Bangladesh ICPD 1994-2014 Country Report

'Strengthening Capacity of the General Economics Division (GED) to Integrate Population Issues into Development Plans' Project, UNFPA

General Economics Division (GED)
Planning Commission
Ministry of Planning, Dhaka, Bangladesh
March 2016

Bangladesh ICPD 1994-2014 Country Report

(A Study Sponsored by GED)

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(The author is grateful to Ms Farzana Jahan, Ms Borhan Siddika, Mr Imrul Kabir and Ms Riti Ahsan for their help in preparing this manuscript.)

General Economics Division (GED)
Planning Commission
Ministry of Planning, Dhaka, Bangladesh
March 2016

General Economics Division (GED) has been implementing a Project Title 'Strengthening Capacity of the General Economics Division (GED) to Integrate Population Issues into Development Plans' with the support from UNFPA Bangladesh since 2012. Through the Project General Economics Division (GED) published two monographs one is UNFPA supported GED Project output-1, and another is Population Management Issues: Monograph-2 on Population and Development Issues. Presently the project published the following two books

Bangladesh ICPD 1994-2014 Country Report

Population Management Issues: Monograph-3

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A H M Mustafa Kamal, FCA, MP
Minister
Ministry of Planning
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MESSAGE

I am happy to learn that the General Economics Division (GED) of the Bangladesh Planning Commission is going to publish 'Bangladesh ICPD 1994-2014 Country Report', which reviewed and assessed the country level implementation status of plan of actions agreed in the 'International Conference on Population and Development (ICPD)', in 1994.

Bangladesh has made remarkable progress in different sectors since the adoption of ICPD Programme of action in 1994. This report highlighted the goals achieved and the areas where implementation is lagging behind, the feasible steps and opportunities to attain the sustainable achievement The report has been prepared through extensive consultation with ministries, development partners, academia, researchers, civil societies, think-tanks and NGOs. I would like to appreciate GED officials as well as UNFPA Bangladesh for providing their support in preparing the report which will be beneficial for the policy makers, researchers, academia, planners and development partners dealing with the Population and Development issues

A H M Mustafa Kamal, FCA, MP
Minister for Planning

M A Mannan MP
Minister of State
Ministry of Finance and Ministry of Planning
Government of the People's Republic of
Bangladesh

MESSAGE

I am very happy to learn that the General Economics Division (GED) of Bangladesh Planning Commission is going to publish a comprehensive report titled "Bangladesh ICPD 1994-2014 Country Report".

The main objective of this publication is to review the country level implementation and commitments status made in the 'International Conference on Population and Development (ICPD)' in 1994. The report also identified the gaps and barrier of implementation and factors facilitating implementation by priorities and other emerging issues encountered.

Bangladesh is now experiencing a stage of 'demographic transition' as a result of low birth and death rates with slower population growth. The resultant youth 'bulge' in the population structure of Bangladesh offers a unique demographic window of opportunity, which we can use in attaining our development goals. The lessons learned from the 'ICPD country report' will guide GOB planners towards right course in implementing the plan beyond ICPD 2014 laid down in the country's Seventh Five Year Plan.

I take this opportunity to thank the GED officials and the researchers for their efforts in preparing this report, which, I am sure, will be useful to the policy makers and others engaged in the activities of the country's development process.

(M. A. Mannan, MP)

Prof. Shamsul Alam, M. A. Econs, Ph.D
Member (Senior Secretary)
General Economics Division (GED)
Planning Commission

PREFACE

In this report, the country level implementation status and commitments made in ICPD 1994 are reviewed and assessed during the past two decades. The gaps and barriers of implementation, factors facilitating implementation, new priorities and emerging issues are also identified. To accelerate the process to achieve the expected goals with respect to areas where implementation is lagging behind, the feasible steps and opportunities are highlighted. Bangladesh has made remarkable progress in different sectors since the 'International Conference on Population and Development (ICPD)' Programme of Action adopted in 1994. However, there are some unfinished tasks as well which will require special attention in order to continue and sustain the progress as to achieve the targets for improving the quality of life.

Countries in South Asia have experienced impressive economic growth in recent years and some of these gains have been attributed to demographic changes particularly with changing age structure and increasing proportion of economically active population. This phenomenon is particularly known as 'demographic dividend'. Economic growth can be accelerated from a decline of country's birth and death rates and subsequent changes in the age structure of the population leading to increase in working age people. At this stage of changing population age structure, the increasing ratio of productive workers to dependents, children and elderly, help make more savings leading to more investment for faster economic growth.

One might be aware that there is some uncertainty about the population growth, especially in a developing country. such as Bangladesh with high illiteracy and a large under nourished rural population. The extreme high density of population, rapid unplanned urban growth, wide-spread illiteracy and a conservative socio-cultural environment, together with poor reproductive health status – characterized by as yet high maternal and infant mortality and morbidity, high incidence of communicable diseases, and a very high teen-age fertility rate with limited access to services for adolescents – make the problems desperately serious. On a longer term perspective, another unwelcome, but inevitable, prospect of rising sea level caused by greenhouse gas effect of development activities would lead to large scale displacement of population from low lying coastal areas. With very little absorption capacity in the rural areas of the already crowded country, a large proportion of the excess population would likely to gravitate to urban centers resulting in further growth of slum population. These situations depict the challenging scenario for the policy makers.

The existing unmet needs justify making family planning services to be activated as the most priority focus in population policies. Policies should aim at, first, expanding access to safe, effective and affordable contraceptive services, secondly, improving reproductive health, and thirdly, implementing social and economic measures that might generate further demand for fertility diminishing.

Planning Commission has a key role in development planning and public expenditure management. The Government has adopted the Vision 2021, in recognition of meeting the long term development challenges of the country. Utilizing the potential strength of the economy to achieve a status of middle income country by 2021, a Perspective Plan 2011-2021 has been adopted. Lowering the rate of growth of the population is a major challenge for Bangladesh during the Seven Five Year Plan. In order to take advantage of the demographic dividend, the Seven Five Year Plan addressed challenges in improving labour force quality and implementing a well thought out human development strategies and development of associated policies and institutions.

The Multi Sectoral Issues Wing of General Economics Division carried out the task. In light of the GED's mandate, roles and responsibility within the Government of Bangladesh, the 'Strengthening Capacity of the General Economics Division (GED) to Integrate Population Issues into Development Plans' Project is designed to integrate population issues and gender concerns into national plans and policies and that the in-house capacity for utilizing research and key findings for policy analysis on critical population and development issues is brought to fore among government officials and personnel working within the Planning Commission.

I am thankful to author Mr. M. Ataharul Islam, Professor, Department of Applied Statistics, East West University for providing us informative and analytical report. The formulation and elaboration of this report has benefitted from a number of persons. I take this opportunity to thank all including concerned GED officials, representatives from different ministries/department, donor representatives. I specially thank our Hon'ble Planning Minister Mr. A H M Mustafa Kamal, FCA, MP and Mr. M. A. Mannan Hon'ble State Minister for Planning for their intimate support and inspiration in bringing out academic report like this report.

(Prof. Shamsul Alam)

Md. Shahjahan
Joint Chief & Project Director
General Economics Division (GED)
Planning Commission

ACKNOWLEDGEMENTS

The GED acknowledges the contribution of all the officials of the relevant Ministries/Divisions and also the author for their help in preparing the 'Bangladesh ICPD 1994-2014 Country Report'. The Multi Sectoral Issues Wing of General Economics Division carried out the task under close guidance of the Hon. Member, GED. I also appreciate the UNFPA for providing necessary support in finalizing the report through the "Strengthening Capacity of the General Economics Division (GED) to Integrate Population Issues into Development Plans" Project.

I feel delighted to acknowledge the role of officials concerned for preparation of the report. Under the project, UNFPA works with the GED in respect to policy adaption that streamline government responsiveness to Population, Gender, Sexual and Reproductive Health, and important emerging issues that need integration (e.g., demographic window of opportunity, urbanization, etc.) within strategic planning; and the in-house capacity for utilizing research and key findings for policy analyses on critical population and development issues is brought to discourse among government officials and personnel working within the Planning Commission.

It is worth mentioning that the GED officials in association with the author, Professor M. Ataharul Islam, Department of Applied Statistics, East West University have professionally and meticulously prepared the report. I believe policy makers, researchers and students of higher studies who are inserted with population issues will be benefited by this report. I thank UNFPA, project staff and others for their support to publish the report.

(Md. Shahjahan)
Project Director

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Executive Summary

In this report, the country level implementation status and commitments made in ICPD 1994 are reviewed and assessed. The gaps and barrier to implementation, factors facilitating implementation and new priorities or emerging issues are also identified. To accelerate the process to achieve the expected goals with respect to areas where implementation is lagging behind, the feasible steps and opportunities are highlighted. In order to renew the commitment and ownership for the Cairo Agenda, the goals achieved and the tasks lagging behind are identified and the steps necessary to attain a sustainable system are proposed. Bangladesh has made remarkable progress in different sectors since the adoption of International Conference on Population and Development Programme of Action in 1994. However, there are some unfinished tasks as well that will require special attention in order to continue and sustain the progress as well as to achieve the targets for improving the quality of life.

Population Growth and Structure

The population growth and structure are central elements in addressing every challenge for achieving the ultimate goal of improving the quality of life of present and future generations. In the process of demographic transition in Bangladesh, there is rapid growth of population has been taking place due to the impact of population momentum which will continue until the population is stabilized. The population of Bangladesh increased from 111.5 million in 1991 to 149.8 million in 2011. The growth rate was 1.59 percent during 1991-2001 and 1.37 percent during 2001-11. The population of Bangladesh is projected to be around 161 million in 2016 and 224 million in 2061. The TFR declined from 4.3 births per woman to 2.3 births per woman in 2014. It seems that there is a plateau of the TFR at a level of 2.3 according to the Bangladesh Demographic Surveys 2011 and 2014. Hence, there is a likely delay in attaining the replacement level fertility of 2.1. The decline in the level of fertility was largely attributable to increase in the level of CPR from 46 percent in 1994 to 62 percent in 2014. This will have impact on the projected population of Bangladesh. During the period from 1991 to 2011, the working age population increased from 49.5 percent to 59.1 percent. As a result of the increase in the working age population, the dependency ratio decreased sharply providing the one time window of opportunity termed as demographic dividend for the population of Bangladesh. The population growth by place of residence indicates that the share of urban population increased from 20 percent in 1991 to 28 percent 2011 which is projected to grow to fifty one percent in 2041 and two-thirds of the total population in 2061. This transformation from a predominantly rural to overwhelmingly urban living during a short span of time will change the country's social, economic and health priorities drastically. There will be obvious and irreversible shifts that will require careful policies and follow-up action plans in phases for a sustained economic development strategy.

Reproductive Rights and Reproductive Health

Although the legal age at marriage for females is 18 years, in reality it is observed that the mean age at marriage was 18.6 years in 2011. The mean age at marriage for females has not changed much during the period 1990 to 2011. A large proportion of women enter the reproductive stage at a very young age. Among women of age 15-19, slightly less than one-third have begun childbearing during adolescent period which is higher in rural areas (32 percent), among women with primary (45 percent for primary incomplete and 43 percent for primary complete) or no schooling (48 percent for no schooling) and

among women belonging to the lowest (41 percent) or second wealth quintile (34 percent). This fact along with the fact that most of the infant (3 out of 4) and under 5 deaths (3 out of 5) take place at neonatal stage, when first birth remains a high risk for women at adolescence to a greater extent. The ICPD goal for maternal mortality was to reduce maternal mortality by 50 percent of 1990 levels by 2000 and a further 50 percent by 2015. The maternal mortality ratio in Bangladesh reduced from 550 per hundred thousand live births in 1990 to 340 in 2000 which is about 38 percent reduction during 1990-2000 which fell short of the target but a further decline of 50 percent during 2000-2013 has been achieved. The percent change during 1990-2013 is 70 percent reduction at an average annual rate of 5 percent reduction. The ICPD+5 targets for countries with high mortality are 40 percent of births to be assisted by skilled attendant by 2005, 50 percent by 2010 and 60 percent by 2015 which could not be achieved in Bangladesh. Despite the substantial increase in the percentage of births assisted by skilled attendant from 5 percent in 1991 to 42.1 percent in 2013, the target of achieving 90 percent assisted deliveries by skilled attendants for all countries will be a daunting task. The contraceptive prevalence rate (CPR) increased from 44.6 percent in 1994 to 53.8 percent in 2000 and reached 62.4 percent in 2014. The unmet need declined from 19 percent in 1994 to 12 percent in 2014. The ICPD+5 targets are to achieve 60 percent by 2005 and 80 percent by 2015. In 2014, the potential demand for contraceptive methods was 74 percent. In other words, three-fourths of the currently married women are either currently using contraceptives or wishing to use contraceptive methods for limiting or spacing births. The gap between contraceptive use and potential use can be reduced further and a policy measure to address the needs of contraceptive choices for both limiters and spacers can bring about the reduction faster by fulfilling the demand for spacing for adolescent and young currently married women and for limiting for women in age 25 or higher.

Health, Morbidity and Mortality

We observed an increase in human longevity during the recent past which was one of the priorities at the ICPD 1994. It may be noted here that the rise in life expectancy at birth was mainly achieved through the rapid decline in the infant and child mortality during the 1995 to 2014 period. Although the ICPD targets for increasing life expectancy at birth of 70 by 2005 and 75 by 2015 could not be achieved, there was a quite sharp increase in the life expectancy during the period from 1994 to 2011. The life expectancy at birth increased from 58 years in 1994 to 69 years in 2011 and an estimated 71.6 years in 2014. The life expectancy at birth appears to be short of the ICPD target for 2015. This rise in the life expectancy can be attributed mostly to the decline in neonatal, post-neonatal, and child mortality rates. The decline in the child mortality is quite remarkable from 50 to 8 per 1000 live births during 1994-2014. During the same period, the infant mortality rate declined from 87 to 38 per thousand live births and under 5 mortality reduced from 133 to 46. The ICPD targets for infant and under 5 mortality are: (i) infant mortality rate below 50 per thousand live births and under 5 mortality rate below 60 per thousand live births by 2005 for countries with intermediate mortality level; and (ii) infant mortality rate below 35 per thousand live births and under five mortality rate below 45 per thousand live births by 2015 for all countries. According to the BDHS 2007 covering the reference period 2002-2006, infant mortality rate was 52 per thousand live births and under 5 mortality rate was 65 per thousand live births both fell short marginally from the targets for 2005. However, the targets for 2015 were achieved very rapidly, sooner than the stipulated time, as found from the BDHS 2014 with reference period 2010-2014. The share of neonatal deaths

demonstrates one of the challenges ahead in order to bring about a further decline in the under 5 mortality effectively. The share of deaths in neonatal stage increased steadily from 39.1 percent during 1989-1993 to 60.9 percent during 2010-2014. A relatively slow decline in the neonatal mortality still remains as a barrier to a much faster decline in the infant and under 5 mortality rates in Bangladesh. To reduce the level of mortality and morbidity for both mothers and infants, the care during antenatal, delivery and postnatal stages play a very important role. The percentage of women visiting four or more times for antenatal care increased steadily from 15.9 percent to 31.2 percent during the period from 2004 to 2014.The Health, Population and Nutrition Sector Development Program (HPNSDP) 2011-2016 sets a target of achieving 50 percent pregnant women visiting for antenatal care at least four times by 2016. There has been a remarkable increase in the skilled delivery assistance from 15.6 percent to 41.2 percent during the period 2004-2014 but could not achieve ICPD+5 target of 60 percent by 2005 and 90 percent by 2015 for all countries or 60 percent for high mortality countries. It is noteworthy that delivery at health facility has increased substantially from 12 percent in 2004 to 37 percent in 2014. There is an increasing trend to use health facility for first birth which is evident from the fact that 46.3 percent of the first order births take place in health facilities. Postnatal care for mothers within two days of delivery increased from 15.8 percent to 33.9 percent and for children from 13 percent to 31.5 percent during 2004-2014. In order to ensure safe motherhood and neonatal health by reducing maternal and neonatal mortality and morbidity, postnatal care provides important guidelines and assistance. The vaccination coverages are almost universal for BCG and Polio but coverage of all basic vaccinations was 78 percent by age 12 months in 2014. Coverage of all vaccines was 46.2 percent in 1993-94. Although coverage of vaccines BCG, Pentavalent3d and Polio3 were more than 90 percent in 2014, coverage of measles is lagging behind at a level of 80 percent. There are some improvements observed in child nutrition status during the past decade. The level of stunting declined from 54.6 percent in 1996-97 to 36.1 percent in 2014. During this period, the level of wasting showed a decline from 17.7 percent to 14.3 percent. Similarly, underweight children under age 5 declined from 56.3 percent to 32.6 percent during 1996-2014.

Family, It's Roles, Rights, Composition and Structure

Family is considered as the basic unit of a society and the stability of a family remains as a challenge due to transitions in demographic and socio-economic processes in a short span of time. The proportion of female headed households was around 9 percent in 1994 which increased to 11 percent in 2014. The mean size of households displays slight decline from 5.5 to below 5 in both rural and urban areas during 1993-94 to 2011. The percentage distribution of households having access to improved drinking water source increased from 68 percent in 1990 to 84 percent in 2014. It indicates that still 16 percent households do not have access to improved drinking water. In 1990, only 34 percent of the households had improved toilet facilities and since then gradually increased to 57 percent in 2014. This shows that still 43 percent households do not have access to hygienic or improved toilet facilities. During the period from 1990 to 2014, the use of sanitary toilet facility increased from 31 percent to 57 percent in rural areas and from 47 percent to 56 percent in urban areas. There is marked increase in the electricity connection in households in rural areas from 10 percent in 1993 to 65 percent in 2014 as compared to that of 75 percent to 93 percent in urban areas during the same period. Access to electricity during this short period is quite remarkable and it is even more pronounced in rural areas which is attributable mainly to the increased share of solar energy in rural areas (15 percent of the total households with electricity). To

address these issues, the Sixth Five Year Plan emphasized on strengthening social protection programs. It was noted in the Sixth Five Year Plan that review and reform of existing programs would be undertaken to ensure focusing the needs of under-privileged including disabled, elderly, tribal population, and children and women exposed to higher risk. In addition, policy measures were also undertaken to address the needs for vulnerable population at risk due to natural disasters and climate change. Gender parity was given a very high priority in the Sixth Plan along with need for promoting their rights and taking care of variations in their status, deprivation and needs by community, religion and region. The extreme poor people are mostly elderly, disabled or chronically sick and may require long term social and the children of the extreme poor may be stunted or malnourished. There are new challenges emerging due to rapid urbanization. Some of the social protection programs for the poor and vulnerable people are: Food for Works, Vulnerable Group Development, Vulnerable Group Feeding, Cash for Works, old-age allowances, and allowances for retarded people, allowances for widow and distressed women, and grants for orphanages.

Interrelationships between Population, Sustained Economic Growth, Sustainable Development and Environment

The interrelationships between population, sustained economic growth and sustainable development take into account the interactive processes simultaneously. The ICPD 1994 PoA stated the objectives to fully integrate population concerns into: (a) development strategies, planning, decision-making and resource allocation at all levels and in all regions, with the goal of meeting the needs, and improving the quality of life, of present and future generations; and (b) all aspects of development planning in order to promote social justice and to eradicate poverty through sustained economic growth in the context of sustainable development. Education is the most important factor to transform the population to human capital as well as to make the process of development sustainable. There is interdependence between education and demographic, economic and social changes. Education of women can be linked with their empowerment. In the process of development, without quality education it will not be possible to make use of the potential benefit from the demographic dividend through optimum use of transforming the working age population for the sustainable development. The primary enrolment rate reached 95 percent in 2011 and 98 percent in 2014. For primary level, the survival rate reached 81 percent. However, the secondary enrolment rate lagged behind, the secondary enrolment rate increased from 45 percent in 2005 to 59 percent in 2013 but declined to 50 percent in 2014 which indicates the future challenge in achieving a sustainable secondary education. The secondary completion rate increased steadily from 20 percent in 2005 to 58 percent in 2014 but still lagging behind the achievable target. The rate of labour force participation shows an increase from 48.8 percent in 1990-91 to 59.3 percent in 2010. There was a slight decline in labour force participation in 2013. The labour force participation rate increased for females from 15.8 percent in 1995-1996 to 36 percent in 2010 whereas the male participation declined from 87 percent to 82.5 percent during the same period. Both male and female participation rate declined during 2010-2013. The medium scenario projection shows that at the constant rate of employed population, the number in labour force participation will show a rapid increase from 52.1 million in 2011 to 81.57 million in 2056. On the other hand, if it is assumed that the labour force participation rate will be increasing up to 70 percent by 2021, then the increase in labour force participation will much higher, from 52.1 million in 2011 to 71.5 million in 2021 and will increase steadily to 96.3 million in 2056. This

is a challenge to the policymakers for preparing the ground to facilitate the economic activities to avail the favorable conditions created by the window of opportunity through bringing the new job seekers in the mainstream of economic activities. The real GDP growth rate during the eight year period from 2007 to 2014 was about 6.1 percent per annum. This robust growth in economy has manifold impact on various other ICPD indicators including reduction in the level of poverty. The per capita GDP, GNI and NNI were 384 US $, 394 US $ and 360 US $, respectively in 1995-96 fiscal year which increased to 1115 US $, 1190 US $ and 1093 US $ respectively in 2013-14 fiscal year according to revised estimates based on 2005-6 as the base year. As compared to the growth in agriculture sector from 442 billion taka in 1996 to 2044 billion in 2014, the service sector increased from 952 billion taka to 7235 billion taka and the industry sector grew from 412 billion taka to 3584 billion taka during the same period. The contribution of service sector was 50 percent in 1996 which demonstrated an increase to 54 percent in 2014, similar rise in the share of industry sector was also recorded from 22 percent to 27 percent, however, the share of agriculture sector reduced from 23 percent 15 percent. As a result of continued economic growth, the poverty has declined substantially during the 1992-2015 period. The headcount ratio of incidence of poverty declined from 56.7 percent in 1991-92 to 31.5 percent in 2010 and 24.8 percent (estimated) in 2015. It was observed that the extreme poverty was reduced from 29.6 percent in 2005 to 17.6 percent in 2010 (BBS, 2015). Poverty gap ratio declined substantially from 17.2 percent in 1991-92 to 6.5 percent in 2010 indicating that the depth of poverty reduced to a large extent. Although the measures of poverty and poverty gap ratio show substantial decline since 1991, the share of poorest quintile to the national income shows a declining trend reflecting the widening income inequality since 1991. During 2005-2010, the percentage of households receiving benefit from the safety nets program was almost doubled increasing from 13 percent to 25 percent.

Gender Equality, Equity and Empowerment of Women

One of the major goals of the ICPD 1994 is to achieve equality and equity between men and women so that women can realize their full potential. According to the ICPD+5 key actions, gender gaps need to be eliminated for both net primary enrolment and secondary enrolment ratios by 2005, 90 percent net primary enrolment by 2010, illiteracy rate halve the rate for women and girls by 2005 relative to 1990. The girls were lagging behind the boys to a large extent in the net primary enrolment ratio in 1990 but the enrolment ratio for both the girls and boys reached more than 96 percent level and the enrolment for girls (98.8 percent) appear to be higher than that of the boys (96.6 percent) in 2014. The adult literacy rate for population of age 15 years and over shows that 43.3 percent of the males compared to 25.8 percent of the females were literate in 1991. The gap between the male and female literacy rates declined from about 18 percent in 1991 to about 8 percent in 2013. The gender parity has been achieved for both primary and secondary levels around 2000. At the secondary level it increased to 1.14 in 2013 showing that there is steady increase in the number of girls who continue to attend the secondary level education. At the tertiary level although the gender parity has not been achieved yet but the success in recent years is noteworthy. During the years 2001-2008, the gender parity index remained constant at a level 0.31-0.32 but since then a sharp increase to 0.73 in 2012 indicates that the gender parity can be achieved at the tertiary level too in near future. As the achievement of gender parity is linked with empowerment of women leading to sustainable economic development in the long run as a resultant impact, this achievement can be considered as a remarkable progress towards steady development. The participation

rate of women in the labour force has improved during the 1991-2010 period but the women are still far behind the men. The women labour force participation reached from less than one-seventh to one-third during the twenty year period while 82 percent of the men were in labour force in 2010. As expected, the unemployment rate has been higher for females. The prevalence of underweight among the under 5 children has demonstrated a steady decline for both the girls and boys and the decline appears to be faster for the girls. The prevalence of underweight among the under 5 children declined from 58 percent to about 33 percent among girls and from 55 percent to 32 percent among boys. The prevalence of stunting declined from 54 percent to 37 percent for boys and 55 percent to 35 percent for girls during 1996-2014. The prevalence of wasting among under 5 children appears to decline from 17 percent to 14 percent for girls and 19 percent to 15 percent for boys during 1996-2014. The coverage of BCG appears to be almost universal among children 12-23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report) for both boys and girls. About 95 percent of the male children of age 12-23 months had coverage of DPT3 in 2011compared to 92.3 percent girl children. The first dose coverage was almost same for both boys and girls but the coverage of the second and third doses are lower for the girls. There was not much variation in the coverage for the first dose of Polio vaccine for boys and girls as we observe from data in 2011, however, as was observed for DPT, the coverage dropped for girls for the second and third doses. It is evident the coverage of vaccine for measles is lagging behind both for male and females of age 12-23 months. The coverage was 88.3 percent for males compared to 86.8 percent for females indicating lower coverage for females. It may be noted with caution that the coverage of measles and all basic vaccinations declined during the period from 2011 to 2014 as was observed for all vaccinations by age 12 months. This setback will require additional efforts to put the program on track once again. Empowerment of women is one of the key issues in the programme of action of the ICPD which is also linked with sustainable development. It is observed that there is improvement of wife making her own decision on use of her earnings from 22.7 percent in 2004 to 33.6 percent in 2011. However, participation in decision making mainly by wife about own health care, child health care, major household purchases and visits to her family and relatives remained almost similar or worsened during 2004-11. There was substantial increase in the proportion of decision made jointly by husband and wife to a level of more than 50 percent for all the four categories. Percentage of women participated in all four decisions increased both in rural and urban areas during 1999-2000 to 2011 but at the same time percentage of women participated in none of the decisions had increased too in both rural and urban areas. The number of female members in the parliament increased from 42 (12.7 percent) in 1991 to 70 (20 percent) in 2014. This increased participation of women in the parliament shows that the empowerment of women has been gradually in the process of gaining momentum in political sector.

Population Distribution, Urbanization and Migration

In Bangladesh, during the phases of demographic economic transition, some irreversible transformations are taking place in the context of population distribution, urbanization and internal migration with major consequences on all aspects of life. The urban population in Dhaka Division constituted 43.8 percent of the total urban population in 1991 followed by Chittagong Division (20.6 percent). In 2011, the proportion of the total urban population living in Dhaka Division was 46.4 percent compared to 20.6 percent in Chittagong Division. Barisal Division showed the lowest proportion (4.06 percent). During the

1990-2014 period, the percentage of population using improved drinking water source increased from 68 percent to 84 percent nationally but the urban percentage increased marginally from 81 percent to 86 percent although an increase from 65 percent to 84 percent was observed in rural area. Similarly, the percentage of population using improved sanitation facility increased from 47 percent to 56 percent in urban areas compared to 31 percent to 57 percent in rural areas. These findings have manifold implications if we take into consideration the rapidly growing urban population in Bangladesh. The urban facilities should be planned keeping in view the enormous growth of urban population and consequently overwhelming growth in slum population within a short span of time. Migration to urban areas is evident that rose to 73.4 per 1000 population in 2011. In 1990 the rate was 31.2 per 1000 population. The rural area in-migration rate increased from 12.9 per 1000 population to 30.9 per 1000 population. This shows that although there is a much higher in-migration rate to urban areas, there is substantial in-migration to rural areas too. The main cause of in-migration (BBS, 2013d) in rural areas was marriage and in urban areas it was either job or various other reasons. Similarly, out-migration rate from urban areas is seemed to be growing steadily rising from 18 per thousand in 1990 to 69 per thousand in 2012. Out of the 69, 49 per 1000 population from urban areas moved to another urban destination for job and other reasons while 20 per 1000 moved to rural destinations for marriage, job and other reasons. The out-migration from rural areas grew gradually from 9 per thousand to 23 per thousand during the same period, 15 per thousand from rural to other rural destinations and 8 per thousand to urban destinations. The main reason for rural to rural migration was marriage but for rural to urban migration was mainly related to job. Since the independence of Bangladesh, both skilled and unskilled manpower from Bangladesh started to migrate to other countries at a limited scale. In 1990-91, the number of migrants was 97 thousand. The number of migrants increased to 213 thousand in 2000-2001. The largest number of migrants, 981 thousand, was recorded in the year 2007-2008. The number started to decrease after 2008. In the year 2013-14, the recorded number of migrants to various counties was 409 thousand. The amount of remittance has started to increase sharply since 2000. In 1990-91, the amount was 764 million US $ which increased substantially to 14, 228 million in 2013-14. The estimated number of migrants from 1976 to 2009 was 5.5 million people who left Bangladesh for employment abroad. The share of investment out of remittance was only 2.58 percent in 1990 but in 2009 it rose to 11.75 percent and the increase was steady up to 2009 and then a slight decline was observed in 2010.

Technology, Development and Research

Technology, research and development were given high priority at the ICPD 1994. Technology extends the scope for development and research through making use of relevant data for policy and program development, implementation, monitoring and evaluation. Since the emergence of Bangladesh, the need for quality data has been increasing very rapidly for policy and programme development, implementation, monitoring and evaluation in various sectors. The Bangladesh Bureau of Statistics (BBS) plays the anchoring role of collecting and disseminating for the major purposes. In addition to the BBS, some other important data collection/management sources are NIPORT, Bangladesh Bank, NBR, Ministry of Finance, Dhaka Stock Exchange, PKSF, BRAC, BANBEIS, BTTB, BRTA, RHD, LGED, BBA, NBR, NGO Bureau, Meteorology, Hydrology, Directorate of Environment, ICDDR,B, etc. Bangladesh government has initiated the process for archiving and disseminating the available data for planning, monitoring, research and evaluation purposes. However, some of the major challenges are: (i)

enhancing the quality of the data, (ii) disseminating the major sources of data timely, and (iii) linking the data sources at all levels of planning, monitoring and evaluation starting from the upazila to district, division and national levels. Some noteworthy transitions are taking place in Bangladesh in the information and communication technology sector. The use of cellular telephones increased very fast which was 75.8 per hundred in 2014 and increased to 79.8 per hundred in 2015 compared to 0.71 fixed telephone lines per hundred population. The use of internet has been increasing very rapidly and the users of internet per hundred population increased from 1.8 in 2007 to 24.4 in 2014 and in June 2015, it increased to 30.4. These developments have provided the population more flexibility and scope to have access to the information based on the development and research through appropriate use of the technology.

