Assessment and Analysis of the Overall Situation of Women and Children: Bangladesh Scenario

Monirul Islam¹, Md. Abdul Alim²*, Shamal Chandra Hawlader³, Md. Mohiuddin⁴, Asim Kumar Sarker⁵

¹,²,³,⁵Assistant Director, Rural Development Academy (RDA), Bogura-5842, Bangladesh
⁴Deputy Director, Rural Development Academy (RDA), Bogura-5842, Bangladesh

This article focuses on the situation assessment and analysis of children and women in Bangladesh provides an overview of the situation regarding education, health and nutrition, protection from abuse and exploitation, participation, and water, sanitation, and hygiene. As Bangladesh turns 46, improvements in women’s wellbeing and increased agency are claimed to be some of the most significant gains in the post-independence era. Various economic and social development indicators show that in the last 20 years, Bangladesh has made substantial progress in increasing women’s access to education and healthcare and in improving women’s participation in the labor force. In Bangladesh the latest BDHS finds that only twenty percent women work for cash. Among them only 48 percent are able to spend their money on their own, the rest are dependent upon spouses or other family members to take joint decisions on spending. Women in rural areas of Bangladesh enjoy less freedom and choices regarding their reproductive health rights than men. Male domination and socio-economic barriers impede the reproductive health rights of women in rural Bangladesh and to improve maternal and child health more organizational intervention is needed in the rural areas in Bangladesh and to initiate change in existing rural social order.

Keywords: Women and children, health and nutrition, economic and social development, labour force, human rights.

INTRODUCTION

Bangladesh’s socio-cultural environment contains pervasive gender discrimination, so girls and women face many obstacles to their development. Status of Women is often described in terms of their legal rights, education, economic independency, and empowerment, age at marriage, health, and fertility, as well as the roles she plays in her family and society. The status of women implies a comparison with the status of men, and is therefore a significant reflection of the level of social justice in the society (UNICEF and BBS, 2009). Bangladesh’s rates of child marriage and adolescent motherhood are among the highest in the world. Maternal mortality rates also remain extremely high. Most women give birth without a skilled attendant. In the home, women’s mobility is greatly limited and their decision-making power is often restricted. For instance, about 48 per cent of Bangladeshi women say that their husbands alone make decisions about their health, while 35 per cent say that their husbands alone make decisions regarding visits to family and friends. Violence against women is another major impediment to women’s development. Education is essential to reducing discrimination and violence against girls and women and Bangladesh has made great progress in this area, already achieving gender parity in primary and secondary education. Women’s employment rates remain low despite progress, and their wages are roughly 60-65 per cent of male wages. Children account for 45 per cent of the total population of Bangladesh (estimated at 140.3 million people in 2006). One in every six children is a working child, with an estimated 7.42 million working children across the country. This report aims to fill that gap. In 2008, *Corresponding Author: Md. Abdul Alim, Assistant Director, Rural Development Academy (RDA), Bogura-5842, Bangladesh, Email: alim.08017@gmail.com, Tel: +8801703539006, Web: www.rda.gov.bd
RESULTS AND DISCUSSION

Situation and Problems facing by Women: Bangladesh Scenario

- **Motherhood**
  Bangladesh’s maternal mortality ratio is one of the highest in the region. Government figures estimate that there are 320 maternal deaths per 100,000 live births however UN estimates place the rate as high as 570 deaths per 100,000 live births. A woman’s lifetime risk of dying in pregnancy or childbirth is one in 51, compared to one in 47,600 in Ireland (the best performer). About 12,000 women die every year from pregnancy or childbirth complications. Young motherhood is associated with several risks such as higher maternal mortality rates, pregnancy complications and low birth weight babies. Despite an increase in health facilities nationally, 85 per cent of deliveries still take place at home and less than a quarter of births are attended by skilled health personnel (some women use skilled birth attendants at home).

- **Nutrition**
  Malnutrition is a significant contributor to complicated pregnancies and high maternal and infant mortality rates. There have been some modest improvements in past decades, but the nutritional status of women in Bangladesh remains alarming. Almost one-third of women of reproductive age have a body mass index less than 18.5; this means they are very underweight. Even among the wealthiest quintile of society, 13 per cent of women are underweight. Girls also have lower levels of iodine than boys, as measured by urinary iodine excretion. Nationally, 37 per cent of girls are iodine deficient, compared with 31 per cent of boys.

- **Violence against women**
  Domestic violence is a pervasive problem in Bangladesh and in a 2007 research study, more than half of ever-married women aged 15-49 reported that they had experienced some form of physical and/or sexual violence from their husbands, and one quarter had experienced it in the past year. The practice of dowry, a lower age at marriage, and poverty are all associated with women’s higher likelihood of experiencing and condoning violence. Adolescent girls are often victims of ’eve teasing’ or sexual harassment and are not prepared to face such a situation. In one of its most extreme forms, violence against women takes the form of acid attacks.

