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## **The MDGs and Bangladesh**

The home page of the UN's website for the Millennium Development Goals reads "Recent gains in eradicating hunger and poverty endangered by economic and food crisis." (UN.org/millenniumgoals). Having already passed the halfway point, and heading into the home stretch, now is a crucial time for these goals to be further pursued if they are to be met by the deadline, 2015. Third World countries, and the people that call these countries home, are relying on these goals to not only better their quality of life, but to save their lives. One such country, Bangladesh, is certainly no exception to this. Bangladesh is grouped with the poorest countries in the world, and such poverty has been crippling to its citizens (Encyclopedia of Nations). And as with any country, poverty issues are often linked with gender issues. Despite criticisms, the MDGs are aimed at resolving these issues of gender through the reduction of such poverty, as well as reducing poverty through the resolution of gender issues. So, to understand what is going on in Bangladesh, it is important to understand the MDGs, how they are being implemented and by whom, and whether or not they are working.

Located in Southeast Asia, Bangladesh is one of the many countries trying to achieve the Millennium Development Goals. Despite the recent

downturn in progress mentioned on the UN's MDG website, Bangladesh is thought to have been making considerable progress towards many of the MDGs. This was certainly not always the case. Looking back to nearly three decades ago, Bangladesh was characterized as having one of the most fragile economies in the world. This was a result of incredibly high population density, "low resource base, high incidence of natural disasters, and extremely adverse initial circumstances associated with the inheritance of a war-ravaged economy" (mdgbangla.org). Bangladesh's poverty level did seem to slowly decrease, but this decrease paled in comparison to some of Bangladesh's neighbors. "During the period between early eighties and early nineties, the incidence of income-poverty declined by 0.8 per cent per year in Bangladesh compared with 1.9 per cent for India, 1.4 per cent in Pakistan and 3.6 per cent in Sri Lanka" (mdgbangla.org). Though the MDGs lacked in some aspects, they were, and continue to be, a starting point for Bangladesh's poverty problems. Laid out in 2000, the eight MDGs were set to be met by 2015. Though all are important to understanding what needs to be done, some of the goals seem to stand out more than others. For example, even though Bangladesh is on track to meeting the goals related to the disparity of gender in primary and secondary education, it is still struggling to improve maternal mortality (UNDP.org). A focus on the toughest MDGs for Bangladesh is more important now than ever as 2015 looms ever closer.

One of the more significant and daunting MDGs Bangladesh faces is the very first one: MDG 1 - eradicate extreme poverty and hunger. To begin with, there is a large disparity between the urban and rural areas in terms of poverty levels and quality of life, though both need significant improvement. It is important to keep in mind that even though statistics may show improvements, those numbers are representative of national averages and do not always reflect what is going on in all areas, especially rural areas ([mdgmonitor.org](http://mdgmonitor.org)). Bangladesh Budget Watch (BBW) is an "online civil watchdog initiated in 2008 to oversee budget processes" that makes some claims about the state of Bangladesh's progress in areas related to this MDG. "Bangladesh is also in a confusing state in attaining the most crucial goal of bringing down poverty rate to 29 per cent by the MDG deadline from 40 per cent in 2005 – the time after which, as research indicates, poverty incidence might have gone up due to impacts of the food and fuel crises.' Despite certain progress in poverty reduction, the overall poverty situation has not come down to a satisfactory level due to widening inequality in the society,' noted the progress report in the medium-term budgetary framework." ([bangladeshbudgetwatch.wordpress.com](http://bangladeshbudgetwatch.wordpress.com))

In addition to affecting the poverty level, natural disasters and rises in food and fuel prices have only caused the number of people in Bangladesh who are going hungry to increase. More than half of the population lives below the food poverty line and both children and adults are lacking many essential

vitamins and minerals from their diets (Lambers). One way this hunger is being fought is by the United Nations' World Food Programme (WFP). In 2008, WFP assisted 7 million vulnerable people, essentially women and children, and distributed 161,630 metric tons of food. Through the School Feeding Programme, the WFP is currently helping "600,000 primary school children in 4,000 schools" (Lambers). Though this is not wide enough to eradicate the problem, it is a significant aid to the hunger issue, and has proven to give positive results. Because of this food program, there was a 14 percent increase in enrollment, and one study from Tufts University (USA) from 2004 showed some more promising results. As a result of the food program, teachers reported a decrease in the number of children having trouble concentrating, the food given to children at school was not a substitute for meals at home (and actually saved parents money), and there turned out to be no "gender-based difference in the receipt or consumption of school feeding biscuits" (Lambers). Such results are related to the goals of other MDGs as well.

