

At the Nairobi Summit, the People's Republic of Bangladesh committed to reduce unmet need for family planning, **ensuring the availability and access to all family planning methods and contraceptives for everyone**, with specific attention to adolescents and young married couples. Bangladesh has also committed to reducing maternal mortality ratio.

TOTAL FERTILITY RATEⁱ (births per woman)
1.95

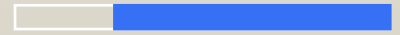


ADOLESCENT BIRTH RATEⁱ (births per 1,000 girls) (15-19 years)
72.79

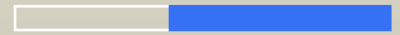
MATERNAL MORTALITY RATIO **173**
(per 100,000 live births)ⁱⁱ **100,000**



9.4% UNMET NEED FOR FAMILY PLANNING (all women)ⁱⁱⁱ



73.7% DEMAND FOR FAMILY PLANNING SATISFIED WITH MODERN METHODS (all women)ⁱⁱⁱ



59% DELIVERIES ATTENDED BY SKILLED HEALTH PERSONNELⁱⁱⁱ

PEOPLE'S REPUBLIC OF
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TOTAL POPULATION^I

172,075,200

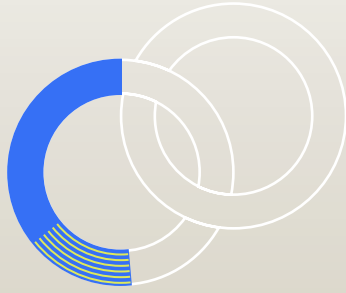
WOMEN (20-24 years) WHO WERE
FIRST MARRIED OR IN UNION^{II}

