</sup> GBD 2019 Mental Disorders Collaborators, "Global, Regional, and National Burden of 12 Mental Disorders in 204 Countries and Territories, 1990-2019: A Systematic Analysis for the Global Burden of Disease Study 2019", *The lancet. Psychiatry*, Vol. 9, 2022, pp. 137–150.

<sup>64</sup> V. Patel *et al.*, "Mental Health of Young People: A Global Public Health Challenge", *The Lancet*, Vol. 369 (April), 2007, pp. 1302-13.

parents, living with the family, consumption of alcohol and other drugs, and sleep satisfaction or deprivation are some of the social-demographic and lifestyle factors contributing to mental health. Gender inequality, gender-based violence, child marriage and adolescent maternity and substance use are also intricately linked with mental health issues.<sup>65</sup> The causalities and effects are intermixed underpinning each other and defining the path of the future generation.

Mental health problems among children and adolescents are increasing in Bangladesh. Another adding factor to this might be the gradual acceptance of the issue in the society, creating more space for the adolescents to come out with the “problem”. Culturally, mental health is considered a pejorative term related to abnormality and synonymous to being crazy and “pagol/পাগল”<sup>66</sup> in Bangla. Overall prevalence of mental illness varies from 13.4 to 22.9% among children.<sup>67</sup> Depression and anxiety have been found to be most common mental disorders (CMDs) among adolescents. The rate of adolescence depression is 36.6% in Bangladesh, with higher prevalence among girls than boys<sup>68</sup> that makes the country to have the highest ratio of female to male suicides of any nation in the world.<sup>69</sup> During this transitional phase in life, female adolescents face more challenges that stem from changes related to puberty including structural development, physiological changes and other physical indications (e.g. skin changes, growth spurt and menstrual period) along with the burden of socio-cultural norms and values. Family history of depression is associated with depressive symptoms for boys; and reproductive illness and sexual abuse for girls. Upon encountering sexual abuse, adolescent boys and girls react to the situation in different ways which is likely to play a critical role in developing depressive symptoms.<sup>70</sup> In Bangladesh, a greater number of girls than boys face sexual abuse which creates a major negative psychological impact on girls.<sup>71</sup>

<sup>65</sup> M. Alegria *et al.*, “Social Determinants of Mental Health: Where We Are and Where We Need to Go”, *Curr Psychiatry Rep*, Vol. 20 (September), 2018, p. 95.

<sup>66</sup> Mad, crazy

<sup>67</sup> M. D. Hossain *et al.*, “Mental Disorders in Bangladesh: A Systematic Review”, *BMC Psychiatry*, Vol. 14 (July), 2014.

<sup>68</sup> H. Nasreen *et al.*, Prevalence and Associated Factors of Depressive Symptoms Among Disadvantaged Adolescents: Results from a Population-Based Study in Bangladesh, *Journal of Child and Adolescent Psychiatric Nursing: Official Publication of the Association of Child and Adolescent Psychiatric Nurses, Inc*, Vol. 29 (August), 2016, pp. 135-144; *Bangladesh Adolescent Health and Wellbeing Survey (2019-20)*, (Ministry of Health and Family Welfare 2021)

<sup>69</sup> *Mental Health: Suicide Data*, (WHO 2017)

<sup>70</sup> X. Ge *et al.*, “Trajectories of Stressful Life Events and Depressive Symptoms during Adolescence”, *Development and Psychopathology*, Vol. 18, 2006, pp. 253–273.

<sup>71</sup> R. I. Sifat, “Sexual Violence against Women in Bangladesh during the COVID-19 Pandemic”, *Asian Journal of Psychiatry*, Vol. 54 (December), 2020.

The degree of muscularity and macho image for males and slenderness for females play a significant role in the life of adolescents in forming a measure for body image and standard of weight. Cultural mores and social appeal may influence the intellection on weight, where one may indulge in a process of self-scrutiny and social-evaluation of one's physical appearance and charm affected by widespread imported Western media and "alien" advertising, fashion and lifestyle among adolescents.<sup>72</sup> Given that overweight/obesity is not only looked down upon but viewed as unwanted and associated with bias and discrimination,<sup>73</sup> the fear of disgrace, discrimination and isolation may engender a feeling of depression among those who see their own body weight not in accordance with and the accepted ideal norms in the society.<sup>74</sup> Trying to conform to the superficial beauty standards of patriarchal societies jeopardise the mental wellbeing of female adolescent population.

On the other hand, male adolescents were found to be experiencing loneliness and seclusion more than female adolescents due to lack of emotional support and inability to create closeness and bonding during puberty which led to high rates of aggression and anti-social activities.<sup>75</sup> Urban and slum-dwelling adolescents have higher prevalence of mental "maladjustment".<sup>76</sup> Gender norms, roles and expectations to take financial, educational achievement and other responsibilities create tremendous mental pressure on boys.

The most fatal consequence of inadequate adolescent mental health is the inclination towards suicide. Suicidal ideation<sup>77</sup> is higher among adolescent students aged 18–19 years. In Bangladesh, a total of 364 students committed suicide from January to August (2022) and most of them belonged to the age group of 13–20. Female students continue to outnumber the males in suicides, accounting for 60.71% of all the

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<sup>72</sup> A. Hossain *et al.*, "The Association between Obesity and Depression, Anxiety, and Stress Disorders among University Students at Rajshahi City in Bangladesh", *Journal of Psychiatry and Psychiatric Disorders*, Vol. 6, 2022, pp. 263–270

<sup>73</sup> R. Puhl, and K. D. Brownell, "Bias, Discrimination, and Obesity", *Obesity Research*, Vol. 9 (December), 2001, pp. 788–805.

<sup>74</sup> R. Riahi *et al.*, "Association between Weight Perception and Psychological Distress", *Osong Public Health Res Perspect*, Vol. 10 (October), 2019, pp. 315–324.

<sup>75</sup> S. M. Rice *et al.*, "Adolescent and Young Adult Male Mental Health: Transforming System Failures into Proactive Models of Engagement", *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, Vol. 62 (March), 2018, pp. S9–S17.

<sup>76</sup> L. E. Murphy *et al.*, "Integrating Urban Adolescent Mental Health into Urban Sustainability Collective Action: An Application of Shiffman & Smith's Framework for Global Health Prioritisation", *Front. Psychiatry*, Vol. 11 (February), 2020,

<sup>77</sup> Suicidal ideation refers to thoughts, contemplation, or fantasies about taking one's own life.

cases.<sup>78</sup> While report of depression frequently originated from married adolescent girl, which was linked to age, body and beauty, pregnancy, pre-and post-natal blues.<sup>79</sup> Factors related to pregnancy in adolescents such as unplanned pregnancy and consequences of pregnancy, experience of oppression and mistreatment add adversely to adolescents' psychological distress, such as enhancing anxiety and depression levels which in turn may create suicidal tendencies.<sup>80</sup>

Nevertheless, it merits to mention that mental health along with sexual and reproductive health, nutrition and violence, has been recognised as one of the four priority areas by both Bangladesh National Strategy for Adolescent Health (2017-2030) and National Plan of Action for Adolescent Health Strategy (2017-2030).<sup>81</sup> The 8<sup>th</sup> five-year plan also addresses the necessity of mental health services for young population.<sup>82</sup> Mental health has been specially emphasized in the National Health Policy (2011)<sup>83</sup> while the mental health of adolescents has been a priority area in both National Youth Policy (2017)<sup>84</sup> and National Mental Health Policy (2019).<sup>85</sup> National Mental Health Strategic Plan (2020-2030) calls for special attention to children and adolescents with mental health conditions and neurodevelopmental disabilities.<sup>86</sup> The country's first ever mental health law, Mental Health Act (2018), has separated the needs of children and adolescents from adults in the mental hospitals. However, all these policies are still largely unimplemented since the mental health sector is underfunded and has small human resources.<sup>87</sup> Gender issues

<sup>78</sup> 364 students committed suicide in last 8 months: Survey, *The Business Standard*, September 2022.

