Gender Dimension in Health Statistics : Bangladesh Perspective

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Background:

- **The Statistical Activities of Bangladesh is performed by the National Statistical Organization, the Bangladesh Bureau of Statistics (BBS).**

- **BBS collect, compile and disseminate information in all sectors of the economy for national planning and policy making.**

- **BBS has a full fledged Health and Demographic Wing responsible for collecting and disseminating health related statistics.**

Sources of Data on Health statistics

Health Statistics are obtained from the following surveys of BBS:

- ❑ **Health and Demographic Survey**

- ❑ **Sample Vital Registration System**

- ❑ **Multiple Indicator Cluster Survey**

- ❑ **Household Income and Expenditure Survey**
- ❑ **Socio-Economic and Demographic Survey(Post Census Long Questionnaire Survey)**

- ❑ **Child and Mother Nutrition Survey**

- ❑ **Demographic and health survey (NIPORT, Ministry of Health and Family welfare)**

Health and related topics covered cont....

- ❖ **Crude death rate**
- ❖ **Age specific death rate**
- ❖ **Neonatal mortality rate**
- ❖ **Post neonatal mortality rate**
- ❖ **Infant mortality rate**
- ❖ **Child mortality rate**
- ❖ **Maternal mortality rate**
- ❖ **Principle causes of death**
- ❖ **Percentage distribution of deaths by causes**

Health and related topics covered cont…

- ❖ **Expectation of life**
- ❖ **Abridged Life Table**
- ❖ **Infant and Young Child Feeding**
- ❖ **Child Nutrition Status**
- ❖ **Low Birth Weight**
- ❖ **Immunization**
- ❖ **Vitamin A Supplement**
- ❖ **Antenatal Care**
- ❖ **Delivery Care**

Health and related topics covered cont….

❖ **Population by diseases suffered**

❖ **Average duration of ailment**

❖ **Methods of treatment**

❖ **Childhood illness and treatment**

❖ **Care seeking for suspected pneumonia**

❖ **Fever and acute respiratory infection**

❖ **Childhood diarrhoea**

Health and related topics covered cont...

- ❖ **Sources of medicine**
- ❖ **Means of reaching to the service/ treatment providing personnel**
- ❖ **Time required to reach the service treatment providing personnel**
- ❖ **Average days required for consulting doctor for the first time after ailment**
- ❖ **Average waiting time**
- ❖ **Preference of service**
- ❖ **Treatment cost**
- ❖ **Reasons for non-treatment**

Efforts made to improve to Gender Disaggregated Health Data

The following measures has been taken to improve gender disaggregated health data:

- ❖ **Periodic review of questionnaire**
- ❖ **User producer dialogue**
- ❖ **Exhaustive training for data collectors and supervisors**
- ❖ **Higher level supervision for quality control**
- ❖ **Engagement of females in data collection and supervision**

Selected Gender Statistics in Health

Table-1: Crude death rates by sex

Year	National		Rural		Urban	
	Women	Men	Women	Men	Women	Men
1981	11.5	11.6	12.3	12.1	7.0	7.5
1985	12.2	11.9	12.9	13.0	7.9	8.7
1990	11.0	11.4	11.7	11.9	7.7	8.0
1995	8.9	8.6	8.8	9.3	6.5	6.9
2000	4.6	5.1	4.7	5.7	3.4	3.6
2005	5.1	5.6	5.4	6.7	4.1	5.7
2010	5.0	6.2	5.2	6.3	4.2	5.7

Table -2: Neonatal mortality rate per 1000 live birth by sex and locality for 1981-2010

Year	National		Rural		Urban	
	Girls	Boys	Girls	Boys	Girls	Boys
1981	72	89	73	90	81	62
1985	60	67	62	67	73	45
1990	62	71	64	73	51	44
1995	50	64	54	58	37	35
2000	39	41	41	45	29	28
2005	30	36	31	39	28	28
2010	24	28	23	29	26	25

Table-3:Post neonatal mortality rate per 1000 live birth by sex and residence, 1981-2010

Year	National		Rural		Urban	
	Girls	Boys	Girls	Boys	Girls	Boys
1981	37	24	38	24	31	24
1985	49	47	50	48	43	36
1990	29	27	29	28	24	22
1995	20	19	24	22	17	17
2000	18	17	19	18	16	15
2005	17	16	17	16	15	17
2010	11	10	12	10	10	9

Table - 4: Infant (<1 year) mortality rate per 1000 live births by sex and residence, 1981-2010