BEFORE
AGE 18

51.4%

BEFORE
AGE 15

15.5%



LIFE EXPECTANCY AT BIRTH^I **76.0**

71.5 LIFE EXPECTANCY AT BIRTH^I

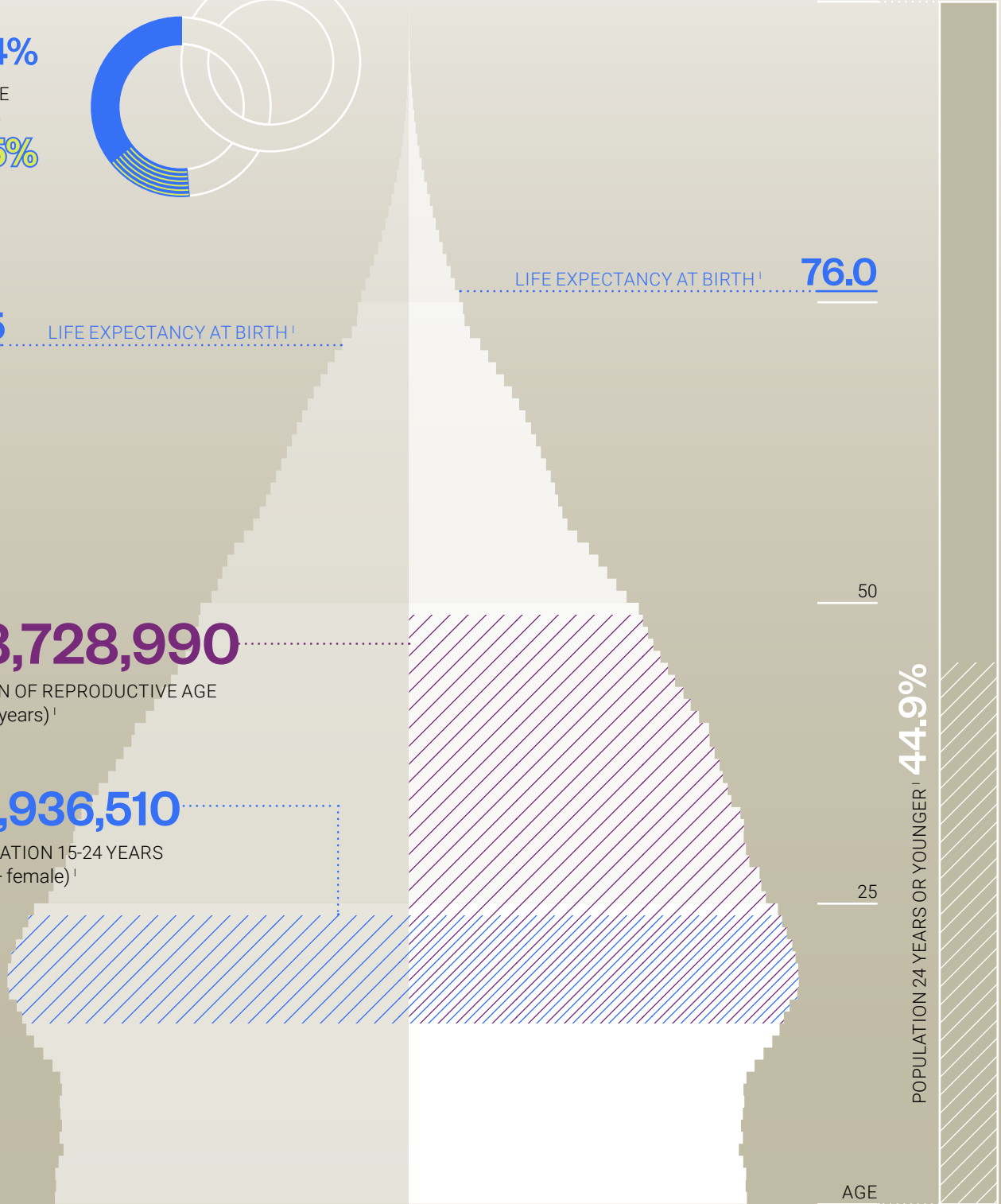
48,728,990

WOMEN OF REPRODUCTIVE AGE
(15-49 years)^I

32,936,510

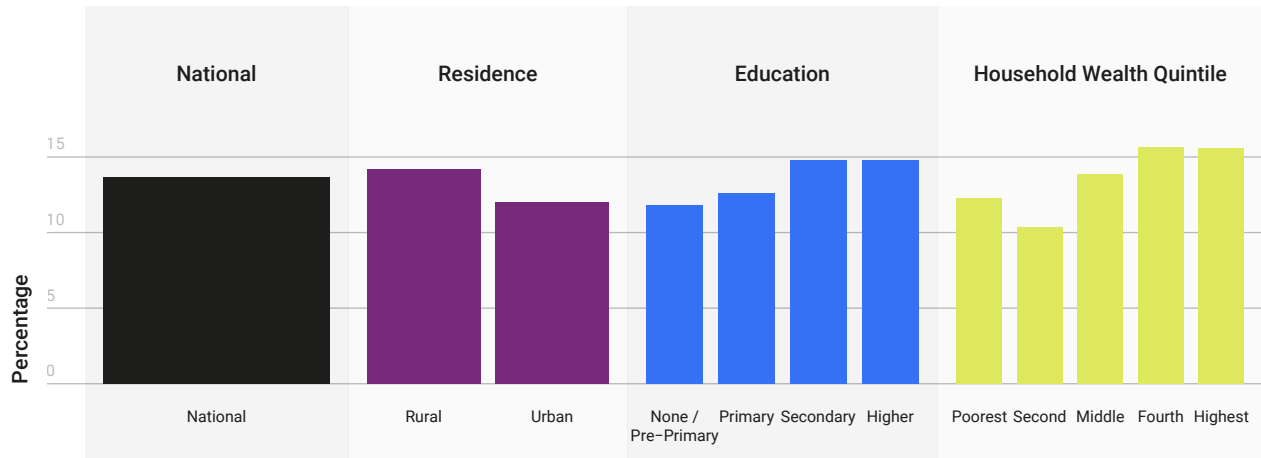
POPULATION 15-24 YEARS
(male + female)^I

POPULATION 24 YEARS OR YOUNGER^I **44.9%**



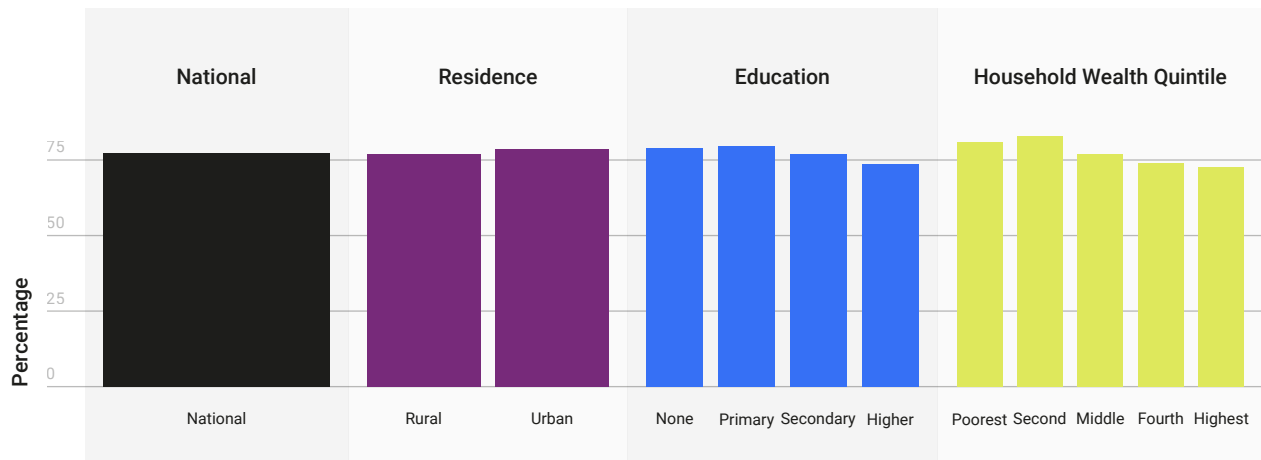
In Bangladesh, unmet need for family planning is higher in rural areas than in urban areas, and lowest among those women with no education and those women living in the second poorest households' quintile. Demand for family planning satisfied by modern methods is fairly similar in urban and rural areas of the country, and decreases slightly with higher levels of education level and household wealth.

