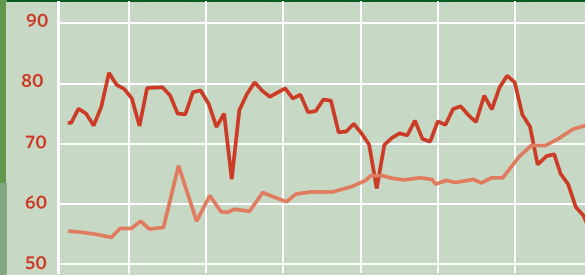




BANGLADESH



Center for Economic and Social Rights

FACT SHEET NO. 8

In light of Bangladesh's appearance before the Committee on the Rights of the Child in May 2009, this fact sheet looks at the realization of economic and social rights for Bangladesh's children. It focuses on children's rights to food, health, education, housing and water and highlights possible violations in these areas. Its aim is to graphically illustrate statistical information to help assess compliance of the state of Bangladesh with its obligations under the Convention on the Rights of the Child and other international treaties.

Bangladesh has made significant progress in the realization of certain economic and social rights for its children over the last decade. The indicators analyzed in this factsheet, however, reveal large disparities in the enjoyment of these rights. In some cases they uncover an alarming deterioration despite increasing national income. For example, Bangladesh has moved toward achieving gender parity in school enrollment, but serious gender inequality persists in other areas, especially in the realization of the right to food: more girls are malnourished than boys. It is also a serious concern that acute malnourishment among children has recently increased in almost all regions in Bangladesh. In Bangladesh's urban areas and slums, child mortality rates are the highest of any urban population in Asia, and the rate of access to improved water and sanitation has decreased over the years. This retrogression suggests that Bangladesh's efforts to keep up with its rising urban population are inadequate. While Bangladesh remains a country with a largely rural population, its cities are growing at a rate of around four percent each year (UN Habitat 2008/2009) and by 2025, its capital Dhaka will be the world's fourth largest city, with an expected 22 million residents. Almost four in five urban households are classified as slums (UN Habitat 2008/2009), where poverty remains pervasive and children are less likely to attend school.

The data and graphs in this fact sheet point to possible failures by the state to implement policies needed to honor its minimum core obligations to reduce disparities in children's enjoyment of economic, social and cultural rights and ensure these rights are realized progressively according to maximum available resources. They are based on government statistical data from Bangladesh's 2000 and 2004 household surveys and the 2006 Multiple Indicator Cluster Survey (MICS). International comparisons are made with the latest available comparable data from the World Bank world development indicators.

VISUALIZING RIGHTS

THE RIGHT TO FOOD

"The Committee remains deeply concerned . . . that stunting, wasting and severe malnutrition among both children and their mothers are extremely widespread." (CRC Concluding Observations, October 2003)

Bangladesh has one of the highest rates of malnutrition among children in the world

