

"Disability Issue in Bangladesh"

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Introduction

When introducing Bangladesh, one can hardly present a vivid picture of this country because it is a complex system comprised of social, economic, political, cultural, religious, traditional subsystems that are also complex in nature. Significant problems of this system are massive poverty, low literacy rate, the oppressed position of women, sub-human way of life of the people with disabilities, unsecured and unhealthy living environment of the children, environmental degradation, socio-political unrest, natural and human-made disasters, problems with attitudes and value system and so on.

We always focus on the physical impairment of human beings while considering our population with disabilities and then count them as human beings, which stands just against fundamental human rights. Population with disabilities in our country faces this identity crisis regarding their participation in all spheres of mainstream socio-economic life throughout their lives. In the following subtitle, we will try to depict the disability situation in Bangladesh at our level best:

This paper exclusively intends to:

Present a portrait of disability issue in Bangladesh;

Cover different socio-economic, political, and development aspects those are affecting the disability issue directly or indirectly;

Share some of SARPV's working experiences in the disability field to sensitize the case among all concerns.

A. Demographic Picture on the Disability Situation:

- a) Nature of women development movement and women with disability in Bangladesh. Statistics in the Disability field;
- b) Size of the population with disabilities;
- c) Ratio of the population with disabilities;
- d) Population with disabilities in productive economic force;
- e) Employment;
- f) Agricultural and non-agricultural activities;
- g) Social status of people with disabilities;
- h) Marital status;
- i) Literacy rate.

B. Attitudinal Problems and Disability:

- a) Perception of the disability issue;
- b) Religions value ;
- c) Cultural heritage.

C. Physical Infrastructure of Bangladesh and Disability:

- a) Constructions of office, house buildings;
- b) Constructions of the hospital, clinics;
- c) Constructions of recreation center and ground;
- d) Inaccessible footpaths;
- e) Inaccessible shopping center;
- f) Inaccessible transportation system;
- g) Production of supportive aids.

D. Natural and Human-Made Disasters and Disability:

A. Natural Disaster:

- I. Correlation between disaster and disability;
- II. Disaster survey:
 1. Primary Survey;
 2. Secondary Survey;
- III. Post-disaster response;
- IV. Nature of cyclone shelter.

B. Human-Made Disasters:

- a) Social violence;
- b) Political violence;
- c) Traffic accidents.

E. Environmental Degradation and Future Threats:

- a) Calcium deficiency;
- b) Iodine deficiency;
- c) Malnutrition.

F. Women with Disabilities:

a. Social status of women with disabilities in Bangladesh.

G. Children with Disabilities:

- a) Rights;
- b) Health;
- c) Child development program along with social security;
- d) Education;
- e) Cultural, recreational and other aspects.

H. Old Aged People with Disabilities:

- a) Relationship between aging and disability;
- b) Approach to deal with aging and disability issues.

I. Mode of Economic Production and Disability:

- a) Primitive agriculture-based economy;
- b) Labor Intensive mode of production;
- c) Means of earning of the people with disability.

J. Political Economy of Disability / Disability:

- a) People with disabilities as a base to exploit emotion of others;
- b) People with disability as a base to approach for more fund;
- c) Negative demonstration of people with disability in the mass media;

K. Lack of Political Commitment:

- a) Absence of appropriate policy and law;
- b) Absence of implementation of policy and law;
- c) Absence of commitment to omit discriminatory policy and law.

L. Existing Facilities/Opportunities/Services:

- a) Organization working in the disability field;
- b) Donors in the disability field;
- c) Govt. program in the disability field;
- d) Political Commitment;
 - I. Disability Decade;
 - II. National policy;
 - III. Pension policy.

M. Recommendations:

N. Conclusion:

Let us get introduced to the profile disability issue in Bangladesh under the above-mentioned subtitles.

A. Demographic Picture on the Disability Situation

A. Statistics in the Disability Field:

In Bangladesh, absence of any comprehensive study and survey on disability issued by the Government and NGOs indicates a passive and indifferent attitude of all to this danger. Failure to recognize this is just posing a significant threat to our overall national development. However, from some sample surveys conducted by Government, the following procedure will be illustrated explicitly.

B. Size of the Population with Disabilities:

The following table (1.1) will show the percentage distribution of population with disability according to the sample survey 1982:

C. Ratio of Population with and Without Disability:

The ratio of Population with disability collected from sample survey 1982 has been presented in the following table.

D. Population with Disability in Productive Economic Force:

i. Population with disabilities in non-farm employment:

The distribution of population with disabilities engaged in productive economic force in the employment sector has been presented in the following table (1.3).

Table 1.3: Population with disabilities employed in different occupations1.

| Name of the Occupational groups | Both Gender | | | Male | | | Female | | |
|--|-------------|---------|--------|---------|--------|--------|--------|--------|--------|
| | B'desh | Rural | Urban | B'desh | Rural | Urban | B'dsh | Rural | Urban |
| Professional / Technical Jobs | 0.02 | 0.01 | 0.11 | 0.01 | 0.01 | 0.09 | 0.05 | 0.01 | 0.28 |
| Administrative / Managerial Jobs | 0.09 | - | 0.11 | 0.98 | - | 1.07 | - | - | - |
| Clerical Jobs | 1.79 | 0.92 | 10.44 | 1.50 | 0.58 | 1.07 | 6.15 | 6.60 | 5.92 |
| Salesmanship | 7.79 | 6.15 | 23.13 | 7.75 | 6.10 | 24.69 | 6.89 | 7.02 | 6.00 |
| Services | 2.57 | 1.83 | 9.95 | 1.79 | 1.25 | 7.36 | 15.32 | 11.82 | 38.50 |
| Agriculture | 78.04 | 84.04 | 18.34 | 79.66 | 85.60 | 18.79 | 51.73 | 57.52 | 13.43 |
| Production / transport/ Construction works | 9.79 | 7.05 | 37.05 | 9.19 | 6.46 | 37.15 | 19.50 | 17.03 | 35.87 |
| Total | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 |
| | 140,269 | 127,461 | 12,808 | 132,157 | 120,44 | 11,743 | 8,112 | 7,047 | 1,065 |

ii. Population with Disabilities both Agriculture and non-agricultural sector:

The following table will show the percentage distribution of the population with disability engaged in the agriculture and non-agricultural sectors.

