



PRELIMINARY REPORT

NATIONAL SURVEY ON PERSONS WITH DISABILITIES (NSPD) 2021



BANGLADESH BUREAU OF STATISTICS (BBS)

STATISTICS AND INFORMATICS DIVISION (SID)

MINISTRY OF PLANNING

GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

www.bbs.gov.bd





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Secretary

Statistics and Informatics Division (SID)

Ministry of Planning

Government of the People's Republic of Bangladesh

Foreword

Bangladesh Bureau of Statistics (BBS) under the Statistics and Informatics Division (SID) conducts different types of survey to meet the data needed for the policy makers, planners, researchers, academia and other stakeholders. I am glad to know that BBS has successfully completed the *National Survey on Persons with Disabilities (NSPD) 2021*. It is also worth mentioning that this is for the first time that BBS has been conducted this standalone nationwide survey on the persons with disabilities. I am happy to know that BBS has come out with the preliminary report of the survey.

BBS has entered into a new era through the enactment of *The Statistics Act, 2013*. The Act has mandated BBS as the standalone agency for generating official statistics. It has also empowered BBS to provide guidance to other agencies for producing official statistics and to authenticate those generated by them. As we are in the era of implementation of Sustainable Development Goals (SDGs), this survey report would help to make short and long term development plans and strategies for the persons with disabilities and to monitor systematic implementation of action plan for 2030 global agenda.

I would like to thank Mr. Mohammad Tajul Islam, Director General of BBS and his other colleagues for their support and guidance to complete the survey successfully. All the distinguished members of the Steering Committee, Implementation Committee, Working Committee and Report Review Committee for their efforts and inputs at various stages in preparing the report deserve special thanks. The Project Team led by Mr. Iftekhairul Karim, Project Director and his team members also deserve special thanks for their relentless efforts and hard work in conducting the survey and bringing out this report.

I do believe that the data presented in this report will provide a benchmark database to policy makers, planners, researchers, administrators, development partners and other agencies for formulating and implementing their plans and programs for the persons with disabilities in Bangladesh.

Dhaka
June, 2022

Dr. Shahnaz Arefin, ndc



Director General
Bangladesh Bureau of Statistics (BBS)
Statistics and Informatics Division (SID)
Ministry of Planning
Government of the People's Republic of Bangladesh

Preface

Bangladesh Bureau of Statistics (BBS) is the standalone agency responsible for collecting, analyzing, compiling and disseminating official statistics. As Bangladesh is graduated to developing country and moving towards a developed one, statistics should be considered as the only right tool for evidence-based policy making and proper program monitoring to ensure the optimum use of public resources and measuring the progress. Focusing this issue, BBS has undertaken a project titled '*National Survey on Persons with Disabilities (NSPD)*'. This project aims to conduct a household-based sample survey to create a statistical database to support the national priority policy-making; design, implementation, and assessment of development plans for persons with disabilities.


For the first time of the history of Bangladesh, BBS conducted the NSPD 2021 throughout the country. I am happy to pronounce that this survey was conducted in the field level which covered 36 thousand households from 8 hundred Primary Sampling Units (PSUs) using Computer Assisted Personal Interviewing (CAPI). The NSPD team has developed a household-based long questionnaire including different modules e.g. general information and characteristics, water and sanitation, health care, functional difficulties, background of the persons with disabilities, types of disability and intensity, early childhood development, education, employment, access, social protection, victimization etc. This report focuses the key information/findings on persons with disabilities of Bangladesh.

My thank and profound gratitude are to the Secretary, Statistics and Informatics Division (SID) for valuable guidance in conducting this survey. Thanks are due to the members of the Project Steering Committee and Project Technical Committee for their important suggestions in implementing the project. Special thanks to Mr. Iftekhairul Karim, Project Director and his team for their relentless efforts in carrying out this important survey.

Special thanks and appreciation to UNICEF Bangladesh for methodological improvement as well as technical inputs of the survey according to global standard and other supports of the survey.

I hope that the report will provide quality data to public representatives, policy makers, planners, researchers, development partners and other government and non-government agencies for formulating and implementing their plans, programs and strategies for the persons with disabilities in Bangladesh.

Dhaka
June, 2022



Mohammad **Tajul Islam**



Project Director

National Survey on Persons with Disabilities 2019 Project
Bangladesh Bureau of Statistics (BBS)
Statistics and Informatics Division (SID)
Ministry of Planning
Government of the People's Republic of Bangladesh

Acknowledgements

National Survey on Persons with Disabilities (NSPD) 2021 is a household based cross-sectional survey. The main objective of this survey is to get up-to-date data on persons with disabilities in Bangladesh. BBS has professionally and successfully carried out this survey by overcoming the challenges of data collection from the households on this sensitive issue.

I would like to express my profound regards and deep gratitude to Dr. Shahnaz Arefin, *ndc*, Secretary, Statistics and Informatics Division (SID) for her extraordinary support and directives to implement the project smoothly. I must express my gratefulness to Mr. Mohammad Tajul Islam, Director General, BBS for his worthy guidance and valuable suggestions for successful completion of all activities in bringing out this report. I am indebted to Mr. Rezaul Azam Faruqui, Additional Secretary (Development), SID for his guidance and kind support to implement the project activities. Thanks are also due to Mr. Kazi Nurul Islam, Deputy Director General, BBS, and Mr. Md. Mashud Alam, Director, Demography and Health Wing for their outstanding support and continuous guidance for preparing and publishing the report. I also gratefully recognize the valuable contributions of the members of Steering Committee, Technical Committee, Report Review Committees and Working Group for their effective guidance and useful suggestions in bringing out this report.

It is my immense pleasure to mention that UNICEF Bangladesh has provided support in undertaking the survey and preparation of the report. I wish to thank them for their extraordinary efforts and extending support towards this survey.

I am also grateful to the team members of the project for their hard work and relentless efforts for preparing this report. My heartfelt appreciation to Mr. Md. Monirul Islam, Statistical Officer, Mr. Md. Rokibul Hasan, Statistical Officer and Mr. Dhiman Kumar Sarkar, Enumerator for relentless efforts towards completion of the survey. Special thanks are also owe to Mr. A.K.M. Tahidul Islam, Joint Director, BBS, Mr. Md. Ziaul Hasan Sikder, Survey Consultant and Mr. Mohammad Shakwat Hossain Khan IT Consultant for their technical supports implementing this survey. Thanks are also due to Mr. Md. Rokibul Hasan, Statistical Officer for preparing the first draft of this report.

I am deeply indebted to the contributors from various stakeholders and agencies concerned who always provided their valuable suggestions and comments towards the successful completion of the survey.

Comments and suggestions for further improvement of the report in future will be highly appreciated.

Dhaka
June, 2022

Iftekhairul Karim

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ACRONYMS

BBS	Bangladesh Bureau of Statistics
CAPI	Computer Assisted Personal Interviewing
CRPD	Convention on the Rights of Persons with Disabilities
EA	Enumeration Area
FCT	Field Check Table
ICF	International Classification of Functioning, Disability and Health
MDGs	Millennium Development Goals
NGO	Non Governmental Organizations
NSO	National Statistical Organization
NSPD	National Survey on Persons with Disabilities
PPE	Pre Primary Education
PSU	Primary Sampling Unit
SDGs	Sustainable Development Goals
SID	Statistics and Informatics Division
SPSS	Statistical Package for the Social Sciences
SSNP	Social Safety Nets Programmes
UNGA	United Nations General Assembly
UN	United Nations
UNHRC	United Nations Human Rights Council
WG	Washington Group
WHO	World Health Organization

KEY FINDINGS

National Survey on Persons with Disabilities (NSPD) 2021

Indicators	Total	Rural	Urban
Household sample coverage and responses			
Sampled	36,000	28,261	7,739
Occupied	35,494	27,887	7,607
Interviewed	35,462	27,869	7,593
Household completion rate	98.50	98.60	98.10
Household response rate	99.90	99.90	99.80
Ownership of dwelling households			
Own	84.33	93.71	52.99
Rented	12.74	3.47	43.74
Without rent	2.06	2.10	1.90
Others	0.87	0.73	1.36
Mean number of persons per room used for sleeping	2.20	2.10	2.30
Household members with internet access in the household	57.43	53.84	69.41
Household members with access to electricity in the household	99.00	98.82	99.61
Household members using improved sources of drinking water	99.25	99.80	99.10
Household members using improved sanitation facility	92.29	94.05	91.78
Government defined categories of disability			
	Both	Male	Female
People with at least one disability by sex	2.80	3.29	2.34
Persons with at least one disability by area			
Rural	2.92	3.45	2.38
Urban	2.45	2.71	2.18
Disability by category			
Autism or autism spectrum disorders	0.04	0.05	0.03
Physical disability	1.19	1.49	0.90
Mental illness leading to disability	0.24	0.28	0.19
Visual disability	0.39	0.43	0.37
Speech disability	0.11	0.14	0.09
Intellectual disability	0.14	0.16	0.12
Hearing disability	0.19	0.19	0.20
cerebral palsy	0.06	0.07	0.06
Down syndrome	0.03	0.04	0.03
Deaf-blindness	0.10	0.01	0.01
Multiple disability	0.26	0.38	0.30
Other disability	0.05	0.06	0.03
Persons with no disability	97.20	96.71	97.66
Persons with disabilities use of assistive devices			
Using assistive devices	18.47	19.50	17.09
Not using assistive devices as per need	81.53	80.50	82.91
Children with disabilities in primary education			
Attending	40.55	40.47	40.66
Not attending	59.45	59.53	59.34
Children with disabilities in secondary education			
Attending	24.36	22.67	26.64
Not attending	75.64	77.33	73.36

Persons with disabilities aged 15 to 65 by employment status			
Employed	27.21	40.39	7.30
Not in employment	72.71	59.48	92.76
Persons with disabilities who received general healthcare in last 3 months	61.65	60.78	62.75
Persons with disabilities who have special type of sanitation facilities at home as per their need	9.71	8.18	11.77
Persons with disabilities or their household member's involvement in any kind of organization	0.93	1.07	0.73
Persons with disabilities having registration and certificate	35.10	37.00	32.50
Persons with disabilities who got disability allowances/ any allowances at any time			
Got disability allowances any time	33.00	34.20	31.20
Got any allowances/ assistance any time	46.50	45.60	47.50
Persons with disabilities received health care by health care provider/ institutions	Total	Rural	Urban
Government institutions	26.73	23.42	40.59
Private/non-governmental institutions	71.60	74.92	57.69
NGO operated institutions	0.31	0.35	0.14
	Both	Male	Female
People who have at least one functional difficulty by sex	7.14	7.27	7.00
Persons who have at least one functional difficulty by area			
Rural	7.30	7.52	7.08
Urban	6.57	6.41	6.74
Children age 2-4 years having at least one functional difficulty	1.92	2.31	1.51
Children age 5-17 years having at least one functional difficulty	4.01	4.59	3.39
Adult functional difficulties by area	Total	Rural	Urban
Women age 18 or above having functional difficulties at least one domain	9.18	9.38	8.51
Men age 18 or above having functional at least one domain	9.23	9.61	7.93

EXECUTIVE SUMMARY

National Survey on Persons with Disabilities (NSPD) 2021 has been designed using a standardized questionnaire, sample design, data collection and management procedures. The survey provides up-to-date information of persons with disabilities in Bangladesh for planning, monitoring and evaluating various activities and programmes towards improving the wellbeing of persons with disabilities.

This preliminary report presents key findings of the household-based interviews conducted during the survey. Among 36,000 sampled households, the survey reveals, 35,462 households have been interviewed with the household completion rate of 98.50% and household response rate 99.90%. A little over half of the households have access to internet (57.43%), 99.00% have access to electricity, 99.25% use improved source of drinking water and 92.29% use improved sanitation facility.

As per the Government defined categories of disability, among the people of Bangladesh 2.80% have at least one disability, this is 3.29% among male and 2.34% among female population and 2.92% in rural area and 2.45% in urban area. By type of disability, physical disability accounts for the highest percentage with 1.19%, while all other types have percentages less than 1% (autism or autism spectrum disorders: 0.04%, mental illness leading to disability: 0.24%, visual disability: 0.39%, speech disability: 0.11%, intellectual disability: 0.14%, hearing disability: 0.19%, cerebral palsy: 0.06%, down syndrome: 0.03%, deaf-blindness: 0.10%, multiple disabilities: 0.26% and other disabilities: 0.05%). In the case of using assistive devices by the persons with disabilities, 18.47% use assistive devices as per their need.

Survey further shows that 9.71% of persons with disabilities have special types of sanitation facilities at home as per their need.

Among the children with disabilities, 40.55% are attending primary education and 24.36% secondary education.