An increase in school attendance means great things for Bangladesh and the rest of the MDGs. The second MDG aims to achieve universal primary education. With nearly half of the population being illiterate, education is among the most important improvements a country like Bangladesh could make. Also, because men have a lower illiteracy rate than women, women are at a disadvantage. Bangladesh has greatly lessened the

gender disparity in both primary and secondary education levels and boasts a primary enrollment rate of 92 percent (brac.net). There are many struggles to keeping female children in school, however. Fewer than 75 percent of girls who start primary education actually finish it. To try and help girls get an education and stay in school, the Bangladesh Rural Advancement Committee (BRAC) has been working to build community schools in rural areas. This makes getting to school easier for all children. If the school is closer to a rural family's home then children, girls in particular, will likely be safer and have to walk shorter distances to school. In her essay for UNICEF, Patricia Lone describes some of the work done by BRAC.

"In Bangladesh, the 35,000 community schools started by the Bangladesh Rural Advancement Committee (BRAC) have so far enrolled 982,000 students - 70% of them girls. Most of the BRAC teachers are women who live in the community and have 9 or 10 years of schooling. A village management committee runs the school, and there is a monthly meeting between parents and teachers at which the attendance of mothers is considered essential." (Lone)

Such information seems very promising. In addition to primary and secondary education, BRAC also looks at pre-primary education. It began as a pilot program in 1994 and has allowed children a smooth transition into higher quality primary education. Since 1994, BRAC has opened 20,140 pre-primary schools that enroll 562,652 children (60 percent are girls). And,

amazingly, 99 percent of the children that enroll complete the program. This has led to a high success rate of children in BRAC primary schools (72 percent of which are girls). Because of this, BRAC has begun to open primary schools in urban areas as well. This allows children who have to work or who live in the slums access to an education. Also, BRAC has opened more than 2000 schools for the indigenous children of Bangladesh. They are taught their native language and local culture through programs that are developed on a local basis ([brac.net](http://brac.net)). High female enrollment and the hope of continued female education will help to achieve another MDG, the one that focuses on promoting gender equality and the empowerment of women.

In a country where violence and discrimination against women are high, the toughest MDG to tackle might be the third one - promote gender equality and empower women. Though Bangladesh has had some success in the key focus areas of eliminating gender disparity in education, the rest of the goal proves tough to tackle. The Hunger Project released an update in April 2009 pertaining to this very subject. Their strategies for achieving their goals of ending world hunger are "mobilizing village clusters at the grassroots level to build self-reliance, empowering women as key change agents, and forging effective partnerships with local government" ([thp.org](http://thp.org)). Some of the details of their April 2009 project included developing leadership abilities of grassroots women's groups. The Hunger Project also spoke to

villages about the effects of early marriage, the dowry system, and violence against women. During this time they also organized training of women in different skills, such as weaving, and worked to arrange a large number of dowry-free marriages (thp.org). Last year, the Prime Minister even worked to encourage more women to run for office. She more than doubled the number of seats for women in parliament from 45 to 100. The Prime Minister also vowed, "that the government would repeal all the existing laws which are discriminatory to the womenfolk" (Voanews.com). In addition to different microcredit programs geared towards women in Bangladesh, other organizations made contributions to help women learn to start their own small businesses. Canada International Development Agency (CIDA) and its partner groups contributed to such programs. Their contributions went to road construction projects in rural areas. These construction programs created full-time jobs for impoverished widows. They also trained over 60,000 widows to manage their finances (acid-cida.gc.ca). All of this contributes to the independence and empowerment of women.