Table 1.4: Population with Disabilities employed in both agriculture and non-agriculture sector 1974-1982.

| Year | Agriculture | | | Non agriculture | | |
|------|-------------|------|--------|-----------------|------|--------|
| | Both Gender | Male | Female | Both Gender | Male | Female |
| 1974 | 77.2 | 77.5 | 69.8 | 22.8 | 22.5 | 30.2 |
| 1981 | 61.3 | 63.0 | 28.0 | 38.7 | 37.0 | 72.0 |
| 1982 | 69.3 | 70.3 | 42.4 | 30.7 | 29.7 | 41.4 |

E. Social Status of People with Disabilities:

From the following proceedings, we will evidence that the social status of people with disabilities as a whole, remain downtrodden in comparison to non-disabled people of our country.

i. Marital status:

The following table will present the finding of the sample survey 1982 regarding the marital status of people with disabilities in Bangladesh.

Table 1.5: Distribution of non-disabled and disabled population (10 Years and above) in term of their marital status: 1981 – 19821

| Status | Non-disabled population, 1981 | | | | | | Disabled population, 1982 | | | | | |
|-----------------------------|-------------------------------|--------|-------|--------|-------|--------|---------------------------|--------|-------|--------|-------|--------|
| | Bangladesh | | Rural | | Urban | | Bangladesh | | Rural | | Urban | |
| | Mail | Female | Mail | Female | Mail | Female | Mail | Female | Mail | Female | Mail | Female |
| Total | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Never married | 44.53 | 26.72 | 42.93 | 23.00 | 47.12 | 32.62 | 33.57 | 25.06 | 31.39 | 24.00 | 39.02 | 27.93 |
| Currently married | 54.01 | 61.35 | 55.28 | 63.57 | 51.95 | 56.86 | 59.38 | 37.02 | 60.56 | 36.56 | 56.45 | 38.27 |
| Widowed, divorced separated | 1.46 | 11.93 | 1.79 | 12.63 | 0.93 | 10.52 | 7.05 | 37.92 | 8.05 | 39.44 | 4.53 | 33.80 |

ii. Literacy Rate:

In comparison to the low literacy rate of Bangladesh as a whole, people with disabilities have the least access to education as evidenced by the following table?

Table 1.6: Literacy rate of the people with disabilities in Bangladesh 1961 - 1982²

| Year | Both Gender | | Male | | Female | |
|------|-------------|------|------|------|--------|------|
| | 5+ | 15+ | 5+ | 15+ | 5+ | 15+ |
| 1961 | 21.5 | - | 31.4 | | 10.7 | - |
| 1974 | 24.3 | 25.8 | 32.9 | 37.2 | 14.8 | 13.2 |
| 1981 | 23.8 | 29.2 | 31.0 | 39.7 | 16.0 | 18.0 |
| 1982 | 23.7 | 26.8 | 30.7 | 35.3 | 14.4 | 17.5 |

A. Information From Ngo:

Table 3: Distribution of disabled females of different disabilities according to They're assessing the causes of disability

| Types | No | By | Dise ase | Malnu trition | Wrong treatment | Old age | Accident | Social unrest | River erosion | TO T AL | % |
|-------|--------|-------|----------|---------------|-----------------|---------|----------|---------------|---------------|---------|-----|
| | repl y | Birth | | | | | | | | | |
| TOT | 54 | 84 | 246 | 33 | 5 | 51 | 76 | 1 | 1 | 551 | |
| AL | | | | | | | | | | | |
| % | 9.6 | 15.2 | 44.6 | 6.0 | 0.9 | 9.3 | 13.8 | 0.2 | 0.2 | | 100 |

No reply: Respondents expressed inability to identify any reason.

Table 10: Distribution of disabled persons of different disabilities according to their receiving Medical treatment of various types.1994¹

| Types | 000-500 | 501-1000 | 1001-2000 | 2001-3500 | 3501-5000 | 5001-10000 | 10001+ | Total | % |
|----------------|---------|----------|-----------|-----------|-----------|------------|--------|-------|---|
| Leprosy | 56 | 129 | 116 | 34 | 8 | 7 | 4 | 354 | |
| Physical. | | | | | | | | | |
| Visual | 28 | 118 | 98 | 39 | 6 | 5 | 4 | 298 | |
| Hearing | 8 | 16 | 29 | 8 | 1 | 3 | 0 | 65 | |
| Speech | 19 | 36 | 38 | 16 | 7 | 6 | 1 | 123 | |
| Ortho. | 4 | 21 | 16 | 5 | 2 | 0 | 0 | 48 | |
| Mental | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 3 | |
| Retard. | | | | | | | | | |
| Epilepsy | 0 | 2 | 5 | 0 | 0 | 0 | 0 | 7 | |
| Mental illness | 2 | 4 | 4 | 1 | 0 | 0 | 0 | 11 | |
| Multiple | 28 | 52 | 33 | 11 | 2 | 0 | 0 | 126 | |
| TOTAL | 146 | 5379 | 340 | 114 | 26 | 21 | 9 | 1035 | |

