

Bangladesh



COUNTRY POLICIES AND STRATEGIES FOR COMBATING GBV

Legal framework

- The Suppression of Violence against Women and Children Act of Bangladesh came into force in February 2000 and was amended in 2003.
- The Law Commission of Bangladesh has also recently taken the initiative of drafting a Bill on domestic violence which is an important step towards the legal recognition of domestic violence in Bangladesh. The draft bill not only recognizes psychological violence in the eyes of the law but recommends that the provision of counselling for the victim and the perpetrator should be provided. The Bangladesh Cabinet approved the Domestic Violence (resistance and protection) Act 2010.
- The Constitution of the People's Republic of Bangladesh guarantees the equal rights of women and men in all spheres of state and public life. There is, however, no specific law relating to domestic violence against women though there are some other laws which cover almost all types of domestic violence.
- On 14 May 2009 a judgement was declared to prevent sexual abuse of women at the office, educational institution and all types of governmental, nongovernmental, semi-governmental and any other organization.
- The National Women's Development Policy – 2008 was announced by the Government on the eve of International Women's Day on March 7. It set aside one-third of parliamentary seats for women and suggested arrangement for direct election to the reserved seats. It also suggested appointment of an adequate number of women, if necessary, under the related section of the Constitution to the highest-level of Cabinet Division and the policy-making level of the administration. This 2008 policy was revised by the current government and the new policy ensuring gender equality in society was launched on 8 March 2011.

- The Acid Crime Prevention Act 2002, the Acid Control Act 2002, and the Speedy Trial Tribunal Act were passed in 2002.
- Bangladesh acceded the Convention on the Elimination of Discrimination against Women (CEDAW) on 6 November, 1984 and subsequently ratified the Optional Protocol on CEDAW in 2000. Bangladesh is also a signatory to the Beijing Declaration and endorsed its Platform for Action (PFA).

Policies, strategies and programmes

- The National Health Policy (draft) recognizes the significance of GBV under the topic of emerging issues and violence (particularly against women) is being considered as major challenge for the country.
- The Gender Equity Strategy (2001) developed by the Ministry of Health and Family Welfare (MOHFW), identifies violence against women as an important issue in the backdrop of high levels of violence against women.
- The programme implementation plan of the Health, Nutrition and Population Sector Programme of MOHFW has identified the Women Friendly Hospital Initiative (WFHI) at primary, secondary and tertiary level

hospitals as a priority area. One of the four key areas to be addressed under this initiative is gender-based violence.

- As part of the WFHI, a comprehensive national level protocol was developed by the directorate of health services of the Ministry of Health and Welfare (MOHFW) and UNICEF. It deals with GBV as one of the four thematic areas.
- There is a GBV multisectoral programme led by the Ministry of Women and Children Affairs, with the Ministry of health as an important implementing partner.
- The Government of Bangladesh approved the National Policy for Advancement of Women in 1997 and also developed a national action plan for the advancement of women.
- The Joint UN Programme to Address Violence against Women (VAW) in Bangladesh aims to achieve the Millennium Development Goal 3 (MDG3) and will be implemented over a three year period (January 2010 – December 2012). This programme brings together 11 relevant ministries of the Government of Bangladesh and nine UN agencies.

COUNTRY SITUATION OF GBV

Violence against women is a widespread social problem that causes mental stress, physical suffering and death. One fifth of all women are reported to experience physical abuse at home and at the workplace.

I. The Multi-country Study on Women's Health and Domestic Violence against Women, sponsored by the World Health Organization carried out a cross-sectional survey of women aged 15–49 years in the capital city Dhaka and in the rural area Matlab. A total of 1603 interviewees from Dhaka and a total of 1527 interviewees from Matlab were covered.¹

The salient findings were:

- Prevalence of lifetime violence (physical violence) by the husband was about 40% among ever-married women and prevalence of lifetime sexual violence ranged from 37% to 50%¹ (Figure 1).
- Prevalence of current physical violence (in the past 12 months) ranged from 16% to 19% and prevalence of current sexual violence (in the past 12 months) ranged from 20% to 24%¹ (Figure 1).

These findings will serve as the baseline for further work to be undertaken on improving information systems on VAW.

