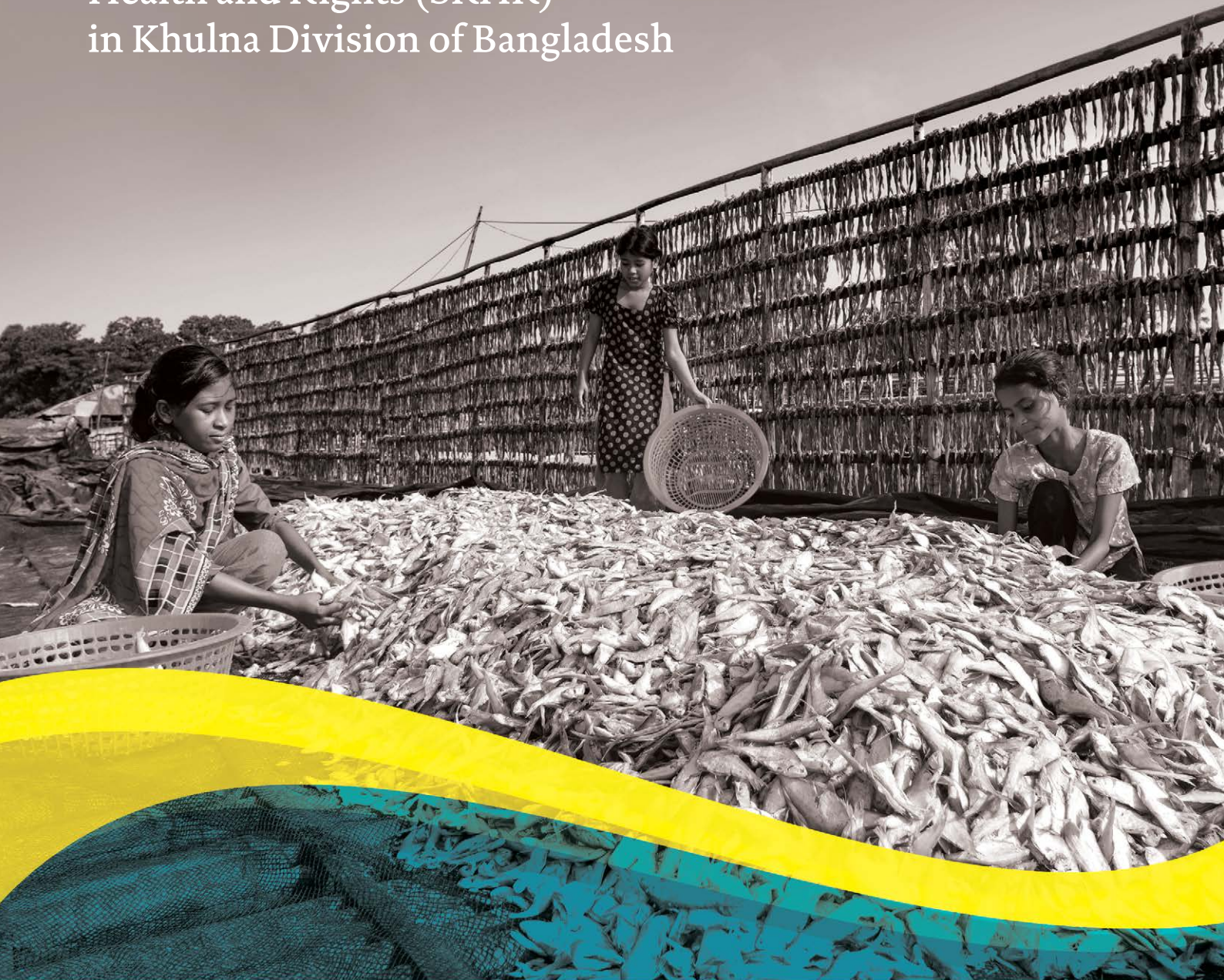


# BANGLADESH

Policy Research on Climate Change  
and Sexual and Reproductive  
Health and Rights (SRHR)  
in Khulna Division of Bangladesh



## SCOPING STUDY

Building New Constituencies for  
Women's Sexual and Reproductive  
Health and Rights (SRHR):  
Climate Change and SRHR



বাদাবন সংঘ  
**Badabon Sangho**  
(A Women's Rights Organisation)

2023

## **SCOPING STUDY: BANGLADESH**

### **Policy Research on Climate Change and Sexual and Reproductive Health and Rights (SRHR) in Khulna Division of Bangladesh**

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## EXECUTIVE SUMMARY

The study focuses on the different intersections of climate change and sexual and reproductive health and rights (SRHR) issues within the coastal region (Khulna) of Bangladesh. The coastal areas are tremendously at risk of the influences of climate change, which have negative implications for the SRHR of the women and girls living in these areas.

