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Trends in Poverty and Social Indicators: An Update

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Abstract

This paper provides an update of the changes that Bangladesh has undergone in terms of its poverty and social indicators over the last one and a half decades. Several key social and human development indicators have been considered which provides an analysis of the trends at both the national as well as the district levels.

The paper observes that Bangladesh has achieved notable progress in terms of poverty and social indicators over the past one and half decades. There are, however, significant variations between regions (districts) with respect to these achievements. The paper also pointed out that the country's health and nutrition programs, particularly those targeted towards mothers and children underwent some problems after 2000. As a result, the improvements in child and maternal health have slowed down. Therefore unless attention is paid to these matters, Bangladesh's progress on the MDG goals may seriously be hindered in these respects.

1. INTRODUCTION

The paper is about the changes in poverty and social indicators over the last one and a half decades. Main focus of the paper is however to look into the changes after 2000. The indicators that are included in this paper are the following: income poverty; subjective poverty, child malnutrition; immunization; infant and under-five mortality; total fertility; maternal mortality; access to water and sanitation; net primary and secondary enrollment; gender equality in education; human poverty index at both national and district levels; etc.

Data used for the present paper include Poverty Monitoring Survey Report 2004, Bangladesh Demographic and Health Survey Report 2004, Multiple Indicators Cluster Survey of BBS and UNICEF 2003, Report on Sample Vital Registration System 2002, Population Census 2001, Maternal Mortality Survey Report 2001, 64-village census plus carried out under PRCPB Phase-II.

With an introduction in section-1, section-2 presents aggregate trends and profiles of poverty and social indicators while section-3 presents disaggregated profiles of poverty and human development. Section-4 presents changes of some of the indicators by different social and economic groups. Section-5 presents the summary of the report.

2. TRENDS AND PROFILES OF POVERTY AND SOCIAL INDICATORS

Trends in Poverty

In absence of comparable data for pre- and post-2000, no meaningful comparison is possible with respect to income poverty. However, using the poverty rates quoted in the Poverty Monitoring Survey Report 1999 and 2004[1], it can be said that income poverty has declined over the period 1999 through 2004 (Table 2.1). Daily agricultural real cash wage for male labour has also increased at a relatively faster rate after 2000 than that of the previous years (Table 2.2).

Trends in Social Indicators

[1] Poverty rate quoted in PMS report is computed using FEI method which is different from CBN method (which is commonly used and widely acceptable) and hence the rates quoted in the PMS reports are not comparable to that of HIES. Purpose here is only to show the change in income poverty after 2000, which PMS allows us to do so using PMS 1999 and 2004.

Current status and changes over time (1990 to 2003/04) of selected social indicators are presented in Table 2.3. Child nutritional status reveals that a high proportion of children in the country are currently suffering from malnutrition. It is true for both the measures of underweight (48 percent) and stunted (43 percent). In both the measures, rural children are lagging far behind than their urban counterparts. Trends however show improvement for both underweight and stunted over the period 1990-2004. Percentage of children underweight has declined from 68 in 1992 to 48 in 2004. Likewise, percentage of children stunted has declined from 64 to 43 during the same period.

Improvements have also been noticed in the mortality indicators over the last one and a half decade though they are still fairly high at present. Under-five Mortality has declined from 151 in 1990 to 88 in 2004. Infant mortality has also declined from 94 to 53.3 during the same period. Access to safe drinking water is satisfactory at its current state (97.4). However, arsenic contamination is now a great threat in order to having access to safe water and therefore the definition of 'safe water' needs to be reviewed and re-estimated consideration the arsenic contamination in the water[2]. Access to sanitary toilet is still very poor. Only 53.2% of the total population has access to this. The situation in this regard has however improved during the period 1990-2003.

Though the literacy rate has increased from 32.4% in 1990 to 48.8% in 2002, it is still very low compare to other developing countries. Between male and female, male literacy is higher than that of female. It is however important to note here that the rate of progress of female literacy is much higher that that of male literacy implying sign of convergence between the two in this respect. Net primary enrollment has also improved significantly over the last decade. While the net primary enrollment was 60 in 1990, it is now about 83 in 2003. There is little difference between boys and girls in this respect (girl's enrolment is even little higher than that of boy's).

Contraceptive prevalence rate is now at 53.4, which were 40 in 1990. Use of contraception has not improved much during the second half of last decade. Rate of immunization (DPT 3 dozes) is also not very satisfactory which is now at 81.0.

[2] Complete information on arsenic contamination in the tube-wells in the country is not available till date.

Trends in Human Poverty Index

Table 2.4 presents the human poverty situation in the country. The latest available data has been used to construct the human poverty index for Bangladesh. The results show that the rate of progress in reducing human poverty was quite remarkable. The value of human poverty index has dropped from 47.4 in 1993/95 to 36.4 in 2003/04. Progress in human-poverty was possibly achieved through enhanced access of the poor to publicly provided social services and also through income-poverty reduction during the same period.

3. Disaggregated Profiles of Poverty and Human Development

Status of Human Development at the Divisional Levels

A disaggregated profile of selected social indicators is presented in Table 3.1. As it is observed, there are significant variations between different administrative divisions as well as rural and urban areas of the country in terms of various social indicators. These variations are higher for 'access to sanitation', 'severe malnutrition', and 'immunization' and relatively lower for 'net primary enrollment' and 'access to safe drinking water'. Results also show that there is no one to one correspondence with respect to the status of social indicators in different administrative divisions. Some divisions demonstrate better performances than the others do with respect to some indicators while other divisions shoe better performances for other indicators. For example, Khulna has the lowest level of access to safe drinking water but highest level of access to sanitation. However, between rural and urban, situation in the urban is always better than that of the rural except for net primary enrollment.

Human Poverty by Districts

Table 3.2 presents district level variation in HPI during 1995-2003. A significant variation has been observed in terms of the value of HPI at the district level for 1995, 2000 and 2003. The value of HPI ranges between 22.98 and 36.73 at the district level. It is noteworthy that all the districts have been able to improve its human poverty situation during 1995-2003, but the rate of progress varies significantly (ranging from a negligible 0.25 per cent for Cox’s Bazar to 3.92 per cent for Bandarban). Analysis of the aggregate measures, however, needs to be supplemented by an approach that takes a more disaggregated look at the individual poverty and social indicators.

4. Socio-Demographic Changes in Bangladesh: The Emerging Scenario

In understanding recent socio-demographic changes in the country major focus will be on areas and indicators representing Millennium Development Goals (MDG). The areas on which evidence has been gathered are: nutritional status of the children aged under 5 and the mother, vaccine coverage for children and mother, infant and child mortality, maternal death, maternal mortality, use of maternal health care services, contraception use, and fertility. The above information are organized under infant and child heath covering child nutritional status, vaccine coverage for them and infant and child mortality; mother's health covering nutritional status of the mother, maternal mortality and use of maternal health care services; and demography covering contraception use and fertility.

The data on them are collected from secondary and/or published sources and main sources consulted for data are: Sample Vital Registration System (SVRS) of BBS, Multiple Indicators Cluster Sampling (MICS) of BBS and UNICEF, and Bangladesh Demographic and Health Surveys (BDHS) of NIPORT and Macro international.

I. Infant and child health

1.1 Nutritional Status

Nutritional level is the most crucial inputs to children wellbeing including their survival and development. This has important consequences for cognitive development and mental and physical health, hence, often serve as a major cause of persistence of poverty.

