Lessons from Bangladesh's Development

What is the issue?

\n\n

Bangladesh standout in various economic and social indicators, which imparts excellent developmental lessons to all its neighbours.

\n\n

What were the economic pressures faced by Bangladesh?

\n\n

\n

- At the time of independence in 1971, Bangladesh was one of the world's poorest countries on par with Rwanda, Mali, Burundi, Somalia, and Ethiopia.
\n
- With a population of 67 million, an estimated 71% of whom lived below the national poverty line, it produced barely 10 million tons (mt) of rice and was the second largest food-aid recipient after Egypt from 1975 to 1992.
\n
- In 1971, Bangladesh's total fertility rate (the number of children women bear on an average during their lifetime) was 6.94.
\n
- The country's poverty headcount ratio was 56.6% even in 1992, falling only gradually to 48.9% by 2000.
\n
- Also, while Bangladesh's population has risen 2.5 times to 165 million since 1971, its rice production has soared 3.5 times to over 35 mt, enough to feed its people.
\n

\n\n

What are encouraging development statistics of Bangladesh?

- **Poverty Indicators** - Since 2000, poverty headcount ratio of the country has declined dramatically to 24.3% in 2016.
- **Health Indicators -** Bangladesh's Total fertility rate had dropped to 2.1 by 2016, which is below the 2.33 for India.
- The success in population control has come alongside a massive fall in infant and under-five years' mortality rates, from 147.9 and 221.4 per thousand live births respectively in 1971, to 26.9 and 32.4 in 2017.
- The same period also recorded a jump in the country's average life expectancy at birth from 47.14 to 72.49 years, and in the adult female literacy rate from under 10% to 70%-plus.
- Defying the so-called "Muslim" stereotype, the proportion of Bangladeshi women aged 15-49 years using contraceptives has increased from a mere 7.7% to 62.4% between 1976 and 2014.
- **Nutrition indicators -** There is a dip in the indicators relating to prevalence of stunting (low height-for-age), wasting (low weight-for-height), and underweight (low weight-for-age) amongst children under 5.
- Between 1997 and 2017, these ratios for Bangladesh have dipped from 59.7%, 20.6% and 52.5% to 31%, 8%, and 22% respectively.

What are the most sighted reason behind such developments?

- Parents are likely to produce fewer children when they are surer about their survival.
- Similarly, education makes women more aware of the need for family planning, apart from delaying the age of marriage.
- The reduction in mortality rates has followed three specific interventions.

1. **Immunization coverage -** which for the four standard vaccines BCG, DTP, oral polio and measles was 1%-2% in Bangladesh until 1985. That coverage is now near 100%.
2. **Open defecation -** which Bangladesh practically eradicated by 2015.
3. **Oral rehydration solution (ORS)** - a simple electrolyte blend of salt, sugar and clean water that Bangladeshi women were taught to make and administer to children suffering severe dehydration from diarrhea.
4. **Rural development** - Local Government Engineering Department (LGED) was instrumental in building and managing Bangladesh's rural roads network of some 360,000 km, one of the densest in the world.
5. **Agricultural policies -** Investments in rural electrification and shallow tube well irrigation made it possible for farmers to grow an additional high-yielding winter season boro paddy crop which has contributed to Bangladesh becoming self-sufficient in rice.

What are existing developmental challenges before India?

- India's Swachh Bharat Mission is facing struggles, with roughly 40% of its population still practicing what is a major source of waterborne diseases from cholera and dysentery to hepatitis.
- Apart from hygiene indicators the India stands behind in few other indicators such as Life expectancy (68.56 years), and adult female literacy rate (63%)
- The Usage of contraceptives in India was 53.5% in 2016, up from 35.3% in 1980, but indicating less impressive progress.

What are the lessons for India from Bangladesh?

- **Strategic Planning -** The Bangladeshi development experience reveals the nation's clarity with regard to setting goals and a quiet pragmatism in meeting these by following a culture of independent evaluation. .
- For the political leadership cutting across parties, Bangladesh's large-scale immunization programmer was launched during the mid-eighties under the military dictatorship of H M Ershad, emphasizing population control as an imperative for development.
- With it also came recognition of the need to focus on maternal and child health.
- **Co-operation of Stakeholders -** Behind Bangladesh's accomplishments there are institutions that include

1. NGOs - which really pushed ORS on the ground),
2. Social Marketing Company - which popularized contraception in Bangladesh),
3. Nobel Peace Laureate Prof Muhammad Yunus's Grameen Bank - which pioneered microfinance,
4. Local Government Engineering Department - Taking the developmental process to rural level, was instrumental in building and managing Bangladesh's rural roads network of some 360,000 km, one of the densest in the world.

- **Religious Fundamentalism -** Bangladesh despite being a religion dependent nation doesn't have any bias on implementing pragmatic policies.
- The clerics could do nothing to stop family-planning efforts in Bangladesh, unlike in Pakistan, where the total fertility rate is still 3.5 and contraceptive prevalence among women of reproductive age is just 35.4%.

- The biggest lesson both India and Pakistan can learn from Bangladesh today is to keep religious fundamentalism at bay and not allow so-called defenders of faith to dictate policy.

Source: Indian Express