The study, conducted in coastal parts of the Khulna Division of Bangladesh, examines the manifold SRHR-related vulnerabilities faced by affected communities in terms of access to quality healthcare services, family planning, and maternal and child health etc. It highlights the increased risks of child marriage, gender-based violence, unplanned pregnancies, and deterioration of reproductive health in the context of changing climate patterns. Climate change-pushed effects consisting of salinity intrusion, changing rainfall patterns, and multiplied temperature have an effect on agriculture, livelihoods, and food protection in the coastal vicinity. These changes impact SRHR through their outcomes on health infrastructure, availability of easy water and sanitation facilities, and access to healthcare services. The vulnerabilities created through climate change can exacerbate the present SRHR situation in the region.

The study includes the findings from Key informant Interviews (KII), Small group discussion and Focused Group Discussion (FGD) with the beneficiaries, experts and civil society actors. Furthermore, the study covers the importance of integrating SRHR concerns into climate change adaptation and mitigation strategies and climate financing. Moreover, it is extremely crucial to holding the duty bearers accountable for implementing existing National plans, strategies and policies to mitigate the current challenges faced by the vulnerable population.

*Climate change-pushed effects consisting of salinity intrusion, changing rainfall patterns, and multiplied temperature have an effect on agriculture, livelihoods, and food protection in the coastal vicinity. These changes impact SRHR through their outcomes on health infrastructure, availability of easy water and sanitation facilities, and access to healthcare services. The vulnerabilities created through climate change can exacerbate the present SRHR situation in the region.*

# PART 1

## 1.1 BACKGROUND

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Bangladesh is vulnerable to both disasters and climate change and is ranked the seventh most disaster-prone country in the world according to a report from the Global Climate Risk Index 2021. It is often referred to as ‘ground zero’.

Bangladesh faced 1.32% of annual GDP loss from 2016–2021 due to climate change-induced disasters (BBS, 2022a). When climate change and natural disasters increase, overcrowding and disrupted social networks contribute to gender-based violence, which further threatens sexual and reproductive health rights, especially in regions where essential services are not operating on a regular basis. Although climate change drastically affects everyone, it disproportionately affects women and girls who are living in remote areas with limited access to their basic rights and essential services. In recent years, extreme weather events (i.e., floods, cyclones, water salinisation, etc.) have contributed to creating more vulnerabilities for people living in coastal areas, especially for women and girls.

## 1.2 CLIMATE CHANGE AND SRHR IN COASTAL REGIONS OF BANGLADESH

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Climate change is a pressing issue in the Bay of Bengal belt, specifically in the coastal regions of Bangladesh. This report aims to conduct a policy analysis and delve into how climate change is linked with sexual and reproductive health and rights (SRHR) from an intersectional perspective.

In coastal regions, climate change-induced disasters (i.e., floods and cyclones) pose threats to life and health, especially for women and children. The displacement of communities, leading to increased risks of sexual violence, exploitation, trafficking, etc., are the most common forms of consequences of climate-induced disasters. Women and girls become more vulnerable to assault, child and forced

marriage, violence, and abuse. On the other hand, access to basic SRHR services, such as reproductive healthcare and family planning, becomes severely limited in such disaster-stricken areas.

Climate change also causes economic hardship and adversely affects livelihoods. Agriculture, fisheries, and other industries that many women rely on for their income are negatively affected by climate change, resulting in income insecurity and the loss of jobs. This economic instability further limits their access to essential SRHR services, as they prioritise meeting their basic needs.

*The displacement of communities, leading to increased risks of sexual violence, exploitation, trafficking, etc., are the most common forms of consequences of climate-induced disasters.*

It is also important to highlight that there is a lack of gender-disaggregated data in the nexus of climate change and SRHR.

The impacts of climate change, which include rising sea levels, increased frequency and intensity of storms and cyclones and changing rainfall patterns, have significant implications for the SRHR of the population, particularly women and girls. These effects exacerbate existing vulnerabilities and disparities, further marginalising and endangering the well-being of this demographic group.

The study was conducted in Khulna Division which is situated in the southern part of Bangladesh. “The one aspect of the Khulna region that is relevant to climate change is its extreme vulnerability to salinity intrusion in the low-lying coastal districts, which are already causing displacement of the local people. This is in fact an instance of loss and damage from human-induced climate change, which we need to address as we invest in making Khulna city both a green and a fair climate city, particularly for the climate migrants who are rapidly filling up the slums in Khulna city.”

One of the study areas of this report is Mongla, which is located at the southwestern coast under Khulna division and is highly prone to climate change impacts both from economic and non-economic perspectives. While the economic losses and damages are visible, the non-economic aspects of those impacts, like deteriorating health, sexual violence, and physical, mental, and emotional distress, etc. are often overlooked and much less talked about. Slow onsets like salinity intrusion limit access to freshwater and have multiple health impacts like diarrhoea and skin diseases. In addition, women claim the lack of fresh water affects their reproductive organs. According to the study findings, most of the women in this region are engaged in fishing and water centric livelihood that requires them to stay a longer period in the water which is hampering their reproductive system, causing skin diseases and many other challenges. “Salinity has increased in coastal areas of the country due to global warming. Women in these areas are increasingly getting sick from uterus related diseases as they rely on these water sources. Some of them have to go through hysterectomy (uterus removal) at an early age.” During key informant interviews (KIIs) with women from local communities from the coastal region of Khulna, it was found that menstrual hygiene management is a great challenge for them because they have little or almost no access to fresh water, and lack of resources to buy sanitary napkins due to poverty. This situation further contributes to urinary related diseases among women and girls.