Unmet Need for Family Planning, Married Women



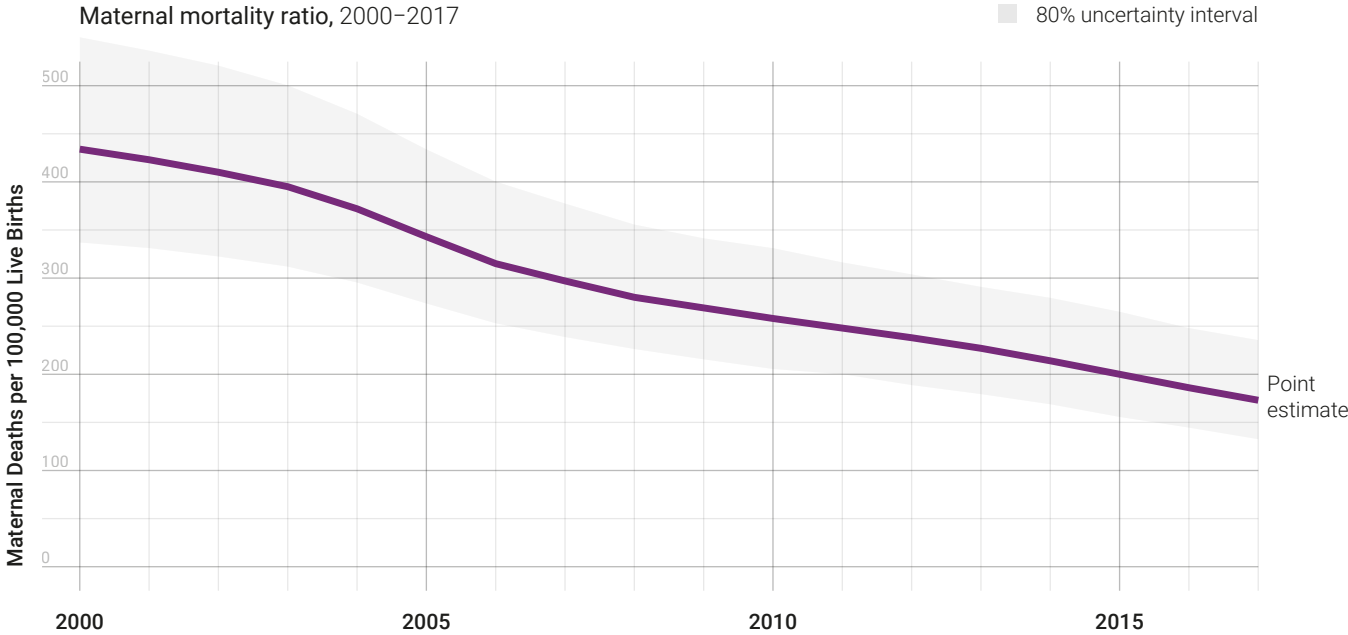
Source: Multiple Indicator Cluster Survey, 2019

Demand for Family Planning Satisfied with Modern Methods, Married Women



Source: Multiple Indicator Cluster Survey, 2019

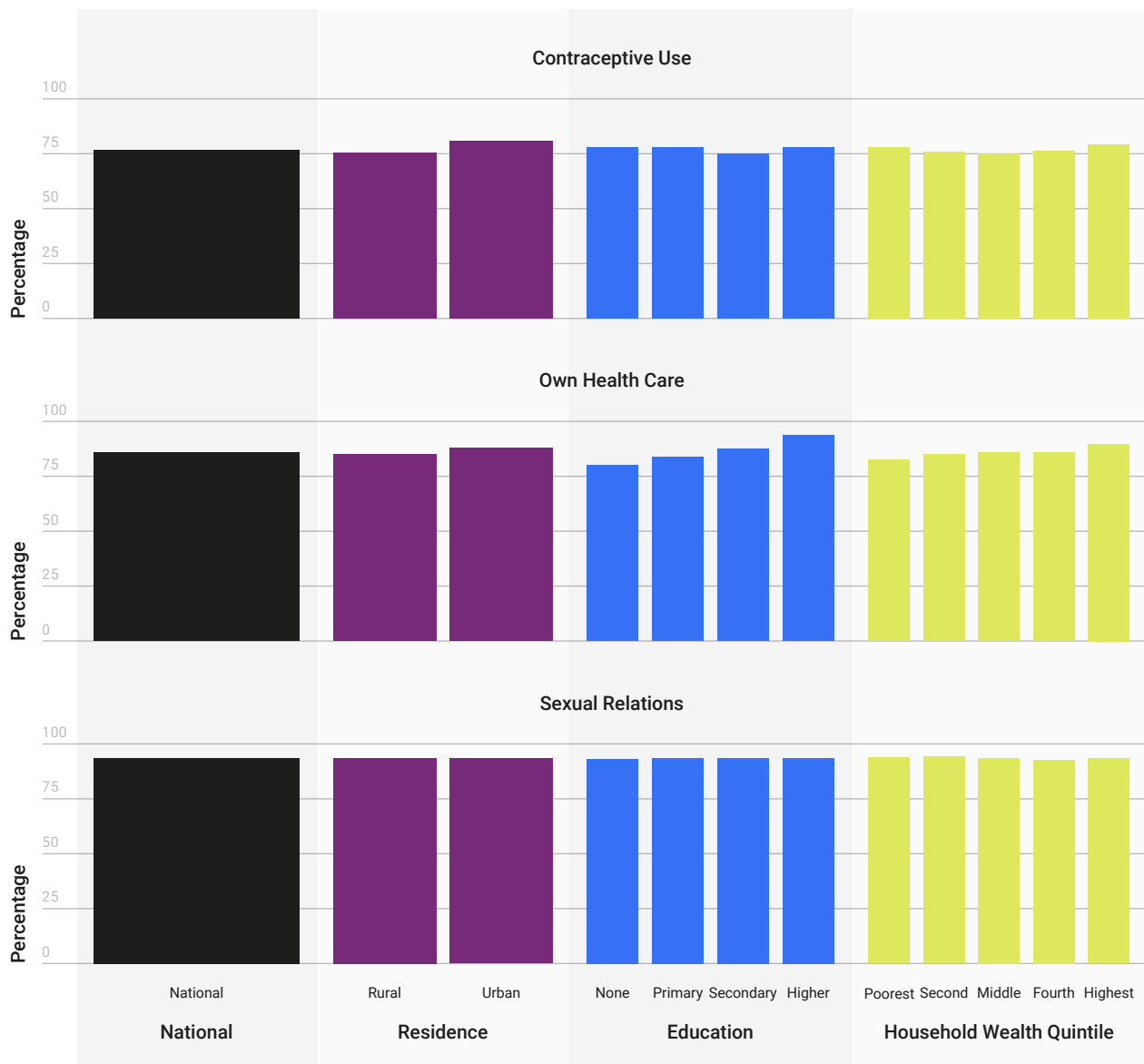
Bangladesh’s maternal mortality ratio has been declining from 2000 to 2017, the most recent year for which data is available and the year in which it was estimated to be 173 deaths per 100,000 live births. Recognizing the impact of unsafe abortion on maternal deaths, Nairobi Summit Commitment 3 highlights the integration of “a comprehensive package of sexual and reproductive health interventions, including access to safe abortion to the full extent of the law, measures for preventing and avoiding unsafe abortions, and the provision of post-abortion care into national UHC strategies, policies and programmes, and the need to protect and ensure all individuals’ right to bodily integrity, autonomy and reproductive rights, and to provide access to essential services in support of these rights”. Abortion is illegal in Bangladesh except to save a woman’s life, but menstrual regulation up to 10-12 weeks and medication menstrual regulation up to 9 weeks after a woman’s last menstrual period have been part of Bangladesh’s national family planning program since 1979.