The anthropometric measures for child nutritional status suggest that significant number of children in Bangladesh still suffer from malnutrition, at present 43 percent of the children under 5 in terms of stunting are malnourished viz., they are shorter for their age, reflecting long term deprivation for food and nutrition; and nearly half (47.%) is so in terms of underweight viz., their weight is below that expected for their age. A substantial number among them suffers from severe malnutrition also (Table 4.1); 17 in terms of stunting and 13 percent in terms of underweight (Table 4.2).

While present situation is no doubt a grave one, the silver-line has been over the past 10 the nutritional status of the country's children seem to have made visible improvement. According to recent BDH studies the proportion children 'stunting' in 1996/97 was 55 percent but as noted above it has declined to 43 percent in 2004; the matched figure for

underweight are 56 to 47 percents (Table 4.1). According to BDHS, severe malnutrition too has declined substantially during this period, the figure for severe stunting declined from 28 to 17 percent during this period while sever underweight declined from 21 to 13 percent (Table 2). The message from BBS data too is the same viz., child malnutrition of all forms by a substantial margin has declined in the country in recent years (Table 4.3).

However, according to BDHS, nutritional improvement for the children was largely a smooth an visible phenomenon between 1996/97 and 1999/2000, the rate of improvement then slowed down much (Table 4.1). This leads us to another observation that although nutritional improvement for the children during 1996/97-1999/2000 was a shared phenomenon by all children it has not been so in the latter period of 2000-04. Not all children during this period experienced an improvement; during this period situation improved a bit for rural children but seem to have deteriorated for urban children (Tables 4.1 & 4.2); it has improved slightly for children of the uneducated and semi-educated mothers but not for the children of educated mothers; deteriorated for children of Barisal and Chittagong, remained at a level in Dhaka, and improved in other regions but did so relatively more in Sylhet and Khulna (Tables 4.1& 4.2).

Thus, the essential observation is that since mid 90s' country's children have enjoyed an smooth improvement in nutritional status which was shared by children of all denominations but this trend ended up with some problems after 2000 with improvement not only being uneven for different populations but the trend even reverted for some.

I.2 Vaccination

Although the performance with regard to child nutrition seem has ended up with some problem in recent years, immunization program for the children performed remarkable well during 2000-04. A decadal overview since 1993/94 reveals that proportion of children aged one year protected against all six-childhood diseases viz., diphtheria, pertussis, tetanus, measles, poliomyelitis, and tuberculosis through vaccination has incased from 59 percent in 1993/94 to 73 percent in 2004, thus, accomplished 14 percentage pint increase during this 10 year (Table 4.4).

A close look however, would reveal that above noted achievement was accomplished only during 2000-04 period, there was little improvement in this regard during 1993/94-1999/2000, indeed, there may be deterioration also in the service delivery during mid-90s

causing a slump in the vaccination rate. However, the problems seem to have been overcome by end of 1990s giving a smooth pass for the program. The BBS data too largely support these views (Tables 4.4 and 4.5).

According to BDHS data, from recent improvement in vaccination coverage after 1999/2000 all children in the country irrespective of background have benefited and for all of them the degree of benefit received was substantial. Yet, there are some variations also, vaccination coverage for girls in recent years seems to have increased more compared to the boys removing gender gap; rural children too seem to have benefited more than the urban children causing a reduction in the rural-urban gap for this, while improvement across socioeconomic classes as measured by mother's education was about similar (Table 6). But the gap persists at present for vaccination coverage across children of different classes is large, it is 60 percent for the children of the uneducated mother and nearly 85 percent for children of highly educated mothers. Rural urban differential is rather less sharp, it is 71 percent for rural children and 81 percent for urban children. At present there is no gender gap for vaccination.

Across regions, recent increase in vaccination coverage was relatively more in Rajshahi, Sylhet, Khunla followed by Dhaka but least in Chittagong and Barisal (Table 4.6). However, at present, for childhood vaccination, Khulna is ahead of all (83%), the coverage in Rajshahi, Barisal and Dhaka is about similar (72-76%) and lowest in Sylhet (62%).

I.3 Infant and child mortality

Infant Mortality

The infant mortality rate referring to the probability of dying before age 1 year suggests that there has been a steady decline in the mortality risk for country's infants over the past one decade. According to BDHS data, probability of dying before age 1 has declined from 87 to 66 per 1000 birth during 1993/94-2004 period, thus, the rate has declined nearly by one-fourth during this period (Table 4.7). Although the measures are not comparable, BBS too suggest a substantial improvement in infant mortality condition over the decade of 1990s (Table 4.8). As the data from both sources reveal, this improvement in infant mortality was contributed both by the improvement in neonatal mortality and post-neonatal mortality in the country over the same period (Tables 4.8 & 4.9). Mortality risk of all these types presumably has declined due to certain concomitant development during this period such as,

improvement in nutritional status of the children, improved achievement with regard to child immunization, improved access to mother and child health services including improvement in water and sanitation.

However, the essential message fro above observation is that that infant mortality situation in its totality has accomplished substantial improvement in the recent years.

A scrutiny of IMR situation across different populations reveal that improvement in infant mortality condition is largely a phenomenon cutting across all; although rate of improvement was not uniform for all. It was relatively more for the girls than the boys, thus widened the gender gap favoring girls further, it was more in rural compared to urban area, thus removed the rural-urban differentials, and was relatively more for socially/economically backward class, thus narrowed the class variation further. Across regions, improvement was more in Chittagong, Dhaka, Barisal and Sylhet compared to Khulna and Rajshahi (Table 4.9).

Despite, this one should not loose sight of the fact that infant mortality situation has undergone some pressure after 2000; few group of people have failed to show any improvement after this period or showed by a small margin. Khulna could not show any improvement in infant mortality risk after 2000, while it happened only marginally in Chittagong and also male children and urban children (Table 4.9). Indeed, urban improvement seems has stopped since mid-90s. Another group falling in this category are the children of the educated mothers having primary or above level of education (Table 4.9). These group/region specific observations are matters of further inquiry and understanding.

Child Mortality (1-4)

Both probability of dying between age 1 and 4 (1q4) estimated by BDHS (Table 4.10) and child morality rate obtained by the BBS (Table 4.8) suggests a clear improvement in child mortality over the recent years since 1990s. More importantly, improvement in child mortality seems to have taken by a greater degree than the infant mortality. Also, it is important to note that this improvement was shared largely by all.

Yet, the variations noted for infant mortality also largely applies to child mortality also i.e., over the past 10 years mortality for girl children has improved faster than that of boy children; improvement for rural children was higher than urban children and it was higher for backward classes than the better-off ones (Table 4.10). Thus, inequality in child mortality risk

along those dimensions have come down. Child mortality differentials across regions too have come down recent with backward regions improving fast (Table 4.10). At present Khulna has the lowest mortality risk for children while highest one suggesting 3 times more persist in Chittagong (39 against 13). Child mortality risk is quite high in Barisal but too (32) but relatively low in Rajshahi (17) (Table 4.10).

II. Maternal Health

Several indicators are being used to assess the maternal health situation in Bangladesh: these are: maternal nutrition, maternal mortality ratio and use of maternal services by the mother.

II.1 Nutritional Status

The nutritional status of the mothers is measured by the body mass index (BMI) or thinness of the mother. The cut off point for BMI is 18.5 viz., mother having a BMI value of less than 18.5 are considered malnourished and those with a BMI value above this (18.5) are considered healthy[3].

As shown by the data, not only child nutrition but that mother too has improved significantly over the recent years. Following BMI criterion 52 percent mothers were classified as malnourished in 1996/97 but this figure has come down to 34 percent in 2004 (Table 4.11). An important pint to note is that some disturbances noted for infant and child health condition after 2000 seem were absent for the mothers health; it experienced a monotonic improvement since mid-90s.