UN Resident Coordinator in Bangladesh, Gwyn Lewis, said, “Despite progress made across the country, we heard from women and girls in Khulna and Barisal that the social, economic, and now increasing environmental barriers continue to be significant obstacles in the way of women’s empowerment and eliminating gender-based violence. More efforts are needed to achieve the vision of the country and women need to be equal partners in that change.”

Addressing these intertwined challenges of climate change and SRHR requires multi-level and coordinated efforts by duty-bearers. While implementing existing policies and interventions, the focus should be on the most vulnerable population in connection with equitable access to essential services and resources. Education and awareness programmes on climate change adaptation, disaster preparedness, and sexual and reproductive health should

be implemented at the community level. Furthermore, it is important to strengthen and monitor the existing healthcare facilities and infrastructure in areas to ensure the availability of SRH services, even during emergencies.

To safeguard and ensure the SRHR of people who are most marginalised and vulnerable due to climate change, it is important to take a comprehensive approach that integrates gender-responsive strategies into climate change adaptation and mitigation measures. This involves addressing the underlying gender inequalities and power dynamics that contribute to exacerbating vulnerabilities for marginalised communities.



*“Often we hear that women and girls take medicines either to delay or stop their menstruation so that they can work in the water without hassle. Due to the poverty they cannot afford to take a day off work during their menstruation and are compelled to work in the water where the salinity is increasing due to climate change. As a consequence these issues are causing them to suffer many uterine diseases” -Service provider from Upazila Health Complex.*

### 1.3 POLICY FRAMEWORK AND THE BANGLADESH GOVERNMENT'S INITIATIVES AND POLICIES REGARDING CLIMATE CHANGE ADAPTATION

Bangladesh was one of the first nations to launch the Climate Change Strategy and Action Plan (BCCSAP) 2009, in order to address vulnerability to climate change and to incorporate climate change issues into the development planning process. The Climate Change Trust Fund was established in 2014 to meet the costs related to climate change adaptation and mitigation programmes in Bangladesh. In the same year, the Bangladesh Climate Change Resilience Fund was introduced to channel international climate financing resources to finance specific climate change-related activities. The Climate Change Strategy and Action Plan (CCSAP) 2014 was adopted to set out the policy, legal, and institutional options for climate action. Furthermore, the government technically and financially supported the development, implementation, and mainstreaming of the Climate Resilient Integrated Area Development (CRIPAD) project in the coastal region of Bangladesh. The project supports climate change adaptation and disaster risk reduction activities in selected regions of Bangladesh.

To ensure adaptation to climate change, Bangladesh also adopted a system of Integrated Coastal Zone Management (ICZM), which aims to protect existing natural ecosystems, including coasts, mangroves, rivers, wetlands, and estuaries. This approach encourages citizens to work together to reduce their vulnerability to climate change.

In April 2017, the Government of Bangladesh launched the Bangladesh Delta Plan 2100 (BDP2100) to strengthen the adaptive capacity of the country in order to gear up for climate change and promote national self-sufficiency within 100 years. This plan lays out strategies and actions for addressing climate change and the environmental threats faced by the country. Coverage of the plan is expected to extend to seven to eight ministries and departments and thereby significantly improve the overall management of water, land, forest, and environmental issues.

The Ministry of Environment, Forest and Climate Change (MoEFCC) and the Ministry of Disaster Management and Relief (MoDR), are undertaking diverse initiatives pertaining to climate change adaptation.

### 1.4 ACCESS TO CLIMATE FINANCE: PROGRESS IN THE CONTEXT

Bangladesh has access to a number of climate funds from different sources and the majority of the funding comes from the World Bank and the Asian Development Bank (ADB):

- **Green Climate Fund (GCF):** Bangladesh is eligible to apply for climate finance from the GCF, which provides funding for climate change adaptation and mitigation-related programmes.
- **Adaptation Fund:** Presently, Bangladesh can access the Adaptation Fund, which facilitates projects and programmes to assist vulnerable communities adapt to climate change impacts.
- **Climate Investment Funds (CIF):** Bangladesh has access to CIF funds through the Scaling-Up Renewable Energy Program (SREP) and the Pilot Program for Climate Resilience (PPCR). These funds contribute to climate resilience and renewable energy projects and also aim to enhance the resilience of coastal communities and infrastructure.
- **Global Environment Facility (GEF):** Another opportunity to access climate funding for the country is through the GEF, which funds projects that address urgent, medium-, and long-term climate change risks in selected agro-ecological zones.
- **Bilateral and Multilateral Partners:** Moreover, through collaborations, negotiations, and partnerships with bilateral and multilateral organisations like the World Bank, the Asian Development Bank, and various donor states, Bangladesh can also access different other climate funding and resources.

It is important to highlight that the availability and access to these funding resources may vary from time to time depending on how the government is handling 'climate politics' at both a regional and global level.