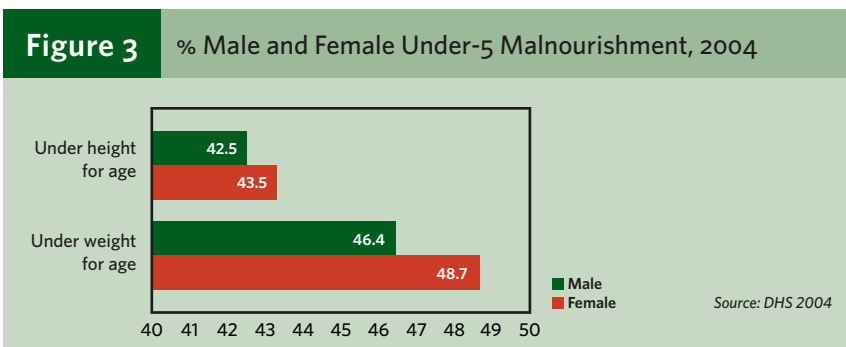
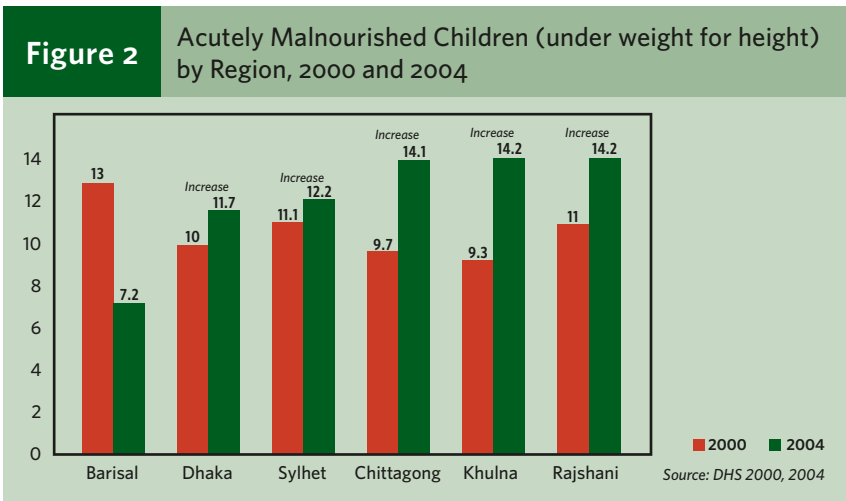
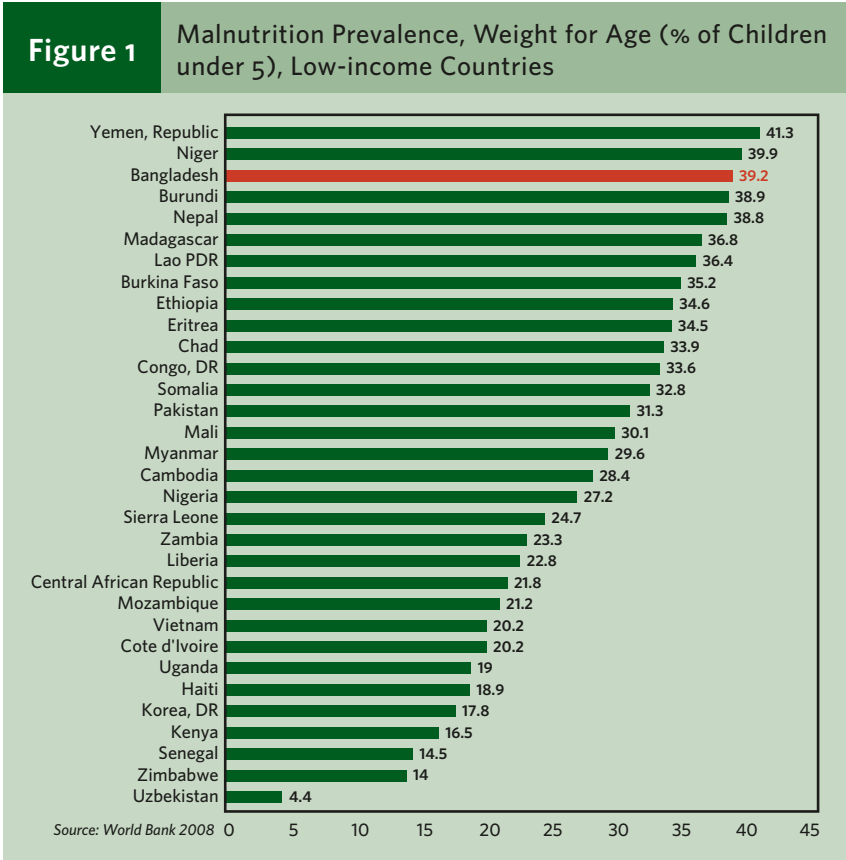
Almost 40 percent of children under five in Bangladesh are malnourished, as measured by being underweight for age (which comprises both chronic and acute malnourishment). This is the third highest rate among the world's low-income countries. That such a large proportion of children do not enjoy minimum essential levels of the right to food, in a country whose GDP per capita is comparatively high, indicates a lack of government commitment to meet core obligations regarding the right to food.

The proportion of children suffering acute malnutrition has risen in most provinces

In all but one administrative division in Bangladesh, the proportion of children suffering from acute malnutrition (measured by being underweight for height) increased between 2000 and 2004. This is of serious concern as children suffering from acute malnutrition may not survive and rarely recover full physical and intellectual development. In addition, significant regional disparities show that children in Rajshani are about twice as likely to suffer from malnourishment as children in Barisal, even though Rajshani has a food surplus (Bangladesh State Party Report 2008). This suggests a retrogression in the realization of the right to food, that is worse in some regions than in others.

Gender discrimination in the realization of the right to food

Girls are more likely to be under height and underweight for their age than are boys. These are measures of chronic and acute malnutrition, respectively. In Bangladesh, women and girls often eat last and least. Greater malnutrition of girls raises serious questions about Bangladesh's efforts to challenge persistent discrimination.