Improvement in mothers health too is a cross-section phenomenon; mother from all segments have benefited from it. Yet, as noted for child health, the progress for urban mother was of lower than rural mothers, it may be higher also for the disadvantaged mother than the better-off ones, across regions the improvements may be little more in in Chittagong, Dhaka, Rajshai and Khulna compared to Barisal and Sylhet (Table 4.11).

[3] A value above 25 in considered obese.

II.2 Maternal Mortality Ratio

The suggestion from maternal mortality ratio is also the same viz., mother's health has experienced a steady improvement in the country over the recent years (Table 4.12). In 1990 the estimated maternal mortality ratio was 478. This has come down to 320 in 1999.

II.3 Use of Maternal Services

Three types of maternal services are considered: the antenatal care (ANC), place of delivery and person attending the delivery. Under ANC we have seen also the performance with regard to TT injection, a distinct component of ANC in the context of Bangladesh.

Antenatal Care

According to available **e**vidence, use of ANC by the pregnant mother has increased too remarkably over the recent years; In 1993/97 only 27 percent of the mothers reported the use of ANC but the figure has gone double in 2004 (56%) (Table 4.13). Improvement in this regard also characterizes women of all sections, although they may vary in the rate of improvement.

As noted for other indicators too, ANC use also has increased more for rural mothers than for urban mothers and this is so in case of underprivileged mothers compared to privileged ones. Across regions, the increase has been relatively more in Rajshahi, Khulna, Chittagong and Sylhet and lesser in Barisal and Dhaka (Table 4.13).

The acceptance of TT injection, a specific antenatal service, too suggests that ANC usage has increased perceptibly in the country in recent years. Mother receiving at least one dose of TT injection in 1993/94 was 66 percent; this figure increased to 85 percent in 2004. Mother across all subgroups shared this improvement and as usually, progress in case of rural mothers compared to urban mothers was higher and this is so in case of uneducated and semi-educated mothers compared to educated mothers (Table 4.14). Regional performance suggest that mother's access to TT injection has improved relatively more in Chittagong, Dhaka and Barisal over the recent years in comparison to other regions (Table 4.14).

Delivery Practices

Although the overall situation is much less than satisfactory, Bangladesh made some progress with regard to child delivery practices too in recent years. Only around 3 percent of the child delivery used to take place in institutions in 1993/94 but this figure increased to 10 percent in 2004. In this regard too, rural progress over the recent years was higher than that for urban area. Yet, persistent rural – urban difference for this is quite high; institutional births account 25 percent in urban are and 7 percent in rural area.

The situation is quite dismal for backward classes; institutional birth account for less than 3 percent of their child delivery and as opposed to 21 percent noted for highly educated women with above primary education. Across regions, most advanced one seems Khulna with 17 percent of births being taking place in institutions while worst situation prevails in Barisal and Sylhet with only 6 percent their births taking place in institutions under medical guidance (Table 4.15).

Attendance in the Child Delivery

The childbirth practices in terms of persons attending the delivery who play a crucial role in ensuring safe child delivery, also accomplished some positive changes in recent years although in this regard too the overall situation is depressing one. At present, more than one-fourth of the deliveries (27%) are assisted by the trained persons like trained TBA, mid-wives, nurses, doctors, etc., and 73 percent are attended by untrained persons like untrained TBAs, relatives, friends, neighbors, etc. These figures in 1993/94 were respectively 9 and 91 percents (Table 4.16). Hence, there was 3 times increase in the trained personnel attending the child delivery in recent years.

Alike improvement in other areas, this is also a shared improvement by all (Table 4.16). Yet, rural progress for this was more marked than urban progress, and uneducated women also progressed relatively more than other women. The situation has improved across all regions too although the situation does seem to have progressed much in Barisal since mid-90s' (Table 4.16). Situation in this regard at present is, most favorable in Khulna and Dhaka, followed by Chittagong and Rajshahi and least favorable in Barisal and Sylhet. In urban area more tan 40 percent child deliveries currently attend by trained personnel against 24 percent in rural area; but inter-class variation is large; 17 percent for uneducated women and 43 percent for highly educated women (Table 4.16).

III. Demographic

III.1 Use of Contraception

In recent years Bangladesh has accomplish further progress in family planning program; the contraceptive use rate has increased further in the country during past one decade. Both BBS and BDHS have indicated this; according to BDHS the contraceptive use rate has increased from 45 percent in 1993/94 to 58 percent in 2004 (Table 4.17) and according to BBS from 46 percent in 1994 to 53 percent in 2002 (Table 4.18). Usage of both modern and traditional methods has increased during this period and relative increase was about similar (around 30%) in both these methods; thus, in recent years use of both modern and traditional methods .has increased; modern method use has increased from 36 to 47 percents and traditional method use from 8.4 to 11 percents (Table 4.17).

However, within modern methods, the dominant one is the 'oral pill'. At present, 26 percent out 47 percent modern method users us pill only, thus, account for 55 percent of the total modern method used by the couple. Injectable is the second popular method now and account for 10 percent users, while third popular method is female sterilization (5%) and fourth popular one is condom (4%). The methods like Norplant, IUD and male sterilization bear at present only marginal significance for family planning program.

Both pill and injectables gained further popularity over the recent years although in relative term popularity of the latter method increased much more. Condom also gained some popularity but IUD and sterilization referring to both male and female sterilization have recorded a decline in their popularity (Tables 4.17). As the recent changes therefore suggest couples are increasingly moving towards temporary method bypassing the permanent methods. This may have some adverse effect on family planning program; first it may increase the program cost for increase in protection cost through temporary methods for prolonged period and second it can affect also the program performance for temporary methods being less efficient than permanent method.

In terms of both 'any method' and 'modern method', contraception usage has increased in recent years across all population in the country. Yet, in line with earlier observations, contraception usage has increased relatively more in rural area than urban area and it has increased more for uneducated and semi-educated women than for highly educated

ones (Table 4.19), this inter-group variations across rural-yrban residence and socio-economic conditions have come down. Indeed, as the data show, socio-variation for contraception use at present is about nil (Table 4.19) However, urban use is still higher (63%) than the rural use (57%).

Across regions, contraception use has increased more in Chittagong, Dhaka, Rajshahi, and Sylhet and increase in Khulna and Barisal fell behind them. It may be noted here that back in 1993/94 contraception use rate was highest in Khulna (55%) but due to slow increase of contraception use over the last decade Rajshahi now ranks first (68%) with Khulna holding the second position (64%). Another point worth noting is that contraception use varies greatly across regions of the country; despite relatively fast progress in this regard over the past one decade the contraceptive use rate of Sylhet (32%) still now is even less than half of that persist in Rajshahi and Khulna. The use rate is relatively low in Chittagong as well (44%) compared to Khulna and Rajshahi.

Another pertinent observation in that public sector role in supplying contraception over the past one decade has declined substantially. In 1993/94 nearly 80 percent supply of modern method used to come from this sector and half of it used to get distributed by the field workers. These shares declined to 57 and 23 percents in 2004 (Table 4.20). Implications of this shrinking role of the public sector needs understanding particularly in the context of poverty. To note, field workers' role is being found crucial in contraception use or acceptance in Bangladesh (Rob, et, al, 2003).