On the other hand, **Bangladesh will need at least \$12.5 billion, approximately 3% of GDP, in the medium term for climate action.** The financing gap can be partially covered through additional funds from budget prioritisation, carbon taxation, external financing, and private investment. It will be critical to address immediate and urgent challenges for climate change and development.

## PART 2

### *Thematic issues: Progress, Challenges, and Recommendations*

#### 2.1 CHILD MARRIAGE

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Bangladesh has one of the highest rates of child marriage in the world and the highest rate in Asia, with 59% of the country's females getting married by the age of 18 and 22 % by the age of 15. (Girls Not Brides, Bangladesh). Child marriage was a retaliatory adaptive strategy utilised as a result of environmental degradation. Climate change and disaster encourage child marriages especially in the coastal areas. The primary reason for this is that anytime a calamity occurs, parents worry about the safety of their daughters. Even though they are young, they think that marrying them off would be the best immediate course of action. For them, it serves as a sort of "damage control" measure. Schools are used as shelters during cyclones and floods, which causes months-long disruptions to academic programmes. The majority of female students drop out of school. Disasters linked to climate change cause a reduction in income, which puts agricultural livelihoods in jeopardy and makes it difficult for families to keep their kids in school, which raises the rate of child labour and child marriage.

According to a study 'Child marriage in rural Bangladesh: A social issue. Journal of Education and Social Sciences', child marriage is prevalent in Khulna Division of Bangladesh, with 50% of girls getting married before the age of 18, and 17% getting married before they turn 15. Due to the major contributing factors such as poverty, lack of access to education and safety security for girls, child marriage is more prevalent in rural areas. On the other hand, some religious beliefs and cultural norms of some communities also perpetuate child marriage which is negatively impacting adolescent girls, that includes higher rate of maternal mortality, unsafe abortion, lower levels of education, and poorer health outcomes.

The minimum legal age of marriage in Bangladesh is 21 for men and 18 for women, as per the Child Marriage Restriction Act ("CMRA"). However, a recent revision that was approved in March 2017 included an exception that allowed younger girls to get married under ambiguously defined "special" conditions if their parents and the courts approved it. This provision, according to the government, was meant to address "situations involving 'accidental or unlawful pregnancy' of unwed girls." Since there is no minimum age specified in this clause, girls of any age may marry in certain situations.

Bangladesh released the "ccGAP," or Climate Change and Gender Action Plan, in 2013 to mainstream gender concerns into climate change-related policies, strategies, and interventions. Child marriage is mentioned twice in this document: It mentions the Dowry Prohibition Act and the CMRA as examples of legislative reforms in response to concerns voiced by the Committee on the Elimination of Discrimination against Women, and it lists "the negative impact of early marriages" as an obstacle to education encountered by girls. However, the plan makes no mention of whether there is a connection between child marriage and climate change effects, nor does it address how to lessen the likelihood that these effects will contribute to child marriage.

#### **Challenges:**

- Child Marriage Prevention Committees (CMPC) from district to Upazila level lacks regular monitoring and implementation especially in the coastal region in Khulna Division.
- Climate change is impacting the livelihood of the people living in the coastal parts of Khulna region, which is leading to severe poverty. Due to poverty, people are more inclined to marry off minor girls in order to cut their expenditures and to avoid dowry. Additionally, there are not many options available for alternative



livelihood in order to mitigate the loss due to climate change on the agriculture, fishing and other common traditional livelihood means.

- Lack of awareness campaigns targeting climate change and its impact on women and girls.

### **Recommendations:**

- Take visible steps to implement and monitor the work of the Child Marriage Prevention Committees (CMPC) in district, union and Upazila level.
- Create specially designed awareness campaigns against child marriage targeting regions like Khulna division which are vulnerable to climate change impacts.
- Take steps for creating options for alternative livelihoods in places like Mongla and Rampal which are the worst sufferers of climate change in order to decrease the poverty rate and mitigate the impact of climate change on livelihoods.
- Strict compliance and implementation of the National Action Plan to End Child Marriage.
- Allocate additional funds towards the welfare of women and children and establish a dedicated monitoring mechanism under the direct supervision of the Ministry of Women and Children Affairs (MoWCA) to monitor the impact of climate change on women and girls especially regarding their SRH and gender based violence.

## **2.2 ANTENATAL AND NEONATAL HEALTH CARE**

### **Background:**

The potential correlation between elevated salt consumption during the dry period and the seasonal occurrence of hypertension in pregnancy in coastal regions of Bangladesh is worth investigating. Furthermore, it is important to consider the potential exacerbation of this issue due to the anticipated rise in sea-levels and environmental alterations. High blood pressure during pregnancy has been linked to a higher risk of bad outcomes for both the mother and the baby. These outcomes can happen right away or over time and include problems with the liver's function, lower platelet levels, slow fetal growth, premature delivery, and maternal as well as postnatal mortality.