"The Committee remains deeply concerned . . . that infant and under-five mortality rates remain high." (CRC Concluding Observations, October 2003)

Children in Bangladesh's cities are more likely to die before age five than other urban Asian children

More than nine percent of children born in urban areas in Bangladesh are likely to die before they reach the age of five, most from neonatal causes, diarrhea or pneumonia. This child mortality rate is higher than any other country in Asia for which there is data available. It raises serious concern about the extent to which the Bangladeshi government is providing necessary health services in rapidly-growing urban areas to ensure child survival as a core obligation of the right to health.

Pneumonia causes many child deaths, but treatment declined until 2004, despite steady economic growth

Pneumonia is one of the leading causes of child mortality, causing more than 18 percent of child deaths in Bangladesh (UNICEF 2008). However, the proportion of children treated fell sharply between 1996 and 2004. Despite an improvement since 2004, the proportion of children treated in 2006 was still significantly lower than in 1996. In the context of rising economic growth, this raises concerns about retrogression in the realization of the right to health.

Failure to progressively realize the right to health for children with respiratory infections

Respiratory infections can contribute to pneumonia, but children with acute respiratory infections (ARI) were less likely to receive treatment in 2004 than in 2000. There are also marked regional disparities — children in Sylhet are more than twice as likely to be treated as children in Barisal. However, a retrogression in all regions from 2000 to 2004 again also raises questions about whether health services are available, accessible and affordable.

THE RIGHT TO HEALTH

Figure 4

Urban Under-5 Mortality (Probability of Urban Children Dying by Age 5 per 1,000 Live Births), Asian Countries

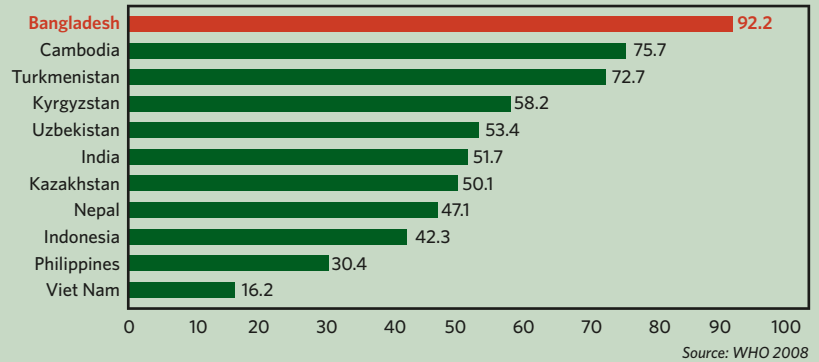


Figure 5

Children Treated for Pneumonia and GDP per capita, Bangladesh, 1996–2006

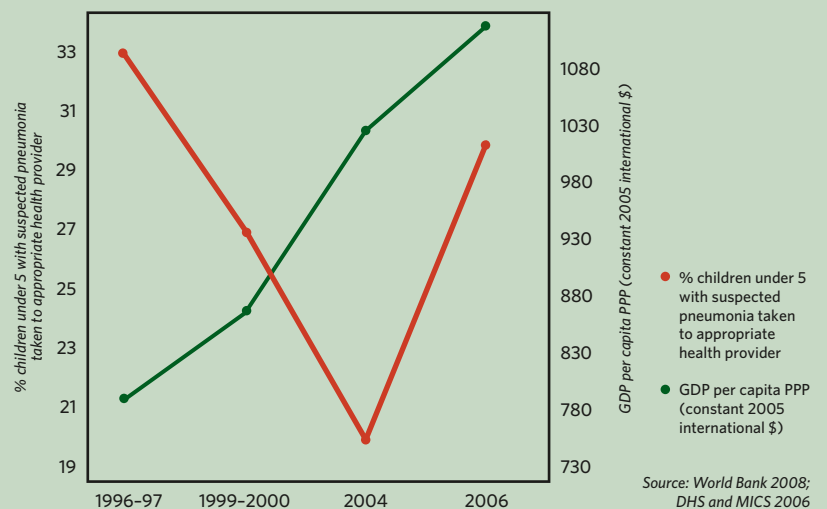
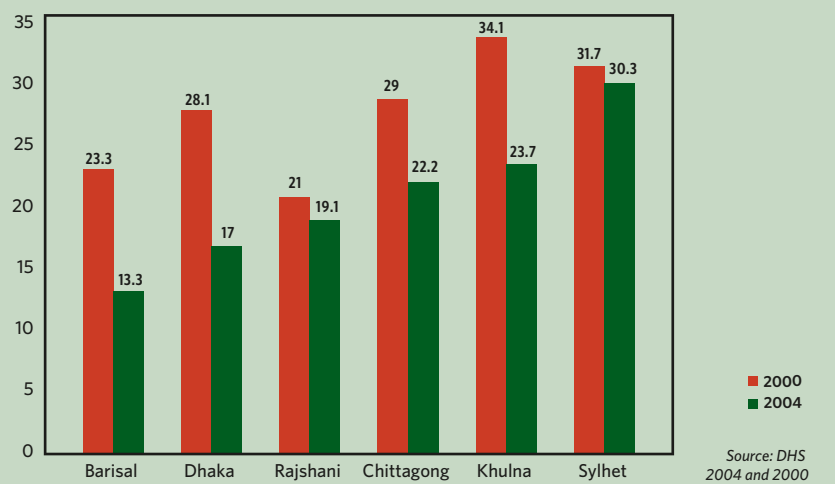