Table 15: Distribution of disabled persons of different types of over age 7 years according to their having any formal education

| Edn level | Primary | Lower secondary | Secondary | Higher Secondary | Special | Illiterate | TOTAL |
|-----------|---------|-----------------|-----------|------------------|---------|------------|-------|
| Types | | | | | | | |
| Male | 78 | 20 | 23 | 4 | 0 | 286 | 411 |
| Female | 45 | 11 | 5 | 0 | 1 | 412 | 474 |

| | | | | | | | |
|-------|------|-----|-----|-----|-----|------|-----|
| TOTAL | 123 | 31 | 28 | 4 | 1 | 698 | 885 |
| % | 13.9 | 3.5 | 3.2 | 0.5 | 0.1 | 78.9 | 100 |

Table 16: Distribution of disabled males and females of age over 7 years according to their having any formal education

| Edn level | Illiterate | Literate | Total | Literacy |
|--------------|------------|------------|-------------|--------------|
| Types | | | | Ratio |
| Male | 286 | 125 | 411 | 30.4% |
| Female | 412 | 62 | 474 | 13.1% |
| TOTAL | 698 | 187 | 1359 | 13.8% |

B. Attitudinal Problems and Disability

From our seven years of working experience in the disability field, we found lack of positive attitudes remains a significant barrier for incorporating the disability issue from the individual and family national level as a whole. Under the following subheads, we will try to highlight the attitudinal problems in the disability field.

A. Perception of the Disability Issue:

How we perceive the disability issue remains one of the key reasons behind disintegrating it from the development field. As a result, the development initiative is suffering from the holistic approach. Our perceptions of disability contribute significantly to the disability situation, as presented in the following paragraphs.

i. Welfare Orientation:

While perceiving disability, we always concentrate on the welfare point of view despite its possession of every characteristic of a development issue. Our stereotype perception came from a combination of many factors such as:

From time immemorial, we have seen that disabled soldiers were given voluntary retirement and provided with socio-economic security to lend their lives:

Long ago, the country was resourceful. So, the family never encouraged their member with a disability to involve in the economic activity. Instead, it was too inhuman to them.

Such welfare orientation is deep-rooted in our mental faculty, psychological set-up as neither values nor attitudes develops overnight "Or" or "Nor" it can be

changed in a day. Instead, it is the result of long time practice of a particular society; culture and its alleviation to a development orientation will also need time.

ii. Hiding Tendency:

How people evaluate any objects, persons, events, etc., all depends on individual attitudes and values. Values and attitudes develop from a person's family and associates, tradition, culture, a society where he/she belongs, and what people are experiencing from the day-to-day social practice of other people of the community. In our everyday routine, we experience people treating persons with disabilities as inferior to non-disabled people. A sense of hiding tendency grows among the family having any member with disability from such social practice. Gradually this hiding tendency gallops the persons with disabilities themselves.

B. Religious Value:

Mainly due to the wrong perception of duties and responsibilities from a religious point of view, we cultivate two negative aspects around the disability issue:

i. sympathy:

Learning of all religion is to serve humanity, serve the vulnerable people. As we have already mentioned, due to the wrong perception of our religious duty, we treat people with disability as a subject of pity, mercy, and sympathy. However, serving humanity should not turn the greater society into compassion, mercy, or sympathy. Such sympathetic attitudes lead us to take some welfare-oriented measures for the people with disabilities

instead of considering it an integral part of the development initiative.

ii. Encouraging begging:

We have an in-built ideal that giving alms to the beggar is an easy way to be a gainer for the heavenly life. If we give alms to the most vulnerable people, we will gain more. It encourages poor people with disabilities to draw others' attention to them. This way size of the disabled beggars is increasing rapidly in comparison to non-disabled beggars.

iii. Cultural Heritage:

Disabled people's being dependent on other non-disabled people is mainly the functioning of our traditional cultural behavior. This cultural heritage has two sides again.

First, non-disabled people think there is no way to make persons with disabilities self-dependent, and there is no other alternative other than to keep them dependent.

Second, based on the former situation, persons with disabilities adapt their dependent condition even to survive.

C. Physical Infrastructure of Bangladesh and Disability

It is a matter of great regret if we look into the nature of the physical infrastructures of our country (both in rural and urban area) which are a bare necessity for people's daily living, we find those are not accessible and useful to all types of people including people with disability, old aged people and children. Under the following subheads, we will try to visualize the relation between infrastructure design and disability.

A. Construction of Office, House Building:

Almost in all buildings, both entrance and staircase are not accessible for people with disabilities, especially for wheelchair users. Even inside the buildings, bathroom and kitchen doors are not wide enough to enter there with a wheelchair.

B. Constriction of Hospital, Clinics:

In most cases, there is no arrangement of ramp facilities at the entrance of hospitals, clinics, and diagnostic centers. Consequently, people with

disabilities cannot enter inside to avail of their treatment whenever necessary.

C. Construction of Recreation Center and Ground:

All people deserve some recreation for the development of their mental faculty. Nevertheless, these centers and grounds are not accessible for all. Such as entrance of park, sitting arrangement in the cinema Hall so that the people with disability, old aged people cannot enter inside of those.

D. Inaccessible Footpaths:

Lacks of easy slopes at both ends of the footpaths are not only inaccessible; it is inconvenient for all people, especially people with disabilities, old aged people, and children.

E. Inaccessible Shopping Center:

Due to lack of proper design (which is again not the result of technical inefficiency but the lack of disability concern), markets, shopping centers even vegetable bazaars are not accessible for people using wheelchairs, crutches, and old aged people. As a result, they are deprived of buying something by their own choice, and they have to remain dependent on other non-disabled people.

F. Inaccessible Transportation System:

The transportation system of our country that suffers from disability concern can be divided into two aspects such as the following:

i. Inaccessible terminal:

Bus station, railway platform, the airport is not accessible for all. Such lacking binds the people to remain imprisoned within a particular place.