Source: World Health Organization, 2019

Overall, 63.8% of married or in-union women aged 15-49 years in Bangladesh make their own decisions regarding sexual relations, contraceptive use and health care. The percentage of women making their own decisions regarding their own health care and contraceptive use is higher in urban areas than in rural areas, and decision-making about a women’s own health care increases with higher levels of education. SDG 5.6.2 reflects the extent to which prevailing laws enable or disable women and men’s full and equal access to health and rights. Bangladesh has achieved 94% of enabling laws and regulations that guarantee full and equal access to women and men to sexuality education.

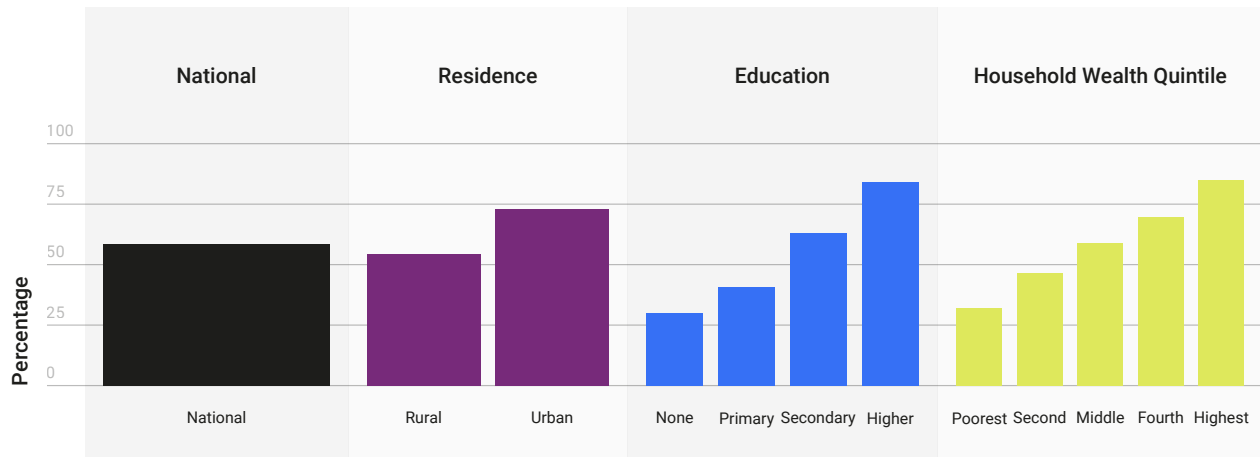
Proportion of married women who make their own informed decisions regarding reproductive health care, contraceptive use, and sexual relations



Source: Demographic and Health Survey, 2017

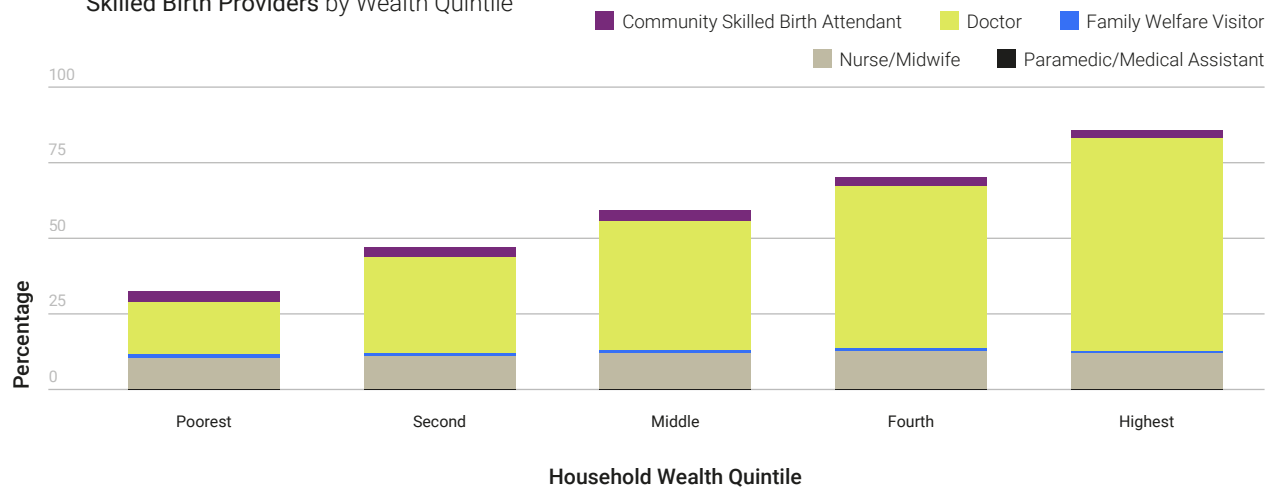
With approximately 59% of deliveries in Bangladesh assisted by a skilled attendant among married women 15-49 years who had a live birth in the last two years, Bangladesh rate is about half that of the country with the highest rate in the region. The proportion of births attended by a skilled attendant is higher in urban areas and increases considerably with higher levels of education and household wealth. While the proportion of births attended by nurse/midwives and community skilled birth attendants is relatively the same regardless of household wealth, the proportion of births attended by a doctor increases considerably as household wealth increases.