Figure 6

% Children with ARI Taken to Health Facility or Provider by Region, 2000 and 2004



THE RIGHT TO EDUCATION

"The Committee is concerned . . . that free compulsory education ends after grade 5, that the school dropout rate is high and that gender-based discrimination persists within schools." (CRC Concluding Observations, October 2003)

Failure to make progress in the realization of the right to education, despite availability of more resources

The rate of children who complete primary school has fallen significantly since 1998, despite the constant increase in Bangladesh's national income (as measured by GDP per capita). Even the increase in the completion rate since 2003 has not yet resulted in a return to previous rates. This indicates retrogression in the realization of the right to education and may reflect a lack of investment of adequate resources in education.

Decline in the proportion of Bangladeshi girls completing primary school

Most of Bangladesh's neighbors have made significant progress in ensuring that a higher proportion of girls finish primary school. In Bangladesh, however, the proportion of girls finishing primary school fell sharply between 1995 and 2002 and only began to improve again in 2003. This suggests that Bangladesh is not doing as much as its neighbors to ensure the progressive realization of the right to education for all girls.

A greater proportion of children repeat primary school grades, despite rapid economic growth

Seven percent of children in Bangladesh repeated a grade in primary school in 2004, an increase from 2002 and even higher than the 1998 rate. High rates of repetition suggest that children may not be receiving education of sufficient quality. As economic growth did not decline during this period, this raises questions about the availability, affordability and accessibility to education of adequate quality.

