



ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH IN BANGLADESH: A CASE STUDY OF THE RIGHT HERE RIGHT NOW (RHRN) PROGRAM

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KeyWords

Sexual Health, Reproductive Health, Comprehensive Sexuality Education, Adolescents, Youth, Gender, Empowerment.

ABSTRACT

Adolescent sexual and reproductive health (ASRH) is an important issue in Bangladesh, where marginalized groups are highly disadvantaged in accessing information and services related to sexual and reproductive health. Bangladesh Rural Advancement Committee (BRAC) initiated the Right Here Right Now (RHRN) program as part of a global partnership that includes 163 organizations. This initiative has been instrumental in addressing the problem through comprehensive sexuality education, promoting access to youth-friendly health services, and advocating for policy reform to advance the sexual and reproductive rights of adolescents. The program faced several challenges, including pandemic-related school closures (2021), difficulties in accessing technology, limited resources, policy and legislative barriers, cultural stigma, and growing opposition from conservative groups. As evidenced by this program, youth-led models have proven to be effective, comprehensive, and multifaceted approaches that improve sexual and reproductive health outcomes. Community involvement also leads to cultural acceptability of sexual and reproductive health programs. The program has made a positive impact in improving the sexual and reproductive health of adolescents and can be a valuable model for other South Asian countries.

Background and Context

Adolescent sexual and reproductive health (ASRH) is a global health issue affecting young people worldwide, as many lack access to education, healthcare, and guidance to make informed decisions about their sexual and reproductive wellbeing (1). The World Health Organization (WHO) estimates that 16 million adolescent girls give birth each year, many of them in low- and middle-income countries where family planning and reproductive healthcare services are limited, resulting in elevated maternal morbidity and mortality (2).

South Asian countries experience some of the highest rates of early marriage and teen pregnancies (3). Consequently, sexual and reproductive health issues poses a major challenge for the region's youth, many of whom lack the knowledge and services necessary to make informed decisions about their sexual health (4). UNICEF ranks Bangladesh fourth globally for child marriage (under 18). A study in Bangladesh showed that 82.5% of women married before age 18, with 43.1% married before age 15, and 61.8% of these women had given birth before age 18 (5). Early marriage often leads to early pregnancies and maternal health issues (6). Additionally, sexually transmitted diseases are increasing among Bangladeshi women of reproductive age, with prevalence rates between 0.2% and 39% (7). Limited access to contraception and comprehensive sexuality education contributes to teenage pregnancies, unsafe abortions, and STIs (8).

Problem Statement

According to the Demographic and Health Survey data, Bangladesh has an alarming rate of child marriage, which is 51% (4). In every 1,000 girls between the ages of 15 and 19, 74 of them experience adolescent pregnancy (9). Since adolescent sexual and reproductive health is stigmatized and tabooed in Bangladesh, addressing the overall health requirements of adolescents is thus a challenge. Additionally, 4 out of 10 girls in Bangladesh drop out of school during menstruation, and 8 out of 10 girls do not have hygiene facilities to change and dispose of menstrual products (10). Lack of good education about SRHR in the national curriculum creates misinformation, superstitions, and unrealistic expectations regarding sexual and reproductive health and rights (11). A study done in Bangladesh has also emphasized the need for awareness regarding healthy sexual and reproductive practices (7).

Case Description

Bangladesh initiated the first phase of the Right Here Right Now (RHRN) program in 2016 as a part of a global partnership that includes over 163 organizations, with BRAC being the leading organization in Bangladesh. The Right Here Right Now (RHRN) program addresses the systemic barriers to accessing Adolescent Sexual and Reproductive Health (ASRH) information and services. The program offered age-appropriate sexuality education, improved access to sexual and reproductive health services, and encouraged youth to advocate for adolescents' sexual and reproductive rights (12). It has been particularly effective in rural areas, where cultural taboos and limited healthcare access contribute to adolescent health issues.