Births with Skilled Attendant



Source: Multiple Indicator Cluster Survey, 2019

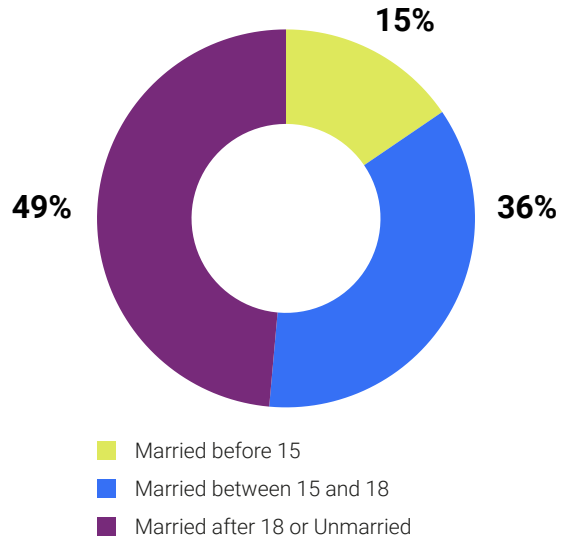
Skilled Birth Providers by Wealth Quintile



Source: Multiple Indicator Cluster Survey, 2019

Bangladesh has committed to harnessing the demographic dividend in conformity with the SDGs.

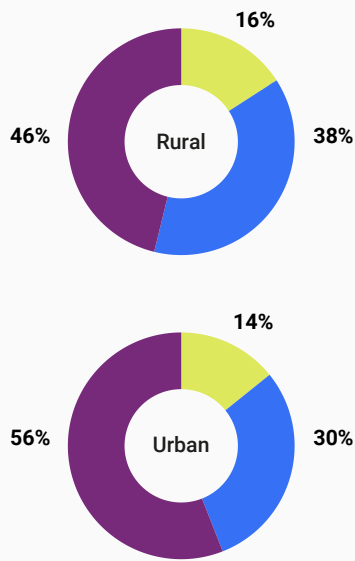
Age of Marriage Distribution, Women 20-24



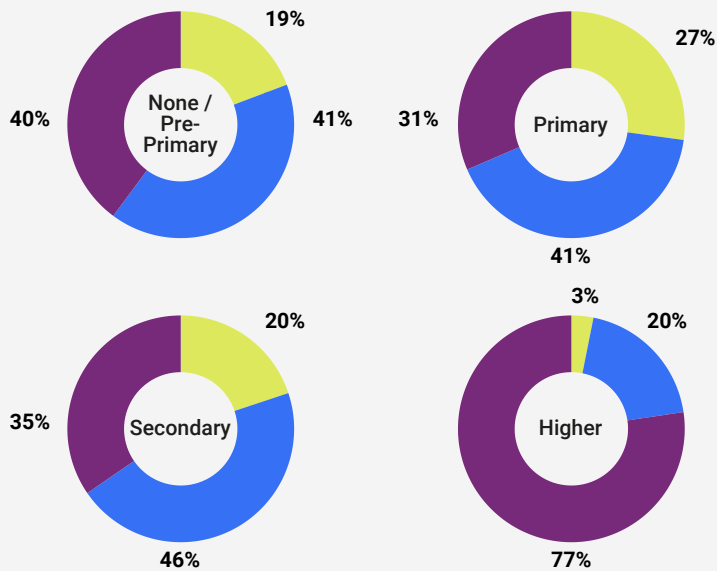
In Bangladesh, 51% of women aged 20-24 years were married before age 18, with 15% married before age 15, which are the highest rates in the region. Marriage before age 18 is higher in rural areas than urban areas (54% versus 44% respectively), and it decreases generally with higher levels of education and household wealth.