The passengers' staircases to get in and out from the launch and steamer are inaccessible for people with disabilities, old age people, and children. Even for non-disabled people, it is challenging and risky for them to be disabled by accident (if any).

ii. Transport:

Our public transports, even the luxury buses, railway compartments, staircase of the airplane, are not accessible for the people with disabilities, and old

aged people and children. The scarcity of public transports aggravates the situation.

G. Production of Supportive Aids:

Unavailability of required supportive aids within the purchasing capacity of people is one of the main barriers to the development of people with disabilities. The number of supportive aid manufacturing institutes is negligible. Due to lack of patronization quality of the produced goods are not comparable to the international market. On the other hand, the production cost cannot be reduced. Despite bare necessities for daily living, the low-income groups can't afford the supportive aids for ensuring free movement for daily living.

D. Natural and Human-Made Disasters and Disability

From our working experience in the disability field, we found a strong correlation between disaster and disability. At this stage of the paper, we will try to see the relationship between disaster and disability. In doing so, we have divided disasters into the following two heads, and each will proceed with a group of subheads.

a. Natural Disaster; and

Table 17: SARPV's Findings on Disaster Survey-1989-1996

| Year | Name of Survey | Area of Survey | No of Injured by disaster | No of disabled by disaster |
|------|--|-------------------------------------|---------------------------|----------------------------|
| 1989 | Long term impact of natural disaster of human lives (Based on Satoria Tornado) | Saturia thana of Manikganj District | | 135 |
| 1991 | Random Survey on cyclone injured | Cox's bazaar | | 148 |
| 1996 | Random Survey on tornado injured | Gopalur thana Tangail District | | 17 |

ii. Disaster Survey:

Here to streamline the discussion, we have divided the disaster survey into the two parts such as:

Primary survey; and Secondary survey.

Primary Survey:

SARPV first conducted a disaster survey in 1989 at Satoria after a terrible tornado in 1989 and found a strong correlation between natural disasters and disability. (Please see the above table 17)

b. Human Made Disasters.

A. Natural Disaster:

While discussing the relationship between natural disaster and disability, we will focus on the following points:

- i. Correlation between disaster and disability;**
- ii. Disaster Survey;**
- iii. Post Disaster Response; and**
- iv. Nature of Cyclone Shelter.**

i. Correlation between Disaster Disabilities:

Our motherland, i.e., Bangladesh, is not only the poorest country in the world but perhaps it has one of the highest density of population as well as the high ratio of people with disabilities in the globe. What is, however, most cruel and crucial is that Bangladesh is placed in such a topography that its proneness to disaster is not only regular but also almost absolutely giving birth to millions of poor people with disabilities every year. Disaster (both natural and human) and disability go hand to hand here. The following table will demonstrate the correlation between disaster and disability in Bangladesh.

Disaster and Psychological Trauma:

The study named "Psychological effects of natural disaster on human being of Gopalpur at Tangail" conducted by SARPV with assistance from UNICEF, is a pioneer in its nature to extend the area of concentration of disaster response and disaster management from distributing material resources to psychological support for the disaster survivors.

From this study, we found many people became psychologically traumatized by a sudden thrush of the natural disaster.

The following table will present a picture of the Relationship between psychological trauma and natural disaster.

Table 18: Frequency and Percentage of individuals crossing normal limits of various psychological distress (N = 60, Age = 18 years and above)

| Psychological Distress | Female | | | Male | | |
|--------------------------------------|--------------|------------|------------|------------|------------|------------|
| | Severe | Moderate | Unaffected | Severe | Moderate | Unaffected |
| S | 10 (100%) | 9 (90%) | 5 (50%) | 8 (80%) | 4 (40%) | 2 (20%) |
| O - C | 10 (100%) | 9 (90%) | 3 (30%) | 8 (80%) | 8 (80%) | 2 (20%) |
| IS | 7 (70%) | 7 (70%) | 3 (30%) | 5 (50%) | 4 (40%) | 2 (20%) |
| D | 10 (100%) | 9 (90%) | 4 (40%) | 9 (90%) | 7 (70%) | 3 (30%) |
| A | 10 (100%) | 9 (90%) | 3 (30%) | 7 (70%) | 5 (50%) | 5 (50%) |
| Percentage of distressed individuals | 94% | 86% | 36% | 74% | 56% | 28% |

Note: (1) Somatization (s) (2) Obsessive compulsive (o -c) (3) Interpersonal sensitivity (IS) (4) Depression (D) and (5) Anxiety (A)

Secondary Survey:

It is done by compiling data from two national dailies (The Bangladesh Observer and the Daily Star) on natural disasters as presented in the following table. Here we have got only the number of injured persons, and due to the lack of support services, it is nearly impossible for SARPV to follow up on the information.

Table 19: -No of Persons Injured by Natural Disaster

| Year | No of Injured Persons |
|---------------|-----------------------|
| 1994(Oct-Dec) | 29 |
| 1995(Jan-Dec) | 3492 |
| 1996(Jan-Dec) | 102144 |
| 1997(Jan-Apr) | 415 |
| Total | 106080 |

iii. Post Disaster Response:

From our working experience in the disability field, we have found that the existing post-disaster response system completely lacks disability concern. Due to a lack of proper coordination to get the relief goods, disaster victims engaged in the exercise of muscle power which is not possible for people with every type of disability, and thus remain deprived of necessary goods.

On the other hand, existing relief operation is confined only within the distribution of material goods, clothing, housing, and first aid treatment. There is hardly any scope for follow-up of treatment. Even no measures are taken to prevent disability, minimizing the disabling factor, which worsens the disability situation of Bangladesh.

iv. Nature of Cyclone Shelter:

The construction of cyclone shelters in Bangladesh is mainly designed, planned, managed, and

implemented without considering the needs of persons with disabilities. Participation of organizations working with disability issues in this process is almost absent. Despite the general sufferings of all, persons with disabilities have some exclusive problems, e.g., mobility, hearing, visual, expression problems. However, these are not duly

considered during the construction of the cyclone shelter. The cyclone shelters seem to be exploitative in nature, as many people lack access to those. The following table will show the number of cyclone shelters constructed in Chakoria over the years by Govt. and NGOs.

