

Bangladesh Fact Sheet (2011)

Population: 158,570,535 (July 2011 est.)

Age structure

0-14 years: 34.3% (male 27,551,594/female 26,776,647)

15-64 years: 61.1% (male 45,956,431/female 50,891,519)

65 years and over: 4.7% (male 3,616,225/female 3,778,119) (2011 est.)

Median age

total: 23.3 years

male: 22.7 years

female: 23.7 years (2011 est.)

Population growth rate: 1.566% (2011 est.)

Birth rate: 22.98 births/1,000 population (2011 est.)

Death rate: 5.75 deaths/1,000 population (July 2011 est.)

Net migration rate: 1.57 migrant(s)/1,000 population (2011 est.)

Urbanization

urban population: 28% of total population (2010)

rate of urbanization: 3.1% annual rate of change (2010-15 est.)

Sex ratio

at birth: 1.04 male(s)/female

under 15 years: 1.01 male(s)/female

15-64 years: 0.89 male(s)/female

65 years and over: 0.93 male(s)/female

total population: 0.93 male(s)/female (2011 est.)

Infant mortality rate

total: 50.73 deaths/1,000 live births

male: 53.23 deaths/1,000 live births

female: 48.13 deaths/1,000 live births (2011 est.)

Life expectancy at birth:

total population: 69.75 years

male: 67.93 years

female: 71.65 years (2011 est.)

Total fertility rate: 2.6 children born/woman (2011 est.)

HIV/AIDS - adult prevalence rate: less than 0.1% (2009 est.)

HIV/AIDS - people living with HIV/AIDS: 6,300 (2009 est.)

HIV/AIDS – deaths: fewer than 200 (2009 est.)

Major infectious diseases

degree of risk: high

food or waterborne diseases: bacterial and protozoal diarrhea, hepatitis A and E, and typhoid fever

vector borne diseases: dengue fever and malaria are high risks in some locations

water contact disease: leptospirosis

animal contact disease: rabies

note: highly pathogenic H5N1 avian influenza has been identified in this country; it poses a negligible risk with extremely rare cases possible among US citizens who have close contact with birds (2009)

Nationality

noun: Bangladeshi(s)

adjective: Bangladeshi

Ethnic groups: Bengali 98%, other 2% (includes tribal groups, non-Bengali Muslims) (1998)

Religions: Muslim 89.5%, Hindu 9.6%, other 0.9% (2004)

Languages: Bangla (official, also known as Bengali), English

Literacy

definition: age 15 and over can read and write

total population: 47.9%

male: 54%

female: 41.4% (2001 Census)

School life expectancy (primary to tertiary education)

total: 8 years

male: 8 years

female: 8 years (2007)

Education expenditures: 2.4% of GDP (2008)

Capital: Dhaka

Land area (thousand sq km): 144,000

Climate: tropical, mild winter (October to March); hot, humid summer (March to June); humid, warm, rainy monsoon (June to October)

Terrain: mostly flat alluvial plain; hilly in southeast: most of the country is situated on deltas of large rivers flowing from the Himalayas; the Ganges unites with the Jamuna (main channel of the Brahmaputra) and later joins the Meghna to eventually empty into the Bay of Bengal.

Food Production: rice, jute, wheat, sugarcane, potatoes, tobacco, pulses, oilseeds, spices, fruit, beef, milk, and poultry.

Agricultural Production (% of GDP): 32

Agricultural Labor force (% of total): 63

Population Undernourished (% of total): 30 (2000/02)

GDP per capita (PPP US\$): 1,770 (2003)

Food Consumption (nutrients): Dietary energy consumption (kcal/person/day) 2200 (2001-2003)

ODA received (% of GDP): 2.7 (2003)

Achieving the Millennium Development Goals

- The Millennium Development Goals (MDGs) are a set of numerical and time-bound targets related to key achievements in human development.
- There are very large regional disparities in virtually all of the Millennium Development (MD) indicators in Bangladesh.
- Districts such as Noakhali, Pathuakali, Chittagong, Rajshahi, and Sylhet have generally not performed well on several of the MD indicators. Even if Bangladesh as a whole attains some of the Millennium Development Goals (MDGs), there will be several areas of the country that will remain distantly behind.
- The problem of governance – in particular, poor service delivery – is widespread in the social sectors in Bangladesh, preventing progress of achieving MDGs.
- Economic growth that brings about an improvement in household living standards is strongly associated with every MD indicator. The strategy envisions that, by the year 2015, Bangladesh will achieve the following goals/targets:
 - Eradicate poverty by eliminating hunger, chronic food-insecurity, and extreme destitution;
 - Reduce the number of people living below the poverty line by 50 per cent;
 - Attain universal primary education for all girls and boys of primary school age;
 - Eliminate gender disparity in primary and secondary education;
 - Reduce infant and under five mortality rates by 65 per cent, and eliminate gender disparity in child mortality;
 - Reduce the proportion of malnourished children under five by 50 per cent and eliminate gender disparity in child malnutrition;
 - Reduce maternal mortality rate by 75 per cent;
 - Ensure access of reproductive health services to all;
 - Reduce substantially, if not eliminate totally, social violence against the poor and disadvantaged groups, especially violence against women and children; and
 - Ensure comprehensive disaster risk management, environmental sustainability and mainstreaming of these concerns into the national development process.