<sup>79</sup> M. Ghaedrahmati *et. al.*, "Postpartum Depression Risk Factors: A Narrative Review", *Journal of Education and Health Promotion*, Vol. 6 (August), 2017, p. 60.

<sup>80</sup> I. I. Ria *et. al.*, "Depressive Symptoms Among Adolescents in Bangladesh", *Int J Ment Health Addiction*, 2022.

<sup>81</sup> *Bangladesh National Strategy for Adolescent Health (2017-2030)*, (Ministry of Health and Family Welfare 2016)

<sup>82</sup> *Eighth Five Year Plan (July 2020-June 2025)*, (General Economics Division, Bangladesh Planning Commission, 2020)

<sup>83</sup> *National Health Policy (2011)*, (Health and Family Welfare Ministry, People's Republic of Bangladesh 2011)

<sup>84</sup> *National Youth Policy (2017)*, (Ministry of Youth and Sports Government of the People's Republic of Bangladesh)

<sup>85</sup> *National Mental Health Policy (2019)*, (Ministry of Health, People's Republic of Bangladesh 2019)

<sup>86</sup> *National Mental Health Strategic Plan (2020-2030)*, (Government of the People's Republic of Bangladesh 2020)

<sup>87</sup> M. Hasan, "An analysis on the Mental Health Act 2018", *The Daily Star*, 2021, <https://www.thedailystar.net/law-our-rights/news/analysis-the-mental-health-act-2018-2037885>



in mental health treatment has also not received adequate attention within healthcare system. In fact, these services are lacking at the primary care level with mental health support predominantly available only in major city hospitals.

However, the government does co-sponsor two large-scale programmes to address violence against women/girls, which includes seven One-Stop Crisis Centres in public hospitals, where victims receive medical, psychosocial and legal assistance. Despite the presence of a National Trauma Counselling Centre and Helpline,<sup>88</sup> there is no data available on whether these services are accessed by adolescents. However, according to National Institute of Mental Health (NIMH), girls tend to seek less professional help than boys.<sup>89</sup>

Lack of reliable data on mental health is a common problem in Bangladesh. Recognition of mental health as a priority concern is a global demand in the contemporary world and more research and sex disaggregated data would only pave the path to a healthy happy and able group of young people to realise their dreams for a new Bangladesh. An enabling situation with sensitive approaches to age, gender and diversity is essential for any sort of transformation for the future of Bangladesh.

## 7 Sexual and Reproductive Health (SRH)

There is a causal relationship between SRH and total wellbeing of adolescents. Adolescents are not just inactive and pliant recipients of the standard rules and behaviour adopted by the adults and societal messages regarding sexuality, but are active participants who interpret, understand and internalise meanings and chart their path between what it is expected of them and between their needs, feelings and want. Just like adults, adolescents have both physical and biological needs, desires, fantasies and dreams, and just any other rights that adults enjoy.<sup>90</sup> However, sexual and reproductive health rights (SRHR) issues are contentious for many countries. In Bangladesh sex is a taboo topic which remains outside the periphery of public discussion. Perceived notions around body and sexuality, the idea of purity and pollution, moral judgement and stigma and associated issues are shaped and formed by the socio- cultural and religious ideals. An adolescent's SRHR is circumscribed by the precise social, cultural, and economic environment they live in. Experiences

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<sup>88</sup> R. Manjoo, *Report of the Special Rapporteur on Violence against Women, its Causes and Consequences*, (OHCHR 2014)

<sup>89</sup> Z. Uddin *et. al.*, "Psychotherapy for Child and Adolescent with Psychiatric Disorders", *Bangladesh Journal of Psychiatry*, Vol. 28 (June), 2017, p. 53

<sup>90</sup> L. M. Atuyambe *et. al.*, "Understanding Sexual and Reproductive Health Needs of Adolescents: Evidence from a Formative Evaluation in Wakiso District, Uganda", *Reproductive Health*, Vol. 12 (April), 2015.

also vary according to age, sex, marital status, education, residence, migration, sexual orientation, and socioeconomic status, among other characteristics.<sup>91</sup>

The environment in which young people are making decisions related to SRHR is also rapidly evolving. Today, adolescents are growing up in an environment quite different from their previous generation with greater exposure to western media, internet and tele communication. Over the decades, the minimum age of marriage has increased for both men and women which means longer period of years spent as unmarried. Furthermore, the growing prevalence of sexual activities before marriage, including a number of adolescents trying to explore sex life even before coming of age pose a rapid and continuing growth of sexual and reproductive health needs among young population.

Nevertheless, significant challenges persist including low educational attainment rates, limited sex education, lack of awareness, and traditional attitudes towards sexuality.<sup>92</sup> One of its major consequences is vulnerability to sexually transmitted diseases (STDs). Study shows that as little as 12% of ever-married adolescents of Bangladesh have full knowledge about HIV/AIDS.<sup>93</sup> Comprehension and awareness about other STDs are even worse. Girls are more vulnerable to STDs, which is the consequence of lack of knowledge coupled with the risk of sexual violence and exploitation which includes introduction to sexual acts at an early age while at the same time unable to insist on safe sex, lack of power, strong discrimination and access to contraception.<sup>94</sup>

It needs to be acknowledged that Bangladesh has achieved commendable gains in family planning compared to other countries with similar socio-economic conditions. Major challenges however are still there, especially around adolescent fertility. Adolescent fertility rate (births per 1,000 women ages 15-19) in Bangladesh is 81.66, which is the highest among South Asian countries. The contraceptive prevalence rate is only 15.3% among adolescents with 10.7% modern and 4.6% traditional

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<sup>91</sup> A. Kapilashrami, "What is Intersectionality and What Promise does it Hold for Advancing a Rights-based Sexual and Reproductive Health Agenda?", *BMJ Sexual & Reproductive Health*, Vol. 46, 2020, pp. 4-7.

<sup>92</sup> R. Kumar *et al.*, "Knowledge Attitude and Perception of Sex Education among School Going Adolescents in Ambala District, Haryana, India: A Cross-Sectional Study", *J Clin Diagn Res.*, Vol. 11 (March), 2017, pp. LC01–LC04.