¹ Country Findings. Bangladesh. WHO Multi-country study on Women's Health and Domestic Violence against Women. WHO 2005

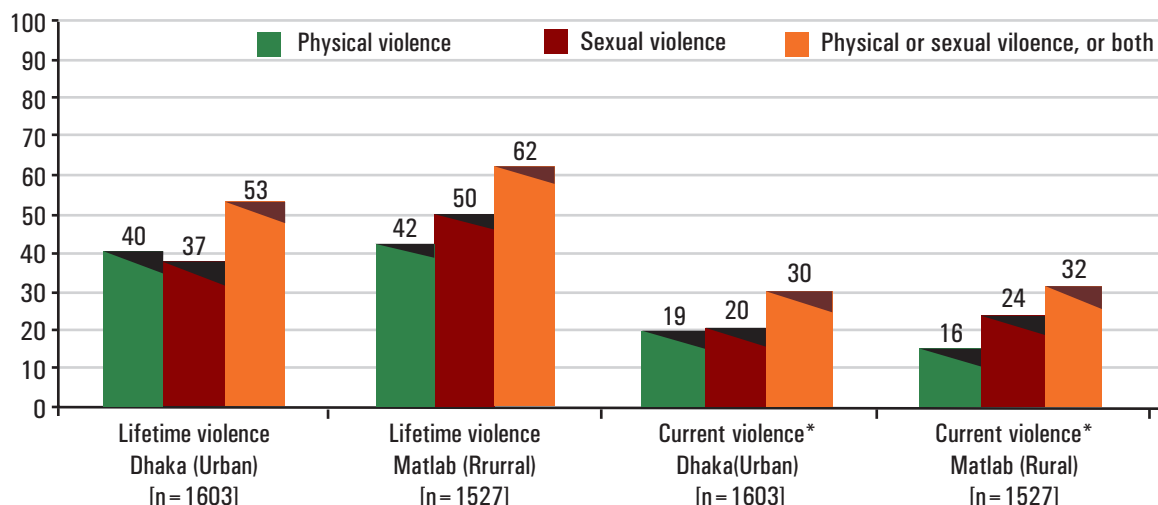


Figure 1: Percentage of women who experienced violence by an intimate partner, among ever-partnered women aged 15-49 years, Bangladesh, 2005

Physical violence meant the woman had been: slapped, or had something thrown at her; pushed or shoved; hit with a fist or something else that could hurt; kicked, dragged or beaten up; choked or burnt; threatened with or had a weapon used against her.

Sexual violence meant the woman had: been physically forced to have sexual intercourse; had sexual intercourse because she was afraid of what her partner might do; been forced to do something sexual she found degrading or humiliating.

“**Ever-married**” meant only women who had ever been married.

* **Current violence** means violence in the past 12 months

Source: Country Findings. Bangladesh. WHO Multi-country study on Women's Health and Domestic Violence against Women. WHO 2005

II. The Bangladesh Demographic and Health Survey (BDHS), 2007 collected information from ever-married women aged 15-49 years from both rural and urban areas.²

The salient findings were:

- Nearly one half of ever-married women (48.7%) have ever experienced some form of physical violence by their husbands in their current or most recent marriage² (Figure 2).
- Among the ever-married women, 17.8% reported ever having been physically forced to have sex by their husbands² (Figure 2).

