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Health Insecurity in Bangladesh

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The leading cause of Bangladesh's health insecurity is the **ineffectiveness of the government, structural violence, and poverty.** The main health problems are malnutrition, malaria, maternal health, and the issues of sanitation. More than 54% of preschool-age children, equivalent to more than 9.5 million children, are stunted, and 56% are underweight. Due to the ineffectiveness of waste management by the government, the issue of sanitation is negatively affected by it. 70% of the population in Bangladesh lives in rural areas. It means that proportionately more healthcare support is required in rural areas than in urban areas. But most of the hospitals in rural areas are understaffed and are closing. According to WHO, the medical staff wants to work in urban areas rather than live in rural areas with low access to basic needs where they can live comfortable life. The medical staff has a choice to apply in their interested areas. According to the World Bank, Bangladesh is a developing nation which means that the country is a lower middle-income country. The Bangladesh government spends 5.8% of its total budget on healthcare which is low for a population of approximately 165 million. The government has recruited around a thousand medical staff which may help as there is an increase in the medical support for people in rural areas. In Bangladesh, there are only 1.1 doctors per 10,000 in the population of rural areas and 18.2 doctors per 10,000 in the population of urban areas.

The geographical distance between the citizens and hospitals makes it unable for citizens to access the health care system. The rural population have to travel a huge distance to reach the hospitals. Government cannot force the rural population to use public transport, the rural population does not use public transport because it costs more than other means of transport e.g. bullock carts. It may delay the treatment time and affect the health of a person. There are fewer government hospitals in rural areas which means that not every rural citizen might be near the hospital.

Waste management in Bangladesh is also not efficient. Only 32 percent of the rural population have access to a safely managed sanitation service. Bangladesh's government has nearly eliminated the practice of open defecation, but the toilets are poorly maintained. Waste management and sanitation systems are not efficient in Bangladesh. 97 % of the total population in rural areas depends on tube wells for drinking water. If the government does not dispose off fecal matter efficiently it can lead to bacterial diseases like diarrhoea. The water filters for tube wells require a high amount of money along with technology which is difficult for a developing nation to provide. The fecal bacteria are found in the sources of water in rural areas, like the tubewell. Due to weak economic status, the government might infringe upon citizens' right to access clean water, which is a basic need for a safe and healthy environment. This increases the chances of the spread of waterborne diseases thus increasing the health insecurity in Bangladesh.

The food insecurity in Bangladesh has further increased health insecurity, resulting in malnourished children, and poor maternal health. The food prices are controlled by the government, and due to inflation, the poor sector of Bangladesh is not able to get nutritious food. Most of the rural area citizens are poor and the cost of production in getting the food to the rural areas through transportation increases the prices of the food. Pregnant ladies consuming less nutritious food increases the child's chances of being diseased from birth. In 2020 the inflation rate of Bangladesh rose to 5.65%.

In conclusion, the inability of the Bangladeshi government, a developing state to solve health issues is leading to health insecurity in Bangladesh. Bangladesh can also rewire its budget to further provide for the health sector. The Government can also strive to receive any foreign grant to uplift its health sector.