III.2 Fertility

Evidence on fertility as obtained by BDH studies suggests that fertility has declined in the country over the past decade since 1993/94. The estimated total fertility rate (TFR) for 1993/94 was 3.4 and this figure for 2004 was 3. However, according to this source, fertility was almost static in the country during 1993/94 to 1999/2000 and declined only thereafter (Table 4.21). Many independent studies however, disagree with the observation that fertility was unchanging during 1993-2000 period; according to them fertility did decline during this period too but did so at a slower rate (Kabir, 2003; Islam et al, 2004, Begum, 2005).

The Sample Vital Registration System of BBS too does not support the position, this too suggest that fertility did decline in the country throughout the entire 1990s (Table 4.22).

However, the level estimated by BBS for fertility varies substantially with that obtained by BDHS and level estimated by BBS for late 1990s is much lower than that estimated by BDHS (Tables 4.21 & 4.22). For example, BBS estimated a level of around 3 for TFR for the year 1998 but BDHS estimated 3.3 for 1999/2000 and 3 for 20004. Again, experts feel that even BDHS has underestimated the country's fertility level (Kabir, 2003; Islam et al, 2004, Begum, 2005).

The crux of the issue is even if we accept BDHS estimate as the correct one, country still remains far away from reaching replacement level fertility for the country which is around 2.2. Now if we look at the rate of fertility decline in recent years suggesting a decline of 0.4 children in TFR over the past 10 years (1993/94-2004) then the situation looks even gloomy; in that case, it might take another 20 years to manage the needed 0.8 children decline in the TFR. In other words, achieving replacement level fertility by 2015 may not be possible. However, amidst conflicting evidence, there is need to understand objectively the fertility level and trend in the country to objectively set the goal and decide the strategy.

Since fertility estimates by BDHS for 1990s encountered some debate for understanding subgroup position in this we rely most on 2000-04 period. Estimates for these periods suggest that fertility did decline during this period only in rural area and not in urban area; yet, the present the urban level (2.5) is 0.7 children lower than that for rural area (3.2) and urban fertility has reached quite a low level, which may be a reason for slow decline of fertility in this area.

The alarming observations across regions are that situation is getting worse in Khulna where fertility is recorded lowest of all through the recent years; fertility did record no decline in this region over the recent years, rather may have had increased marginally. This has been the situation in Sylhet too (Table 4.21). These unpleasant developments need thorough understanding for appropriate policy prescriptions. To note, in both these regions contraception usage either has gone down or remained unchanged during 2000-04 periods.

Again, fertility decline with none of educated groups is found also sharp over the recent years, rather comparison between 2000 and 2004 suggest an erratic picture; This needs an understanding. In short, fertility level and tend both at the aggregate and subgroup levels need a thorough understanding.

5. SUMMARY AND COMCLUSION

Both malnutrition and severe malnutrition for the children under 5 have come down substantially during 1994-2004 period but situation remained yet still depressing for as high as 43 percent of the children still suffer from stunting and 47 percent from underweight. More alarming observation is that improvement in child nutrition until 2000 was a smooth phenomenon but since then the process encountered problems causing a slow down in improvement while for some such as, urban children, male children and children of educated mothers, this has even stopped.

In contrast, vaccine coverage for children aged 1 year increased remarkably after 2000. Indeed, during last one decade this is the only period when vaccine coverage recorded an improvement although the rate of improvement was not uniform for all. Those benefited more are: rural children, female children, and children of the underprivileged mother.

The risk of infant mortality further declined in recent years and this decline was quite perceptible and shared experience by all. Improvement in infant mortality risk was due to improvement in both neonatal and post-neonatal mortality risk. However, as with child malnutrition, improvement in infant mortality too was not smooth after 2000 and process got reversed for few. The subgroups hit hard by this are: urban infants, male infants, and infants of educated mothers.

Mortality risk for children aged 1-4 too has improved in recent years and improved faster than infant mortality. Although an improvement is noted in it through out the decade for child mortality too a slow down is noted after 2000. For child mortality too improvement was greater for rural children, and girl children.

The maternal health too has improved further during this period; maternal malnutrition, and maternal mortality ratio both has been declining for the mother since 1993/94 and cross-section of mother benefited from this.

Contraception use has recorded further increase in recent years although use of them recorded higher increase in rural area, and among women of backward classes. However, family

planning program too seems to have encountered some problem after 2000; contraception usage recorded no gain in Khulna and Sylhet after 2000 while urban situation continuing an impasse for this since mid-90s.

Over the recent years country has experiences some fertility decline too but the rate of fertility decline was low. Given the present level of fertility this rate of decline is inadequate to achieve fertility target within the stipulated time.

Concluding Remarks

Evidence on infant, child and mother health tend to suggest that country's health and nutrition program particularly that targeted to mother and children has undergone some problem after 2000 causing a disruption in the improving process for mother and child health. This deserves proper understanding and remedial measures taken accordingly to put things on the track. Any negligence on this count may remove our achievements in these regards and place MDGs targets further away.

Recent finding also suggest that situation in urban area has almost stopped improving in all respects; almost all indicators for mother and child health have suggested this. Hence, it is time that urban area receives some special focus in the country's policy for health an nutrition.

Country's family planning program also requires further invigoration for achieving fertility target set for the country. The recent rate of fertility decline is less than adequate to reach it by the stipulated time.

Also, observations with regard to educated mother suggesting non-improvement in physical well being of their children over the years particularly after 2000 deserve serious attention. This having far reaching policy implications, requires an independent inquiry for validation and dynamics understood if true.

Table 2.1

Trends in Poverty: Consumption Expenditure Data

	1991/92	1999	2004
Rural	52.9	44.9	43.3
Urban	-	43.3	37.9
National	49.7	44.7	42.1

Source: Poverty Monitoring Survey Report 2004 except for 1991/92 figures which are taken from Sen and Hulme (2004).

Table 2.2
Trends in Real Agricultural Wages, 1991 to 2004

(Taka per day)

	Nominal Wage	Deflator (1983/84=100)	Real Wage
1991	41.77	174.45	23.94
2000	63.60	235.94	26.95
2004	75.52	240.89	31.35

Note: Daily agricultural cash wages for male labour (without food). Real wage figures for 1991 and 2000 are based on poverty line deflator and figire for 2004 is based on rural CPI.
Source: Figures for 1991 and 2000 are taken from Sen and Hulme (2004) and figures for 2004 are calculated from the unpublished data of the Agricultural Statistics Wing of BBS.

Table 2.3
Trends and Current Status of Selected Social Indicators in Bangladesh, 1990- 2003

Indicators		Year			
		1990	1995	2000	2003/04
% Underweight	Rural	-	-	53.9	48.8 (2004)
	Urban	-	-	43.1	42.2 (2004)
	National	68 (1992)	56.3	50.8	47.5 (2004)
% Stunted	Rural	-	-	51.1	44.3 (2004)
	Urban	-	-	40.4	37.6 (2004)
	National	64 (1992)	54.6	48.0	43 (2004)
Human Poverty Index (HPI)		-	47.4	40.3	36.4
Total Fertility Rate		4.3	3.5	3.0	2.56 (2002)
Under 5 Mortality Rate (per 1000)		151	125	92	88 (2004)
Infant Mortality Rate (per 1000)		94	71	57 (1998)	53.3 (2002)
Maternal Mortality Rate (per 100,000)		478	447	400 (1997)	391 (2002)
Access to Safe Drinking Water		89	97	97.5	97.4
Access to Sanitary Toilet		21	38	43.4	53.2
Literacy Rate (7+)	Male	38.9	-	49.5	52.8 (2002)
	Female	25.5	-	40.1	44.5 (2002)
	Both	32.4	-	44.9	48.8 (2002)
Net Primary Enrolment Rate	Boys	60	82	81	81.1
	Girls	59	82	83	84.4
	Both	60	82	82	82.8
Contraceptive Prevalence Rate		40 (1991)	49	52 (1997)	53.4 (2002)
Rate of Immunization (DPT 3): 12-23 Months		62	69	74.4	81.0 (2004)
Severe Malnutrition (MUAC<12.5 cm): 12-59 months	Boys	-	-	3.6	3.6
	Girls	-	-	5.7	4.8
	Both	11	11	4.7	4.2
Net Secondary Enrollment		31.47	43.24	45.39	-
Boys-Girls Ratio in Primary		-	1.103 (1996)	1.036 (2001)	-
Boys-Girls Ratio in Secondary		1.23 (1993)	1.096	0.866 (2000)	-

Sources of Data: Progotir Pathey (various issues); Bangladesh Demographic and Health Survey (various issues); and Report on Sample Vital Registration System (various issues).