<sup>93</sup> HIV (Human Immunodeficiency Virus)/ AIDS (Acquired Immunodeficiency Syndrome)

<sup>94</sup> M. N. Hasan *et al.*, "Knowledge of HIV/AIDS among Married Women in Bangladesh: Analysis of Three Consecutive Multiple Indicator Cluster Surveys (MICS)", *AIDS Research and Therapy*, Vol. 19 (December), 2022.

methods.<sup>95</sup> The prevalence of contraception use is even lower among child brides which exacerbate their risk of experiencing unwanted pregnancies, unsafe abortion and maternal death.

Girls are poorly informed about the physiology of menstruation while boys have very poor knowledge about wet dreams.<sup>96</sup> Bangladesh adolescent health and wellbeing survey (2019-20) mentions, the mean age of menarche is 12.8 years for married adolescents and 12.9 years for unmarried adolescents. Only 23% of married and 30% of unmarried adolescents reportedly had prior knowledge of menstruation.<sup>97</sup> As a result, adolescent girls experience menarche as a fearful, unusual and scary event. A common belief about menstrual bleeding is that it is '*nosto or kharap rokto*' in Bangla (contaminated blood). There are prevalent prejudices which restricts movement often along with common custom restricting intake of certain food, particularly fish and sour foods during menstruation, which again negatively affecting girls' nutritional status.<sup>98</sup>

Management of menstrual hygiene for the girls are circumscribed by environment, culture and finance such as, cost of commercial sanitary napkins, lack of water and latrine facilities, and absence of private rooms for changing sanitary napkins. The school absenteeism rate is 41% among girl's post-menarche. Lack of gender-separated accessible toilets and WASH (Water, Sanitation, and Hygiene) facilities is a major reason behind their absence. Moreover, high prices of sanitary products lead more than half of the female population to rely on old-unhygienic cloths to manage their menstrual bleeding.<sup>99</sup> Girls often reuse them without properly washing or drying them which increases the risk of sexually transmitted disease, Human Papillomavirus (HPV) infection and adverse pregnancy outcomes.<sup>100</sup>

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<sup>95</sup> M. M. Islam *et. al.*, "Adolescent Motherhood in Bangladesh: Trends and Determinants", *PLoS One*, Vol. 12 (November) 2017.

<sup>96</sup> E. Coast *et. al.*, "Puberty and Menstruation Knowledge among Young Adolescents in Low- and Middle-income Countries: A Scoping Review", *International Journal of Public Health*, Vol. 64 (March), 2019, pp. 293–304.

<sup>97</sup> *Bangladesh Adolescent Health and Wellbeing Survey (2019-20)*, (Ministry of Health and Family Welfare 2021)

<sup>98</sup> A. Afiaz and K. Biswas, "Awareness on Menstrual Hygiene Management in Bangladesh and the Possibilities of Media Interventions: Using a Nationwide Cross-sectional Survey", *BMJ Open*, Vol. 11, 2021.

<sup>99</sup> M. Hasan *et. al.*, "Menstrual Hygiene Practices and School Absenteeism among Adolescent Girls in Bangladesh: A Cross-sectional Study", *Popular Medicine*, Vol. 3, (March), 2021

<sup>100</sup> A. Afiaz and K. Biswas, "Awareness on Menstrual Hygiene Management in Bangladesh and the Possibilities of Media Interventions: Using a Nationwide Cross-sectional Survey", *BMJ Open*, Vol. 11, 2021.

As mentioned earlier, in Bangladesh the scope of sex education is limited, it being a culturally and religiously “traditional” society. A very small part of the SRHR is included in school curriculums. While the NCTB (National Curriculum and Textbook Board) textbooks contain lessons on the reproductive system, mental changes during puberty, personal hygiene, relationship with parents and peers, adolescent nutrition and HIV/AIDS, the sections on physical changes during puberty only highlights the menstrual cycle and the physical changes of adolescent boys is not covered at all.<sup>101</sup> There is tendency for teachers to avoid the chapters on adolescent health, and they often ask students to read them at home.

In Bangladesh, adolescent sexual and reproductive health was not a policy priority until recently. Adolescent Health Strategy (2017–2030), launched in 2017 identifies adolescent and youth sexual and reproductive health as one of four priority thematic areas for intervention.<sup>102</sup> The national strategy lays down specific objectives to make adolescent friendly services available nationwide consisting of information, counselling, and treatment for a range of health issues, including menstruation, reproductive tract infections, and family planning information and services.<sup>103</sup> In reality, our current healthcare systems are under-funded and under-staffed to deliver the services in distant locations. Majority of programmes limit their attention to reproductive health issues (e.g. family planning, and maternal health) bypassing the concerns pertaining to sexual health. Moreover, sexual and reproductive health related programmes neglect adolescent boys compared to girls. Government initiated adolescent friendly health corner which remain operational from 9 am - 2 pm, clashing with the school timings and making it difficult for the adolescents to visit the government facilities.<sup>104</sup> More importantly, social taboo, lack of cultural space to talk about SRHR issues, personal hesitation and shyness discourage adolescents and their families from visiting adolescent friendly health centres. Current government guidelines and family planning manuals state that only married couples are eligible for government family planning services and counselling, limiting the access of

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<sup>101</sup> U. Roy *et. al.*, “Unpacking the Contributing Factors of Inadequate Sex Education at Schools in Bangladesh: Policy Recommendations”, *CMU Journal of Social Sciences and Humanities*, Vol. 9 (May), 2022, pp. 1-15

<sup>102</sup> *Bangladesh National Strategy for Adolescent Health (2017-2030)*, (Ministry of Health and Family Welfare 2016)

<sup>103</sup> A. Williams *et. al.*, “What we know and don’t know: a mapping review of available evidence, and evidence gaps, on adolescent sexual and reproductive health in Bangladesh”, *Sexual and Reproductive Health Matters*, Vol. 29, 2022, pp. 479-485

<sup>104</sup> T. Sultana, and M. Tareque, “Bangladesh National Adolescent Health Strategy: A Policy Analysis and Legal Basis”, *International Journal of Legal Studies (IJOLS)*, Vol. 5 (June), 2019, pp. 179-206

unmarried adolescents to family planning and contraception methods.<sup>105</sup> Lack of safety and privacy related concerns and ethical issues also hinder the accessibility of adolescents to these services.

Government's latest five-year plans of 2016-2020 and 2020-2025 have addressed adolescent sexual and reproductive health needs without paying any specific attention to the health challenges of boys and unmarried girls.<sup>106</sup> Government's lack of efforts to introduce tailored and age-sex appropriate SRHR programme, especially for younger adolescents aged between 10 and 14 also remain as other challenges.<sup>107</sup> The specific health needs of early adolescents need to be addressed in plans and policies, as sexual norms and gender values start forming around the age of 12 and many adolescents become active with both pre and post marital sexual activities during this period.<sup>108</sup> National Strategy for Adolescent Health (2017-2030) excludes third gender and lesbian, gay, bisexual, transgender and queer (LGBTQ) adolescents from its measures and strategies. It also lacks an explicit focus on sexually transmitted diseases, especially HIV services for adolescents.<sup>109</sup>

This scenario asks for the urgent need of awareness and access to sexual health information services, option and choices, agency and voice, decision, control and rights over their own body and beauty, menstrual health and hygiene etc. Addressing expression of love, desire and passion requires massive transformation in our mindset, including our ethical position, policing and judgement towards the adolescents. We need to rethink, rephrase and re-plan the sexuality issues particularly in relation to adolescents for the sake of their physical and mental wellbeing with particular emphasis on gender disparity.