Figure 7 Primary Completion Rate and GDP, Bangladesh, 1998–2004

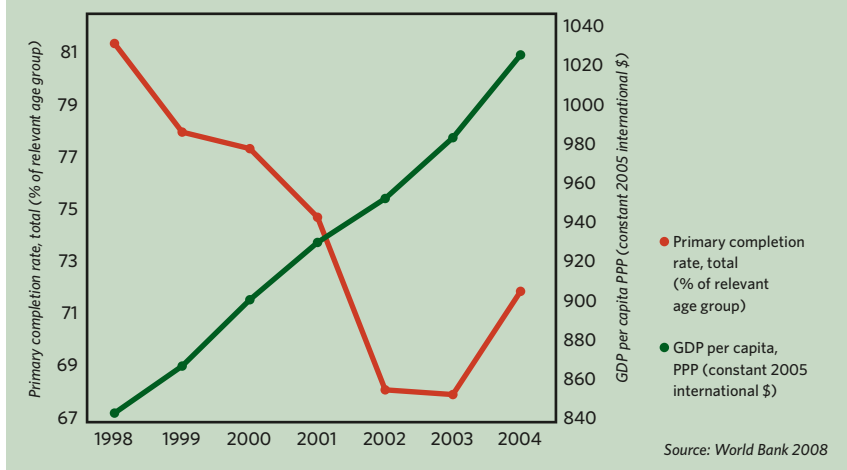


Figure 8 Female Primary Completion Rate, Bangladesh and Its Neighbors, 1998–2006

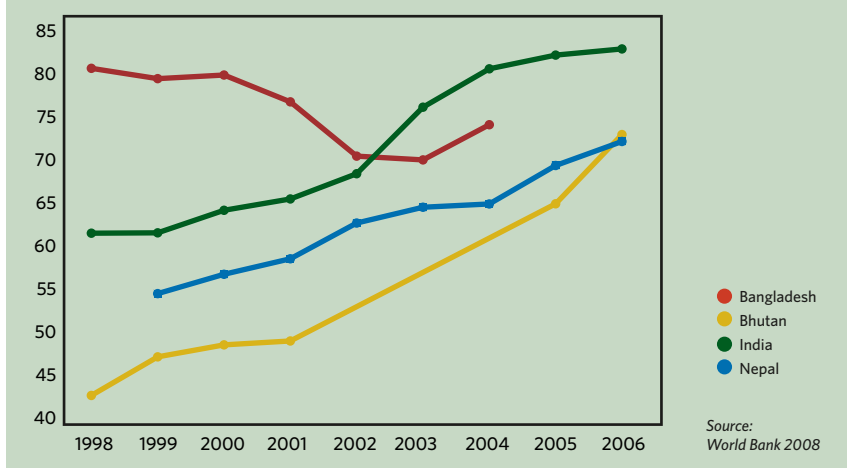
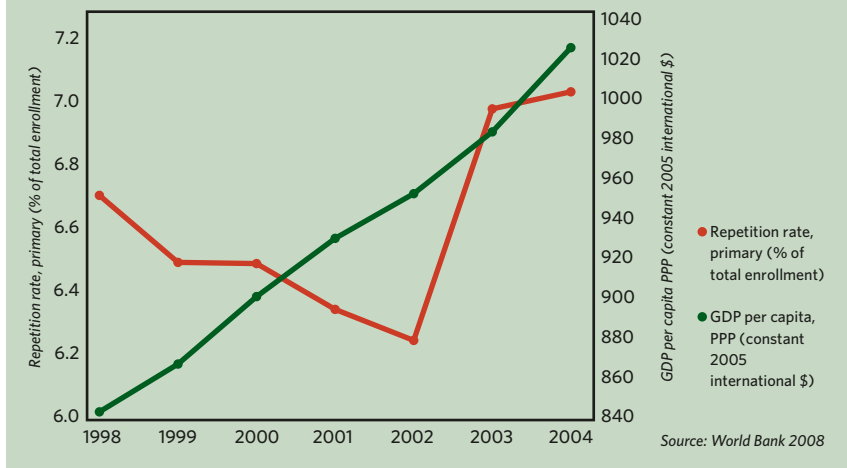


Figure 9 Primary Repetition Rate and GDP per capita, 1998–2004

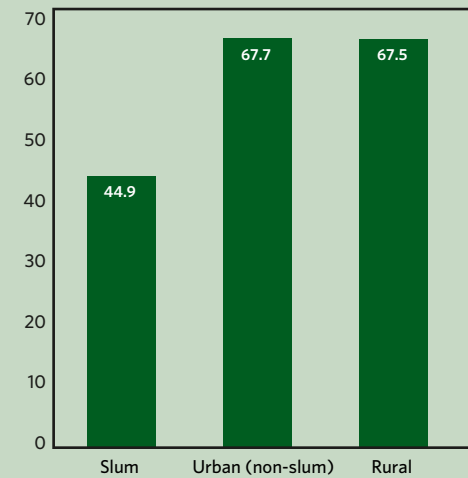


Children in slums much less likely to attend school

Fewer than half of primary-school-entry-age children living in slums are actually in school. This compares to school attendance of almost 70 percent of children in rural and urban non-slum areas. This disparity raises questions about the government's efforts to ensuring the right to education of children living in slum areas.

Figure 10

% of Children of Primary School Entry Age Currently Attending Grade 1, 2006



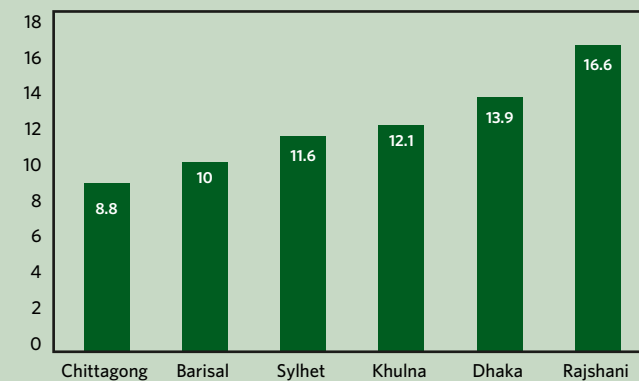
Source: MICS 2006

Child labor persists

Child labor is a serious problem in all regions of Bangladesh, and threatens the right to education as child workers have less opportunity to go to school. It can also threaten the child's health and well-being. Figure 11 shows that almost 17 percent of children in Rajshani are child laborers, twice as many as in Chittagong. This raises concerns about Bangladesh's commitment to tackling the economic causes of school desertion and non-attendance, as well as efforts to end child labor and promote the right to education.

