

Violence Against Women and Girls in Bangladesh: A situation analysis

Overview

Violence against women and girls (VAWG) is an important human rights, public health and developmental issue and thus, its elimination features as one of the Sustainable Development Goals (SDG). The United Nations defines violence against women and girls as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to

women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life". Despite compelling evidence on numerous adverse effects of violence on women, their children, family and the larger society as a whole [1-6] the level of VAWG remains high worldwide [7].

Prevalence of violence against women and girls in Bangladesh

Intimate partners are the most common perpetrators of VAWG in Bangladesh and elsewhere. The rates of lifetime prevalence of physical and/or sexual IPV against women aged 15 years and older in Bangladesh are among the highest in the world (54% in Bangladesh vs. 27% in the

world and 35% in South Asia) (Figure 1) [7, 8]. A comparison between the rates of physical IPV in 2007 (53%) and 2015 (54%) in Bangladesh shows persistence of high level of VAWG over time [8, 9].

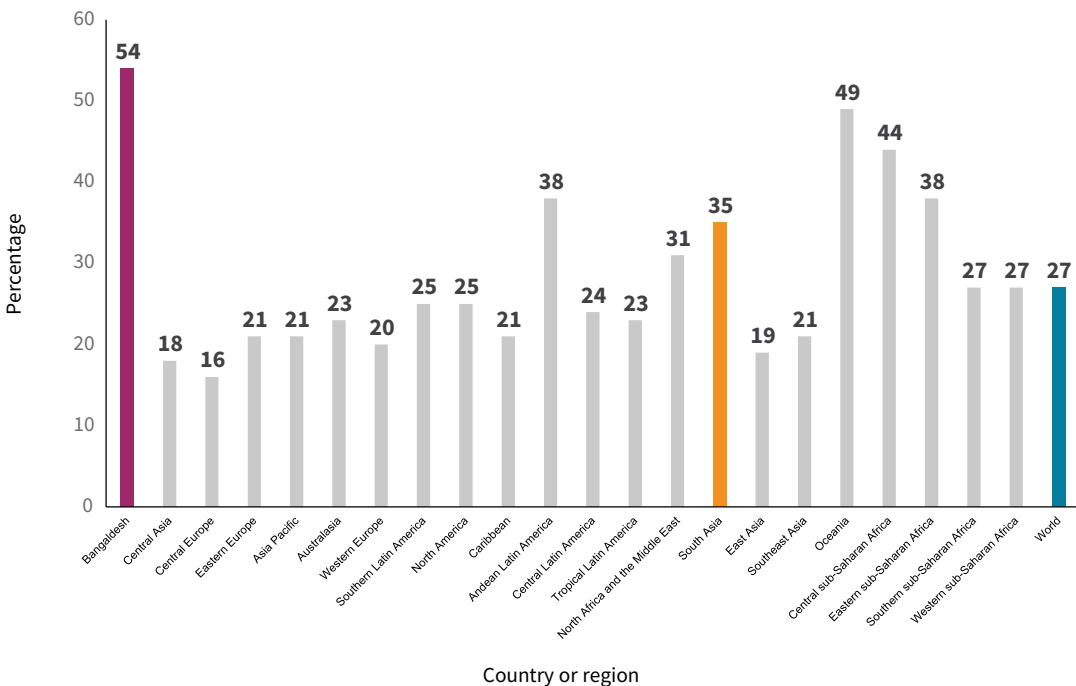


Figure 1: Lifetime prevalence of physical and/or sexual IPV

Consequences of violence against women and girls in Bangladesh

Research shows that VAWG in Bangladesh often impedes engagement of women in economically gainful employment [10, 11]. Victims of VAWG are at higher risks of experiencing both physical and mental health

problems [12-14]. Further, their children are more likely to be nutritionally deprived and to experience higher levels of morbidity [15, 16].

Help seeking by the victims

Globally, the rate of help seeking is known to range between 24% and 77% [17], while in Bangladesh, 21% of the victims ever seek help for physical IPV, and only 0.02% seek help from a formal source [18]. A victim's help seeking from formal sources in Bangladesh is impeded by

lack of knowledge and information about available services, survivor's perception about the services as inaccessible and ineffective, lack of trust in the institutions, negative experiences, and lack of financial resources [9, 18, 19].

Factors contributing to violence against women and girls in Bangladesh

The factors that commonly increase the likelihood of IPV in Bangladesh are young age, poverty, low education, early marriage, witnessing abuse of mother by father in the family, childhood experience of violence, dowry, and poor spousal communication [20-24]. On the other hand,

social support and natal family contacts are associated with lower likelihood of IPV [25]. At the community level, men's exposure to childhood violence and inequitable community gender norms contribute to perpetration of IPV [26].

Effective interventions to address violence against women and girls in Bangladesh

To our knowledge, only two studies rigorously evaluated programme impact on VAWG in Bangladesh. One of them was a cluster Randomized Controlled Trial (CRCT) led by icddr,b, known as Growing up safe and healthy (SAFE) conducted between 2010 and 2014. SAFE aimed at promoting sexual and reproductive health and rights and reducing IPV among young women and girls in urban settlements of Dhaka. Results show that gender transformative sessions imparted to single sex female and

male groups were effective in reducing spousal physical violence against adolescent girls by 21% [27]. The second study, the Transfer Modality Research Initiative (TMRI) was a CRCT conducted in rural Bangladesh by the International Food Policy Research Institute (IFPRI) between 2011 and 2014. It showed that cash transfer plus behaviour change communication was effective in reducing physical IPV by 6 to 7 percentage points [28].

Key gaps in research on violence against women and girls in Bangladesh

It is imperative to develop and rigorously evaluate interventions to prevent IPV against adult females in urban settlements and against all women and girls in rural Bangladesh. Research must also focus on improving services to the victims. Best strategies to scale up effective interventions need to be identified. Non-partner violence and violence against special groups of women (e.g., women with disability, Dalits, tea garden workers and other working women). Last, but not the

- Development and testing of interventions for addressing IPV against adult females in urban settlements and all women in rural Bangladesh
- Ways to improve services for victims in the health and legal sectors
- Effective ways to scaling up effective interventions
- Non-partner VAWG and violence against special groups of women and girls (e.g., disabled, tea garden worker, working women)

least, better tools need to be devised for measuring psychological and sexual violence.

Policy and programme recommendations

In order to prevent VAWG it is critical to change social norms condoning and perpetuating it. Programmes such as SAFE need to be scaled up to reduce IPV against adolescent girls in urban settlements. Improving the existing services for the victims, identifying the gaps and setting up new services are essential. These initiatives, however, need to go hand in hand with promotion of women and girls' demand for and access to such services.

- Implement evidence-based prevention programs at scale
- Change social norms condoning and perpetuating VAWG
- Strengthen response mechanisms (e.g., health and justice systems) for addressing VAWG


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Advancing Sexual and Reproductive Health and Rights (AdSEARCH) by icddr,b

68, Shaheed Tajuddin Ahmed Sarani, Mohakhali, Dhaka 1212

Email: adsearch_official@icddr.org | Website: adsearch.icddr.org

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