Regarding employment, among only persons with disabilities age 15 to 65 years 27.21% have employment; 40.39% are males and 7.30 % are females.

Out of total persons with disabilities, 61.65% received general healthcare in three months preceding the survey, where 26.73% received from government health facilities, 71.60% from private facilities and 0.31% from NGO operated facilities.

Among the persons with disabilities, only 0.93% are involved in any kind of organization and 35.10% have registration and certificates from the proper authority. Again, 33.00% of persons with disabilities received disability allowances, while 46.50% any allowances/assistance any time.

According to the Washington Group on disability statistics module, 7.14% of the population have at least one functional difficulty; this proportion is 7.27% for males and 7.00% for females. Further, it is 7.30% in rural area and 6.57% in urban area.

CHAPTER-1

Introductory Notes and Concepts



Introductory notes and concepts

1.1. Background

The issues of persons with disabilities are being proactively considered for national planning and implementation. Many persons with disabilities do not have equal access to health care, education, and employment opportunities and required disability-related services in their everyday life activities. Disability is also an important development issue, most of the persons with disabilities experience worse socio economic outcomes and poverty than persons without disabilities do. If the persons with disabilities can be brought under the comprehensive development plan, a large portion of them will be able to earn a living and become skilled manpower as well as can live with confidence and dignity. After the birth of Bangladesh, there was a strong commitment on the human equality and respect against discrimination in the country's 1972 constitution.

The biggest achievement in the history of rights of persons with disabilities is the acknowledgement of 'disability' as a human variety by the Convention on the Rights of Persons with Disabilities (CRPD) which was ratified by the Government of Bangladesh on November 30, 2007. Based on CRPD, the government has passed Persons with Disability Rights and Protection Act, 2013 and Neuro-Developmental Disability Protection Trust Act, 2013. To this end, two more rules have been formulated in 2015. Besides, the National Action Plan was adopted in continuation of the implementation of the aforementioned laws and the charter.

Now-a-days, nearly 240 million children in the world have some forms of disability. This estimation is higher than previous figures and is based on a more meaningful and inclusive understanding of disability, which considers several domains of functioning, including those related to psychosocial well-being. Most of the children with disabilities have difficulties in just one functional domain. Psychosocial issues predominate at every age, in some cases in combination with other functional difficulties.¹

For the first time, Bangladesh Bureau of Statistics (BBS) conducted the National Survey on Persons with Disabilities (NSPD) throughout the country in 2021. The main objective of this survey was to estimate the prevalence of different types of disabilities/ difficulties among the people of Bangladesh, main causes of disability; the social and family acceptance of the persons with disabilities; the extent of the participation of persons with disability in employment, education and social activities; the contribution of the health service provider to the persons with disabilities or difficulties; the effect of disability on well-being and community participation, accessibility, victimization etc. and to provide data to researchers, planners, policy makers, academics etc. to formulate policies and programs for the development of the persons with disabilities or difficulties.

The data generated through this survey will play an important role in setting national priorities in the policies for the development of persons with disabilities and in formulating,

¹ Children with Disabilities Overviews, <https://data.unicef.org/topic/child-disability/overview/>

implementing and evaluating sustainable development plans. The data may be used as reference documents for various research and educational institutions and also may be assisted various divisions, departments or agencies of the ministries or NGOs and development partners of the Government in decision making for the development of persons with disabilities.

One of the major challenges relating to disability statistics is the way disability is measured. For producing the disability statistics, this survey has considered and adopted both Persons with Disability Rights and Protection Act, 2013 of Bangladesh as well as Washington Group on Disability Statistics model and definition.

1.1.1 Persons with Disability Rights and Protection Act, 2013

According to Persons with Disability Rights and Protection Act, 2013, 'Disability' is defined as long term or permanent physical, psychological, intellectual, developmental or sensory impairment of a person and the interaction of the perceptual and environmental barriers that hinders their full and effective participation in the society on an equal basis with others. This Act considers twelve types of disabilities, which include-Autism or autism spectrum disorders, Physical disability, Mental illness leading to disability, Visual disability Speech disability, Intellectual disability, Hearing disability, Deaf-blindness, Cerebral palsy, Down syndrome, Multiple disability and Other disability. The present survey has been designed to collect data and prepare the report considering the definition and types of disability stated in the Act, 2013.

1.1.2 The Washington Group (WG) on Disability Statistics

In 2001, the International Seminar on the Measurement of Disability was held in New York and formed the Washington Group (WG) on Disability Statistics, a UN city group under UN Statistical Commission. During the meeting, participants agreed that there was a need for common definitions, concepts, standards and methodologies for the production of statistics or estimates about persons with disabilities. In the past, definitions and methodologies for the collection of such data were also not consistent among United Nations' (UN) Member States, resulting in an inability to compare data.

Since its inception, the WG has developed and tested several tools to be used for the collection of internationally comparable disability data. It meets annually with representatives from a range of international statistical offices and non-governmental organizations. So far, products, developed by the WG, include a Short Set of Six Questions on Functioning designed primarily and also Extended Set of Questions on Functioning for census and surveys.

Priorities of the Washington Group

- Promote and coordinate international cooperation in the area of health statistics by focusing on disability measures suitable for censuses and national surveys.
- Provide basic necessary information on disability which is comparable throughout the world.
- Recommend one or more extended sets of survey items to measure disability to be used as components of population surveys or as supplements to specialty surveys.
- Questions Sets adopted by the Washington Group for the collection of internationally comparable disability statistics are given at Annexed.

1.1.3 Incheon Strategy to ‘Make the Right Real’ for Persons with Disabilities in Asia and the Pacific

The Incheon Strategy is composed of 10 interrelated goals, 27 targets and 62 indicators. The time frame for achieving the goals and targets is the Asian and Pacific Decade of Persons with Disabilities, 2013 to 2022. The 10 goals to make the right real for persons with disabilities in Asia and the Pacific are presented below.

Goal No.	Description
1.	Reduce poverty and enhance work and employment prospects
2.	Promote participation in political processes and in decision-making
3.	Enhance the access to the physical environment, public transportation, knowledge, information and communication
4.	Strengthen social protections
5.	Expand early intervention and education of children with disabilities
6.	Ensure gender equality and women’s empowerment
7.	Ensure disability-inclusive disaster risk reduction and management
8.	Improve the reliability and comparability of disability data
9.	Accelerate the ratification and implementation of the Convention on the Rights of Persons with Disabilities and the harmonization of national legislation with the Convention.
10.	Advance sub regional, regional and interregional cooperation

1.1.4 The Sustainable Development Goals (SDGs) and Disability

The United Nations (UN) General Assembly, in its 70th Session held on 25th September 2015, adopted the document titled "Transforming our World: the 2030 Agenda for Sustainable Development" consisting of 17 Sustainable Development Goals (SDGs) and associated 169 targets. The SDGs provide an international framework to move towards more equitable, peaceful, resilient, and prosperous societies. Countries are expected to take ownership and establish a national framework for achieving these goals. The 2030 Agenda also underscored the fact that quality, reliable and disaggregated data would be needed for measurement of progress on the targets and for ensuring that ‘Leave No One Behind’.

Disability is referenced in various parts of the SDGs and specifically in parts related to education, growth and employment, inequality, accessibility of human settlements, as well as data collection and monitoring of the SDGs, for instance:

Goal 4: on inclusive and equitable quality education and promotion of life-long learning opportunities for all focuses on eliminating gender disparities in education and ensuring equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities.

Goal 8: to promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all, the international community aims to achieve full and productive employment and decent work for all women and men, including for persons with disabilities, and equal pay for work of equal value.

Goal 10: which strives to reduce inequality within and among countries by empowering and promoting the social, economic and political inclusion of all, including persons with disabilities.

Goal 11: would work to make cities and human settlements inclusive, safe and sustainable. To realize this goal, Member States are called upon to provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, such as persons with disabilities.

Goal 17: stresses that in order to strengthen the means of implementation and revitalize the global partnership for sustainable development, the collection of data and monitoring and accountability of the SDGs are crucial. Member States would significantly increase the availability of high-quality, timely and reliable data that is also disaggregated by disability.

In order to achieve the SDGs, disability need to be mainstreamed into the implementation plan of SDGs and the international and national development programmes are needed to prioritize inclusive development.

Despite several global initiatives on strengthening the Disability Statistics, availability of reliable data on important indicators by disability is a major concern. Apart from the above-mentioned SDG indicators, several other SDG indicators require data disaggregation by disability. However, regular data flow on those indicators is one of the major challenges. Moreover, National Statistics Office (NSO), Bangladesh is taking several steps to bridge data gaps on disability statistics inter-alia by conducting large scale National Sample Surveys to collect data on certain important characteristics on disability.

1.2. Objectives of the survey

Main objective

- To collect necessary statistics for the development of the people with disabilities, employment connection with the main flow of development and provide them equal rights in all spheres of life.

Specific objectives

- i. To estimate the prevalence of different types of disabilities among the people of Bangladesh;
- ii. To assess the current incidence and main causes of disability as a physical and social phenomenon;
- iii. To assess the social and family acceptance of persons with disabilities;
- iv. To identify the extent of the participation of persons with disabilities in employment, education and social activities;
- v. To collect information on services provided to persons with disabilities;
- vi. To assess the contribution of the health service provider to the persons with disabilities;
- vii. To assess the effect of disability on well-being and community participation; and
- viii. To provide data to researchers, planners, policy makers, academics etc. to formulate policies for providing better health and other services to the persons with disabilities.

1.3 Sample design

National Household Survey on Persons with Disabilities (NSPD) 2021 is a population based cross-sectional survey. The NSPD has been designed to provide estimates for a large number of indicators related to disability at the national level, for urban and rural areas and for eight divisions.

To implement the survey, a total of 800 Primary Sampling Units (PSUs) was selected on the basis of the sampling frame (EAs) constructed from the Population and Housing Census 2011. A two-stage stratified random sampling technique has been adopted for this survey to draw a representative sample. In the first stage, 800 PSUs were selected from 8 divisions by following the method of probability proportional to size of the population.

A household listing and mapping operation was carried out in all the selected PSUs and the list of households, thus prepared, served as sampling frame for the selection of households in the second stage of selection. In the second stage, a fixed number of 45 households were systematically selected from each of the sampled PSUs (EAs) with an equal probability using a fractional interval technique. This yielded a total sample of 36,000 households. The NSPD sample has been constructed to allow for separate key indicators for each of the 8 divisions in Bangladesh as well as for urban and rural areas separately. This sample is not self-weighted therefore, all tables except those concerning response rates are produced based on weighted data.

Table1.0: Proportion of households and allocation of 800 PSUs

Division	Number of sampled households	Allocation of 800 PSUs based on proportion of households
Barishal	3,150	70
Chattogram	5,850	130
Dhaka	7,290	162
Khulna	4,185	93
Mymensingh	3,150	70
Rajshahi	4,950	110
Rangpur	4,275	95
Sylhet	3,150	70
Total	36,000	800

1.4. Methods of data collection

National Survey on Persons with Disabilities (NSPD) took advantages of Computer-Assisted Personal Interviewing (CAPI) system. The data collection application is based on the CSPro (Census and Survey Processing System) software, version 7.3, including a dedicated data management platform. The CAPI application was tested in one rural PSU from Keraniganj upazila and one urban PSU from Savar upazila of Dhaka district during October 1-5, 2021. Based on the results of the CAPI test, modifications have been made to the questionnaires and its application.

1.5. Questionnaire

National Survey on Persons with Disabilities (NSPD) used a long questionnaire which comprises fourteen (14) modules dividing into two parts e.g., household questionnaire and individual questionnaire. Household questionnaire was used to collect background information at the household level and also to screen persons with disabilities by type in the household for subsequent questions, water and sanitation, general healthcare and functioning in the individual questionnaire. Individual questionnaire was administered to the persons with disabilities who had been identified using the household questionnaire. Household questionnaire was used to collect background information of persons with disabilities, intensity of disability, early childhood development, education, employment, access, use of assistive devices, attitudes towards disability, health and general wellbeing, social protection and victimization.

1.6. Pretest

As a rehearsal of activities of the main survey fieldwork, a pretest activity of the survey was carried out in the selected areas. Before the pretest field work, a training was conducted for the pretest team. The pretest team comprised five supervising officers and ten data collectors. The pretest field work was conducted in Singair upazila of Manikganj district and Savar Pourasava of Dhaka district. Pretest provided feedback on questionnaire; interview

techniques; tested the IT equipment, data transfer and management processes and procedures. The findings of the pretest activities were reviewed and was incorporated into the questionnaire, IT procedures, training manuals and survey protocol.