CHAPTER 1

Introduction

In the 1994 International Conference on Population and Development, the interdependence in global population, development and environment have been recognized as the instrumental underlying mechanism in order to achieve the target of improving the quality of life for all people through promoting sustained economic growth. A programme of action was approved in the conference by a consensus of 179 countries including Bangladesh. This program was targeted to achieve in 20 years during the period 1994-2014.

The programme of action set at the ICPD 1994 is developed in the spirit of the World Population Conference at Bucharest in 1974 and the International Conference on Population at Mexico City in 1984 to cover a wider and more specific range of issues concerning: (i) interrelationships between population, sustained economic growth, sustainable development and environment, (ii) gender equality, equity and empowerment of women, (iii) family, it's roles, rights, composition and structure, (iv) population growth and structure, (v) reproductive rights and reproductive health, (vi) health, morbidity and mortality, (vii) population distribution, urbanization and migration, (viii) international migration, (ix) population, development and education, (x) technology, development and research, (xi) national action, (xii) international cooperation, and (xiii) partnership with non-government sector. In the Bucharest conference, the first attempt was made to integrating population concerns into economic and social development. The Mexico conference provided a further emphasis to the wider role of family planning in addition to the needs of adolescents and the role of men. The population and development goals are further emphasized at the ICPD 1994 with action plans on the interrelationship between population, sustained economic growth, sustainable development and environment. Some issues of concern related to education, poverty reduction, gender equality, empowerment of women, reproductive rights and reproductive health were also highlighted.

In 1999, some key actions for the further implementation of the programme of action of the ICPD 1994 was adopted by the twenty-first special session of the General Assembly (ICPD+5) which include: (i) population and development concerns (population, economic development and the environment; changing age structure and ageing of the population; internal migration; internal migration, population distribution and urban agglomerations; population, development and education; data systems including indicators); (ii) gender equality, equity and empowerment of women (promotion and protection of human rights; empowerment of women, gender perspective in programs and policies, advocacy for gender equality and equity); and (iii) reproductive rights and reproductive health (reproductive health including family planning and sexual health; ensuring voluntary quality family planning services; reducing maternal morbidity and mortality; prevention and treatment of sexually transmitted diseases; adolescents), (iv) partnerships and collaborations; and (v) mobilizing resources.

In addition to ICPD 94 and ICPD+5, in a document on ICPD+10, the review of the progress in ICPD and ICPD+5 reported at the Fifth Asian and Pacific Population Conference 2002 in Bangkok considered some recommendations which recognized that there were challenges in the areas of population, sustainable development, poverty reduction, migration, ageing, gender, reproductive health including the needs of adolescents, HIV/AIDS and resource mobilization.

An Expert Group Meeting was conducted by ESCAP with support from UNFPA in 2009 and a regional review also took place in Bangkok to mark ICPD at 15 where the priorities for the last 5 years were

identified (Hayes, 2009a). Despite notable progress prior to 2009, some of the challenges identified in ICPD at 15 meetings are: (i) inequities in access to health and other basic services remain high, (ii) universal access to reproductive health is lagging behind, (iii) the unmet need for family planning remains high but the funding for family planning programs declined although demand has been increasing due to number of people entering the reproductive ages as well as due to increasing demand for contraceptive choice, (iv) limited access to reproductive health services for women in poor households and remote locations, (v) adolescents and young people have limited or no access to secondary and/or vocational education, decent employment, and are denied access to information, counseling and services on reproductive and sexual health, (vi) rates of gender based violence are unacceptably high in many countries of the Asia-Pacific region, (vii) ageing and international migration are emerging as priority issues in many countries of the region, and (viii) national capacity to address these challenges remains limited in a number of countries.

In 2000, at the Millennium Summit, a further action plan was adopted with eight goals which overlap some of the ICPD and ICPD+5 key actions. The Millennium Development Goals (MDG) are: (i) eradicate extreme poverty, (ii) achieve universal primary education, (iii) promote gender equality and empower women, (iv) reduce child mortality, (v) improve maternal health, (vi) combat HIV/AIDS, Malaria and other diseases, (vii) ensure environmental sustainability, and (viii) develop a global partnership for development. This was adopted by 147 Heads of State and 189 States. It was decided that the measurable goals and targets needed to be assessed for the period 1990 to 2015.

The ICPD and MDG action plans have provided an opportunity for Bangladesh to address the issues concerning the demographic dividend resulting from the population momentum in order to make a concerted effort to achieve the goals for economic and human development faster. It is noteworthy that Bangladesh has demonstrated rapid progress in both economic and human development during the recent past. The level of fertility declined to 2.3 in 2011 which is close to the replacement level. Due to the population momentum, the working age population increased from 51.6 percent in 1991 to 66.1 percent in 2011. The dependency ratio has declined substantially resulting in the opportunity for demographic dividend only for three to four decades before the process of ageing takes over making it difficult for any further economic benefit in the long run. The important indicators necessary to be examined in this regard are: (i) educational attainment, (ii) labour force participation, (iii) health care, (iii) growth in GDP, (iv) growth in savings, (v) investment in education and health, and (vi) growth in informal sector.

In this report, the country level implementation status and commitments made in ICPD 1994 are reviewed and assessed. The gaps and barrier to implementation, factors facilitating implementation and new priorities or emerging issues are also identified. To accelerate the process to achieve the expected goals with respect to areas where implementation is lagging behind, the feasible steps and opportunities are highlighted. In order to renew the commitment and ownership for the Cairo Agenda, the goals achieved and the tasks lagging behind are identified and the steps necessary to attain a sustainable system are proposed. Quantitative goals, targets and indicators of ICPD and ICPD+5 are displayed in Table 1.1 summarized by Hayes (2009).

Table 1.1: Quantitative goals, targets and indicators of ICPD and ICPD+5

(A) ICPD POA		
HEALTH, MORBIDITY AND MORTALITY		
Chapter and Paragraph of POA	Area and indicator	Base, target and target year
VIII (8.5)	A. Primary health care and health care. Indicator: Life expectancy at birth (E_0)	Reach E_0 greater than 70 by 2005 and =75 by 2015. Countries with highest level should aim to achieve E_0 greater than 65 by 2005 and greater than 70 by 2015.
VIII (8.16)	B. Child survival and health. Indicators: Infant Mortality Rate (IMR) and under 5 Mortality Rate (U5MR) and.	Target depends on level of mortality. Reduce by one third or to 50 and 70 per 1,000 live births, respectively, the IMR and U5MR, whichever is lower by the year 2000. "Intermediate" mortality countries: IMR below 50 and U5MR below 60 by 2005. By 2015, all countries should have IMR below 35 and U5MR below 45.
VIII (8.21)	C. Women's health and safe motherhood. Indicator: Maternal Mortality Ratio (MMR)	Reduce maternal mortality by 50 percent of 1990 levels by 2000 and a further 50 percent by 2015.

(B). ICPD+5 ("Key Actions")		
Paragraph	Area and indicator	Base, target and target year
EDUCATION AND LITERACY		
34	Indicator: Net primary enrolment ratio	Eliminate the gender gap by 2005
	Indicator: Net secondary enrolment ratio	Eliminate the gender gap by 2005
	Indicator: Net primary enrolment ratio	90 percent by 2010
35	Indicator: Illiteracy rate	Halve the rate for women and girls by 2005 relative to 1990.
REPRODUCTIVE HEALTH CARE AND UNMET NEED FOR CONTRACEPTION		
53	Indicator: Range of family planning, contraceptive methods, EOC, prevention and care of reproductive tract infections, etc.	By 2005 60 percent of primary healthcare and family planning clinics should be able to offer these services and by 2010, 80 percent
58	Indicator: Gap between contraceptive use and proportion of individuals wishing to space or limit their families (unmet need).	Close (reduce) the gap by 50 percent by 2005, 75 percent by 2010 and 100 percent by 2050.
MATERNAL MORTALITY REDUCTION		
64	Indicator: percent of births assisted by skilled attendants	By 2005, 40 percent of births should be attended by skilled attendants, 50 percent by 2010 and 60 percent by 2015 (where mortality is high) All countries should strive so that globally 80 percent skilled attendants by 2005, 85 percent by 2010 and 90 percent by 2015
HIV/AIDS		
70	Indicator: Access to the information, education and services to develop skills to reduce vulnerability (services	By 2005, 90 percent of pop 15-24 to have access and 95 percent by 2010

Source: G. Hayes (2009b), p.3.

CHAPTER 2

Background: Population Growth and Structure

In ICPD 1994, emphasis was given to the ultimate goal of improving the quality of life of present and future generations. In the process of demographic transition since the time of achieving replacement level, there will be rapid growth of population due to the impact of population momentum until the population is stabilized. Since the ICPD 1994, Bangladesh has made remarkable achievements in implementing the ICPD 1994 programme of action (PoA). Two major objectives of this study are to: (i) assess the country level implementation status of commitments made in Cairo in 1994; and (ii) identify gaps in and barriers to implementation, factors facilitating implementation and new priorities or emerging issues. In the 47th UN General Assembly meeting an agreement was reached on the post 2014 agendas where the following issues were highlighted: (i) the importance of protecting achievements of the ICPD, responding to new challenges relevant to population and development and to the changing development environment; (ii) reinforced the integration of the population and development agenda into global processes related to development; (iii) emphasized the need for Governments to recommit themselves at the highest political levels to achieving the goals and objectives of the ICPD PoA; and (iv) decided to extend the PoA and the key actions for its further implementation beyond 2014 and ensure its follow-up in order to fully meet its goals and objectives. At this backdrop, this chapter illustrates the background to facilitate identification of the achievements and barriers in achieving the goals of ICPD 1994 as well as to address new priorities or emerging issues facing Bangladesh.

The population of Bangladesh increased from 111.5 million in 1991 to 149.8 million in 2011. The growth rate was 1.59 percent during 1991-2001 and 1.37 percent during 2001-11. The total fertility rate reached close to the replacement level, 2.3, in 2011. However, due to the impact of population momentum, the population of Bangladesh will keep on increasing until it is stabilized. The projected population is displayed in Table 2.1 assuming the achievement of replacement level fertility by 2020 and TFR below the replacement level (1.9) thereafter.

Based on the enumerated population by age and sex as found in the census 2011, the adjusted age-sex composition is computed for the census time (March 15-19, 2011). The estimated undercount was 3.971 percent (BBS, 2013b). Using this under-enumeration rate, the population of Bangladesh is adjusted. For projection of population for the period 2011-2061, we have estimated the population for July 1, 2011. The estimated, census population and projected population of Bangladesh for the period 1901-2061 are shown in Table 2.1. The definition of urban area was changed in the 2011 census, hence, it is not possible to obtain the growth rate of the urban population directly. We have obtained the adjusted urban population by age and sex for March 17, 2011 using the ratio of the total for SMA adjusted and enumerated urban population (1.2497) and then July 1, 2011 population is estimated using the estimated growth rate of 2.95 percent for urban as compared to that of 1.37 percent for the total population during the 2001-2011 intercensal period.

The population of Bangladesh is projected to be around 224 million in 2061 which is an additional increase by half the size of population in 2011. The most important demographic transition with utmost economic consequence is the fast increase in working age population resulting in decline in the dependency ratio to as low as 54 percent in 2025. The ICPD target of achieving life expectancy at birth of 70 by 2005 and 75 by 2015 could not be achieved. The life expectancy at birth reached 70 for females in 2011and 68 for males. The estimated life expectancy at birth in 2014 was 71.6 (UNDP, 2015) still 3.4 years short of the 2015 target set by ICPD. It is noteworthy that the urban population will increase

steadily and will surpass the rural population by 2041 and two-thirds of the population will be living in urban areas in 2061. All these have manifold economic, health, development, education, environmental consequences which need to be integrated for continued success at the backdrop of goals set at ICPD 94, ICPD+5, ICPD+10 and ICPD at 15.

Table 2.1: Population and Related Measures under Medium Scenario, 1911-2061

Year	Population (million)	Population Density	% Working Age Population	Dependency Ratio	Life Expectancy at Birth		Urban Population (million)	% Urban
					Male	Female		
1991	111.5	876	49.5	102.0	56.5	55.7	22.4	20.15
2001	130	881	54.7	82.8	64.0	64.5	31.0	23.81
2011	149.8	1015	59.1	71.4	67.9	70.3	42.31	28.00
2016	160.95	1091	61.5	62.8	69.4	71.5	47.87	29.77
2021	171.58	1163	64.4	55.3	70.6	73.1	57.56	33.60
2025	181.78	1232	65.0	54.0	71.7	74.4	68.33	37.68
2031	190.83	1293	65.0	54.0	72.6	75.6	79.81	41.95
2036	199.13	1349	64.8	54.5	73.5	76.7	92.03	46.36
2041	206.39	1399	64.5	55.0	74.3	77.6	104.57	50.84
2046	212.54	1440	62.9	59.0	75.0	78.5	117.12	55.32
2051	217.51	1474	61.7	62.1	75.7	79.2	129.36	59.73
2056	221.19	1499	61.0	63.8	76.4	80.0	140.89	64.00
2061	223.49	1514	59.0	69.7	77.0	80.0	151.37	68.08

Source: BBS, 1901-2001, 2013b, Projections under medium scenario

Table 2.2: Crude Birth Rate, Crude Death Rate, Intercensal Growth Rate and TFR, 1991- 2013

Year	Crude Birth Rate (Per Thousand Live Births)	Crude Death Rate (Per Thousand Live Births)	Intercensal Growth Rate (%)	Total Fertility Rate
1991	31.6	11.2	2.17	3.4
2001	18.9	4.8	1.59	3.0
2011	19.2	5.5	1.37	2.3
2013	20	6		2.3

Source: BBS, 2012a, 2015b; World Bank, 2015, http://wdi.worldbank.org/table/2.1

The Crude Birth Rate declined from 33 to 20 per thousand during the 1991-2013 period (BBS, 2012a, BBS, 2015b;) and the Crude Death Rate declined from 11 to 6 per thousand during the same period. The decline in the level of fertility was largely attributable to increase in the level of CPR from 46 percent in 1994 to 62 percent in 2014 (NIPORT, 2015a).

The TFR declined from 4.3 births per woman to 2.3 births per woman in 2014. We observed a plateau in the TFR level during the nineties at a level of 3.3. There was a decline of one birth per woman since then. However, it seems that there is another plateau at a level of 2.3 births per woman seems to be in progress now according to the Bangladesh Demographic Surveys 2011 and 2014 (BBS 2012a, NIPORT 2015a, BBS 2015b). Hence, there is a likely delay in attaining the replacement level fertility of 2.1 very soon. This will have impact on the projected population of Bangladesh.

A remarkable feature in the population growth of the population of Bangladesh is the increase in the working age population as compared to that of the population under 15 and over 60 years of age. During the period from 1991 to 2011, the working age population increased from 49.5 percent to 59.1 percent. As a result of the increase in the working age population, the dependency ratio decreased sharply providing the one time window of opportunity termed as demographic dividend for the population of Bangladesh.

The working age population will have a continued increase to 65 percent of the total population during 2025-31 and thereafter it will start declining due to increase mainly in the old age population. The old age population will increase from 7.5 percent in 2011 to 23.3 percent in 2061. This will be one of the most crucial challenges to the policymakers for its consequence on economy and health. A visionary plan to make use of the demographic dividend can prepare the country for the rise in dependency ratio attributable mainly to the rapid increase in the elderly population in the future while the share of young age population will experience a sharp decline.

One of the most important policy challenges will stem from the growth in the urban population of Bangladesh. The urban population gradually increased to twenty eight percent of the total population during the recent past. The population growth of population by place of residence indicates that the share of urban population increased from 20 percent in 1991 to 28 percent 2011 which is projected to grow to fifty one percent in 2041 and two-thirds of the total population in 2061. This transformation from a predominantly rural to overwhelmingly urban living during a short span of time will change the country's social, economic and health priorities drastically. There will be obvious and irreversible shifts that will require careful policies and follow-up action plans in phases for a sustained economic development strategy. Although this transition is expected as a consequence of demographic and economic transitions which are currently in progress steadily, the resulting challenges due to an irreversible shift to urbanization are quite formidable and require priority focus to policy measures for addressing the transformation from a rural to an urban concentration.

CHAPTER 3

Reproductive Rights and Reproductive Health

According to the ICPD PoA, reproductive health is a state of complete physical, mental and social well-being and not merely absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes (UN, 2004, p.45). Under this broad definition, some selected indicators are considered in this report. The selected indicators are: mean age at marriage, maternal mortality ratio, percent births attended by skilled health personnel, contraceptive prevalence rate, unmet need for family planning, adolescent fertility, and empowerment of women.

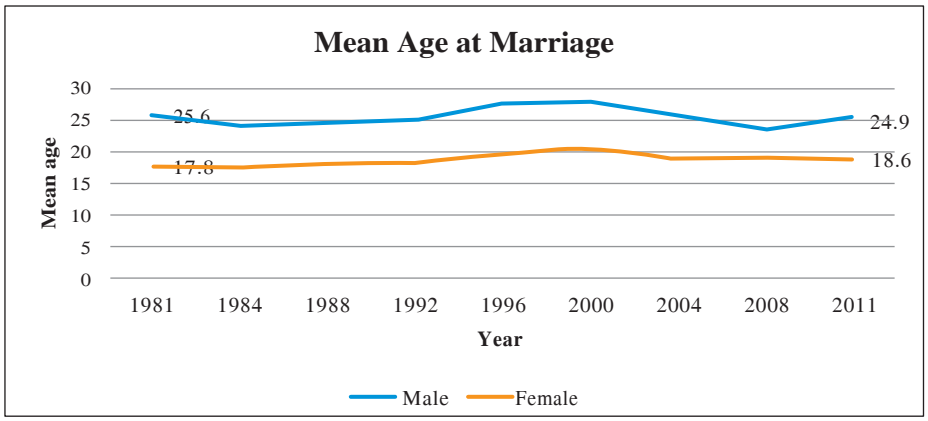

Figure 3.1: Mean Age at Marriage, 1981-2011 (Source: BBS, 2012a)

Age at marriage is an important indicator concerning reproductive health status. Although the legal age at marriage for females is 18 years, in reality it is observed that the mean age at marriage was 18.6 years in 2011. The mean age at marriage for females has not changed much during the period 1990 to 2011. It remains mostly in the range of 18 to 19 years during most of the period except 20 years or above during 1996 to 2003. This indicates that a large proportion of women enter the reproductive stage at a very young age. The median age at first birth shows that the women who entered into the reproductive stage most recently (age 20-24 in this case), have reported slightly higher median age at first birth, 18.9 years. The older women reported lower median age at first birth except in age 45-49 which might be biased due to retrospective data from birth history. This displays that a large proportion of first births take place at ages below 19 years. This fact implies that early age at marriage leads to early childbearing causing high risk of mortality and morbidity for both mother and child.

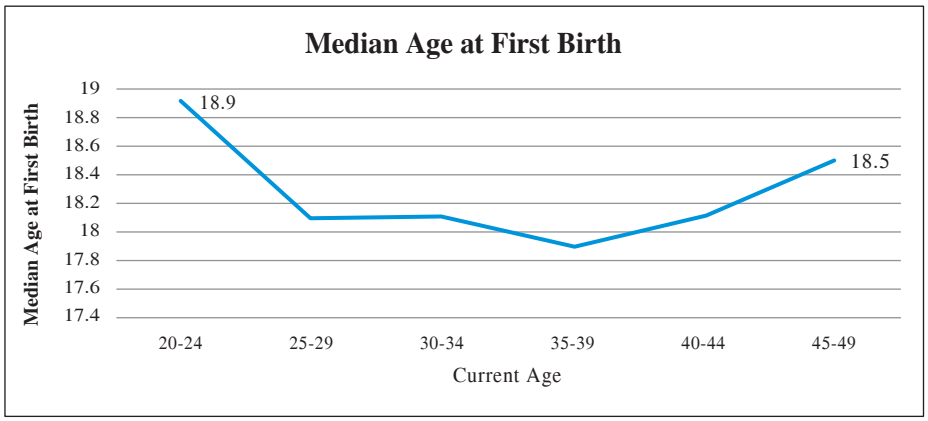

Figure 3.2: Median Age at First Birth in 2011 by Age Group (Source: NIPORT, 2013)

The percentage of women of age 15-19 who have begun childbearing as observed in a recent survey (NIPORT, 2015a) demonstrates that slightly less than one-third have begun childbearing during adolescent period which is higher in rural areas (32 percent), among women with primary (45 percent for primary incomplete and 43 percent for primary complete) or no schooling (48 percent for no schooling) and among women belonging to the lowest (41 percent) or second wealth quintile (34 percent). It is evident from this finding that women with no schooling or primary schooling enter the childbearing stage after marriage at adolescence without much delay. This fact along with the fact that most of the infant (3 out of 4) and under 5 deaths (3 out of 5) take place at neonatal stage, when first birth remains a high risk for women at adolescence to a greater extent. Similarly, women at the lowest wealth quintile also remain vulnerable to childbirth at a very young age leading to high risk of deaths of first births at neonatal stage.

The ICPD goal for maternal mortality is to reduce maternal mortality by 50 percent of 1990 level by 2000 and a further 50 percent by 2015. The maternal mortality ratio in Bangladesh reduced from 550 per hundred thousand live births in 1990 to 340 in 2000 which is about 38 percent reduction during 1990-2000 and a further decline of 50 percent during 2000-2013 has been achieved. The percent change during 1990-2013 is 70 percent reduction at an average annual rate of 5 percent reduction. Although the ICPD target of 50 percent reduction could not be achieved during 1990-2000, the target for 2000-2015 has been achieved in 2013 indicating that the progress is on track due to programs undertaken in recent times. According to El Arifeen et al. (2014), the decline in maternal mortality could be achieved as a result of multisector developments in addition to the programs initiated in the health sector. Alkema et al. (2015) observed that the achievement in reducing maternal mortality since 2000 may provide necessary guidance to reduce preventable maternal deaths at a faster pace subsequently.

Table 3.1: Percentage of Women Age 15-19 Who Have Begun Childbearing by Residence, Education and Wealth Quintile, 2014

Selected Characteristics	Percentage of Women Age 15-19 Who Have Begun Childbearing
Residence	
Urban	27.4
Rural	32.1
Education	
No Education	48.3
Primary Incomplete	45.2
Primary Complete	43.0
Secondary Incomplete	29.9
Secondary Complete or Higher	17.8
Wealth Quintile	
Lowest	41.2
Second	33.8
Middle	30.6
Fourth	29.1
Highest	22.6
Total	30.8

Source: NIPORT, 2015a

According to a recent study by Mishra et al. (2015), the achievement of Bangladesh and nine other countries (Cambodia, China, Egypt, Ethiopia, Laos, Nepal, Peru, Rwanda and Vietnam) in reducing maternal and childhood mortality, despite relatively low health budgets, is due to three main reasons: (i) guiding principles, (ii) systematic adoption of evidence based or catalytic strategies, and (iii) multisector

progress. According to them, political vision with proper emphasis on human rights, mobilization of partnerships and effective planning leading to timely implementation, and multisector progress in associated areas such as education, gender parity, water, sanitation and alleviation of poverty contributed to such achievement. However, to achieve the targets ahead, skilled health care providers will be one of the most formidable challenges.

Table 3.2: Maternal Mortality Ratio per 100,000 Live Births

Year	MMR	% Change Between 1990-2013	Average Annual % Change
1990	550	-70	-5
1995	440		
2000	340		
2005	260		
2013	170		

Source: WHO, 2014

The ICPD+5 targets for countries with high mortality are 40 percent of births to be assisted by skilled attendant by 2005, 50 percent by 2010 and 60 percent by 2015 which could not be achieved in Bangladesh. However, there is a sharp increase in the percentage of births assisted by skilled attendant from 5 percent in 1991 to 42.1 percent in 2013. Although this is a very noteworthy achievement, still 3 out of 5 births are not attended by skilled health providers. This remains a challenge to policymakers but considering the recent increase in percentage of births assisted by skilled health personnel from 26.5 percent in 2010 to 42.1 percent in 2014 indicates that a faster pace in closing the gap between the status of assisted births by skilled personnel and the target of ICPD+5 is under process, from a gap of 24 percent in 2010 to 18 percent in 2014. However, a concerted effort will be required to achieve the target of 90 percent assisted deliveries by skilled attendants for all countries in near future.

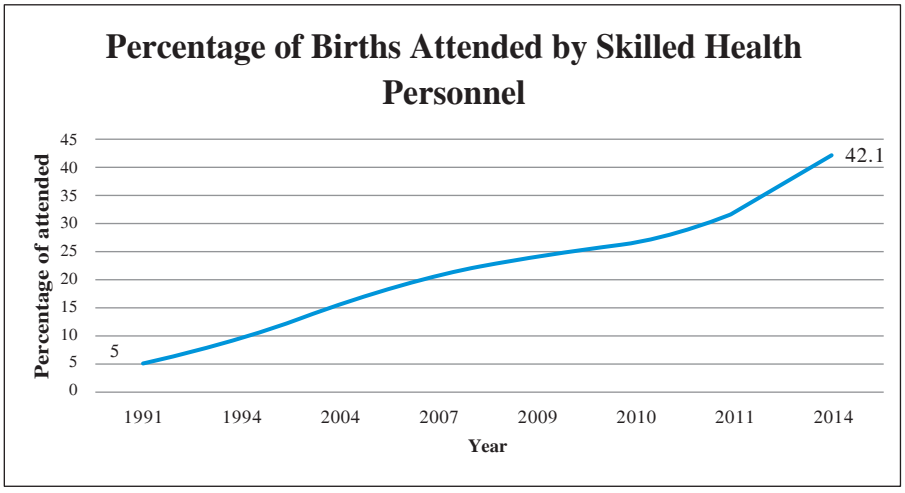

Figure 3.3: Percentage of Birth Attended by skilled Personnel, 1991-2013 (Source: NIPORT, 1994, 2001, 2005, 2009, 2015a)

The ICPD+5 targets for contraceptive prevalence are to achieve 60 percent by 2005 and 80 percent by 2010. The contraceptive prevalence rate increased from 44.6 percent in 1994 to 53.8 percent in 2000 and reached 62.4 percent in 2014. With increase in contraceptive prevalence, unmet need declined initially during the first 10 years of ICPD, from 19 percent in 1994 to 11 percent in 2004. However, there was a

rise in 2007 to 17 percent followed by a decline to 12 percent in 2014. This indicates that closing the gap by 50 percent by 2005 and 75 percent by 2010 could not be achieved in Bangladesh mostly due to change in the potential demand for contraceptives over time resulting in fluctuation in unmet need. The potential demand for contraceptive methods was 63.6 percent in 1994 which increased steadily to 74 percent in 2014. In other words, three-fourths of the currently married women were either currently using contraceptives or wished to use contraceptive methods for limiting or spacing births in 2014. It appears that the potential demand for 2014 was 5 percent lower than the ICPD+5 target for 2010. According to BDHS 2014, there was 16 percent unmet need for spacing among currently married women in age group 15-19 and 11 percent unmet need for spacing in age group 20-24. The percentage of unmet need for limiting was in the range of 7 to 10 percent among currently married women in ages 25 or above. To address specific target groups for delayed pregnancy and limiting childbirth, particularly to avoid pregnancy at adolescence, the issue of unmet need requires special attention. The gap between contraceptive use and potential use can be reduced further and a policy measure to address the needs of contraceptive choices for both limiters and spacers can bring about the reduction faster by fulfilling the demand for spacing for adolescent and young currently married women and for limiting for women in age 25 or higher.

Table 3.3: Percentage of Currently Married Women Age 10-49 Who Are Currently Using Any Family Planning Method, Percent Unmet Need and Potential Demand, 1994-2014

Year	Contraceptive Prevalence Rate (CPR)	Unmet need	Potential Demand (CPR + Unmet Need)
1994	44.6	19	63.6
1997	49.2	16	65.2
2000	53.8	15	68.8
2004	58.1	11	69.1
2007	55.8	17	72.8
2011	61.2	14	75.2
2014	62.4	12	74.4

Source: NIPORT, 1994, 2001, 2005, 2009, 2013, 2015a,b

CHAPTER 4

Health, Morbidity and Mortality

We observed a rapid increase in human longevity during the recent past which was one of the priorities at the ICPD 1994. It may be noted here that the rise in life expectancy at birth was mainly achieved through the rapid decline in the infant and child mortality during the 1995 to 2014 period.

Although ICPD targets for increasing life expectancy at birth of 70 by 2005 and 75 by 2015 could not be achieved, there was a quite sharp increase in the life expectancy during the period from 1994 to 2011. The life expectancy at birth increased from 58 years in 1994 to 69 years in 2011 (BBS, 1998; BBS, 2013b). The estimated life expectancy at birth in 2014 was 71.6 (UNDP, 2015). This rise in the life expectancy can be attributed mostly to the decline in neonatal, post-neonatal, and child mortality rates. The decline in the child mortality is quite remarkable from 50 to 8 per 1000 live births during 1994-2014. During the same period, the infant mortality rate declined from 87 to 38 per thousand live births and under 5 mortality reduced from 133 to 46. The ICPD targets for infant and under 5 mortality are: (i) infant mortality rate below 50 per thousand live births and under 5 mortality rate below 60 per thousand live births by 2005 for countries with intermediate mortality level; and (ii) infant mortality rate below 35 per thousand live births and under five mortality rate below 45 per thousand live births by 2015 for all countries. According to the BDHS 2007 covering the reference period 2002-2006, infant mortality rate was 52 per thousand live births and under 5 mortality rate was 65 per thousand live births both fell short marginally from the targets for 2005. However, the targets for 2015 were achieved very rapidly, sooner than the stipulated time, as found from the BDHS 2014 with reference period 2010-2014. The infant mortality rate for the reference period 2010-2014 was 38 per thousand live births and the under 5 mortality rate for the same period was 46 per thousand live births, both are close to the targets set by ICPD for 2015. The reduction could be accelerated further with increased efforts to reduce neonatal mortality.

