

The cost of marrying off girls too soon



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In Bangladesh, one in every two girls gets married before reaching the age of 18. This particular figure has been cited in a recently released UN report. Specifically, 51 percent of Bangladeshi girls are married before they turn 18. Any girl under 18 is a minor and a child. Therefore, this figure, in reality, refers to child marriage. Globally, Bangladesh ranks eighth in terms of child marriages and tops the list among South Asian countries. In this regard, other South Asian countries are doing much better—with child marriage rates at 10 percent in Sri Lanka, 18 percent in Pakistan, and 23 percent in India.

Child marriage is closely linked to high adolescent pregnancy rates. Girls under 18 have little control over their reproductive health and limited autonomy in making reproductive decisions. In Bangladesh, 53 percent of adolescent girls lack control over their reproductive health. One in every four married girls under 18 becomes pregnant. Last year, 28 percent of adolescent girls between the ages of 15 and 19 experienced physical or sexual violence by their partners.

The drawbacks of child marriage are widely recognised. First, adolescent girls are not physically ready to bear children. As a result, early marriage and subsequent pregnancy pose significant health risks, including chronic illness and shortened life expectancy. Furthermore, the mother's ill health can be transmitted to her child, and an adolescent mother often lacks the maturity to raise a child properly.

Second, early marriage often disrupts education. Many talented girls, eager to continue their studies, are forced to leave school after marriage. In Bangladesh, the number of female school dropouts is double that of boys. Education opens the door to countless opportunities, and early marriage may close that door permanently. Moreover, educated mothers tend to contribute positively to their children's health, nutrition, and education. Girls married early, with their educational prospects cut short, are unable to play this role effectively.

Third, girls who marry young often hesitate to assert their rights, voice, or autonomy, and are excluded from household decision-making. Due to their age, their opinions are rarely taken seriously in economic matters within the family. In many cases, they also lack full control over decisions regarding their own reproductive health.

The fundamental question is: if the dangers of early marriage are well known and if there are laws against it, why does it persist in Bangladesh?

First, the answer lies in the structure of a patriarchal society where many aspects of women's lives are governed by the decisions and ideas of men. Early marriage is one such reality. In various social spheres, if men consider adolescence to be the ideal time for girls to marry, this belief becomes a social norm for women.

Second, poverty plays a major role. According to a 2023 World Bank survey, the likelihood of marrying before the age of 18 is three times higher among girls from the poorest quintile of households compared to those from the richest. Poverty, economic uncertainty, and vulnerability often push poorer families to marry off their daughters. It has also been observed that the districts in Bangladesh with the highest poverty rates are the same areas with the highest rates of adolescent marriage. When families cannot afford to educate their daughters or see no viable way out of the poverty cycle, marriage becomes a perceived solution—a way to relieve the family of the financial burden.

Third, deteriorating law and order, widespread lawlessness, political uncertainty, and violence

all these areas must be developed and pursued.

Social rules and cultural norms are shaped by entrenched ideas—for instance, that girls are a burden or that educating them is pointless since they will eventually marry and leave home. In many rural areas, early marriage is linked with family honour and social reputation. When girls elope with men of their choice, it is treated as a source of shame for the family. These beliefs must change. So too must the patriarchal mindset that consistently values sons over daughters. Society must understand that marriage is not the solution to every challenge in a woman's life.

However, social attitudes cannot be changed overnight. Work must be done at the grassroots level through awareness campaigns using print, broadcast, and social media. Religious leaders have an important role to play. So do local politicians, artists, cultural figures, and sports and media personalities. Tools such as short films, street plays, puppet shows, exhibitions, and videos can be used to influence public attitudes effectively.

On the legal side, the current framework must be strengthened.



FILE VISUAL: SHAIKH SULTANA JAHAN BADHON

contribute to insecurity for women and girls. Families often believe that marrying their daughters early will protect them. The perception is that married girls are safer in their husband's homes. In many cases, the state has failed to ensure safety for women. The increasing incidences of rape, abuse, and violence against women are clear indicators of this failure in Bangladesh.

Fourth, crises such as conflict, natural disasters, epidemics, and pandemics tend to accelerate early marriages. During these times, families often resort to marrying off daughters to alleviate economic stress. For instance, during the Covid pandemic, school closures made educational futures uncertain and removed the protective environment schools often provide. In such situations, early marriage was seen as a solution by many.

Finally, the issue of dowry plays a significant role. It is often argued that as girls grow older, they become less desirable, and dowry demands increase. Younger girls, by contrast, are associated with lower dowry costs. Thus, families may choose early marriage to avoid higher dowry expenses.