1.7 Training

A total of 141 data collectors and 64 supervising officers were trained. The main survey training was conducted for 8 days during October 24-31, 2021. Training included lectures on understanding the contents of the questionnaires, interviewing techniques and the and mock interviews between trainees to gain practice in asking questions. Participants first completed full training on paper questionnaires, followed by training on the CAPI application. The trainees spent one day with paper questionnaires, one day with CAPI in both urban and rural locations of Dhaka district. Special lectures were arranged on understanding of the concepts, principles of disability, and its situation in Bangladesh.

1.8 Field work

Field work for the survey took place from November 1 to December 31, 2021. The data were collected by 71 teams; each was comprised of two data collectors and one local supervising officer. All teams were deployed in the field simultaneously in all eight divisions of the country. Data were collected using tablet computers running the Windows 10 operating system, utilizing a Bluetooth application for field operations, enabling transfer of assignments and completed questionnaires between supervisor and interviewer tablets. The field teams were provided feedbacks daily using WhatsApp messages and phone calls.

1.9 Field quality control and quality assurance measures

The IT Team ensured appropriately CAPI programmed questionnaire in the handheld devices. The quality of the CAPI programming was ensured using appropriate pre-coded answers and optional answers, programmed skip pattern without any duplication, call back registry and time and duration of data collection. Throughout the fieldwork, Field Check Tables (FCTs) were produced weekly for analysis and action with field teams.

Field supervising officers were adequately trained on the fieldwork and ensured the quality data through their active vigilance in the field. The supervising officers ensured the required logistics, communication with the local authorities, and supervised enumerators and observed the interviews.

Statistics and Informatics Division (SID), BBS Headquarters, field office personnel and survey management team members made multiple visits to the field and oversaw the data collection. They observed the procedure of interview, data collection and data sending to ensure adherence to the protocol for the survey.

1.10 Data management, editing and analysis

Data were received at the central office of Bangladesh Bureau of Statistics (BBS) via the drop box system integrated into the management application on the data collectors' tablets. Whenever logistically possible, synchronization was made almost every day. The central office communicated application updates to field teams through this system.

During data collection and following the completion of fieldwork, data were edited according to editing process described in detail in the guidelines for primary and secondary editing.

Data were analyzed using the Statistical Package for Social Sciences (SPSS) software, version 23 and STATA software version 16. Syntax for data analysis and tabulation plan was developed by BBS.

CHAPTER-2

Sample Coverage and Characteristics of Respondents



Sample coverage and characteristics of respondents

This chapter deals with the sample coverage and response rates, household and housing characteristics of the survey respondents, age structure of household population, household by electricity facility, internet facility, construction materials of houses, source of drinking water and sanitation facilities etc.

2.1 Household interview and responses

Table 2.1. shows the sample implementation outcomes including response rates. Out of 36,000 households in the sample, 35,494 were occupied. With a household completion rate of 98.50 percent and a response rate of 99.90 percent, 35,462 people were successfully interviewed.

Table 2.1: Number of sampled, interviewed households and household completion and response rates by area and division

	Total	Area		Division							
		Rural	Urban	Barishal	Chattogram	Dhaka	Khulna	Mymensingh	Rajshahi	Rangpur	Sylhet
Households											
Sampled	36,000	28,261	7,739	3,150	5,850	7,290	4,185	3,150	4,950	4,275	3,150
Occupied	35,494	27,887	7,607	3,122	5,749	7,150	4,131	3,124	4,899	4,221	3,098
Interviewed	35,462	27,869	7,593	3,122	5,749	7,142	4,128	3,112	4,893	4,220	3,096
Household completion rate	98.50	98.60	98.10	99.10	98.30	98.00	98.60	98.80	98.80	98.70	98.30
Household response rate	99.90	99.90	99.80	100.00	100.00	99.90	99.90	99.60	99.90	100.00	99.90

2.2. Housing and household characteristics

Table 2.2. provides information on housing characteristics by area, including if the residence has electricity, whether there is internet connection, the primary materials used for floors, roofs, and external walls, and the number of sleeping rooms.

Table 2.2: Percentage distribution of households having selected housing characteristics by area of residence

Indicators	Total	Area	
		Rural	Urban
Electricity			
Interconnected grid	96.94	96.19	99.44
Off-grid	1.83	2.33	0.15
No	1.22	1.47	0.41
Missing/Don't know	0.01	0.01	0.00
Internet access at home			
Yes	57.43	53.84	69.41
No	42.56	46.14	30.58
Missing/Don't know	0.02	0.02	0.01
Main material of flooring			
Earth /sand	54.38	64.68	19.91
Wood/bamboo	0.70	0.73	0.61
Brick-cement	41.86	33.38	70.21
Ceramic tiles/mosaic	3.06	1.21	9.27

Indicators	Total	Area	
		Rural	Urban
Main material of roof			
Straw/bamboo/polythene/plastic/canvas	0.57	0.61	0.42
Tin (ci seat)	81.16	87.34	60.52
Tiles/terracotta tile	0.51	0.61	0.19
Brick-cement	17.76	11.44	38.88
Main material of exterior walls			
Straw/bamboo/polythene/plastic/canvas	3.91	4.50	1.94
Mud/raw bricks	7.31	8.81	2.30
Tin (ci seat)	44.33	50.07	25.12
Wood	1.54	1.68	1.04
Brick-cement	42.92	34.94	69.60
Ownership of dwelling households			
Own	84.33	93.71	52.99
Rented	12.74	3.47	43.74
Without rent	2.06	2.10	1.90
Others	0.87	0.73	1.36
Rooms used for sleeping			
1	25.56	24.15	30.28
2	41.54	42.09	39.69
3 or more	32.9	33.76	30.03
Mean number of persons per room used for sleeping	2.20	2.10	2.30
Percentage of household members with access to electricity in the household¹	99.00	98.82	99.61

2.3. Age and sex structure of household population

Table 2.3. shows the survey population's weighted age and male and female distribution. A weighted total of 155,035 household members are listed in the households successfully interviewed in the survey. Among them, there are 77,622 males and 77,407 females. The number of children age under 5 years is 14,658, number of children age 5-17 years is 39,511 and the number of people aged 18 or above is 100,866.

Table 2.3: Age-sex distribution of household population

	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Total	77,622	100.0	77,407	100.0	155,035	100.0
Age Group						
0-4	7,452	9.60	7,205	9.30	14,658	9.50
5-9	7,316	9.40	7,126	9.20	14,442	9.30
10-14	8,066	10.40	7,662	9.90	15,728	10.10
15-19	8,396	10.80	7,941	10.30	16,337	10.50
15-17	5,014	6.50	4,327	5.60	9,341	6.00
18-19	3,382	4.40	3,614	4.70	6,996	4.50
20-24	6,659	8.60	7,063	9.10	13,723	8.90
25-29	5,758	7.40	6,668	8.60	12,426	8.00
30-34	5,090	6.60	5,720	7.40	10,812	7.00
35-39	5,632	7.30	6,192	8.00	11,824	7.60

	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
40-44	4,521	5.80	4,376	5.70	8,898	5.70
45-49	4,028	5.20	4,174	5.40	8,202	5.30
50-54	3,429	4.40	3,525	4.60	6,954	4.50
55-59	3,260	4.20	3,244	4.20	6,505	4.20
60-64	2,927	3.80	2,481	3.20	5,408	3.50
65-69	2,335	3.00	1,862	2.40	4,197	2.70
70-74	1,414	1.80	1,001	1.30	2,415	1.60
75-79	639	0.80	522	0.70	1,161	0.70
80+	700	0.90	645	0.80	1,345	0.90
Child and adult populations						
Children age under 5 years	7,452	9.60	7,205	9.30	14,658	9.5
Children age 0-1 years	2,839	3.70	2,758	3.6	5,597	3.6
Children age 2-4 years	4,613	5.90	4,448	5.70	9,061	5.8
Children age 5-17 years	20,396	26.30	19,115	24.70	39,511	25.5
Adults age 18+ years	49,774	64.10	51,087	66.00	100,866	65.1

2.4. Source of drinking water

WASH (safe drinking water, sanitation, and hygiene) is universally recognized as a human right and is essential for good health, wellbeing, and efficiency (UNGA, 2010, UNHRC, 2015). Diseases include cholera, diarrhoea, dysentery, hepatitis A, typhoid, and polio are spread mostly due to insufficient WASH. The SDG objectives for drinking water are even more comprehensive than the MDGs, aiming for universal access to basic services (SDG 1.4) and universal access to well-managed services (SDG 1.6). (SDG 6.1).

Table 2.4 presents the population distribution by primary source of drinking water. Those who use any of the following forms of water supplies, are considered as improved sources of drinking water: piped water, tube wells/boreholes, protected wells/springs, rainwater collecting, water kiosks, and bottled water. Data show that 99.25 percent of the sampled households use drinking water from improved sources; it is 99.80 percent in urban area and 99.10 percent in rural area.

Table 2.4: Percentage distribution of household population using improved and unimproved sources of drinking water

	Sources	Total	Urban	Rural
Improved sources	Piped water	9.84	38.24	1.35
	Tube Well	88.01	59.41	96.57
	Protected well	0.13	0.10	0.15
	Protected spring	0.08	0.00	0.10
	Rain water collected	0.56	0.33	0.63
	Water Tanker Truck	0.08	0.11	0.07
	Bottled water	0.55	1.62	0.24
Unimproved sources	Unprotected well	0.05	0.00	0.07
	Unprotected spring	0.02	0.00	0.02
	Pond	0.57	0.15	0.70
	River/Canal	0.03	0.00	0.04
	Others	0.06	0.05	0.07
% using improved sources		99.25	99.80	99.10

2.5. Sanitation

Diarrhoea, as well as parasite infections such as soil transmitted helminths, are linked to improper waste management and poor personal hygiene. Improved sanitation and hygiene can reduce diarrhoea by more than a third (Cairn cross *et al.*, 2010), as well as the health effects of soil-transmitted helminth infection and a variety of other neglected tropical illnesses that afflict over 1 billion people globally (WHO, 2015)

The SDG objectives of sanitation are aiming for universal access to basic services (SDG 1.4) and universal access to properly managed services (SDG 1.6). (SDG 6.2).

The population using improved and unimproved sanitation is shown in Table 2.5. The table reveals that 92.29 percent of the population use improved sanitation facilities. The rate is slightly higher in urban area (94.05%) than in rural area (91.78%).

Table 2.5: Percentage distribution of population using improved and unimproved sanitation facilities

		Total	Urban	Rural
Improved sanitation facilities	Piped Sewer system	7.37	29.32	0.81
	Septic tank	26.06	36.62	22.91
	Flash to Pit latrine	18.69	13.07	20.37
	Slab Pit latrine	40.14	15.03	47.66
	Composting	0.03	0.01	0.03
Unimproved sanitation facilities	Flash to open drain	2.26	4.3	1.65
	Without Slab Pit latrine	3.67	1.13	4.43
	Open drain	1.12	0.41	1.33
	Hanging toilet	0.56	0.06	0.71
	Bush/Field	0.09	0.04	0.1
% using improved sanitation facility		92.29	94.05	91.78

CHAPTER-3

Disability



Disability

This chapter deals with persons with disabilities according to Persons with Disability Rights and Protection Act, 2013. This includes disability prevalence, disability by its type and use of assistive devices by the persons with disabilities etc.

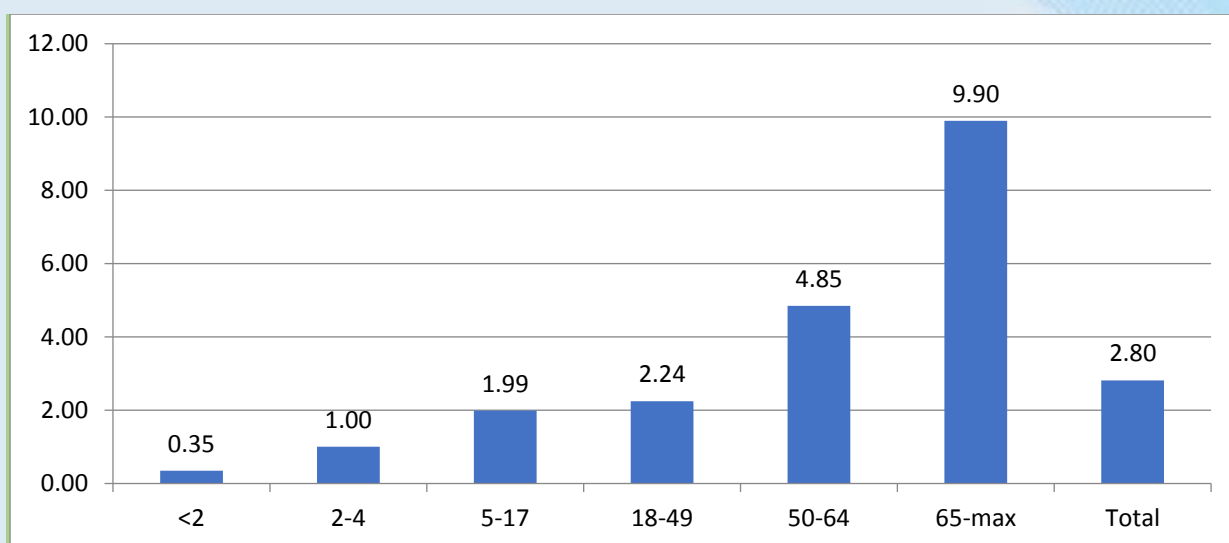
3.1. Prevalence of disability

The survey shows that 2.80 percent of Bangladeshi population are living with disabilities, this percentage is 3.29 for males and 2.34 for females. Disability is higher in rural area with 2.92 percent than in urban area with 2.45 percent. Among children age 0-4 years, only 0.87 percent have disability, whereas this rate is 9.90 percent among people age 65 years and above (Table 3.1 and Figure 3.1.1). It is seen from the table that older people become more prone to have disabilities. By division, Khulna has the highest percentage of persons with disability (3.61%) and Sylhet has the lowest (2.28%) (Table 3.1).