Source: Multiple Indicator Cluster Survey, 2019

Age of Marriage Distribution by Residence, Women 20-24

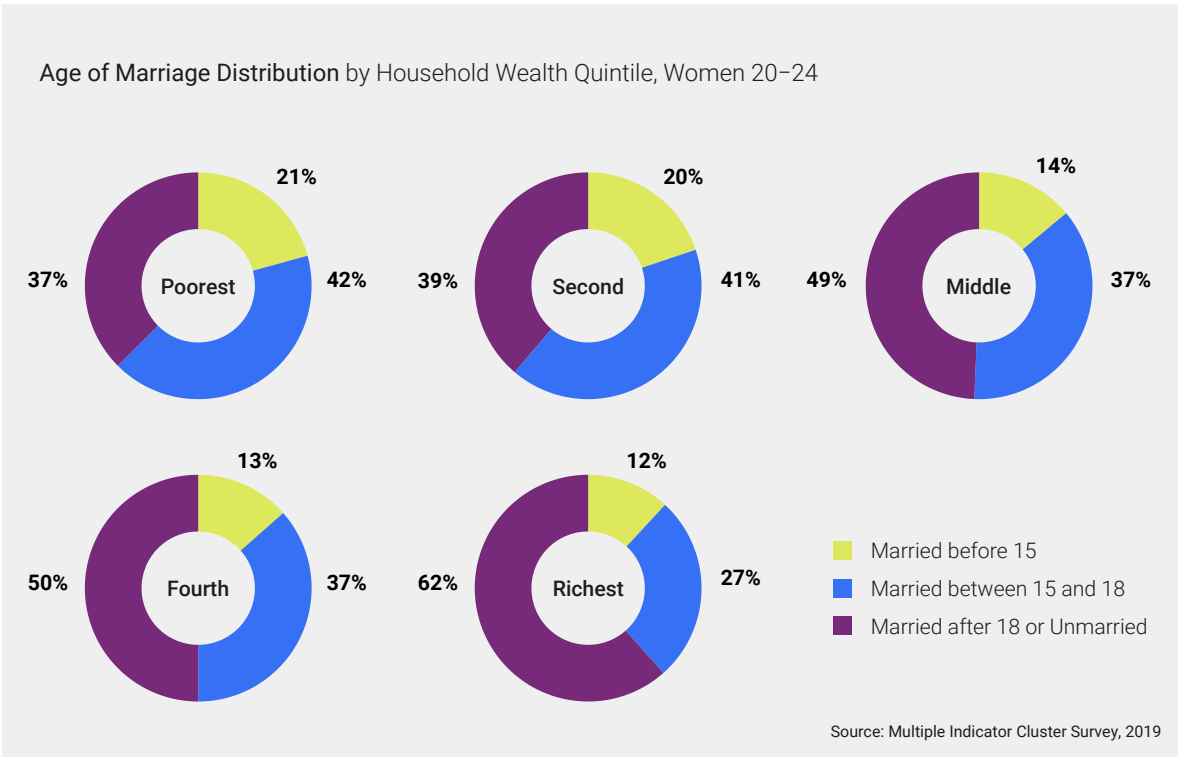


Age of Marriage Distribution by Level of Education, Women 20-24



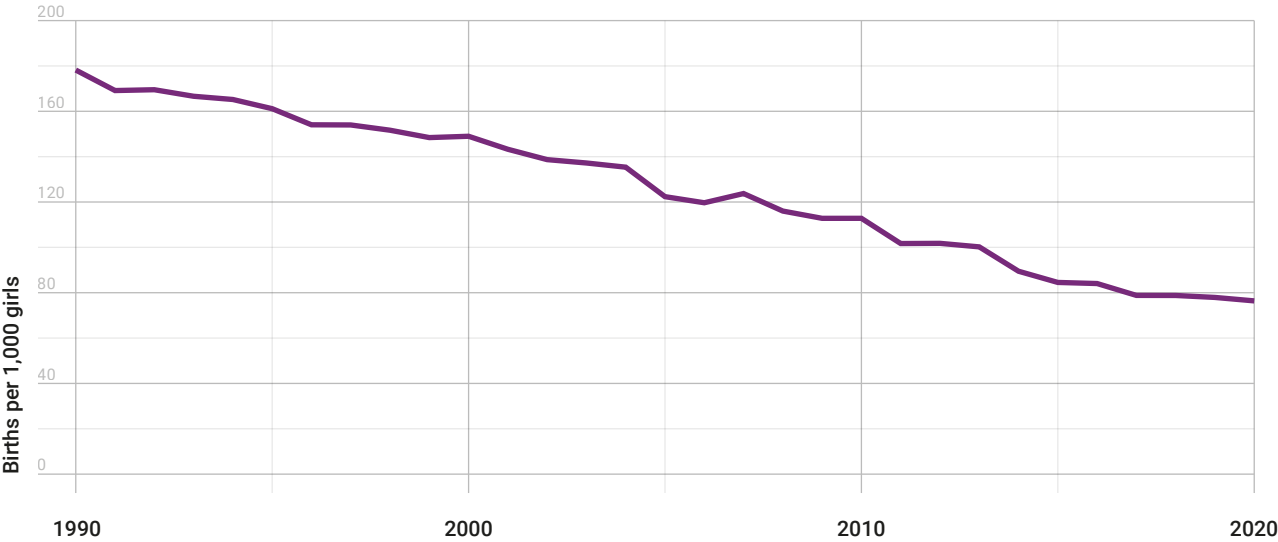
■ Married before 15
 ■ Married between 15 and 18
 ■ Married after 18 or Unmarried

Source: Multiple Indicator Cluster Survey, 2019



Bangladesh’s adolescent birth rate has decreased from 1990 to 2020 but is still the highest in the region. Births among Bangladeshi women 20-24 years before age 15 and before age 18 are also the highest in the region. Most births before age 15 occur among women who have no and only primary education, and those women in the poorest households. Births before age 18 are 2.7 times higher for women with no education compared to women with higher education; they are also 1.5 times higher among women living in the poorest households compared with women living in the wealthiest households.