### **8 Child Marriage and Adolescent Health: A Cross Cutting Issue**

UNICEF defines child marriage as marriage of a girl or boy before the age of 18. It includes both formal marriages and informal unions in which children under the age

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<sup>105</sup> *Sexual and Reproductive Health Rights of Adolescents and Young People*, (Naripokkho, 2018)

<sup>106</sup> F. Haseen *et. al.*, "Gender lens review of adolescent health care services: A mixed methods study in Bangladesh", *Journal of Global Health Reports*, Vol. 8, 2024, pp. 1-10

<sup>107</sup> S. M. Igras *et. al.*, "Investing in Very Young Adolescents' Sexual and Reproductive Health", *Glob Public Health*, Vol. 9 (May), 2014, pp. 555-569

<sup>108</sup> C. Moreau *et. al.*, "Assessing the Spectrum of Gender Norms Perceptions in Early Adolescence: A Cross-Cultural Analysis of the Global Early Adolescent Study", *Journal of Adolescent Health*, Vol. 69, (July), 2021, pp. S16-S22

<sup>109</sup> M. Sultan, and S. Nazneen, *Policy and Legal Analysis Notes: Bangladesh A Review of the National Strategy for Adolescent Health*, (GAGE 2018).

of 18 live with a partner as if married.<sup>110</sup> In Bangladesh, instances of child marriage are the highest in Asia. It is one of the four countries with the highest rate of child marriage in the world. Almost three out of five young women get married as children with more than one in five married by the age of 15.<sup>111</sup> Bangladesh Demographic Health Survey (BDHS, 2022)<sup>112</sup> shows that 26.7% of women were married before age of 16 while 50.1% before the age of 18. However, the percentage of women married between the age of 16-19 and 20-24 have gradually declined since 2011.<sup>113</sup>

As girls are usually married with much older men, they enter sexual union at very early age. According to BDHS (2014),<sup>114</sup> 33% of women aged 20-49 had sexual intercourse by age 15 which compares with 69 % by age 18.<sup>115</sup> This situation is clearly falling under the broad umbrella of marital rape, early and forced pregnancy, forced abortion, frequent child birth, lack of contraception use, domestic violence, and divorce etc. This percentage of child marriage is higher in rural area than in urban. Among the districts, Rajshahi has the highest rate of child marriage while Sylhet has the lowest.<sup>116</sup> However, an inverse relationship between percentage of married before age 15 and age 18, and education and household wealth was also detected. The poorest section of the population has the highest tendency of early marriage (74.2%) and it gradually decreases with wealth accumulation, with 45.4% of child marriage among the richest section of population.<sup>117</sup>

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<sup>110</sup> Y. Efevbera and J. Bhabha, “Defining and Deconstructing Girl Child Marriage and Applications to Global Public Health”, *BMC Public Health*, Vol. 20 (October), 2020.

<sup>111</sup> Nazmunnessa Mahtab and Tasnim Nowshin Fariha, ‘Pandemic within a Pandemic: Gendered impact of COVID-19 in Bangladesh with a focus on Child marriage and Domestic violence’. Sajal Roy and Debasish Nandy (eds.), *Understanding Post COVID-19 Social and Cultural Realities: Global Context*, (Springer 2022), pp.199-226.

<sup>112</sup> *Bangladesh Demographic and Health Survey 2022*, (NIPORT and ICF, 2023)

<sup>113</sup> J. Bhowmik *et. al.*, “Child Marriage and Adolescent Motherhood: A Nationwide Vulnerability for Women in Bangladesh”, *Int J Environ Res Public Health*, Vol. 18 (April), 2021.

<sup>114</sup> Age of first sexual intercourse related statistics was not available in Bangladesh Demographic Health Survey of (2017-2018) and Bangladesh Demographic Health Survey (2022)

<sup>115</sup> M. B. Hossain *et. al.*, “Identifying Factors Influencing Contraceptive Use in Bangladesh: Evidence from BDHS 2014 data”, *BMC Public Health*, Vol. 18 (January), 2018.

<sup>116</sup> J. Bhowmik *et. al.*, “Child Marriage and Adolescent Motherhood: A Nationwide Vulnerability for Women in Bangladesh”, *Int J Environ Res Public Health*, Vol. 18 (April), 2021.

<sup>117</sup> J. Bhowmik *et. al.*, “Child Marriage and Adolescent Motherhood: A Nationwide Vulnerability for Women in Bangladesh”, *Int J Environ Res Public Health*, Vol. 18 (April), 2021.

Child marriage leads to various hazards like dropping out from school, gender-based violence, early pregnancy, maternal morbidity, poverty, malnutrition, sexually transmitted diseases, unsafe sex, abortion as well as adverse mental health outcomes and risky behavior.<sup>118</sup> It has serious consequences on the overall development of children and young adults, in as much as it transgresses their human rights, restricts their choices and opportunities, exposes them to violence, abuse and manipulation.

There is a ripple effect of child marriage and adolescent maternity. The psychical, nutritional and socio emotional challenges imposed by early marriage set a vicious cycle in motion which entraps the children born of adolescent mothers resulting in making them susceptible to the same malaise – under-nourishment leading to being underweight and consequently stunted.

For adolescent pregnant women, under-weight is a red alert. It carries a host of high risks – miscarriage, giving birth preterm babies, anemia, osteoporosis and low birthweight (LBW) baby, obstructed delivery, hypertension, pre-eclampsia, eclampsia etc.<sup>119</sup> A UNDP (United Nations Development Programme) report states that in Bangladesh, one in every 10 girl has a child before the age of 15 and one in three adolescent becomes mother or pregnant by the age of 19.<sup>120</sup> Childbirth and pregnancy-related complications are causes of death of teenage mothers twice more than adult mothers.<sup>121</sup> About 134 adolescent mothers per one lakh live births die as a result of complications during pregnancy or childbirth.<sup>122</sup>

Bangladesh has formulated the Child Marriage Restraint Act (2017) to fulfill its commitment to eliminate child marriage by 2030 in line with target 5.3<sup>123</sup> of the Sustainable Development Goals. However, there is an inherent lacuna in the Law. Section 19 of the law includes a provision where a court can allow child marriage in

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<sup>118</sup> C. Misunas *et. al.*, "Child Marriage among Boys in high-prevalence countries: An Analysis of Sexual and Reproductive Health Outcomes", *BMC International Health and Human Rights*, Vol. 19 (August), 2019.

<sup>119</sup> S. Elnakib *et. al.*, "Understanding the Impacts of Child Marriage on the Health and Well-being of Adolescent Girls and Young Women Residing in Urban Areas in Egypt", *Reproductive Health*, Vol. 19 (January), 2022.