Given all this, the question becomes: what can be done to end early marriages in Bangladesh?

It must be acknowledged that some measures will be legal, others social or cultural, and some will relate to socio-economic policy. A comprehensive strategy addressing

Loopholes need to be closed, and implementation must be rigorous. The 2017 Child Marriage Restraint Act was widely criticised for allowing child marriage under "special circumstances." This provision has been widely exploited. The law must be revised. In many cases, child marriages were prevented by the intervention of Upazila Nirbahi Officers (UNOs) with police support. In some instances, a child marriage was stopped because the would-be bride called a government hotline.

Expanding girls' education can be a powerful tool in curbing early marriage. Educated women are more likely to delay marriage, have fewer children, and enjoy better health. Education also leads to empowerment. Educated women, particularly those with technical or vocational skills, and employment opportunities, can shift public perceptions and social norms.

In many cases, men are not involved in the movement against child marriage. That must change. Men should be engaged and participate in this struggle—there is no alternative. As long as men continue to shape the realities of women's lives, they must also be part of the solution.

Child marriage erases capabilities, destroys potential, and ends dreams. It is a major obstacle to human rights, personal development, and national progress. Its complete elimination is not only desirable, it is essential.

Epidemiological transition in South Asia



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South Asia's double burden of communicable and non-communicable diseases

Developing countries have been experiencing several major changes simultaneously: demographic, epidemiological, and economic. The population growth rate is declining while the economy is witnessing rapid growth. Furthermore, remarkable improvements in life expectancy are occurring.

Many developing countries are witnessing a major epidemiological transition, with the prevalence of communicable diseases (CDs) declining and non-communicable diseases (NCDs), such as cardiovascular disease, diabetes, cancer, and mental illness, rising. NCDs are rapidly becoming dominant causes of ill health in developing countries. Although CDs such as HIV, malaria and tuberculosis continue to be major burdens, NCDs account for about half of all deaths in developing countries. According to the World Health Organization, the war against ill health in the 21st century will have to be fought simultaneously on both fronts: CDs and NCDs. Many developing countries are increasingly coming under greater attack from both CDs and NCDs while CDs remain undefeated. This double threat imposes the need for difficult decisions regarding the allocation of scarce resources to the health sector.

In Asia, the epidemiological transition is due to a shift from a dominance of CDs to a rise in NCDs, unlike in the West, where CDs declined before NCDs became prominent. With high rates of both CDs and NCDs, Asia accounts for a significant share of the global burden of disease.

South Asia, with a population of about 2.1 billion people, is home to around a quarter of the world's population. India, with a population of around 1.43 billion, accounts for over two-thirds of all the people living in the region, followed by Pakistan, Bangladesh, Afghanistan, Nepal, Sri Lanka, Bhutan, and the Maldives.

Since 1970, the South Asian countries have witnessed population growth and increases in life expectancy that have, in the long run, outweighed the negative impact of catastrophic events, such as famines. In 1970, life expectancy in South Asian

countries ranged between the 50s to mid-60s. In 2024, it increased substantially, with most countries reaching mid to high 70s. Many South Asian countries have been experiencing a rapid rise in their elderly population (60-years-plus) because of longer life expectancy and falling birth rates. The region has been experiencing substantial economic growth as well.

The leading causes of illness and death in South Asian countries were the CDs like pneumonia and diarrhoea in 1970s. By 2024, the

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South Asian region experienced a considerable epidemiological transition, with NCDs becoming more prominent.

Afghanistan is facing a double burden of disease. NCDs contribute heavily to mortality and morbidity, while CDs (malaria, TB, and HIV) continue to pose a considerable threat as well.

In Bangladesh, there has been a considerable decline in deaths from CDs, while NCDs' share of the total burden of disease more than doubled from around 30 percent in 1970 to around 67 percent in 2024. NCDs are now the leading causes of death here.

In Bhutan, NCDs represented a small fraction of deaths in 1970, but by 2024, they overtook CDs and accounted for over 70 percent of deaths.

In India, CDs were the dominant cause of death in 1970; however, there has been a shift towards NCDs, which are now the leading

cause of death, accounting for over three-fifths of all deaths.

In the Maldives, CDs accounted for a substantial portion of the causes of death in 1970; however, by 2015, there was a shift towards NCDs, which is now the leading cause of death, accounting for around 80 percent of all deaths in the Maldives.

In Nepal, CDs' share of the disease burden has declined considerably from around 70 percent in 1970 to around 20 percent, while the share of NCDs increased sharply to over 70 percent.