Table 20: - Cyclone shelter constructed in Chakoria in 19913

| Sl no | Name of the Implementation Agency | No of Shelter constructed |
|-------|--|---------------------------|
| 01 | Facilities department of govt. with assistance from Saudi Arabia | 35 |
| 02 | LGED with assistance from Japan | 75 |
| 03 | Caritas | 35 |
| 04 | Red Crescent | 11 |
| 05 | Human Appeal | 03 |
| 06 | Grameen Bank | 03 |
| 07 | Brac | 02 |
| 08 | Head Bangladesh | 01 |

Besides these, LGED and the Ministry of Relief jointly prepared 10 Killah to protect the livestock during a natural disaster, but there are no link roads.

Each year many cyclone shelters are constructed by a different organization. Like any other physical infrastructure of our country, all the cyclone shelters are inaccessible for cyclone victims with disabilities. There is no provision for free movement of wheelchair and crutch users in these centers even they face difficulty going to toilets without the help of others.

The other side of the coin is somewhat paradoxical. Even the volunteers in the cyclone shelters are not given any orientation on dealing with the disability issue, although they are provided with a direction on relief operation.

B. Human Made Disasters:

Table 21: Human made disaster - Social Violence

| Year | No. of injured by Social Violence |
|------------------|-----------------------------------|
| 1994 (Oct - Dec) | 1527 |
| 1995 (Jan - Dec) | 8629 |
| 1996 (Jan - Dec) | 4009 |
| 1997 (Jan - Apr) | 2393 |
| Total | 16558 |

As a transitional society in Bangladesh, modernizing forces are not well equipped to tackle the transition properly. As a result of the turmoil, unrest exists almost in every field. In the following tables, we will look over the relation between Human-made disasters and disability.

In doing so, we have divided Human-made disasters into three (03) subheads. Such as the following:

Social violence;

Political violence; and Accidents.

Traffic Others

Data on these factors are collected from two national dailies (The Bangladesh observer and The Daily Star from October 1994 to April 1997) and are presented in the following manner:

Table 22: a, Human-made disaster - Political Violence

| | Year | Political Violence |
|--------------|-------------|--------------------|
| 1994 | (Oct - Dec) | 2429 |
| 1995 | (Jan - Dec) | 9154 |
| 1996 | (Jan - Dec) | 4713 |
| 1997 | (Jan - Apr) | 1287 |
| Total | | 27583 |

Table 22: b, Human-made disaster - Road Accident

| Year | Road Accident |
|------------------|---------------|
| 1994 (Oct - Dec) | 1198 |
| 1995 (Jan - Dec) | 9148 |
| 1996 (Jan - Dec) | 8025 |
| 1997 (Jan - Apr) | 1731 |
| Total | 20102 |

It is found that the most high-risk high ways are Dhaka - Aricha, Dhaka Chittagong, Sylhet, Comilla, Sirajgonj, Bogra & Barisal.

The following table will show how many people become disabled due to different disasters.

Table 23: No. Of people become disabled by Different Disasters⁴

| Years | | Eye gouged | Cut of tendons | Cut of limbs | Bullet Injury | Serious | Acid |
|--------------|-----------|------------|----------------|--------------|---------------|------------|-----------|
| 1995 | (Jan-Dec) | 23 | | 2 | 94 | | 2 |
| 1996 | (Jan-Dec) | 11 | 4 | 2 | 252 | 18 | 16 |
| 1997 | (Jan-apr) | 126 | 1 | | 23 | 301 | 6 |
| Total | | 160 | 5 | 4 | 369 | 319 | 24 |

a. According to the Bangladesh Observer dated 04-08-95, 172 people were injured due to social violence in Chittagong and finally became disabled.

b. According to the news of The Daily Star dated 19-06-95, 700 infants lost their eyesight due to lack of Vitamin A.

E. Environmental Degradation and Future Threats

Environmental degradation poses a significant threat to the overall development of Bangladesh. The effect of ecological degradation on disability is not yet considered appropriately. However, here we will try to give some information on how environmental degradation affects the disability field. In the

following three sub-heads, we will try to present the picture:

a. Calcium Deficiency:

SARPV’s research findings on rickets reveal that many children below 15 age are suffering from rickets in the coastal area of Bangladesh. We all know lack of vitamin D is the main reason of rickets among growing children. The Source of Vitamin D is sunlight and sea fish that are adequately available in the coastal area. After a series of research, it was found that lack of adequate calcium vitamin D is not functioning. The following table will show findings of rickets children from a random survey conducted by SARPV in Chakoria under Cox’s Bazaar.

Table: 24: Rickets situation in Chakoria

| Age Range | Mail | Female | Total |
|-----------|------|--------|-------|
|-----------|------|--------|-------|

| | | | |
|-------|----|----|----|
| 0-5 | 16 | 13 | 29 |
| 6-10 | 21 | 16 | 37 |
| 11-15 | 11 | 05 | 15 |
| 16-20 | 10 | 02 | 12 |
| 21-25 | 00 | 00 | |
| Total | 58 | 35 | 93 |

It is assumed that these are happening due to changes in the echo system because the situation was not acute even twenty (20) years ago.

b. Iodine deficiency:

There also exists a strong correlation between iodine deficiency and disability, such as the following:

Goiter;

Physical disability; and Mental retardation.

