

UPR Stakeholders' Submission Under the 3rd Cycle of Universal Periodic Review

on

Gender based violence and
Sexual and Reproductive Health Rights

Submitted by:



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UPR Thematic report on GBV and SRHR Under the 3rd Cycle of UPR

Steps Towards Development, Bangladesh

EXECUTIVE SUMMARY

This year, Steps Towards Development (Steps)¹ is submitting a thematic report on Gender Based Violence and Sexual and Reproductive Health Rights for the first time. The report briefly illustrates the major concern points regarding GBV and SRHR in Bangladesh. This report also reflects on the status of implementation during the period of March 2013-2017 in relation to UPR recommendations regarding GBV and SRHR made at the 2nd cycle of UPR in 2013. UNFPA has provided support in the preparatory process of this report.

A. Gender Based Violence

I. Situation Analysis

According to the Global Gender Gap report 2015, Bangladesh is ranked 64 out of 145 countries.² This demonstrates a serious deficiency in the status of women and enforcement of their rights in social, economic and political areas. Bangladesh is one of the leading countries with highest incidents of violence against women. VAW survey 2015³, jointly conducted by BBS and UNFPA revealed that 73% of married women in Bangladesh have experienced one or more such forms of violence by their current husband at least once during their married life. According to a report of BMP, 3,474 women and children and according to Bangladesh Mannobadhikar Bastobayaon Sangstha report, 948 women have become victim of GBV during January-August 2017⁴.

II. Follow-up of UPR 2nd Cycle

GOB accepted Recommendations 129.7- 129.11, 129.118, 129.28, 129.40, 129.57, 129.60-129.66, 129.69- 129.71, 129.86- 129.92, 129.94- 129.96, 129.105, 129.106 and 129.143 of the 2nd UPR Cycle, although sadly little has been done to reduce GBV and ensure women's rights, peace and security.⁵

¹ Steps Towards Development is a non-government organization of Bangladesh working since 1993 for promotion and protection of human rights, gender equality and good governance. Steps is a member of the steering committee of Human Rights Forum Bangladesh (HRFB) from the very beginning and took part in preparing all the 3 UPR stakeholder's reports as a forum member.

² Global Gender Gap report 2015 <http://reports.weforum.org/global-gender-gap-report-2013/#section=country-profiles-bangladesh>

³ <http://www.unfpabgd.org/index.php?option=page&id=141&view=publications&Itemid=999>

⁴ <http://www.dailyjanakantha.us/details/article/>

⁵ UPR Stakeholders' Submission under the 3rd Cycle, Section V, HRFB

Compliance

1. Few steps taken for empowerment of women, children and the underprivileged sections of the society e.g. special quota and facilities to promote their education, employment and health care, which is not enough to reduce the disparities.
2. GOB adopted several National Action Plans and policies to combat VAW and to promote domestic workers and adolescent sexual and reproductive health rights.
3. The Multi-Sectoral Program on VAW under MOWCA runs eight OCCs at the division levels and sixty OCC Cells to provide information and referral services to the victims of. In addition, 8 VSCs are running under MoHA in various districts.
4. The government adopted the implementing rules of the 2012 Prevention and Suppression of Human Trafficking Act in January, 2017 and drafted a roadmap for the implementation of the 2015-2017 national action plan. However, a separate tribunal has not yet been established or identified to deal with cases under PSHT Act 2012.
5. No visible action taken place so far to appoint a *Child Ombudsman* as per CRC recommendations
6. The National Sanitation Campaign to ensure 100 percent sanitation in collaboration with NGOs and the local government institutions is under implementation. Access to sanitation facilities for school girls in rural areas is yet to be ensured.
7. Some steps taken e.g. the enactment of The Persons with Disabilities Rights and Protection Act (2013), which provides for the rights of women with disabilities; yet a lot more to do regarding this.