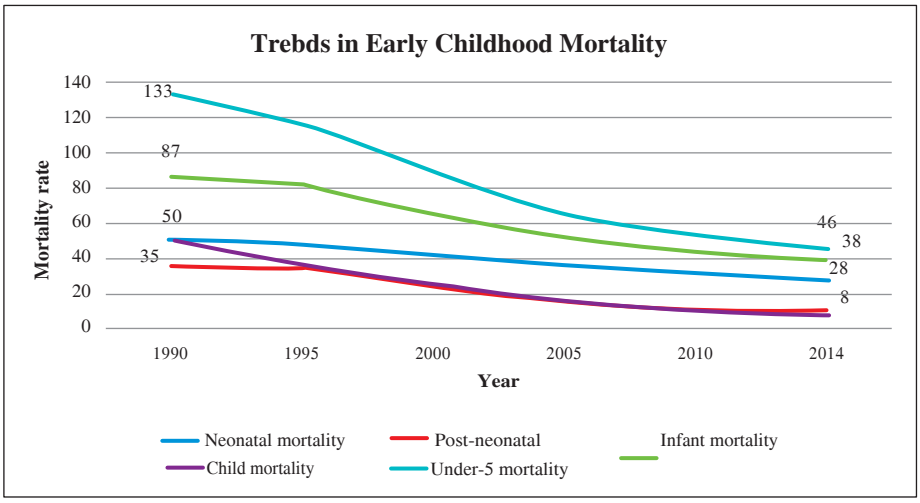

Figure 4.1: Neonatal, Post-Neonatal, Infant, Child, And Under-5 Mortality Rates for Five-Year Periods Preceding the BDHS Surveys (Source: NIPORT, 2015a)

The share of neonatal deaths accountable to total under five deaths is shown in the figure 4.2. This figure demonstrates one of the challenges ahead in order to bring about a further decline in the under 5 mortality effectively. The share of deaths in neonatal stage increased steadily from 39.1 percent during 1989-1993 to 60.9 percent during 2010-2014.

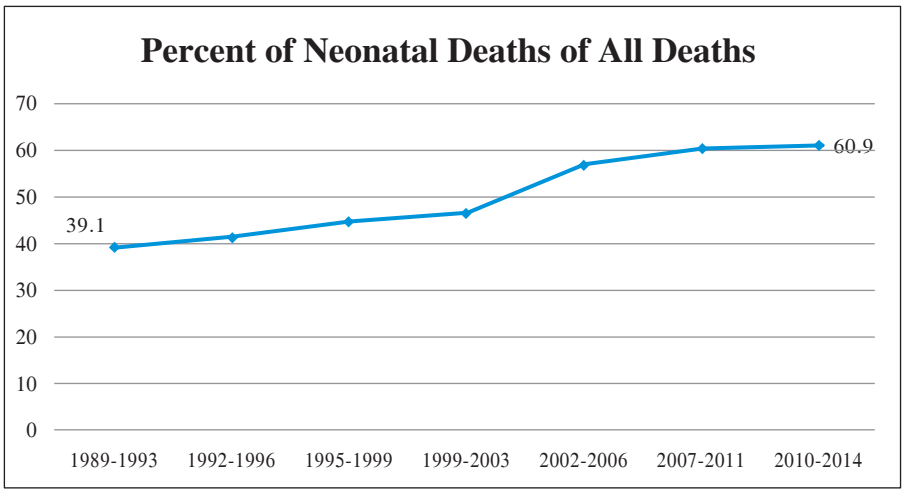

Figure 4.2: Percent Neonatal Deaths of All Under 5 Deaths in Bangladesh from 1989-1993 to 2010-2014 (Source: NIPORT, 2015a)

A relatively slow decline in the neonatal mortality still remains as a barrier to a much faster decline in the infant and under 5 mortality rates in Bangladesh. During the same period, the maternal mortality ratio declined to a great extent too. Deaths during neonatal period are closely associated with complications during antenatal period and delivery stages, first births, pregnancy during teenage, shorter birth space, poor sanitation and nutritional deficiency of mother. All these factors require longer time strategies and improvement in quality of antenatal and delivery care at grassroots levels (Islam et al., 2004a, b; Chakraborty et al., 2003a,b; Rahman and Abidin, 2010).

To reduce the level of mortality and morbidity for both mothers and infants, the care during antenatal, delivery and postnatal stages play a very important role. We observe that there is only a slight increase in the median number of visits for antenatal care. The median shows that the rural area women visit for antenatal care for 3.1 times which is one visit less than the urban women. The difference of 1 visit between the rural and urban women remained constant since 2004.

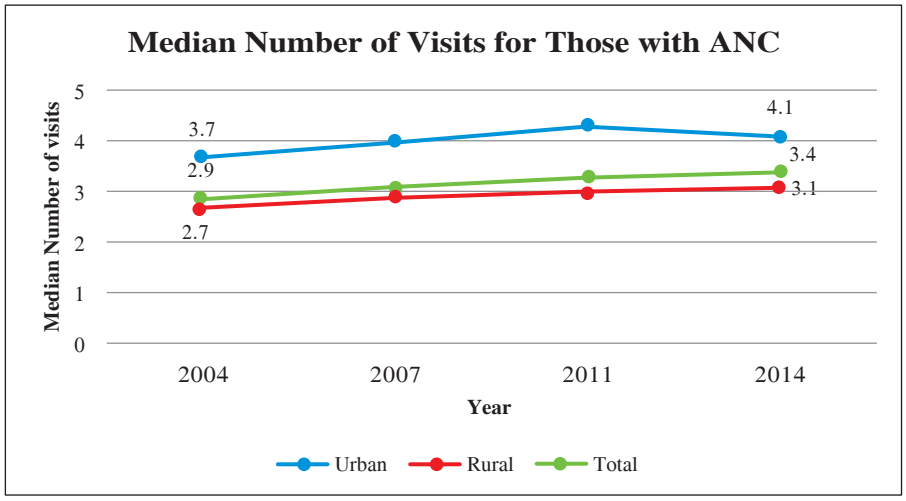

Figure 4.3: Median Number of Visits for Those with ANC (Source: NIPORT, 2005, 2009, 2013, 2015a)

It is noteworthy that although there is not much change in the median number of visits, percentage of women visiting four or more times increased steadily from 15.9 percent to 31.2 percent during the decade

from 2004 to 2014. The Health, Population and Nutrition Sector Development Program (HPNSDP) 2011-2016 set a target of achieving 50 percent pregnant women visiting for antenatal care at least four times by 2016 and to achieve this target, the main challenge will be to increase the service for the rural women as well as to increase the awareness among the rural women for antenatal care visits more frequently. The ICPD+5 target for range of family planning, contraceptive methods, EOC, prevention and care of reproductive tract infections, etc., are 60 percent of primary health care by 2005 and 80 percent by 2010. Bangladesh is lagging behind in achieving this target and reducing this gap will be a daunting task.

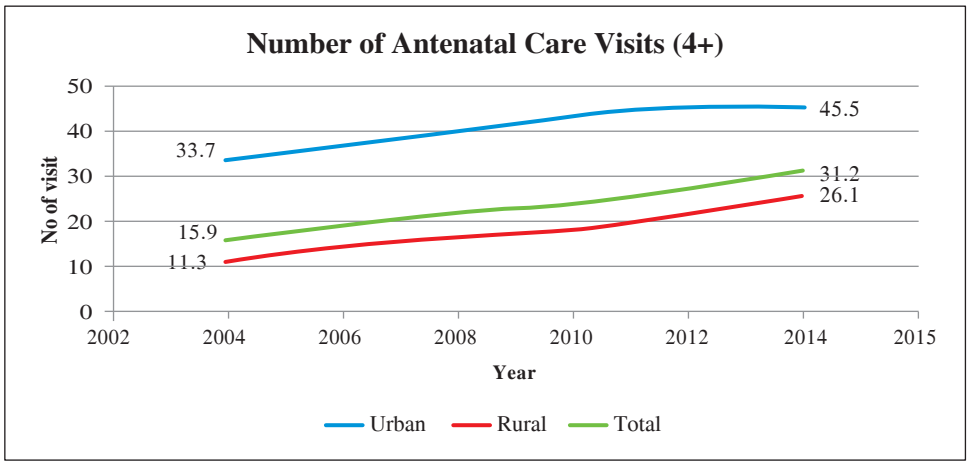

Figure 4.4: Number of Antenatal Care Visit (4+) (Source: NIPORT, 2005, 2009, 2013, 2015a)

It is observed from the percentage of pregnant women receiving skilled assistance at the time of delivery that there has been a remarkable increase from 15.6 percent to 41.2 percent during the period 2004-2014 in receiving assistance from the trained personnel such as nurse or midwife, family welfare visitor or community skilled birth attendant (NIPORT, 2015a). This plays an important role in reducing mortality and morbidity for both mothers and newborn babies. The target set by the HPNSDP is to provide delivery assistance to 50 percent of deliveries by the medically trained personnel by 2016 (NIPORT, 2015a). This target is quite achievable and can be enhanced further. It is noteworthy that delivery at health facility has increased substantially from 12 percent in 2004 to 37 percent in 2014. There is an increasing trend to use health facility for first birth which is evident from the fact that 46.3 percent of the first order births take place in health facilities. However, it may be noted here with caution that achieving target of 60 percent assisted deliveries by 2015 according to ICPD+5 target for countries with high mortality and target of 90 percent by 2015 globally cannot be achieved. This remains a major challenge to the policymakers.

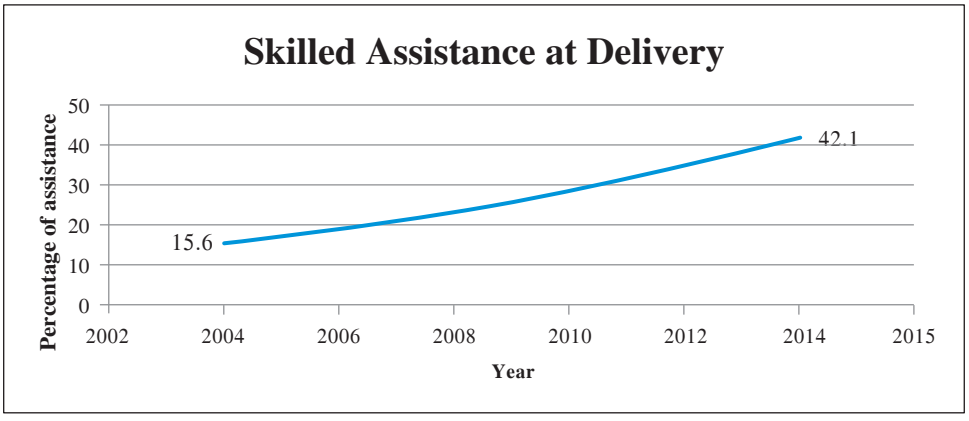

Figure 4.5: Percentage of Skilled Assistance at Delivery (Source: NIPORT, 2015a)

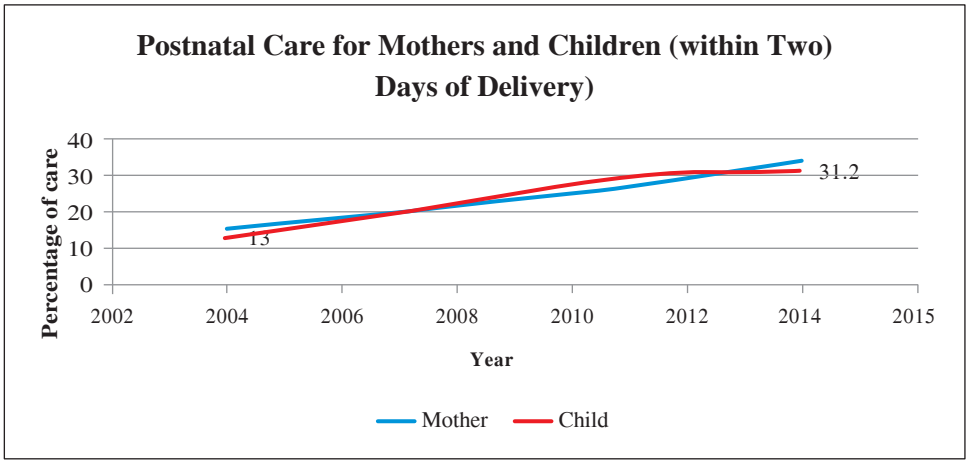

Figure 4.6: Percentage of Postnatal Care for Mothers and Children (Within Two Days of Delivery) (Source: NIPORT, 2015a)

Postnatal care for mothers within two days of delivery increased from 15.8 percent to 33.9 percent and for children from 13 percent to 31.5 percent during 2004-2014. In order to ensure safe motherhood and neonatal health by reducing maternal and neonatal mortality and morbidity, postnatal care provides important guidelines and assistance. Bangladesh is lagging behind in providing postnatal care to two-thirds of the mothers after delivery.

The vaccination coverages are almost universal for BCG and Polio but coverage of all basic vaccinations was 78 percent by age 12 months in 2014. Coverage of all vaccines was 46.2 percent in 1993-94. Although coverage of vaccines BCG, Pentavalent3d and Polio3 were more than 90 percent in 2014, coverage of measles is lagging behind at a level of 80 percent. It may be noted that the target of achieving 90 percent coverage for measles was set by the HPNSDP 2011-16 by 2016 (NIPORT, 2015a).

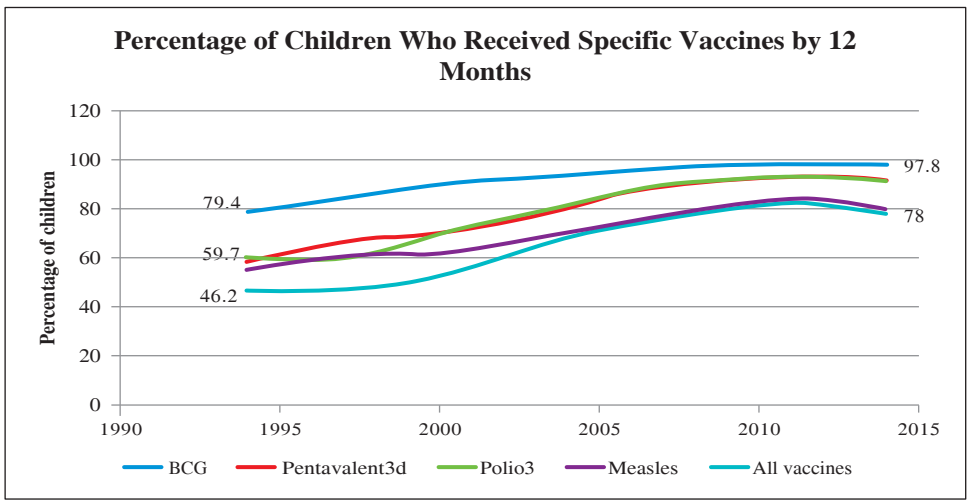

Figure 4.7: Percentage of Children Who Received Specific Vaccines by 12 Months (Source: NIPORT, 2015a)

The child nutritional status improved gradually during the past two decades but still a large proportion of children have been suffering due to malnourishment. The level of stunting declined from 54.6 percent in 1996-97 to 36.1 percent in 2014. During this period, the level of wasting showed a decline from 17.7 percent to 14.3 percent. Similarly, underweight children under age 5 declined from 56.3 percent to 32.6 percent during 1996-2014.

The prevalence of stunting has been declining gradually. As the stunting is a reflection of chronic malnutrition affecting the growth of children over time, it may require some long term measures to reduce the prevalence of stunting among the under 5 children. It is expected that with a consistent growth in economy resulting in subsequent decline in the poverty and poverty gap ratio, there will be faster decline in the prevalence of stunting in a relatively short period of time.

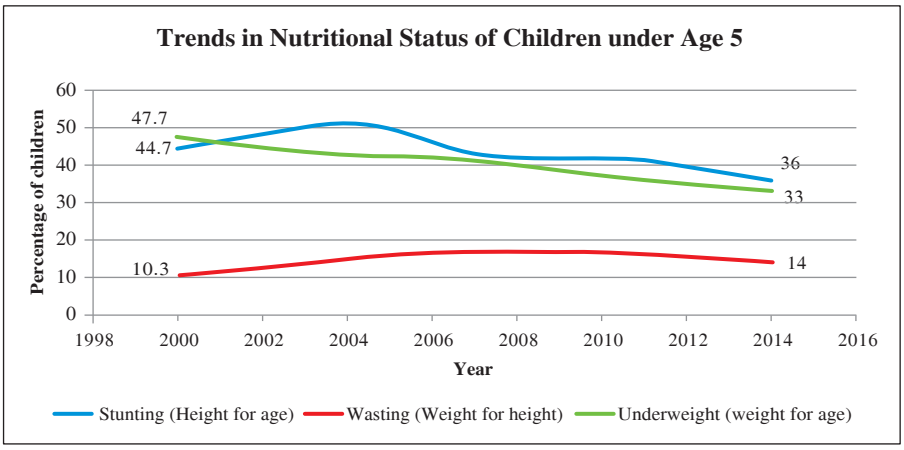

Figure 4.8 Trends in Nutritional Status of Children Under Age 5, 2000-2014 (Source: NIPORT, 2001, 2015a)

The number of HIV-AIDS cases was 445 in 2011 and the cumulative number was 2533. As per target of ICPD, a reduction by 25 percent by 2010 could not be achieved, the number showed gradual increase, although in terms of rate it might decrease or remain constant due to increased population size. However, the government will have to continue the efforts to ensure access to the information, education and services to delivery skills to reduce vulnerability.

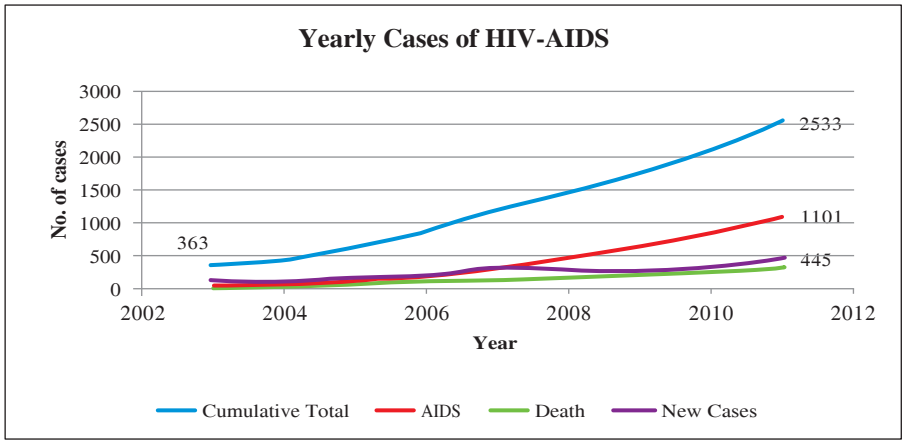

Figure 4.9: Yearly Cases of HIV-AIDS (Source: GOB, 2012)

CHAPTER 5

Family, It's Roles, Rights, Composition and Structure

Family is considered as the basic unit of a society and the stability of a family remains as a challenge due to transitions in demographic and socio-economic processes in a short span of time. Family needs support and protection so that the stability of a family life remains less affected due to the change in composition and structure of family. The issues of concern are: growing number of single parent households, increasing cost of child rearing and rights of women and children in the family. Some of the indicators included in this report are family size, femalae headed households, percentage of households with access to safe drinking water, percentage of households with access to sanitary latrines and percentage of households having access to electricity.

The percentage of female headed households was around 9 percent in 1994 which increased to 11 percent in 2011 according to the Bangladesh Demographic Health Surveys conducted in various years. However, according to the Sample Vital Registration System data the female household headship increased from 12.5 percent in 1994 to 14.5 percent in 2012.

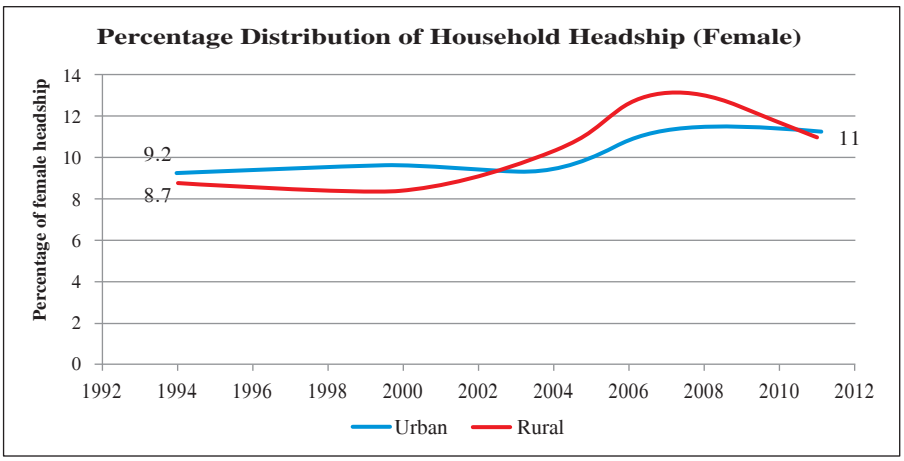

Figure 5.1: Percentage Distribution of Household Headship (Female) (Source: NIPORT, 1994, 2001, 2005, 2009, 2013)

The mean size of households displays slight decline from 5.5 to below 5 in both rural and urban areas according to the Bangladesh Demographic and Health Surveys during 1993-94 to 2011. The Sample Vital Registration System data show that during the period from 1994 to 2012 the household size in rural areas declined from 5.4 to 4.8 compared to decline from 5.3 to 4.2 in urban areas.

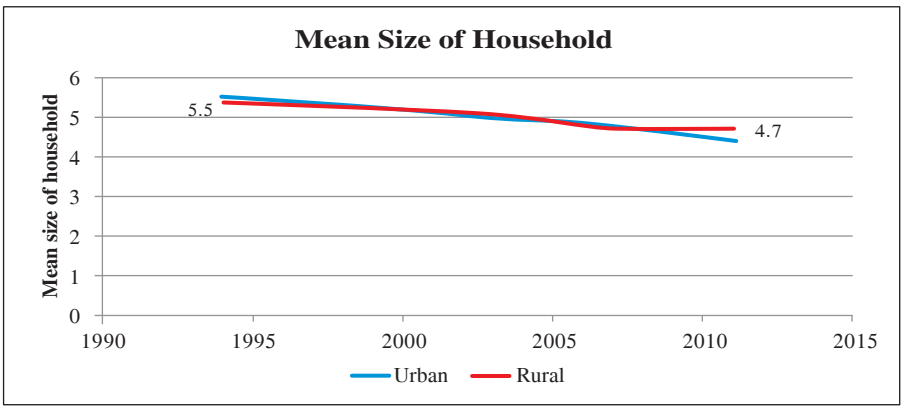

Figure 5.2: Mean Size of Household (Source: NIPORT 1994, 2001, 2005, 2009, 2013)

The percentage distribution of households having access to improved drinking water source increased from 68 percent in 1990 to 84 percent in 2014. It indicates that still 16 percent households do not have access to improved drinking water.

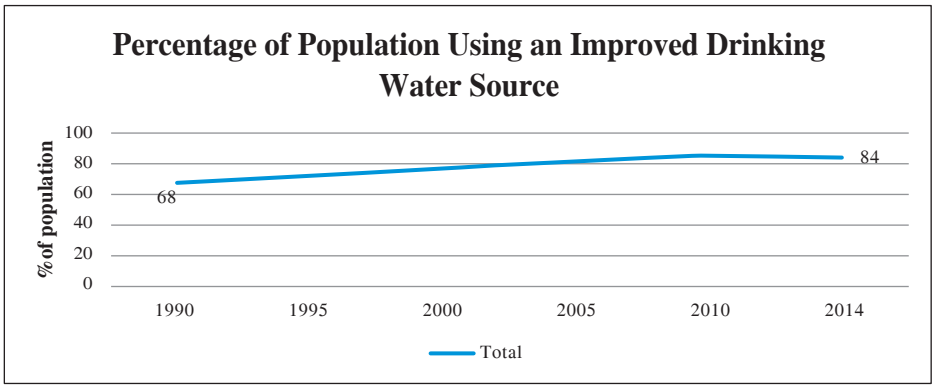

Figure 5.3: Percentage of Population Using an Improved Drinking Water Source, 1990-2012 (Source: GED, 2015)

In 1990, only 34 percent of the households had improved toilet facilities and since then gradually increased to 57 percent in 2014. This shows that still 43 percent households do not have access to hygienic or improved toilet facilities. This will remain as a challenge to the policymakers for improving the quality of life in Bangladesh.

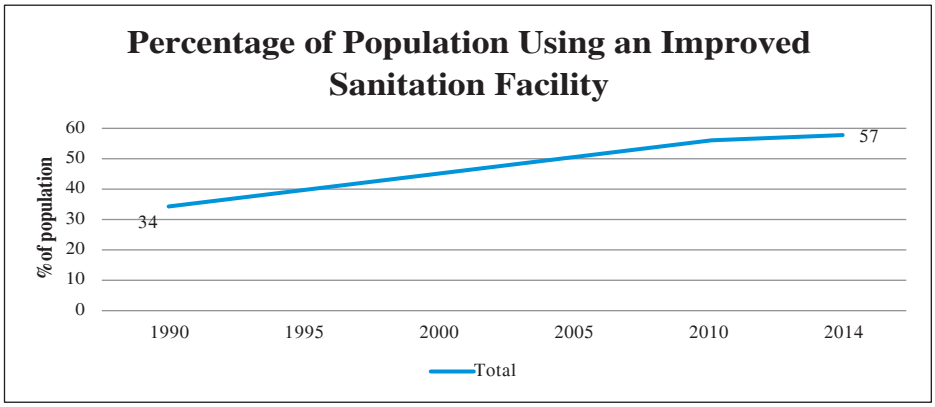

Figure 5.4: Percentage of Population Using an Improved Sanitation Facility, 1990-2012 (Source: GED, 2015)

During the period from 1990 to 2014, the use of sanitary toilet facility increased from 31 percent to 57 percent in rural areas and from 47 percent to 56 percent in urban areas. In the urban areas, the growth of population has been very fast and there is an increasing proportion living in slum areas where the basic necessities are absent. This remains as a formidable challenge to the policymakers.

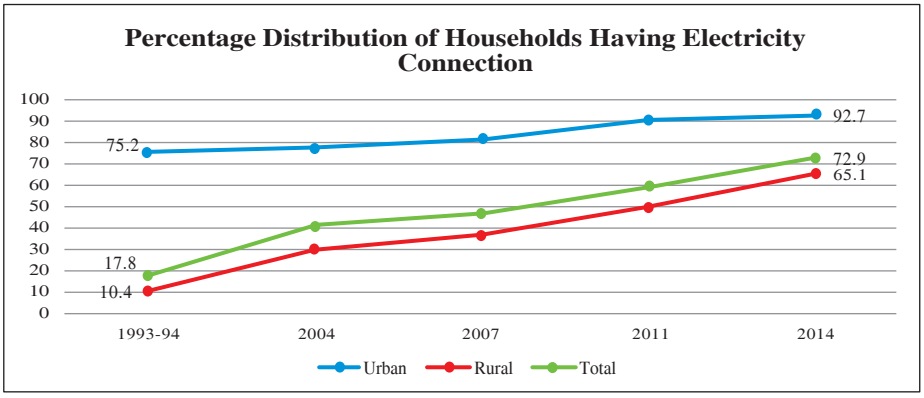

Figure 5.5: Percentage Distribution of Households Having Electricity Connection (Source: NIPORT, 2013, 2015a)

It is evident from the percentage distribution of households having electricity connection that there is marked increase in the electricity connection in households in rural areas from 10 percent in 1993 to 65 percent in 2014 as compared to that of 75 percent to 93 percent in urban areas during the same period. The BDHS 2014 survey shows that the households having electricity from either national grid or solar have increased to 65 percent in rural and 93 percent in urban areas. Hence, there appears a substantial increase in the households having electricity connection in both rural and urban areas during 2010-14. Access to electricity during this short period is quite remarkable and it is even more pronounced in rural areas which is attributable mainly to the increased share of solar energy in rural areas (15 percent of the total households with electricity). Access of increasing percentage of households to electricity in both rural and urban areas will have far reaching impact on sustainable economic developments.

In the PoA of ICPD 1994, it was noted that families are sensitive to changes that are taking place socially and economically due to lack of gainful employment and reduction in social expenditures causing : (i) increase in vulnerable families such as single-parent families headed by women, poor families with elderly or disabled members, (ii) increase in labour migrations resulting in disintegration in families and increased responsibilities for women, (iii) child abuse and domestic violence, (iv) increased number of children and youth population in urban areas without support from family ties being exposed increasingly to dropping out of school, labour exploitation, sexual exploitation, unwanted pregnancies and sexually transmitted diseases. Among the actions suggested for the governments, notable are: (i) formulation of family-sensitive policies taking into consideration work, health, social security and education, monitoring the impact of socio-economic decisions on the wellbeing of families and on the status of women within families, (ii) developing innovative means to provide support to vulnerable families such as families in extreme poverty, chronic unemployment and illness, (iii) developing mechanism to assist families caring for children and elderly, and (iii) special attention to poor families and to widows and orphans.

To address these issues, the Sixth Five Year Plan (2011-15) (GED, 2012, pp.29-30) emphasized on strengthening social protection programs. The strategy for designing and implementing social protection programs for under-privileged population. It was noted in the Sixth Five Year Plan that review and reform of existing programs would be undertaken to ensure focusing the needs of under-privileged including disabled, elderly, tribal population, and children and women exposed to higher risk. In addition, policy measures were also undertaken to address the needs for vulnerable population at risk due to natural disasters and climate change. Gender parity was given a very high priority in the Sixth Plan along with need for promoting their rights and taking care of variations in their status, deprivation and needs by community, religion and region (GED, 2012, p.30).

Poverty is one of the main causes of deprivation among the vulnerable groups. Some of the policy measures undertaken during the Sixth Plan were (GED, 2012, pp. 149-150): (i) enhancing the access of the poor to production inputs, (ii) expanding employment opportunities for the population in lagging behind regions through improvement in connectivity and investing in human capital, (iii) stimulating women participation in labour force, (iv) improving poor households' access to and quality of education, health and nutrition services, (v) strengthening coordination, targeting and coverage of social protection programs, and (vi) enhancing access to microfinance.

For ensuring availability of safe water and improved sanitation facilities, several policy measures were included in the Sixth Plan (GED, 2012, pp.152) such as increasing coverage of safe drinking water and improved sanitary facilities in both urban and rural areas in order to improve living standards of the poor. Removing arsenic content from the drinking water was given priority as well.