Table 3.1: Percentage of people with at least one disability by sex

	Both	Sex of respondents	
		Male	Female
Total	2.80	3.29	2.34
Age			
0-4	0.87	0.96	0.76
5-17	1.99	2.27	1.68
18-49	2.24	2.81	1.71
50-64	4.85	5.55	4.11
65+	9.90	9.67	10.18
Area			
Rural	2.92	3.45	2.38
Urban	2.45	2.71	2.18
Division			
Barishal	2.44	2.79	2.07
Chattogram	2.41	2.81	2.01
Dhaka	2.53	3.04	1.99
Khulna	3.61	4.27	2.93
Mymensingh	2.43	2.71	2.16
Rajshahi	3.35	3.75	2.95
Rangpur	3.54	4.09	2.98
Sylhet	2.28	2.77	1.77

Figure 3.1.1: Percentage of persons with disabilities by age group



3.2. Prevalence of disabilities by type

As per the Bangladesh Act 2013² disability means the long-term or permanent disability of a person due to any cause, physical or mental, intellectual, developmental or sensory impairment or the adverse effect of attitudes and environmental barriers towards that person, which hinders the person to participate fully and effectively in the society on equal basis. According to this law, disability has its twelve categories or domains: autism or autism spectrum disorder, physical disability, mental illness disability, visual impairment, speech impairment, intellectual disability, hearing impairment, cerebral palsy, down syndrome, hearing-speech impairment, multidimensional disability and other types of disability².

Table 3.2 presents distribution of persons with disabilities by type of disability. Physical disability is the more common form of disability than any other in Bangladesh, as 1.19 percent of the population have physical disability. The second most common type is visual disability (0.39%), followed by multiple disability (0.26%) and hearing disability (0.19%). For every type of disability, males show higher prevalence rates than females. For example, 1.49 percent of males have physical disability, which is 0.90 percent for females.

Table 3.2: Percentage of persons with disabilities by types of disabilities

Government defined categories of disability	Both	Sex of respondents	
		Male	Female
Total persons with at least one type of disability	2.80	3.29	2.34
Disability by category			
Autism or autism spectrum disorders	0.04	0.05	0.03
Physical disability	1.19	1.49	0.90
Mental illness leading to disability	0.24	0.28	0.19
Visual disability	0.39	0.43	0.37
Speech disability	0.11	0.14	0.09
Intellectual disability	0.14	0.16	0.12

² Persons with Disability Rights and Protection Act, 2013

Government defined categories of disability	Both	Sex of respondents	
		Male	Female
Hearing disability	0.19	0.19	0.20
cerebral palsy	0.06	0.07	0.06
Down syndrome	0.03	0.04	0.03
Deaf-blindness	0.10	0.01	0.01
Multiple disability *	0.26	0.38	0.30
Other disability	0.05	0.06	0.03
Persons with no disability	97.20	96.71	97.66

*A person with multiple disabilities refers to a person who have more than one disability. Note that if the person has deaf-blindness and no other disabilities, he/she will not be included in the category of multiple disabilities. But if the person has deaf-blindness along with any other disabilities, he/she is treated as a person with multiple disability.

3.3. Use of assistive devices

Table 3.3 presents the distribution of persons with disabilities who use assistive devices and who do not use assistive devices with reasons for not using those. Data show that 18.47 percent of persons with disabilities use assistive devices, that is, 81.53 percent do not use such devices. The percentage is higher among males than among females and higher in urban area than in rural area. Division level variations show that Barishal has the highest rate of using assistive devices comparing with other divisions. Among the persons with disabilities who do not use assistive devices, 24.42 percent do not use due to the cost, 13.76 percent for lack of family support and 11.65 percent for negative attitudes towards the devices.

Table 3.3: Percentage of people with disabilities using and not using assistive devices and reasons for not using assistive devices

	Using assistive devices	Not using assistive devices as per need	Reasons for not using assistive device					
			Cost of assistive devices	Negative attitude towards assistive devices	Lack of family support	Lack of infrastructural accessibility to assistive device services	Other	Not feel necessary
Total	18.47	81.53	24.42	11.65	13.76	4.54	3.03	59.38
Sex								
Male	19.50	80.50	22.14	10.55	11.73	4.06	2.75	63.71
Female	17.09	82.91	27.63	13.21	16.58	5.21	3.43	53.28
Area								
Rural	17.88	82.12	24.75	11.24	14.16	4.64	3.00	59.40
Urban	20.93	79.07	22.98	13.41	12.02	4.12	3.16	59.30
Division								
Barishal	22.00	78.00	25.76	10.13	9.80	3.79	2.40	57.61
Chattogram	21.90	78.10	21.15	5.21	7.62	2.33	2.74	66.75
Dhaka	16.63	83.37	24.31	10.43	15.66	3.84	3.35	57.55
Khulna	19.73	80.27	18.21	12.10	8.83	2.26	3.64	62.17
Mymensingh	16.51	83.49	14.11	10.14	11.15	6.50	1.93	64.52
Rajshahi	19.16	80.84	25.03	13.54	22.00	2.86	2.63	54.85
Rangpur	14.81	85.19	34.46	20.38	17.01	10.76	3.30	56.24
Sylhet	19.97	80.03	32.31	7.25	9.79	4.49	3.50	55.49



CHAPTER-4

Education and Employment Status of Persons with Disabilities



Education and employment status of persons with disabilities

This chapter deals with early childhood education and primary and secondary educational status of children with disabilities. In addition, the chapter presents persons with disabilities' employment status and types of their employer/organization.

4.1 Early childhood education among children with disabilities

Participation in the early childhood education programmes or pre-school can help children becoming more prepared for primary school than those who have no pre-school or early childhood education. The Government of Bangladesh (GoB) has pledged to offer one year of free Pre Primary Education (PPE) at government primary schools to all children age up to five. Almost all government primary schools and almost all newly nationalized primary schools currently provide a year of free Pre Primary education. Many a private kindergarten, madrasahs, and non-governmental organizations (NGOs) run non-formal schools provide pre-primary education around the country.

Figures 4.1.A. and 4.1.B. demonstrate percentages of children with disabilities age 3-5 years who attend early childhood education. Only 8 percent of them attend early childhood education, where the girls' participation is 5.39 percent being lower than the boys' participation (9.39%). The participation rate is higher in rural area (8.70%) than in urban area (6.01%).

Figure 4.1.A: Percentage of children with disabilities attending early childhood education by sex

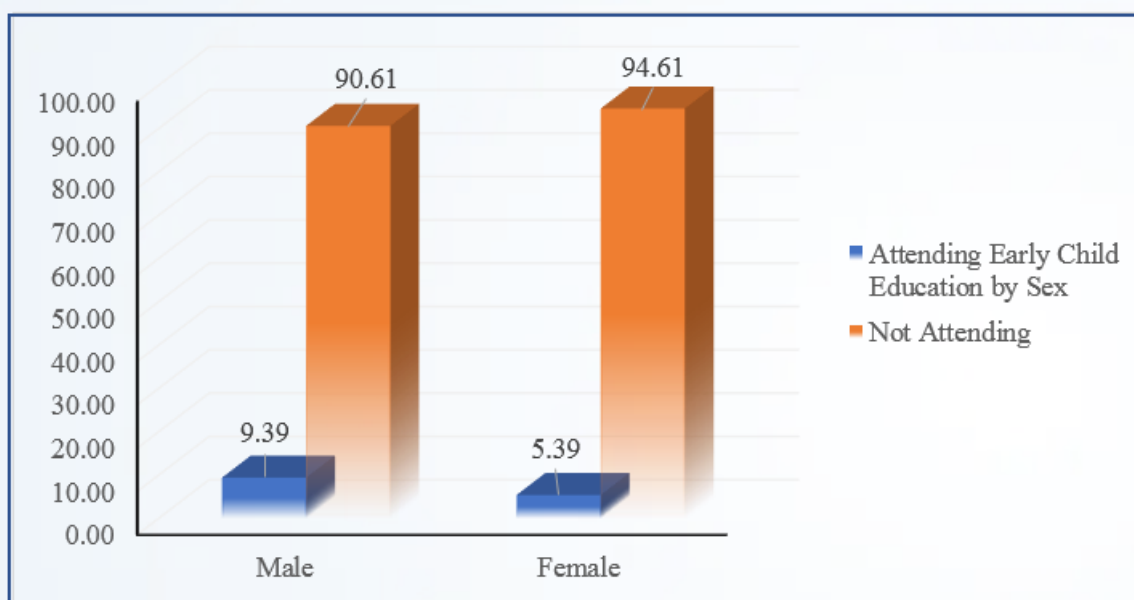
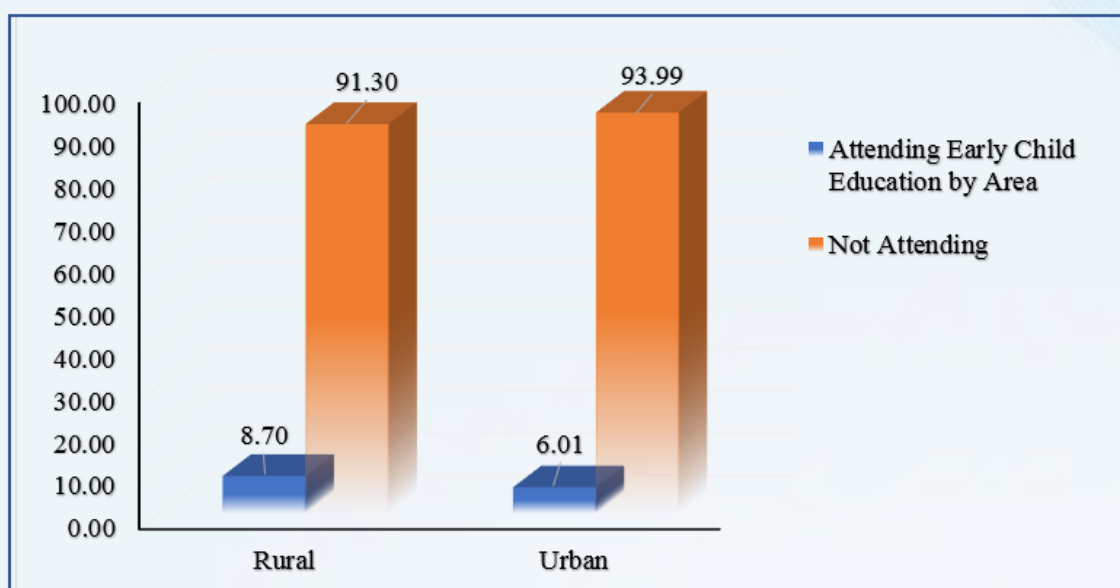


Figure 4.1.B: Percentage of children with disabilities attending early childhood education by area of residence



4.2. Primary and secondary education among children with disabilities

The 2030 Agenda for Sustainable Development Goals (SDGs) has a goal of ensuring that all girls and boys finish primary and secondary education. Ending poverty, empowering women, economic growth, safeguarding children from hazardous and exploitative labor, sexual exploitation, supporting human rights and democracy, preserving the environment, and influencing population growth all require education.

Children in Bangladesh begin primary education at the age of six, lower secondary school at the age of eleven, and upper secondary school at the age of fourteen. Primary school has five grades and lower secondary school has three. Class 1 to class 5 are the grades in primary school. Class 6 to class 8 refer to lower secondary school grades, whereas class 9 to class 10 refer to upper secondary school grades. Secondary school, often known as class 6 to class 10, is a mix of lower secondary and upper secondary classes. Bangladesh also offers a level of education known as higher secondary school, which includes grades ranging from class 11 to class 12.