Table 2.4
Trends in Human Poverty Index, 1993/95-2003/04

Variables	1993/95	1999/00	2003/04
Deprivation in Longevity (P_1)	**18.3**	**13.8**	**12.6**
- Probability of dying before age 40	18.3	13.8	12.6
Deprivation in Knowledge (P_2)	**49.5**	**42.2**	**36.6**
- Adult illiteracy (weight: 2/3)	61.1	52.6	46.7
- Child aged 6-10 years not attending school (weight: 1/3)	26.0	21.0	16.0
Deprivation in Economic Provisioning (P_3)	**57.8**	**49.1**	**45.4**
Public Provisioning	59.3	50.5	43.3
Share of population without access to health services proxied by a composite indicator of:	62.3	53.0	46.0
- children not fully immunised	34.0	28.0	19.0
- % of deliveries not in the institutions	90.5	78.0	73.0
Share of population without access to proper sanitation proxied by a composite indicator of:	33.5	30.5	25.0
- Percentage of population without access to safe drinking water	8.0	4.0	3.0
- Percentage of population without access to sanitary toilet	59.0	57.0	47.0
Percentage of population not living in electrified houses	82.0	68.0	59.0
Private Provisioning			
- Percentage of children under 5 years of age who were malnourished	56.3 (1996/97)	47.7	47.5
Human Poverty Index (HPI)	**47.4**	**40.3**	**36.4**

Technical Notes:

- HPI Index is calculated as follows:
  $HPI = [1/3 (P_1^3 + P_2^3 + P_3^3)]^{1/3}$
- Probability of dying before age 40 was derived as follows:
  IMR in 1993 was 84 when probability of dying before age 40 was 20. Using this ratio and given IMR for 1994 as 77, we get probability of dying before age 40 for 1994 = 18.3.
- Adult literacy for 1993/95 was derived applying the inter-census (1991 and 2001) average rate of growth of adult literacy on 1991 figure.
- Similarly, adult literacy for 2003/04 was derived applying the average rate of growth of adult literacy between 1999/00 and 2003/04 (using Bangladesh Demographic and Health Survey Data) to the figure of 2001.
- Child aged 6-10 years not attending school is considered only.
- Deliveries not by trained workers are considered.
- Share of population without access to proper sanitation (combining both access to safe water and sanitary toilet) is considered instead of access to safe water only.

Source of Data:

(a) 1993/95 figures are taken from the following sources: Infant Mortality Rate (IMR) is taken from the Report of Sample Vital Registration System 2002; Adult literacy rate is derived from Population Census 1991; Primary enrolment, immunization (DPT), deliveries in the institutions, access to safe water, access to electricity, and child malnutrition are taken from Bangladesh Demographic and Health Survey 1993/94 and 1996/97. Figure for access to sanitary toilet is taken from Progotir Pathey 1995.

(b) 1999/00 figures are taken from the following sources: Infant Mortality Rate (IMR) is taken from the Report of Sample Vital Registration System 2002; Adult literacy rate is taken from Population Census 2001; Primary enrolment, immunization (DPT), deliveries in the institutions, access to safe water, access to electricity, and child malnutrition are taken from Bangladesh Demographic and Health Survey 1999/00. Figure for access to sanitary toilet is taken from Progotir Pathey 2000.

(c) 2003/04 figures are taken from the following sources: Infant Mortality Rate (IMR) is taken from the Report of Sample Vital Registration System 2002; Adult literacy rate is derived from Population Census 2001; Primary enrolment, immunization (DPT), deliveries in the institutions, access to safe water, access to electricity, and child malnutrition are taken from Bangladesh Demographic and Health Survey 2004. Figure for access to sanitary toilet is taken from Progotir Pathey 2003.

Table 3.1
Human Development Profile at Disaggregate Level in Bangladesh, 2003/04

Area	Rate of immunization (DPT: 12-23 months)	Malnutrition (12-59 months)	% Underweight (2004)	% Stunted (2004)	Net primary enrollment (6-10 years)	Access to safe drinking water	Access to sanitary latrine
Division							
Barisal	66.1	9.1	46.3	48.9	84.8	93.2	55.9
Chittagong	62.8	4.7	49.9	46.2	79.5	96.6	59.7
Dhaka	66.4	3.2	47.6	44.7	82.1	99.6	52.3
Khulna	78.2	4.2	40.3	31.7	88.5	92.4	68.2
Rajshahi	76.6	4.0	48.1	40.3	85.3	99.5	43.9
Sylhet	56.1	6.0	49.8	46.2	76.5	93.4	46.0
Coefficient of variation (district level data)	16.80	47.37	-	-	7.13	9.07	41.93
Sector							
Rural	66.8	4.8	53.9	51.1	83.1	97.0	48.2
Urban	76.9	2.7	43.1	40.4	81.4	99.0	70.7
National	68.8	4.2	50.8	48.0	82.8	97.4	53.2

Source: Based on Progotir Pathey 2003 and Bangladesh Demographic and Health Survey 2004.

Table 3.2
Value of Human Poverty Index (HPI) by District 1995-2003

District Name	HPI 1995	HPI 2000	HPI 2003	Average Annual % Change in HPI During 1995-2003
Bandarban	51.6	39.77	35.40	-3.92
Rangamati	46.24	35.74	31.98	-3.85
Jhalokati	31.54	25.4	28.50	-3.74
Jamalpur	51.06	41.87	33.26	-3.63
Nilphamari	46.86	38.5	31.40	-3.55
Tangail	39.33	32.48	36.73	-3.51
Pirojpur	31.16	25.82	22.98	-3.39
Comilla	31.88	26.72	27.50	-3.39
Barguna	33.79	28.43	28.75	-3.36
Patuakhali	35.76	30.56	28.90	-3.26
Khagrachhari	43.86	37.58	27.36	-3.23
Khulna	32.51	27.95	31.51	-3.19
Mymensingh	40.3	34.7	31.77	-3.17
Moulvibazar	37.77	32.69	30.11	-3.16
Bogra	37.72	32.75	27.65	-3.13
Rajbari	43.75	38.03	32.44	-3.10
Shariatpur	42.28	36.76	29.39	-3.09
Naogaon	36.91	32.32	33.04	-3.06
Lalmonirhat	40.67	35.63	29.40	-3.06
Gaibandha	39.95	35.08	30.22	-3.05
Thakurgaon	40.32	35.87	28.35	-2.98
Satkhira	35.53	31.74	27.33	-2.94
Chandpur	33.28	29.76	30.85	-2.94
Pabna	40.36	36.11	28.23	-2.91
Sylhet	39.11	35.08	29.64	-2.90
Madaripur	38.59	34.64	29.76	-2.89
Narayanganj	31.58	28.45	29.20	-2.88
Kishoreganj	39.35	35.59	27.51	-2.82
Chittagong	32.29	29.21	35.05	-2.80
Panchagarh	38.71	35.03	32.40	-2.79
Jhenaidaha	35.74	32.37	28.33	-2.73
Magura	36.34	33.04	28.23	-2.69
Noakhali	36.33	33.05	24.19	-2.69
Manikganj	38.93	35.44	25.73	-2.61