In 2002, the World Health Organization (WHO) acknowledged the significance of studying the health effects associated with the intake of extremely salty water as a primary focus within its public health programmes. The hypothesis put forth in a 2008 survey suggested that pregnant women residing in the southwestern coastal region of Bangladesh may have greater rates of pre-eclampsia and gestational hypertension compared to pregnant women living in non-coastal areas. Another study also established significant links between the salinity of drinking water consumed during pregnancy, hypertension and preeclampsia in pregnant women, and postpartum infant morbidity and mortality. This disparity was attributed to the potential contamination of drinking water with saline. Comprehensive maps generated using Geographic Information Systems (GIS) from a study conducted by ICDDR,B showed that pregnant women living within 20 km of the coastline and 7m above sea level were 1.3 times more likely to miscarry than women who live inland.

### **Challenges:**

- In coastal regions, the reliance on rainfall harvesting for drinking water during the winter season is insufficient, necessitating the utilisation of saline water and ponds as alternative sources for meeting their drinking water needs. Women rely on saline water sourced from tube wells to do domestic tasks such as laundry, dishwashing, and other activities that necessitate significant water consumption, which ends up having severe health impacts in the long run.
- Gestational hypertension and pre-eclampsia in pregnant women are attributed to consumption of saline water. This condition poses a substantial threat to maternal health, increasing the likelihood of maternal mortality and stillbirth.
- In the context of climate change-induced extreme weather events, such as cyclones, the availability of healthcare including SRH services and contraception were limited.
- Often women and girls coming from remote areas are not able to get the services from health complexes or hospitals due to the time of the service delivery. When they are coming from a longer distance they do not have enough money to cover the expenses to stay longer in a different location than their home. As a result, there is also a reluctance among the beneficiaries living in remote regions of Khulna region to travel to healthcare facilities.

### Recommendations:

- **Ministry of Disaster Management and Relief (MoDMR)** to take immediate measures to increase storage capacity of rainwater and apply desalination processes in the coastal region.
- **The Ministry of Health and Family Welfare (MoHFW)** should take steps for proper utilisation of maternal healthcare to meet the unmet needs of climate change induced vulnerabilities in remote and coastal regions.
- **Immediate steps need to be taken to establish special SRH services (i.e. well equipped satellite clinics)** for women and girls in the severely impacted areas that are easily accessible for women and girls coming from remote areas with flexible hours for service delivery time. This could be done by taking a multi sectoral approach by the government.

### 2.3 GENDER BASED VIOLENCE (GBV) AND INTIMATE PARTNER VIOLENCE

Gender-based violence (GBV) is a significant problem in Khulna Division of Bangladesh, exacerbated by the impacts of climate change. As a low-lying region, Khulna is prone to cyclones, floods, and other natural disasters, which give rise to additional challenges for women and girls, for example displacement, loss of livelihoods and increased poverty. A study conducted by UN Women found a strong correlation between climate change-induced disasters and GBV in Khulna Division.

Due to the pressure of surviving in the aftermath of a disaster, some men resort to violence in the home which can include intimate partner violence (IPV). It is estimated that IPV affects 47% of women in Bangladesh, with rates even higher in the aftermath of natural disasters.

Another factor at play is the norms and gender roles entrenched within Bangladeshi society and Khulna Division is no exception. Men are often seen as the breadwinners and hold the decision making power in the family, while women are expected to comply with the traditional role of the caregiver and homemaker. As a consequence of these gender norms, men tend to feel entitled and justified in using violence against women who may challenge their power

and control. Furthermore, women and girl's limited access to education, employment, and healthcare place them in a disadvantaged and vulnerable position, and this leads to a situation where they cannot escape violence especially domestic abuse and intimate partner violence. This situation is more intense in remote areas where the literacy rate is lower, women's mobility is restricted, and livelihood is based on day to day earning.

"In order to address this issue, a number of initiatives have been undertaken in Khulna Division. For example, NGOs and government agencies have conducted different awareness campaigns against GBV. Additionally, safe spaces have



*Women and adolescent girls sharing their SRH issues. During the FGDs conducted in coastal areas of Khulna division it was found that majority of women and girls are facing problems regarding reproductive health due to the climate change induced situation. Because of religious and cultural taboos, they often refrain from talking openly about this issue. According to participants, due to the loss in earnings and agricultural land, men are becoming increasingly frustrated. This is why they are more aggressive and resort to beating their wives. Intimate partner violence, domestic violence and gender based violence are often seen as 'ghorer bapar' (a family matter) therefore, victims are reluctant to file complaints or seek remedies.*

been created for women to access support and counselling services, both during and after climate-related disasters. The Government of Bangladesh has made significant strides in addressing violence against women and girls through the implementation of policies like the Domestic Violence (Prevention and Protection) Act of 2010. However, there are still challenges related to effective implementation, with many women unaware of their rights and difficulties in accessing support services.”

It can be highlighted that the Khulna Division is grappling with climate change impacts that are contributing to incidents of GBV and intimate partner violence which is further perpetuating and exacerbating existing forms of gender inequality.

According to the in depth discussion (IDI) and focus group discussion, the findings indicate that when poverty increases then that directly contributes to increased gender based violence, domestic violence and intimate partners violence. Additionally, women in these areas also feel it is absolutely normal that men beat their wives in these situations and is part of marital life. A woman (45) during a focus group discussion stated that ‘beating is a natural part of married life’, and if the husband doesn’t beat the wife, it is sometimes considered as ‘not normal’.