Table 4.2. shows the attendance rate of children with disabilities of primary school age. Data show that 40.55 percent of children with disabilities age 6-10 years (primary school age) are attending primary school; the percentages are very close between male and female children (40.47% and 40.66% respectively) and children in urban and rural areas (40.42% and 40.59% respectively). Sylhet division has a promising situation compared to other divisions, as 65.39 percent of children in Sylhet are attending primary education; while Chattogram division shows a worst situation in this respect (29.27% of children attending primary school).

Survey further shows that 24.36 percent of children with disabilities age 11-16 years are attending secondary school. This percentage is 22.67 percent for male children and 26.64

percent for female children. Moreover, this percentage is 20.73 percent for urban children and 25.23 percent for rural children (Table 4.2)

Table 4.2: Distribution of children with disabilities in primary and secondary education

	Primary			Secondary		
	Attending	Not Attending	Number of children with disabilities aged 6-10 years	Attending	Not Attending	Number of children with disabilities aged 11-16 years
Total	40.55	59.45	291	24.36	75.64	378
Sex						
Male	40.47	59.53	169	22.67	77.33	215
Female	40.66	59.34	122	26.64	73.36	163
Area						
Rural	40.59	59.41	228	25.23	74.77	313
Urban	40.42	59.58	63	20.73	79.27	65
Division						
Barishal	33.95	66.05	18	11.3	88.7	34
Chattogram	29.27	70.73	41	24.08	75.92	58
Dhaka	38.35	61.65	57	18.48	81.52	69
Khulna	42.23	57.77	33	32.54	67.46	44
Mymensingh	45.14	54.86	35	18.42	81.58	29
Rajshahi	35.49	64.51	35	28.69	71.31	51
Rangpur	45.57	54.43	39	35.53	64.47	59
Sylhet	65.39	34.61	33	14.8	85.2	34

4.3. Employment status of persons with disabilities

Most of the persons with disabilities remain excluded from mainstream national development initiatives due to negative attitudes and practices perpetuated by poverty. The employment sector is one of the primary development components where persons with disabilities are widely excluded. Employment of people with disabilities in a good and sensible environment with equal opportunity and can enable economic independence and help to alleviate poverty.

Survey (Table 4.3) shows that 27.21 percent of persons with disabilities are employed. By sex, out of persons with disabilities, 40.39 percent males and 7.30 percent females are employed. Percentage of persons with disabilities in employment is higher in rural area than that in urban area (28.19% vs. 23.00%). Persons with disabilities from Rajshahi (32.55%) have highest employment comparing those from other divisions (19.78%-31.23%).

Table 4.3: Percentage of persons with disabilities age 15-65 years by employment

	Employed	Not in employment
Total	27.21	72.71
Sex		
Male	40.39	59.48
Female	7.30	92.70
Area		
Rural	28.19	71.76
Urban	23.00	76.80
Division		
Barishal	30.14	69.86
Chattogram	27.12	72.63
Dhaka	26.43	73.39
Khulna	31.23	68.77
Mymensingh	23.26	76.74
Rajshahi	32.55	67.45
Rangpur	22.32	77.68
Sylhet	19.78	80.22

4.4. Employment status by types of employer/organization

The SDG-8 aims to promote full and productive employment for all men and women, including persons with disabilities. While SDG-10 focuses on eliminating disparities, inequity within and between countries remains a major concern, notwithstanding efforts and progresses are in place towards closing the gap (United Nations, 2015).

The NSPD shows that out of employed persons with disabilities, majority are self-employed (54.94%). In urban area, the percentage is 47.59 percent, while in rural area this is 56.15 percent. By sex, 63.01 percent females and 53.15 percent males are self-employed. Other notable employers include households as employer (18.32%), non-government/private organizations (16.34%) and others (6.66%). A similar pattern with respect to the nature of employer exists between areas of residence and sex of persons with disabilities.

Table 4.4: Percentage of persons with disabilities age 15-65 years in employment by type of employer/organization

	Employers/organization								
	Government	Autonomous	Local Government	NGO	Households (as employer)	Government project work	Non-Government/Private	Self-Employed	Others
Total	1.56	0.92	0.32	0.64	18.32	0.30	16.34	54.94	6.66
Area									
Rural	1.10	0.96	0.13	0.61	18.13	0.34	15.27	56.15	7.31
Urban	4.40	0.72	1.47	0.80	19.48	0.00	22.82	47.59	2.72
Sex									
Male	1.62	0.93	0.38	0.49	17.85	0.35	17.66	53.52	7.20
Female	1.26	0.00	0.00	1.48	21.27	0.00	9.21	63.01	3.77

CHAPTER-5

Accessibility to Health Services and Social Protection



Accessibility to health services and social protection

This chapter deals with persons with disabilities' access to healthcare, special type of toilet facility at home, their participation in social/religious activities, involvement in any kind of organization, having disability registration and receipt of disability allowances, having any type of insurance, receipt of disability allowances and other allowances from Social Safety Net Programmes (SSNPs) of the government. In addition, this chapter discusses finding related to victimization of persons with disabilities, their feeling of having been discriminated against or harassed by type of persons/groups being responsible for discrimination or harassment in the past 12 months before the survey. Finally this chapter provides information on persons with disabilities' experiences of COVID-19 and persons with disabilities and general people's receipt of healthcare services by type of health facility where from they received services.

5.1. Persons with disabilities' access to health services

Persons with disabilities may have a range of medical and non-medical requirements. But individuals are at a higher risk of obtaining poorly planned, substandard treatment in the present facility-directed healthcare system. This is particularly troublesome for the people with disabilities, as they confront a variety of obstacles to accessing high-quality healthcare, ranging from structural (e.g., physical access to doctors' service points) to procedural (e.g., difficulty in scheduling appointments, problems in obtaining insurance coverage) (Hwang *et al.*, 2009). The NSPD provides information on persons with disabilities' access to special type of sanitation facility at home for their use and having opportunities to receive regular healthcare services in three months preceding the NSPD.

The survey reveals that 61.65 percent persons with disabilities received regular healthcare in three months preceding the NSPD. This percentage is very close among male and female persons with disabilities (60.74% and 62.75% respectively). Urban persons with disabilities had a bit higher opportunity of receiving healthcare (66.16%) than their rural counterparts (60.57%) during the mentioned period. Further, persons with disabilities from Sylhet division showed the highest accessibility to healthcare (72.21%), whereas those from Dhaka division demonstrated the least accessibility (54.72%) (Table 5.2).

Table 5.1: Percentage of persons with disabilities receiving general healthcare in three months preceding the survey

	Received regularly healthcare in last 3 months
Total	61.65
Sex	
Male	60.78
Female	62.75
Area	
Rural	60.57
Urban	66.16
Division	
Barishal	63.50
Chattogram	67.32
Dhaka	54.72
Khulna	62.66
Mymensingh	55.85
Rajshahi	59.19
Rangpur	65.94
Sylhet	72.21

5.2. Special type of sanitation facilities at home

Persons with disabilities are often the most socially disadvantaged people, where the majority lack access to basic sanitary facilities, for which they need a special type. Special sanitation facility, which is convenient for persons of disabilities' use is important for persons with disabilities when living with a disability at home. General people have different abilities to navigate or support a person with disability in usual mobility and activities based on his/her limitations. It is critical to treat every disabled person with decency and security when using toilets.

The NSPD assessed persons with disabilities status with respect to having special type sanitation facilities at home for their use. Data show that only 9.71 percent persons with disabilities have special type of sanitation facilities at their home. Females (11.77%) have more access to special type of toilet facilities than males (8.18%). However, the prevalence is almost same across urban and rural areas. Division level variations suggest that 17.11 percent persons with disabilities from Chattogram have special type of toilets. It is only 4.20 percent in Rangpur and 6.27 percent in Rajshahi indicating availability of very limited special toilet facilities there.

Table 5.2: Percentage of persons with disabilities having special type of toilet facility at home as per their need

	Having special type of toilet facility at home as per their need
Total	9.71
Sex	
Male	8.18
Female	11.77
Area	
Rural	9.68
Urban	9.85

	Having special type of toilet facility at home as per their need
Division	
Barishal	12.69
Chattogram	17.11
Dhaka	7.33
Khulna	11.86
Mymensingh	13.69
Rajshahi	6.27
Rangpur	4.20
Sylhet	8.90

5.3. Participation in social or religious activities

Participation is defined by the World Health Organization's International Classification of Functioning, Disability and Health (ICF) as involvement in life circumstances (WHO, 2001). Participating, getting included or involved in an area of life, being accepted, or having access to essential facilities, all bear meaning of "involvement." Other significant outcome measures, such as quality of life, social functioning, and health, are also linked to community engagement or participation. Depressive symptoms, functional limitations, morbidity, and death are all attributed to the absence of community involvement (Ahern & Hendryx, 2008). Among the persons with disabilities in Bangladesh, 61.60 percent participated in social activities and 65.19 percent participated in religious activities in six months prior to the NSPD (Table 5.3). In both cases, males had higher participation (65.55% and 73.12% respectively) than females (56.16% and 54.24% respectively). Also, urban persons with disabilities had more involvement in social and religious activities than their rural counterparts. Sylhet division had the highest participation in both types of activity (68.94% and 72.66% respectively), whereas Khulna had the lowest (54.23% and 59.08% respectively).

Table 5.3: Percentage of people with disabilities participated in social/religious activities in six months preceding the survey

	Percentage of persons with disabilities participated in:	
	Social activities	Religious activities
Total	61.60	65.19
Sex		
Male	65.55	73.12
Female	56.16	54.24
Area		
Rural	62.70	66.89
Urban	57.03	58.14
Division		
Barishal	60.83	61.39
Chattogram	58.59	61.30
Dhaka	66.77	67.73
Khulna	54.23	59.08
Mymensingh	59.65	60.29
Rajshahi	63.96	70.40
Rangpur	59.89	66.70
Sylhet	68.94	72.66

5.4. Persons with disabilities' involvement in any kind of organization

Organizations for persons with disabilities, at all levels, serve as a mechanism for mutual assistance and solidarity for them. Persons with disabilities who are members of these organizations realize that they share a common goal: to promote their right to live as citizens in society. This shared goal fosters sentiments of support and camaraderie for a common cause. Person with disabilities can share their views and knowledge through organizations. These organizations also raise public consciousness of the problems, goals, and talents of person with disabilities. These groups serve numerous roles at the local, nationwide and worldwide levels for disabled persons, governments, service providers and the general public. In many circumstances, organizations for persons with disabilities are the greatest vehicle for carrying out the objectives of persons with disabilities.

Only 0.93 percent of persons with disabilities are engaged in organizations working for persons with disabilities. The involvement is slightly higher among males (1.07%) than among females (0.73%). Further, persons with disabilities in urban area demonstrated a bit higher engagement (1.48%) than those in rural area (0.8%). Involvement in such organizations is relatively high in Chattogram division (1.89%) as compared to other divisions (0.22% to 1.36%).

Table 5.4: Percentage of persons with disabilities or their household member's involvement in any kind of organization for persons with disabilities by type of organization

	Involvement in any kind of organization for persons with disabilities
Total	0.93
Sex	
Male	1.07
Female	0.73
Area	
Rural	0.80
Urban	1.48
Division	
Barishal	0.63
Chattogram	1.89
Dhaka	0.22
Khulna	0.83
Mymensingh	1.13
Rajshahi	1.36
Rangpur	0.75
Sylhet	0.51

5.5. Disability registration and disability allowances

The Disability Certificate is a legal document that proves a person's disability. Pensions, reservations in many fields, free education, insurance, healthcare, and rehabilitation are all available to those with disabilities. The most significant barrier to pursuing this advantage is a lack of awareness and understanding of certificate benefits, as well as a lack of understanding of how to receive the certificate.

A little over one third (35.10 percent) of the persons with disabilities have reportedly certificates of registration with proper authority where 29.10 percent showed certificates and 6 percent could not show. A slightly higher percentage of males (37.00 percent) than that of females (32.50 percent) reported to have certificates, where males are more likely than females to have showed certificates. Higher proportions of persons with disabilities in rural area than those in urban area have showed certificates of registration. Barishal and Sylhet divisions have higher share of persons with disabilities who have registration.