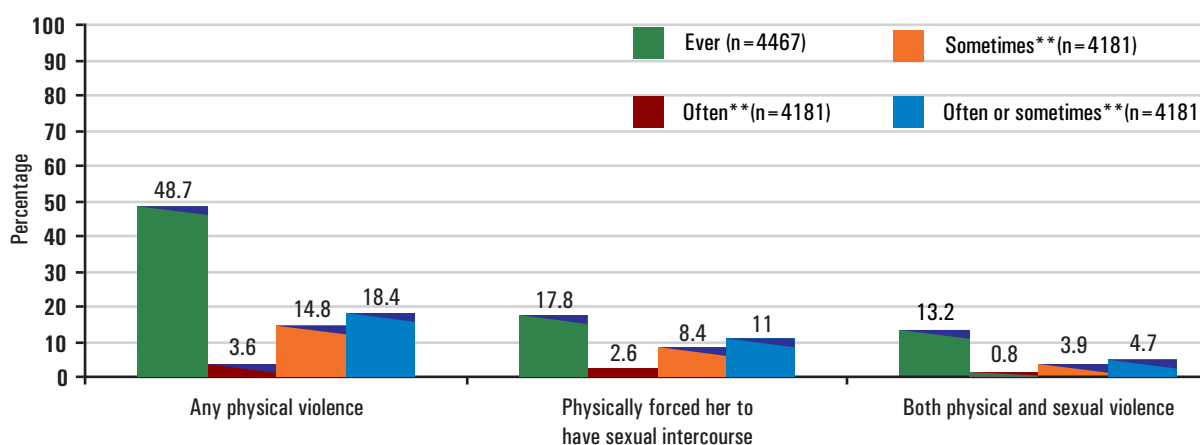


Figure 2: Forms of spousal violence among ever-married women age 15-49 years who have experienced various forms of violence by their husband, ever and in the 12 months preceding the survey, Bangladesh, 2007

The survey measured spousal violence (physical and sexual violence) with a shortened and modified Conflict Tactics Scale (CTS) (Straus, 1990).

** Restricted to currently-married women in the past 12 months. Husband refers to the current husband for currently-married women and the most recent husband for divorced, separated, or widowed women.

Source: National Institute of Population Research and Training (NIPORT), Mitra and Associates, and Macro International. 2009. Bangladesh Demographic and Health Survey

2007. Dhaka, Bangladesh and Calverton, Maryland, USA: National Institute of Population Research and Training, Mitra and Associates, & Macro International.

Among currently-married women who report experiencing physical violence in the past 12 months, the most common reasons cited were violence without any reason (31.1%), financial crisis (27.1%), wife neglecting the household chores (20.7%), wife disobeying the husband (15.7%) and wife refusing sex (15.3%)² (Figure 3).

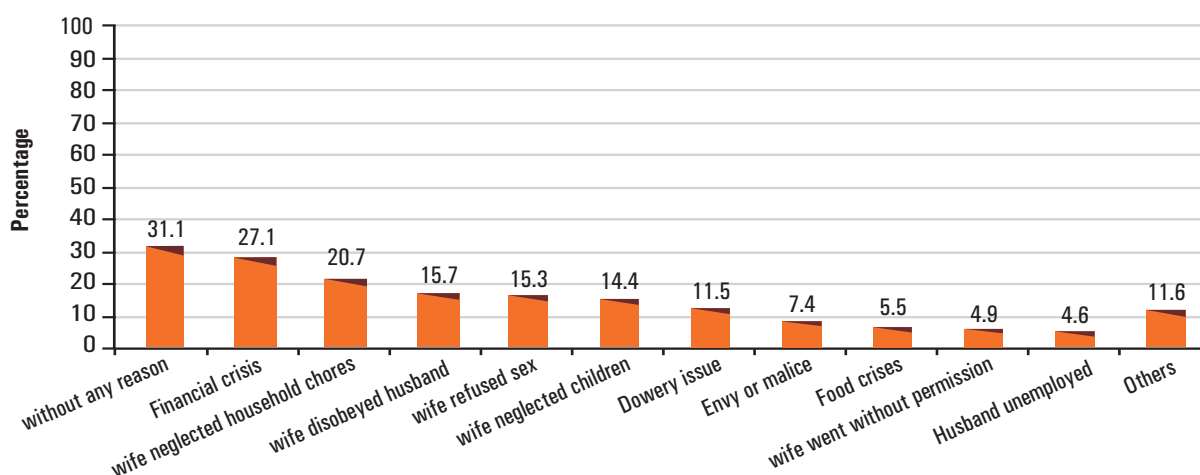


Figure 3: Reasons for spousal violence among currently-married women who report experiencing physical violence* in the past 12 months, [n=771], Bangladesh, 2007

* The percentages sum up to more than 100 percent because respondents may cite multiple reasons.

Source: National Institute of Population Research and Training (NIPORT), Mitra and Associates, and Macro International. 2009.

Bangladesh Demographic and Health Survey 2007. Dhaka, Bangladesh and Calverton, Maryland, USA: National Institute of Population Research and Training, Mitra and Associates, and Macro International.

COUNTRY ACTIVITIES IN COMBATING GBV

GWH-SEARO conducted a survey in October 2009 among the gender focal points in the WHO country offices of Member states using a

questionnaire containing 23 questions under 4 clusters. The findings of the survey for Bangladesh are listed below.

² National Institute of Population Research and Training (NIPORT), Mitra and Associates, and Macro International. 2009. Bangladesh Demographic and Health Survey 2007. Dhaka, Bangladesh and Calverton, Maryland, USA: National Institute of Population Research and Training, Mitra and Associates, and Macro International.

