

## UNFPA in Bangladesh

### Reproductive Health and Rights is Fundamental for Sound Economic Development and Poverty Alleviation

With over 140 million people squeezed into an area of 145,000 square-kilometers, Bangladesh is one of the most densely populated countries in the world. There are nearly 861 people per square kilometer. With over 63 million of them (nearly half of the total population) struggling below the national poverty line (less than one dollar a day). The average per capita income is just \$440 per year. Although income poverty has fallen over the past decade, from 58 per cent of the population to 49 per cent, the income disparity between rich and poor has widened.

The country's urban population continues to expand rapidly. Already, over 30 per cent of Bangladeshis live in urban areas. If it continues to grow at current levels, Dhaka will become the second largest mega-city in the world by 2015, with a projected population of over 22 million (only Tokyo will be larger). The city is expected to continue growing at over 4 per cent per year during this period.

Despite good progress in reducing the over all incidence of poverty in the nineties, an estimated 85% of the country's poor – 53.5 million – live in the countryside, making poverty largely a rural phenomenon. Moreover, with the growing numbers of impoverished city dwellers as a result of rural to urban migration, the Government, working closely in partnership with UNFPA, is committed to reducing poverty by improving the health and welfare of its citizens.

Bangladesh, once dubbed as a “test case for development” has graduated from a status of low economic potential to a country with an emerging market economy, defying the gloomy predictions made by many in the mid seventies of its long term economic prospects. Notwithstanding the relatively slow income growth and modest pace of income poverty reduction over the past decade in particular, the country's key demographic and health indicators have continued to improve. The total fertility rate, for instance, has fallen from 6.3 lifetime births per woman in 1975 to 3.3 in 1994. By 2004, it had dropped further to an average of 3 lifetime births per woman. Between 1994 and 2004, the contraceptive prevalence rate also increased from 45 per cent to 58 per cent. One reason for the dramatic and sustained increase in contraceptive use is better availability and access to a wider range of family planning methods. Impressive gains have also been attained in overcoming the shadow of famine with substantial improvements in food security.

The most commendable success was in the area of child mortality as both infant and child mortality rates have dropped. Infant mortality decreased from 87 deaths per 1,000 live births in 1994 to 65 deaths per 1,000 live births in 2004. The child mortality rate was cut in half during the same period --dropping from 50 deaths per 1,000 live births to 24 deaths. The country has achieved gender parity in primary education and nearly removed the gender gap in secondary education. All these were achieved in spite of not only low levels of income but also with low levels of literacy.

However, the status of maternal health remained an area of significant challenge in Bangladesh. Although the Maternal Mortality Ratio has declined from 554 deaths per 100,000 live births in 1990 to 320-400 in 2001, nevertheless, because of the relatively low status of women in Bangladesh and lack of access to reproductive health and family planning services, maternal mortality remains unacceptably high. Currently, some 320-400 women die for every 100,000 live births, amounting to around 16,000 maternal deaths every year. Worse, maternal morbidity is estimated to be 30 times higher.

For these reasons, the Government has placed reproductive and child health (and rights) at the center of both its Poverty Reduction Strategy Paper (PRSP) and the Millennium Development Goals (MDG) report. Both are in line with the objectives of the ICPD Programme of Action. Additionally, the Sector Wide Approach (SWAp) to human development makes safe motherhood a fundamental component of the “essential health services package.”

UNFPA plays an important role in the country’s poverty reduction strategy. “Improved maternal and child health is essential for sustainable human development and achievement of the MDGs and the ICPD Programme of Action,” points out UNFPA Country Representative, Suneeta Mukherjee. “The Government has made the reduction of maternal and infant mortality and safe motherhood top priorities in its poverty reduction strategy. UNFPA is actively involved in all aspects of this broad-based initiative.”

Part of this effort also involves advocacy activities in communities aimed at increasing the age of first marriage for girls and keeping them in school long enough to get a basic education. This contributes directly to the Government’s efforts at reducing female illiteracy by increasing the number of girls graduating from primary and secondary schools. Educating women and girls is an important part of the country’s poverty reduction strategy. With this end in view, successive governments continued the stipend program and free education for girls up to the twelfth class. This has brought about an improvement in women’s reproductive health and rights.

### Education and Income Generation for Poor Women

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Nurjahan Begum was married at 15 and had her first child at 16. At 25 years of age, she now has two children and does not desire to have any more. She is a member of the Poor Women’s Landless Association in the city of Khulna. “Before joining this club, I was unaware of my rights and could not make decisions for myself,” shrugs Begum. “Thanks to the education I received through the UNFPA project I know a lot about reproductive health and am practicing family planning. My husband now supports my decision to limit our family to our two girls.”