III. Concerns

1. Despite enactment of new laws, the incidents and types of GBV are increasing and enforcement of laws is weak. According to statistics of BMP, a total of 18,763 GBV cases were reported during 2013–2016⁶ (See Annex: 1). A report of Police Headquarter reveals the increasing trend of VAW and children (Annex: 2).
2. In the recent past increasing number of rape, gang rape and killing after rape has become a matter of deep concern where the perpetrators often go unpunished. In 2017 (Jan-July), 526 women were raped, 119 were gang raped and 41 women were murdered after rape which is 30.66% more than 2016 (Jan-July)⁷. The alarming thing is, a large number of children are also become victim of rape, killing, torture, and other violence in different settings (Annex: 3 and 4)

⁶ UPR Stakeholders' Submission under the 3rd Cycle, Section V, HRFB

⁷Daily Jugantor, 7 August 2017 and report of Bangladesh Mahila Parishad

3. Access to legal redress in the case of GBV is limited and a culture of impunity is visible in the way of getting justice. Prosecution and punishment of all the perpetrators still not ensured due to many reasons e.g. lengthy legal process, discriminatory provisions for rape victims in the laws, overburden of cases in the court, corruption, misuse of power by the perpetrators, lack of sensitiveness towards victims among the actors etc. Therefore, Women generally do not feel comfortable to report cases of GBV, especially rape cases.
4. Marital rape is not addressed in any law of the country. A commonly accepted definition of GBV is absent in our country.
5. No sign of action to adopt legislation according to High Court verdict to criminalize sexual harassment of girls and women in school, public places and workplaces. As a result, incidents of sexual harassment and stalking have not stopped. (Annex: 4)
6. Studies/surveys and disaggregated data on the extent of GBV and its root causes are not updated regularly. Information on the number of cases filed, number of verdict given is inadequate, which makes it difficult to see the existing picture of legal justice process.
7. In Bangladesh, discriminatory personal laws affecting all religious communities and women have fewer marriage, divorce, and inheritance rights than men, which increase their socioeconomic insecurity.⁸ No steps have been taken for the withdrawal of reservations to Article-2 and 16(1)(C) of UNCEDAW convention.
8. No specific indicator to monitor/measure the prevalence of GBV is included in the Result and Resource Framework (RRF) of the 7th Five Year Plan.
9. Recent enactment of the Child Marriage Restraint Act by the government raised concerns among HR activists as it technically makes child marriages legal. The act is being misused and marriage of rape victims to the perpetrator was reported.⁹

IV. Recommendations

1. Ensure updating of the Women and Children Repression Prevention Act 2000; enactment of a new Rule under this Act; amend relevant sections of Criminal Procedure Code, 1898. Adopt within a clear timeline a Uniform Family Code to ensure the equality of men and women of all religion in relation with personal issues.

⁸Human Rights Watch, World Report 2013 <http://www.hrw.org/world-report-2012/world-report-2012-bangladesh> accessed on 10 July 2014

⁹ UPR Stakeholders' Submission under the 3rd Cycle, Section V, HRFB

2. Enact legislation criminalizing all forms of GBV, including marital rape. Enactment of separate law against sexual harassment and Rules under the Child Marriage Restraints Act 2017 should be introduced without delay.
3. Accelerate the adoption of the Anti-Discrimination Law within a specific time frame.
4. Provide capacity building and awareness programs for the judiciary, police, law enforcement officials and health care providers to sensitize and enable them to strictly enforce relevant laws and to provide adequate gender-sensitive support to victims.
5. Develop a roadmap to identify discriminatory personal laws and outlining when and how to review and amend them to eradicate traditional practices hindering to ensure gender equality.
6. The Action Plan for the National Women Development Policy (NWDP) 2011 needs to put more emphasis on the prevention side of GBV to achieve SDGs and substantial resource allocation is crucial to implement.
7. The National Action Plan (NAP) for 2013-2015 on Violence Against Women (VAW) needs to be reviewed through a participatory approach to prevent and respond to VAW in Bangladesh. In addition, there is a need to develop a clear results frameworks, monitoring indicators, targets, and means of verification with cost estimation for the first five years of implementing the NAP.
8. Specific indicator to monitor the prevalence of GBV is included in the result and resource framework (RRF) of the 7th Five Year Plan.
9. To prohibit extra judicial punishment in the name of Fatwa, new laws should be enacted.
10. Guidelines should be developed for the establishment and management of a multi-sectoral referral system engaging health, social, police and legal sectors to prevent and response on GBV.
11. Establishment of more VSCs and OCCs and ensure proper service as well as quick and sensitive response from LEAs is needed to address GBV at the grassroots.
12. Establish a database to collect sex-disaggregated data on GBV with the number of prosecutions and the sentences imposed on perpetrators. Undertake studies/surveys on the extent of gender-based violence and its root causes.