Figure 11

Percentage of Children 5–14 Years Who Are Involved in Child Labor Activities* by Region, 2006



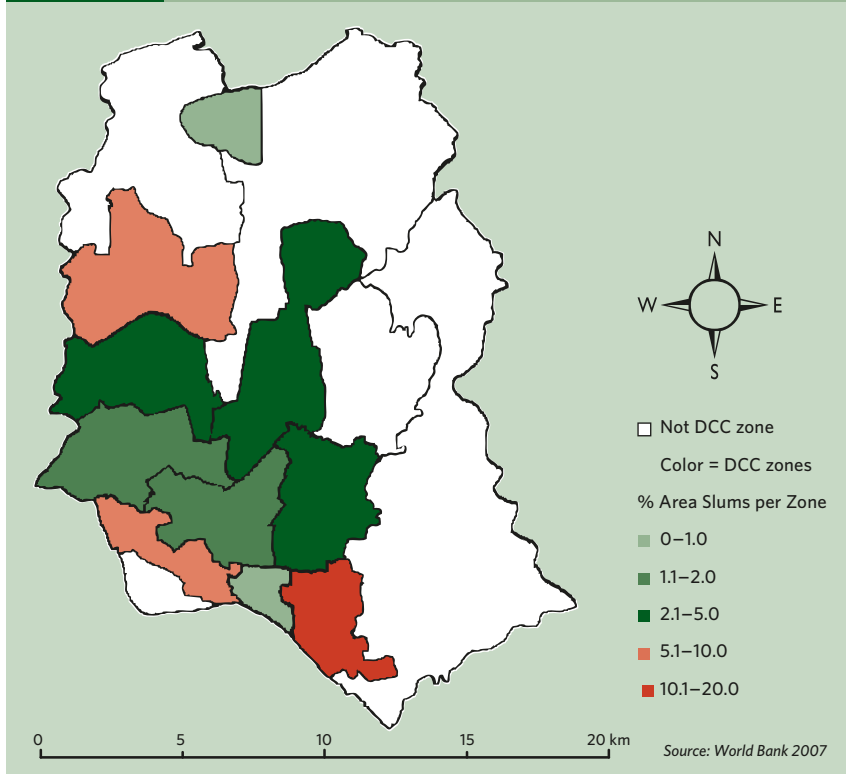
Source: MICS 2006

* Children aged 5–11 are considered child laborers if they engage in one hour per week of paid work or 28 hours of domestic work, and children aged 12–14 if they engage in 14 hours of paid work or 28 hours of domestic work.

THE RIGHT TO HOUSING

Figure 12

Slum Formation in the Dhaka City Corporation (DCC) Area, 2005



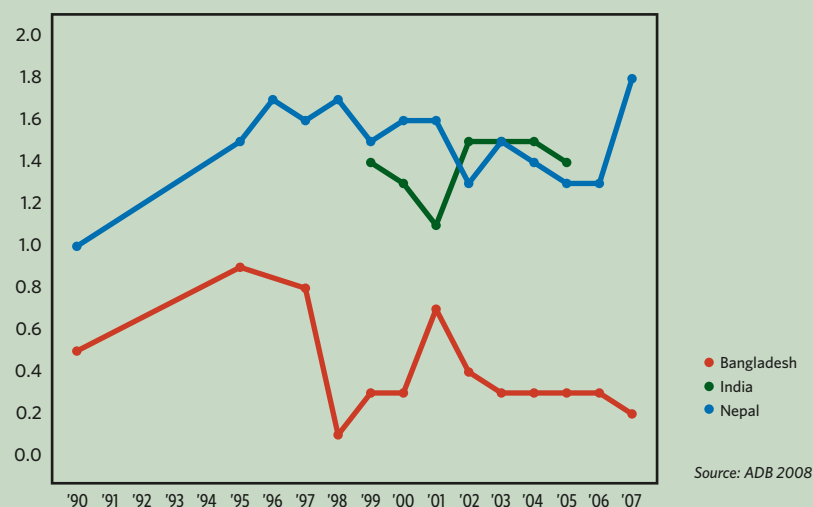
“At 69 percent, Bangladesh has the highest slum prevalence in Southern Asia.” (UN Habitat 2008/2009)

About 70 percent of Bangladesh’s urban population lives in slums, highly vulnerable to frequent floods

Dhaka is located on a flood plain and the majority of its people live in slums concentrated in the lowlands of the city. This map shows the high concentrations of the almost 2000 various slums in Dhaka in these lowlands. The city is also growing fast, and the growth is also slums concentrated in the most flood-prone areas. According to UN Habitat, large amounts of public land in higher parts of the city, which would protect new residents from flooding (2008/2009), are not being made available by the government for the city’s growth. This raises concerns about the government’s commitment to ensuring the right to adequate housing, particularly for slum-dwellers in the most flood-prone areas of the city.