Intervention Overview

The Right Here, Right Now (RHRN) program was launched to promote gender-equal societies that empower young people to exercise their sexual and reproductive health and rights. This initiative targets young individuals aged 15 to 35 in Bangladesh, aiming to enhance their access to, availability of, and support for comprehensive sexuality education and reproductive health services. RHRN's strategic goal also aligns with SDGs 3, 4, 5, 10, and 16 (13).

Table 1: Key Components of Intervention Overview

Pillars	Key Components
Comprehensive Sexuality Education (CSE)	<p>Delivered in schools, madrassas, and community centers.</p> <p>Topics: puberty, contraception, menstrual hygiene, STIs, gender equality.</p> <p>Peer education model to break trust barriers.</p>
Youth-Friendly Health Services	<p>Accessible, affordable, non-judgmental health care.</p> <p>Services: contraceptives, STI screening, counseling.</p>

	Mobile health clinics for rural areas.
Advocacy & Policy Change	<p>Advocacy for SRH education in national programs.</p> <p>Decreasing stigma of adolescent sexuality.</p> <p>Encouraging youth-friendly services and engaging policymakers.</p>

Implementations

The first phase of the program was initiated in 2016 and carried out till 2020, followed by the second phase of the program in 2021. Currently, the second phase of the program is running in 25 districts throughout Bangladesh, helping over 200,000 adolescents with the assistance of community health workers, peer educators, and youth groups. Reproductive health educational sessions and workshops are conducted in schools, madrassas, and local community centers. One hundred youth groups with over 2500 people are being provided with in-depth information about Sexual and Reproductive Health and Rights (SRHR). 9 District Education Officers (DEOs) are issuing official letters that give instructions on the proper implementation of Comprehensive Sexuality Education (CSE) in educational institutions. These youth groups are collaborating with over 2,000 schools and madrassas in 25 districts to give students access to the Comprehensive Sexuality Education (CSE) (13).

Outcomes

The initial phase of the Right Here Right Now (RHRN) program in Bangladesh (2016-2020) resulted in enhanced youth advocacy abilities and provided specific policy recommendations, despite some challenges.

The primary results from the initial phase included (14):

1. Policy influence: The program successfully highlighted adolescents' sexual and reproductive health and rights (SRHR) as a key issue nationally. In 2018, the UN Universal

Periodic Review (UPR) issued robust SRHR-related recommendations for Bangladesh, largely due to the advocacy efforts of the RHRN coalition (15).

2. **Enhance youth involvement:** The program successfully provided more avenues for youth SRHR (Sexual and Reproductive Health Rights) advocates to express their concerns at national and regional levels. These channels mainly involved direct engagement in the policies of the country and submission of evidence-based reports to international institutions, including the UN Universal Periodic Review (UPR) in 2018. This gave a formal avenue through which youth advocates were able to impact on national and regional SRHR agendas. Promoting diversity among participants also contributed to strengthening the impact of youth advocates (15).
3. **Strengthened partner organizations:** RHRN assisted the national platform, Adolescent Friendly Health Services (AFHS), resulting in an increased number of adolescents receiving health services from 6% to 86%. These services covered counseling about puberty, menstrual hygiene, sexually transmitted diseases, and family planning methods (16).

Transition to Second Phase

The insights and outcomes from the initial phase influenced the design of the second phase (RHRN2, 2021-2025). The focus has shifted towards strengthening partnerships, increasing public support via digital advocacy, empowering adolescents, and mobilizing youth (17).

The 2023 mid-term review highlighted the impact of the program:

1. **SRHR education and information:** Over 100 youth groups, totaling more than 2500 individuals, received SRHR education through madrassas and schools in 25 districts. As a result, an estimated 82% of the participants developed more confidence in making decisions about SRHR topics. Awareness and knowledge were reportedly increased in 81% of the participants (13, 17).
2. **Advocacy and Youth Mobilization:** Campaigns engaged 50.1 million people, with strong involvement from over 500 influencers (youth leaders, educators, faith leaders, celebrities, community leaders, health care providers). Television and radio messages have reached over 26 million to date (17).