B. Sexual and Reproductive Health and Rights (SRHR)

This part of the report briefly portrays the major concern points regarding SRHR. It is mentionable that in the Interactive Dialogue of UPR 2nd cycle held in 2013, the United States of America commended promotion of women's participation in Government and the National Human Rights Commission acknowledgment that all individuals – including lesbian, gay, bisexual and transgender (LGBT) individuals – should be protected from discrimination. However, it did not set any recommendation against this.

I. Situation Analysis

In Bangladesh, the issue of SRHR usually kept hidden or is associated exclusively with reproduction for cultural, religious and ideological reasons. 'Sex and sexuality' prevails as a taboo in our society and those are not to be discussed in public. Therefore, misconceptions and lack of information regarding SRHR exist among the people especially the adolescents. This results in severe health concerns for Bangladeshi adolescents, i.e., early motherhood and emergence of HIV/AIDS epidemic.

Sexual minority communities face numerous difficulties in accessing citizen services in Bangladesh. They are discriminated against, stigmatized and harassed by the dominant society or individuals.¹⁰ Bangladesh is a low HIV-prevalence country, though remains extremely vulnerable to an HIV epidemic, given its poverty, overpopulation, gender inequality and high levels of transactional sex.¹¹

II. Compliance:

1. On 11 November 2013, GoB has recognized transgender or *hijra* communities as a separate gender and has undertaken programs to develop their livelihoods in all districts of the country.¹² A survey done by the Ministry of Social Welfare showed that as of 2013, there were 10,000 *hijras* in the country.¹³
2. The Bangladesh Maternal Mortality and Health Service Survey¹⁴ found that maternal deaths in Bangladesh fell from 322 per 100,000 in 2001 to 194 in 2010, a 40 percent decline in 9 years. According to UNICEF, Maternal Mortality Rate is 176 deaths/100,000 live births (2015 est.)¹⁵

¹⁰ UPR Stakeholders' Submission under the 3rd Cycle, Section VIII, HRFB

¹¹ [https://www.unicef.org/bangladesh/HIV_AIDS\(1\).pdf](https://www.unicef.org/bangladesh/HIV_AIDS(1).pdf), page 1

¹² http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/BGD/CEDAW_C_BGD_Q_8_Add-1_24252_E.pdf

¹³ Karim, Mohosinul (25 October 2014). "[Hijras Now a Separate Gender](#)". *Dhaka Tribune*.

¹⁴ http://pdf.usaid.gov/pdf_docs/PA00K3BH.pdf

¹⁵ <https://data.unicef.org/topic/maternal-health/maternal-mortality/>

3. To fill gaps in maternal and neonatal health provision, the Government undertook midwifery training program and trained 3,000 midwives by 2015. Due to the availability of improved health services, safe deliveries are taking place and nutritional status of pregnant women are improving.¹⁶
4. Twenty healthcare facilities for HIV testing and counseling and providing free ARV established. Prevention services are available for the sex workers. MoHFW developed a Gender Equity Strategy in 2014, which aims at building gender sensitive mechanisms; support policy and programs to strengthen HIV prevention and promote SRHR among the at-risk populations, particularly female sex workers.¹⁷

III. Concerns

1. Homosexuality is technically illegal in Bangladesh and remains a highly sensitive issue in society. Bangladesh altogether opposed the idea of providing rights to LGBT and said it will go against our society's norms and values. There are explicitly discriminatory laws—Section 377 of the Penal Code criminalizes “carnal intercourse against the order of nature.” The draft Anti-Discrimination Law contains strong protections for transgender people but, as currently written, would not protect lesbians or bisexuals.
2. LGBT people are discriminated and violated everywhere in the family and society in different ways. Police officers routinely discriminate and target them for extortion, physical and sexual abuse, and improper arrest. LGBT students are harassed in educational institutes; they often denied jobs, at times ignored or denied treatment at government hospitals.
3. In April 2016, two gay rights activists including an editor of the country's only LGBT magazine were killed by suspected extremists. After that a number of other LGBT rights activists left the country facing threats on their lives.¹⁸
4. Transgender community are generally looked down upon and eschewed from the mainstream. The common people have a severe lack of awareness and sensitivity towards their basic rights¹⁹. They are often found to be involved in different harmful activities that create public nuisance, due to their lack of education and employment opportunities as well as lesser integration into the society.