<sup>120</sup> M. M. Islam *et. al.*, "Adolescent Motherhood in Bangladesh: Trends and Determinants", *PLoS One*, Vol. 12 (November) 2017.

<sup>121</sup> S. Mayor, "Pregnancy and Childbirth Are Leading Causes of Death in Teenage Girls in Developing Countries", *BMJ (Clinical Research Ed.)*, Vol. 328 (May), 2004, p. 1152.

<sup>122</sup> T. Ganchimeg *et. al.*, "Pregnancy and Childbirth Outcomes among Adolescent Mothers: A World Health Organisation Multi-Country Study", *BJOG: An International Journal of Obstetrics and Gynecology*, Vol. 121 (March), 2014, pp. 40-48.

<sup>123</sup> SDG 5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilations

“special cases”, dispensing with the need to seek the child’s consent. The fact, that no definition of the “special circumstances” has been given as yet, has weakened the law since it lends itself open to misuse, invariably wrecking the law and risking further worsening of an already dire situation.<sup>124</sup> National Action Plan to End Child Marriage (2018-2030) also has not defined “special cases”, allowing people to continue misusing section 19 of Child Marriage Restrain Act (2017).<sup>125</sup>

On the positive side, in the “Report on Violence against Women Survey 2015”, forced sexual act in any marital relation has been recognised as sexual violence against women and has an age-specific data about the age cohort 15-19. But the report also makes a startling revelation that many adolescents don’t consider forced sexual act as violence against them.<sup>126</sup> Thus, child marriage becomes an extremely pertinent area of attention as this cross-cutting issue shapes the entire gamut of physical, mental, sexual, and educational opportunities and formulates the vision and goal of the adolescents of Bangladesh.

### 9 Violence and Adolescents: An Overarching Issue

The high prevalence of gender-based violence and its aftermath remain a matter of worry for women and girls in Bangladesh. BBS statistics shows that adolescents girls, irrespective of whether they are married or not, remain prone to all types of violence which necessitates the effectuation of preventive mechanisms from the both socio-economic and health perspectives. About one-fifth of female adolescents experience physical violence and one in three adolescents experience verbal abuse in their lifetime.<sup>127</sup> In case of married women, prevalence of both physical and sexual violence is higher in rural areas, and the main perpetrators are husbands. While, in case of non-married women, the prevalence of sexual violence is higher in urban areas.<sup>128</sup> Women and Children Repression Prevention Act (2000) is a specialized act to prevent sexual violence against women/girls, however, gender insensitive legal

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<sup>124</sup> N. Mahtab and T. N. Fariha, ‘Pandemic within a Pandemic: Gendered impact of COVID-19 in Bangladesh with a focus on Child Marriage and Domestic Violence’. Sajal Roy and Debasish Nandy (eds.), *Understanding Post COVID-19 Social and Cultural Realities: Global Context*, (Springer 2022), pp.199-226.

<sup>125</sup> *National Action Plan to End Child Marriage (2018-2030)*, (Ministry of Women and Children Affair 2018)

<sup>126</sup> M. Ahmed *et. al.*, “The scenario of Violence against Women in Bangladesh: A Trend Analysis”, *Technium Social Science Journal*, Vol. 33 (July), 2022, pp. 606-614.

<sup>127</sup> *Bangladesh Adolescent Health and Wellbeing Survey (2019-20)*, (Ministry of Health and Family Welfare 2021)

<sup>128</sup> M. Ahmed *et. al.*, “The scenario of Violence against Women in Bangladesh: A Trend Analysis”, *Technium Social Science Journal*, Vol. 33 (July), 2022, pp. 606-614.



system, restricted resources, and bureaucratic inefficiencies impede its implementation.<sup>129</sup> Besides, the Domestic Violence Prevention and Protection Act (2010) has been formulated to prevent physical, mental, economic, sexual violence against women/girls in domestic sphere. Due to the inherent weakness of the law, no case was filed under it between 2010-2020.<sup>130</sup> There is no national policy dedicated to prevent violence against women/girls. Only a part of National Women Development Policy (2011) is dedicated towards it, including domestic violence.<sup>131</sup> While the National Action Plan to Prevent Violence against Women and Children (2013-2025) denotes violence as a public health concern, and lays down specific guidelines and multi-sectoral plans to prevent violence against young girls.<sup>132</sup>

In Bangladesh, another pervasive form of violence and criminal activities revolves around teenage gang culture, popularly known as “Kishore Gang”. The gang members are mostly school dropout boys who get involved in drug dealing, mugging, extortion, eve teasing/stalking, rape and even murder. Multiple factors trigger the emerging prevalence of criminal activities among teenagers including lack of recreational activities, social degradation, weakening roles of the family, unlimited access to internet, misuse of android phones, lack of moral lessons in the family and school, lack of extra-curricular activities and sports in schools, porn addiction, and apprehension regarding lack of employment opportunities in future.<sup>133</sup> This is a form of violence, where boys constitute not only the greater portion of perpetrators but also the greater numbers of victims/sufferers. The opportunity to offset their experience of structured powerlessness, being a part of a gang acts as the pull factor for adolescents to gangs.<sup>134</sup> Participating in gang violence offers the opportunity to young men on the threshold of adulthood to assume the role of the “hard” and macho

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<sup>129</sup> E. P. Khan and A. Karim, “The Prevention of Women & Children Repression Act 2000: A Study of Implementation Process from 2003 to 2013”, *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, Vol. 22 (July), 2017, pp. 34-42

<sup>130</sup> Z. Afrin, “Combating Domestic Violence in Bangladesh: Law, Policy and Other Relevant Considerations”, *Annual Survey of International & Comparative Law*, Vol. 22, 2017, pp. 161-173

<sup>131</sup> N. Rahman, “Preventing Domestic Violence against Women”, 2020 <https://www.thedailystar.net/law-our-rights/news/preventing-domestic-violence-against-women-2000193>

<sup>132</sup> *National Action Plan to Prevent Violence against Women and Children* (2013-2025), (Ministry of Women and Children Affairs, 2013)

<sup>133</sup> S. Atkinson-Sheppard, “The Gangs of Bangladesh: Exploring Organised Crime, Street Gangs and ‘Illicit Child Labourers’ in Dhaka”, *Criminology and Criminal Justice*, Vol. 16 (November), 2015.