3. **Policy and Legal Framework:** The advocacy activities were effective and led to the creation of guidelines on how Comprehensive Sexuality Education (CSE) should be implemented in nine districts of Bangladesh, specifically in the Rajshahi, Khulna, and Sylhet divisions. These instructions were issued by the respective District Education Officers (DEOs), indicating that CSE should be institutionalized in 2,000 schools and madrassas (13).

Challenges and Barriers

Although the RHRN programs have achieved certain successes, they also encountered following challenges:

Table 2: Challenges, Impact, and Measures to Overcome (17)

Challenge	Impact	Measures to overcome
Pandemic-related school closures (2021)	In-school activities were suspended, impacting the delivery of CSE.	Digital outreach efforts were expanded to provide online SRHR education
Digital divide and access to technology	Young people in rural areas encountered obstacles because of poor internet connectivity and insufficient access to digital devices	The program customized content to improve accessibility and also provided offline formats
Limited resources for youth-led initiatives	Lack of funds and support for youth participation in governance	Capacity building workshops and mutual learning events were held to exchange resources and knowledge, thereby strengthening youth governance
Policy and legislative barriers	Slow rollout of CSE policies and SRHR laws	Strategic advocacy via policy briefs, research, and youth-led campaigns, secured CSE directives across 9 districts

Cultural Stigma	Social taboos prevented open conversations and acceptance of SRHR	Utilized local influencers such as celebrities, religious leaders, and health workers to help normalize discussions around SRHR
Opposition to SRHR initiatives	Increasing resistance from conservative groups and decreasing civic spaces	Youth-driven advocacy efforts both nationally and internationally

Lessons Learned:

Youth-Led Models Are Effective: When adolescents take on roles as educators and promoters, the youth-centered approach of the program has demonstrated to be a practical way to break down cultural barriers and encourage youth to talk about SRH issues.

Comprehensive Approaches Yield Results: The RHRN program has effectively tackled various challenges in adolescent sexual and reproductive health by combining education, healthcare and advocacy efforts.

Community Involvement Is Essential: Educational sessions with local influencers help develop culturally appropriate and acceptable interventions.

Policy and Practice Implications

The results of the RHRN program in Bangladesh have been encouraging and can serve as a model for expanding interventions aimed at improving adolescent sexual and reproductive health. Although the second phase of the program is still underway, its findings will be crucial for scaling up the program to additional districts and integrating it into the national health and education systems to improve health outcomes for adolescents, especially in rural and underserved regions. In rural/underserved areas, mobile health clinics will serve as the primary access point for the delivery of ASRH services, overcoming geographical barriers. In urban/peri-urban settings, digital platforms will ensure that reproductive health information is easily accessible. By breaking the taboo around discussing sexual health at clinics, individuals can seek information without fear of stigma. This integration could also broaden the program's reach,

especially in urban areas, by offering adolescents confidential access to sexual health information and resources (18).

This initiative primarily focuses on empowering adolescent girls and boys. Along with girls, involvement of boys is also crucial, as their participation helps address the root causes of gender-based violence and early pregnancies, thereby promoting gender equality. A program that includes both genders can transform societal norms, foster healthier relationships, and create an environment that supports the health and well-being of adolescents in South Asia (19).

Conclusion

The Right Here Right Now (RHRN) program in Bangladesh exemplifies how comprehensive sexuality education, youth-friendly health services, and policy advocacy can enhance adolescents' sexual and reproductive health. Despite ongoing challenges, particularly in rural areas, the program has successfully reduced early pregnancies, increased awareness of sexual health, and influenced policy changes. This makes it a valuable model for other South Asian nations. Continued investments in these areas, along with a multisectoral strategy, will be essential for further improvements in adolescent sexual and reproductive health across Bangladesh and other countries.

Ethical Consideration: This article does not involve any human or animal participation.

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Conceptualization	Marium Bano
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Writing – Original Draft Preparation	Marium Bano
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