![Picture 1: Violence and discrimination in Woman and Children]


- **Education**
  Education is the key to addressing entrenched discrimination and violence against women. Research suggests that the presence of more educated children in the household and community acts as a restraint on violence against women. Bangladesh has made immense gains in girls’ education, such that girls now outnumber boys in primary and secondary schooling. However, net attendance rates in secondary education are still extremely low, at only 53 per cent for girls and 46 per cent for boys.

- **Work**
  According to the Bangladesh Demographic and Health Survey 2007, about 65 per cent of women aged 15-49 were unemployed in the year prior to the survey, compared to about 2 per cent of men in the same age group. For one in eight women who earn a wage, someone else decides how that wage will be spent. About 8-9 per cent of girls between the ages of 5 and 14 are working but a lot of girls work in jobs that are hidden from view, such as domestic work and commercial sex work. Girls in particular, are often denied the right to work for a wage.

**Actions taken by various organizations for improving situation of women in Bangladesh**

- **Achieving gender parity in education**
  The Second Primary Education Development Programmed (PEDP-II), funded by the Government of Bangladesh and 11 other development partners including UNICEF, is implemented in 61,072 schools in all 64 districts. The programmed includes initiatives that aim to raise community awareness about the need for girls' education. Campaigns are conducted through mass media, national and sub national education events, interactive popular theatre, TV drama series about quality education, cartoons promoting UNICEF’s animated girl-hero Mena and printed materials. The project also includes several initiatives to improve access to quality education for boys and girls alike, such as decentralizing school management and improving teaching quality through training.

- **Helping working children access education**
  The Basic Education for Hard-To-Reach Urban Working Children project provides basic education in Bangla, English, social science and math’s as well as 10 core life skills such as interpersonal relationships, decision making, negotiation and job seeking. More than 166,000 students (60 per cent girls) attend 6646 learning centres in six divisional cities in Bangladesh as part of this project. Gender issues such as early marriage, gender equality in the workplace, and violence against females are also discussed in these sessions.

- **Improving maternal health care**
  UNICEF supports public hospitals to improve the quality of care, strengthen emergency obstetric care and make health services more women friendly. UNICEF also works within the community to improve community maternal health practices and aims to increase the usage rates of maternal and neonatal health care services, particularly among the poor and socially excluded. UNICEF has three major maternal, neonatal and child health projects, which together reach more than 35 million Bangladeshi people in 21 low-performing districts.

- **Improving nutrition**
  To improve nutritional status of women and children, UNICEF supports interventions to prevent micronutrient deficiencies, including salt iodization, de-worming, and vitamin A, iron and folate supplementation. Community-based models for preventing anemia in children, adolescent girls and women have been piloted in selected areas across the country. A UNICEF-supported project in the Chittagong Hill Tracts, an area with particularly high anemia rates, provides iron tablets and counseling to improve iron intake and reduce anemia. A network of adolescent girls is used to reach those who do not have regular contact with health services.

- **Addressing child marriage, dowry and violence**
  As part of UNICEF’s Empowerment of Adolescents project, adolescents, their families’ and communities are supported in adopting practices to reduce child marriage, dowry and other forms of abuse, exploitation and violence against girls. Through a peer support approach, adolescents across Bangladesh have access to life skills education on topics such as critical thinking and negotiation. The project, funded by the European Union (EU), is implemented in partnership with the Ministry of Women and Children Affairs and NGOs.

- **Preventing and responding to acid attacks**
  UNICEF also supports psychosocial services for survivors of acid attacks, such as establishing community based support mechanisms and services. This includes mobilizing and sensitizing the community on the consequences of one of the crudest and worst form of violence against women to help prevent future attacks, and to assist with the reintegration of acid survivors, who are often stigmatized by their attack.

- **Promoting gender equality through sport**
  The Empowerment of Adolescents project also includes Sports for Development component that uses sport as a tool for gender equality and female empowerment. In the project areas, adolescents (especially girls) have access to indoor and outdoor sports such as cricket, swimming, athletics and football. The project ensures that girls have the right to participate in sport, through activities such as organizing sports competitions, managing sports grounds and providing sports’ training to staff and adolescents. The project helps promote teamwork and fair play as well as providing girls with a rare opportunity for outdoor activities.
Situation and Problems facing by Children: Bangladesh Scenario

- **Child marriage**
  While the practice of child marriage has decreased in Bangladesh over the last 30 years, it remains common in rural areas and urban slums, especially among the poor. The legal age of marriage is 18 for girls, however three-quarters of women aged 20-49 were married before age 18. In one study, women aged 46-60 reported that dowry was practically non-existent when they married, while 46% of women aged 15-25 reported that they had to pay dowry.

- **Overall child poverty**
  Around 26.5 million of the 63 million children in Bangladesh live below the national poverty line, regardless of the measurement method used (46 per cent according to both the DCI and CBN), and more than half of all households (51 per cent) with children are poor in terms of international poverty line below the $1 Purchasing Power Parity (PPP) threshold. Poverty increases as the number of children in a household increases, irrespective of the measurement method employed. Around 58 per cent of all children are severely deprived of any one of the six deprivation indicators: shelter; sanitation; water; information; education; and health, with around 20 per cent suffering from at least two severe deprivations compared to 41 per cent of Muslims.