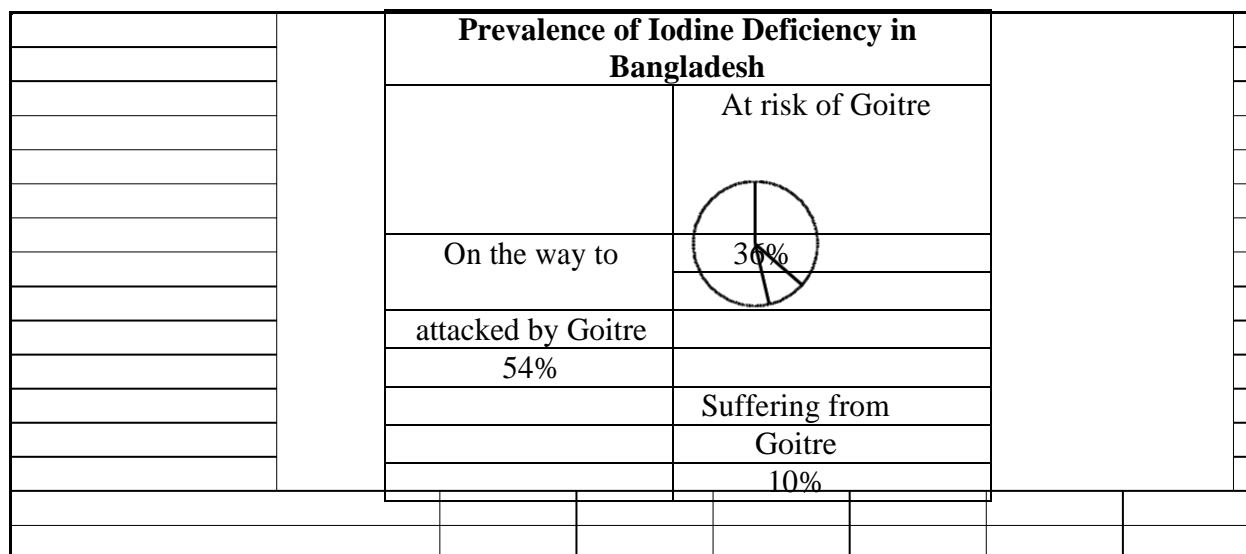
It could be mentioned here that if pregnant women have a goiter, there is a high risk of disability for the coming children.

The following chart will show the prevalence of goiter in Bangladesh.

Chart - Prevalence of Iodine Deficiency in Bangladesh⁵

c. Malnutrition⁶:

Due to lack of nutrition, each year, 250 thousand children are becoming disabled in Bangladesh.



Each year 30 thousand children got visual impairment due to lack of vitamin A before five years of their age, and within few months of blindness, half of the children died. The physical growth of 60% of the girl child and 55% of the male child (age range from 6 months to 6 years) hampered due to lack of nutrition.

F. Women with Disability

A. Nature of Women Development Movement and Women with Disabilities in Bangladesh.

The World Health Organizations (WHO) on record estimates that approximately ten percent (10%) of the world's population suffer from some form of disability. It means that about 1.2 million people with

disabilities in Bangladesh have around 50%, disabled women. At present, there is little reliable data in this sector. Having no statistics on the disabled population leaves the matter to speculate how vulnerable the disabled people are, especially women with disabilities and children.

One baseline survey conducted by SARPV in 1992 - 93 in Mohammadpur thana under the capital city reveals that out of 1416 persons with disabilities, 707 are women. , it could be mentioned here that women with disabilities are not exposed duly. Family having only female disabled members, especially with mental retardation, tries to hide them.

Women with disabilities are often cut off from existing community activities, development planning, and human rights movement. They are unable to avail themselves of even the fundamental civil and human rights. Women with disabilities have no legal rights. Very recently, govt. has declared national policy for the disabled (on 3rd December 1995 on the International Disabled Day). But most striking is that this policy lacks gender concern as there is no provision for taking a program or protecting women's rights with disabilities though the policy has been declared after the world women conference. CEDAW has not given any focus on women with disabilities.

Even world action for programs for the disabled of UN has not focused on the issue that the Universal Children rights declaration has no provision for children with disabilities, especially for the girl child with disabilities.

More Striking is that organizations working with and for the disabled has not yet started a gender-focused program to meet the needs and demands and equal human rights, full participation of the women with disabilities.

Agenda for Action of A/P Decade for the disabled has focused on the issue in a minimal field.

Lack of awareness of general people and policymakers about equal rights and opportunities for women with disabilities plays a pivotal role in excluding women with disabilities from the socio-economic activities of the nation. Lack of information thus barring the mainstreaming of the women with disabilities. Complete and active participation and equalization of opportunity and human rights of women with disabilities to a greater extent depend on the mass awareness, acceptance, and respect of other nondisabled members of the community.

B. Social Status of Women with Disability:

A woman with a disability is considered doubly disabled. This one sentence is enough to demonstrate the suffering of women with disabilities. When a man becomes disabled, he gets at least a bit of care from the family. But in the case of a woman, her recognition is not even considered identically.

Here we would like to cite an example. In our Survey in 1989 at Sauria after the terrible tornado, we found one woman who became disabled by the disaster was divorced due to disability stated:

"I have lost 12 years of my happy life. My husband abandoned me as I have lost one of my legs. Could you tell me what was my fault?"

Her In-law's house had abandoned even a woman who gave birth of a disabled child⁷.

The number of women with disabilities is increasing from time to time. There are some particular causes of disabilities among women. "Each year nearly 24000 women became the victim of physical impairment. That is due to the child's complicated delivery, aroused in the VVF and unitary track that joined the womb. As a result, they lose urinary control for a lifetime and are abandoned by their In-law' house.

G. Children with Disability

What we do in the case of persons with disabilities is the same we do in disabled children. We always focus on the physical impairments of human beings. Disabled children face this identity crisis from their infancy.