Everything changed for Begum after she started up her tailoring business, with Taka 2,000 (US \$30) loan provided by the club through a revolving fund. “My husband used to keep all his earnings to himself, not sharing anything with me,” recalls Begum. “Now that I earn my own money, he shares his income with me. My status has risen in his eyes and also with his family.”

In addition, UNFPA is assisting the Government’s efforts to improve educational opportunities for girls by introducing

Family Life Education in the government Non Formal Education programme across the country. In a slum area of Khulna, not far from Begum's women's club, community mobilization workers visit secondary schools and have open discussions about adolescent reproductive health and related issues with students. The programme has "increased student's knowledge of health and social issues," points out Zakia Sultana, Head Mistress of the city's National High School. "Clearly they need to know about these important health concerns in order to lead healthier more productive lives," she continues, "we have more girls in school than boys, and over 80 per cent graduate."

## **Mapping Poverty**

Another important tool in helping the Government to plan for future needs is aerial mapping. The Bangladesh Bureau of Statistics (in the Ministry of Planning) has joined forces with the Space Research and Remote Sensing Organization (SPARRSO) to construct high resolution digitized maps of the entire country. "We measure population density, infrastructure, loss of forest and soil cover, water supplies, cropping patterns and so on," explains Mainuddin Ahmed, Joint Director of the Bureau. "When we overlay this with demographic and health data, for instance, we can pinpoint areas that have rapidly growing populations, high numbers of people living below the poverty line, and that lack health and social services. In this way we can make better use of limited resources."

Mapping is proving to be an important planning tool for the Government's efforts at poverty reduction. "This is an excellent tool for planners and policy makers," points out Abdul Halim Howlader, Chairman of SPARRSO. "Mapping on this scale is a very powerful tool for both rural and urban development."

UNFPA has supplied the Bureau of Statistics with powerful network computers, allowing their experts to collect and store a wide range of sex-disaggregated data on various population, health and gender issues. This has permitted a level of planning never before attained.

## **Poverty and Reproductive Health:**

The relationship between poverty and reproductive health in Bangladesh is closely intertwined. It is clear that poor access to Reproductive Health facilities is not simply a health disadvantage, but an economic and social disadvantage as well. Because of low income and lack of access to income security for women, they get married at an early age (between 16-19 years) and almost immediately become adolescent mothers (57% by the age of 19). Early marriage not only causes high fertility but also results in high rates of maternal mortality. Maternal malnutrition (45%) caused by early marriage leads to low birth weight babies which again causes high infant mortality and leads to high fertility. High fertility and low birth weight causes poor cognitive ability of the offspring, limiting their human development, which again pushes them into poverty.

The persistence of health inequality in Bangladesh is reflected in the maternal health status of the population. A careful consideration of the policies targeting the poor is particularly important if the country is to achieve the Millennium Development Goals, particularly when about half the population lives below the poverty line. To address the needs of the poor, UNFPA has undertaken an initiative to introduce a Maternal Health Voucher Scheme in two selected upazillas and for the tea plantation workers in Sylhet. These vouchers will empower poor women with purchasing power to access maternal health care services from a provider of their choice. This is a part of a national pilot programme under technical guidance from WHO.

## Demographic Bonus

At the same time, the PRSP process has highlighted safe motherhood, reproductive health, education and gender concerns as important components of poverty reduction. “The UN has a very important role to play in poverty reduction,” states Quazi Mesbahuddin Ahmed, Member of the General Economics Division of the Ministry of Planning and one of the architects of the country’s draft paper on poverty reduction. “We are looking at a sea change here in the process of development for Bangladesh,” continues Ahmed. “We are recommending a broad-based, transparent system that builds productive partnerships with multilateral organizations, NGOs and the private sector in order to advance development and reduce poverty and inequality.”

UNFPA is in the center of these efforts through its central role in promoting safe motherhood and gender equality and improving access to and use of reproductive health and family planning services tailored to the needs of women, adolescents and men including millions living in urban slums.

“Working closely with the Government we can take advantage of the country’s demographic bonus,” observes Suneeta Mukherjee. “By bonus, I mean the low dependency ratio, since 40 per cent of the population is below 15 years of age,” she continues. “This means that if the country can seize this opportunity and continue to educate its young people, Bangladesh will have a better chance of reducing poverty and building a brighter future for everyone.”