District Name	HPI 1995	HPI 2000	HPI 2003	Average Annual % Change in HPI During 1995-2003
Sirajganj	42.59	38.83	25.25	-2.60
Bagerhat	32.58	29.72	28.34	-2.59
Barisal	31.8	29.03	26.38	-2.59
Feni	30.83	28.15	24.46	-2.56
Kurigram	43.14	39.42	32.25	2.51
Gopalganj	32.51	29.77	27.21	-2.50
Jessore	30.77	28.2	25.48	-2.48
Sunamganj	43.01	39.44	28.92	-2.46
Rangpur	41.7	38.26	28.33	-2.46
Dinajpur	36.24	33.31	25.08	-2.44
Habiganj	37.23	34.45	26.37	-2.36
Narsinghdi	37.93	35.25	33.81	-2.36
Gazipur	34.93	32.49	26.46	-2.30
Lakshmipur	34.8	32.39	28.60	-2.26
Rajshahi	35.98	33.57	29.84	-2.24
Chuadanga	34.02	32.11	24.38	-2.23
Netrokona	39.04	37.06	32.45	-2.19
Nwabganj	41.68	39.66	26.67	-2.18
Sherpur	45.15	42.98	30.32	-2.07
Natore	36.02	34.42	36.16	-1.99
Joypurhat	37.23	35.7	26.61	-1.97
Brahmanbaria	39.26	37.65	28.51	-1.95
Narail	32.41	31.26	27.92	-1.79
Bhola	37.48	36.32	33.81	-1.73
Kushtia	36.79	35.78	32.20	-1.69
Meherpur	36.91	36.01	23.42	-1.60
Munshiganj	29.68	29.07	33.84	-1.30
Faridpur	35.26	34.59	33.90	-1.19
Dhaka	26.87	26.51	32.28	-.91
Cox's Bazar	38.68	38.44	37.91	-.25
Coefficient of Variation	**13.16**	**11.98**	**11.44**	**-**

Table 4.1: Percent children malnourished in terms of (<2SD) by different characteristics: BDHS

	1996/96	1999/2000	2004
	stunting (height - for- age)		
All	54.6	44.7	43.0
Sex			
Male	54.3	43.6	42.5
Female	55.0	45.8	43.5
Residence			
Urban	39.4	35.0	37.6
Rural	56.2	46.6	44.3
Division			
Barisal	59.9	46.0	48.9
Chittagong	54.4	45.2	46.2
Dhaka	55.8	45.4	44.7
Khulna	46.5	37.8	31.7
Rajshahi	53.4	42.0	40.3
Sylhet	61.4	56.8	46.2
Mother's education			
No education	60.8	52.4	50.5
Primary incomplete	58.7	47.7	45.2
Primary complete	52.5	42.6	46.2
Secondary or above	30.9	28.5	32.0*
	Underweight (weight – for – age)		
All	56.3	47.7	47.5
Sex			
Male	54.6	45.8	46.4
Female	58.0	49.6	48.7
Residence			
Urban	41.9	39.8	42.2
Rural	57.8	49.2	48.8
Division			
Barisal	55.4	50.7	46.3
Chittagong	60.0	46.1	49.9
Dhaka	54.8	47.4	47.6
Khulna	49.8	41.8	40.3
Rajshahi	55.5	48.5	48.1

Sylhet	64.0	56.8	49.8
Mother's education			
No education	63.2	55.5	55.4
Primary incomplete	55.0	51.1	48.6
Primary complete	50.9	43.6	48.8
Secondary or above	38.3	32.1	37.6*

* weighted average from the figures for incomplete secondary (0.8) and secondary complete and above (0.2)
source: BDHS

Table 4.2: Percent children severely malnourished (<3SD) by different characteristics: BDHS

	1996/96	1999/2000	2004
	Stunting (height - for- age)		
All	28.0	18.3	16.9
Sex			
Male	26.7	16.9	16.6
Female	29.4	19.6	17.2
Residence			
Urban	16.9	13.0	13.6
Rural	29.2	19.3	17.7
Division			
Barisal	31.4	23.0	20.2
Chittagong	31.5	19.3	19.4
Dhaka	28.6	18.3	18.5
Khulna	19.4	11.3	8.6
Rajshahi	23.4	16.9	14.5
Sylhet	37.8	24.7	20.1
Mother's education			
No education	33.2	23.9	22.8
Primary incomplete	28.2	20.3	16.9
Primary complete	24.5	14.1	20.0
Secondary or above	12.7	7.8	8.7*
	Underweight (weight-for-age)		

All	20.6	12.9	12.8
Sex			
Male	18.8	11.4	11.9
Female	22.4	14.4	13.7
Residence			
Urban	14.2	9.0	12.0
Rural	21.3	13.6	13.0
Division			
Barisal	18.9	16.3	12.4
Chittagong	25.2	13.1	16.2
Dhaka	21.5	11.8	12.6
Khulna	15.7	9.5	8.3
Rajshahi	16.0	13.1	12.0
Sylhet	24.1	18.2	13.1
Mother's education			
No education	25.0	17.3	17.0
Primary incomplete	19.4	13.9	12.5
Primary complete	16.6	8.5	14.3
Secondary or above	9.9	5.6	7.8*

* weighted average from the figures for incomplete secondary (0.8) and secondary complete and above (0.2)
source: BDHS

Table 4.3: Malnutrition among children (6-71 month) over the 1990s: BBS (Progotir Pathey)

Year	% children (6-71)					
	Underweight (<2SD) (W/A)	Severe underweight (<3SD)	Stunting (<2SD) (H/A)	Severe stunt (<3SD)	Wasting (<2SD) (W/H)	Severe waste (<3SD)
1990	66	26	65	35	15	2
1996	58	18	51	24	17	2
2000	48	13	40	19	10	1

Source : BBS/UNICEF, Progotir Pathey, 2003

Table 4.4: percent children aged 12-23 months received specific vaccines: BDHS

Vaccines	1993/94	1996/97	1999/2000	2004
BCG	**85.4**	**86.2**	**91.0**	**93.4**
DPT3	**66.0**	**69.3**	**72.1**	**81.0**
Polio3	**66.8**	**62.3**	**70.8**	**82.3**
Measles	**68.9**	**69.9**	**70.8**	**75.7**
All vaccines	**58.9**	**54.1**	**60.4**	**73.1**

Source: BDHS

Table 4.5: Percent Children (12-23) received particular vaccines: BBS

Vaccines	1990	1993	1995	1997	1999	2003
BCG	86	96	-	91	92	95
DPT3	62	88	69	68	74	69
Polio3	62	88	69	67	90	85
Measles	54	86	79	71	76	83
TT	75	-	59	57	67	86

Source : BBS/UNICEF, Progotir Pathey, 2003

Table 4.6: Percent children fully protected by all six vaccines by background characteristics: BDHS

