

Assessment of the Situation of Children and Women in the Urdu-Speaking (Bihari) Camps of Bangladesh



Prepared for



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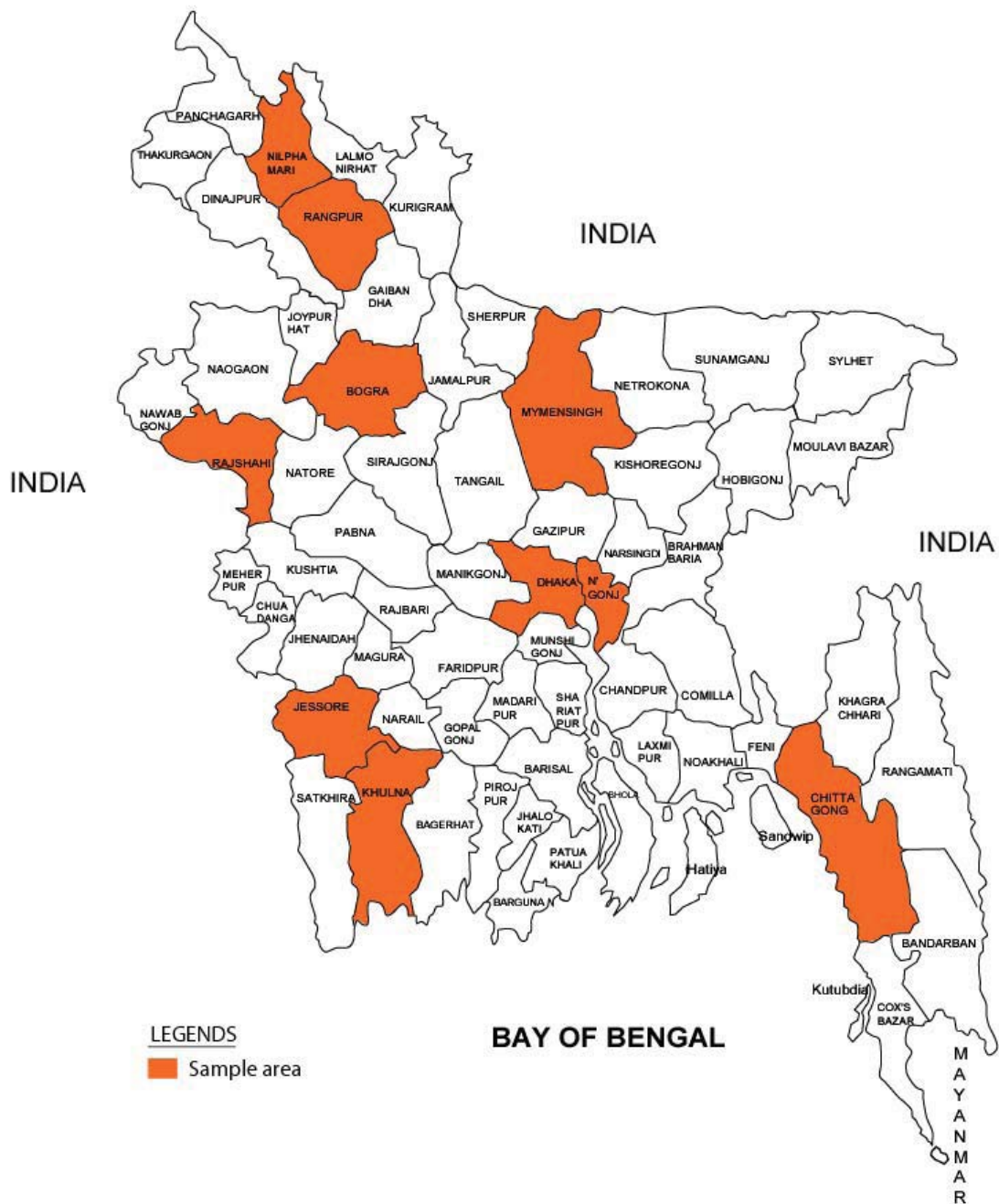
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MAP OF BANGLADESH

Map of Bangladesh showing the location of sample areas



Executive Summary

The situation assessment of the Urdu-speaking (*Bihari*) population of Bangladesh was conducted between October and November 2009. The purpose of the assessment was to provide data on the actual situation of the children and women in the Urdu-speaking camps from the point of fulfillment of health, education and other rights as a basis for action. The study provided data on 46 indicators on the social well-being of the study population which have been organized into 10 chapters in this report.

Poverty incidence

Based on food consumption, the proportion of households below the absolute poverty line (food consumption below 2105 k.cal. per day per person) in the Urdu-speaking camps is quite high (93%), which is significantly higher than the national average (40.4%). Analogously, 78% households are below the hardcore poverty line (food intake below 1805 k.cal. per person per day) which is significantly higher as compared to the national average of 19.5%.