- **Child mortality, nutrition and health care**
  Although the under-five mortality rate (U5MR) in Bangladesh has been more than halved over the last decade, 88 children still die before the age of five for every 1,000 live births, rising to 121 among the poor income quintile. However, the U5MR for girls has fallen at a faster rate than that for boys. About 46 per cent of all children under-five are stunted and 40 per cent are underweight. Around 42 per cent of rural children are under weight, compared to 30 per cent in urban areas, and 49 per cent are stunted, compared to 36 per cent of urban children. Stunting, wasting and underweight among children are affected by the level of education attained by them.

- **Child protection issues**
  Only 36 per cent of all children in Bangladesh (as of 2006) had been reached by the birth registration programme. About 6 percent of all children are orphans; and relatively more orphans (30 per cent) are from female headed households. About 39 per cent of girls are married before the legal age for marriage of 18 years. More girls in rural areas (36 percent) get married before the age of 15 than those in urban areas (27 percent). In all, 71 per cent of girls in rural areas and 58 per cent in urban areas are married before the legal age.

**Recommendations on child well-being Nutrition and health**

- **Nutrition**
  Expand nationwide evidence-based and proven nutrition interventions and improve coordination of nutrition programmes, including: use of multiple micronutrients for control and prevention of anemia; exclusive breastfeeding and timely introduction of appropriate complementary feeding; and iron and folic acid supplementation for pregnant women. Implement interventions at both facility and community levels to manage severe acute malnutrition.

- **Health**
  Ensure universal access to Zinc and oral rehydration therapy (ORT) to tackle acute childhood diarrhea and Sustain and further increase immunization coverage in every district. Strengthen programmes to prevent and manage pneumonia through: improving family and community knowledge and care seeking practices; and increasing access to quality of care through strengthening community-based management of pneumonia.

- **Water and Sanitation**
  Access to safe drinking water and sanitation needs to be consolidated, expanded and sustained. Special emphasis should be given to arsenic affected, flood and disaster prone areas. Arsenic contaminated drinking water is one of the greatest challenges in providing safe water in Bangladesh.

- **Social Protection and Child Protection**
  The Government of Bangladesh should strengthen existing social protection programmes to reduce the vulnerabilities of hard-core poor families and ensure better inter-ministerial coordination in the area. Alternative care facilities for children deprived of parental care and children in contact with the law should be increased and developed. Appropriate and adequate programmatic interventions should be developed and implemented in phases to support the social reintegration of children who are homeless and living or working on the street.
• Education
The inclusion of children, who are out of school, including those from ethnic minorities, needs the highest level priority. The education of mothers appears to be a crucial contributing factor in improving all the indicators related to child well-being. High quality non-formal education opportunities should be provided as alternative modes of learning for the poorest children until the formal system becomes attractive and affordable for such children. Schools need to be made friendly and inclusive for children from the poorest families and education needs to be made relevant to their lives.

CONCLUSION
Bangladesh is a populous country and child deprivation and vulnerability should be treated as a serious concern for attaining human development in the truest sense of the term. The causality and role analyses suggest the following avenues would be productive areas for investment in promoting children’s right to safe water, sanitation, and hygiene in Bangladesh. A large proportion of this child population is deprived of health care, an acceptable level of nutrition, a hygienic sanitation system, safe drinking water, safety and security. They have limited scope for personal growth through education and, as a result, lack the skills they need to move out of their current state of misery and build a better future. Lastly and most important strategy is to encourage and strengthen partnership and cooperation between the Government and NGOs, women’s Organizations, civil society to form a common agenda and a common platform in the implementation of commitments made at the fourth world conferences, summits, SDGs Goals, in order to promote gender equality, development and peace and achieve empowerment of women in the twenty first century.

RECOMMENDATIONS
• In-depth and rigorous studies should be encouraged on multidimensional issues on child well-being, child poverty and disparities, and an NGO Child Rights Network should be activated and promoted.
• Workshops should be organized for policy makers and civil society leaders - both at national and regional levels - to obtain their expert opinions and involve them in the process to addressing child poverty and deprivation and put children at the Centre of the development agenda.
• The key findings of this study should be widely disseminated across all 64 districts to ensure the proactive participation of both people at large and local government bodies in the child poverty and deprivation reduction process.
• Knowledge and awareness on child well-being and the means to draw children out of poverty and deprivation are crucial. Relevant behavior change communication (BCC) should, therefore, be a high priority.
• Child related national legislation should be harmonized with the United Nations Committee on the Rights of the Child Concluding Observations and Recommendations for the Government of Bangladesh 2009.
• To ensure sustainable human development, child well-being must be considered as the highest priority and recognized in all national policy and planning documents.

ACKNOWLEDGEMENTS
The authors are grateful to Rural Development Academy (RDA), Bogura, Bangladesh and Local Government Engineering Department (LGED), Bangladesh for their assistance and support during this work.

REFERENCES
Bangladesh demographic and health survey (2014), Bangladesh.

Accepted 11 January 2019.


Copyright: © 2019 Islam et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are cited.