The United Nations Population Fund (UNFPA) is the UN’s sexual and reproductive health agency. We strive to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled. Our work on the ground calls for the realization of reproductive rights for all and strives to achieve three transformative results: Ending preventable maternal death, ending unmet need for family planning and ending gender-based violence and harmful practices, including child marriage. Our ambitions seek to transform the lives of every woman, man and young person.

Our work plays a significant role in the development of nations and is aligned to the 1994 Programme of Action resulting from the Cairo International Conference on Population Development (ICPD). The ICPD is central to our mission; it puts population policies and programmes that prioritize universal access to sexual and reproductive health information and services at the very heart of sustainable development.

Since 1974, UNFPA Bangladesh has been working closely in partnership with the Government of the People’s Republic of Bangladesh. We have provided technical assistance, advisory services and support. We also work closely with other partners including donors, UN agencies, NGOs, academic institutions and civil society organizations. We are extremely grateful for the support and close collaboration of our partners, who make our work here in Bangladesh possible.

UNFPA Bangladesh’s head office is in Dhaka, our sub-office, which manages a large humanitarian portfolio, is based in Cox’s Bazar and we have a number of field offices based in selected priority districts throughout Bangladesh, based on the needs of the most vulnerable and marginalized populations in these regions that face challenges in achieving the 2030 Agenda for Sustainable Development.

UNFPA Bangladesh is proud to share this book of stories drawn from our work in 2019, delivered with the continuous support from all our partners. These stories are a reflection of our achievements and our vision of equality in realizing our three transformative goals. We hope you enjoy reading the stories, as much as we have in delivering meaningful transformation to the lives of thousands of people in Bangladesh.
"I was only fourteen years old when my family settled at the Kutupalong Camp in Cox’s Bazar. We had no shelter or food, and I did not know how to manage my mashik (menstruation). This was something all of us girls living in the congested camps had to go through. Sometimes we had to dig a hole for underground water, since we had no access to clean water.

One day, community volunteers visited our camp and informed my parents about the ‘Girl Shine’ sessions, which would later change my life. My mother was reluctant at first to send me, but after hearing more about it, she let me join the sessions. I began regularly attending sessions with other girls in the camps. I was very interested in the topics that were discussed, which included menstrual hygiene, as well as child marriage and violence against women and girls.

I now know that the cloth I had been using during my period was unhygienic, and that it could lead to infections. I also know now how to track my cycle and how to better manage my menstruation – by taking a shower every day during my period, washing menstrual cloths with soap and water, drying them in the sun, and how to use and dispose sanitary napkins.

I told my mother all that I learned about menstruation, especially the myths that we should not believe. Back in the day, my mother and grandmother didn’t allow me to go outside when I had my period. I used to sit in isolation the whole time. I was only allowed to go to the toilet in the night to change my menstrual cloth. They believed that I should eat very little food and take less water to avoid heavy menstruation. I now realize that all these were wrong beliefs that could have affected my health.

I started sharing my learnings with other girls in the camps, who hadn’t been part of the sessions. They too are now more aware of their health and hygiene. I always remind them that our period is natural and normal, and it is not something that we should hide or be ashamed of:"

UNFPA’s Girl Shine Programme reached nearly 1,000 adolescent girls, aged 10-19 years, in 2019.

“"Our period is natural and normal. It is not something that we should hide or be ashamed of.”

- Asmahan* (16), Kutupalong Camp, Ukhiya, Cox’s Bazar
Before the ‘Generation Breakthrough’ project was introduced in my school, I had many questions about the changes that I was experiencing in my body and mind. I was curious about how to manage my menstruation, and I didn't like to carry sanitary napkins in my school bag. I even skipped school, because I felt uncomfortable discussing these issues with my teachers.

In 2016, I attended the first session of ‘Generation Breakthrough’ at my school. I learned that as an adolescent girl, I am responsible for ensuring that my body is respected. I gained the confidence to speak up and to take action against things that made me feel uncomfortable, such as eve teasing (sexual harassment).

My mother, who accompanies me to school every day, mentioned that she saw positive changes in my behaviour. I too felt changes in my behaviour and attitude during the past two years since joining these informative sessions at school. I learned to say ‘NO’ firmly to any abuse or violence. I learned to identify perpetrators through their behaviour, and I know how to deal with them now.