Nutritional status

The new WHO Child Growth Reference Standards were used to determine the nutritional status of under-5 children with regard to the prevalence of underweight (weight-for-age), stunting (height-for-age) and wasting (weight-for-age). It was found that 51 per cent of children under five are underweight in the Urdu-speaking camps. This is lower than the national level of 41 per cent. The proportions of children under-5 who are stunted and wasted are 60 per cent and 23 per cent respectively. At the national level, these figures are 43 and 17 per cent respectively. Gender differentials show that the percentages of severely underweight, stunted and wasted are higher in boys (23%, 27% and 9%) than girls (16%, 23% and 6%).

Breastfeeding

The exclusive breastfeeding of children under six months stood at 38 per cent, which is slightly lower than 43 per cent at national level found by the 2007 Demographic Health Survey. The exclusive breastfeeding rate up to age three months was 42 per cent. By age 12-15 months, 94% of children were still breastfed and by age 20-23 months, 84% of them were still breastfed. Girls were more likely to be exclusively breastfed than boys.

Pre-school and primary school attendance and gender parity

Hardly 14% of children aged 36-59 months are attending pre-school. In contrast, primary school attendance rate of the children aged 6-11 years is almost 76% against the national average of 81% as mentioned in MICS 2006. It has been observed that the gender parity at the primary school level is 1.1, which indicates that the enrolment girl's in those schools is a bit higher than that of the boys.

Primary drop-out rate

On average school drop-out at primary level is 11% among the surveyed children in Urdu-speaking camps. National average of primary drop-out was 47% (DPE 2006). By gender, it is relatively higher among the girls than the boys (11% vs. 9%). By districts, primary drop-out is highest in Rangpur (15%) and lowest in Chittagong (6%).

Primary repetition and completion rate

The overall repetition rate at the primary level is 3.9% with the highest repetition rate is in grade one (9.6%), where 11.5% of all male students have and 7.5% of all female students have been repeating their grades. Among the surveyed children, 38% have completed their full course of primary schooling in a given year within their official graduation age.

Adult literacy

More than two-third (67%) of women aged 15-24 in the Urdu-speaking camps are literate. However, literacy rate across the surveyed districts is not alike and is clearly positively correlated to education of the head of households as well as household income. Nationally, it is 70% according to MICS 2006.

Immunization

Full immunization coverage of the children aged 12-23 months in the surveyed households is 67%. This is against the national immunization coverage of 84% and 82% in Bangladesh, according to MICS 2006 and BDHS 2007 respectively. Individually, the highest coverage (96%) is reported for BCG together with the first dose of DPT and polio and the lowest for measles (78%). Vaccinations like DPT and polio, where multiple doses are recommended, level of coverage gradually declines for subsequent second and third doses as compared to the first dose. Similarly, coverage of Hepatitis-B vaccine for the children aged 12-23 months ranges from 94% at the first dose to 91% at second dose and 84% at third dose.

Under-5 diarrhoea: Prevalence and care

By and large, 9.6% of under-5 children had diarrhoea in the last two weeks before the survey. It is consistent with the finding in BDHS 2007, but little higher than the finding of 7% in MICS 2006. The occurrence of diarrhea is higher among the boys than among the girls (11% vs. 8%). Compared to other age groups, incidence of diarrhoea is higher (23%) among the children aged 6-11 months or at their weaning periods. Reported occurrence is relatively higher ($\geq 12\%$) in Bogra, Rangpur, Nilphamari, Khulna and Dhaka districts, compared to 2%-4% in Narayangonj and Jessore districts.

Overall use of ORT is 77% which is 70% according to MICS 2006. Besides pre-packed ORS powder- 8% of the children received homemade sugar, salt and water solution. Twenty eight percent of the under-5 children received increased amounts of liquid than usual during diarrhoea. Some 75% mothers/caretakers continued usual feeding of their children during diarrhoeal episodes. In total, 60% of mothers had administered ORT and increased amount liquid, as well as continuing feeding of their children during diarrhoea. Two in ten children took antibiotics and almost a similar proportion of children received nothing to treat the diarrhoea.

Under-5 pneumonia: Prevalence and care

Reportedly, on an average, 6.5% of the under-5 children had symptoms of pneumonia during the two weeks before the survey. Nationally, it is reported as 5.3% and 4.8% according to MICS 2006 and BDHS 2007. Symptoms of pneumonia has been more frequently reported in Bogra and Nilphamari districts (more than 9%) and less frequently in Rajshahi, Mymensingh and Dhaka districts which ranges from 4.4% to 5.5%. Of these, 42% took treatment from appropriate medical providers. Nationally, it is 30% and 37% according to MICS 2006 and BDHS 2007. A total of 29% were treated with antibiotics. Nationally, percentage of suspected pneumonia treated with antibiotics is 21.5% (MICS 2006).

