Lessons from Bangladesh’s Development

What is the issue?

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

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What were the economic pressures faced by Bangladesh?

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- 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.
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- 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.
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- In 1971, Bangladesh’s total fertility rate (the number of children women bear on an average during their lifetime) was 6.94.
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- The country’s poverty headcount ratio was 56.6% even in 1992, falling only gradually to 48.9% by 2000.
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- 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.
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What are encouraging development statistics of Bangladesh?

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- **Poverty Indicators** - Since 2000, poverty headcount ratio of the country has declined dramatically to 24.3% in 2016.
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- **Health Indicators -** Bangladesh's Total fertility rate had dropped to 2.1 by 2016, which is below the 2.33 for India.
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- 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.
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- 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.
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- 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.
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- **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.
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- Between 1997 and 2017, these ratios for Bangladesh have dipped from 59.7%, 20.6% and 52.5% to 31%, 8%, and 22% respectively.
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What are the most sighted reason behind such developments?

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- Parents are likely to produce fewer children when they are surer about their survival.
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- Similarly, education makes women more aware of the need for family planning, apart from delaying the age of marriage.
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- The reduction in mortality rates has followed three specific interventions.
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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%.
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2. **Open defecation -** which Bangladesh practically eradicated by 2015.
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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.
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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.
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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.
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What are existing developmental challenges before India?

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- 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.
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- 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%)
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- The Usage of contraceptives in India was 53.5% in 2016, up from 35.3% in 1980, but indicating less impressive progress.
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What are the lessons for India from Bangladesh?

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- **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. .
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- 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.
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- With it also came recognition of the need to focus on maternal and child health.
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- **Co-operation of Stakeholders -** Behind Bangladesh’s accomplishments there are institutions that include
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1. NGOs - which really pushed ORS on the ground),
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2. Social Marketing Company - which popularized contraception in Bangladesh),
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3. Nobel Peace Laureate Prof Muhammad Yunus’s Grameen Bank - which pioneered microfinance,
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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.
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- **Religious Fundamentalism -** Bangladesh despite being a religion dependent nation doesn’t have any bias on implementing pragmatic policies.
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- 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%.
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- 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.
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Source: Indian Express

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