Table 5.5: Percentage of persons with disabilities having registration and getting disability allowances

	Percentage of persons with disabilities registered with proper authorities:			
	Seen	Not seen	No certificate	Have certificate
Total	29.10	6.00	64.30	35.10
Sex				
Male	30.80	6.20	62.50	37.00
Female	26.60	5.80	66.70	32.50
Area				
Rural	30.20	5.80	63.30	36.00
Urban	24.40	6.80	68.40	31.20
Division				
Barishal	37.00	6.90	55.60	43.80
Chattogram	27.90	8.80	62.60	36.60
Dhaka	25.50	5.80	68.20	31.30
Khulna	30.70	6.10	62.50	36.70
Mymensingh	25.50	5.40	68.30	30.80
Rajshahi	31.00	7.40	60.90	38.40
Rangpur	27.80	2.00	69.90	29.80
Sylhet	38.20	5.80	54.90	44.10

5.6. Disability allowances and other allowances from Social Safety Net Programmes of the government

The government of Bangladesh is providing disability allowance to persons with disabilities in order to fulfill the following constitutional and legal obligations: socioeconomic development of indigent persons with disabilities; bringing people with disabilities under the social security program; providing monthly allowances for persons with disabilities selected by appropriate authorities based on specific policies; and inclusion of people with disabilities in the National Action Plan following Persons with Disability Rights and Protection of Act, 2013.

Nation worldwide use a variety of safety net programs, including monetary transfers, public works, and incentive systems. The government of Bangladesh also spends huge resources for the implementation of a wide range of social projects. The NSPD assessed status of persons with disabilities with respect to getting benefits of similar social safety net programmes in Bangladesh.

Table 5.6 shows that 46.50 percent of persons with disabilities received any allowance or assistance in any time and 42.50 percent in six months preceding the survey. Further, 33.00 percent of them received disability allowance in any time and 30.70 percent in six months before the survey. Area variations show a little higher percentage of persons with disability in rural area compared to those in urban area who received benefits under the government's social safety net programme in any time or in six months preceding the survey. Division level variations indicate that, disability allowance in Barishal and Sylhet and any allowance in Mymensingh and Barishal in any time and in the past six months are relatively high compared to those in other divisions.

Table 5.6: Percentage of persons with disabilities receiving allowances any time or within six months of interview

	Got disability allowances			Got any allowances		Not got any allowances
	Got disability allowances any time	Got disability allowances within 6 months	Did not received disability allowances in last 6 months	Got any allowances/ assistance any time	Got any allowances/ assistance within 6 months	Did not get any allowances in last 6 months
Total	33.00	30.70	69.30	46.50	42.50	57.50
Sex						
Male	34.20	32.00	68.00	45.60	41.70	58.30
Female	31.20	28.90	71.10	47.70	43.60	56.40
Area						
Rural	34.00	31.80	68.20	48.10	44.30	55.70
Urban	28.40	25.50	74.50	38.80	34.20	65.80
Division						
Barishal	39.70	36.80	63.20	50.60	47.40	52.60
Chattogram	33.50	31.70	68.30	45.30	42.70	57.30
Dhaka	29.20	26.50	73.50	39.80	34.80	65.20
Khulna	33.20	31.30	68.70	47.10	43.60	56.40
Mymensingh	35.90	33.80	66.20	54.10	50.30	49.70
Rajshahi	34.90	32.30	67.70	49.50	45.20	54.80
Rangpur	26.40	25.20	74.80	44.40	40.00	60.00
Sylhet	38.30	34.60	65.40	48.10	43.40	56.60

5.7. Persons with disabilities having any type of insurance

In modern time, the insurance idea has become increasingly valuable all over the world. There is different type of insurances such as life insurance, health insurance, education insurance etc. which can safeguard the life of person with disabilities. However, insurance awareness is very poor in Bangladeshi population. The NSPD presents persons with disabilities' status regarding having insurance of any kind. Survey shows that, in Bangladesh,

Only 0.89 percent of the persons with disabilities have insurance, which is slightly higher among females than among males. Persons with disabilities from urban and rural areas demonstrated almost same percentages (0.85% and 0.90%) in terms of having insurance.

Table 5.7: Percentage of persons with disabilities having any type of insurance

	Percentage of persons with disabilities who have any type of insurance
Total	0.89
Sex	
Male	0.78
Female	1.05
Area	
Rural	0.90
Urban	0.85

5.8 Service/assistance from any organizations other than government's Social Safety Net Programme

Although insufficient, many NGOs, corporate entities, and social groups in Bangladesh assist persons with disabilities in fulfilling their special needs. Despite this, almost none of the persons with disabilities ever received any service or assistance other than government's social safety net programmes from these groups (97.92%; i.e., remaining only 2.08% received some assistance: 1.09% received financial grants, 0.86% received assistive devices and 0.32% received other type of assistance). Almost a similar pattern by sex, area of residence and division exists with respect to receiving of assistance from such organizations or groups. (Table 5.8).

Table 5.8: Persons with disabilities' ever receipt of any kind of service/assistance from any organization other than government's social safety net programme by type of service/assistance

	Type of service/ assistance			
	Financial grants/allowance	Assistive devices	Others	Not received
Total	1.09	0.86	0.32	97.92
Sex				
Male	1.20	0.96	0.29	97.69
Female	0.93	0.71	0.36	98.24
Area				
Rural	1.09	0.80	0.34	97.94
Urban	1.06	1.11	0.23	97.85
Division				
Barishal	1.45	0.55	0.00	98.01
Chattogram	1.53	1.28	0.47	96.88
Dhaka	1.68	0.80	0.42	97.38
Khulna	1.54	1.32	0.00	97.63
Mymensingh	0.00	0.23	0.57	99.20
Rajshahi	0.72	0.29	0.15	98.84
Rangpur	0.00	0.61	0.57	98.82
Sylhet	1.28	2.12	0.00	97.09

5.9. Victimization of persons with disabilities

Discrimination is one of the most widespread types of human rights violation. Age, disability, ethnicity, origin, political belief, race, religion, sex or gender, sexual orientation, language, culture, and many more factors can all lead to discrimination. The World Report on Disability 2011 highlights, persons with disabilities are at greater risk of violence than those without disabilities. Moreover, depending on the nature of their disability, it can also be difficult for persons with disabilities to be aware of what constitute violence and harassment or to share or report incidents of violence and harassment.

The NSPD shows that 43.98 percent of persons with disabilities have ever felt discriminated against or harassed on any of the grounds listed: ethnic or immigration origin, gender, age, religion or belief, disability and other reasons. Being disabled is more commonly reported reason or ground on which persons with disabilities have felt discriminated against (43.38%). This percentage is very close between males and females and urban and rural areas. Other reasons include age, sex, religion, ethnic or immigration origin and others (percentages range from 0.56% to 2.49%). Persons with disabilities of Barishal have reported highest discrimination (56.77%), whereas Khulna division showed the lowest (34.31%).

Table 5.9: Percentage of persons with disabilities having ever felt discriminated against or harassed on different grounds in twelve months preceding the survey

	Discriminated against or harassed on the basis of:							% of persons with disabilities who have not felt discriminated or harassed
	Ethnic or immigration origin	Sex	Age	Religion or belief	Disability	Other reason	Any reason	
Total	1.50	1.34	2.49	0.56	43.38	1.66	43.98	56.02
Area								
Rural	1.48	1.40	2.79	0.63	43.65	1.75	44.35	55.65
Urban	1.57	1.09	1.24	0.28	42.26	1.25	42.47	57.53
Sex								
Male	1.65	0.74	1.88	0.45	44.08	1.62	44.65	55.35
Female	1.29	1.86	3.36	0.73	42.23	1.65	42.88	57.12
Division								
Barishal	2.15	1.70	2.70	1.53	56.19	1.40	56.77	43.23
Chattogram	1.36	1.02	2.17	0.33	42.02	1.20	43.09	56.91
Dhaka	2.61	2.38	4.61	1.42	54.50	2.10	55.42	44.58
Khulna	0.98	0.00	1.18	0.33	33.81	0.51	34.31	65.69
Mymensingh	3.08	2.91	2.54	0.28	40.55	2.65	41.11	58.89
Rajshahi	0.76	1.19	3.21	0.00	42.83	2.93	43.07	56.93
Rangpur	0.58	0.66	0.33	0.35	35.87	1.30	36.21	63.79
Sylhet	0.50	1.11	1.52	0.00	39.50	0.25	39.50	60.50

5.10. Persons with disabilities having felt discriminated against or harassed by type of persons/groups

Disability-related harassment is that when someone is harassed because he/she are considered to be disabled. Bullying and hate crimes against handicapped individuals are examples of disability-related harassment. Disabilities-related harassment might take the form of recurring or isolated events. Persons with disabilities often face discrimination and harassment by family members, neighbors, friends, relatives, classmates, colleagues, vagabonds etc.

Data in Table 5.10 show that persons with disabilities more frequently feel discriminated against or harassed by their neighbors (40.09%), i.e., neighbors are the main accused persons who show discrimination against persons with disabilities. This percentage is higher in rural area than in urban area. By division, Dhaka has the highest percentage with 50.45 percent and Khulna has the lowest percentage with 31.47 percent. Other notable persons responsible for discrimination or harassment include relatives (19.04%), friends (12.29%) and family members (11.82%) with a very close prevalence between areas, sex of persons with disabilities and division.

Table 5.10: Percentage of persons with disabilities who have felt discriminated against or harassed by type of persons/ groups in twelve months before the survey

	Type of persons/Groups							
	Family	Neighbour	Friends	Relatives	Classmate	Colleague	Vagabond	Someone else
Total	11.82	40.09	12.29	19.04	4.84	2.85	1.18	1.04
Area								
Rural	11.42	40.75	12.94	18.62	4.91	2.88	1.15	0.94
Urban	13.47	37.36	9.58	20.82	4.57	2.71	1.33	1.45
Sex								
Male	9.97	40.24	15.10	17.44	5.56	3.89	1.34	1.36
Female	14.31	39.71	8.35	21.16	3.85	1.40	0.77	0.58
Division								
Barishal	15.90	48.62	8.44	17.66	4.71	3.49	1.55	0.00
Chattogram	8.16	37.32	11.04	14.81	3.14	2.43	1.10	0.77
Dhaka	18.66	50.45	12.75	24.68	4.48	2.39	2.47	1.94
Khulna	12.62	31.47	10.30	14.39	3.21	2.13	0.50	1.01
Mymensingh	5.02	38.81	8.12	15.90	6.29	0.57	0.88	0.87
Rajshahi	13.00	40.78	16.56	25.32	5.89	1.42	0.94	0.97
Rangpur	6.13	33.96	13.05	15.27	5.77	7.80	0.29	0.71
Sylhet	10.00	35.80	13.95	17.88	8.10	0.98	1.05	0.52

5.11. Complaint against and remedy for discrimination and harassment and victimization of ridicule or mockery

People who have been offended or mistreated in some way frequently seek restitution through their country's legal system and social system (Ortoleva, 2010). The NSPD attempts to assess persons with disabilities' complaint against their discrimination and harassment or victimization and getting remedy of discrimination and harassment.

Table 5.11 shows that only 5.07 percent of household members/households among those having persons with disabilities have complained about the discrimination or harassment they have felt; the percentage is higher in urban area than in rural area. Among those households who have complained, 53.87 percent got remedy; again, it is higher in urban area compared to rural area. Among divisions, Barishal has the highest complaint rate (8.59%) whereas Dhaka has the highest rate of remedy (95.95%).

Table 5.11: Percentage of household members who complained about victim of ridicule or mockery for having persons with disabilities at home and got remedy in twelve months before the survey

	Complained	Not complained	Don't Know	Got remedy of complain
Total	5.07	53.87	41.04	59.83
Sex				
Male	5.40	54.44	40.13	61.22
Female	4.63	52.95	42.42	57.54
Area				
Rural	4.86	54.51	40.60	54.59
Urban	5.96	51.22	42.82	77.53
Division				
Barishal	8.59	59.95	31.46	36.96
Chattogram	6.66	50.95	42.39	74.02
Dhaka	3.35	61.20	35.46	95.95
Khulna	6.80	37.52	55.68	41.89
Mymensingh	6.05	54.05	39.90	(*)
Rajshahi	1.65	54.49	43.85	(*)
Rangpur	6.15	55.31	38.41	52.33
Sylhet	5.34	61.74	32.92	(*)

(*) Figures that are based on fewer than 25 unweighted cases

5.12. Facing COVID-19 by persons with disabilities

Persons with disabilities have disproportionately been affected by the COVID-19 outbreak because of three factors: an increased risk of poor disease outcomes, limited access to normal healthcare services and rehabilitation, and the negative social consequences of pandemic response activities. Persons with disabilities have faced several challenges throughout the epidemic, since they are a particularly vulnerable group with a wide range of conditions and restrictions (Shakespeare *et al.*, 2021). Many people may be unable to use a standard surgical or procedural mask due to a disability or medical condition. It is noteworthy the survey data collection operation held on from November 1, 2021 to December 31, 2021 for avoiding misleading.