I also started playing an important role in my school as a youth leader promoting gender equality and sexual and reproductive health and rights. It was something I enjoyed so much that I am committed to continue this role even after my school life. I was greatly inspired by the speech of the UN Secretary General’s Envoy of Youth in my school when she visited in 2018. It was one of the most memorable events of my life, especially her journey towards becoming a young advocate.

I have learned that regardless of whether we come from a rich or poor family, or urban or rural background, we all go through similar struggles during puberty. Through these sessions, we are equipped with the right skills to face these challenges in life more confidently, which is so important.

Since its inception in 2012, UNFPA’s project ‘Generation Breakthrough’ has reached 158,550 adolescent boys and girls. The project which came to an end in 2019, ensured adolescents are equipped with sexual and reproductive health and rights information and life skills education, focusing on gender equity, violence prevention, and conflict management.
"My name is Iqbal and I am thirteen years old. I live in a camp in Kutupalong, Ukhiya in Cox's Bazar district. While in the camps here, I noticed that many parents worry about the future of their children, especially their daughters. I saw many parents marrying off their daughters at a very young age. This was very common in the camps and it made me very sad.

One day, a volunteer from Plan International asked me to join a programme called "Champions of Change", which provides life skills education to boys who are around my age. I became very interested in the sessions and I started attending regularly. The sessions were very engaging and explained to us different things that we usually do not talk about, such as how we should treat girls with respect and care.

We also discussed a lot about child marriage. Through the sessions, I realised that marrying a girl before she turns 18 years is not right. It affects her life in so many ways. This made me worry about my sister. She is 15 years old. My parents had been receiving many proposals to marry her off. One day, when they were discussing it, I spoke up. I explained to them what I had learned - about how child marriage can harm a girl. I pleaded with my parents to not give my sister in marriage. Sadly, I could not stop my sister's marriage, but my parents did decide to push the event until six months or one year later. They promised to think about their decision during this time.

I was happy that I was able to at least postpone the wedding, and that my parents said that they will think about the decision again. This inspired me to share my family's story with my friends and relatives. My friends also understand that child marriage is a curse for boys and girls. I will continue to share this message so that parents do not marry off their young daughters."

- Iqbal* (13), Katupalong Camp, Ukhiya, Cox's Bazar
“Being a single mother outside of marriage is still taboo in our society. The man who was equally responsible for our child denied it and blamed me. I wanted him to admit that this was his child and also wanted to marry him so that he would support us financially. But even after an order from the local administration, he did not agree to marry me or take any responsibility of our child. I was feeling helpless, and so was my family. We didn’t know where to seek justice.

One day, I went to a community awareness session. There, I met a caseworker from the ASTHA project. I told her my situation. She assured me that she can help me. I shared my story with her in detail. She then referred me to the Legal Support Officer at ASTHA’s Court Help Desk.

I went to the Court Help Desk at Bogura Sadar Court with my father and told them my situation. They helped me to go through all the procedures at the legal aid office. A notice was issued to the man and his family to come to the legal aid office. Once they came, the officer informed them that if he did not admit to being the father of our child, a DNA test would be done, and there would be legal actions. After that, the man admitted that this is his child and agreed to marry me.

We are a poor family and raising a child by myself would have been very difficult. I used to feel alone, weak and vulnerable. But now I feel I have a lot of people with me to help me and support me; from my family to the local authority and the government’s service providers. ASTHA is my strength. I can go to the ASTHA Apa any time to share my issues and get help.

I am currently learning tailoring from my father, and hope to work together with my father. I want to earn an income by myself, so that I can raise my child even if his biological father is not beside us for support. I want to empower myself.”

- Anonymous, Sadar, Bogura
"I have been suffering from fistula for the past 20 years, and I didn’t know where to go for treatment or who to tell what was going on inside my mind," says 55-year-old Marma. "I live in a village called Krikhong Para in Bandarban Sadar Upazila. I had been living with fistula since the birth of my first child in 1995. I went through a long and painful labor and it took almost 18 hours to give birth to a baby girl. Sadly, my baby did not survive. At first, I thought my fistula was something normal, and that it would be cured soon with traditional herbal medicine. Later, I gave up trying."