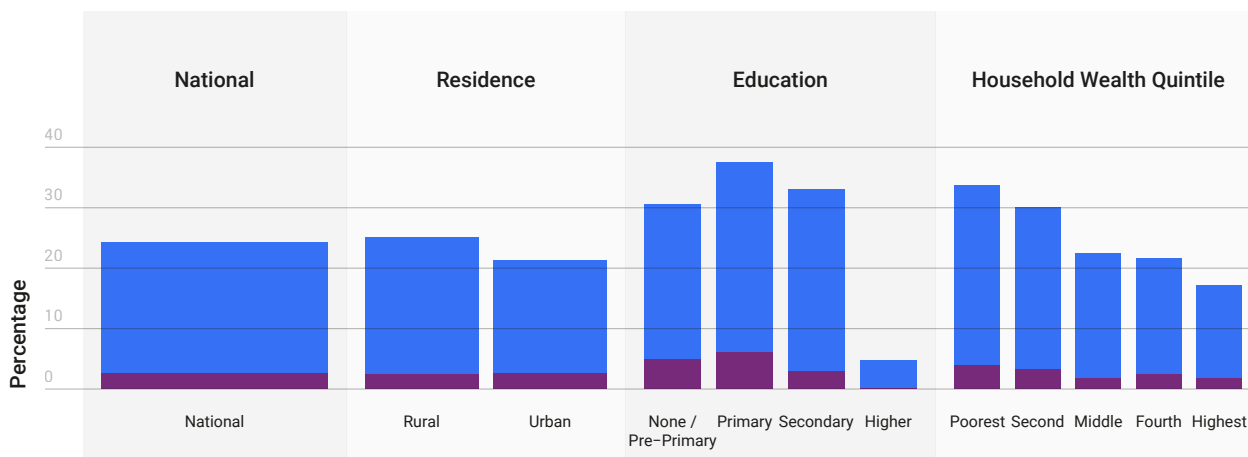
Adolescent birth rate, 1990–2020



Source: World Population Prospects, 2022

Birth Before Age 15 and 18, Women 20-24 Years

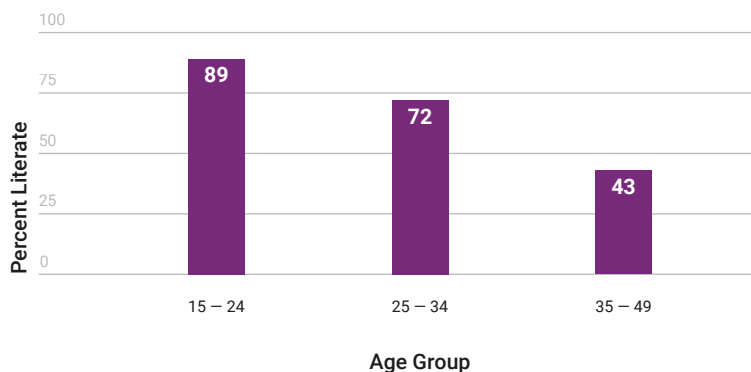
Birth between 15-18 Birth before 15



Source: Multiple Indicator Cluster Survey, 2019

At 89%, the literacy rate in Bangladesh among 15-24 years old women is twice as high as the literacy rate among 35-49 years old women.