Figure 13

Government Expenditure on Housing and Community Amenities (% of GDP), Bangladesh and Its Neighbors, 1990–2007



Government expenditure on housing and community services has declined

Expenditure by the Bangladeshi government for social housing and community amenities (including water supply, street lighting) declined from 0.5 percent of GDP in 1990 to 0.2 percent in 2007. Proportionately, spending is also much lower than spending in this sectors by its neighbors. The fall in spending, despite the massive needs of the slum-dwelling populations also raises concerns about the government’s commitment to realizing the right to adequate housing.

“The Committee is concerned, despite the measures taken by the State party, about the extent of water contamination, specifically with arsenic . . . and the low availability of sanitation facilities which have serious negative consequences for children’s health and development.” (CRC Concluding Observations, October 2003)

Rates of access to safe drinking water falling in urban areas

Access to improved water sources in urban areas declined between 1990 and 2006, despite the growth in GDP per capita. This may be due to the influx of people into Bangladesh’s cities and the falling investment in housing and community services (see Figure 13). The progressive realization of the right to water has also been affected by arsenic contamination.

Access to safe drinking water is threatened by arsenic contamination, especially in Chittagong

Arsenic contamination in tube wells is a serious problem in Bangladesh in all regions, but especially in Chittagong where over 17 percent of households’ water sources have tested positive for unsafe levels of arsenic. Arsenic poisoning has serious effects on the health of Bangladeshi people. Although arsenic appears to occur naturally in the water supply, urgent action is necessary to ensure the right to safe drinking water and the right to health for all Bangladesh’s people.

Inadequate access to sanitation, especially in slum and rural areas

Access to improved sanitation facilities can help prevent diarrheal diseases, which account for 20 percent of deaths of children under five (UNICEF 2008). But only one-fifth of people in Bangladesh’s slums have access to improved sanitation facilities, compared to almost three-quarters of people in non-slum urban areas. This raises questions about the provision of adequate sanitation facilities in slum areas to realize the rights to health, housing and water.