	1993/94	1996/97	1999/2000	2004
All	**58.9**	**54.1**	**60.0**	**73.1**
Sex of the child				
Male	**62.1**	**55.8**	**63.4**	**73.4**
Female	**55.6**	**52.2**	**57.0**	**72.8**
Residence				
Urban	**70.4**	**58.2**	**69.7**	**80.9**
Rural	**57.5**	**53.7**	**58.5**	**71.1**
Division				
Barisal	**73.2**	**62.4**	**63.0**	**72.5**
Chittagong	**53.7**	**51.0**	**68.4**	**75.1**
Dhaka	**49.2**	**49.3**	**57.8**	**68.8**
Khulna	**80.7**	**68.3**	**68.6**	**82.8**
Rajshahi	**65.0**	**58.0**	**56.4**	**76.4**
Sylhet	**-**	**41.5**	**45.3**	**61.5**
Mother's education				
No education	**51.7**	**49.7**	**53.7**	**60.3**
Primary incomplete	**59.4**	**56.6**	**55.6**	**72.5**
Primary complete	**67.2**	**49.1**	**67.7**	**80.3**
Secondary and above	**78.5**	**70.1**	**72.5**	**84.2***
Secondary complete or above	**-**	**-**	**-**	**92.2**

* weighted average of rates for incomplete secondary(0.8) and secondary and above (0.2); source: BDHS

Table 4.7: Estimates of Infant and Early Childhood mortality for 5 years preceding the survey date: BDHS

Early childhood mortality	1993/94	1996/97	1999/2000	2004
IMR (1q0)	87	82	66	65
Neonatal	52	48	42	41
Post-neonatal	35	34	24	24
Child (4q1)	50	37	30	24
Under 5 (5q0)	133	116	94	88

Source: BDHS 2004, p.117

Table 4.8: Estimates for Infant and Early Childhood Mortality : BBS

	1991	1993	1997	2000	2002
IMR	91	84	60	58	53
Neonatal mortality	64	59	40	39	36
Post-neonatal mortality	27	25	20	18	17
Child mortality (1-4)	13.6	12.6	8.2	4.2	4.6
Under 5 mortality	146	139	115	84	76

Source: SVRS, 2002

Table 4.9: Infant mortality rate for preceding 10 years from survey date by background characteristics: BDHS

	1993/94	**1996/97**	**1999/2000**	**2004**
Bangladesh	100.5	**89.6**	79.6	**72**
Sex				
Male	107.3	**95.0**	82.2	**80**
Female	93.4	**84.2**	76.9	**64**
Residence				
Urban	80.9	**72.7**	74.5	**72**
Rural	102.6	**91.2**	80.7	**72**
Division				
Barisal	102.0	**86.3**	75.7	**61**
Chittagong	103.2	**76.8**	69.4	**68**
Dhaka	105.6	**90.8**	83.9	**75**
Khulna	89.3	**75.2**	64.3	**66**

Rajshahi	94.8	**94.6**	76.2	**70**
Sylhet	-	**138.0**	126.9	**100**
Mother's education				
No education	113.3	**98.0**	92.0	**81**
Primary incomplete	92.6	**87.5**	79.1	**70**
Primary complete	81.7	**73.1**	65.4	**82**
Secondary and above	57.5	**64.8**	54.7	**51**

Table 4.10: Child mortality ($_4q_{1)}$ for preceding 10 years from survey date by background .characteristics: BDHS

	1993/94	**1996/97**	**1999/2000**	**2004**
Bangladesh	54.4	**41.9**	33.0	**26**
Sex				
Male	46.7	**36.9**	28.4	**24**
Female	62.3	**47.0**	37.7	**29**
Residence				
Urban	36.3	**25.3**	24.1	**21**
Rural	56.4	**43.7**	34.8	**27**
Division				
Barisal	49.6	**36.4**	35.7	**32**
Chittagong	70.8	**59.0**	43.6	**39**
Dhaka	57.6	**43.8**	34.1	**27**
Khulna	24.7	**12.5**	15.7	**13**
Rajshahi	44.0	**34.9**	26.7	**17**
Sylhet	-	**47.8**	40.1	**29**

Mother's education				
No education	64.4	**51.6**	42.3	**35**
Primary incomplete	45.5	**33.9**	27.9	**18**
Primary complete	25.8	**29.0**	26.3	**15**
Secondary and above	34.7	**14.5**	13.5	**17.5**

Table 4.11: Malnutrition among mothers by background characteristics: BDHS

	1996/96	1999/2000	2004
	Percent mother with < 18.5 BMI		
All	52.0	45.4	34.3
Residence			
Urban	35.8	29.9	25.0
Rural	53.8	48.7	37.1
Division			
Barisal	52.8	45.8	37.8
Chittagong	52.0	40.3	32.9
Dhaka	51.8	46.5	34.0
Khulna	47.6	38.9	29.2
Rajshahi	52.4	48.4	34.2
Sylhet	59.6	55.4	47.6
Mother's education			
No education	57.7	52.1	40.1
Primary incomplete	49.7	48.8	36.2
Primary complete	51.4	48.3	31.7
Secondary or above	37.7	30.1	25.8*

* weighted average from the figures for incomplete secondary (0.8) and secondary complete and above (0.2)
source: BDHS

Table 4.12: Maternal Mortality Ratio: BBS

Year	MMR
1990	478
1993	452
1995	447
1997	350
1999	320
2002	391*

* revised figure according to 10th revision of the International Classification of Diseases

Table 4.13: Percent pregnancies received some ANC by background characteristics: BDHS

	1993/94	1996/97	1999/2000	2004
All	**27.3**	**28.6**	**37.0**	**55.9**
Residence				
Urban	**56.1**	**63.1**	**62.3**	**74.8**
Rural	**24.2**	**25.2**	**31.7**	**50.9**
Division				
Barisal	**27.5**	**28.6**	**36.9**	**46.8**
Chittagong	**24.1**	**32.8**	**32.1**	**54.3**
Dhaka	**34.7**	**27.7**	**35.8**	**56.1**
Khulna	**28.0**	**30.2**	**48.5**	**61.4**
Rajshahi	**21.6**	**27.1**	**39.8**	**59.1**
Sylhet	**-**	**20.3**	**29.5**	**48.2**
Mother's education				
No education	**17.9**	**18.0**	**23.1**	**37.6**
Primary incomplete	**30.3**	**28.3**	**33.2**	**52.9**
Primary complete	**26.8**	**36.1**	**38.5**	**59.2**
Secondary and above	**60.4**	**63.7**	**64.1**	**76.7**
Secondary complete or above	**-**	**-**	**-**	**93.6**

source: BDHS

Table 4.14: Percent women having a live births during last five years received at least one dose of TT injection by background characteristics: BDHS

	1993/94	1996/97	1999/2000	2004
All	**66.1**	**75.0**	**81.3**	**85.0**
Residence				
Urban	**80.9**	**89.6**	**88.5**	**88.1**
Rural	**64.4**	**73.6**	**79.8**	**84.2**
Division				
Barisal	**67.7**	**76.6**	**80.5**	**86.1**
Chittagong	**58.4**	**73.2**	**82.6**	**83.1**
Dhaka	**65.8**	**74.0**	**79.7**	**86.9**
Khulna	**78.6**	**85.3**	**85.6**	**86.6**
Rajshahi	**70.7**	**77.3**	**84.5**	**86.6**
Sylhet	**-**	**62.7**	**67.7**	**73.9**
Mother's education				
No education	**57.9**	**67.5**	**73.3**	**78.2**
Primary incomplete	**67.5**	**78.1**	**83.0**	**84.6**
Primary complete	**75.2**	**86.0**	**84.2**	**88.2**
Secondary and above	**89.0**	**92.4**	**93.3**	**91.9**

source: BDHS

Table 4.15: Percent births delivered at institutions by background characteristics: BDHS