### CASE STUDY 1:

‘A’, a student in Class 10, was married to ‘B’ in 2021. After 15 days, she discovered her husband was having an affair with another girl. ‘A’ wanted to study from her father’s house but was denied and her husband and in-laws began physically and mentally abusing her. After a three-month stay, the husband reconciled the two families, but ‘A’s husband continued to abuse her and this time she had to seek medical help and the couple later divorced. No case was filed against the husband as the victim did not want to face any other challenge. She also had no idea about legal aid and other available support mechanisms offered free of cost by the State.

### Recommendations:

- Take a multi-pronged, intersectional and human rights based approach to tackle GBV in the climate change context. Introduce community education to raise awareness in areas severely impacted by climate change where awareness is not prioritised or does not reach on a regular basis.
- Strengthen the existing GBV related support system in the Khulna Division and increase accessibility of the support system for women and girls.
- The Disaster Management Committee in Khulna Division needs to prioritise the safety and security of women and girls especially during climate change-induced disasters. Existing infrastructures need to be enhanced to ensure safety and security i.e. establish separate female toilets in cyclone centres and other centres during disasters to avoid possible incidents of GBV and ensure hygiene for women.
- Raise awareness regarding gender based violence and existing support systems like, victim support centres, one stop crisis centres and legal aid system among the marginalised communities.

## 2.4 UNSAFE ABORTIONS

### Background:

The discovery of excessive levels of salt in sources of drinking water in rural coastal Bangladesh is a public health problem and a challenge for Bangladesh. A study suggests that the mean sodium intake in pregnant women is well above WHO/FAO-recommended levels and above those of many other countries. As a result, women’s reproductive health in several coastal districts of Bangladesh is jeopardised due to their proximity to hazardous salty water.

Additionally, the penal law of 1860 in Bangladesh prohibits induced abortions other than those performed to preserve a woman’s life. Menstrual regulation (MR) has been incorporated into Bangladesh’s national family planning scheme since 1979. However, a lack of adequate information and access to reproductive healthcare providers, such as MR care providers, results in unintended pregnancies and unsafe abortions. There are other challenges pertaining

to the availability of MR services, including costs and the substantial distances individuals may be required to travel in order to reach these facilities.

Furthermore, there are concerns regarding healthcare personnel, including inadequate training of service providers and logistical inadequacies.

In one of the study areas of the report in Mongla, the rate of child marriage is increasing as one of the direct impacts of climate change. Most of these child brides do not have access to appropriate SRHR information and services, therefore they tend to seek unsafe ways to terminate their pregnancies which can negatively impact their reproductive and overall health. Moreover, service providers are sometimes biased by socio-cultural and religious reasons and there is also a lack of anonymity which causes these adolescents to seek other unsafe mediums for abortion.

### CASE STUDY 2:

'A', a 17 years old girl became pregnant and was regularly abused by her husband. She was not ready to have the baby and tried to abort her baby using medication that she bought from a pharmacy. She did not have any knowledge about unsafe abortion and post abortion care and later died of septicemia caused by the residue which was still left inside her uterus.

### Challenges:

- People living in coastal areas especially who are living in remote areas face difficulty accessing necessary primary healthcare services, particularly maternal and child healthcare.
- The lack of adequate access to healthcare services can have indirect consequences, such as decreased use of contraceptives, resulting in unwanted pregnancies.
- Information on Menstrual Regulation (MR) and Post Abortion Care (PAC) is not readily available in health facilities, especially regarding post-MR care. Thus, women who experience unwanted pregnancies are often forced to seek unsafe and illegal abortions. The most pressing issue is when child brides seek to terminate their pregnancies and there is a lack of options and secure

information available for them to access safe abortion or MR.

- The limited availability of counselling and psychosocial support for adolescent mothers is a significant cause for concern.
- Restricted access to post-abortion care for communities affected by catastrophes (if previously accessible) poses a significant concern for women in these communities.

### Recommendations:

- The Ministry of Health and Family Welfare needs to strengthen the existing training programmes for healthcare professionals and increase SRH services based training to ensure quality and unbiased SRH services. There should be a follow-up mechanism after each training in order to monitor the situation where service is being delivered.
- Ensuring that healthcare facilities in the coastal region possess the requisite equipment, medications, and properly trained staff to provide MR.
- Improve service providers and healthcare professionals' understanding of the National MR Guidelines.
- Promote awareness and disseminate information regarding reproductive health services to women and girls and the impact on climate change on SRHR.
- It is important to inform patients about a viable, lawful substitute for unsafe abortion procedures, as well as provide guidance on accessing such services and understanding the permissible timeframe for undergoing medication abortion related to their most recent menstrual period. Therefore, service providers in the health facilities need to have all required equipment and awareness materials to enhance their services. Civil society actors who are working on this issue should focus and expand their advocacy, awareness campaigns and services in this particular region of Bangladesh.