Another daunting issue facing women in Bangladesh is the maternal mortality rate. This MDG, improve maternal health, has proved to be one of the most difficult for the country to meet. Maternal mortality is not only a health and safety issue. It is also an indication of the general situation of women in the region. Nutrition is a huge issue as well. Many women are underweight and must take on heavy workloads without rest. In turn, they

produce underweight female babies and perpetuate the cycle (Unicef.org). UNFPA is the lead agency in preparing reports concerning the progress on maternal mortality. It says that this is such a hard goal to stay on track with because of "the complex socio-economic factors that affect the goal" and the fact that there just aren't enough skilled birth attendants (unfpa-bangladesh.org). Many births in Bangladesh are not even attended. One report claims that more than 75 percent of births in Bangladesh are unattended by a midwife or doctor (Seager). The goal is not seen as unachievable, however. Factors such as education and access to safe abortions are helping the mortality rate to continue to drop. For instance, an article in Medical News Today found that more educated women are more likely to survive childbirth in Bangladesh.

"...a woman who attended school for at least eight years was less than a third as likely to die during pregnancy or within the first 42 days after giving birth, compared to a woman who never went to school. A woman with no formal education at all was 11 times more likely to die as a result of an abortion than a woman with at least 8 years' schooling."

(medicalnewstoday.com)

UNICEF in Bangladesh has programs underway to try and improve the health of women and the maternal mortality rate. By focusing on the availability of emergency obstetrics care, gender inequalities, among other things, the national program has made many strides in the right direction. In 2001, the

National Strategy for Maternal Health was approved. It is a work plan that aims at ensuring safe motherhood for all women in the country. As far as indicators are concerned, progress is being made. "Births in emergency obstructive care facilities increased by 63 per cent; the number of complications treated in facilities increased by 135 per cent; and the number of caesarean sections increased by 70 per cent" (Unicef.org/bangladesh). According to the same source, there has also been an increase in lifesaving technologies in obstetrics care that are available in rural health facilities. Even though contraception is not directly mentioned in the MDGs, it is important and does pertain to this MDG in particular. The Reproductive Health Initiative for Youth in Asia is an organization through UNFPA that targets young people

With more awareness and more educated women, perhaps more and more births will be accompanied by trained assistants to help ensure the health of the child and the mother. As with all of the MDGs there is much more work to be done. The Reproductive Health Initiative for Youth in Asia is an organization through UNFPA that targets young people. RHIYA in "Bangladesh is primarily focused on the improved sexual and reproductive health and overall well-being of vulnerable and underserved adolescents and youth in the urban and peri-urban areas" (unfpa-bangladesh.org). This is another step in the right direction to help supplement the work done on the

MDGs.

Much of the progress made towards the MDGs in Bangladesh appears very promising. Great strides have surely been made thanks in part to government agencies as well as non-profits and NGOs. The goals have been criticized for not aiming high enough and for not being attainable, but at least the MDGs are doing something. Without them, much of this progress would likely not have occurred until much later on. That said, perhaps once 2015 arrives more will be added to the goals. One gaping hole in the MDGs is the fact that they do not address the need for accessibility to family planning and contraception. Such an addition would draw even more attention to the needs of women as well as add to the empowerment and decision making of women. It is also crucial to address the issues of gender in all of the MDGs, not only the third one. Understanding gender issues is crucial to understanding and winning the fight against the poverty and disparity already addressed by the MDGs. Another criticism of the MDGs might be that they aim to make women more "modern" and more like men. By helping women start their own businesses they are being encouraged to become part of a sector that is associated with a transition from traditional to modern. This may be seen as empowering in some instances, but equal focus should be put on re-valuing women's traditional roles and making those more viable. Again, the MDGs are a great place to start, but they should not be the only indicators that are evaluated. More work should

continue to be done in other areas to help aid in the fight against the gender disparities and make Bangladesh, as well as other Third World Countries, safe and healthy for the *all* the people who live there.

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