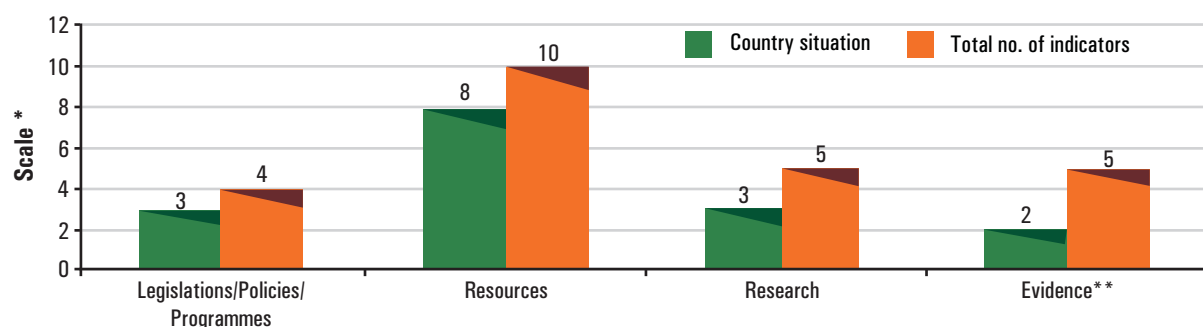


Figure 4: Country activities in combating gender-based violence in Bangladesh, 2009

* The scale represents country-specific situation plotted against the maximum rating from 4 clusters of indicators:

- (1) Legislation/policies/programmes
- (2) Resources

- (3) Research and
- (4) Evidence

** A lower score reflects lower evidence of GBV

Table 1: Country activities in combating GBV

S.No.	Category	Activities
1.	Legislation/policies and programmes on GBV	The country has legislation, a national plan of action and multisectoral action plan on GBV.
		<ul style="list-style-type: none"> • The implementation of the Joint Programme to address Violence against Women is built around a three-pronged strategy including (i) activities aimed at adopting and implementing policies aimed at preventing VAW and protecting victims of violence; (ii) changing behaviours related to violence against women/girls; and (iii) protecting and helping victims of gender-based violence. WHO is involved in working with partner UN agencies and the MoHFW in improving information systems on VAW.
2.	Resources for combating GBV	<p>The country has a rich resource for combating GBV. The following resources are available:</p> <ul style="list-style-type: none"> • Workshops/training on GBV. • Activities on gender mainstreaming for prevention of GBV. • Data collection system for GBV at hospitals and police stations. • One-Stop Crisis Centre services (OSCC) for GBV prevention and handling in health facility. • UNICEF's Women's Friendly Hospital Initiative. • Code of Practice on violence in the service sector (ILO). • IEC materials on GBV for health providers, schools and communities. • Facilities for helping the victims of GBV in police stations, social support groups, shelter homes, counselling centres and among self-help groups.

S.No.	Category	Activities
3.	Research on GBV	Research has been conducted on the cause and consequences of GBV. <ul style="list-style-type: none"> The country has findings on GBV, findings related to the cause of GBV and findings related to women's health due to GBV. WHO study in Dhaka and Matlab in 2001 UNFPA's studies (i) Baseline survey for assessing attitudes and practices of male and female members and in-laws towards GBV; and (ii) An Assessment of male attitude towards violence against women.
4.	Evidence on GBV	GBV in < 15 year-olds and GBV in ≥ 15 years-olds are presented in the country. <ul style="list-style-type: none"> Reported number of VAW cases in the media (newspapers and TV).

Additional Information

Victims of GBV

- Spouse and family members have been found to be victims of GBV.

Causes of GBV

- Two root causes of VAW are (i) the unfavourable policy and legal frameworks, its implementation and enforcement and (ii) the social and individual attitudes and behaviours.

- Dowry-related issues and patriarchal family systems have been found to be the causes of GBV.

Age of GBV victims

- GBV affects less than 15 year-olds in physical form.
- GBV affects ≥ 15 year-olds in physical form.