Year	National		Rural		Urban	
	Girls	Boys	Girls	Boys	Girls	Boys
1981	109	113	111	114	93	105
1985	109	114	112	115	87	109
1990	91	98	93	101	68	73
1995	70	73	76	80	52	55
2000	57	59	62	63	43	45
2005	47	52	48	54	43	45
2010	35	38	35	39	36	35

Table-5:Under 5 Mortality Rate per 1000 live births by sex and residence, 1982-2010

Year	National		Rural		Urban	
	Girls	Boys	Girls	Boys	Girls	Boys
1982	214	211	224	218	106	137
1985	172	169	176	172	127	135
1990	149	154	155	160	96	103
1995	121	128	128	133	81	85
2000	84	86	89	91	54	56
2005	65	70	68	73	52	60
2010	43	50	43	52	43	44

Table -6: Maternal mortality ratio by residence, 1986-2010

Year	National	Rural	Urban
1986	6.48	6.69	5.79
1989	5.08	5.78	4.60
1992	4.68	4.80	3.98
1995	4.47	4.52	3.80
1998	3.23	3.36	2.85
2001	3.15	3.26	2.58
2004	3.65	3.87	2.53
2007	3.51	3.86	2.19
2010	2.16	2.30	1.78

Table -7: Expectation of life at birth by sex and residence, 1981-2010

Year	National		Rural		Urban	
	Women	Men	Women	Men	Women	Men
1981	54.5	55.3	53.9	54.9	60.5	59.8
1985	54.6	55.7	54.1	55.3	60.5	59.9
1990	55.6	56.6	54.9	56.0	59.7	60.3
1995	58.1	58.4	57.7	57.3	60.9	61.5
2000	63.5	63.7	62.7	61.7	65.4	65.2
2005	65.8	64.4	65.6	63.5	68.1	67.6
2010	68.8	66.6	68.6	66.4	69.5	68.3

Table -8 :Percentage distribution of women aged 15-49 with a birth in the two years preceding the survey by type of personnel assisting during delivery 2006,2007, 2009 and 2011

Delivery Care	MICS 2006	BDHS 2007	MICS 2009	BDHS 2011
Assistance during delivery				
Medical doctor	15.5	12.7	20.5	22.2
Nurse/midwife	4.6	5.2	3.8	8.9
Traditional birth attendant	66.0	10.8	58.4	11.2
Community health work	1.0	0.1	0.9	0.3
Relative/ friend	11.2	6.1	14.5	3.8
Other	1.0	0.0	1.8	52.9
Any skilled personnel	20.1	-	24.4	-

Table -9: Prevalence of malnutrition (WHO 2005 GRS) in children aged <5 years by sex and area of residence, 2005-12

Indicator	National(%)			Rural(%)			Urban(%)		
	Both	Girls	Boys	Both	Girls	Boys	Both	Girls	Boys
2005									
Underweight (WAZ$_{WHO}$<-2)	39.7	39.0	40.3	42.2	41.3	43.0	29.9	29.7	30.1
Stunting (HAZ$_{WHO}$<-2)	46.2	45.3	47.1	48.8	48.2	49.4	35.9	33.7	38.0
Wasting (WHZ$_{WHO}$<-2)	14.5	14.5	14.5	15.1	14.8	15.3	12.2	13.3	11.2
Obesity (BAZ$_{WHO}$<-2)	1.4	1.6	1.2	1.3	1.6	1.0	1.6	1.4	1.9
MUACZ	27.1	26.5	27.7	29.3	28.4	30.1	19.3	18.1	18.5
MUAC <125 mm	4.3	5.6	3.2	4.8	6.2	3.4	2.4	2.7	2.2
2012									
Underweight (WAZ$_{WHO}$<-2)	34.4	29.9	38.6	35.2	30.6	39.8	31.7	27.5	35.1
Stunting (HAZ$_{WHO}$<-2)	41.2	42.0	40.5	42.7	43.3	42.1	36.4	37.2	35.7
Wasting (WHZ$_{WHO}$<-2)	13.4	10.9	15.7	13.6	11.0	16.2	12.6	10.8	14.2
Obesity (BAZ$_{WHO}$<-2)	4.1	3.9	4.3	3.7	3.7	3.6	5.5	4.4	6.4
MUACZ	6.8	6.4	7.2	7.6	7.2	8.0	4.2	3.3	4.9
MUAC <125 mm	3.0	3.2	2.8	3.3	3.2	3.3	2.2	2.9	1.5

Table -10: Percent of treatment recipient by sex, residence and type of treatment, 2005 and 2010