In the following proceeding, we will try to cover some aspects related to children with disabilities.

a. Rights:

It is stated that the state, in turn, the society will take responsibility for ensuring care and safety measures for the development of the children by taking into consideration the duty and responsibility of children's parents or legal guardians. (Otherwise, like shahana of Chakoria many disabled children will be turned into victims deliberately to social cruelty. Her father selected her as bait to defeat his opposition. He killed the girl and made a criminal suit against his enemies, accusing them of the killing. The logic behind selecting her was her disability. The disability gave scope to her father to fulfill his beast mannerism). We don't want the repetition of such cruelty. Organizations working with child rights should come forward to alleviate this position.

B. Health:

Every possible precaution should be adopted for ensuring the safe birth of children so that the curse of

disability may not be acquired just at the birth time. Health facilities are a basic human right, and in all possible ways, all children must be provided with this fundamental right. However, due to the lack of proper health facilities, many children become disabled at the pre and postnatal stage.

C. Children Development Program Along With Social Security:

By considering their disability special care system should be developed. So that appropriate steps can be taken for their self-reliance. It is the state's responsibility as well as ours to make necessary provisions for their education, training, health facilities, rehabilitation, employment opportunities, recreational facilities, etc., cultural development and self-empowerment of the disabled children. Yet, there is no initiative to integrate children with disabilities into such mainstream facilities.

D. Education:

Ensuring the basic right to education for disabled children is the key to self-empowerment. In our country, educational institutes are often reluctant to allow disabled children to get admission in their institutes. Government should consider including disabled children in the "Education for all by 2000" declaration. Otherwise, attainment of education for all will remain a far cry.

E. Cultural, Recreational and Other Aspects:

All recreational places for children should be specially designed to ensure access of disabled children for developing their mental faculties. Both Govt. and NGOs have to work together to achieve this goal.

H. Old Aged People with Disability

A. Relationship between Ageing and Disability:

The interrelationship between aging and disability is so profound which can be visualized by observing the worst living condition of the old aged persons with disabilities.

Although developed countries came forward to a large scale for their rehabilitation, they are all institutional in nature and lack of community approach. As a result, despite social security, a trend of frustration, isolation is developing among the old aged persons with disabilities.

The situation of old-aged persons with disabilities in developing countries, especially in Bangladesh, is rather disappointing. There is neither an institutional approach nor a community-based approach to deal with the aging and disability issue.

In Bangladesh, the problem of aging and disability is not yet considered a crucial problem by development experts. Bangladesh probably has the highest number of people with disabilities, including the old aged persons with disabilities.

B. Approach to Deal with Ageing and Disability Issue:

Social/traditional approaches and opportunities to the problem's solution are fast declining and therefore cannot be relied upon. Therefore, either the state or the private voluntary organizations must come forward to handle this gigantic task. As the state's role in Bangladesh is also declining along with other countries of the world, we cannot, therefore, expect the state to come forward. Consequently, private voluntary organizations have a historic role in integration and rehabilitation if the old aged persons with disabilities enter mainstream social life.

There are no organized efforts neither, by govt. Nor by NGOs for appropriately tackling this issue;

The organizations dealing with disability are primarily concerned with the integration and rehabilitation of children and juveniles.

At most, all the NGOs operate credit programs for employment generation. In the employment sector old aged persons are considered as non-productive;

Briefly, it can be said that our development effort is highly mechanized and normative in approach as it lacks a social psychological system to a greater extent;

Development approach is beneficial-oriented, not development-oriented. It lacks developing proficiency, efficiency, and skill for self-reliance.

I. Mode of Economic Production and Disability

A. Primitive Agriculture Based Economy:

The mode of Bangladesh's economy comprises the characteristic of semi feudalist pre-capitalist. However, the economy is agriculture-based but extremely primitive in nature. This primitive

production system lacks modern technology to utilize its human resources, including people with disabilities and old-aged people.

B. Labor Intensive Mode of Production:

The primitive mode of the economy is exclusively based on a manual and labor-intensive approach. There is absolutely no scope for the person with disabilities to be directly involved with the production forces in the manual, labor-intensive production system. Still, in our society, they have been considered non-productive, and development organizations have less consideration for this non-productive system.

C. Means Of Earning Of The People With Disability:

In our country, the economy is designed so that there is hardly any scope for the involvement of persons with disabilities. Still, they have considered non-productive and development organizations less considerate for rehabilitating this apparently non-productive section. It acts as a push factor to adopt begging as a means of earning.

J. Political Economy of Disability

This point we will discuss under the three heads such as the following:

- a. People with Disabilities as a Bate to Exploit Emotion of Others;*
- b. People with Disabilities used as a Bate to Approach for more fund; and c. Negative demonstration of the people with disabilities in mass media.*

A. People With Disabilities As A Bate To Exploit Emotion Of Others:

People with disabilities are used as bate to exploit people's emotions, mainly during different religious festivals such as Shob-E-barat. Shub -E. Queder, Eid. A considerable number of people with disability is exported from various remote places of Bangladesh. Here further study is needed to justify the statement.

B. People With Disability Used As A Bate To Approach For More Funds:

People with disabilities as used as bate to approach for more fund. Especially during the relief work in the press media, we found a miserable condition of

the people with disabilities, women children are exposed. In contrast, during the normal situation, they remain hidden from the larger community. However, hardly any relief goods go to them to get rid of their worst position.

C. Negative Demonstration of the People with Disabilities in Mass Media:

In many of our recreational or advocacy films, we found a person with disability represents the notorious person of the movie, play. On the other hand, it would be pretty challenging to positively demonstrate the people with disabilities in such a program. One example of such a negative demonstration can be presented here. BTV telecast an advocacy film on our national franchise day. In this film, we found the person who betrayed the voting agent was a person with a disability. Lots of such types of examples can be cited.