PARTNERSHIP IN COMBATING GBV

Government initiatives

- Appointment of a Women In Development (WID) focal point within each ministry to ensure inclusion of gender concern in all line ministries.
- Setting up of committees and statutory commissions for women's advancement.
- Setting up of special cells for women at the police headquarters and at selected police stations.
- Setting up of a Central Cell in the Ministry of Women and Children Affairs, Department of Women's Affairs and in the National Women's Organization.
- An Anti-VAW cell established in the Ministry of Women and Children's Affairs to monitor and dispose of all complaints.
- Under the GBV multisectoral programme led by the Ministry of Women and Children Affairs, with the Ministry of Health as an

important implementing partner, seven One-stop Crisis Centres (OSCCs) have been established at the tertiary level medical college hospitals.

- **Operational and training manuals on GBV:** The Multisectoral programme on Violence against Women coordinated by the Ministry of Women and Children Affairs has developed an operational manual called Operational Manual for One-Stop Crisis Centre in Medical College Hospital and is available at the OSCCs.
- Training Manual for doctors on VAW and the Training Manual for Nurses on VAW has been developed by the Directorate General of Health Service of the MOHFW with UNFPA in 2006.
- Workshop/seminar on gender mainstreaming for sensitization of health care professionals to gender issues and programme design of health services and Training of trainers on caring for/handling victims of VAW undertaken by the Gender, NGO and Stakeholder Participation Unit (GNSPU) of the MOHFW with WHO in 2010/2011.
- Gender, NGO and Stakeholder Participation Unit of MOHFW with the support of BIRPERHT, a government-run NGO and WHO has initiated a training programme on capacity development in handling victims of VAW for doctors and nurses working at the field level.
- **Women Friendly Hospital Initiatives:** The Director-General of Health Services in collaboration of a national NGO, Naripokkho, with funding from organizations such as UNICEF has launched an initiative named Women Friendly Hospital Initiative (WFHI). The initiative aims to address the high MMR by

addressing four key areas one of which is “management of violence against women victims”. While providing care to victims, the initiative attempts to institutionalize the care of GBV in to the health system. Regular monitoring and mentoring is being carried out by Naripokkho.

- **Barriers in implementing the law :** A presentation on scope and opportunities for multi-donor approach to address GBV presented some of the barriers to effectively implementing the laws. Some of the barriers are: absence of regulations to implement the legislation; lack of clear procedures for law enforcement and health-care personnel; attitudes of law enforcement officers that discourage women from reporting cases; lack of adequate and consistent gender sensitivity training for officials responsible for implementing legislation and policies; high dismissal rates of cases by police and prosecutors; high withdrawal rates of complaints by victims; low prosecution and conviction rates and practices that deny women legal control over their lives, such as detaining women for their "protection" without their consent.

Civil society organization initiatives

- A workshop titled "Roles of Media to address Domestic Violence" was organized in 2009 by the Bangladesh National Women Lawyer's Association (BNWLA). It was recommended that journalists should be trained on gender discrimination and domestic violence. It was also recommended that an independent Domestic Violence Act should be enacted to recognize domestic violence as an offence.
- Naripokkho in partnership with government agencies has begun to pilot screen tools in

hospitals to detect and reach out to women facing violence.

- Shelter facilities for women victims of violence are being run by The Bangladesh Mohila Parishad, Utsho Bangladesh and Protibha Bikash Kendra.
- Large scale campaigns against all forms of violence and discrimination against girls and women are being carried out by The Sannilata Nari Samaj, Promoting Human Rights and Education in Bangladesh (PHREB), etc.

- The Ahsar Alo Society as part of the PLHIV network in organizing divisional workshops with HIV infected and affected women with support from UNAIDS.

UN Partnerships

- The Joint Programme in Addressing VAW brings together nine UN Agencies (UNFPA, UNICEF, UNAIDS, UNWomen, UNESCO, WHO, ILO, IOM, and UNDP) as “One UN” to address collectively GBV in Bangladesh.



**World Health
Organization**

Regional Office for South-East Asia

Country Contact Information:

Monica Driu Fong (Ms)
Nurse Administrator
Focal Point for Gender
WHO Country Office, Bangladesh
Office: +880-2-8614653
GPN : 27230
E-mail: fongm@searo.who.int

Produced by:

Gender, Women and Health (GWH)
Department of Family Health and Research
World Health Organization, Regional Office for South-East Asia
World Health House, Indraprastha Estate
Mahatma Gandhi Marg, New Delhi-110002
Phone: 91 11 23370804, Ext 26301
Fax: 91-11-23379507, 23379395, 23370197
Email: suchaxayap@searo.who.int