In Pakistan, CDs continue to be a major public health issue, although the share of NCDs has increased and accounted for around 60 percent of deaths in 2024.


In the 1970s, CDs were a major public health concern in Sri Lanka. However, in 2024, NCDs accounted for around 90 percent of the total disease burden.

This double burden of diseases in South Asian countries has serious implications, both on the individual, household, and national levels.

In South Asia, the healthcare delivery systems, both public and private, face various inefficiencies. The public sector programmes have inadequate infrastructure that hinders access to quality care, shortage of trained health care providers at different levels of service delivery, lack of essential equipment and medicines, inadequate funding, and weak implementation capacity. The private sector is largely unregulated. In addition, it charges exorbitant prices for services it offers. Most people seeking care from the private sector cannot afford such expensive care and treatment, and those who avail themselves of such services often have to bear expenses out of their savings and/or borrow money from others. The high out-of-pocket (OOP) expenses push many into deeper poverty, especially in the absence of sound social safety net programmes.

Although considerable progress has been achieved in reducing poverty in the South Asian countries, they contain a disproportionately large share of the world's poor. While South Asia is home to around one-quarter of the world's population, around two-fifths of the world's poor live in the region.

In these countries, diseases and morbidity have serious adverse effects on productivity and overall economic growth. NCDs and CDs result in lost workdays, reduced capacity of the workforce, thereby adversely affecting the country's human capital, and premature deaths that lead to huge economic losses.



সিলেট গ্যাস ফিল্ডস লিমিটেড

(পেট্রোবাংলার একটি কোম্পানী)

Sylhet Gas Fields Limited

(A Company of Petrobangla)

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Ref: 28.20.9153.142.14.010.25/7

Dated: 24-06-2025

e-Tender Notice

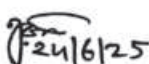
e-Tender is invited in the National e-GP system portal (<http://www.eprocure.gov.bd>) for the procurement of the following goods:

Sl. N o.	Package No.	Description of Goods	Tender ID	Last Selling of Tender (Date & Time)	Tender Closing & Opening (Date & Time)
1.	28.20.9153.142.14.010.25/7	Procurement of ASCO Explosionproof Low Power Solenoid Valve at Kailashtilla MSTE Plant under Sylhet Gas Fields Limited.	1127859	16-Jul-2025 17:00 Hours	17-Jul-2025 12:00 Hours

This is online Tender, where only e-Tender will be accepted in the National e-GP Portal and no offline/hard copies will be accepted.

To submit e-Tender, registration in the National e-GP System Portal (<http://www.eprocure.gov.bd>) is required. The fees for downloading the e-Tender Documents from the National e-GP System portal have to be deposited online through any registered Banks branches.

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GD-1457



Sonali Bank PLC

Information Technology Division

(IT Procurement & Maintenance)

Head Office, Dhaka

Memo No. HO/ITD (IT P&M)/purchase/

Date: 18/06/2025

e-Tender is invited in the National e-GP System Portal (<http://www.eprocure.gov.bd>) for the procurement of following package:

SL No.	Tender ID No.	Name of tender	Last date and time of tender security submission	Tender closing date & time
1.	1126123	Lot-1: Procurement of Hardware and Software Components for Microsoft CI Platform of Sonali Bank PLC.	20-Jul-2025 15:00	20-Jul-2025 15:30
2.	1126124	Lot-2: Procurement of Hardware and Software Components for RHEL HCI and CI Platform of Sonali Bank PLC.	20-Jul-2025 15:00	20-Jul-2025 15:30
3.	1126126	Lot-3: Procurement of Hardware for Physical Standalone Platform of Sonali Bank PLC.	20-Jul-2025 15:00	20-Jul-2025 15:30
4.	1108021	Lot-4: Procurement of Hardware and Software Components for Backup Solution Platform of Sonali Bank PLC.	20-Jul-2025 15:00	20-Jul-2025 15:30
5.	1126334	Lot-C: Procurement of Server & Storage for Network Management infrastructure for Sonali Bank PLC.	20-Jul-2025 15:00	20-Jul-2025 15:30

This is an online tender, where only e-Tender will be accepted in the National e-GP Portal and no office/hard copy will be accepted. To submit e-Tender, registration in the National e-GP Portal (<http://www.eprocure.gov.bd>) is required. The fees for downloading the e-Tender documents from the National e-GP System Portal have to be deposited through any registered online banks up to respective time schedule.

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Sd/-

Deputy General Manager

GD-1459