*In Mongla, the rate of child marriage is increasing as one of the direct impacts of climate change. Most of these child brides do not have access to appropriate SRHR information and services, therefore they tend to seek unsafe ways to terminate their pregnancies.*



*Many women are facing Leukorrhea which is one of the most common consequences of staying in salty water for long periods. Moreover, women feel shy to discuss it, especially young girls who feel more uncomfortable even in front of the health service providers. They think that it is something that should not be shared with anyone.*

## 2.5 SRH SERVICES

SRHR-based services in Khulna Division of Bangladesh remains a significant concern as this region has coastal areas, and many of these areas are hard to reach. Therefore ensuring access to comprehensive SRHR services, including reproductive health education, family planning, contraceptives, safe abortion services, and maternal healthcare, calls for more importance by the policymakers, service providers and other duty bearers. However, there are other several challenges that hamper the availability and implementation of SRHR services in this region.

Although the government has made some progress to address these challenges and has taken up a number of initiatives to enhance SRHR services, including the National Family Planning Programme and the Safe Motherhood Initiative, there are still gaps that need to be taken care of by the duty bearers.

According to the findings from the field, the health care facilities in the coastal regions don't have enough equipment to meet the need of the SRH related issues. Therefore, when it comes to serious issues or major operations, patients

need to be referred to the General Hospital in Khulna city which often burdens the family of the patients with extra expenses and challenges. Furthermore, the women and girls who are often working in saline water are at great risk of contracting different reproductive health related diseases including uterus infection, urinary tract infection and other uterine diseases which may lead to cancer. They have poor menstrual hygiene due to the lack of awareness and almost no access to menstrual hygiene materials. This situation is further exacerbated by the fact that they do not have enough means to cover the cost of the expensive menstrual hygiene materials.

Additionally, during a focus group discussion with women and adolescents in the Mongla and Rampal area, they mentioned the taboo associated with SRH issues which often bar them from accessing family planning methods, and SRH services.

In order to facilitate the young and adolescents in the area, the Upazila Health Complexes in Mongla and Rampal are yet to implement adolescent friendly corners, and according to the service providers in these areas, it would be a great intervention if the government provided a budget and operate these corners in their areas. This would help adolescents to access immediate SRH information (i.e. menstrual hygiene, family planning, unsafe abortion risks etc.) and health care.

### Challenges:

- Lack of awareness contributes to misconceptions, stigmatisation, and reluctance to seek SRHR services.
- Despite different initiatives taken by the government and various CSOs, there is a need for well-trained healthcare providers who can deliver quality SRHR services. This is affecting the provision of comprehensive reproductive healthcare, including family planning and antenatal and postnatal care.
- Additionally, socio-culturally biased norms and factors that are based on patriarchal mindset (i.e. conservative attitudes towards sexuality and gender roles) significantly contribute to the limited access and utilisation of SRHR services.
- Moreover, religiously biased and culturally motivated trends and norms often lead to restrictions on information-sharing, discussions about reproductive health, and women's autonomy over their reproductive choices.

**Recommendations:**

- Increase **multi-sectoral collaboration** between the government, NGOs, and other stakeholders to strengthen SRHR services in Khulna Division especially in the remote areas.
- Ensuring comprehensive and accurate SRHR education through different campaigns that also reach women and girls living in hard to reach areas in the Khulna region. Different civil society members, political actors and the private sector should jointly come forward to raise awareness on this important issue.
- For women who are from marginalised groups, there should be government intervention to provide free of cost sanitary napkins for better menstrual hygiene management. This can be done by joint collaboration with civil society and the private sector under the lead of the government's concerned department.
- Create more opportunities for training service providers in order to enable them to provide quality SRHR services in alignment with climate change impacts with follow-up mechanisms to monitor the improvement of service.
- Equip and strengthen the Upazila, Union and District level health system in such a way that provides unbiased and quality SRH services.
- Establish and implement **adolescent friendly corners** in health facilities in the coastal regions i.e. Mongla, Rampal in order to provide SRH information and services to girls.
- Acknowledge the cultural barriers and take innovative approaches to overcome those barriers to improve accessibility and ensure quality of SRHR services.

**2.6 TRAFFICKING AND MIGRATION****Background:**

According to a comprehensive analysis by the World Bank, It is projected that by the year 2050, around 13.3 million individuals residing in the coastal regions of Bangladesh may be compelled to relocate from their homes due to a range of detrimental climate-related factors such as salinity, escalating sea levels, and other harmful impacts.

Due to the corrosive effect of salinity on local agricultural lands, farmers exhibit hesitancy in fully utilising their cultivable land due to concerns about the potential loss

of their entire financial investment, leading to a cautious approach to bringing only a portion of their usable acres into cultivation. Similarly, local banks, recognising this risk, display conservative lending behaviour by being frugal in granting loans to farmers. As a result poverty is inevitable for these people and they are left with very few options for employment or earning their livelihood.

While earning a livelihood is becoming increasingly difficult for people living in the coastal region, the study found that women are migrating to different EPZs of the country, leaving children behind. Most of the time single mothers have to leave their children with other family members. These children, who are living with their grandparents are often left with lesser care and supervision, and often fall prey to human traffickers.