THE RIGHT TO WATER

Figure 14

Urban Access to Water and GDP per capita, Bangladesh, 1990–2006

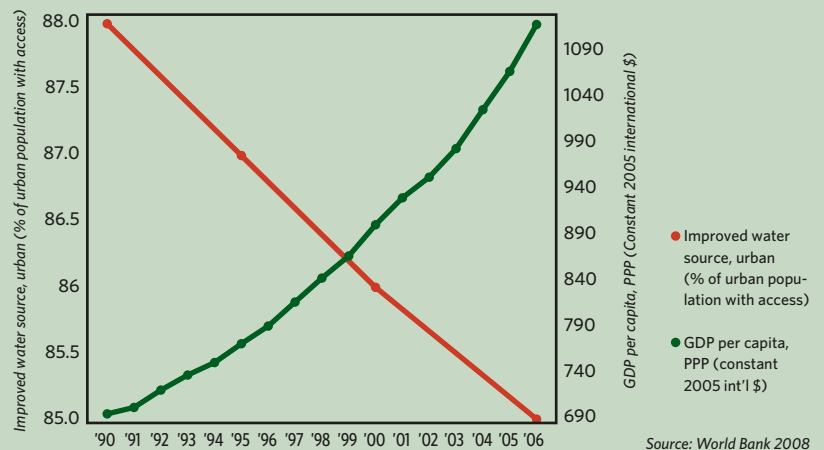


Figure 15

Households with Unsafe Levels of Arsenic Tested in Water by Region, 2006

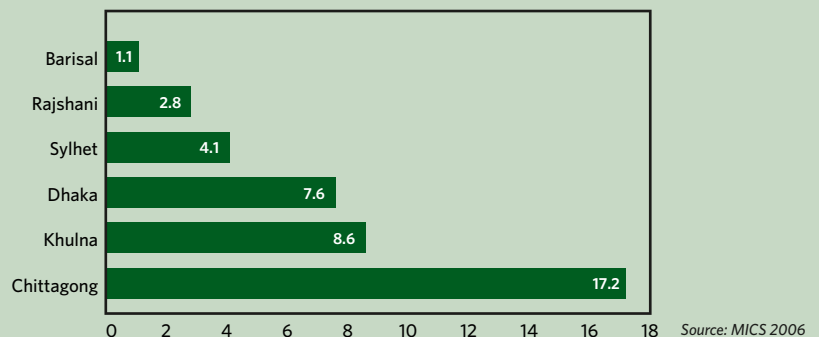


Figure 16

Percentage of Households with Access to Improved Sanitation, 2006



BOARD MEMBERS

VICTOR ABRAMOVICH, Inter-American Commission on Human Rights

PHILIP ALSTON (Chairperson), New York University School of Law

LINDA CASSANO (Treasurer), Commonwealth Bank of Australia

SAKIKO FUKUDA-PARR, The New School, New York

RICHARD GOLDSTONE, Harvard Law School

CHRIS JOCHNICK, Oxfam America

ALICIA ELY YAMIN, Harvard Law School

Acting Executive Director: Ignacio Saiz

ABOUT CESR

The Center for Economic and Social Rights (CESR) was established in 1993 with the mission to work for the recognition and enforcement of economic, social and cultural rights as a powerful tool for promoting social justice and human dignity. CESR exposes violations of economic, social and cultural rights through an interdisciplinary combination of legal and socio-economic analysis. CESR advocates for changes to economic and social policy at the international, national and local levels so as to ensure these comply with international human rights standards.

Fuencarral, 158-1ªA
28010 Madrid, Spain
Tel: +34 91 448 3971
Fax: +34 91 448 3980

162 Montague Street, 3rd Floor
Brooklyn, NY 11201, USA
Tel: +1 718 237-9145
Fax: +1 718 237-9147

We invite your comments and feedback: ssanton@cesr.org

www.cesr.org

This work was carried out with the aid of a grant from the International Development Research Centre, Ottawa, Canada.

© 2009 Center for Economic and Social Rights

References

Asian Development Bank 2008. Economics and Statistics. www.adb.org/statistics

Bangladesh State Party Report 2008. "Third and Fourth Periodic Report of State parties due in 2007: Bangladesh." Submitted to the Committee on the Rights of the Child: CRC/C/BGD/4, 23 October 2008.

Committee on the Rights of the Child (CRC), October 2003. Concluding Observations: Bangladesh.

DHS 2000. Bangladesh: Standard Demographic and Health Survey. National Institute of Population Research and Training (NIPORT). www.measuredhs.com

DHS 2004. Bangladesh: Standard Demographic and Health Survey. National Institute of Population Research and Training (NIPORT). www.measuredhs.com

MICS 2006. Multiple Indicator Cluster Survey 3. Bangladesh Bureau of Statistics. UNICEF. www.childinfo.org

UN Habitat 2008/2009. "State of the World's Cities 2008/2009: Harmonious Cities." www.unhabitat.org

UNICEF 2008. "Countdown to 2015, Maternal, Newborn and Child Survival: Tracking Progress in Maternal, Newborn and Child Health." www.countdown2015mnch.org

World Health Organization (WHO) 2008. WHO Statistical Informational System (WHOSIS). www.who.int/whosis

World Bank 2007. "Dhaka: Improving Living Conditions for the Urban Poor." Bangladesh Development Series Paper No. 17. www.worldbank.org

World Bank 2008. World Development Indicators. www.worldbank.org

About This Fact Sheet Series

This series is intended to contribute to the ongoing monitoring work of UN and other inter-governmental human rights mechanisms to monitor governments' compliance with their economic, social and cultural rights obligations. It is also intended to contribute to strengthening the monitoring and advocacy capabilities of national and international NGOs. Drawing on the latest available socioeconomic data, the country fact sheets display, analyze and interpret selected human development indicators in the light of three key dimensions of governments' economic and social rights obligations.

Firstly, indicators such as maternal mortality or primary completion rates are used to assess the extent to which the population is deprived of minimum essential levels of the right to health, education, food and other economic and social rights. Secondly, data tracking progress over time can help to assess whether a state is complying with its obligation to realize rights progressively according to maximum available resources. Comparisons within the same region provide a useful benchmark of what has been achieved in countries with similar resources. Finally, data disaggregated by gender, ethnicity, geographical location and socio-economic status is used to identify disparities and assess progress in eliminating discrimination and unequal enjoyment of these rights.

The fact sheets are not meant to give a comprehensive picture, nor provide conclusive evidence, of a country's compliance with these obligations. Rather, they flag some possible concerns which arise when development statistics are analyzed and visualized graphically in light of international human rights standards.