As the women, children, tribal groups and disabled are the most vulnerable groups, the Government of Bangladesh has reiterated the need for ensuring the overall rights of women and gender equality through: (i) integration of gender aspect in all sectoral interventions, and (ii) removing all policies and social biases against women. To achieve this goal, in 2011, the Government adopted the 'National Policy for Women's Advancement' (NPWA) aiming at elimination of all forms of discrimination against women. Some of the important goals in regard to vulnerable women are (GED, 2012, p. 154): (i) eradicating the persistent burden of poverty on women; (ii) creating opportunities for education and marketable skills training to enable them to participate and be competitive in all economic activities; (iii) promoting an enabling environment at the work-place: setting up day care centres for the children of working mothers, career women hostels, safe accommodation for working women; (iv) providing safe custody for women and children victims of trafficking and desertion, and creating an enabling environment for their integration in the mainstream of society; (v) ensuring women's social security against all vulnerability and risks in the state, society and family; and (vi) eliminating all forms of violation and exploitation against women. The Sixth Plan identified the following challenges towards achieving these goals: (i) lower income of the female-headed households, (ii) labour force participation is low among women although has been increasing gradually, (iii) violence against women is widespread and (iv) early marriage causes loss of education, employment opportunities, decision-making power, early childbirth and higher maternal and infant mortality among adolescent mothers. The Sixth Plan strategy includes government's commitment to various international forums including CEDAW and Beijing Platform form for Action.

The Government of Bangladesh has taken various programs for disabled persons including stipend and subsistence allowance, skill training, interest free microcredit and providing funds to NGOs to assist persons with mental disability. It is noteworthy that a National Disability Action Plan has been formulated with involvement of related ministries (GED, 2012, p.162). It is noted that priority will be given to the requirements of the poor and vulnerable, including women and children.

The extreme poor people are mostly elderly, disabled or chronically sick and may require long term social protection (GED, 2012, p. 165) and the children of the extreme poor may be stunted or malnourished. There are new challenges emerging due to rapid urbanization. Some of the social protection programs for the poor and vulnerable people are: Food for Works, Vulnerable Group Development, Vulnerable Group Feeding, Cash for Works, old-age allowances, and allowances for retarded people, allowances for widow and distressed women, and grants for orphanages.

CHAPTER 6

Interrelationships between Population, Sustained Economic Growth, Sustainable Development and Environment

The interrelationships between population, sustained economic growth and sustainable development take into account the interactive processes in these areas simultaneously. All the areas discussed so far as well as other areas which will be discussed later have direct or indirect bearing in understanding consequences of interrelationships between population, sustained economic growth and sustainable development. The ICPD 1994 PoA stated the objectives to fully integrate population concerns into: (a) development strategies, planning, decision-making and resource allocation at all levels and in all regions, with the goal of meeting the needs, and improving the quality of life, of present and future generations; and (b) all aspects of development planning in order to promote social justice and to eradicate poverty through sustained economic growth in the context of sustainable development. For highlighting the interrelationships, we have considered the following components: (a) population (population size, projected population, population growth rate, age composition), (b) demographic dividend factors (proportion of working age population, dependency ratio, employment (formal and informal), educational attainment, savings, ageing, health care facilities), (c) economic growth (GNP per capita, growth in GNP, GDP per capita, growth in GDP, external debt, external debt as % of GNP), (d) poverty (poverty headcount ratio (% of below national poverty line and % of population with less than $1.25 a day), poverty gap ratio, poorest fifths share of national income, employment, employment to population of working age ratio, unemployment rate,), (e) food security and nutrition (percentage of children under age 5 suffering from malnutrition, percentage of population below minimum level of dietary energy consumption), and (f) environment (carbon dioxide emissions (per capita). Some of these indicators have been discussed in previous chapters.

Education is the most important factor to transform the population to human capital as well as to make the process of development sustainable. There is interdependence between education and demographic, economic and social changes. Education of women can be linked with their empowerment. In the process of development, without quality education it will not be possible to make use of the potential benefit from the demographic dividend through optimum use of transforming the working age population for the sustainable development. Some of the indicators are: net primary enrolment or attendance ratio, percentage of pupils starting grade 1 who reach grade 5, adult literacy rate, literacy rate of 15-24 olds. The primary enrolment rate reached 95 percent in 2011 and 98 percent in 2014. For primary level, the survival rate reached 81 percent. However, the secondary enrolment rate lagged behind, the secondary enrolment rate increased from 45 percent in 2005 to 59 percent in 2013 but declined to 50 percent in 2014 which indicates the future challenge in achieving a sustainable secondary education. The secondary completion rate increased steadily from 20 percent in 2005 to 58 percent in 2014 but still lagging behind the achievable target.

Table 6.1: Primary and Secondary Enrolment and Survival/Completion Rates

Year	Primary Enrolment Rate	Primary Survival Rate	Secondary Enrolment Rate	Secondary Completion Rate
1990	60.5	43	-	-
2005	87.2	53.9	45.1	20.0
2011	94.9	79.6	53.7	46.4
2012	96.7	75.3	57.4	55.4
2013	97.3	80.5	59.0	56.8
2014	97.7	81.0	50.2	58.1

Source: BANBEIS, 2001-2014 (http://www.banbeis.gov.bd/db_bb/primary_education_1.html)

The rate of labour force participation shows an increase from 48.8 percent in 1990-91 to 59.3 percent in 2010. However, Table 6.1 shows that there was a slight decline in labour force participation in 2013. The labour force participation rate increased for females from 15.8 percent in 1995-1996 to 36 percent in 2010 whereas the male participation declined from 87 percent to 82.5 percent during the same period. Both male and female participation rate declined during 2010-2013.

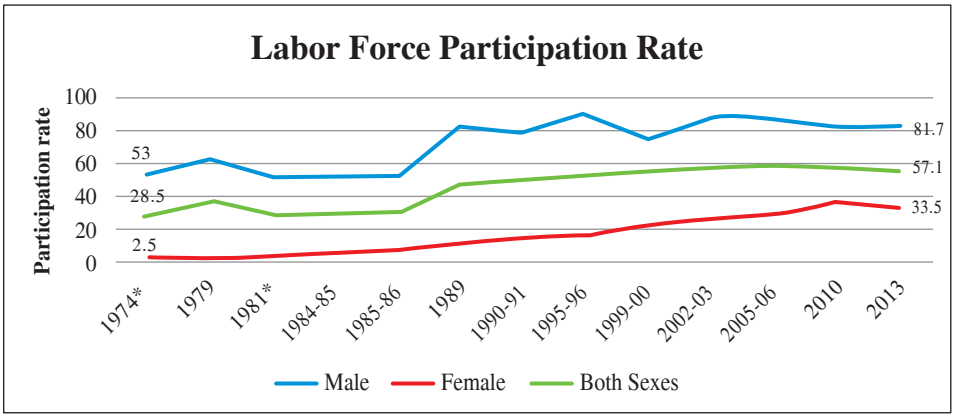

Figure 6.1: Labour Force Participation Rate,1974-2010 (BBS, 2009; GED, 2015)

The medium scenario projection shows that at the constant rate of employed population, the number in labour force participation will show a rapid increase from 52.1 million in 2011 to 81.57 million in 2056. This will be a challenging task to create jobs for this growing number of job seekers who will be entering into the job market in the coming years as a result of sharp increase in the working age population.

With the increase of population, as we have shown in Chapter 2, the working age population will also increase rapidly. For the working age population, if we assume current rate of labour force participation, a very conservative assumption which is expected to increase as we observe from the past trend, there will be an increase of about 30 million more people who will be participating in the labour force. In other words, it is expected from the medium projection assumptions that it will be needed to create 7 million new jobs during the 2011-16 and another 7 million new jobs during 2016-21 which will continue to increase at a slower rate starting from 2021. On the other hand, if we assume that the labour force participation rate will be increasing up to 70 percent by 2021, then the increase in labour force participation will be much higher, from 52.1 million in 2011 to 71.5 million in 2021 and will increase steadily to 96.3 million in 2056. This is a challenge to the policymakers for preparing the ground to facilitate the economic activities to avail the favorable conditions created by the window of opportunity through bringing the new job seekers in the mainstream of economic activities.

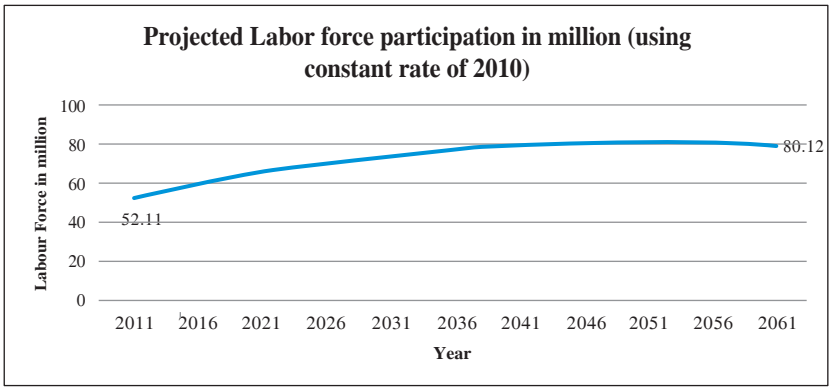

Figure 6.2: Labour Force Participation in Million (using constant rate of 2010) (Population Projection under Medium Scenario)

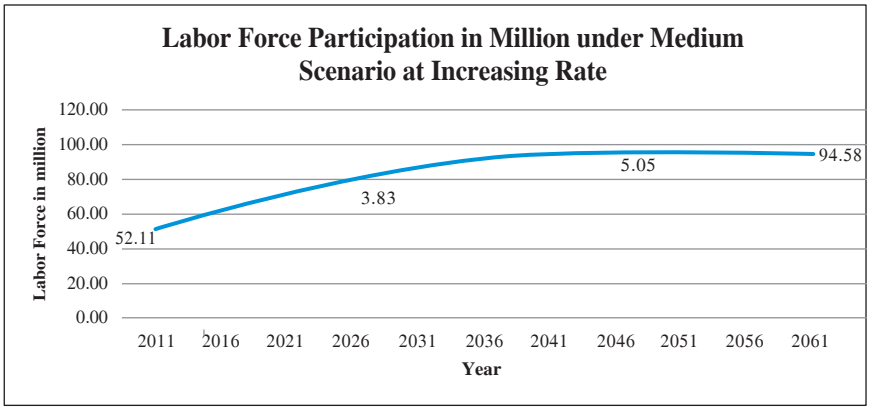

Figure 6.3: Labour Force Participation in Million (using increasing rate) (Population Projection under Medium Scenario)

The economy of Bangladesh has been growing steadily. The revised estimates of the growth rate have been persistently over 6 percent for several years except a slight decline in the years 2008-9 and 2009-10. The real GDP growth rate during the eight year period from 2007 to 2014 was about 6.1 percent per annum (BBS, 2015a). This robust growth in economy has manifold impact on various other ICPD indicators including reduction in the level of poverty.

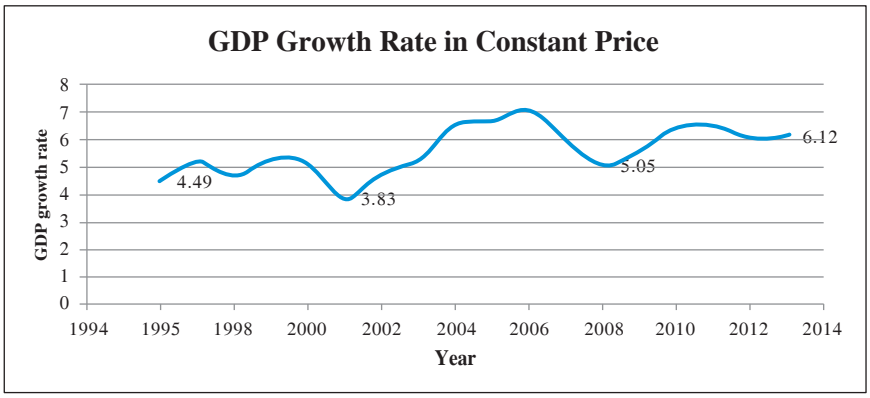

Figure 6.4: Revised GDP Growth Rate in Constant Price for Industrial Origin Sector (Source: BBS, 2015a)

Both per capita GDP and GNI at current price show sharp increase during the recent past which can be attributed to effective stabilization measures such as effective fiscal and monetary policies (BBS, 2015a). The per capita GDP, GNI and NNI were 384 US $, 394 US $ and 360 US $, respectively in 1995-96 fiscal year which are 1115 US $, 1190 US $ and 1093 US $ respectively in the 2013-14 fiscal year according to revised estimates based on 2005-6 as the base year.

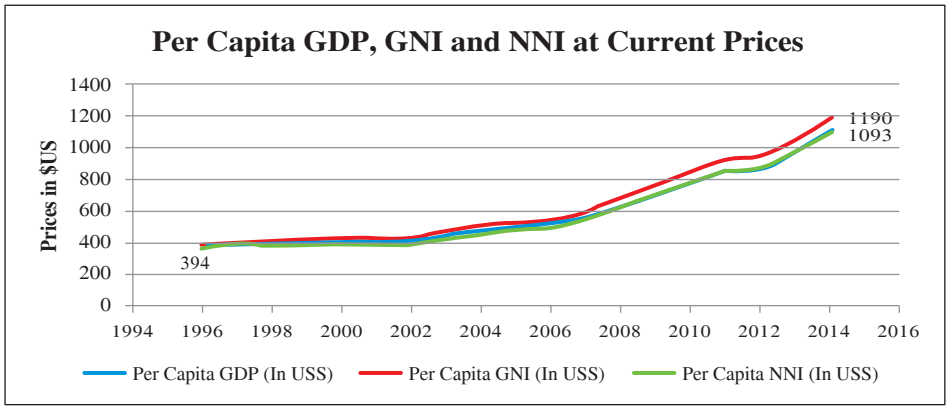

Figure 6.5: Per Capita GDP, GNI and NNI at Current Prices (In US$) (Source: BBS, 2015a)

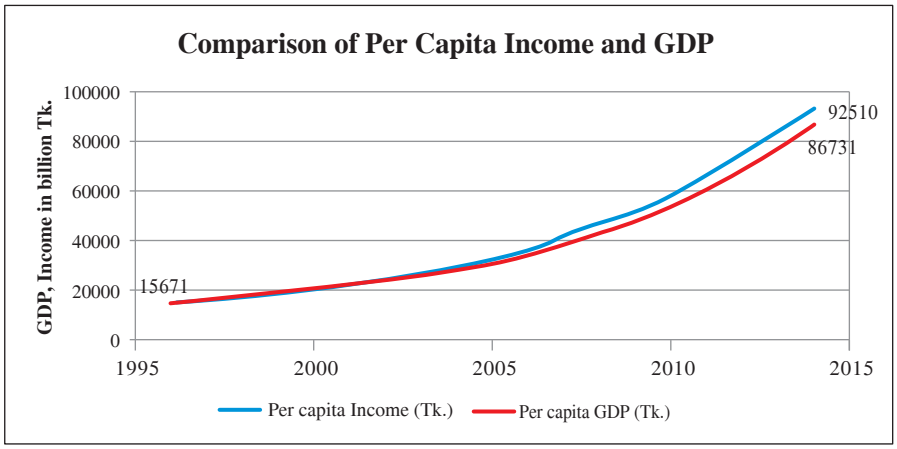

Figure 6.6: Comparison of Per Capita Income and GDP (Billion Tk.) (Source: BBS, 2015a)

The revised estimates of the per capita income and per capita GDP (BBS, 2015a) are displayed in figure 6.6. Both the per capita income and GDP demonstrated very remarkable increase especially during the last eight years. During 1996-2014, the per capita income increased from Tk 16,080 to Tk 92,510 compared to the per capita GDP from Tk 15,671 to Tk 86,731. During the period from 2007 to 2014, the increase in both the per capita income and GDP was 224 percent.

The amount of external debt has increased from 16.24 billion US $ in 2001 to 23.3 billion US $ in 2014. It was shown from another source (GED, 2014) that the external debt increased from 10.6 billion US $ in 1990 to 24.9 billion US $ in 2013. However, the proportion of total debt service (TDS) to exports of goods and services decreased from 20.87 percent in 1990 to 8.58 percent in 2013. Similarly, the total debt as proportion of GDP declined from 47.9 percent in 1990 to 16.6 percent in 2013.

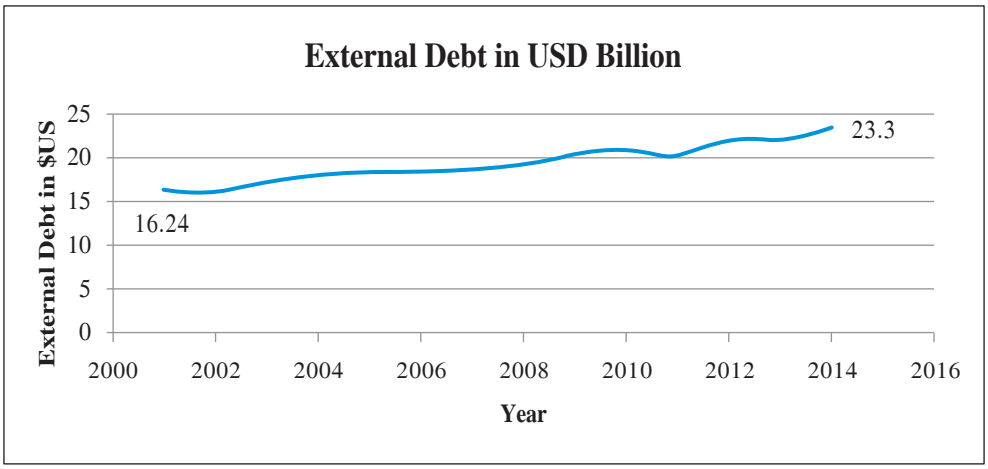

Figure 6.7: External Debt in Bangladesh (Source: Bangladesh Bank, 2014)

The revised estimates of GDP by broad sectors at current market price indicate that the growth in service and industry sectors have been notable as compared to agriculture sectors. As compared to the growth in agriculture sector from 442 billion taka in 1996 to 2044 billion in 2014, the service sector increased from 952 billion taka to 7235 billion taka during the same period (BBS, 2015a). The growth in service sector appears to be about 7.6 times during the 1996-2014 period compared to 4.6 times in agriculture sector. However, the pace of growth in industry sector has been the fastest, 8.7 times, during the same time period. The contribution of service sector was 50 percent in 1996 which has demonstrated an increase to 54 percent in 2014. Similar rise in the share of industry sector is also recorded from 22 percent to 27 percent

during the same period. However, the share of agriculture sector reduced from 23 percent to 15 percent. This is expected from the trend in the growth of urban population and increased economic activities in the urban areas.

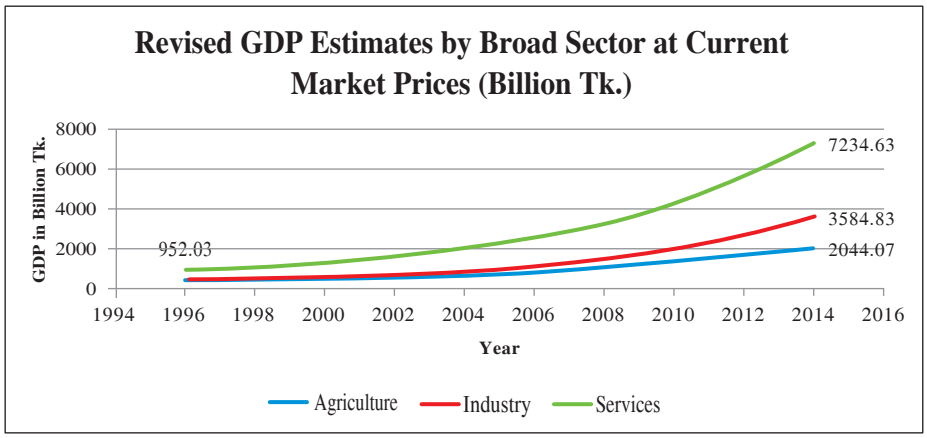

Figure 6.8: Revised GDP Estimates by Broad Sector at Current Market Prices (Source: BBS, 2015a)

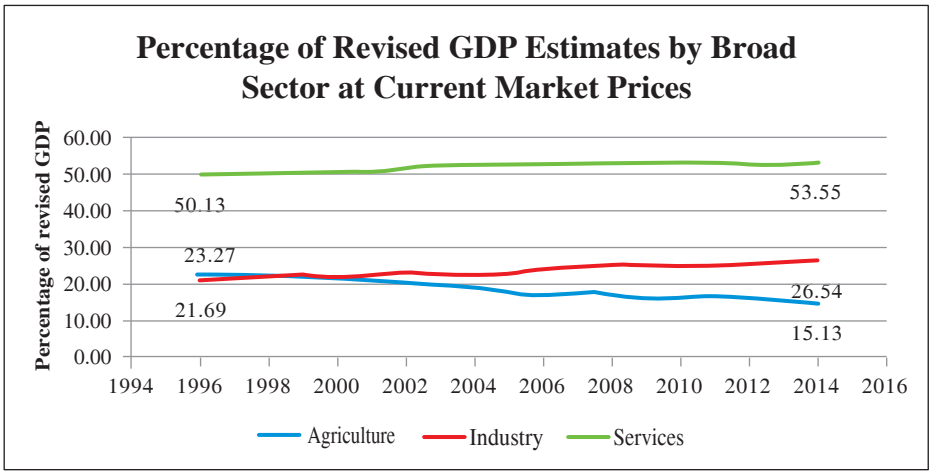

Figure 6.9: Percentage Distribution of Revised GDP Estimates by Broad Sector at Current Market Prices (Billion Tk.) (Source: BBS, 2015a)

The revised estimates of investment and savings both increased rapidly from around 400 billion taka to 3875 billion taka for investment and 4126 billion taka for savings. The growth in both investment and savings show consistently high rates which have, on an average, higher rates (around 14 percent) in recent years.

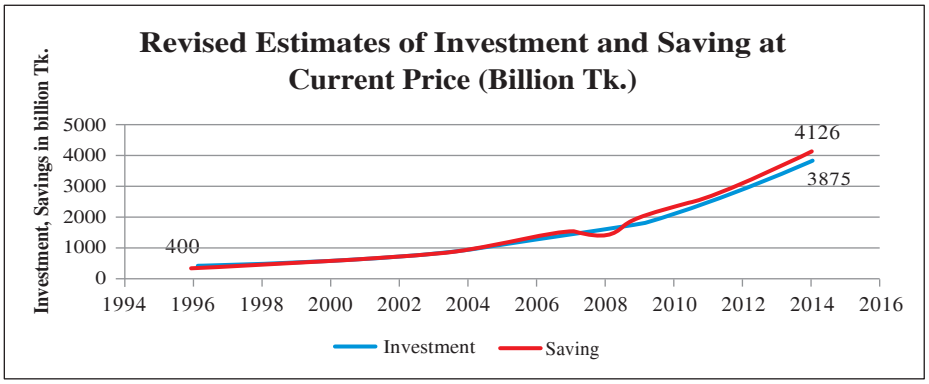

Figure 6.10: Comparison of Revised Estimates of Investment and Saving at Current Price (Billion Tk.) (Source: BBS, 2015a)

The share of investment and savings demonstrated increasing proportions in recent years. The share of GDP for investment and saving increased considerably from 20.7 percent and 21.0 percent in 1996 to 28.7 percent and 30.5 percent in 2014 respectively.

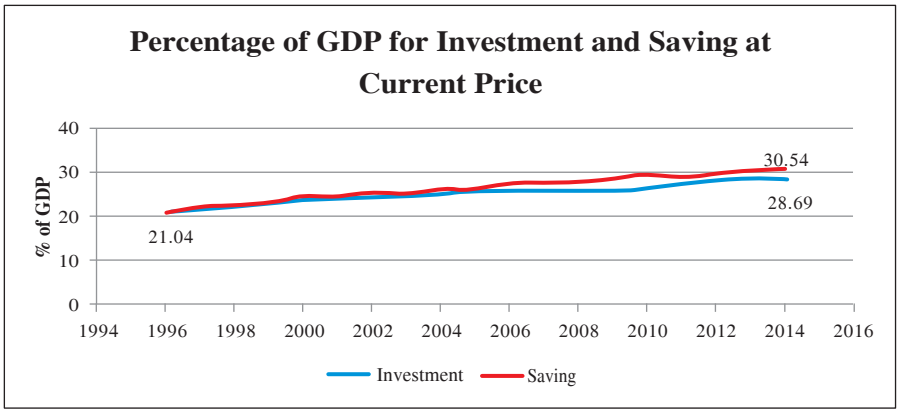

Figure 6.11: Percentage of GDP for Investment and Saving at Current Price (Billion Tk.) (Source: BBS, 2015a)

In 1996, the public sector investment was 95 billion taka and increased sharply to 986 billion taka in 2014 (BBS 2015a). This is more than 10 fold increase at current price. Similarly, the corresponding 9.67 fold increase in private sector from 299 billion taka to 2889 billion taka during the same period is noteworthy.

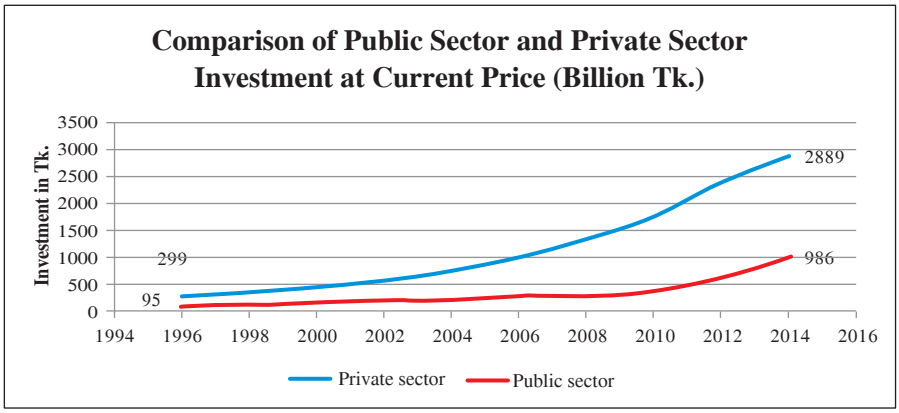

Figure 6.12: Comparison of Public Sector and Private Sector Investment at Current Price (Billion Tk.) (Source: BBS 2015a)

As a result of continued economic growth, poverty has declined substantially during the 1992-2010 period.

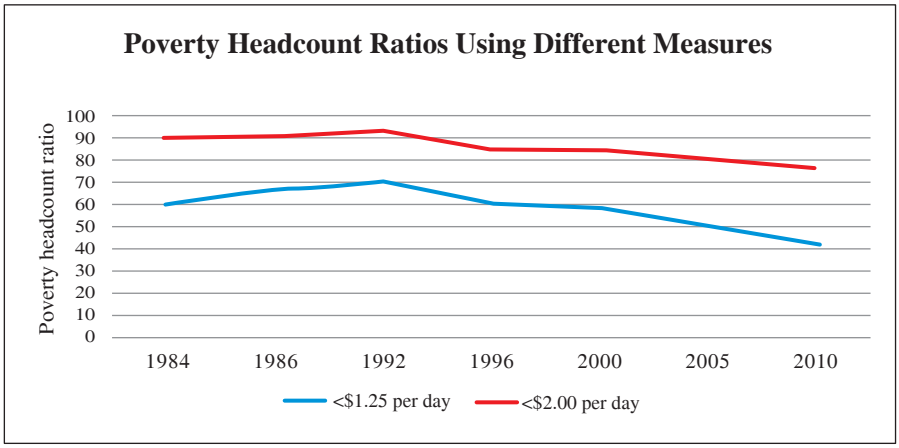

Figure 6.13: Poverty Headcount Ratios Using Different Measures (Source: UNFPA, 2014)

The headcount ratio of incidence of poverty which measures the percentage of population below $1.25 (PPP) per day was 70.2 percent in 1992 and declined to 43.3 percent in 2010. However, according to headcount ratio based on the proportion of population below national upper poverty line (2,122kcal/day) declined from 56.7 percent in 1991-92 to 31.5 percent in 2010. .In a recent estimate of the headcount ratio of incidence of poverty showed that there might be decline in poverty to 24.8 percent in 2015 (GED, 2015). It was observed that the extreme poverty was reduced from 29.6 percent in 2005 to 17.6 percent in 2010 (BBS, 2015).

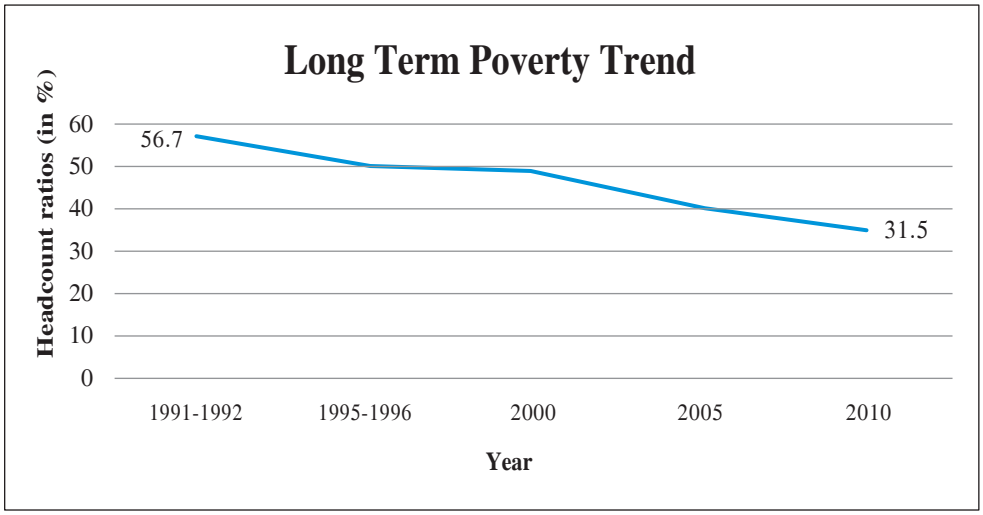

Figure 6.14: Long Term Poverty Trends (Headcount ratio in %) (Source: BBS 1993, 2007a, 2011a)

Poverty gap ratio declined substantially from 17.2 percent in 1991-92 to 6.5 percent in 2010 indicating that the depth of poverty reduced to a large extent. This decline observed in both the rural and urban areas, from 18.1 percent to 7.4 percent in rural areas and from 12 percent to 4.3 percent in urban areas.