K. Lack of Political Commitment:

Support of the political leadership is not only desirable but a must if development activities are to succeed. In our country, political leadership neither gave their whole-hearted cooperation and support nor took the development with due significance. It is evidenced by the present socio-economic condition of the society that many people can term as "development of underdevelopment". Disability is in no way out of these phenomena. Here we will discuss how lack of political commitment hinders the integration of the people with disabilities in Bangladesh in the following way:

- a. Absence of appropriate policy and law;*
- b. Absence of Implementation of policy and law; and*
- c. Absence of commitment to omit discriminatory policy and law.*

A. Absence of Appropriate Policy and Law:

It is to depict the importance of policy for any productive activity. A comprehensive law should conform to the cultural, social tradition, volume and nature of resources, needs, and desires of a particular country. The govt. declared a national policy for people with disabilities in Bangladesh. However, legislation is needed to protect the policy as well as to implement it. Law has not yet developed to deal

with disability issues. Support of policy guidelines and appropriate law must act in any field, including disability issue, where we are stepped behind in a great deal.

B. Absence of Implementation of Policy and Law:

It is a matter of great regret that not only in the disability field but also in every field of our development, policy, plan and programs are not devised accordingly to meet national development goals. Instead, these are imported from developed countries that are not compatible with the existing socio-economic reality of Bangladesh.

However, although we have got the national policy, no initiative has been taken to implement the policy. In the policy govt. is responsible for creating an accessible physical environment for free and easy movement of the people with disabilities. Several constructions are carried out both by govt. and private sector, but there is no consideration of making those accessible for the people with disability. The policy seems to be developed for the sake of policy; it is not to meet the actual need.

C. Absence of Commitment to Omit Discriminatory Policy and Law:

Although the Constitution of the People's Republic of Bangladesh ensured equal rights for all of its citizens irrespective of class, caste, gender, disability, non-disability. Despite this declaration, many laws/policies discriminate against people with disabilities from their fundamental human rights. Some of these are as follows:

10% quota in class III and Class IV govt. job has been preserved for the people with disability and orphan;

People with disabilities are not entitled to enter BCS Cadre;

People with disabilities are not allowed to enter higher technical education;

People should be evaluated in terms of human quality, merit, talents, and intellect; they are only assessed in terms of physical impairment. Stereotype evaluation can never be adequate to judge human beings. However, still, no initiative has been taken to omit such discriminatory laws by the govt.

L. Existing Facilities / Opportunities / Services

Still, we have the scope to find an effective way to minimize the suffering of people with disabilities. Here we will try to see the facilities/opportunities/services exist in our country to deal with disability issue in Bangladesh in the following way:

a. Organization working in the Disability field;

b. Donors in the Disability Field;

c. Govt. Programs in the Disability field;

d. Political Commitment;

A. Organization Working In the Disability Field:

A good number of NGOs in our country are combating the disability field to ensure a better living environment for the people with disabilities and integrate them with the societal life in Bangladesh. A joint study jointly conducted by Action-Aid Bangladesh and SARPV on the organizations working in the disability field found nearly 75 organizations are dealing with disability issues.

B. Donors in the Disability Field:

From the same study, we have found there are nearly 13 donor agencies operating in Bangladesh. Many of these donors are already supporting disability programs. Some of them have direct operational programs too in this field.

C. Govt. Programs in the Disability Field:

Govt. of People's Republic of Bangladesh has a good number of programs for rehabilitating people with disabilities, which are primarily institutional in nature. These are the following:

Govt. has a national policy for the people with disability but no implementation policy. Govt. has around sixty (62) retreated blind education program,

Two (02) training and rehabilitation center, one blind school and one Braille press whole over the country;

Govt. has three (03) school for the speech and hearing impaired children whole our the country;

Govt. has six- (06) training and rehabilitation center for physically and mentally disabled persons in Bangladesh.

D. Political Commitment:

Some political commitments from our government can be considered opportunities to tackle this gigantic task. These are the following:

i. Disability Decade (1993 - 2002):

Govt. of People's Republic of Bangladesh is the second signatory of the Agenda for Action for the Asian and Pacific Decade for the persons with Disabilities 1993- 2002.

ii. National Policy:

One and half years have been passed after the declaration of national policy. Although no initiative has been taken yet to implement the policy, we can hope for its implementation soon.

iii. Pension policy:

The then govt. has declared a Pension policy for the children with severe disability of the retired govt. employees. A humanistic approach is needed for the implementation of this policy. Nevertheless, this is a good step for rehabilitating severely disabled people if it can be appropriately handled, provided it will not suffer from bureaucratic red-tapism.

M. Recommendation:

- A. Mass awareness-raising regarding disability issue to treat as a permanent condition of the
- B. Life, not a disease.
- C. To have a national census on disability where there will be the nature and their needs
- D. To develop an infrastructure for all human being, not only for adult and young people
- E. (Like road, Housing facility, Transportation, etc.)
- F. d. To establish a separate directorate/Ministry for the development of this section by the
- G. Government.
- H. e. To implement the legislation on disability issues.
- I. F. To ensure the education of the disabled people and accordingly to create a working facility.

N. Conclusion:

Most of the world countries, especially the developing countries, are recently awakened by disability, which resulted in inequalities in society. Disability can be broadly defined as disabled and non-disabled frequently differ in access to resources, economic strength, educational opportunity, social and cultural life, and attainments, resulting in injustice, negative attitudes, exploitation, frustration, and conflicts social system.

People with disabilities deserve an equal share in economic life, active participation in political affairs, belongings in socio-cultural life, and rights to maximize self-actualization. In other words, a successful life like any other non-disabled partner of society. However, the existing class structure of our community made the people with disabilities tremendously vulnerable and helpless compared to others of this developing country. The points, which we have discussed above, reflect the gloomy face of Bangladesh. But there always remains a silver lining in the sky after cloud. And we think this is high time for the development experts and workers to try to convert this gloomy face into a smiling one. If we can start a process to change this underdeveloped situation positively, this may be a tiny gain for the individual but will be a great leap for the entire humankind.