	1993/94	1996/97	1999/2000	2004
All	**3.4**	**4.0**	**8.4**	**10.1**
Residence				
Urban	**19.8**	**23.1**	**25.8**	**24.5**
Rural	**1.6**	**2.2**	**4.9**	**6.8**
Division				
Barisal	**1.5**	**3.6**	**4.3**	**6.0**
Chittagong	**2.0**	**2.5**	**6.4**	**7.6**
Dhaka	**5.7**	**6.5**	**9.0**	**12.3**
Khulna	**4.5**	**6.2**	**14.9**	**16.6**
Rajshahi	**2.4**	**2.4**	**8.1**	**8.9**
Sylhet	**-**	**1.9**	**6.9**	**6.2**
Mother's education				
No education	**0.7**	**1.2**	**3.4**	**2.7**
Primary incomplete	**2.0**	**2.0**	**5.4**	**6.8**
Primary complete	**2.8**	**4.4**	**5.5**	**8.8**
Secondary and above	**15.8**	**16.8**	**21.8**	**21.4**

source: BDHS

Table 4.16: Percent births attended by trained personnel by background characteristics: BDHS

	1993/94	1996/97	1999/2000	2004
All	**9.5**	**15.6**	**22.0**	**27.2**
Residence				
Urban	**34.7**	**44.4**	**42.4**	**42.5**
Rural	**6.7**	**12.7**	**18.0**	**23.5**
Division				
Barisal	**7.2**	**20.0**	**18.4**	**19.8**
Chittagong	**8.2**	**16.3**	**21.7**	**25.1**
Dhaka	**13.1**	**16.4**	**24.2**	**32.2**
Khulna	**11.8**	**18.2**	**27.7**	**33.8**
Rajshahi	**6.0**	**12.2**	**18.1**	**23.2**
Sylhet	**-**	**11.2**	**18.2**	**21.3**
Mother's education				
No education	**4.6**	**8.1**	**14.2**	**16.6**
Primary incomplete	**6.4**	**16.0**	**16.7**	**22.6**
Primary complete	**7.5**	**18.1**	**19.0**	**26.2**
Secondary and above	**32.7**	**41.1**	**42.8**	**43.0 ***

* weighted average of the rates for incomplete secondary and secondary and above and weights used are 0.8 for the former and 0.2 for the latter
source: BDHS

Table 4.17: Trends in Current use of contraceptive methods: BDHS

	1993/94	**1996/97**	**1999/2000**	**2004**
Any method	**44.6**	**49.2**	**53.8**	**58.1**
Any modern method	**36.2**	**41.6**	**43.4**	**47.3**
Pill	**17.4**	**20.8**	**23.0**	**26.2**
IUD	**2.2**	**1.8**	**1.2**	**0.6**
Injectables	**4.5**	**6.2**	**7.2**	**9.7**
Norplant	**-**	**0.1**	**0.5**	**0.8**
Condom	**3.0**	**3.9**	**4.3**	**4.2**
Female Sterilization	**8.1**	**7.6**	**6.7**	**5.2**
Male Sterilization	**1.1**	**1.1**	**0.5**	**0.6**
Any traditional method	**8.4**	**7.7**	**10.3**	**10.8**
Periodic abstinence	**4.8**	**5.0**	**5.4**	**6.5**
Withdrawal	**2.5**	**1.9**	**4.0**	**3.6**
Other traditional method	**1.1**	**0.8**	**0.9**	**0.6**

Table 4.18: Current Use of Contraception: BBS/UNICEF

Year	Any method	Modern method
1994	46.3	39.3
1998	51.5	45.9
2000	53.6	44.6
2001	53.9	47.3
2002	53.4	47.8

Table 4.19: Current use of contraception by background characteristics

	Any method				Modern method			
	1993/94	1996/97	1999/00	2004	1993/94	1996/97	1999/00	2004
All	44.6	49.2	53.8	58.3	36.2	41.6	43.4	47.3
Residence								
Urban	54.4	62.1	60.0	62.9	44.6	52.6	48.7	51.6
Rural	43.3	47.6	52.3	56.7	35.1	40.1	42.2	46.0
Division								
Barisal	47.7	49.4	59.2	54.2	37.8	41.0	45.7	42.7
Chittagong	29.3	37.2	44.1	47.1	23.4	30.8	34.9	37.4
Dhaka	44.3	49.8	53.9	59.3	36.3	42.1	42.1	48.5
Khulna	55.3	61.9	64.0	63.8	42.8	51.0	50.8	50.7
Rajshahi	54.8	58.6	58.6	68.3	45.9	51.0	51.1	57.8
Sylhet	-	20.1	34.0	31.8	-	16.0	25.0	22.0
Mother's education								
No education	41.0	45.8	51.0	58.8	34.3	39.5	41.5	48.3
Primary incomplete	45.5	51.2	53.3	56.8	36.8	43.9	44.0	45.4
Primary complete	45.6	51.1	52.7	58.9	34.1	41.9	41.5	47.4
Secondary or above	56.1	56.0	59.1	57.4*	43.9	45.1	47.0	47.2*
Secondary complete or higher				62.0				49.1

* weighted average from incomplete secondary and secondary and above

Table 4.20: Source of supply of modern contraceptive methods: BDHS

	1993/94	1996/97	1999/2000	2004
Public	**79.3**	**73.8**	**64.3**	**57.3**
Government hospital	10.0	8.6	6.5	4.4
Family welfare center	12.9	13.3	11.4	9.9
Thana health complex	12.6	11.5	11.5	10.1
Satellite/EPI Clinic	2.0	1.8	4.5	7.1
Maternal and Child Welfare Center	-	1-	2.5	1.3
Community Clinic	-	-	-	1.7
FWA (field worker)	41.8	38.6	27.9	22.7

NGO	**-**	**1.0**	**5.2**	**6.2**
Medical Private	**9.7**	**14.7**	**22.3**	**31.4**
Other private*	**6.7**	**6.3**	**7.0**	**4.5**
Other/missing	**4.4**	**4.2**	**1.2**	**0.6**
	100.0	100.0	100.0	100.0

- shop, friends, relatives

Table 4.21: Total Fertility Rate by background characteristics: BDHS

	TFR			
	1993/94	1996/97	1999/2000	2004
All	3.44	3.27	3.3	3.0
Residence				
Urban	2.69	2.10	2.5	2.5
Rural	3.54	3.43	3.5	3.2
Division				
Barisal	3.47	3.31	3.3	2.9
Chittagong	3.95	4.06	4.0	3.7
Dhaka	3.45	3.18	3.2	2.9
Khulna	3.05	2.52	2.7	2.8
Rajshahi	3.03	2.78	3.0	2.6
Sylhet	-	4.20	4.1	4.2
Mother's education				
No education	3.83	3.93	4.1	3.6
Primary incomplete	3.43	3.27	3.3	3.3
Primary complete	3.26	3.01	3.4	2.9
Secondary or above	2.58	2.12	2.4	2.6*

* weighted average

Table 4.22: Total Fertility Rate (TFR) and Total Marital Fertility Rate (TMFR) for Bangladesh : BBS

Year	TFR	TMFR
1991	4.24	5.42
1994	3.58	-
1997	3.10	4.58
1998	2.98	4.05
2002	2.56	3.28

Source: SVRS