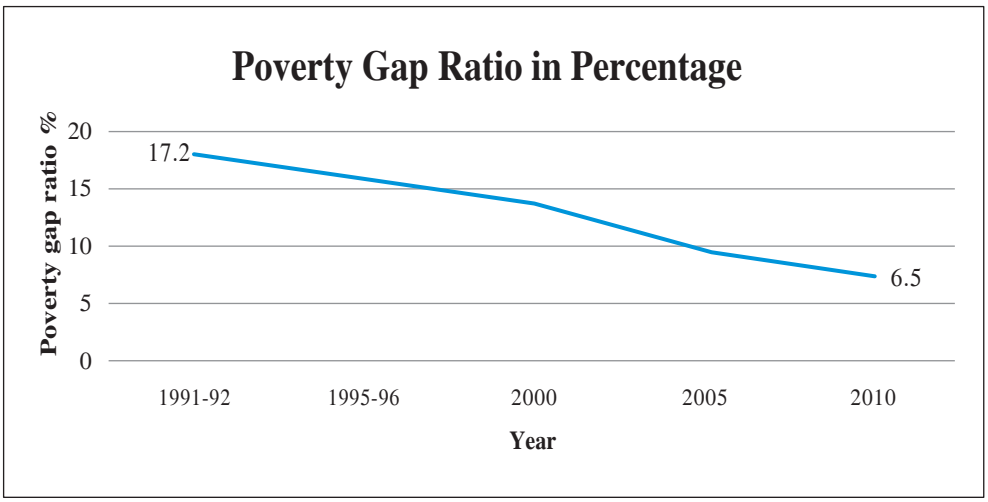

Figure 6.15: Poverty Gap Ratio, 1991 – 2010 (Source: BBS 2011a)

Although the measures of poverty and poverty gap ratio show substantial decline since 1991, the share of poorest quintile to the national income shows a declining trend reflecting the widening income inequality since 1991. This issue needs special attention because due to population momentum there will be increasing number of working age population at all levels. To reduce the income inequality, one of the necessary preconditions is to improve the quality of human resources through education.

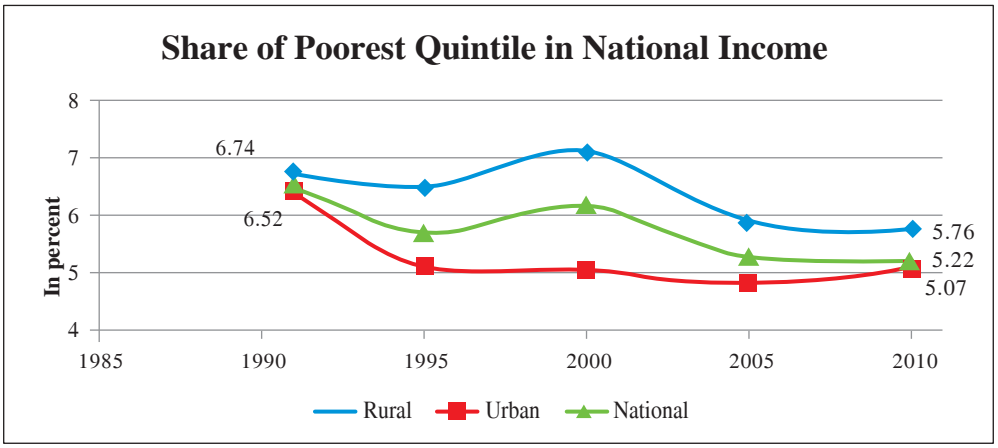

Figure 6.16: Share of Poorest Quintile in National Income (Source: BBS, 1993, 2007a, 2011a)

The Social Safety Nets Program has been successfully providing support to the needs of the poor people. During 2005-2010, the percentage of households receiving benefit from the program was almost doubled increasing from 13 percent to 25 percent.

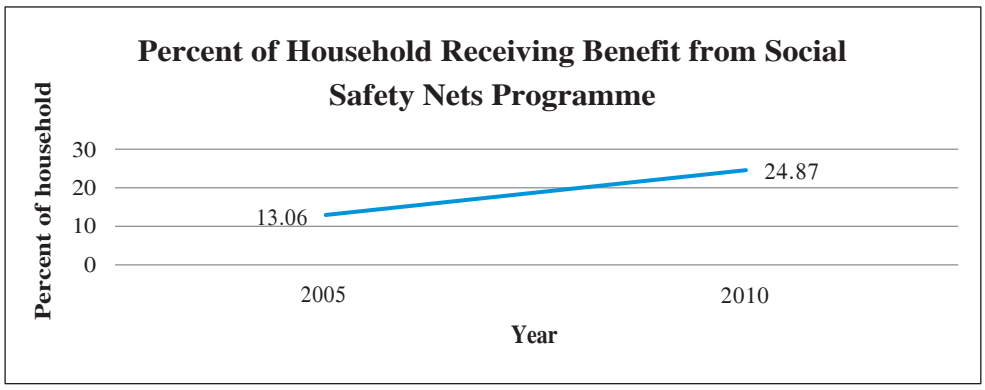

Figure 6.17: Percent Households Receiving Benefit from Social Safety Nets Programme (Source: BBS 2011a)

The average per capita calorie intake shows an increase from 2254 kcal per capita in 1995-96 to 2318.3 kcal per capita in 2010. The increase appears to be more pronounced in rural areas.

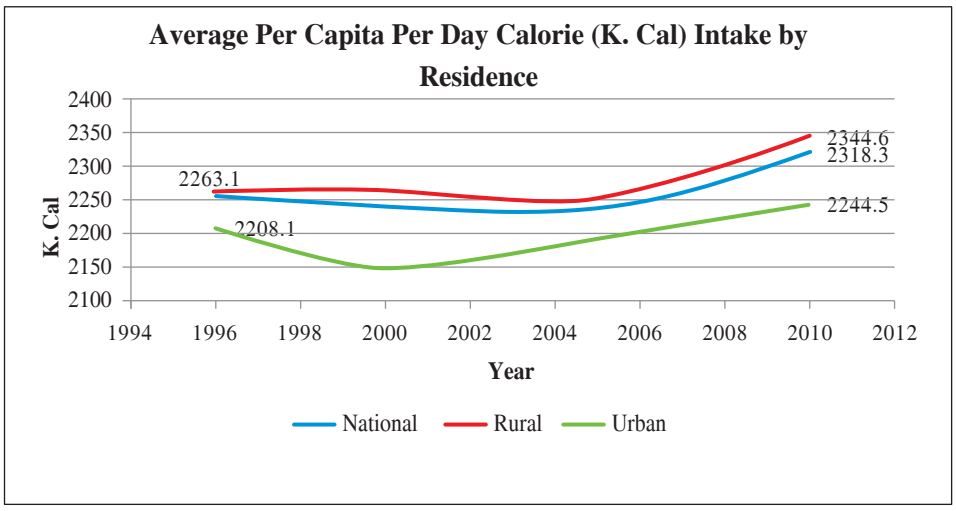

Figure 6.18: Average Per Capita Per Day Calorie (K. Cal) Intake by Residence (Source: BBS, 2011a)

The carbon dioxide emission shows very rapid increase from 0.14 metric ton in 1990 to 0.37 metric ton per capita in 2010. There is steady increase in the carbon dioxide emission and hence this will require priority policy measure to keep it under control.

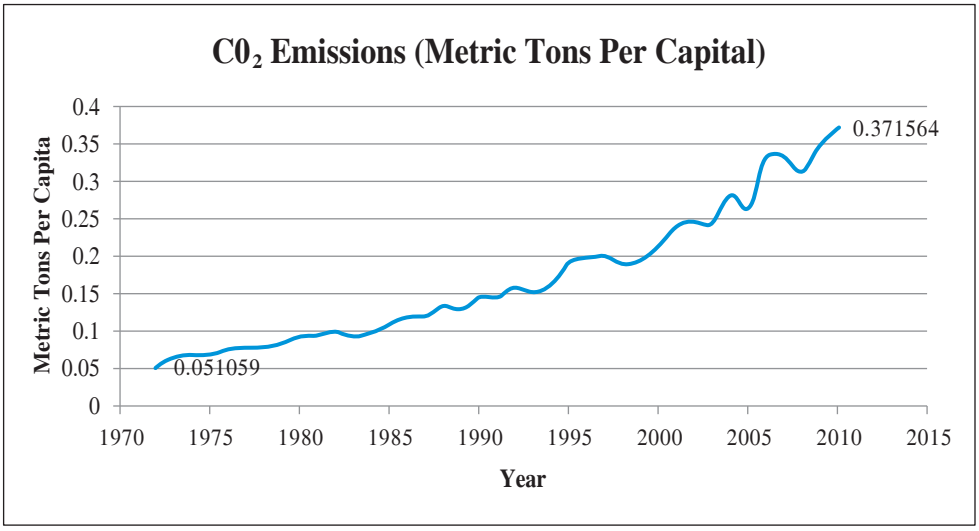

Figure 6.19: CO_2 Emissions (Metric Tons Per Capita) (Source: World Bank, 2010)

CHAPTER 7

Gender Equality, Equity and Empowerment of Women

One of the major goals of the ICPD 1994 is to achieve equality and equity between men and women so that women can realize their full potential. This goal needs special attention to empowerment and autonomy of women through improvement of their status. For attaining sustainable development this is one of the important prerequisites. To achieve this goal, the contributions of women in production, employment, income generating activities, education, health, science and technology and other activities need to be ensured. Some useful indicators are: literacy rate, ratios of girls to boys in primary, secondary and tertiary education, labour force participation, nutritional status by gender, healthcare (vaccination) by gender, empowerment of women in making decision and percent seats held by women in parliament.

According to the ICPD+5 key actions, gender gaps need to be eliminated for both net primary enrolment and secondary enrolment ratios by 2005, 90 percent net primary enrolment by 2010, illiteracy rate halve the rate for women and girls by 2005 relative to 1990. The girls were lagging behind the boys to a large extent in the net primary enrolment ratio in 1990 but the enrolment ratio for both the girls and boys reached more than 96 percent level and the enrolment for girls (98.8 percent) appear to be higher than that of the boys (96.6 percent) in 2014.

Table 7.1: Net Primary Enrollment Ratio (%), 1990-2013

Year	1990	1995	2000	2005	2010	2011	2012	2013	2014
Total	60.48	75.75	85.52	87.20	94.80	98.70	98.70	97.30	97.7
Girls	50.76	73.86	85.83	90.10	97.60	99.40	98.10	98.40	98.8
Boys	69.43	77.53	85.22	84.44	92.20	97.20	95.40	96.20	96.6

Source: BANBEIS 2001-2014 (http://www.banbeis.gov.bd/db_bb/primary_education_1.html); DPE 2014; GED, 2015

The adult literacy rate for population of age 15 years and over shows that 43.3 percent of the males compared to 25.8 percent of the females were literate in 1991. The gap between the male and female literacy rates declined from about 18 percent in 1991 to about 8 percent in 2013.

Table 7.2: Adult Literacy (in %) of Population 15+, Women and Men

	1991	1995	2000	2005	2010	2011	2012	2013
Both	37.2	45.3	52.8	53.5	58.6	58.8	60.7	61.0
Male	43.3	55.6	61.0	58.3	62.9	62.5	64.8	65.1
Female	25.8	38.1	43.2	48.6	55.4	55.1	56.6	56.9

Source: DPE, 2014; GED, 2015

The rate of school attendance was lower for girls of age 5-9 years, 40 percent, compared to 42.3 percent for boys, in 1991. Since 2001, the rate for girls started to increase and in 2011, the rates for girls and boys were 64 percent and 63 percent respectively. Similar trend is observed for the age group 10-14 years. In 2011, the attendance rate for girls and boys were 84 percent and 78 percent respectively. However, the attendance rates for age groups 15 and over shows that the girls have lower rates.

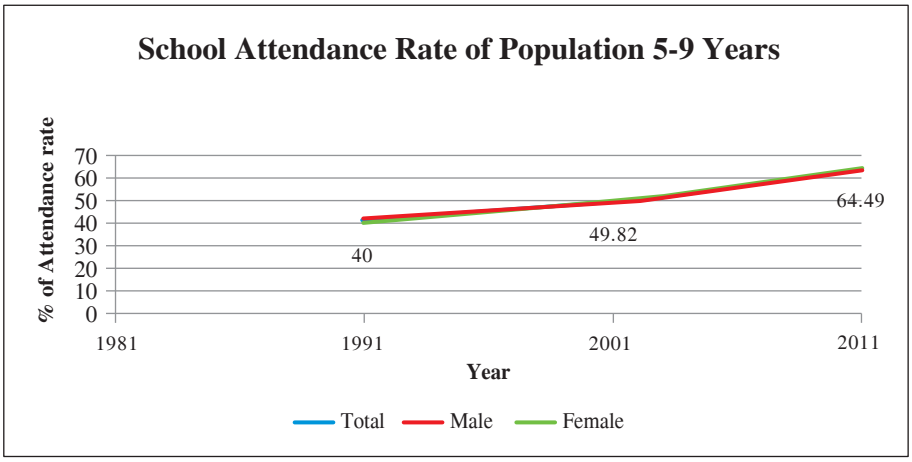

Figure 7.1: Percentage of School Attendance Rate of Population 5-9 Years (Source: BBS, 2013a)

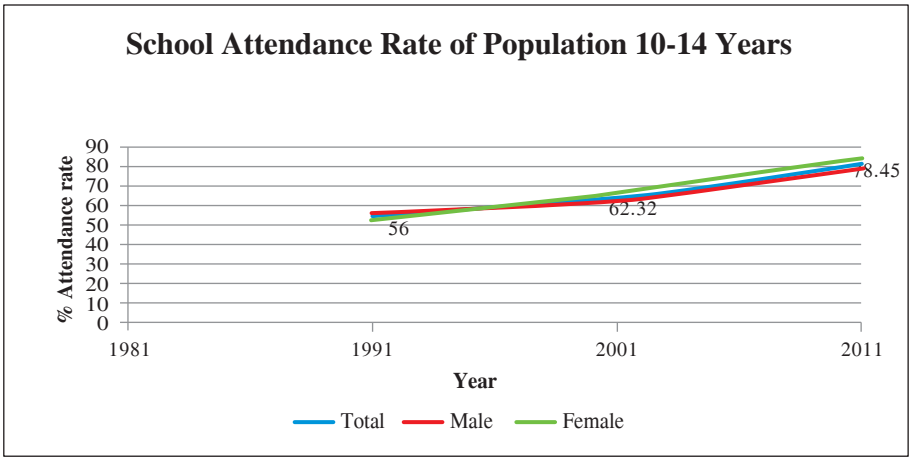

Figure 7.2: Percentage of School Attendance Rate of Population 10-14 Years (Source: BBS, 2013a)

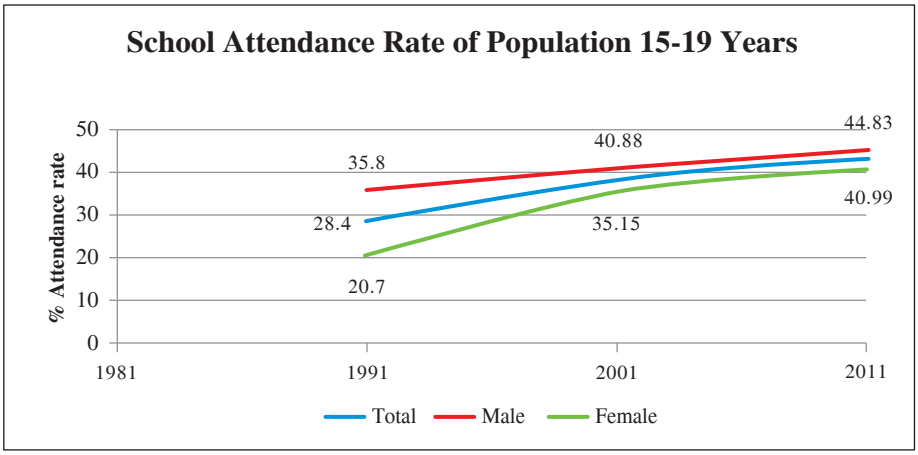

Figure 7.3: Percentage of School Attendance Rate of Population 15-19 Years (Source: BBS, 2013a)

The gender parity indices for primary, secondary and tertiary level education are summarized in the following table. The gender parity has been achieved for both primary and secondary levels. At the secondary level it increased to 1.14 in 2013 showing that there is steady increase in the number of girls who continue to attend the secondary level education.

Table 7.3: Gender Parity Index at Primary, Secondary and Tertiary Level Education, 1990-2013/14

Year	GPI at Primary Level	GPI at Secondary Level	GPI at Tertiary Level
1990	0.82	0.52 (1991)	
1995	0.90	0.82	
2000	0.96	1.06	0.33 (2001)
2005	1.01	1.04	0.32
2010	1.02	1.14	0.39
2011	1.02	1.13	0.66
2012	1.01	1.14	0.73
2013	1.00	1.14	0.67
2014	1.03		

Source: BANBEIS 2001-2014 (http://www.banbeis.gov.bd/db_bb/primary_education_1.html); DPE 2014; GED, 2015

During the years 2001-2008, the gender parity index at the tertiary level remained constant at a level 0.31-0.32 but since then a sharp increase to 0.73 in 2012 indicates that the gender parity can be achieved at the tertiary level too in near future. As the achievement of gender parity is linked with empowerment of women leading to sustainable economic development in the long run as a resultant impact, this achievement can be considered as a remarkable progress towards steady development.

Table 7.4: Labour Force Participation Rate by sex, 1974-2013

Year	Male	Female	Both Sex
1974*	53	2.5	28.5
1979	62	2.3	35.6
1981*	52.7	3.4	28.8
1984-85	53.8	5.6	30.2
1985-86	53.6	6.4	30.3
1989	81	10.6	47
1990-91	79.6	14.1	48.8
1995-96	89	15.8	52
1999-00	73.5	22.8	54.9
2002-03	87.4	26.1	57.3
2005-06	86.8	29.2	58.5
2010	82.5	36	59.3
2013	81.7	33.5	57.1

Source: BBS, 2009; GED, 2015

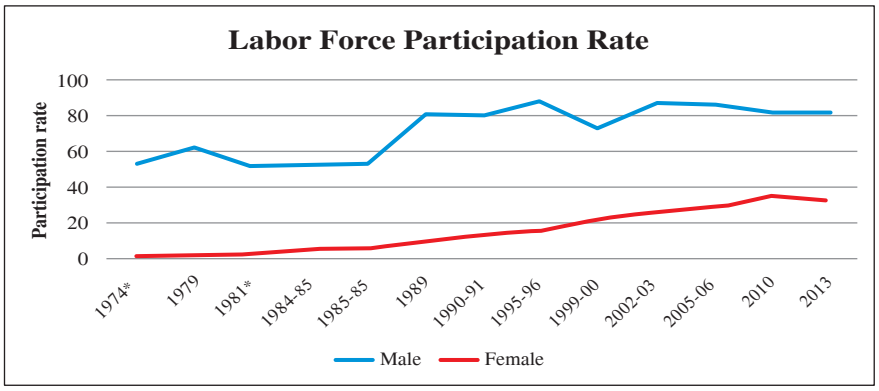

Figure 7.4: Labour Force Participation Rate (Source: BBS, 2009; GED, 2015)

Table 7.5: Trends in Unemployment Rates (Extended Definition) by Sex, 2000-2010

Year	Male	Female	Total
2000	3.5	11.1	5.1
2003	-	-	4.0
2006	3.7	40.1	12.6
2010	6.6	31.5	31.5

Source: UNFPA, 2014

The participation rate of women in the labour force has improved during the 1991-2010 period but the women are still far behind the men. The women labour force participation reached from less than one-seventh to one-third during the twenty year period while 82 percent of the men were in labour force in 2010. The labour force participation rates for both males and females declined during 2010-13. As expected, the unemployment rate has been higher for females.

The prevalence of underweight among the under 5 children has demonstrated a steady decline gradually for both the girls and boys during 1996-2014. The prevalence of underweight among the under 5 declined from 58 percent to 33 percent for girls and from 55 percent to 32 percent for boys. Despite the reduction in underweight females and males from above 50 percent, the challenge remains that still one-third of the under 5 children are malnourished and suffer from underweight.

Similar to the prevalence of underweight, the prevalence of stunting has been declining gradually too. As the stunting is a reflection of chronic malnutrition affecting the growth of children over time, it may require some long term measures to reduce the prevalence of stunting among the under 5 children. The prevalence of stunting showed a decline from 55 percent to 35 percent for girls compared to a decline from 54 percent to 37 percent for males during 1996-2014. It is expected that with a consistent growth in economy resulting in subsequent decline in the poverty and poverty gap ratio, there will be faster decline in the prevalence of stunting in a relatively short period of time.

Table 7.6: Prevalence of Malnutrition among Children Aged <5 Years by Sex and Area of Residence

Year	Background Characteristics	Stunting (%)	Wasting (%)	Underweight (%)
1996-97	Sex			
	Male	54.3	18.6	54.6
	Female	55.0	16.8	58.0
	Residence			
	Urban	39.4	12.8	41.9
	Rural	56.2	18.2	57.8
	Total	54.6	17.7	56.3
1999-2000	Sex			
	Male	43.6	10.6	45.8
	Female	45.8	10.1	49.6
	Residence			
	Urban	35.0	9.3	39.8
	Rural	46.6	10.6	49.2
	Total	44.7	10.3	47.7

Year	Background Characteristics	Stunting (%)	Wasting (%)	Underweight (%)
2004	Sex			
	Male	42.5	13.2	46.4
	Female	43.5	12.5	48.7
	Residence			
	Urban	37.6	11.5	42.2
	Rural	44.3	13.2	48.8
	Total	43.0	12.8	47.5
2007	Sex			
	Male	43.7	18.4	39.9
	Female	42.7	16.5	42.1
	Residence			
	Urban	36.4	14.4	33.4
	Rural	45.0	18.2	43.0
	Total	43.2	17.4	41.0
2011	Sex			
	Male	40.6	16.0	34.3
	Female	42.0	15.2	38.5
	Residence			
	Urban	36.2	14.0	28.0
	Rural	42.7	16.0	38.7
	Total	41.3	15.6	36.4
2014	Sex			
	Male	36.7	15.0	32.2
	Female	35.4	13.6	33.1
	Residence			
	Urban	30.8	12.2	26.1
	Rural	37.9	15.1	34.8
	Total	36.1	14.3	32.6

Source: NIPORT 1996-97,1999-2000,2004,2007,2011, 2014

The prevalence of wasting among under 5 children appears to decline slightly for both the girls and boys, from 17 percent to 14 percent for girls and from 19 percent to 15 percent for boys during 1996-2014.

Table 7.7: Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report) and percentage with a vaccination card seen.

Year	Sex	BCG	Pentavalent3d	Polio3	Measles	All vaccines
1993-94	Male	88.4	68.4	68.9	72.5	62.1
	Female	82.3	63.5	64.6	65.1	55.6
	Total	85.4	66	66.8	68.9	58.9
1996-97	Male	87	70.4	64.7	71.9	55.8
	Female	85.3	68.1	59.8	67.8	52.2
	Total	86.2	69.3	62.3	69.9	54.1
1999-2000	Male	92.5	75.9	73.7	73.2	63.4

Year	Sex	BCG	Pentavalent3d	Polio3	Measles	All vaccines
	Female	89.3	67.8	67.6	68.2	57
	Total	91	72.1	70.8	70.8	60.4
2004	Male	93.4	81.2	82.6	75.6	73.4
	Female	93.4	80.8	82	75.7	72.8
	Total	93.4	81	82.3	75.7	73.1
2007	Male	96.8	91.1	90.6	82.1	81.2
	Female	96.7	91.2	91	84	82.5
	Total	96.8	91.1	90.8	83.1	81.9
2011	Male	98.1	94.6	94.3	88.3	87.3
	Female	97.6	92.3	92.5	86.8	84.7
	Total	97.8	93.4	93.4	87.5	86
2014	Male	98.3	90.4	90.9	85.9	83.6
	Female	97.5	92.3	92	86.4	84.1
Year	Sex	BCG	Pentavalent3d	Polio3	Measles	All vaccines
	Total	97.9	91.3	91.4	86.1	83.8

Source: NIPORT, 1994, 2001, 2005, 2009, 2011, 2015a

The coverage of BCG appears to be almost universal among children 12-23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report) for both boys and girls. About 95 percent of the male children of age 12-23 months had coverage of DPT3 in 2011compared to 92.3 percent girl children. The first dose coverage was almost same for both boys and girls but the coverage of the second and third doses are lower for the girls. There was not much variation in the coverage for the first dose of Polio vaccine for boys and girls as we observe from data in 2011, however, as was observed for DPT, the coverage dropped for girls for the second and third doses. There is indication of disguised sex preference, may not be so pronounced but needs to be addressed for continued success in the immunization program particularly for universal coverage of vaccines with more than one dose. It is evident the coverage of vaccine for measles is lagging behind both for male and females of age 12-23 months. The coverage was 88.3 percent for males compared to 86.8 percent for females indicating lower coverage for females. It may be noted with caution that the coverage of measles and all basic vaccinations declined during the period from 2011 to 2014 as was observed for all vaccinations by age 12 months. This setback will require additional efforts to put the program on track once again.

Empowerment of women is one of the key issues in the programme of action of the ICPD (Chapter IV). Empowerment of women is also linked with sustainable development. The issue of empowerment depends on improvement in political, social, economic and health status. In this section, a brief introduction to the women empowerment is highlighted in terms of their decision making process in their home environment to have an idea whether there are changes in their livelihood through increased ability to make decisions.

In response to the question about decision on use of wife's earnings in the Bangladesh Demographic Health Surveys, there is an indication of slight improvement in wife making her own decision from 22.7 percent in 2004 to 33.6 percent in 2011 (see the following figures). Participation in decision making mainly by wife about own health care, child health care, major household purchases and visits to her family and relatives remained almost similar or worsened during 2004-11. There was a decline in participation in decision making by wife about her own health care from 17.1 percent in 1999-2000 to 9.7

percent in 2011. However, there was substantial increase in the proportion of decision made jointly by husband and wife to a level of more than 50 percent for all the four categories. Percentage of women participated in all four decisions increased both in rural and urban areas during 1999-2000 to 2011 but at the same time percentage of women participated in none of the decisions had increased too in both rural and urban areas.

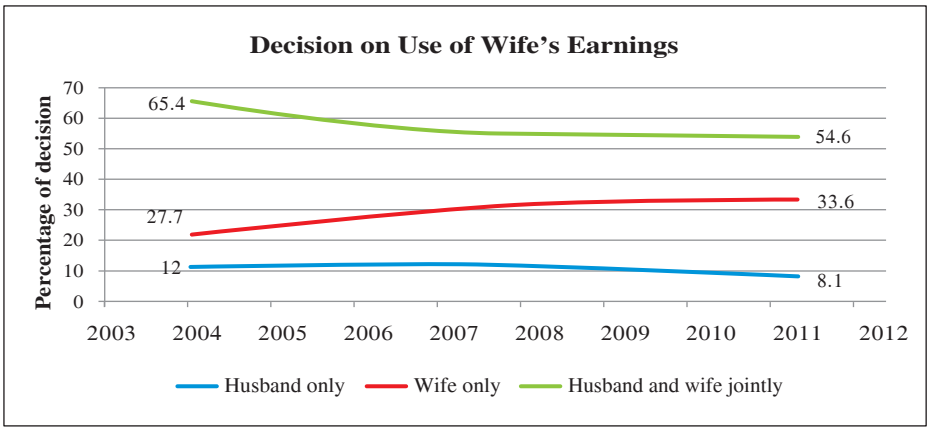

Figure 7.5: Percentage Distribution of Women by Decision on Use of Wife's earning (Source: NIPORT, 2005, 2009, 2013)

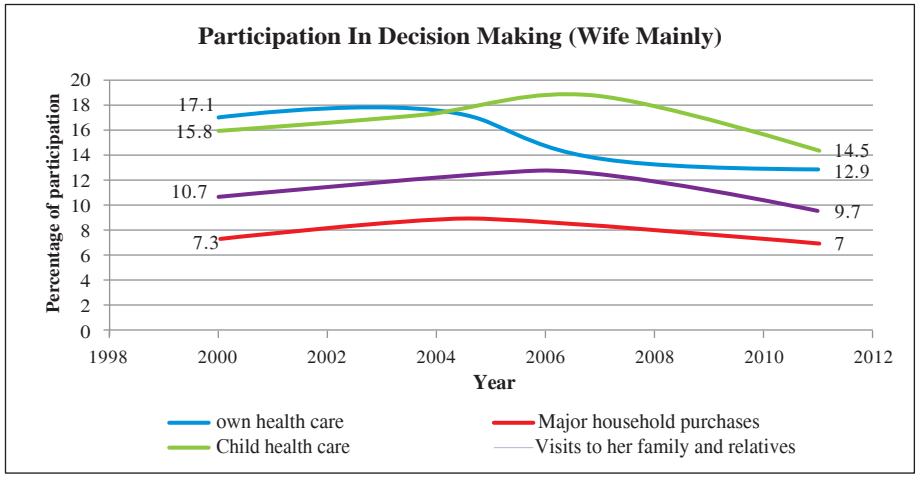

Figure 7.6: Percentage of the Participation in Decision Making (Wife Mainly) (Source: NIPORT, 2005, 2009, 2013)

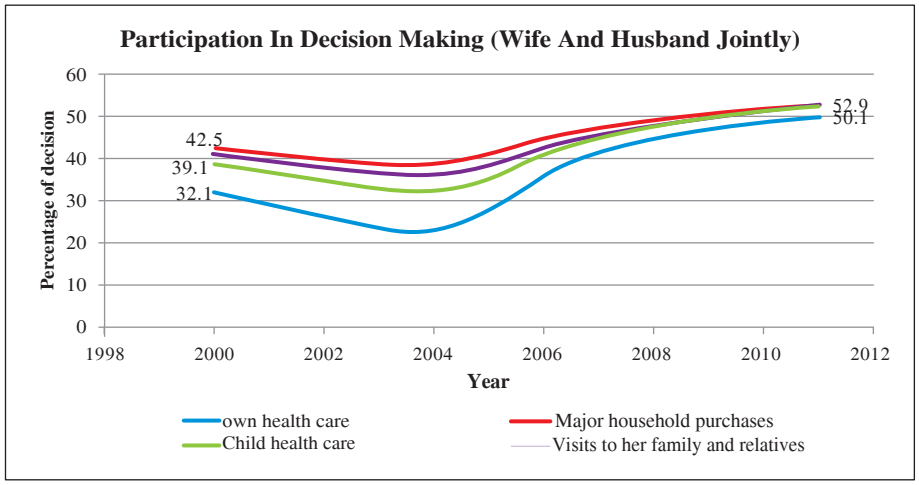

Figure 7.7: Percentage of the Participation in Decision Making (Husband and Wife Jointly) (Source: NIPORT, 2005, 2009, 2013)

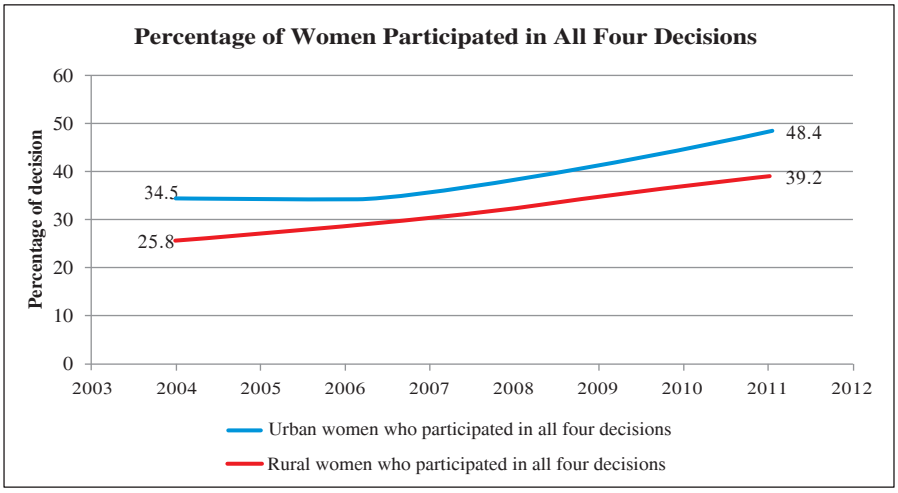

Figure 7.8: Percentage of Women Who Participated in All Four the Decisions by Residence (Source: NIPORT, 2005, 2009, 2013)

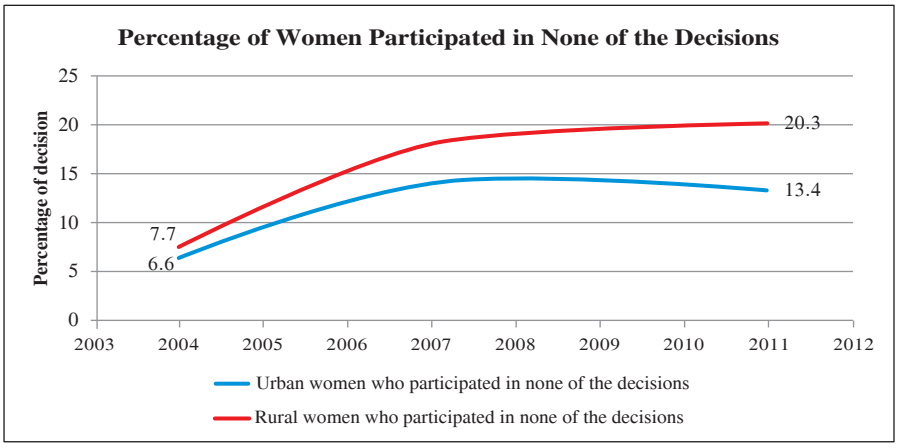

Figure 7.9: Percentage of Women Who Participated in None of the Decisions by Residence (Source: NIPORT, 2005, 2009, 2013)

The number of female members in the parliament increased from 42 (12.7 percent) in 1991 to 70 (20 percent) in 2014. This increased participation of women in the parliament shows that the empowerment of women has been gradually in the process of gaining momentum in political sector.