<sup>134</sup> J. W. Messerschmidt, “Becoming “Real Men”: Adolescent Masculinity Challenges and Sexual Violence”, *Men and Masculinities*, Vol. 2 (July), 2016

man, to be counted among the peers and recognised as tough guys.<sup>135</sup> These gangs however cannot be dealt with effectively by the police because they are mostly linked to the ruling party or work under the patronage of local leaders. Besides, there is an inadequacy of existing laws concerning juvenile crimes and issues in Bangladesh.<sup>136</sup>

There are consequences of violence against or by adolescents in terms of the economic costs. And it goes beyond the immediate price which the health sector has to bear, because in the long run, those youths who experience violence over a period of time, either as a perpetrator or a victim, or merely as a witness, may not be fully equipped to contribute to the economy.<sup>137</sup> It is thus incumbent on the government, the health sector in particular, not to accept violence as a *fait accompli*, but prevent it through innovative and educational programmes to raise awareness of the harmful consequences of violence. In countering gender based violence, coordination is required among different ministries such as women and children affairs ministry, health ministry, cultural affairs ministry, education ministry and ICT ministry to explore the exact health needs of adolescents—for both boys and girls, and ensure that all relevant information and services are at hand to meet those effectively. Dialogue with the adolescents, hearing their voices related to various measure to combat the issues linked to their life choices and security, addressing their dreams and aspirations are all interlinked and needs to be addressed.

#### **10 Marginalised Adolescents and their Health Challenges: Intersection of Multiple Vulnerabilities**

The average success stories of Bangladesh improving adolescent health hide the wide variations in health status and behavior that are prevailing across regions and sub-groups by socio-economic strata. Adolescents are not only a distinct age group, neither a homogeneous category. There are different sub-groups of adolescents and their experiences of health problems vary depending on the biological, sexual, socio-economic, geographical, and other contextual factors of their lives. For some adolescents, multiple horizons of vulnerabilities intersect each other leading towards various levels of victimhood and health inequalities.

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<sup>135</sup> V. Bozkurt *et. al.*, “Masculinity and Violence: Sex Roles and Violence Endorsement among University Students”, *Procedia - Social and Behavioral Sciences*, Vol. 205 (October), 2015, pp. 254-260.

<sup>136</sup> T. K. Das, “Gangs of teens cause concern across Bangladesh”, New Age Bangladesh, 2019, <https://www.newagebd.net/article/84035/gangs-of-teens-cause-concern>

<sup>137</sup> S. Atkinson-Sheppard, “The Gangs of Bangladesh: Exploring Organised Crime, Street Gangs and ‘Illicit Child Labourers’ in Dhaka”, *Criminology and Criminal Justice*, Vol. 16 (November), 2015.

While the phenomenon of “adolescence” is itself a contested one, when we talk about non-conforming adolescents such as *LGBTQs* (Lesbian, gay, bisexual, transgender, and queer) and *transgenders*, the discussion invariably becomes more complex. Section 377 of Bangladesh Penal Code<sup>138</sup> makes it difficult to address the issues of sexuality in the light of socio-religious, cultural and legal domains leading to high prevalence of death, abuse and discrimination against the sexually diverse groups of the country.<sup>139</sup> The failure of state and society to recognise their unique sexual orientation and subsequent exclusion drive them towards violent resistant, anti-social and criminal activities, self-harm and suicide.<sup>140</sup> In terms of diverse sexual identity beyond the normative bipolarity, the *hijra* community has been a historically marginalised group of our country. Although the government of Bangladesh has recognised this transgendered group of people as “third gender”, the members of the mainstream society are still reluctant to develop any social relation with hijra community. The social construction of gender and stigmatised hijra identity plays an important role in constraining their access to economic opportunities and health care facilities—all in physical, mental, sexual and reproductive health.<sup>141</sup>

This brings us to another ignored area of social reality, sex workers and their children. Involvement with sex work under the age of 18 is illegal in Bangladesh,<sup>142</sup> still more and more adolescents are entering the commercial sex market either voluntarily or by force.<sup>143</sup> Although transgenders and boys are also involved in sex work, female sex workers are subjected to additional health challenges, abuse and

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<sup>138</sup> Section 377 penalises homosexuality. The section lays down: whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal, shall be punished with imprisonment for life, or with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine.

<sup>139</sup> H. Anjum *et. al.*, “Ensuring Human Rights for the Gender Diverse Population in Bangladesh: The Protection Perspectives”, *Beijing Law Review*, Vol.12, 2021.

<sup>140</sup> P. Alam, and C. Marston, “Bending’ against Straightening Devices: Queer Lived Experiences of Sexuality and Sexual Health in Bangladesh”, *BMC Public Health*, Vol. 23 (January), 2023.

<sup>141</sup> S. I. Khan *et. al.*, “Living on the Extreme Margin: Social Exclusion of the Transgender Population (Hijra) in Bangladesh”, *Journal of Health, Population and Nutrition*, Vol. 27 (August), 2009, pp. 441-451.

<sup>142</sup> Q. Z. Hossain *et. al.*, “Lives of Brothel Based Sex Workers in Khulna, Bangladesh”, *International Journal of Social Work and Human Services Practice*, Vol. 3, 2015, pp. 131 - 136

<sup>143</sup> C. Bagley *et. al.*, “Commercialised Sexual Exploitation of Children, Adolescents and Women: Health and Social Structure in Bangladesh”, *Advances in Applied Sociology*, Vol. 7 (April), 2017.

social stigma due to the patriarchal norms.<sup>144</sup> Children of sex workers are facing different levels of vulnerability and discrimination due to the prejudices against their mothers. Irrespective of gender identity, these children get deprived of social recognition and basic needs. Often they get psychologically affected by the knowledge of the kind of work their mothers are engaged in which might adversely force them to get involved with risky health behaviours.<sup>145</sup>

Street children, often called “Tokai”<sup>146</sup> is another neglected group of adolescents in Bangladesh comprising of 74.3% of boys and 25.7% of girls.<sup>147</sup> They suffer from various complicated diseases due to poor living conditions, substance use, unhealthy diet<sup>148</sup> and remain highly susceptible to sexually transmitted diseases since sex is easily available on the city streets.<sup>149</sup> Slum dwelling adolescents fare no better even though they have a permanent place to sleep at night.<sup>150</sup> The social realities of a poverty driven Bangladesh sabotage all the legal mechanisms to end child labour.<sup>151</sup> Therefore, adolescents living on both streets or slums need to work in hazardous conditions which not only endanger their physical and mental development but also divest them of their right to a meaningful “normal adolescence”.<sup>152</sup> Young girls

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<sup>144</sup> B. Willislan *et. al.*, “The Health and Social Well-being of Female Sex Workers’ Children in Bangladesh: A Qualitative Study from Dhaka, Chittagong, and Sylhet”, *Vulnerable Children and Youth Studies*, Vol. 9 (September), 2013, pp. 123-131.

<sup>145</sup> M. C. Shohel, “Access to Education for the Children of Sex Workers in Bangladesh: Opportunities and Challenges”, *Child Studies in Diverse Contexts*, Vol. 3, 2013, pp. 13-31

<sup>146</sup> “Tokai” signifies a collector, often denoting underprivileged children gathering discarded items from streets, bins, and public areas for recycling. Coined by renowned artist Rafikunnabi, “Tokai” rapidly transformed into an iconic cartoon character symbolising destitute youths engaged in waste collection.

<sup>147</sup> S. Chowdhury *et. al.*, “Life Style and Risk Behavior of Street Children in Bangladesh: A Health Perspective”, *Health*, Vol. 9 (April), 2017.