Obstetric fistula is a hole in the birth canal caused by prolonged obstructed labor, without prompt medical intervention. It leaves women leaking urine, faeces or both, and often leads to chronic medical problems, depression, social isolation, and deepening poverty.

Fistula patient screening is one of the priorities of UNFPA's programme in ensuring universal sexual and reproductive health and rights of women and girls. In order to reach fistula patients, we provided technical support to establish a fistula corner in the Bandarban District Hospital. We also ensured that relevant authorities in Bandarban are aware that if a patient with fistula is discovered, she should be immediately directed to the civil surgeon or the UNFPA District Officer.

"I was surprised when UNFPA visited my house and spoke to me about my condition. With their help, I visited the Community Clinic, and was then sent to the District Hospital. At the hospital, the doctor performed surgery on me to treat the fistula. I am so happy that my fistula was cured and I am finally able to live a normal life again."

- Marma (55), Bandarban

"At first, I thought my fistula was something normal, and that it could be cured with traditional herbal medicine."

- Marma (55), Bandarban

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I felt relieved when the mother's bleeding stopped. I was able to help save her life and make sure the newborn had his mother.

- Jisman, Midwife, Nayapara Refugee Camp, Cox's Bazar

My name is Jisman Khatun and I am a midwife. I work in Teknaf, a natural disaster-prone area in the Nayapara registered refugee camp. I help to take care of women and girls of reproductive age. I started working in RTM International in July 2018. My workplace is a primary health care center that caters to 15,655 women, most of whom are married. The number of girls who get pregnant at an early age is high in the community. Because of this, the level of complications are also high. We are always mentally prepared for a complicated case to take place at any moment.

Up until now, while working in the camp, I have assisted in over 100 childbirths and managed many emergency cases, including eclampsia, PPH (postpartum haemorrhage), prolonged labour, obstructed labour, breech delivery, shoulder dystocia, and CMR (clinical management of rape). Among them, there is one event that I remember especially well.

Just like any other working day, I was on duty and conducting a health education session for mothers who would come for antenatal care service. Suddenly, a community health worker brought in a mother and her newborn, and was shouting that it was an emergency. The patient had been bleeding heavily for over an hour. I called out for help and took the mother’s history. I learned that she was a mother of six children, and two hours ago, she had delivered a healthy baby at home by an unskilled person. Unfortunately, the placenta had not been delivered. I emptied her bladder, put in a catheter and another midwife opened an IV channel. I delivered the placenta manually, and after that, the bleeding was under control. We let the mother breastfeed the baby and kept her under close observation, checking on her frequently.

I felt relieved when the mother’s bleeding stopped. I was able to help save her life and make sure the newborn had his mother. The mother’s family was very pleased with me and they showered me with prayers. It was really one of the most memorable experiences in my career as a midwife.
I am responsible for the safety of women and children, two of the most vulnerable groups in our country. This means that I can’t treat their cases like other cases. I have to listen; I have to feel. Most police officers don’t take a personal interest in such cases. But to me, I feel that creating a safe environment for women and girls is my duty towards my people, my community, and my country.

As a sub-inspector at the Women Help Desk at the Pallabi Police Station, I handle cases of gender-based violence. I have received a lot of training but I don’t think that any amount of theoretical training can replace the real-life learning that we experience at a Women Help Desk.

I think one of the biggest lessons I’ve learned is that the truth doesn’t always match the circumstance. A seven-year-old disabled girl was bleeding from her ears, which led her parents to bring her to us. It was clear that she had been sexually abused, but the culprit was yet to be found. Her family members blamed one man, but we eventually found out that he had nothing to do with it. Through my many discussions with the survivor and her family, I realised that her brother-in-law was acting strange. Due to his aggression and other behavioural issues, I had a feeling he could be the real culprit. My instincts were right.

I made sure that legal action was immediately taken. I also referred the survivor to other critical services such as psycho-social and health services.

In Bangladesh, 72.6% of women have experienced some type of violence by an intimate partner in their lifetime. However, some strong women are coming out in support of their more vulnerable sisters. Aklima is one such woman. With UNFPA’s support, the Bangladesh Police has established 31 Women Help Desks in four districts and in the Dhaka metropolitan area. More help desks are planned to be established across the country, to ensure that all women and girls can live in a safer Bangladesh.
“My family was poor, so I was married off at a very early age to an older man. From the start, I was physically abused by my husband. One day I realised that this environment was not safe for me or my child. I decided to leave my husband’s house and I went back to my parents’ house with my child.