¹⁶ http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/BGD/CEDAW_C_BGD_Q_8_Add-1_24252_E.pdf, page 15

¹⁷ Ibid

¹⁸ <http://www.bbc.com/news/world-asia-36128729>

¹⁹ Tanzina Islam, “Protecting the Transgender People in Bangladesh” (DHLR Blog, 31 August 2014) <http://www.dhakalawreview.org/blog/2014/08/protecting-the-transgender-people-in-bangladesh-182>

5. Recently, there has been a huge influx of around half a million Rohingya populations who have fled from Myanmar.²⁰ According to the UN and other GoB bodies engaged in providing supports in the shelter areas, the Rohingya people have carried with them various types of diseases and SRHR issues e.g. HIV/AIDS, thousands of pregnant mothers, rape and sexual harassment victims, adolescence health concerns etc.
6. Ignorance, preference to male child, early marriage, and child pregnancy is threats to women's reproductive health and causes the high levels of maternal mortality. While MMR had decreased, the data did not include maternal deaths that occurred on the way to the facilities, or outside of them. More than 30% of women were married by the age of 15 and 66% by the age of 18. Sexual and reproductive health services were not youth friendly, and information on sexually transmitted diseases and contraceptives was not available to unmarried women.²¹
7. HIV/AIDS prevalence rate remains low (<0.1%) among general population but significant among key populations such as sex workers, Hijra, people who inject drugs etc. (Serological Surveillance, 2011). Despite low prevalence, there has been a growth of 25% in number of infected persons over the years 2001-2011.²² Women and girls living with HIV/AIDS and women in prostitution have limited access to health services due to stigmatization and social ostracism.
8. Progresses on imparting sex education to adolescent in our country curriculum are absent. Government hesitates to recognize the role of sexuality beyond its function in reproduction.²³
9. Because of social stigma and contradictions in the laws, sex workers in Bangladesh are subjected to harassment, violence and are criminalized. Due to their profession sex workers are not seen as 'normal citizens' who have equal right to life and livelihood.²⁴
10. Criminalization of abortion forces women and girls to resort to unsafe abortion. Lack of access to modern contraception for adolescent girls and unmarried women, as well as the lack of information on sexual and reproductive health and rights is a matter of concern.²⁵

²⁰ <http://www.un.org/apps/news/story.asp?NewsID=57782#.WdHkeI-CziU>

²¹ <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20839&LangID=E>

²² http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/BGD/CEDAW_C_BGD_Q_8_Add-1_24252_E.pdf, Page 15

²³ *ibid*

²⁴ Eighth CEDAW alt. Report of Bangladesh

http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/BGD/INT_CEDAW_NGO_BGD_25377_E.pdf

²⁵ Concluding observation of UNCEDAW committee, 18 Nov 2017 (<https://documents-dds-ny.un.org/doc/UNDOC/GEN/N16/402/50/PDF/N1640250.pdf?OpenElement>), page 9

IV. Recommendations.

1. Address negative stereotypes and discriminatory attitudes with regard to the sexuality of adolescents and ensure that they have affordable access to modern contraceptives and to accurate information and education on sexual and reproductive health and rights, including responsible sexual behavior, prevention of early pregnancies and sexually transmitted diseases.
2. Acknowledge the existence of sexual and gender minorities and incorporate this into relevant policies. Abolish section 377 of the Penal Code, thus de-criminalizing consensual adult same-sex activities and ensure their rights to association.
3. Ensure access to health services for women and girls living with HIV/AIDS and women in prostitution and provide them access to adequate health services.
4. All criminal laws in relation to prostitution must be abolished and necessary law needs to be amended for de-criminalization of sex workers. Law enforcing agencies, through training, must build awareness; and protect fundamental rights of sex workers.
5. Initiatives should be taken to remove social stigma about sex workers and LGBT people. They should be treated as equal citizens who are entitled to fundamental human rights.
6. Training should be conducted for adolescents at community clinics, satellite clinics, family welfare centers, and Upazila health complexes regarding SRHR.
7. GOB has to ensure that the amendments to the Child Marriage Restraint Act and the National Plan of Action to End Child Marriage maintained a minimum legal age of marriage at 18 without legal exceptions.
8. Legalize abortion at least in cases of rape, incest, threats to the life and/or health of the pregnant woman.