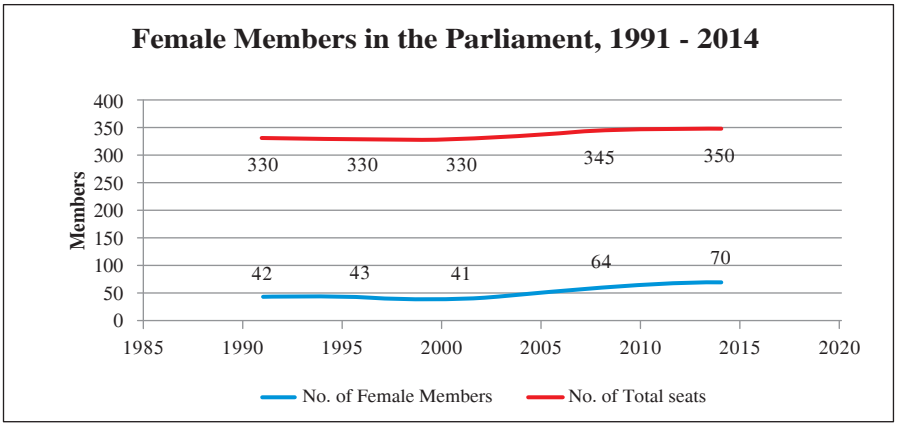

Figure 7.10: Female Members in the Parliament, 1991 – 2014 (Source: BBS, 2013a)

CHAPTER 8

Population Distribution, Urbanization and Migration

In Bangladesh, during the phases of demographic and economic transitions, some irreversible transformations are taking place in the context of population distribution, urbanization and internal migration with major consequences on all aspects of life. With the rapid increase in the population, there is a shift from predominantly rural to urban societies. The rural-urban migration is a dominant part of the economic and social development which is experienced in many countries in the past. In case of Bangladesh, the enormous growth in the size of population in a small area and the rapidly increasing urban population pose formidable difficulty which need special attention in order to develop an effective population distribution policy. The selected indicators to assess the changes during 1994-2014 are: population by region, population by urban and rural areas and rates of internal migration.

Table 8.1 displays the distribution of urban population since 1991. As the definition of urban area has been modified in the 2011 census, the variation from the previous censuses cannot be compared directly. However, the variation in the urban population during 1991-2001 indicates the nature of increase in divisions. The urban population in Dhaka Division constituted 43.8 percent of the total urban population in 1991 followed by Chittagong Division (20.6 percent). In 2011, the proportion of the total urban population living in Dhaka Division was 46.4 percent compared to 20.6 percent in Chittagong Division. Barisal Division showed the lowest proportion (4.06 percent).

Table 8.1: Distribution of Urban Population by division in census years, 1974 – 2011.

	1991	2001	2011
Division	%	%	%
Barisal	12.48	3.97	4.06
Chittagong	20.34	20.59	20.57
Dhaka	43.80	45.68	46.44
Khulna	11.13	10.40	8.41
Rajshahi	10.07	9.60	9.88
Rangpur	6.97	6.39	6.28
Sylhet	3.27	3.38	4.36

Source: BBS, 1901-2001, 2013b

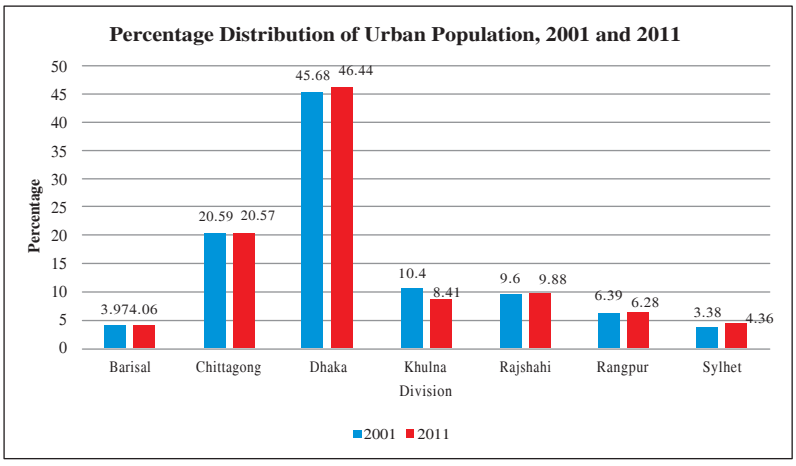

Figure 8.1: Percentage Distribution of Urban Population by Division, 2001 and 2011 (BBS 1901-2001, 2013b)

During the 1990-2014 period, the percentage of population using improved drinking water source increased from 68 percent to 84 percent nationally but the urban percentage increased marginally from 81 percent to 86 percent although an increase from 65 percent to 84 percent was observed in rural area. Similarly, the percentage of population using improved sanitation facility increased from 47 percent to 56 percent in urban areas compared to 31 percent to 57 percent in rural areas. These findings have manifold implications if we take into consideration the rapidly growing urban population in Bangladesh. In the urban areas, a concerted effort needs to be taken to improve the quality of drinking water and sanitation facilities within a short period. Moreover, the facilities should be planned keeping in view the enormous growth of urban population and consequently overwhelming growth in slum population within a short span of time.

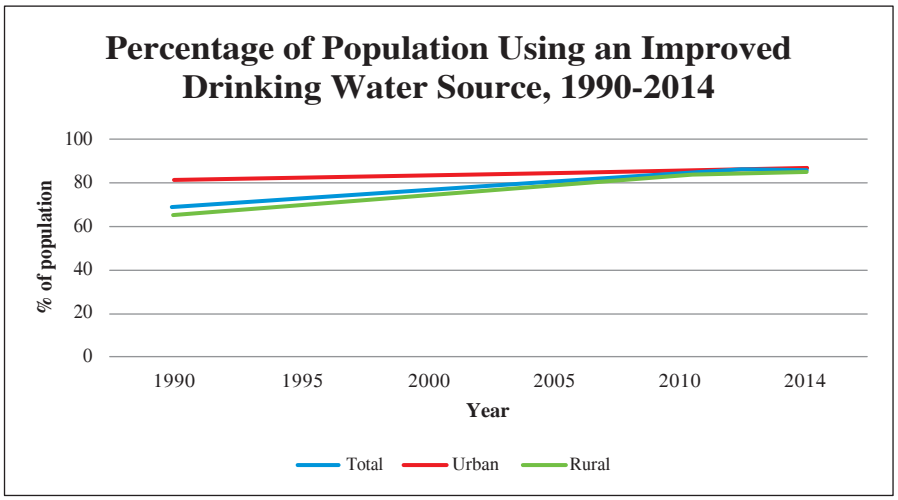

Figure 8.2: Percentage of Population Using an Improved Drinking Water Source, 1990-2012 (Source: GED, 2015)

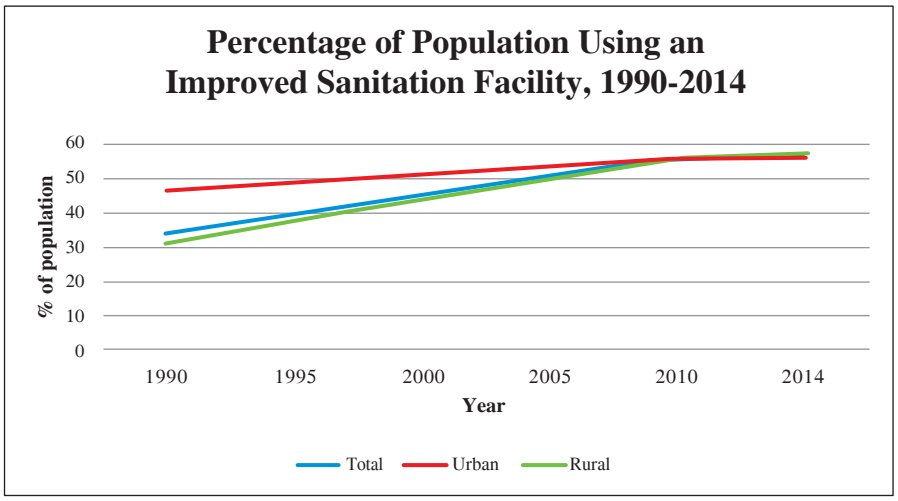

Figure 8.3: Percentage of Population Using an Improved Sanitation Facility, 1990-2012 (Source: GED, 2015)

Migration to urban areas is evident that rose to 73.4 per 1000 population in 2011. In 1990 the rate was 31.2 per 1000 population. The rural area in-migration rate increased from 12.9 per 1000 population to 30.9 per 1000 population. This shows that although there is a much higher in-migration rate to urban areas, there is substantial in-migration to rural areas too. The main cause of in-migration (BBS, 2013d) in rural areas was marriage and in urban areas it was either job or various other reasons. Similarly, out-migration rate from urban areas is seemed to be growing steadily rising from 18 per thousand in 1990 to 69 per thousand in 2012. Out of the 69, 49 per 1000 population from urban areas moved to another urban destination for job and other reasons while 20 per 1000 moved to rural destinations for marriage,

job and other reasons. The out-migration from rural areas grew gradually from 9 per thousand to 23 per thousand during the same period, 15 per thousand from rural to other rural destinations and 8 per thousand to urban destinations. The main reason for rural to rural migration was marriage but for rural to urban migration was mainly related to job.

Figure 7.6 displays the percentage of lifetime internal migration in Bangladesh for the period 1951-2004. The proportion of lifetime migrants was 3.44 percent in 1974 and rose to 7.39 percent of the total population in 1982. The largest proportion of lifetime migrants was observed to be 10.44 percent of the total population in 1991 and continued to a high level of 9.37 percent in 2004. This shows that the proportion of population movement for lifetime migration has increased to a large extent over time.

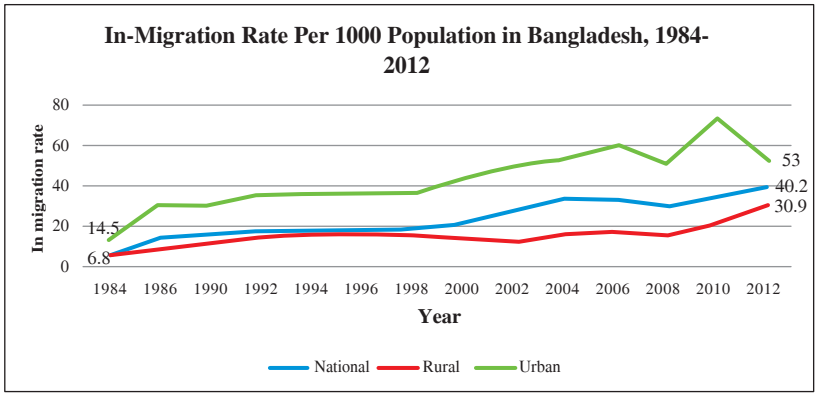

Figure 8.4: In-Migration Rate Per 1000 Population, 1984-2012 (Source: Bangladesh Economic Review, 2014)

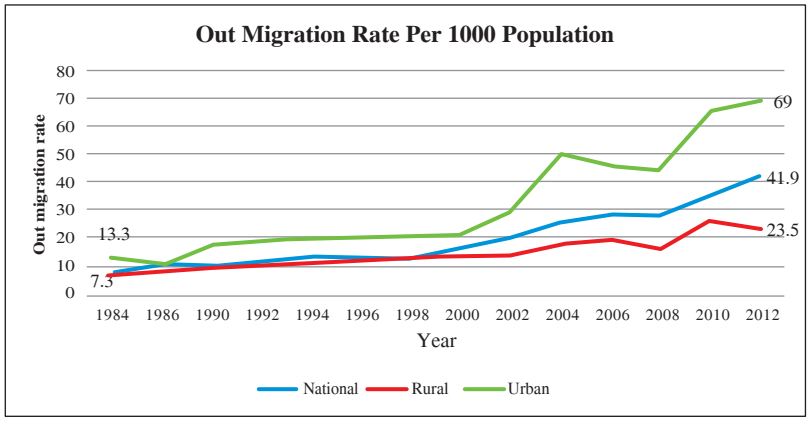

Figure 8.5: Out-Migration Rate Per 1000 Population, 1984-2012 (Source: Bangladesh Economic Review, 2014)

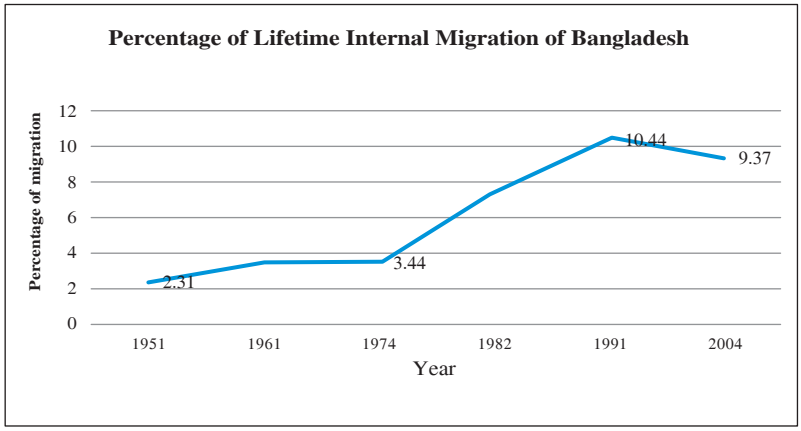

Figure 8.6: Life Time Internal Migration of Bangladesh, 1951-2004. (Source: Bangladesh Economic Review, 2014)

Since the independence of Bangladesh, both skilled and unskilled manpower from Bangladesh started to migrate to other countries at a limited scale. In 1990-91, the number of migrants was 97 thousand. The number of migrants increased to 213 thousand in 2000-2001. The largest number of migrants, 981 thousand, was recorded in the year 2007-2008. The number started to decrease after 2008. In the year 2013-14, the recorded number of migrants to various counties was 409 thousand. The outward movement of the workforce is associated with inward remittance to Bangladesh. This has been recognized already that the amount of remittance from the migrants has become a regular source of resource (Barai, 2012).

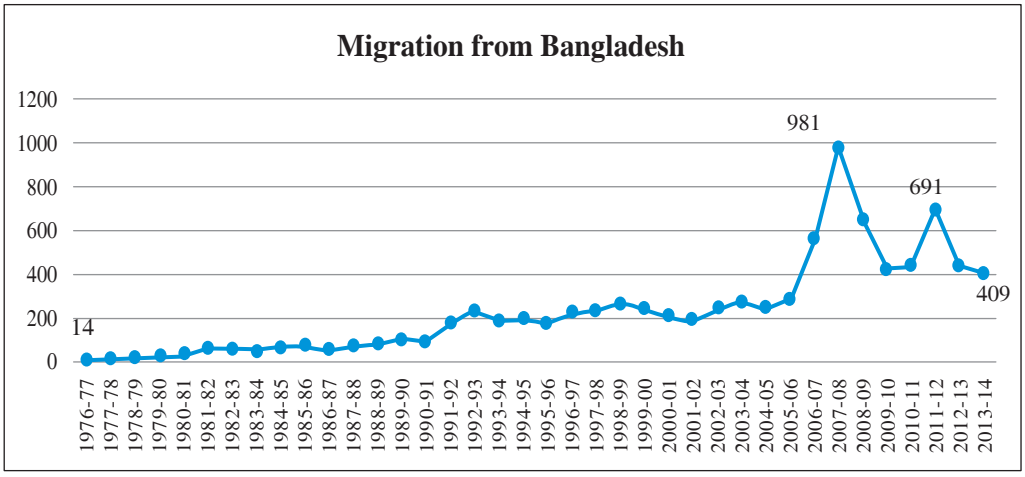

Figure 8.7: Migration from Bangladesh, 1976-77 to 2013-14 (Source: Bangladesh Economic Review, 2014)

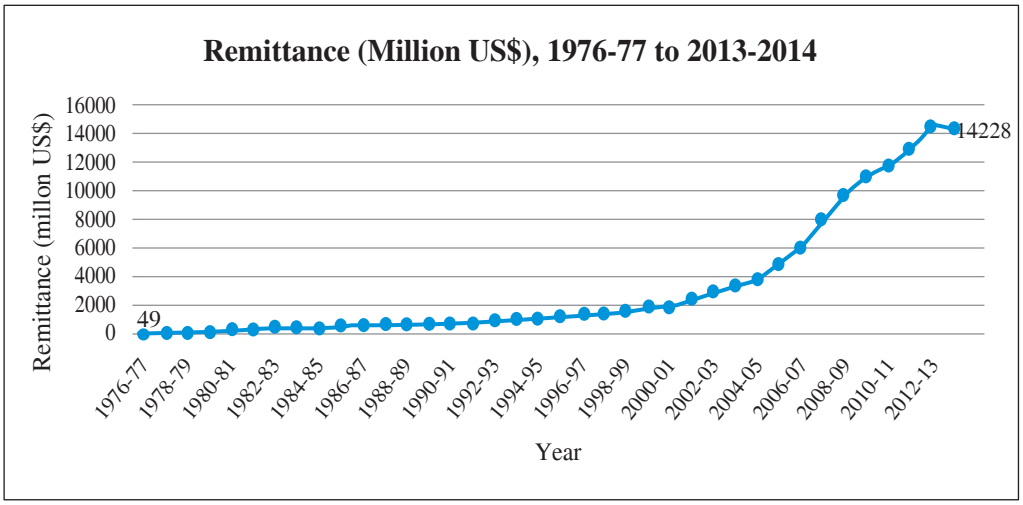

Figure 8.8: Remittance to Bangladesh, 1976-77 to 2014-15 (Source: Bangladesh Economic Review, 2014)

It is observed from figure 8.8 that amount of remittance has started to increase sharply since 2000. In 1990-91, the amount was 764 million US $ which increased substantially to 14, 228 million in 2013-14. Although the number of migrants decreased since 2007-8, the amount of remittance continued to increase. This might be attributed to the resultant impact of the cumulative number of migrants. Barai (2012) noted referring to BBS (2010) that the estimated number of migrants from 1976 to 2009 was 5.5 million people who left Bangladesh for employment abroad. The share of investment out of remittance was only 2.58 percent in 1990 but in 2009 it rose to 11.75 percent and the increase was steady up to 2009 and then a slight decline was observed in 2010.

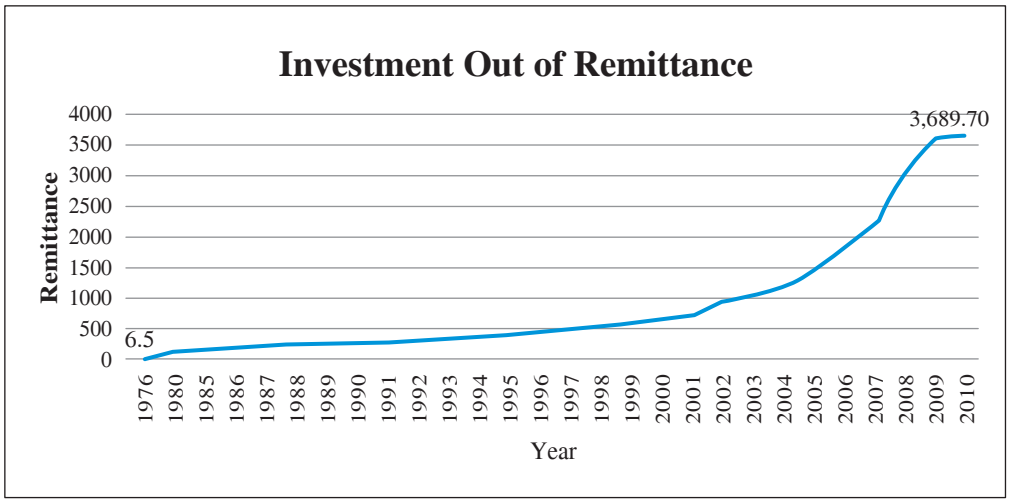

Figure 8.9: Investment Out of Remittance (Source: World Bank data bank 2011, Barai 2012)

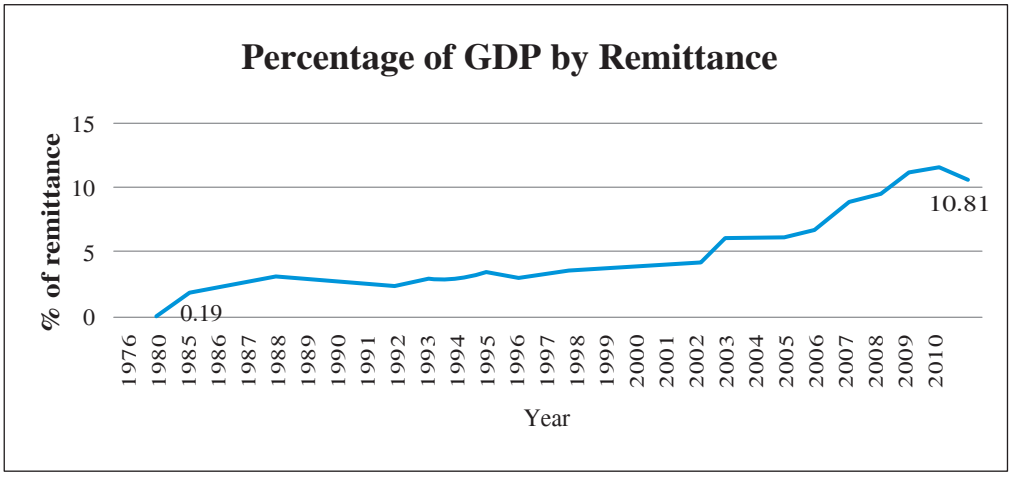

Figure 8.10: Percentage of GDP by Remittance (Source: World Bank data bank 2011, Barai 2012)

CHAPTER 9

Technology, Development and Research

Technology, research and development were given high priority at the ICPD 1994. Technology extends the scope for development and research through making use of relevant data for policy and program development, implementation, monitoring and evaluation. A review is provided to highlight the developments during 1994-2014.

Since the emergence of Bangladesh, the need for quality data has been increasing very rapidly for policy and programme development, implementation, monitoring and evaluation in various sectors. The Bangladesh Bureau of Statistics (BBS) plays the anchoring role of collecting and disseminating for the major purposes. In addition to the BBS, some other important data collection/management sources are NIPORT, Bangladesh Bank, NBR, Ministry of Finance, Dhaka Stock Exchange, PKSF, BRAC, BANBEIS, BTTB, BRTA, RHD, LGED, BBA, NBR, NGO Bureau, Meteorology, Hydrology, Directorate of Environment, ICDDR,B, etc. Table 9.1 displays a list of sources of data employed for various sectoral statistics (BBS, 2015c).

In addition to conducting census and sample vital registration system since the independence of Bangladesh, the BBS conducts the following core sample surveys in Bangladesh: (i) Household Income and Expenditure Survey (HIES), (ii) Labour Force Survey (LFS), (iii) Survey of Manufacturing Industries (SMI), (iv) Agriculture Crop Production Survey (ACPS), (v) Price and Wage Rate Survey (PAWARS), (vi) Monitoring the Situation of Vital Statistics of Bangladesh (MSVSB), (vii) Health and Morbidity Status Survey (HMSS), (viii) Multiple Indicator Cluster Survey (MICS/CNS), and (ix) Literacy Assessment Survey. Other important sources of data for population and reproductive health are the surveys conducted on regular basis by the NIPORT such as Bangladesh Demographic and Health Surveys (BDHS) and Urban Health Surveys.

Bangladesh government initiated the process for archiving and disseminating the available data for planning, monitoring, research and evaluation purposes. However, some of the major challenges are: (i) enhancing the quality of the data, (ii) disseminating the major sources of data timely, and (iii) linking the data sources at all levels of planning, monitoring and evaluation starting from the upazila to district, division and national levels.

Some noteworthy transitions are taking place in Bangladesh in the information and communication technology sector. The use of cellular telephones increased very fast which was 75.8 per hundred in 2014 compared to 0.71 fixed telephone lines per hundred population. In June, 2015, the cellular subscription rose to about 80 percent per 100 population (GED, 2015). It is observed that internet users per 100 population was 24.4 in 2014 which increased to 30.4 per 100 population in June, 2015 (GED, 2015). It is evident from the recent trend that the use of cellular phones and internet are increasing rapidly. Other than fixed telephone lines, cellular phones and internet communications are post-1990 developments in Bangladesh. These developments have provided the population more flexibility and scope to have access to the information based on the development and research through appropriate use of the technology.