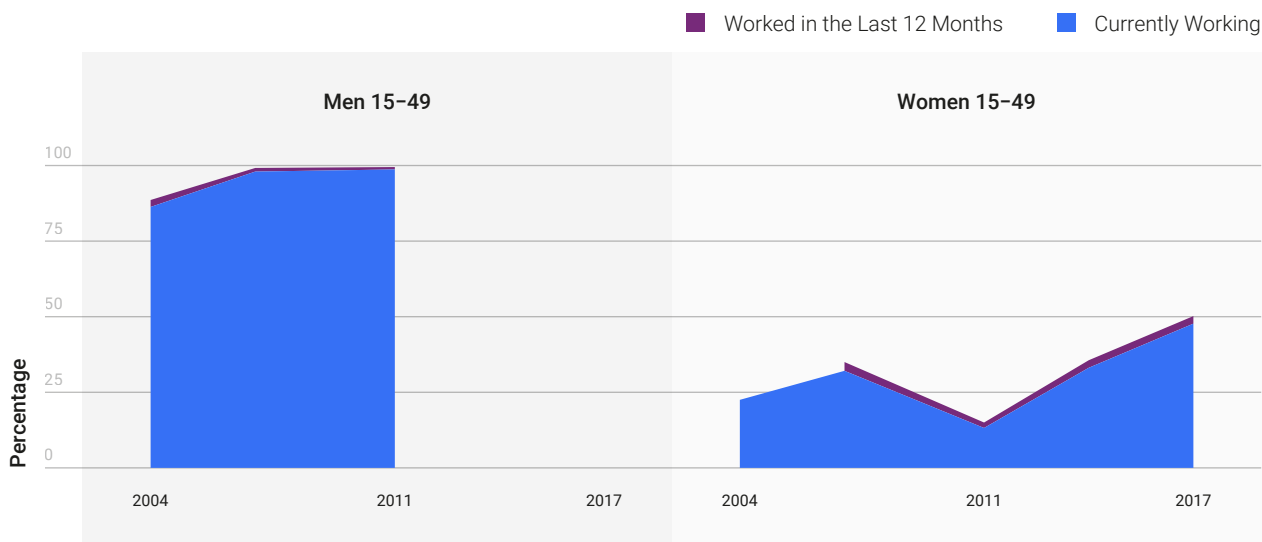
Female Literacy Rate by Age



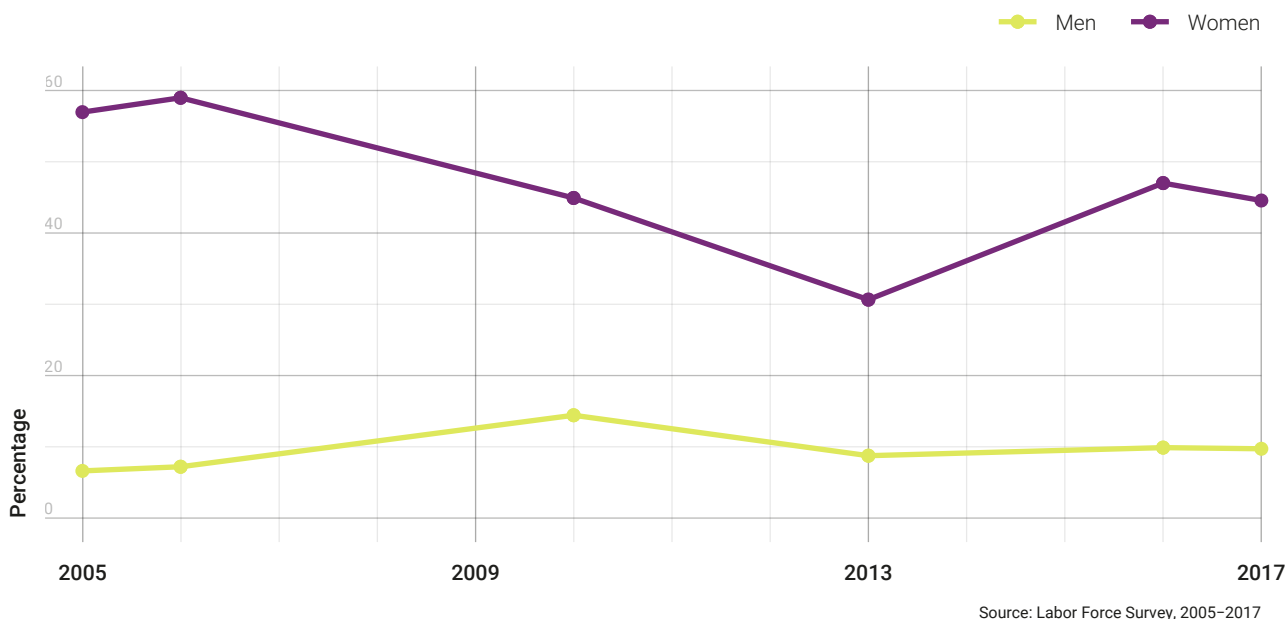
Source: Multiple Indicator Cluster Survey, 2019

Employment trends for men are only documented through the 2011 Demographic and Health Survey in Bangladesh where they are quite high at 98.3% of men who worked in the 12 months preceding the survey and are working currently. Employment trends for women have been increasing since 2004, but in 2017 were half that of their male counterparts in 2011. Young people who are not in education, employment or training (i.e., the NEET population) quantifies the proportion of young people who find themselves outside of the educational system and without work. In Bangladesh, the percentage of youth not in education, employment or training has been decreasing among women from 2005 to 2017, and has remained relatively the same for men.

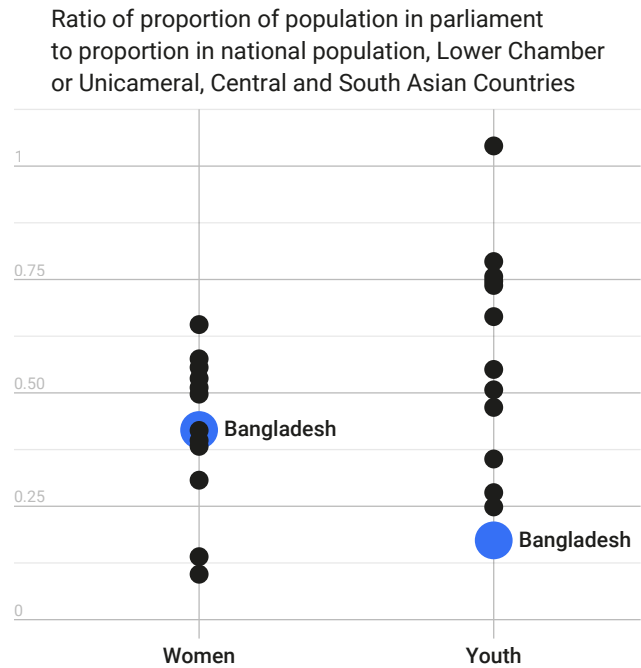
Employment Trends (Currently Working and Worked in the Last 12 Months), by Sex



Percentage of Youth (15-24) Not in Education, Employment, or Training, by Sex



SDG Goal 16 seeks to promote peaceful and inclusive societies for sustainable development, to provide access to justice for all and build effective, accountable and inclusive institutions at all levels. One component of this is ensuring responsive, inclusive, participatory and representative decision-making at all levels. The ratio of the proportion of female Members of Parliament in Bangladesh is near the median compared with those in the region, while the ratio of the proportion of young Members of Parliament is the lowest in the region (SDG 16.17.1).



Source: Inter-Parliamentary Union, 2022

Since the Nairobi Summit, the ICPD25 agenda and commitments have been advocated during high-level policy dialogues and at national and regional forums and consultation workshops organized by the Parliament of Bangladesh. Actions have been taken to address sexual harassment and provide security and protection to stop child marriage.