The survey shows that 4.69 percent of persons with disabilities had symptoms of COVID. Among them, 58.14 percent have been tested and 11.44 percent have been found COVID positive. Further, 48.79 percent of persons with disabilities age 18 and above received COVID vaccines. Urban persons with disabilities are more likely than rural persons with disabilities to have symptoms, diagnosis and positiveness regarding COVID, except in case of receipt of vaccines for COVID, where the percentages are very close between two areas. COVID symptoms among persons with disabilities have been found highest in Khulna division (6.82%) and the lowest in Mymensingh division (0.87%). Khulna (59.73%) has the highest percentage of persons with disabilities who have received vaccines for COVID, while Sylhet has the lowest (39.82%) (Table 5.12).

Table 5.12: Percentage of persons with disabilities experiencing COVID-19 and receiving vaccines for COVID

	Had symptoms of COVID	Number of persons with disabilities	Tested for COVID if had symptoms	Number of persons with disabilities had symptoms	COVID positive	Number of persons with disabilities had test	Received vaccines	Number of persons with disabilities aged above 18
Total	4.69	4327	58.14	211	11.44	122	48.79	3425
Area								
Rural	4.59	3549	53.84	168	9.64	91	48.82	2,819
Urban	5.10	778	73.87	43	16.22	31	48.64	606
Division								
Barishal	4.58	341	(*)	18	(*)	9	45.68	274
Chattogram	6.16	647	60.25	40	(*)	24	42.70	507
Dhaka	4.75	735	66.77	39	8.70	26	48.44	565
Khulna	6.82	596	55.81	43	(*)	24	59.73	491
Mymensingh	0.87	342	(*)	4	(*)	3	43.23	260
Rajshahi	3.54	654	(*)	24	(*)	12	48.75	536
Rangpur	3.98	636	(*)	23	(*)	13	52.38	506
Sylhet	5.17	176	(*)	20	(*)	11	39.82	286

(*) Figures that are based on fewer than 25 unweighted cases

5.13. General health services

Persons with disabilities have often higher healthcare needs than others, both standard and impairment-related, and are thus more exposed to the effects of poor quality or unavailable health-care services. They are more prone than general people to have serious health issues. World Health Organization (2021) described when persons with disabilities try to get medical services, they face a variety of obstacles, including attitudinal barriers, physical obstacles, communication difficulties, and financial barriers. Persons with disabilities frequently report prejudice, stigma, and discrimination from healthcare providers and other hospital staff. In countries like Bangladesh, health services and activities are frequently located distant from most people's homes or in areas without readily available transportation. Many persons with disabilities report being unable to afford the fees of traveling to a health facility and purchasing medicines, let alone paying to see a healthcare practitioner.

The NSPD assessed situation of persons with disabilities with regard to their healthcare seeking behaviour and practices. Results are presented in Table 5.13. Data show that 26.73 percent of persons with disabilities, while 22.81 percent of general people have received treatment sometimes before the survey from government institutions (health facilities). The corresponding percentages for private health facilities are 71.60 percent for persons with disabilities and 76.36 percent for general people, indicating both types of people's preferences of private facilities. Both types of people in urban area are more likely than their rural counterparts to receive healthcare services from government facilities, while those in rural area from private facilities.

Table 5.13: Percentage of persons with disabilities and general people by type of health care provider institutions

	Healthcare received by persons with disabilities from:			Healthcare received by other household members		
	Government institutions /facilities	Private/non-governmental institutions	NGO operated institutions	Government institutions/ facilities	Private/non-governmental institutions	NGO operated institutions
Total	26.73	71.60	0.31	22.81	76.36	0.24
Area						
Rural	23.42	74.92	0.35	20.83	78.34	0.22
Urban	40.59	57.69	0.14	29.76	69.41	0.32
Division						
Barishal	46.65	52.69	0.00	35.29	64.30	0.13
Chattogram	18.10	79.99	0.19	16.21	82.89	0.19
Dhaka	36.95	61.89	0.29	29.95	69.46	0.32
Khulna	23.20	74.74	0.77	22.06	76.79	0.27
Mymensingh	21.31	77.13	0.00	17.69	81.47	0.19
Rajshahi	27.73	71.29	0.00	23.84	75.41	0.40
Rangpur	22.40	74.71	0.66	21.49	77.69	0.16
Sylhet	21.13	77.30	0.25	18.73	79.94	0.10

CHAPTER-6

Functional Difficulties



Functional difficulties

This chapter presents findings of persons with disabilities' status based on the Washington Group on Disability Statistics module. This chapter includes findings on the prevalence of functional difficulties, child functional difficulties and adult functional difficulties etc.

The United Nations formed the Washington Group on Disability Statistics to address the need for cross-nationally comparable disability statistics as well as equalization of opportunity. A person who is having problems functional difficulties may have activity limitation, which are challenges for him/her in carrying out activities. People's functional issues may have been caused by their health conditions in general. Diseases or illnesses, as well as other health issues such as short- or long-term injuries, mental or emotional issues, are all examples of health conditions.

The Convention on the Rights of Persons with Disabilities³ outlines States' obligations to ensure the full realization of rights for children with disabilities on an equal basis with other children. But the presence of functional difficulties may place children as well as adults at risk of experiencing limited participation in an unaccommodating environment and limit the fulfilment of their rights. A person with difficulty in functioning may have activity limitations. Functional difficulty is defined as having a lot of difficulty or cannot do at all with one or more of the following: vision, hearing, mobility (walking or climbing steps), cognition (memory and concentration), self-care and communication⁴.

The Washington Group on Disability Statistics measures functional difficulties by asking a set of questions, which are as follows, 1) Do you have difficulty seeing even if wearing glasses? 2) Do you have difficulty hearing even if using a hearing aid? 3) Do you have difficulty walking or climbing stairs? 4) Do you have difficulty remembering or concentrating? 5) Do you have difficulty with self-care (such as washing all over or dressing)? 6) Using your usual (customary) language, do you have difficulty communicating (for example understanding or being understood by others)? For each question respondents can choose: a) no difficulty, b) some difficulty, c) a lot of difficulty, or d) Cannot do at all.

The National Survey on Persons with Disabilities 2021 includes child and adult functioning modules intended to provide an estimate of the number/proportion of children and adults with functional difficulties as reported mostly by children's mothers or primary caregivers in case of children and respondents in case of adults. The modules include modules for children age 2-4 years, 5-17 years and adults age 18 years and above.

Functional domains covered in the module for children age 2-4 years include: seeing, hearing, walking, fine motor, communication, learning, playing, and controlling behaviour, while functional domains covered in the module for children age 5-17 years are: seeing, hearing,

³ "Convention on the Rights of Persons with Disabilities." United Nations. Accessed August 31, 2018. <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>

⁴ Canadian Community Health Survey 2017, Health Fact Sheet, Functional Difficulties: Washington Group, 2017, June 26, 2018

walking, selfcare, communication, learning, remembering, concentrating, accepting change, controlling behaviour, making friends, anxiety and depression.

Respondents were asked about functional difficulty of any member of the household, and if so, type of functional difficulty they have.

6.1. Results of functional difficulties

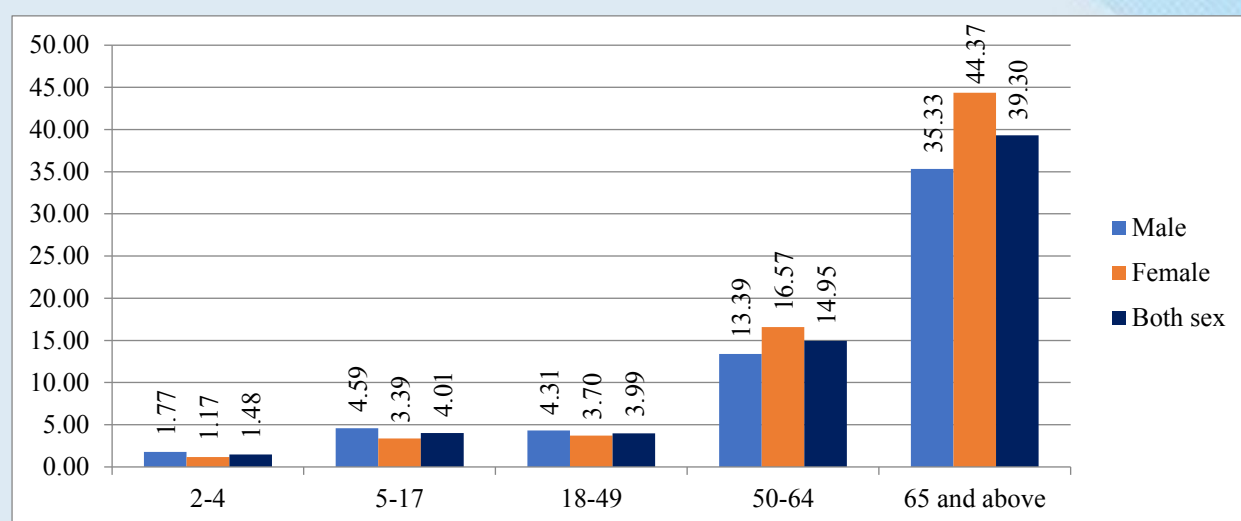
Functional difficulty for population is defined as having responded "A lot of difficulty" or "Cannot do at all" to questions within all listed domains, except the domain of controlling behaviour, for which the response category of "A lot more" is considered to be a functional difficulty.

As Table 6.1 and Figure 6.1.1 suggest, 7.14 percent of people in Bangladesh have functional difficulties in different domains based on the Washington Group on Disability Statistics module; this percentage is higher among males (7.27%) than females (7.00%). Functional difficulty increases with increases in age. For example, 1.48 percent of children age 2-4 years, while 39.30 percent of adults age 65 or above have functional difficulties. Functional difficulty is higher in rural area than in urban area (7.30% vs. 6.57% respectively). Rajshahi division presents the highest rate of functional difficulties (9.06%) and Mymensingh and show the lowest rate (6.27% each).

Table 6.1: Percentage of population with at least one functional difficulty by sex

	Both	Sex of respondents	
		Male	Female
Total	7.14	7.27	7.00
Age			
2-4	1.48	1.77	1.17
5-17	4.01	4.59	3.39
18-49	3.99	4.31	3.70
50-64	14.95	13.39	16.57
65+	39.30	35.33	44.37
Area			
Rural	7.30	7.52	7.08
Urban	6.57	6.41	6.74
Division			
Barishal	6.29	6.64	5.92
Chattogram	6.30	6.58	6.04
Dhaka	6.61	6.72	6.50
Khulna	8.90	9.01	8.78
Mymensingh	6.27	6.22	6.31
Rajshahi	9.06	9.03	9.10
Rangpur	7.42	7.46	7.37
Sylhet	6.27	6.56	5.99

Figure 6.1.1: Percentage of population with at least one functional difficulty by age and sex



6.2. Child functional difficulties

Functional difficulties have different domains or categories. The following functional domains are included in the survey questionnaire for children age 2-4 years: seeing, hearing, walking, fine motor, communication, learning, playing, and controlling behavior.

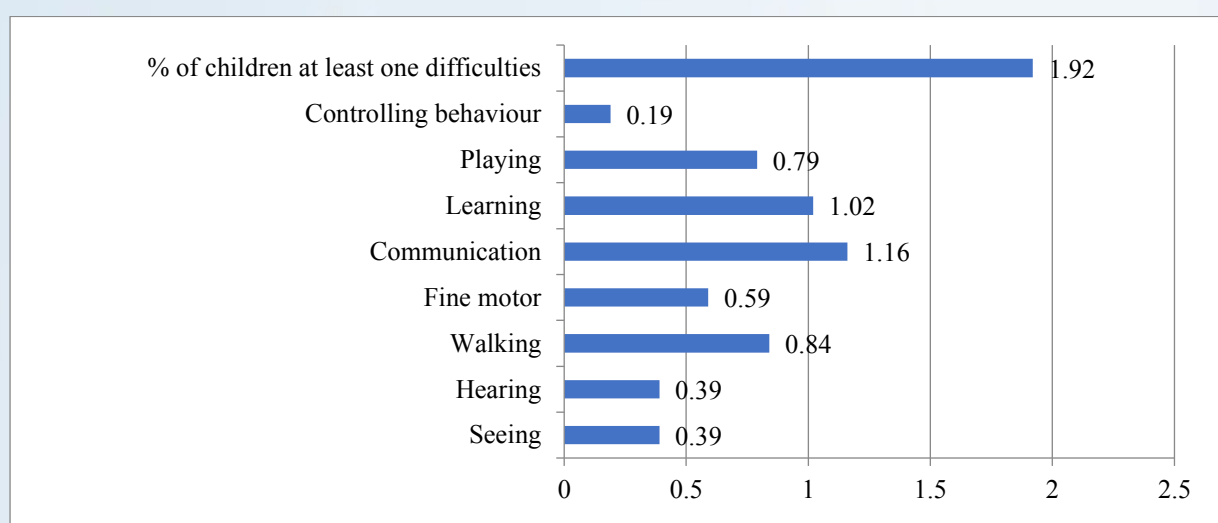
Table 6.2.1 and Figure 6.2.1 provide information on children age 2-4 years by domains of functional difficulties among them. Data show that 1.92 percent of children have at least one functional difficulty. Male children have higher rates of at least one difficulty than female children (2.31% vs. 1.51%). Although the percentage is very close between urban and rural areas, there are remarkable variations across divisions: Khulna (2.31%), Rajshahi (2.29%) and Chattogram (2.18%) have remarkably higher percentages than the remaining divisions with 1.01-1.99 percent.