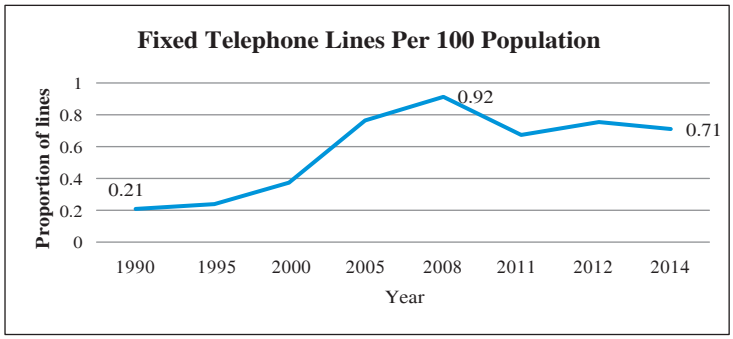

Figure 9.1: Fixed Telephone Lines per 100 Population, 1990 – 2014 (Source: Commonwealth of Australia, 2009; ICT, 2014)

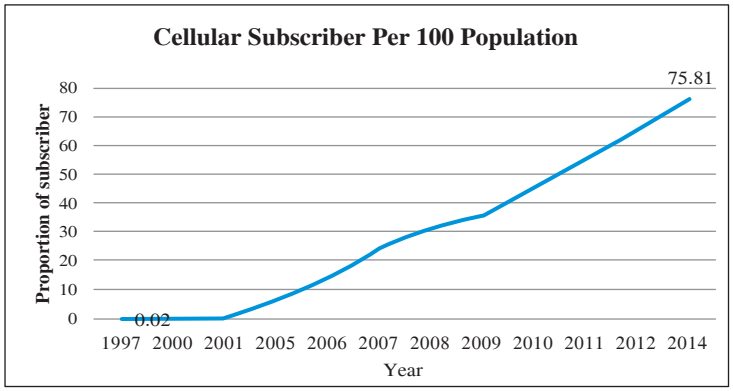

Figure 9.2: Cellular Subscribers per 100 Population 1997 to 2014 (Source: Commonwealth of Australia, 2009; ICT, 2014)

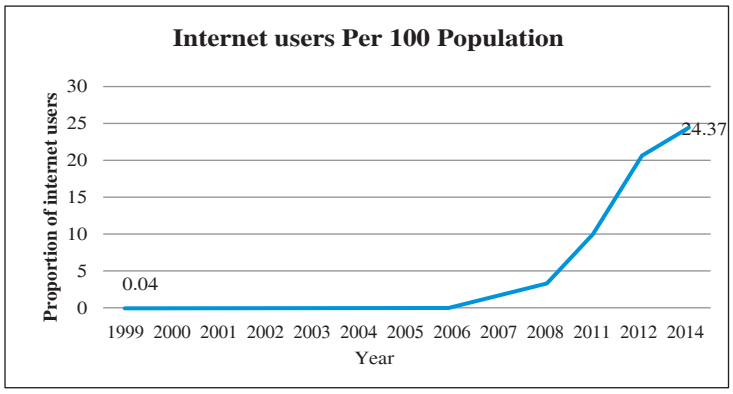

Figure 9.3: Internet Users per 100 Population (Source: Commonwealth of Australia 2009; ICT, 2014)

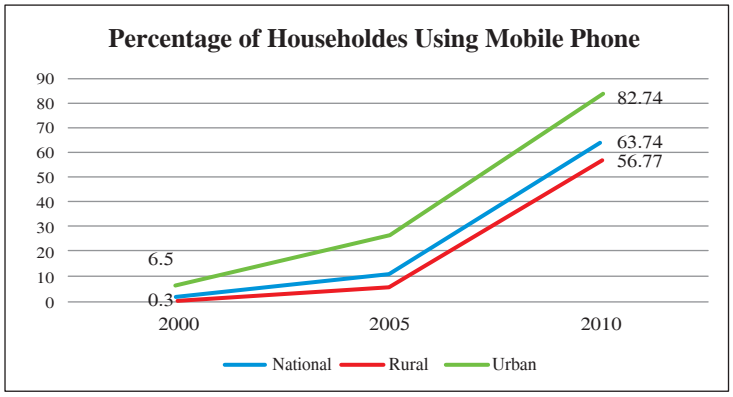

Figure 9.4: Percentage of Households Using Mobile Phone (Source: BBS 2007, 2011a)

CHAPTER 10

Challenges and Prospects

Since the adoption of International Conference on Population and Development Programme of Action in 1994, Bangladesh has gone through remarkable changes in different sectors. Some of the important areas of concern in order to achieve the goals of ICPD Programme of Actions are sustained economic growth for sustainable development, education with special emphasis to the education of girls, gender equity and equality, enhancing quality of primary and secondary schooling, reduction of maternal and child mortality, ensuring reproductive health services, enhancing quality of reproductive health services, composition of population by age, sex and region and the dynamics and resultant consequences on socio-economic and health. All the indicators employed for measuring the success of ICPD depend on the size, growth and age structure of population. Bangladesh has been going through the demographic transition from high mortality and fertility to low mortality and fertility states and the total fertility is near replacement level currently. It can be predicted from various population projections that next 20 to 30 years will be very crucial for Bangladesh in respect of growth in: (i) size of population, (ii) schooling of children, (iii) working age population, (iv) women population in reproductive age, and (v) urban population. These growths will have direct or indirect bearing on economic growth and sustainable development, poverty, health and quality of life. The links between the dynamics in the size, growth, structure and distribution of population and socio-economic, education, health and environment indicators can be optimized by ensuring quality of life through: (i) investing for quality education, (ii) ensuring gender equity and equality, (iii) enhancing favorable conditions for employment for increasing number of working age population entering into the job market, (iv) improving quality of health services, and (v) increasing the savings ratio. In other words, the attainment of ICPD goals will ensure the goals for seizing the opportunities from the window of opportunity known as demographic dividend. In the process of demographic transition from a relatively younger to a relatively older population, another important transition is under way, transition from a predominantly agrarian to a predominantly urban population in a short span of time. This process will require major shifts in policies in order to ensure improvement in quality of life under a quite different composition in socio-demographic setting with major consequences on sustainable development issues of concern.

In the past, the debate on the influence of population change on economic growth, were based on three alternative positions: population growth either (i) restricts, (ii) promotes or (iii) is independent of economic growth (Bloom, Canning and Sevilla (2003). These explanations did not take into account the important dimension, age structure. With the change in the population age structure as a result of demographic transition, the countries can have very substantial impact on economic performance attributable to increased working age population. The economies may benefit from this demographic dividend if policies and institutional settings are conducive to economic growth (Bloom et al., 2007) following the same principles as was observed in many economies where these benefits were enjoyed.

The population of Bangladesh was considered as a very young population due to high fertility for a long time in the past. In recent years, the total fertility rate dropped to a near replacement level but still the population will continue to grow due to a very large female population at the reproductive ages. This process will continue for another 40-50 years until the population stabilizes. During this process, the working age population will keep on growing very fast. The growth of the working age population will

be much faster than the overall growth rate during this period resulting in decline in the dependency ratio. This situation brings in a window of opportunity for Bangladesh known as the demographic dividend. Sooner we achieve the replacement level, better chance we have to make proper use of the demographic dividend. In the past, the fertility was high hence there was high proportion of children compared to the working age population. As a result, it was difficult to save money and to invest for ensuring quality in health and education. With low or replacement level fertility, the opportunity for savings and investment increases as is observed from the recent trend. Chaudhury (2014) observed that there are two obvious benefits of demographic dividend: (i) rise in human capital, and (ii) increase in the growth rate of GDP, national and domestic savings and reduction in the poverty rate which are already evident from our discussion in the previous chapters. According to Chaudhury, the most important policy priorities are: (i) quality education and (ii) quality health care. The benefits from demographic dividend will depend on the following preconditions: (i) sustained growth in employment in both formal and informal sector, (ii) re-allocation of labour to higher value added sectors, (iii) quality of education and skills of labour force, and (iii) empowering women, reducing gender disparities, increasing female employment, etc.

Bloom et al. (2012) observed that during the transition from high mortality and high fertility to a state of low mortality and low fertility, the contribution to economic growth can be ensured through lower dependency ratio, higher investment in human and physical capital and increased female labour force participation. According to their findings from studies at the household level, Bloom et al. (2012) stated that the implications of the demographic transition on the association between wealth and age structure are not obvious from the long term perspective. The long term implications of the shifts towards higher human capital accumulation will depend on the elasticity of human capital investment with respect to family size and the relative returns from education. The differential pattern in the quality of education and family size may become important determinants in this case in the long term.

Although the demographic dividend last for decades, there will be another transition in the age structure leading to ageing in population, and the resulting impact will be increase in the dependency ratio once again, with a greater share of old age population before the age composition stabilizes (Mason, 2005). As the older population will have much reduced labour income, the countries going through demographic dividend need to increase their saving rates and accumulate enhanced physical wealth or capital. Bloom and Williamson (1998) estimated that about one third of the increase in the per capita income was attributable to the demographic dividend while Mason (2001) showed that one-fourth of the economic growth can be accounted for the demographic dividend in the economies. Bloom, Canning and Graham (2003) showed that increased life expectancy results in higher savings rates but in stationary population these savings rates are offset by increased old age dependency. However, during the phase of low old age dependency, with the rising longevity, the aggregate savings rates can be substantial. Navaneetham (2002) stated that the opportunity as a result of demographic dividend depends on whether socio-economic policies are favorable to economic growth because the duration in the demographic bonus period will be available for 15-20 years since the onset of window of opportunity in South Asian countries.

A remarkable feature in the population growth of the population of Bangladesh is the increase in the working age population as compared to that of the population under 15 and over 60 years of age. During the period from 1991 to 2011, the working age population increased from 49.5 percent to 59.1 percent and will continue to increase up to 65 percent in 2031. As a result of the increase in the working age population, the dependency ratio decreases sharply providing the one time window of opportunity termed as demographic dividend for the population of Bangladesh.

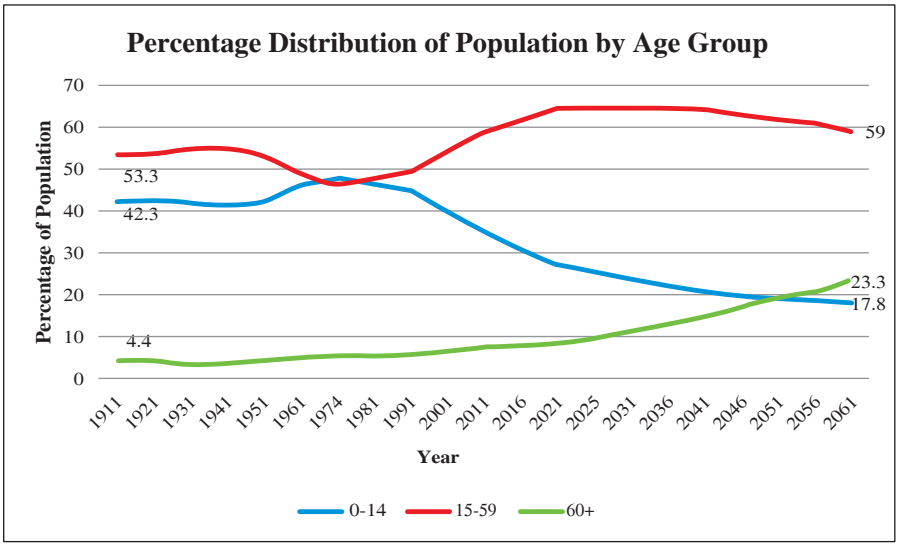

Figure 10.1: Percentage Distribution of Population by Age Groups, 1911-2061 (Source: BBS, 2013b)

Table below shows some projected numbers which will pose formidable challenges to sustain the success achieved during 1994-2014. Any policy regarding the future challenges will be based on the tasks ahead for providing: (i) quality education of children which is linked with population and sustainable development, reproductive health and reproductive rights, rights of family, gender equality and empowerment of women, (ii) employment for working age population which addresses the population and sustainable development issue of concern including reduction of poverty level, and (iii) essential health care services with special focus to sustain the achievements of ICPD.

Table 10.1: Projected Primary and Secondary School Children, Labour Force Participation, Contraceptive Users, Services from Trained Providers Under Medium Scenario, 2011-2061

Year	Primary School Children (million) 100% Enrolment by 2016	Secondary School Children (million) 100% Enrolment by 2020	Labour Force Participation (million) 70% Participation by 2021	Contraceptive Users (million) CPR 75% by 2020	Service from Medically Trained ANC Provider (million) 90% by 2020	Service from Skilled Birth Attendant (million) 60% by 2020	Deliveries in Health Facilities (million) 60% in 2020
2011	17.98	8.90	52.11	19.85	1.76	1.02	0.93
2016	16.19	12.57	63.84	24.07	2.32	1.53	1.36
2021	15.51	16.09	77.05	29.86	2.93	1.95	1.95
2031	15.48	15.45	87.94	32.17	2.71	1.81	1.81
2041	14.48	14.76	94.60	31.94	2.57	1.71	1.71
2051	13.80	14.06	95.65	31.53	2.48	1.65	1.65
2061	13.32	13.52	94.58	31.61	2.35	1.57	1.57

Source: BBS, 1901-2011, 2013b, Projections under medium scenario

It is evident that there will be steady decline in the enrolment of primary school children but to achieve universal secondary school enrolment by 2020 the enrolment will increase sharply which will require very urgent policy measures. It is expected that due to continued increase in working age population, the

labour force participation is projected to increase rapidly which will be a formidable challenge to the policymakers for preparing a strategy on human development leading to income generating activities. To accelerate the process of achieving replacement level fertility sooner as well as to sustain the success of family planning in Bangladesh, in order to ensure health of women, there will be need to expand the services to take account of increasing number of users in the future. Providing quality medical services by trained health personnel will have to be enhanced very fast, particularly for antenatal care, birth attendance and deliveries in health facilities. It is evident from the table that there will be much faster increase in the need for services by medically trained providers in the health sector in the next decades.

In broad terms, the successes, challenges and prospects are listed below.

1. Population Growth and Structure

a. As a result of the population momentum, there will be rapid growth of population in a short period of time, resulting in increased requirements for: (i) secondary and tertiary level schooling, (ii) employment, (iii) housing, (iv) food and (v) health services. The total fertility rate reached near replacement level in 2011 but the level seems to be plateaued at 2.3, as observed from the Bangladesh Demographic and Health Survey conducted in 2014, which needs to be reduced to 2.1 soon to keep the size of the population about 224 million in 2061 otherwise the population size will be much higher. The contraceptive prevalence rate in 2014 was 62.4 percent but the unmet need was 12 percent, 5.3 percent for spacing and 6.6 percent for limiting. Hence, a more target oriented approach to reach the potential users with unmet need is to be planned with high priority.

b. The dependency ratio declined from 102 percent in 1991 to 71.2 percent in 2011 which will further decline to 54 percent in 2031 before it starts to rise again steadily. In other words, the window of opportunity for demographic dividend will be available up to 2031 before the increase in the dependency ratio gets momentum. During this period, the working age population will increase and there will be lower dependence on them to take care of the education and healthcare of the children and the social welfare and healthcare of the elderly in relative terms. It is expected that the savings ratio will be increasing during this period. However, to ensure an increased savings ratio, the quality of education, creation of jobs at an increased level at both formal and informal sectors and healthcare of the working age population with reduction in morbidity to reduce the burden of morbidity are important areas of concern to be addressed on priority basis.

c. There was substantial reduction in the infant, child and under 5 mortality during the past decades. However, the reduction in the neonatal mortality rate is much slower than the child mortality rate. It is evident that the share of deaths in the neonatal stage increased steadily from 39.1 percent during 1989-1993 to 60.9 percent during 2010-2014. A much faster decline in the neonatal mortality remains as a challenge to a faster decline in the infant and under 5 mortality rates in Bangladesh. Factors associated with higher neonatal deaths are: (i) marriage at adolescence, (ii) pregnancy at adolescence, (iii) short birth interval, (iv) lack of skilled personnel at the time of delivery, (v) lack of knowledge about high risk pregnancy, (vi) nutritional status of women at the time of delivery, (v) lack of visits for antenatal care, etc. All these are associated with education. Hence, higher rates of schooling (up to the completion of at least high school education) can provide necessary background for knowledge and practice. At the same time, improvement in providing adequate healthcare services along with improvement in quality of services will ensure the achievement at a faster pace.

d. Life expectancy at birth is still lagging behind the target of ICPD. This can be increased faster to a large extent if the neonatal mortality can be reduced faster through interactive multi-sectoral developments for addressing the factors mentioned in (c).

e. The increase in old age population will be the permanent feature until the population is stabilized in the process of transition from a relatively young age population to a relatively old age population. In other words, there will be a shift in dependency ratio from young age population to old age population. The old age population will increase from 7 percent in 2011 to 23 percent in 2061. This transition will have far reaching consequences on the economy that will require increasing savings ratio during the window of opportunity period in order to take care of the increased dependency attributed to the shift to old age population. The share of agriculture in the national income will decrease to a great extent and there will be increasing share of service and industrial sectors. This transition will necessitate shift in the policy regarding exploring new areas of economic activities to accommodate a very rapidly growing urban population. In addition, housing, communication, health care and education in urban areas will have to face formidable challenges.

f.

Reproductive Rights and Reproductive Health

a. About one-third of the women start childbearing during adolescent period which is higher in rural areas (32 percent), among women with primary (45 percent for primary incomplete and 43 percent for primary complete) or no schooling (48 percent for no schooling) and among women belonging to the lowest (41 percent) or second wealth quintile (34 percent). It is evident from this finding that a large proportion of women with no schooling or primary schooling enter the childbearing stage after marriage at adolescence without much delay. This fact along with the fact that most of the infant (3 out of 4) and under 5 deaths (3 out of 5) take place at neonatal stage, when first birth remains a high risk for women at adolescence to a great extent. Similarly, women at the lowest wealth quintile also remain vulnerable to childbirth at a very young age leading to high risk of deaths of first births at neonatal stage.

b. The ICPD goal for maternal mortality is to reduce maternal mortality by 50 percent of 1990 levels by 2000 and a further 50 percent by 2015. The maternal mortality ratio reduced about 38 percent during 1990-2000 and a further decline of 50 percent during 2000-2013 has been achieved. During 1990-2013, 70 percent reduction at an average annual rate of 5 percent has been achieved. Although the ICPD target of 50 percent reduction could not be achieved during 1990-2000, the target for 2000-2015 has been achieved in 2013 indicating that the progress is on track due to programs undertaken in recent times, mainly due to three reasons: (i) guiding principles, (ii) systematic adoption of evidence based or catalytic strategies, and (iii) multisector progress. However, to achieve the targets ahead, skilled health care providers will be one of the most formidable challenges.

c. With an increasing number of women in the reproductive ages, the challenge for further decline in the maternal mortality ratio will depend on the status of the following factors: (i) age at marriage, (ii) age at first pregnancy, (iii) birth spacing, (iv) antenatal, delivery and postnatal care provided by skilled personnel, (v) nutritional status of women, etc. Although these challenges had been addressed in the past with high priorities, however, need more emphasis in order to achieve the targets of further reduction within a short period of time.

d. There is a sharp increase in percentage of births attended by skilled personnel from 5% in 1991 to 42.1 percent in 2014. Although this is a very noteworthy achievement, still two-thirds of the births are not attended by skilled health personnel which remain a daunting challenge to the policymakers. If this process is sustained and accelerated then there will be acceleration in the reduction of both neonatal and maternal morbidity and mortality to a greater extent in near future.

e. The contraceptive prevalence rate increased from 44.6 percent in 1994 to 62.4 percent in 2014. With the increase in CPR over time, the unmet need declined initially during the first 10 years of ICPD, however, there was a rise in 2007 to 17 percent then declined to 12 percent in 2014. The potential demand for contraceptive methods was 63.6 percent in 1994 which increased steadily to 74 percent. In other words, three-fourths of the currently married women either currently using contraceptives or wish to use contraceptive methods for limiting or spacing births. There is 16 percent unmet need for spacing among the currently married women in age group 15-19 and 11 percent unmet need for spacing in age group 20-24. On the other hand, the unmet need for limiting is in the range of 7 to 10 percent among the currently married women in ages 25 or above. To address the specific target groups for delayed pregnancy and limiting childbirth, particularly to avoid pregnancy at adolescence, the issue of unmet need requires special attention.

Health, Morbidity and Mortality

a. The under 5 mortality rate declined sharply during 1994-2014. However, the decline in neonatal mortality is slow. This is indicative of the fact that the mortality at neonatal stage requires long term strategies regarding health and nutritional status of both mothers and new born babies in addition to knowledge and service about high risk pregnancy and availability of healthcare services.

b. There are noteworthy achievements during the recent past in providing healthcare services to the pregnant women but still not adequate to achieve a greater success rapidly. Still more than 50 percent of the women do not visit for antenatal care 4 or more times. The trend in attendance of skilled health personnel at the time of delivery increased from 15.6 percent to 42.1 percent during 2004-2014 which is a very rapid progress and this can be accelerated further with higher priority. For both mother and child, the postnatal care services are used by only one third within two days of delivery indicating the gap to be taken into account seriously.

c. The coverage of vaccine for measles needs greater attention to reach a target of 90 percent or higher without further delay.

d. The child nutrition status improved during the past decade. The level of stunting declined from 51 percent in to 36 percent, the level of wasting showed a decline from 17 percent to 14 percent and decline in underweight children under age 5 declined from 43 percent to 33 percent during 2004-2014. The prevalence of stunting has been declining gradually. As the stunting is a reflection of chronic malnutrition affecting the growth of children over time, it may require some long term measures to reduce the prevalence of stunting among the under 5 children.

Family, Composition and Structure

a. The proportion of female headed households has been increasing gradually. As the families headed by females may be subject to vulnerable situations socially and economically, special

measures need to be taken for supporting and protecting the stability of female headed households.

b. The size of households has been decreasing gradually over time.

c. The percentage of population using improved drinking water source, after adjustment for arsenic contamination, increased from 68 percent in 1990 to 84 percent in 2014.

d. Improved sanitation facility has been one of the major concerns, which will be a major challenge due to rapid increase in the urban population during the next two decades. Population living in slum areas needs attention from the policymakers with a very high priority. It may be noted here that only 12 percent of the households in slums have improved sanitation facility.

e. Access to electricity has increased rapidly and it is even more pronounced in rural areas which is attributable to some extent to increased share of solar energy in rural areas (15 percent of the total households with electricity). Access of increasing percentage of households to electricity in both rural and urban areas will have far reaching impact on sustainable economic development and enhancement in quality of life.

f. The extreme poor people are mostly elderly, disabled or chronically sick and the children of the extreme poor may be stunted or malnourished. There are new challenges emerging due to rapid urbanization. Some of the social protection programs for the poor and vulnerable people are: Food for Works, Vulnerable Group Development, Vulnerable Group Feeding, Cash for Works, old-age allowances, and allowances for retarded people, allowances for widow and distressed women, and grants for orphanages.

Population, Economic Growth, Development and Education

a. For sustained economic growth and development, the role of quality education will be very important. The primary school enrolment rate is expected to reach almost 100 percent but the secondary level enrolment is lagging behind. To attain universal enrolment at secondary level, there will be sharp increase during the next 5 years. The secondary enrolment is expected to increase from 9 million in 2011 to 13 million in 2016 and 16 million in 2021. During this period, primary enrolment will decline steadily.

b. Quality of education at both primary and secondary levels is a major issue of concern which requires policy measures and higher share of allocation for improving quality of education at all levels.

c. The projected number of women in the reproductive age will continue to increase up to 2031 from 40.09 million in 2011 to 53.09 million in 2031. This indicates that the programs related to reproductive health and family planning need to be strengthened further to address the issues concerning women in the reproductive ages.

d. Under the assumption of further decline in fertility level of women in the age groups below 20, the number of births will remain almost same from 2011 to 2021 and then will start to decline conditional upon the success of strengthening of programs related to reproductive health and family planning as mentioned in (c).

e. With the increase of population, the working age population will also increase rapidly. For the working age population, if we assume current rate of labour force participation, it is expected

from the medium projection assumptions that 13 million new jobs need to be created during 2016-21 and another 11 million new jobs during 2021-31. This will be one of the most difficult challenges to the policymakers for availing the favorable conditions due to the window of opportunity through bringing the new job seekers in the mainstream of economic activities.

f. The economy of Bangladesh has been growing steadily and the real GDP growth rate during the eight year period from 2007 to 2014 was about 6.1 percent per annum (BBS, 2014). This robust growth in economy has manifold impact on various other ICPD indicators including reduction in the level of poverty.

g. The per capita GDP, GNI and NNI increased steadily to US $ 1115, US $ 1190 and US $ 1093 respectively in the 2013-14 fiscal year according to revised estimates based on 2005-6 as the base year. This increase can be enhanced through implementing strategies to bring the working age population to the workforce. To improve the quality of skills of the potential job seekers, quality education is a precondition.

h. The amount of external debt increased during the 1990-2014 period. However, the proportion of total debt service (TDS) to exports of goods and services decreased from 20.87 percent in 1990 to 8.58 percent in 2013. Similarly, the total debt as proportion of GDP declined from 47.9 percent in 1990 to 16.6 percent in 2013.

i. The recent trend in the estimates of GDP by broad sector reflects the possible direction of the economy, both industry and service sectors are growing much faster than the agriculture sector. A careful analysis of the nature of growth in both formal and informal sectors may provide insight about the potential and efficiency in the growth of these sectors faster.

j. Although agriculture sector is currently contributing less than one-sixth of the share of GDP, but it involves nearly 50 percent of the labor force participation. For a transition from dependence on agriculture to other sectors will require very careful multisector strategy including education and training.

k. The share of GDP for investment and savings increased substantially during 1996-2014. During 1996-2014, both the public sector and private sector investments increased by about 10 fold. Most effective use of these investments needs to be encouraged in order to accelerate the growth in GDP.

l. The share of GDP for investment out of remittance increased from 2.58 percent in 1990 to 11.75 percent in 2009 and then a slight decline was observed in 2010. The share of investment out of remittance might have reached to a maximum already. More skilled labour force can be instrumental to increase the remittance and favorable policy for investment out of remittance may result in a further increase in the share of GDP.

m. One of the most remarkable successes is the reduction in the level of poverty to a large extent, however, still it remains as a challenge because both the headcount ratio and extreme poverty measures indicate that a substantial proportion of population is still under poverty line. However, the share of poorest quintile to the national income shows a declining trend reflecting the widening income inequality. To reduce the income inequality, one of the necessary preconditions is to improve the quality of human resources through education.

n. With low or replacement level fertility, the opportunity for savings and investment increases as is observed from the recent trend. There are two obvious benefits of demographic dividend if necessary measures are undertaken: (i) rise in human capital, and (ii) increase in the growth

rate of GDP, national and domestic savings and reduction in poverty which are already evident from our results displayed in the previous sections. The most important policy priorities are: (i) quality education and (ii) quality health care. The benefits from demographic dividend will depend on the following preconditions: (i) sustained growth in employment in both formal and informal sectors, (ii) re-allocation of labour to higher value added sectors, (iii) quality of education and skills of labour force, and (iii) empowering women, reducing gender disparities, increasing female employment, etc.

o. There are some improvements observed in child nutrition status during the past decade. However, more emphasis will be needed to accelerate the improvement in the nutritional status of the children under age 5.

Gender Equality, Equity and Empowerment of Women

a. Although the girls were lagging behind the boys in the net primary enrolment ratio in 1991, the enrolment ratio for both the girls and boys reached more than 96 percent level and currently the enrolment for girls appear to be higher than that of the boys. Similarly, the rate of school attendance was lower for girls of age 5-9 years, however, since 2001, the rate for girls started to increase and in 2011, the rate for girls appeared to be slightly higher. Similar trend is observed for the age group 10-14 years. However, the attendance rates for age groups 15 and over shows that the girls have lower rates. At the tertiary level, the girls are lagging behind.

b. The gender parity has achieved the ICPD targets for both primary and secondary levels. At the tertiary level although the gender parity has not been achieved yet but the success in recent years is noteworthy. During the years 2001-2008, the gender parity index remained constant at a level 0.31-0.32 but since then a sharp increase to 0.73 in 2012 indicates that the gender parity can be achieved at the tertiary level too in near future. As the achievement of gender parity is linked with empowerment of women leading to sustainable economic development in the long run as a resultant impact, this achievement can be considered as a remarkable progress towards steady development.

c. We observed some improvement in the participation rate of women in the labour force but the women are still far behind the men and the unemployment rate is much higher for females.

Population Distribution, Urbanization and Migration

a. It is evident that two-thirds of the urban population live in Dhaka and Chittagong. With rapid growth in urban population, special attention will be needed for developing a sustainable and improvement in quality of life in urban areas, specially for these two urban areas.

b. Although the proportion of urban population with access to improved drinking water source increased from 68 percent to 84 percent nationally but the urban percentage increased marginally from 81 percent to 86 percent. This will require very careful policy measures.

c. The percentage of population using improved sanitation facility increased from 47 percent to 56 percent in urban areas compared to 31 percent to 57 percent in rural areas and this will pose a formidable difficulty for improving the quality of life in urban areas.

d. Migration to urban areas has been increasing rapidly for economic and other reasons. This will require a shift in the income generating activities through enhancing employment opportunities in service and industry sectors in urban areas.

e. The number of international migrants from Bangladesh has shown a declining trend during the recent past. With an increase in the skilled manpower from Bangladesh will ensure much higher remittance.

f. The investment opportunities out of remittance, which is currently about 12 percent, can be enhanced further in order to make use of the inward remittance more extensively.

Technology, Development and Research

a. Some noteworthy transitions are taking place in Bangladesh in the information and communication technology sector. The use of cellular telephones increased very fast to about 80 percent per 100 population and internet users per 100 population increased to 30.4 in June, 2015.

b. These developments have provided the population more flexibility and scope to have access to the information based on the development and research through appropriate use of the technology. With a very carefully designed strategy, along with improvement in related background education, Bangladesh can increase the share of GDP attributable to information and technology through making appropriate use of overwhelmingly abundant potential human resource of Bangladesh.

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Appendix

Table 3.1: Mean Age at Marriage, 1981-2011

Year	Male	Female
1981	25.6	17.8
1982	25.9	17.7
1983	25.2	18.6
1984	23.9	17.8
1985	25.3	18
1986	24.5	17.5
1987	25	17.9
1988	24.8	18
1989	25	18
1990	25.1	18
1991	25.2	18.1
1992	25.2	18.2
1993	26.6	19.6
1994	27.7	19.8
1995	27.5	19.9
1996	27.6	20
1997	27.6	20
1998	27.6	20.2
1999	27.7	20.3
2000	27.7	20.4
2001	25.8	20.4
2002	25.6	20.6
2003	25.2	20.4
2004	25.3	19
2005	23.3	17.9
2006	23.4	18.1
2007	23.6	18.4
2008	23.8	19.1
2009	23.8	18.5
2010	23.9	18.7
2011	24.9	18.6

Source: BBS, 2012a

Table 3.2: Median Age at First Birth, Percentage Who Gave Birth by 15 and Percentage Who Gave Birth by 18 by Current Age, 2011

Current Age	Median Age at First Birth	Percentage who Gave Birth by 15	Percentage who Gave Birth by 18
15-19	a	3.5	na
20-24	18.9	8.8	40.0
25-29	18.1	11.3	49.1
30-34	18.1	12.7	49.3
35-39	17.9	11.6	50.9
40-44	18.1	10.8	48.9
45-49	18.5	11.1	44.5

Source: NIPORT, 2013

Table 3.3: Births Attended by Skilled Health Personnel (in %), 1991 – 2014.