Use of solid fuel and place of cooking

In the interviewed households, use of solid fuels for cooking has been reported in 88% households. National average for the use of solid fuel for the same purpose is also 88% (MICS 2006). Use of solid fuel in Dhaka (47%) and Chittagong (72%) is relatively less as compared to those in other districts. It is observed that 74% of the surveyed households cook their daily food inside the room, while 30% households compel to do that inside the living room due lack of space. Use of solid fuels inside the living room is the highest in Dhaka district (59%) followed by that in Khulna district (45%).

Mortality as health outcome

Infant mortality rate: The infant mortality rate in the surveyed households is 53 per 1000 live births. A comparative national average is 50 per 1000 live births as per BDHS 2007 and 45 per 1000 live births according to MICS 2009. Infant mortality is higher among the girls as compared to the boys (54/1000 live births vs. 52/1000 live births).

Under-5 mortality rate: Reported under-5 mortality rate in the surveyed households is 72 per 1000 live births. As per BDHS 2007 and MICS 2009, the national average of under-5 child mortality is 65 and 67 respectively per 1000 live births. Under-5 mortality is little higher among the girls as compared to boys (73/1000 live births vs. 70/1000 live births).

Water and sanitation

Similar to the national average (MICS 2006), on an average 98% of the surveyed households in the Urdu-speaking camps use 'other improved sources' of drinking water where 78% of these sources are tube-wells and 20% is public taps/stand pipes. Except in Dhaka, Narayanganj and Chittagong, use of tube-well is more than 96% and almost all tube-wells among the surveyed households are reportedly free of arsenic contamination.

In general 59% households in Urdu speaking camps reported to use improved latrines as compared to 39% in MICS 2006. Use of improved latrine is comparatively less in Chittagong (5%), Dhaka (29%) and Narayanganj (23%) whereas in Mymensingh none of the surveyed households have access to sanitary latrine. Among the improved latrines, 16% are used by single household, 9% by two households and majority (71%) by three or more households.

Hygiene practice

Overall, 52% households use soaps and/or detergents and 6% use ash/soil during hand-washing after defecation and after cleaning the baby's bottom. Nevertheless, 40 % use only water for cleaning their hands after defecation and after cleaning the baby's bottom. The use of soap and/or detergent for hand-washing is relatively higher (more than 70%) in Bogra, Rangpur and Narayangonj districts than there in Rajshahi and Mymensingh districts (25% and less).

Other than 6% use of improved latrine among the children, overall safe disposal of last child's faeces is 23%. Most frequent household practice is to put these into drain or ditch (65%), in latrine (14%) and thrown into garbage in 11%.

Birth registration

Documented birth registration of the under-5 children in the Urdu-speaking camps is 31%. Another 11% under-5 children are reported to have birth registrations, but their birth certificates could not be made available at the time of the survey. According to MICS 2006, birth registration was 10%. Birth registration is bit a higher among the girls (33%) than among the boys (30%). By districts, it varies widely. Highest under-5 birth registration is reported in Rajshahi district (91%) as compared to the lowest in Dhaka district (25%).

Child labour

The prevalence of child labour among the surveyed households was 15%. Nationally, it is 13% (MICS 2006). The prevalence of child labour is 6 percentage points higher among the under-5 boys than among the corresponding girls. Three-fourths of them work for with compensation without any boy-girl variation. Child labour has been reported more in Rajshahi district (32%) and less in Nilphamari district (7%), and is negatively related to mother's education and household income.

Early marriage

Proportion of women aged 15-49 years married before the age of 18 years is estimated as 49.4%. According to MICS 2006, percentage of early marriage is 74 among the women aged 20-49 years.

Assistance at and place of delivery

Over 38% of mothers staying at the Urdu-speaking camps have reportedly received some assistance at delivery from doctors and/or nurses/mid-wives, and 56% from TBAs.

About 38% child deliveries in last two years preceding the survey occurred in health facilities and the rest at home. Around 70% child deliveries of these mothers at both Dhaka and Jessore districts took place in health facilities.

Knowledge on HIV

About 19% of women aged 15-24 years have comprehensive knowledge on HIV/AIDS. Otherwise, 31% of women aged 15-49 could correctly identify 2 wrong concepts about HIV transmission, and 44% of them knew 2 ways of HIV/AIDS prevention. About 60% mothers reportedly know AIDS can be transmitted from mother to child.