Type of Treatment	Percent of treatment recipient					
	2000		2005		2010	
	Women	Men	Women	Men	Women	Men
Govt. Health Worker	4.08	3.54	0.97	1.20	2.43	2.38
NGO Health Worker	0.55	0.33	0.36	0.16	0.43	0.31
Homeopathic Doctor	5.37	4.37	5.22	4.21	3.68	3.18
Kabiraj/Hekim/Ayurbed	2.08	1.87	1.17	1.60	0.75	1.28
Peer/Fakir/Tactric/Baidya	0.26	0.41	0.12	0.24	0.32	0.40
Govt. Doctor (Govt. Institution)	6.47	6.68	8.01	7.10	9.41	9.14
Govt. Doctor (Private Practice)	16.00	15.45	16.36	13.82	15.16	13.43
NGO Doctor	0.58	0.40	0.52	0.38	0.20	0.20
Private Doctor	23.42	24.85	24.23	24.49	24.54	24.37
Pharmacy/Dispensary/ Compounder	38.01	38.39	36.91	40.52	39.20	41.35
Family Treatment	-	-	0.72	0.63	0.87	0.89
Self Treatment	-	-	0.45	0.60	0.65	0.56
Others	3.20	3.70	4.95	5.05	2.37	2.50

Table -11: Distribution of patients by their sources of getting medicine,2000, 2005 and 2010

Source of getting medicine	2000	2005		2010	
	Both	Women	Men	Women	Men
Government health centre	3.55	2.78	2.80	3.02	2.33
NGO health centre	0.52	0.68	0.60	0.37	0.33
Private health centre	0.83	0.49	0.74	0.56	0.45
Other service personal	0.97	1.00	1.15	3.80	3.94
Pharmacy/ dispensary	89.47	92.93	92.72	90.28	90.25
Other shops	1.99	0.67	0.67	0.83	1.02
Others	2.69	1.45	1.31	1.13	1.56

Table -12: Average medical expenditure per patient (Tk) in the preceding 30 days by sex and residence, 2000, 2005 and 2010

Item of expenditure	Average expenditure per patient (Tk)					
	2000		2005		2010	
	Women	Men	Women	Men	Women	Men
Doctor's visit	83	83	123	105	159	160
Hospital/ clinic fee	1145	1152	1333	918	2016	1440
Medicine cost	194	195	279	272	453	522
Test/ investigation fee	392	368	622	404	893	806
Transport cost	69	57	76	83	124	145
Tips for treatment	215	156	552	286	1695	283
Other expenses	132	94	173	110	250	265
Total	168	161	465	396	388	407

Dissemination of Gender Health Statistics

Gender statistics are disseminated in the following ways:

- ❖ **Yearly publications with gender disaggregated data**
- ❖ **Health related survey reports with gender disaggregated data**
- ❖ **Separate gender focused reports**
- ❖ **Online reports, CDs etc.**

Main users of gender health statistics

❖ **Ministry of Health and Family Welfare**

❖ **Director General Health**

❖ **Director General Family Planning**

❖ **World Health Organization**

❖ **Ministry of Women and Children Affairs**

❖ **UNICEF**

❖ **UNIFEM**

❖ **UNFPA**

Main users of gender health statistics

- ❖ **ILO**
- ❖ **World Bank**
- ❖ **NGOs**
- ❖ **Civil Society Organizations**
- ❖ **Bangladesh Women Lawyers Association**
- ❖ **Other Ministries and Divisions**
- ❖ **Other Development Partners**

Main challenges of gender health statistics

- ❖ **Inadequate coordination between data producers and users.**
- ❖ **Inadequate disaggregated data at the sub-national level.**
- ❖ **Inadequate proper training for the field data collectors.**
- ❖ **Inadequate analysis of existing disaggregated statistics.**
- ❖ **Shortage of expertise in data analysis.**

Main challenges of gender health statistics

❖ **Inadequate understanding of international standard for compiling disaggregated gender statistics.**

❖ **Inadequate national resource on gender issues.**

❖ **Inadequate proper guide lines.**

❖ **Inadequate awareness of gender related issues.**

CONCLUDING REMARKS

We can increase the realization of the important role that women can play in the development process of a country, that has underlined the need to generate gender-sensitive indicators and sex-disaggregated statistics. These statistics help highlight the existing differences between men and women.

CONCLUDING REMARKS

This has also raised the need to develop the gender information gathering system that enables government to keep abreast with global commitments to achieving gender equality and women empowerment.

CONCLUDING REMARKS

Improving the availability and quality of sex-disaggregated gender statistics is essential for providing policy makers with reliable data to make decisions and design effective.

Thanks