Year	1991	1994	2004	2007	2009	2010	2011	2014
% of Birth attended by skilled Personnel	5	9.5	15.6	20.9	24.4	26.5	31.7	42.1

Source: NIPORT, 1994, 2001, 2005, 2009, 2013, 2015a

Table 4.1: Trends in early childhood mortality

Neonatal, post neonatal, infant, child, and under-5 mortality rates for five-year periods preceding the BDHS surveys

Data source	Approximate reference period	Neonatal mortality (NN)	Post-neonatal mortality[1] (PNN)	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-5 mortality ($_5q_0$)
BDHS 1993 1994	1989-1993	52	35	87	50	133
BDHS 1996 1997	1992-1996	48	34	82	37	116
BDHS 1999-2000	1995-1999	42	24	66	30	94
BDHS 2004	1999-2003	41	24	65	24	88
BDHS 2007	2002-2006	37	15	52	14	65
BDHS 2011	2007-2011	32	10	43	11	53
BDHS 2014	2010-2014	28	10	38	8	46

[1] Computed as the difference between the infant and neonatal mortality rates
Source: NIPORT, 2015a

Table 4.2: Percent Neonatal Deaths of All Under 5 Deaths in Bangladesh from 1989-93 to 2010-14

Year	Percent of neonatal death
1989-93	39.1
1992-96	41.4
1995-99	44.7
1999-2003	46.6
2002-06	56.9
2007-11	60.4
2010-14	60.9

Source: NIPORT, 2015a

Table 4.3: Median Number of Visits for Those with ANC

Year	Urban	Rural	Total
1994			2.7
2000			1.8
2004	3.7	2.7	2.9
2007	4	2.9	3.1
2011	4.3	3	3.3
2014	4.1	3.1	3.4

Source: NIPORT 2005, 2009, 2013, 2015a

Table 4.4: No. of Antenatal Care Visit (4+ visit)

Year	Urban	Rural	Total
1994			5.5
2000			10.5
2004	33.7	11.3	15.9
2007	38.3	15.9	20.6
2011	44.7	19.8	25.5
2014	45.5	26.1	31.2

Source: NIPORT, 2005, 2009, 2013, 2015a

Table 4.5: Trend in Skilled Attendance at Deliveries

Year	Skilled Attendance at Deliveries
2004	15.6
2007	20.9
2011	31.7
2014	42.1

Source: NIPORT, 2015a

Table 4.6: Postnatal Care for Mothers and Children (within Two Days of Delivery)

Year	Mother	Child
2004	15.8	13
2007	20.1	20.1
2011	27.1	29.6
2014	33.9	31.5

Source: NIPORT, 2015a

Table 4.7: Percentage of Children Who Received Specific Vaccines by 12 Months

Year	1993-1994	1996-1997	1999-2000	2004	2007	2011	2014
BCG	79.4	84.2	90	93.3	96.8	97.8	97.8
Pentavalent3d	59	66.5	70.2	80.3	90	93.2	90.9
Polio3	59.7	60.1	69.1	81.6	89.7	93.2	91.1
Measles	55	61.2	62.1	70.3	77.2	84	79.9
All vaccines	46.2	46.9	52.8	68.4	76	82.5	78

Source: NIPORT, 2015a

Table 4.8: Percentage Distribution of Nutritional Status of Children under Age 5, 1996-2014

Year	Background Characteristics	Stunting (%)	Wasting (%)	Underweight (%)
1996-97	Sex			
	Male	54.3	18.6	54.6
	Female	55.0	16.8	58.0
	Residence			
	Urban	39.4	12.8	41.9
	Rural	56.2	18.2	57.8
	Total	54.6	17.7	56.3
1999-2000	Sex			
	Male	43.6	10.6	45.8
	Female	45.8	10.1	49.6
	Residence			
	Urban	35.0	9.3	39.8
	Rural	46.6	10.6	49.2
	Total	44.7	10.3	47.7
2004	Sex			
	Male	42.5	13.2	46.4
	Female	43.5	12.5	48.7
	Residence			
	Urban	37.6	11.5	42.2
	Rural	44.3	13.2	48.8
	Total	43.0	12.8	47.5
2007	Sex			
	Male	43.7	18.4	39.9
	Female	42.7	16.5	42.1
	Residence			
	Urban	36.4	14.4	33.4
	Rural	45.0	18.2	43.0
	Total	43.2	17.4	41.0

Year	Background Characteristics	Stunting (%)	Wasting (%)	Underweight (%)
2011	Sex			
	Male	40.6	16.0	34.3
	Female	42.0	15.2	38.5
	Residence			
	Urban	36.2	14.0	28.0
	Rural	42.7	16.0	38.7
	Total	41.3	15.6	36.4
2014	Sex			
	Male	36.7	15.0	32.2
	Female	35.4	13.6	33.1
	Residence			
	Urban	30.8	12.2	26.1
	Rural	37.9	15.1	34.8
	Total	36.1	14.3	32.6

Source: NIPORT 1996-97, 1999-2000, 2004, 2007, 2011, 2014

Table 4.9: Yearly Cases of HIV-AIDS

Year	Cumulative Total	AIDS	Death	New Cases
2003	363	34	10	115
2004	465	57	30	102
2005	658	134	74	193
2006	874	240	109	216
2007	1207	365	123	333
2008	1495	476	165	288
2009	1745	619	204	250
2010	2088	850	241	343
2011	2533	1101	325	445

Source: GOB, 2012

Table 5.1: Household Headship

	Characteristic	Residence		
Year	Household headship	Urban	Rural	Total
2004	Male	90.6	89.7	89.9
	Female	9.4	10.3	10.1
	Total	100.0	100.0	100.0
2007	Male	88.6	86.8	87.2
	Female	11.4	13.2	12.8
	Total	100.0	100.0	100.0
2011	Male	88.8	89.0	89.0
	Female	11.2	11.0	11.0
	Total	100.0	100.0	100.0

Source: NIPORT 1994, 2001, 2005, 2009, 2013

Table 5.2: Mean Size of Household

Year	Urban	Rural
1994	5.5	5.4
2000	5.2	5.2
2004	4.9	5
2007	4.8	4.7
2011	4.4	4.7

Source: NIPORT 1994, 2001, 2005, 2009, 2013

Table 5.3: Percentage of Population Using an Improved Drinking Water Source, 1990-2014

Year	Total	Urban	Rural
1990	68	81	65
1995	72	82	69
2000	76	83	74
2005	80	84	78
2010	84	85	83
2014	84	86	84

Source: GED, 2015

Table 5.4: Percentage of Population Using an Improved Sanitation Facility, 1990-2014

Year	Total	Urban	Rural
1990	34	47	31
1995	40	49	38
2000	45	51	44
2005	51	53	50
2010	56	56	56
2014	57	56	57

Source: GED, 2015

Table 5.5: Percentage Distribution of Households by Electricity Connection

Year	Urban	Rural	Total
1993-94	75.2	10.4	17.8
2004	76.6	30.4	40.6
2007	82.1	36.6	46.5
2011	90.2	49.3	59.6
2014	92.7	65.1	72.9

Source: NIPORT 2013, 2015a

Table 6.1: Labour Force Participation Rate, 1990-2013 (% among population aged 15 and above)

Year	Total	Male	Female
1990-91	51.2	86.2	14.0
1995-96	52.0	87.0	15.8
1999-2000	54.9	84.0	23.9
2002-2003	57.3	87.4	26.1
2005-2006	58.5	86.8	29.2
2010	59.3	82.5	36.0
2013	57.1	81.7	33.5

Source: GED, 2015

Table 6.2: Labour Force Participation in Million (using Constant Rate of 2010) (Medium)

Year	Labour Force Participation (Medium)
2011	52.11
2016	59.15
2021	66.22
2026	70.82
2031	74.5
2036	77.55
2041	80.14
2046	80.77
2051	81.03
2056	81.58
2061	80.12

Source: Population Projection under Medium Scenario

Table 6.3: Labour Force Participation in Million (Using Increasing Rate) (Medium)

Year	Labor Force participation rate	Labor Force in million (Medium)
2011	0.593	52.11
2016	0.62	61.85
2021	0.64	71.47
2026	0.66	78.82
2031	0.68	85.42
2036	0.7	91.54
2041	0.7	94.6
2046	0.7	95.35
2051	0.7	95.65
2056	0.7	96.3
2061	0.7	94.58

Source: Population Projection under Medium Scenario

Table 6.4: GDP Growth in Constant Price (Industrial Origin Sector)

Year	Revised
1996-97	4.49
1997-98	5.18
1998-99	4.67
1999-2000	5.29
2000-01	5.08
2001-02	3.83
2002-03	4.74
2003-04	5.24
2004-05	6.54
2005-06	6.67
2006-07	7.06
2007-08	6.01
2008-09	5.05
2009-10	5.57
2010-11	6.46
2011-12	6.52
2012-13	6.01
2013-14(p)	6.12

Source: BBS, 2015a

Table 6.5: Per Capita GDP, GNI and NNI at Current Prices, 1995-96 To 2013-14 (P)

Year	Per capita GDP (In US$)	Per capita GNI (In US$)	Per capita NNI (In US$)
1995-96	384	394	360
1996-97	392	403	396
1997-98	400	411	376
1998-99	405	418	382
1999-2000	416	429	393
2000-01	415	428	391
2001-02	415	431	395
2002-03	449	471	431
2003-04	479	500	458
2004-05	505	527	483
2005-06	514	543	498
2006-07	562	598	549
2007-08	637	686	631
2008-09	703	759	697
2009-10	780	843	775
2010-11	860	928	854
2011-12	880	955	879
2012-13	976	1054	970
2013-14(p)	1115	1190	1093

Source: BBS, 2015a

Table 6.6: Comparison of Per Capita Income and GDP

Year	Per capita Income (Tk.)	Per capita GDP (Tk.)
FY 96	16080	15671
FY 97	17224	16748
FY 98	18704	18183
FY 99	20068	19471
FY 2000	21590	20911
FY 01	23091	22411
FY02	24759	23809
FY 03	27252	26013
FY 04	29496	28204
FY 05	32366	30992
FY 06	36448	34502
FY 07	41261	38773
FY 08	47084	43719
FY 09	52193	48359
FY 10	58332	53961
FY 11	66044	61198
FY 12	75505	69614
FY 13	84283	78009
Year	Per capita Income (Tk.)	Per capita GDP (Tk.)
FY 14 (p)	92510	86731

Source: BBS, 2015a

Table 6.7: External Debt in Bangladesh

Year	External Debt in USD billion
2001	16.24
2002	16.17
2003	17
2004	18
2005	18.41
2006	18.41
2007	18.6
2008	19.35
2009	20.26
2010	20.86
2011	20.34
2012	22.1
2013	22.1
2014	23.3

Source: Bangladesh Bank data bank, 2014

Table 6.8: Revised GDP Estimates by Broad Sector at Current Market Prices (Billion Tk.)

Year\Broad Sectors	Agriculture	Industry	Services	Total
FY96	441.9	411.85	952.03	1899
FY97	478.88	450.38	1028.66	2060
FY98	512.58	514.24	1130.87	2269
FY99	558.55	551.59	1237.49	2465
FY2000	609.99	598.21	1357.72	2685
FY01	636.52	657.95	1473.59	2913
FY02	646.92	717.79	1620.82	3143
FY03	690.12	782.82	1825.22	3483
FY04	738.49	873.13	2024.02	3833
FY05	793.12	995.07	2258.37	4271
FY06	869.85	1162.21	2544.07	4823
FY07	979	1347.04	2907.07	5498
FY08	1106.21	1554.54	3327.75	6287
FY09	1206	1783.52	3759.68	7051
FY10	1355.91	1990.38	4266.7	7975
FY11	1539.51	2293.72	4858.09	9158
FY12	1707.06	2670.72	5608.57	10552
FY13	1857.52	3154.02	6401.07	11989
Year\Broad Sectors	Agriculture	Industry	Services	Total
FY14 (p)	2044.07	3584.83	7234.63	13509

Source: BBS, 2015a

Table 6.9: Revised Estimates of Investment and Saving at Current Price (Billion Tk.)

Period	Investment	saving
FY 96	394	400
FY 97	449	456
FY 98	502	510
FY 99	560	563
FY 2000	639	661
FY 01	704	713
FY 02	765	799
FY 03	860	869
FY 04	958	1000
FY 05	1103	1115
FY 06	1261	1343
FY 07	1439	1533
FY 08	1647	1447
FY 09	1848	2017
FY 10	2093	2348
FY 11	2511	2645
FY 12	2982	3150
FY 13	3404	3660
FY 14 (p)	3875	4126

Source: BBS, 2015a

Table 6.10: Comparison of Revised Estimate of Investment and Saving at Current Price

Period	Investment Revised	Savings Revised	% of GDP, Revised	
			Investment	Saving
FY 96	394	400	20.73	21.04
FY 97	449	456	21.82	22.12
FY 98	502	510	22.12	22.48
FY 99	560	563	22.72	22.83
FY 2000	639	661	23.81	24.62
FY 01	704	713	24.17	24.47
FY 02	765	799	24.34	25.43
FY 03	860	869	24.68	24.94
FY 04	958	1000	24.99	26.08
FY 05	1103	1115	25.83	26.12
FY 06	1261	1343	26.14	27.83
Period	Investment Revised	Savings Revised	% of GDP, Revised	
			Investment	Saving
FY 07	1439	1533	26.18	27.89
FY 08	1647	1447	26.2	27.79
FY 09	1848	2017	26.21	28.6
FY 10	2093	2348	26.25	29.44
FY 11	2511	2645	27.42	28.88
FY 12	2982	3150	28.26	29.86
FY 13	3404	3660	28.39	30.53
FY 14 (p)	3875	4126	28.69	30.54

Source: BBS, 2015a

Table 6.11: Private and Public Sector Investment at Current Price

Year	Revised Estimate for Private Sector	Revised Estimate for Public Sector
FY 96	299	95
FY 97	322	127
FY 98	375	127
FY 99	412	148
FY 2000	463	176
FY 01	520	184
FY 02	585	180
FY 03	673	186
FY 04	752	206
FY 05	868	235
FY 06	993	268
FY 07	1159	280
FY 08	1364	283
FY 09	1543	304
FY 10	1721	373
FY 11	2030	482
FY 12	2374	608
FY 13	2607	796
FY 14 (p)	2889	986

Source: BBS, 2015a

Table 6.12: Poverty Headcount Ratio Using Different Measures

Poverty measure	1984	1989	1992	1996	2000	2005	2010	2013
<$1.25 per day	60.6	66.7	70.2	60.9	58.6	50.5	43.3	--
<$2.00 per day	90.5	90.7	93.0	85.5	84.4	80.3	76.5	--

Source: UNPFA, 2014

Table 6.13: Long Term Poverty Trends (Headcount Ratio in %)

Year	National	Urban	Rural
1991-1992	56.7	42.8	58.8
1995-1996	50.1	27.8	35.2
2000	48.9	35.2	52.3
2005	40	28.4	43.8
2010	35.2	21.3	35.2

Source: BBS, 1993, 2007a, 2011a

Table 6.14: Poverty Gap Ratio (in %) from 1992-2010

	1991-92	1995-96	2000	2005	2010
National	18.1	15.95	13.8	9.8	7.4
Urban	12	10.75	9.5	6.5	4.3
Rural	17.2	15.05	12.9	9	6.5

Source: BBS, 2011a

Table 6.15: Share of Poorest Quintile in National Income

	1991-92	1995-96	2000	2005	2010
Rural	6.74	6.49	7.09	5.88	5.76
Urban	6.4	5.12	5.04	4.82	5.07
National	6.52	5.71	6.15	5.26	5.22

Source: BBS 1993, 2007a, 2011a

Table 6.16: Percent of Household Receiving Benefit from Social Safety Nets Programme

HIES 2010			HIES 2005		
Total	Rural	Urban	Total	Rural	Urban
24.87	30.12	9.42	13.06	15.64	5.45

Source: BBS, 2011a

Table 6.17: Average Per Capita Per Day Calorie (K. Cal) Intake by Residence

Survey Year	Residence		
	National	Rural	Urban
1995-96	2254.0	2263.1	2208.1
2000	2240.3	2263.2	2150.0
2005	2238.5	2253.2	2193.8
2010	2318.3	2344.6	2244.5

Source: BBS, 2011a

Table 6.18: Carbon dioxide emissions are those stemming from the burning of fossil fuels and the manufacture of cement. They include carbon dioxide produced during consumption of solid, liquid, and gas fuels and gas flaring.

Year	CO2 emissions (metric tons per capita)
1972	0.051059
1973	0.065295
1974	0.065753
1975	0.067388
1976	0.075329
1977	0.076597
1978	0.077137
1979	0.082853
1980	0.092588
1981	0.093574
1982	0.098772
1983	0.092127
1984	0.09938
1985	0.108546
1986	0.118357
1987	0.119251
1988	0.13263
1989	0.128405
1990	0.14465
1991	0.144999
1992	0.157859
1993	0.151502
1994	0.161621
1995	0.190341
1996	0.196321
1997	0.200599
1998	0.188645
1999	0.194175
2000	0.210519
Year	CO2 emissions (metric tons per capita)
2001	0.240902
2002	0.246026
2003	0.243437
2004	0.281448
2005	0.262366
2006	0.332278
2007	0.330928
2008	0.313815
2009	0.350013
2010	0.371564
2011	0.373339

Source: World Bank data bank, 2010

Table 7.1: School Attendance Rate of Population 5-24 Years by Sex and Locality, 1991-2011

	5-9 Years		**10-14 Years**		**15-19 Years**		**20-24 years**	
locality/sex	number	%	number	%	number	%	number	%
1991								
Bangladesh								
Both Sexes	7212	41	7004	54.2	2536	28.4	871	9.9
Male	3837	42.3	3862	56	1628	35.8	679	16.6
Female	3375	40	3142	52.3	907	20.7	192	4.1
Urban								
Both Sexes	1478	49.9	1642	62.8	866	38.2	351	16.3
Male	775	50.8	871	64	441	42.5	251	22.5
Female	703	48.9	771	61.4	325	33.6	100	9.7
Rural								
Both Sexes	5734	39.2	5362	52.1	1770	25.5	520	7.8
Male	3062	40.6	2991	54	1187	33.8	428	14.4
Female	2672	37.7	2371	49.8	583	17	92	2.5
2001								
Bangladesh								
Both Sexes	8336	49.69	10138	63.95	4566	38.16	1430	13.1
Male	4373	49.56	5248	62.32	2572	40.88	975	20.07
Female	3963	49.82	4890	65.8	1994	35.15	455	7.51
Urban								
Both Sexes	1673	52.87	2285	63.94	1316	41.04	617	19.46
Male	882	53.09	1201	63.84	724	42.98	410	25.7
Female	791	52.63	1084	64.06	592	38.89	207	13.14
Rural								
	5-9 Years		10-14 Years		15-19 Years		20-24 years	
locality/sex	number	%	number	%	number	%	number	%
Both Sexes	6664	48.94	7853	63.96	3249	37.11	814	10.5
Male	3491	48.75	4046	67.89	1848	40.1	565	17.32
Female	3173	49.16	3807	66.32	1401	33.78	248	5.54
2011								
Bangladesh								
Both Sexes	11597906	63.82	13530383	81.28	5521695	42.93	1471631	11.07
Male	5890437	63.19	6758091	78.45	2918086	44.83	942518	16.31
Female	5707469	64.49	6772292	84.32	2603609	40.99	529113	7.03

Urban								
Both Sexes	2402140	68.24	2858687	79.19	1596868	46.73	763140	20.35
Male	1232609	68.07	1458722	78.07	847169	48.8	474485	26.32
Female	1169531	68.42	1399965	80.39	749699	44.59	288655	14.82
Rural								
Both Sexes	9195766	62.76	10671696	81.86	3924827	41.56	708491	7.42
Male	4657828	62.01	5299369	78.55	2070917	43.38	468033	11.78
Female	4537938	63.54	5372327	85.41	1853910	39.69	240458	4.31

Source: BBS, 2013a

Table 7.2: Labour Force Participation Rate by Sex, 1974-2013

Year	Male	Female	Both Sex
1974*	53	2.5	28.5
1979	62	2.3	35.6
1981*	52.7	3.4	28.8
1984-85	53.8	5.6	30.2
1985-86	53.6	6.4	30.3
1989	81	10.6	47
1990-91	79.6	14.1	48.8
1995-96	89	15.8	52
1999-00	73.5	22.8	54.9
2002-03	87.4	26.1	57.3
2005-06	86.8	29.2	58.5
2010	82.5	36	59.3
2013	81.7	33.5	57.1

Source: BBS, 2009; GED, 2015

Table 7.3: Decision on Use of Wife's Earnings

Year	Husband Only	Wife Only	Husband And Wife Jointly
2004	12	22.7	65.4
2007	11.8	30.5	56.2
2011	8.1	33.6	54.6

Source: NIPORT, 2005, 2009, 2013

Table 7.4: Participation in Decision Making (Wife's Mainly)

Year	Own Health Care	Major Household Purchases	Child Health Care	Visits To Her Family and Relatives
2000	17.1	7.3	15.8	10.7
2004	17.6	8.8	17.4	12.4
2007	13.8	8.5	18.7	12.6
2011	12.9	7	14.5	9.7

Note: 2004 for currently married women not for divorced/ widow / formerly married women
Source: NIPORT, 2005, 2009, 2013

Table 7.5: Participation in Decision Making (Wife and Husband Jointly)

Year	Own Health Care	Major Household Purchases	Child Health Care	Visits To Her Family and Relatives
2000	32.1	42.5	39.1	41.4
2004	23.5	38.8	32.7	36.6
2007	42	47.7	45.3	46.1
2011	50.1	52.5	52.1	52.9

Source: NIPORT, 2005, 2009, 2013

Table 7.6: Women's Participation in Decision Making by Residence

Urban						
Year	**Woman's Own Health Care**	**Making Major Household Purchases**	**Child's Health Care**	**Visit to Her Family or Relatives**	**Who Participated in All Four Decisions**	**Who Participated in None of The Decisions**
2000	59.5	65.5	66.2	66.7	-	-
2004	53.2	64.1	61.7	65.2	34.5	6.6
2007	62.4	59.6	67.6	64.3	35.6	14.1
2011	68.6	68.1	71.3	71.2	48.4	13.4
Year	**Woman's Own Health Care**	**Making Major Household Purchases**	**Child's Health Care**	**Visit to Her Family or Relatives**	**Who Participated in All Four Decisions**	**Who Participated in None of The Decisions**
Rural						
2000	53.1	58.4	59.5	59	-	-
2004	43.5	53	53	53	25.8	7.7
2007	53.9	55.2	63	57.1	30.6	17.9
2011	61.1	56.5	65	59.6	39.2	20.3

*alone or jointly have final say for year 2000 and 2004
Source: NIPORT 2005, 2009, 2013

Table 7.7: Proportion of the Female Members in the Parliament, 1991 – 2014

	1991	1996	2001	2008	2014
No. of Female Members	42	43	41	64	70
No. of Total seats	330	330	330	345	350
Percentage	12.73	13.03	13.03	18.55	20.00

Source: BBS, 2013a

Table 8.1: Distribution of Urban Population by Division in Census Years, 1974 – 2011

	1991	2001	2011
Division	%	%	%
Barisal	12.48	3.97	4.06
Chittagong	20.34	20.59	20.57
Dhaka	43.80	45.68	46.44
Khulna	11.13	10.40	8.41
Rajshahi	10.07	9.60	9.88
Rangpur	6.97	6.39	6.28
Sylhet	3.27	3.38	4.36

Source: BBS, 1901-2001, 2013b

Table 8.2: Percentage of Population Using an Improved Drinking Water Source, 1990-2014

Year	Total	Urban	Rural
1990	68	81	65
1995	72	82	69
2000	76	83	74
2005	80	84	78
2010	84	85	83
2014	84	86	84

Source: GED, 2015

Table 8.3: Percentage of Population Using an Improved Sanitation Facility, 1990-2014

Year	Total	Urban	Rural
1990	34	47	31
1995	40	49	38
2000	45	51	44
2005	51	53	50
2010	56	56	56
2014	57	56	57

Source: GED, 2015

Table 8.4: In-Migration Rate and Out Migration Rate Per 1000 Population, 1984-2012

Year	In-migration			Out-migration		
	National	Rural	Urban	National	Rural	Urban
1984	6.8	5.8	14.5	8.0	7.3	13.3
1985	9.5	6.5	17.2	8.5	7.1	12.4
1986	14.2	9.6	30.5	10.6	8.2	10.4
1987	14.0	8.7	30.5	11.1	7.9	19.6
1990	16.2	12.9	31.2	10.1	9.2	18.0
1991	16.7	13.9	33.2	10.2	8.8	17.2
1992	17.5	14.7	35.2	12.1	10.2	19.2
1993	17.9	15.7	36.2	13.1	11.2	19.9
1994	18.0	15.9	36.4	13.2	11.5	20.0
1995	18.6	16.2	36.7	13.4	12.0	20.3
1996	19.0	16.9	37.0	13.5	12.3	20.7
1997	19.5	17.2	37.2	13.7	13.2	21.1
1998	18.9	16.5	36.8	13.4	12.9	20.8
1999	21.3	13.2	42.7	14.7	13.3	21.0
2000	22.2	13.7	44.7	15.8	14.1	21.5
2001	22.6	14.0	45.4	17.3	16.0	22.7
2002	27.3	13.0	50.8	19.8	14.3	30.1
2003	27.7	13.1	51.7	24.5	14.8	42.6
2004	34.1	16.9	54.1	26.3	18.4	49.8
2005	36.1	17.1	63.8	28.9	19.6	46.0
2006	33.6	17.5	60.2	28.9	19.5	46.2
2007	37.1	20.7	64.8	37.2	22.3	61.4
2008	30.6	16.6	51.7	28.6	16.1	44.7
2009	30.9	19.5	50.2	31.7	21.0	51.1
2010	35.3	22.2	73.4	36.1	25.9	65.7
2011	38.1	22.1	67.3	40.9	25.7	68.4
2012	40.2	30.9	53.0	41.9	23.5	69.0

Source: Bangladesh Economic Review, 2014

Table 8.5: Life Time Internal Migration of Bangladesh

Year	Population (000)	Non-migrants (000)	Life time migrants (000)	Percentage of migration
1951	41066	40116	950	2.31
1961	50190	48479	1711	3.41
1974	70718	68287	2431	3.44
1982	88730	82170	6560	7.39
1991	111455	99808	11647	10.44
2004	136362	123589	12773	9.37

Source: Bangladesh Economic Review, 2014

Table 8.6: Bangladesh -Migration and Remittance

Year	Migration (in '000)	Remittance (Million US$)
1976-77	14	49
1977-78	18	101
1978-79	25	122
1979-80	27	237
1980-81	38	381
1981-82	66	418
1982-83	64	619
1983-84	52	591
1984-85	69	442
1985-86	78	649
1986-87	61	697
1987-88	74	737
1988-89	87	771
1989-90	110	758
1990-91	97	764
1991-92	185	848
1992-93	238	947
1993-94	192	1089
1994-95	200	1198
1995-96	181	1217
1996-97	228	1475
1997-98	243	1525
1998-99	270	1706
1999-00	248	1949
2000-01	213	1882
2001-02	195	2501
2002-03	25 1	3062
2003-04	277	3372
2004-05	250	3848
2005-06	291	4802
Year	Migration (in '000)	Remittance (Million US$)
2006-07	564	5978
2007-08	981	7915
2008-09	650	9689
2009-10	427	10987
2010-11	439	11650
2011-12	691	12843
2012-13	441	14461
2013-14	409	1 4228

Source: Bangladesh Economic Review, 2014

Table 8.7: Bangladesh–GDP Creation by Remittance, 1976-2009 (US$ mn)

Year	GDP (Current US$)	Remittance (Current US$)	Investment out of Remittance (When MPCR = 0.66 and MPSR = 0.34)	m = (ΔYR)/(ΔIR) = 1/(1–MPCR) = 2.94 and GDP Creation	% of GDP
1976	10,083	19	6.5	19.0	0.19
1980	18,115	339	115.3	338.9	1.87
1986	21,160	576	195.8	575.8	2.72
1987	23,781	748	254.3	747.7	3.14
1988	25,639	764	259.8	763.7	2.98
1989	26,825	758	257.7	757.7	2.82
1990	30,129	779	264.9	778.7	2.58
1991	30,957	769	261.5	768.7	2.48
1992	31,709	912	310.1	911.6	2.88
1993	33,167	1,007	342.4	1,006.6	3.03
1994	33,769	1,151	391.3	1,150.5	3.41
1995	37,990	1,202	408.7	1,201.5	3.16
1996	40,666	1,345	457.3	1,344.5	3.31
1997	42,319	1,526	518.8	1,525.4	3.60
1998	44,092	1,600	544.0	1,599.4	3.63
1999	45,694	1,797	611.0	1,796.3	3.93
2000	47,097	1,958	665.7	1,957.2	4.16
2001	46,988	2,094	712.0	2,093.2	4.45
2002	47,571	2,848	968.3	2,846.9	5.98
2003	51,914	3,180	1,081.2	3,178.7	6.12
2004	56,561	3,572	1,214.5	3,570.6	6.31
2005	60,317	4,302	1,462.7	4,300.3	7.13
2006	61,899	5,418	1,842.1	5,415.8	8.75
2007	68,418	6,553	2,228.0	6,550.4	9.57
2008	79,551	8,925	3,034.5	8,921.4	11.21
2009	89,378	10,510	3,573.4	10,505.8	11.75
Year	GDP (Current US$)	Remittance (Current US$)	Investment out of Remittance (When MPCR = 0.66 and MPSR = 0.34	m = (ΔYR)/(ΔIR) = 1/(1–MPCR) = 2.94 and GDP Creation	% of GDP
2010	100,375	10,852	3,689.7	10,847.7	10.81

Note: MPCR = marginal propensity to consume value of remittances; MPSR = marginal propensity to save of remittances.
Source: Barai 2012, World Bamk Data Bank 2011

Table 9.1: Fixed Telephone Lines Per 100 Population

1990	1995	2000	2005	2008	2011	2012	2014
0.21	0.24	0.38	0.76	0.92	0.69	0.75	0.71

Source: Commonwealth of Australia 2009, ICT 2014

Table 9.2: Cellular Subscribers Per 100 population

1997	20 00	2001	2005	2006	2007	2008	2009	2010	2011	2012	2014
0.02	0.22	0.39	6.40	13.44	23.88	30.68	35.66	46.17	56.48	64.56	75.81

Source: Commonwealth of Australia 2009, ICT 2014

Table 9.3: Internet Users Per 100 Population

1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2011	2012	2014
0.04	0.07	0.13	0.14	0.16	0.20	0.15	0.20	1.80	3.40	10.33	20.52	24.37

Source: Commonwealth of Australia 2009, ICT 2014

Table 9.4: Percentage of Households Using Mobile Phone

Locality	2000	2005	2010
National	1.5	11.29	63.74
Rura l	0.3	6.05	56.77
Urban	6.5	26.73	82.74

Source: BBS 2007, 2011a

Table 10.1: Percentage of Population by Three Main Age Groups

Year	0-14	15-59	60+
1911	42.3	53.3	4.4
1921	42.3	53.6	4.1
1931	41.9	54.9	3.2
1941	41.4	55.1	3.5
1951	42.1	53.5	4.4
1961	46	48.8	5.2
1974	48	46.3	5.7
1981	46.7	47.8	5.5
1991	45.1	49.5	5.4
2001	39.1	54.7	6.2
2011	34.7	59.1	7.5
2016	31.1	61.5	7.5
2021	27.2	64.4	8.4
2025	25.6	65.0	9.5
2031	24.0	65.0	11.1
2036	22.4	64.8	12.9
2041	20.9	64.5	14.6
2046	19.9	62.9	17.2
2051	19.0	61.7	19.3
2056	18.3	61.0	20.6
2061	17.8	59.0	23.3

Source: BBS, 2013d