According to a report on human trafficking by the United Nations Office on Drugs and Crime (UNODC), 51% of people in different districts of the country fall into the trap of traffickers in pursuit of a livelihood. Additionally, as reported by the United Nations Office on Drug and Crime (UNODC) in January 2023, the highest number of trafficking cases in 2020 were recorded in Khulna's four districts: 3.68% were logged in Jhenaidah, 3.35% in Narail, 1.38% in Khulna, and 1.26% in Jashore. Dhaka division saw the highest number of human trafficking cases (40%) filed in 2020, followed by Khulna (22%) and Chattogram (17%). It is important to highlight that Khulna division also shares its border with neighbouring countries and is often used as a passage for trafficking. Climate change is also emerging as a root cause of trafficking, according to the report.

According to the report 'Countering Trafficking in Persons in Bangladesh' – the study's findings indicate traffickers target victims affected by environmental disasters caused by climate change such as floods and droughts that erode livelihoods and heighten levels of vulnerability.

As per the findings, it is important to highlight that there is a lack of segregated data regarding climate induced migration and trafficking in Khulna division. Additionally, most of the participants from the focus group discussion were unaware of the risks of trafficking. On the other hand, during the small group discussion and in depth discussion with different civil society actors, this issue was flagged as one of the concerning issues linked with climate change.

**Challenges:**

- The coastal regions are seeing an increasing trend of displacement due to many factors, such as rise in sea-levels, erosion, saline intrusion, crop failures and recurrent flooding, rendering the coastal communities unsuitable for human habitation.
- According to a report by the United Nations (UN), individuals who are displaced due to climate-related factors in Bangladesh, particularly those who belong to low-income communities have heightened vulnerability to human trafficking.
- According to the findings from the field visit, the Sundarbans and coastal parts of the Khulna region are identified as the primary locations where human traffickers are most active.
- In certain instances, individuals may be falsely led to believe that they are participating in the process of “migration.”
- The Prevention and Suppression of Human Trafficking Act of 2012 established the legislative framework that governs the operational and legal restrictions that recruitment agencies must abide by. However, the absence of supervision is evident in this action.

**Recommendations:**

- Improving education and raising awareness about the dangers associated with trafficking.
- Enhancement of regulatory authorities’ capacity in order to effectively implement the Prevention and Suppression of Human Trafficking Act 2012.
- As required by the Overseas Employment and Migrants Act of 2013, improving the capabilities of the government’s vigilance task force to combat trafficking under the cloak of overseas employment by traffickers.
- Strengthening the existing criminal justice system, including the Anti-Human Trafficking Tribunal, to be more responsive to victims to ensure justice.
- Conduct a baseline survey to document climate induced migration and trafficking of women and girls in the coastal region. This would create scopes for further policy advocacy on this issue.

**2.7 INTERSECTIONAL ANALYSIS**


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Climate change can affect the quantity and quality of water and sanitation facilities, which has direct implications for the management of menstrual hygiene among women and girls. They also face hardship in accessing clean water for washing and managing their periods, and the absence of adequate sanitation facilities makes them vulnerable to infections and other health problems. Climate change in the coastal region exacerbates these vulnerabilities, increasing the possibility of water contamination and reducing the availability of clean water.

Moreover, women from marginalised communities like Dalits, persons with disabilities, etc. are more vulnerable and face more difficulties in this situation. There is a lack of segregated data, which can be used as evidence for policy reform and advocacy.

In order to address these intersectional challenges:

- Implementation of existing policies and strategies that include integrating climate change adaptation and mitigation measures with sexual and reproductive health programmes.
- Strengthening the resilience of healthcare systems in the coastal region and ensuring their continued functioning during and after climate-related emergencies is crucial.
- Promoting access to family planning services, maternal healthcare, and comprehensive sexuality education can empower women and girls to make informed decisions about their reproductive health.
- Create especially designed campaigns aimed at marginalised communities like Dalits, persons with disabilities, transgender population etc.

This research is an initiative of a regional partnership working together on **Amplifying Voices of Women in all their Diversities in Asia on the Nexus of Climate Change and Sexual and Reproductive Health and Rights (SRHR)**. The three partners are from Bangladesh, Nepal, and the Philippines. The regional partnership generates evidence on the impact of climate change on SRHR, specifically on Indigenous women and girls, women and girls with disabilities, and women and girls living in coastal areas.

**ARROW** is a regional non-profit women's NGO based in Kuala Lumpur, Malaysia, and has consultative status with the Economic and Social Council of the United Nations. Since it was established in 1993, it has been working to advance women's health, affirmative sexuality and rights, and to empower women through information and knowledge, evidence generation, advocacy, capacity building, partnership building, and organisational development.

**Badabon Sangho** is a grassroots women's rights organisation. They use a feminist approach by engaging women who face the worst forms of violence and discrimination regarding land ownership. Women in Bangladesh are prone to discrimination due to cultural stigmas over race and gender, making it increasingly hard to recover from natural disasters. This often leads to women being expelled from their own lands. They are forced to remain silent instead of demanding their rights.

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