<sup>148</sup> S. Chowdhury *et. al.*, “A Health Perspective of Street Children in Bangladesh”, *Health*, Vol. 9, 2017, pp. 577-591

<sup>149</sup> M. J. Uddin *et. al.*, “Vulnerability of Bangladeshi Street-children to HIV/AIDS: A Qualitative Study”, *BMC Public Health*, Vol. 14 (November), 2014.

<sup>150</sup> M. M. Islam *et. al.*, “Risk Factors of Stunting among Children Living in an Urban Slum of Bangladesh: Findings of a Prospective Cohort Study”, *BMC Public Health*, Vol. 18 (January), 2018.

<sup>151</sup> S. Zaman *et. al.*, “A Study on Present Scenario of Child Labour in Bangladesh”, *IOSR Journal of Business and Management (IOSR-JBM)*, Vol. 16 (June), 2014, pp. 25-36.

<sup>152</sup> M. Kamruzzaman, “A Review on Child Labour Criticism in Bangladesh: An Analysis”, *International Journal of Sports Science and Physical Education*, Vol. 3 (January), 2018.

employed in garment factories or as domestic servants in private households also remain at high risk of overwork and sexual abuse.<sup>153</sup>

Another group of adolescents often deprived of a normal adolescence is orphans. Apart from insufficient number of orphanages, adolescents living in these homes beset with the problems of identity crisis, lack of care, security and sense of belonging. Adolescents living in Juvenile Development Centres face similar kinds of problems.<sup>154</sup> A study found that in the juvenile centres 66.0% of boys and girls are victims of either physical or mental repression.<sup>155</sup> Care and treatment required to address drug addiction, rehabilitation and psychiatric treatments are not available, and neither are initiatives taken to obtain those, as obligatory by the Child Rights Convention.<sup>156</sup>

In the context of Bangladesh, adolescents with disabilities reside in exceptionally difficult living conditions<sup>157</sup> due to the physical limitations stemming from their handicaps which eventually restrict their ability to leave home and divest them of their capacity and the chance to acquire health information and services.<sup>158</sup> Although, incidence of disability occurs more among adolescent boys, girls with disabilities suffer from double victimhood and suffering on multiple counts. Social isolation, disability-related stigma and lack of family support result in high rate of depression, loneliness and low self-esteem.<sup>159</sup>

Indigenous population constituting 1.13% of the country's population generally remains at a higher risk of poor health due to various socio-economic, political and

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<sup>153</sup> S. Ahmed, and M. Raihan, "Health Issues of Female Garment Workers: Evidence from Bangladesh", *Cankiri Karatekin Universitesi Iktisadi ve Idari Bilimler Fakultesi Dergisi*, Vol. 4 (June), 2014, pp. 43-58

<sup>154</sup> S. Shubin, and T. Sowgat, "Contested Experiences and Potential Justice at the Limit of the Law for Poor Urban Children in Bangladesh", *Children's Geographies*, Vol. 18 (February), 2020, pp. 516-528.

<sup>155</sup> M. S. Islam *et. al.*, "Physical and Mental Health Status of Adolescents of Government Juvenile Development Centers in Bangladesh", *Bangladesh Medical Journal*, Vol. 47, 2019, pp. 7-11.

<sup>156</sup> S. Shubin, and T. Sowgat, "Contested Experiences and Potential Justice at the Limit of the Law for Poor Urban Children in Bangladesh", *Children's Geographies*, Vol. 18 (February), 2020, pp. 516-528.

<sup>157</sup> M. N. I. Mondal *et. al.*, "Childhood Disabilities and Child Protection in Rajshahi City, Bangladesh", *The Social Sciences*, Vol. 8, 2013, pp. 579-584.

<sup>158</sup> N. Groce, and M. Kett, *Youth with Disabilities*, (Leonard Cheshire Disability and Inclusive Development Centre UCL 2014).

<sup>159</sup> A. Akter and M. M. Rahman, "Women with Disabilities in Bangladesh: Accessibility in the Built Environment", *ROSHIKHYAN, A Journal of Training and Development*, Vol. 26, 2019, pp. 1-12.

geographical factors.<sup>160</sup> Gender and age add on new horizons to their inequality. Minority status and political instability coupled with remote geographical location expose indigenous girls to high risk of sexual violence.<sup>161</sup> As a result, adolescent fertility and unintended pregnancies are already worryingly higher among indigenous women compared to the national average.<sup>162</sup>

Geographical location also poses additional health challenges for adolescents living in coastal areas. Menstrual health and hygiene management remains a big challenge for adolescent girls in coastal belts, especially during times of disaster. Due to difficult access to clean water is forcing coastal women to stop menstruating by abusing contraceptive pills, putting their long-term reproductive and mental health at risk.<sup>163</sup> Adolescent girls suffer high degree of harassment and sexual abuse following a disaster and especially due to lack of privacy in the emergency shelters.<sup>164</sup>

This section has outlined, how gender identities intersect with other marginal identities and trigger off additional layers of health inequalities for vulnerable groups of adolescents. All of these diversities need to be taken into account while designing a policy addressing the specific health needs of vulnerable adolescent groups. Their health needs require to be understood through a more holistic and broader perspective. The National Strategy for Adolescent Health (2017-2030) and National Plan of Action for Adolescent Health Strategy (2017-2030) undertake a range of strategies to address the special health needs of vulnerable groups who live in challenging conditions (streets or slum children, coastal children, disabled adolescents, married or pregnant girls, adolescent sex workers/children of sex workers, adolescents in child labour or detention centers). Although the strategy addresses all adolescents irrespective of their gender diversity and sexual orientation in its vision statement, there is no mention of the third gender and lesbian, gay, bisexual, and transgender (LGBT) adolescents in the suggested measures particularly

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<sup>160</sup> S. Hussain *et al.*, “From Knowing our Needs to Enacting Change: Findings from Community Consultations with Indigenous Communities in Bangladesh”, *International Journal for Equity in Health*, Vol. 14 (November), 2015.

<sup>161</sup> M. M. Haque *et al.*, “Nutritional Status of Settler and Indigenous Women of Reproductive Age Group in Khagrachari District, Bangladesh”, *Journal of Enam Medical College*, Vol. 4, 2014, pp. 98–101

<sup>162</sup> S. Akter *et al.*, “Access to Maternal Healthcare Services among Indigenous Women in the Chittagong Hill Tracts, Bangladesh: A Cross-sectional Study”, *MJ Open*, Vol. 9, 2019.

<sup>163</sup> M. A. Nuruzzaman *et al.*, “Reproductive Characteristics and Nutritional Status of Coastal Women”, *Chattagram Maa-O-Shishu Hospital Medical College Journal Volume*, Vol. 14 (January), 2015, pp. 38-41.

<sup>164</sup> M. M. Khan, *Disaster and Gender in Coastal Bangladesh: Women's Changing Roles, Risk and Vulnerability*, (Springer 2022).

in the section on vulnerable adolescents and adolescents in challenging circumstances.<sup>165</sup> Similarly, National Youth Policy (2017) also emphasises the necessity to provide special health care to the backward youths with special needs without any reference to sexually diverse groups.<sup>166</sup> In reality, all these policies and interventions fall short of implementation due to socio-cultural barriers and lack of human and financial resources. Lack of reliable data on vulnerable groups is another major impediment to the formulation and implementation of inclusive policies.