Everything was much better, until one day my husband came to meet us. He told me he wanted to take our son to the market to buy some clothes. He said that he will come back before evening. He left with my son.

It was getting late at night and his phone was switched off. I sensed something was wrong and I called my sister. She directed me to a caseworker. I shared my story with the caseworker and she referred me to a case manager. From there, I was assisted to go to the police station to file a complaint against my husband. At night, while waiting at the police station, the duty officer arrested my husband; my child was also with him. The duty officer warned my husband by saying that if he ever tortures me or our child physically or mentally again, that he will be put in jail. My husband said that he will never make such a mistake again and that all he wants is to take us back home.

My husband is now a changed person, and we only want the best for our child. Earlier, I used to think that I would have to live the rest of my life with violence. But so many people supported me - my sister, the caseworker, case manager, and police authority were all beside me. Since I am not alone anymore, the attitude of my husband and my in-laws has also changed.

I will make sure that my son grows up to fully respect all women and girls. I will raise him to be a true human being.”

The ASTHA project ensures a multi-sectoral coordinated response towards gender-based violence, by increasing capacity of the health, social welfare, police and justice sectors to work together in ensuring a safer Bangladesh for women and girls.
"Life has never been easy for me. I was given in marriage as a child, became a mother when I was just a girl, and later, I got divorced. Because of this, my family and community always tried to avoid me. They also discouraged me from working, which is something I always wanted to do. But, I did not lose hope. I was patient, and managed to go back to college to finish my education, and later I managed to get this job.

As a Gender Promoter at the Kishori Resource Centre for Adolescent Girls, I received training on gender issues, life skills, computer operating skills and facilitation skills. This job and the trainings I received have helped me to think out of the box. I used to think that getting divorced and becoming a single mother was my fault, but being a part of this group of female coworkers has changed my attitude. Actually, my life has changed quite significantly after I joined this adolescent girls club. People have started to respect me for my work, and I have decision-making power in my family now. By seeing women like us working, the community now understands that we can do important work. Some even encourage their daughters to become like us. My family, especially my child, feel proud of me.

My future plan is to start an NGO for women’s empowerment. This NGO will provide facilitation skills and handicraft training. My message to all women and girls is to never lose hope whatever the situation is. Keep fighting and be confident in what you are doing. Then, your life will change for the better.”

Accelerating Action to End Child Marriage is a project by UNFPA, through which resource centres for adolescent girls provide trainings for gender promoters. These female trainers train young girls on life skills, gender issues, and other issues relating to sexual and reproductive health and rights information.
My name is Shima. I am 31 and I live in a very small village in Chatkhil Upazila in Noakhali District. I am a housewife and I come from a poor family. Like many other pregnant mothers in our area, I did not receive proper care, nutrition, or check-ups during my pregnancy. I also did not know about the importance of birth spacing and family planning.

I delivered my third child at home by a local ‘Dai’, an untrained birth attendant. My delivery took a long time, but I don’t think the Dai realised. After a very difficult delivery, I gave birth to my baby girl. But, I suffered from dribbling urination and I did not know what to do. I felt helpless. My mother-in-law thought I was cursed to deliver three daughters in a row, and they did not help me.

Finally, with the help of a neighbor, I visited the Chatkhil Upazilla Health Complex. I asked for advice and a cure for my unbearable condition. They said that I had not been healthy before or after the birth process. After some tests, they confirmed that I had fistula. They told me to go to Dhaka for treatment, but I could not afford the cost for treatment and to stay in Dhaka city.

UNFPA supports those left behind like Shima. The Gynae Consultant from the Upazilla Health Complex contacted the UNFPA Field Officer to get further support, and together they agreed with the MAMMS Institute that the whole treatment and any related costs would be made free for the patient. With this information, the Field Officer was able to convince the family that the best thing for Shima would be to receive treatment in Dhaka city.

I was able to undergo the surgery and I am feeling fine now. My husband and I are very happy, and we are so thankful to UNFPA. We now know the importance of regular check-ups during pregnancy and in deliveries by skilled birth attendants. We promise to educate others in our community.

“We now know the importance of regular check-ups during pregnancy.”

- Shima (31), Noakhali

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