HealthBridge

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Addressing gender-based violence

Seven in 10 women in Bangladesh have experienced one or more forms of intimate partner violence in their lifetime, according to the 2024 Violence Against Women Survey. Unfortunately, a woman facing abuse in the urban slums of Dhaka has many hurdles to overcome before she finds help.

Women who live in slums experience higher rates of domestic violence than those living in non-slum areas, but it is considered a private matter, culturally acceptable, and largely misunderstood.

The vulnerability of women and girls to abuse is compounded by the power imbalances within the family. Men generally manage household income, with women exercising less autonomy in decision making and spending. This restricts their mobility, social life and health service options.

HealthBridge worked with partners in Dhaka to support survivors of gender-based violence (GBV):

- we trained and supported youth volunteers and outreach workers to raise awareness about GBV among community members and encourage survivors to seek help;
- we trained healthcare professionals and counselors in GP chambers, urban clinics, garment factories and hospitals on GBV and reproductive coercion;
- we held “activism against GBV” campaigns at 21 secondary schools, discussing adolescent health, and GBV;
- we developed referral pathways from the community to healthcare providers, and from healthcare providers to a range of special services for GBV survivors.

Common forms of GBV in Dhaka:

- Physical violence
- Sexual violence
- Reproductive coercion
- Emotional abuse
- Financial abuse
- Early marriage

Local support

As community-based health liaisons, outreach workers play a significant role in talking about spousal abuse as they visit people door-to-door and hold courtyard sessions.

That is why HealthBridge partners in Dhaka provided a three-day training to 113 outreach workers, so they could include gender-based violence (GBV) information and referral services as part of their regular community sessions.

After the training, the workers felt the need to hold separate sessions on GBV, covering different types of abuse, where and how to seek help, and hotline numbers.

“I was not aware about the approaches and suitable words to conduct GBV sessions. This training informed me about the sensitivity of the issues and technical approaches, which gave me confidence to conduct GBV sessions in the community,” says outreach worker Zinat Ferdoushi.

Early marriage

Bangladesh has one of the highest rates of child marriage in the world. It is reported that nearly 20 per cent of women aged 15-49 were married before the age of 15, and 60 per cent were married before the age of 18. Studies have shown that child marriage in Bangladesh is more prevalent among girls from poorer socio-economic groups and girls without formal education. Child marriage is associated with early pregnancy and poor reproductive health outcomes. It is considered a form of sexual and gender-based violence.

Although the law in Bangladesh requires a girl to be 18 years old and a boy 21 years old in order to get married, the law is often by-passed, especially with parental consent.

Through the work of HealthBridge partners in Dhaka, youth volunteers led community education sessions on topics related to sexual and reproductive health and rights, including preventing early marriage.

Referral system

HealthBridge, with partners in Bangladesh, has developed a referral system to ensure coordinated and timely assistance for women and adolescent girls facing gender-based violence.

A referral system safely links survivors to services including emergency health care, mental health and psychosocial support, legal assistance, and safe shelter. This requires teamwork and coordination between government agencies, non-government organizations, and the community.

A GBV survivor may present to a GP, a helpline, an urban clinic or a hospital, so each of these points of entry must be equipped to identify the needs and refer the survivor to any combination of services that are relevant to her particular case. The choice will always be with the survivor whether or not to move forward with the recommendations.

"I will be returning to school in January. Thanks to the youth volunteers for their guidance, convincing my parents through the awareness sessions, and making my future days more promising."

–16-year-old Tabassum, who narrowly avoided an early marriage

A hard life gets better

Shurovi's* life is difficult in many ways.

She lives in one of the poorer neighbourhoods of the densely populated city of Dhaka, the capital of Bangladesh. She works long days in a garment factory. It's not easy, but she needs the job. Despite her need to work at the factory, her husband sometimes gets angry and physically abusive if Shurovi comes home late from work.

Things started to turn around for Shurovi when she went to a community session in her neighbourhood and heard about services that could help women in her situation. From a youth volunteer, she learned about the forms of gender-based violence, how and where to get help, and a call centre number.

She immediately called the number for support, and with the help of the volunteer, she visited the general practitioner (GP) in her neighbourhood to get a check-up and seek help for the abuse she was experiencing.

Now Shurovi's difficult life is getting better.

She says, "The information I received through the volunteers helped me to explore the health facilities where I can access safe services. Also, I got to know about my nearest general practitioner's office where I received services.

"It is very helpful for women like me who lack the right information. Now we know how to protect ourselves."

**not her real name*

HealthBridge — supported by the Government of Canada and working through partners in Bangladesh — implemented the 5-year "Improving Sexual and Reproductive Health and Rights in Dhaka" project to address the needs of underserved women and adolescent girls.

HealthBridge

In partnership with Canada

Ipas BANGLADESH Partners for Reproductive Justice

www.healthbridge.ca