### 11 Adolescent's Voice and Agency

A 2019 study conducted by GAGE (Gender and Adolescence: Global Evidence) identified that there are three important elements in voice and agency namely—mobility, access to information, and participating in decision-making. The degree to which adolescents can exercise their voice and agency has direct correlation with the degree of their empowerment, the socio-cultural milieu, economic participation and the status of their family in the society and its political connection. However, there is little research available on agency and voice of adolescents.<sup>167</sup>

While one notices a shift in the mind frame that is favorably disposed towards gender egalitarianism, especially for younger cohorts, adolescent girls' voice and agency are highly circumscribed by social standards and customs that see their roles as biologically and religiously determined – confined mainly to child bearing. Throughout childhood, girls' voices are silenced as they are socialised to be pure, virgin, domestic, submissive and obedient.<sup>168</sup> Girls' activity becomes even more limited at puberty, and it is deemed a parental responsibility to protect the virginity and chastity of their daughters, and restricting their mobility and arranging marriage for them are ways of ensuring that.<sup>169</sup> Restrictions on mobility are also sex and age biased. While 74% of 12-year-old girls can visit friends and 43% can play outdoor games, only 35% and 7% of 19-year-old girls can do so.<sup>170</sup> Girls' lack of agency is

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<sup>165</sup> *Bangladesh National Strategy for Adolescent Health (2017-2030)*, (Ministry of Health and Family Welfare 2016)

<sup>166</sup> *National Youth Policy (2017)*, (Ministry of Youth and Sports Government of the People's Republic of Bangladesh)

<sup>167</sup> K. Mitu *et al.*, *Adolescent Psychosocial Well-being and Voice and Agency in Chittagong, Bangladesh*, (GAGE 2019).

<sup>168</sup> N. Jones *et al.*, "Constrained Choices: Exploring the Complexities of Adolescent Girls' Voice and Agency in Child Marriage Decisions in Ethiopia", *Progress in Development Studies*, Vol. 20, 2020, pp. 296–311

<sup>169</sup> K. Heissler, "Children's Migration for Work in Bangladesh: The Extra- and Intra-Household Factors that Shape 'Choice' and 'Decision-Making'", *Childhoods Today*, Vol. 2, 2008, pp. 1-19.

<sup>170</sup> S. Amin *et al.*, *From Evidence to Action: Results from the 2013 Baseline Survey for the Balika Project*, (Population Council 2014).

most evident in matrimonial decisions and girls are less likely than boys to make a range of important decisions, particularly in family matters.<sup>171</sup>

Internalisation of patriarchal norms and values by adolescents is another area of concern about raising transformative voices and decisions. Studies showed that both girls and boys are of the opinion that it is the exclusive preserve of the men in the family to make household decision and women should do their husbands' biddings.<sup>172</sup> According to Bangladesh Adolescent Health and Wellbeing Survey 2019-20, one-third of married and one-fifth of unmarried girls believed that women should not be allowed to work outside of the home. More than 40% of married girls believed household chores are for women only, while over one-third of them perceived that husband has the right to beat his wife when she does not listen to him.<sup>173</sup> In general, girls have no voice or bargaining power in household decision-making. Married girls aged 15-19 are more likely to be excluded from decision making process related to household purchases, healthcare or education for their children.<sup>174</sup>

## 12 Concluding Remarks

This paper has outlined adolescent health related challenges in Bangladesh. Adolescents are a separate group whose health needs and challenges are different from children or adults, as it is a period of rapid progression with unique health features. Adolescent girls in Bangladesh are at a disadvantage compared to their male counterparts because of gender based disparity and discrimination. Unequal standards of expected gender behaviour and activities at both within and outside the household, limit their rights, access to resources and opportunities, restricts their roles and individual choices. These adversely affect their physical, mental, and sexual and reproductive health. In Bangladeshi society, preference is accorded to adolescent boys over girls when it comes to the matter of health and nutrition because of their perceived role in society as future bread earners. For many girls, the onset of adolescence brings not only changes to their bodies but new vulnerabilities like human rights abuses, particularly in the areas of sexuality, marriage, childbearing, violence and dignity. The compulsion faced by adolescent boys to conform to

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<sup>171</sup> K. Mitu *et. al.*, *Adolescent Psychosocial Well-being and Voice and Agency in Chittagong, Bangladesh*, (GAGE 2019).

<sup>172</sup> C. Laura *et. al.*, *Exploring Bangladeshi Adolescents' Gendered Experiences and Perspectives*, (GAGE Digest 2017).

<sup>173</sup> *Bangladesh Adolescent Health and Wellbeing Survey (2019-20)*, (Ministry of Health and Family Welfare 2021)

<sup>174</sup> E. Presler-Marshall, and M. Stavropoulou, *Adolescent Girls' Capabilities in Bangladesh: A Synopsis of the Evidence*, (GAGE 2017).



prevailing norms of masculinity, drives them to risky behaviors such as unsafe sex, violence and substance use.

Adolescents are not a homogeneous cohort rather exhibit diversity based on biological, sexual, social, cultural, economic, familial, environmental, geographical, religious, and contextual factors. As a result, their encounters with health issues vary from one individual to another. One needs to keep in mind that health issues of the adolescents are not isolated from the larger context of both local and global, neither is it to be placed outside the umbrella of the socio cultural and economic milieu of a context.

The usual success stories of Bangladesh improving adolescent health hide the wide variations in health status and behavior that are prevailing across different vulnerable groups. Gender identities intersect with other marginal identities and trigger off additional layers of health inequalities and challenges for some groups of adolescents. The health requirements of marginalised adolescents are particularly at risk due to the widespread neglect of their living conditions. This includes adolescents living in streets, slums, coastal areas, those with disabilities, engaged in sex work, born to sex workers, involved in child labor, or residing in detention centers or orphanages.

This area deserves adequate attention since investment in adolescent health will have a direct bearing on the country's health goals. Bangladesh has a range of policies to ensure the health and well-being of adolescents, but they often fail to address the unique needs of diverse groups, by applying both gender and intersectional lens. Besides, lack of reliable data, funding and human resources, poor logistics, top down policy making practices, and bureaucratic complexities impede successful implementation of the existing policies. Ensuring adolescent voice and agency can be the departure point of improving adolescent health and well-being, and realizing the windows of demographic opportunities and to reach gender parity by 2041.<sup>175</sup> Lack of voice and agency hamper adolescents' well-being, especially adolescent girls' access to intra household resources and services, which results in poor health outcome. The nation can reap a collective benefit by incorporating adolescents' voice defining their health issues in their own terms. Bottom up approaches with a holistic view, using a gender lens are crucial to design a context specific and effective policy for the adolescents. This is consequential not only for them, but for all of us.

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<sup>175</sup> C. Laura *et. al.*, *Exploring Bangladeshi Adolescents' Gendered Experiences and Perspectives*, (GAGE Digest 2017).