Poverty

The poverty head-count ratio in Bangladesh fell by 9 percentage points during the 9 years between 1991-92 and 2000 – an annual rate of decline of one percentage point. From all accounts, the decline in poverty was more rapid in the 1990s than during earlier decades, possibly because of the more rapid pace of economic growth during this period. Attainment of the poverty MDG appears

plausible in Bangladesh, but only if the country maintains strong economic growth and continued expansion of male and female schooling, and prevents income and consumption inequality from rising, in the years ahead.

Infant Mortality Rate

Since 1974, the infant mortality rate has fallen rapidly, reaching a level of 125 (infant deaths per 1,000 live births) by 1984-85, 80 in 1994-95, and 66 currently. The decline has been most rapid during the 1990s. Not only has infant mortality fallen much more rapidly in Bangladesh than in India, but the level of infant mortality is now lower in Bangladesh than in India – a country that has two times the income per capita of Bangladesh. Projections suggest that it should be possible for Bangladesh to attain the child mortality-related MDG, but only with a package of interventions that includes strong economic growth, expansion of female schooling, family planning programs that motivate women to delay child bearing, and expanded child immunization coverage.

Child Malnutrition

Child malnutrition rates in Bangladesh are very high – among the highest in the world. Recent surveys indicate that nearly 50% of children below the age of 5 or 6 years are moderately underweight or stunted and about 10-18% of children are severely underweight or stunted. Thus, children in Bangladesh suffer from short term, acute food deficits as well as from longer-term, chronic under-nutrition. Positive changes in mean consumption per capita, adult female schooling, sanitation and Food-for-work program coverage, access to bus transport, and flood mitigation and adaptation suggest that the child underweight rate in Bangladesh could decline by 12 percentage points – from 51% to 39% – from now to 2015. This would put the rate just slightly above the MDG level of having no more than 34% of children being underweight.

Even though attainment of the child nutrition MDG will be challenging in Bangladesh, it should be possible to bring child underweight rates down sharply (and relatively close to the MD target) with a package of interventions that includes economic growth, flood control and management, expansion of female schooling, improved physical infrastructure (transport and sanitation access), and greater coverage by food assistance programs, such as Food-for-Work.

Primary School Enrolment

Bangladesh has achieved rapid progress in expanding schooling access during the last two decades. The gross primary enrolment rate, which was only 61% in 1980, increased to 72% by 1990 and to 96% by 2000. However, as in other developing countries, gross enrolment rates tend to be greater than net primary enrolment rates because of the late entry of children (i.e., beyond age 6) into

primary school and the resulting enrolment of remainder of children (i.e., those above age 10) at the primary level. In the case of Bangladesh, the net primary enrolment rate, as estimated from household survey data, is estimated at about 65.4%. The MDGs call for a net primary enrollment rate of 100% by 2015. The net primary enrolment rate is estimated to increase by 21 percentage points – from 65% to 86% – from now to 2015. However this would put the rate well below the MDG level of 100% of children aged 6-10 being enrolled in primary school. The largest increases in the net primary enrolment rate are obtained from expansion of adult male and female schooling, increases in household living standards (consumption expenditure per capita), and paving of rural roads. There is a great deal of scope for raising both the net primary enrolment rate and the primary completion rate in Bangladesh over the next 12 years with a package of interventions that include economic growth, expansion of adult male and female schooling, improved physical infrastructure (mainly roads and transport), and greater coverage by government programs, such as the Primary Education Stipends Program. However, the achievements in these rates are still likely to fall short of the levels called for by the education MDGs.

Gender Disparity in Schooling

The ratio of females to males in primary schools has steadily increased from about 83% in 1991 to 96% in 2000. At the secondary level, thanks largely to the Bangladesh Female Secondary Stipend program, there are already more girls enrolled than boys. Ministry of Education statistics indicate that, of the 7.7 million children enrolled in junior secondary and secondary schools in 2000, 4 million were females, implying a ratio of females to males in secondary schools of 112%. These results are so different from the pattern found in the other countries of South Asia as well as in other countries at Bangladesh's level of per capita GDP. At virtually every age, Bangladeshi girls have higher enrolment rates than Indian girls. When the distance and difficulty of reaching a school is reduced (either through better roads and transport or having a secondary school in the village), the enrolment of girls increases. Bangladesh has already attained (or nearly attained) the goal relating to elimination of gender disparity in schooling opportunities. Bangladesh is the only country in South Asia other than Sri Lanka to have achieved equality in male and female enrolments not just at the primary level but also at the secondary level.

Resource: The World Bank, Human Development Unit, South Asia Region and [Bangladesh Bureau of Statistic](#)