Table 6.2.1 further shows that, communication is more common functional difficulty than any other difficulties among children (1.16%), followed by learning (1.02%), walking (0.84%), playing (0.79%) and fine motor (0.59%). In addition, seeing (0.39%), hearing (0.39%) and controlling behavior (0.19%) are some other notable functional difficulties. Except seeing and controlling behaviour, in all domains, male children have higher rates than female children. Children in rural area have higher percentages than children in urban area with respect to all domains of functional difficulties except for playing and controlling behaviour.

Table 6.2.1: Percentage of children age 2-4 years having functional difficulties by type of functional difficulties

	Seeing	Hearing	Walking	Fine motor	Communication	Learning	Playing	Controlling behavior	% of children having at least one difficulty
Total	0.39	0.39	0.84	0.59	1.16	1.02	0.79	0.19	1.92
Sex									
Male	0.32	0.54	0.97	0.61	1.42	1.21	0.99	0.30	2.31
Female	0.46	0.24	0.71	0.57	0.90	0.82	0.59	0.07	1.51
Area									
Rural	0.46	0.42	0.85	0.65	1.17	1.03	0.77	0.17	1.97
Urban	0.15	0.3	0.83	0.38	1.12	0.98	0.90	0.25	1.73
Division									
Barishal	0.0	0.12	0.53	0.27	0.55	0.28	0.25	0.36	1.45
Chattogram	0.05	0.52	1.14	0.67	1.31	1.34	1.02	0.14	2.18
Dhaka	0.45	0.39	0.67	0.33	1.12	1.04	0.78	0.13	1.77
Khulna	0.37	0.24	0.75	0.61	1.22	1.09	1.08	0.88	2.31
Mymensingh	0.32	0.67	0.65	0.53	0.65	0.65	0.53	0.12	1.01
Rajshahi	0.95	0.32	1.12	1.16	1.34	1.07	0.67	0.00	2.29
Rangpur	0.81	0.42	0.74	0.93	1.49	1.15	1.02	0.09	1.99
Sylhet	0.07	0.09	0.86	0.13	1.12	0.66	0.43	0.09	1.93

Figure 6.2.1: Percentage of children age 2-4 years having functional difficulties by type of functional difficulties



Seeing, hearing, walking, self-care, communication, learning, remembering, concentrating, accepting changes, controlling behavior, making friends, anxiety and depression are the functional domains included in the survey questionnaire for children age 5-17 years.

Table 6.2.2 and Figure 6.2.2 present distribution of children age 5-17 years by type of functional difficulties among them. Data show that 4.01 percent of children have at least one functional difficulty. Higher percentages of male children than percentages of female children have at least one difficulty (4.59% vs. 3.39%). The percentage is very close between urban and rural areas being 4.01 and 4.02 percent respectively. There are remarkable

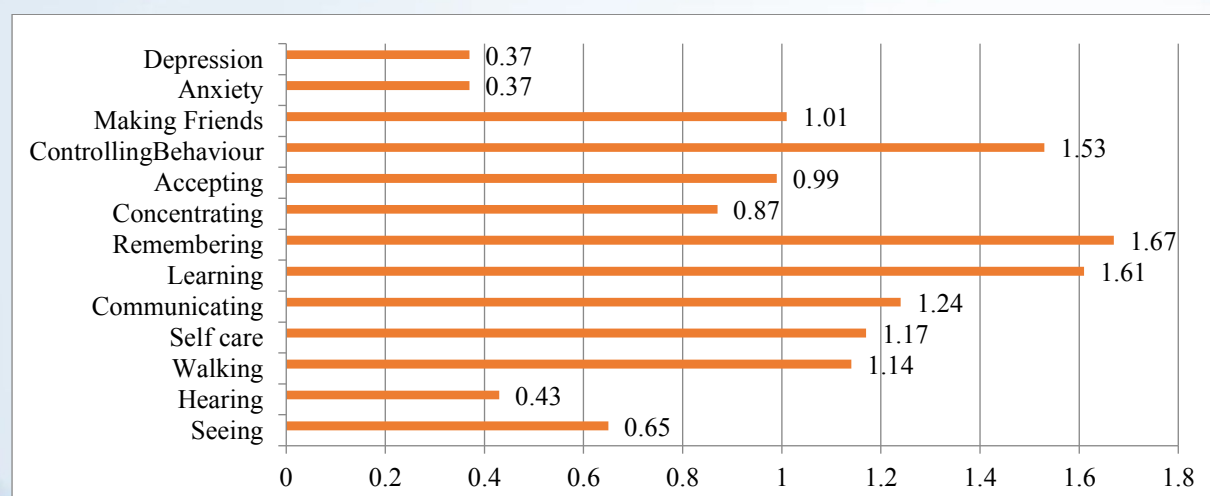
variations at divisions: Khulna (6.01%) has the highest percentage of children with functional difficulties and Mymensingh has the lowest (3.28%).

Difficulty in remembering is more common domain than any others among children age 5-17 years (1.67%), followed by learning (1.61%) and controlling behaviour (1.53%). Except for accepting changes, in every domain, males have higher percentage of functional difficulties than females (Table 6.2.2).

Table 6.2.2: Percentage of children age 5-17 years having functional difficulties by type of functional difficulties

	Seeing	Hearing	Walking	Self-care	Communicating	Learning	Remembering	Concentrating	Accepting change	Controlling Behaviour	Making friends	Anxiety	Depression	% of children with at least one difficulty
Total	0.65	0.43	1.14	1.17	1.24	1.61	1.67	0.87	0.99	1.53	1.01	0.37	0.37	4.01
Sex														
Male	0.69	0.47	1.33	1.29	1.47	1.79	1.84	0.94	0.94	1.83	1.14	0.4	0.45	4.59
Female	0.60	0.38	0.95	1.05	1.01	1.42	1.49	0.79	1.17	1.21	0.88	0.33	0.27	3.39
Area														
Rural	0.65	0.46	1.11	1.12	1.20	1.58	1.65	0.85	0.94	1.45	0.99	0.33	0.34	4.02
Urban	0.67	0.28	1.27	1.34	1.40	1.74	1.77	0.91	1.17	1.84	1.11	0.49	0.47	4.01
Division														
Barishal	0.42	0.63	1.06	1.51	1.18	1.42	1.49	0.96	1.11	1.30	1.10	0.26	0.26	3.49
Chattogram	0.35	0.31	1.07	1.04	1.13	1.40	1.43	0.76	0.74	1.08	0.73	0.21	0.17	3.37
Dhaka	0.69	0.31	1.11	1.17	1.39	1.66	1.42	0.91	0.96	1.42	1.16	0.43	0.45	3.69
Khulna	0.48	0.48	1.05	1.38	1.37	2.12	2.76	1.03	1.76	2.89	1.24	0.80	0.78	6.01
Mymensingh	0.51	0.47	0.95	1.10	1.07	1.27	1.18	0.73	0.88	1.46	0.85	0.18	0.13	3.28
Rajshahi	1.05	0.56	1.43	1.20	1.49	1.78	1.98	0.86	0.95	1.62	1.11	0.20	0.2	4.74
Rangpur	1.28	0.58	1.49	1.45	1.15	2.09	2.22	1.04	1.06	1.73	1.06	0.47	0.56	4.69
Sylhet	0.32	0.38	0.92	0.78	0.93	1.03	1.27	0.67	0.87	1.36	0.94	0.47	0.47	3.50

Figure 6.2.2: Percentage of children age 5-17 years having functional difficulties by type of difficulties



6.3. Adult functional difficulties

Policy analysts are interested in gender variations in health and functional difficulties, and a variety of studies have been undertaken on these topics in various settings (Tareque *et al.*, 2013, Rahman and Liu, 2000). Several socio-demographic characteristics, including gender, have been linked to functional difficulties in the past research. Functional difficulties are common among older persons with various chronic illnesses, poor self-assessed health states, and sedentary lifestyles (Tareque *et al.*, 2013, Rahman and Liu, 2000, Wray and Blaum, 2001, Bora and Saikia, 2015).

The NSPD has used an Adult Functioning module in the survey for children age 5-17 years, prepared based on a short set of questions developed by the Washington Group (WG) on Disability Statistics. To this end, the questionnaire for adults contains six different domains of disability measurement, viz., vision, hearing, walking, cognition, self-care and communication.

Survey shows that among women age 18 years and above, 13.5 percent use glasses or contact lenses, while only 0.49 percent use hearing aids (Table 6.3.1W).

Table 6.3.1W shows that among women age 18 years and above, 9.18 percent have at least one functional difficulty; this percentage increases with an increase in women's age (3.70% among women age 18-49 years, while 16.57 percent among women age 50-64 years and 44.37 percent among women age 65 years and above). The percentage of women with at least one difficulty is higher in rural area with 9.38 percent than in urban area with 8.51 percent.

Table 6.3.1W further shows that women have the highest prevalence of difficulties in walking (6.2%), followed by those who have difficulties in seeing (2.94%), self-care (2.89%) and remembering (1.89%). Besides, notable percentages of women have difficulties in hearing (1.55%) and communication (1.06%). Compared to women in urban area, women in rural area demonstrate a higher prevalence of difficulties in all domains, except for walking. In all domains, functional difficulties among women age 18 and above increase with the increase in women's age.

Survey shows that among women age 18 years and above, 13.50 percent use glasses or contact lenses, while only 0.49 percent use hearing aids (Table 6.3.1W).

Table 6.3.1W: Percentage of women age 18 years and above using assistive devices, women with functional difficulties by type and women having functional difficulties even after using assistive devices

	Percentage of women who:		Percentage of women who have functional difficulties in the domains of:						Functional difficulties in at least one domain ^A
	Wear glasses/contact lenses	Use hearing aid	Seeing	Hearing	Walking	Self-care	Communication	Remembering	
Total	13.50	0.49	2.94	1.55	6.20	2.89	1.06	1.89	9.18
Age									
18-49	8.88	0.42	0.98	0.63	1.76	0.97	0.72	0.87	3.70
50-64	26.74	0.46	5.23	2.32	11.74	3.94	1.14	2.06	16.57
65+	26.80	1.18	16.37	8.54	35.75	18.89	4.16	11.26	44.37
Area									
Rural	11.91	0.47	3.14	1.68	6.17	2.97	1.09	1.94	9.38
Urban	18.86	0.54	2.27	1.1	6.3	2.63	0.96	1.72	8.51

	Percentage of women who:		Percentage of women who have functional difficulties in the domains of:						Functional difficulties in at least one domain ^A
	Wear glasses/ contact lenses	Use hearing aid	Seeing	Hearing	Walking	Self-care	Communication	Remembering	
Division									
Barishal	13.61	0.74	2.60	1.02	4.99	3.27	0.93	1.51	7.61
Chattogram	15.28	0.32	2.17	1.35	5.64	2.23	1.03	1.54	8.18
Dhaka	13.93	0.41	2.61	1.18	6.08	2.97	1.07	1.75	8.36
Khulna	16.48	0.75	4.04	2.35	5.92	2.79	1.06	2.52	10.86
Mymensingh	11.09	0.51	2.31	1.58	6.28	2.73	0.96	1.46	8.81
Rajshahi	15.20	0.49	4.05	2.03	8.25	3.34	0.82	2.00	11.65
Rangpur	8.97	0.46	3.78	2.13	5.85	3.09	1.46	2.71	9.54
Sylhet	8.97	0.62	1.72	1.38	6.13	3.21	1.14	1.49	8.36

Table 6.3.1 M shows among men age 18 and above 9.23 percent have at least one functional difficulty. This percentage increases with an increase in men's age (4.31% among men age 18-49 years while 13.39% among men age 52-64 years and 35.33% among age 65 years and above. Data also reveal that 12.86 percent of men age 18 and above use glasses or contact lenses and 0.53 percent use hearing aids (Table 6.3.1M). Men age 18 years and above have the highest prevalence of difficulties in walking (5.86%), followed by self-care (2.78%) and seeing (2.76%). In addition, they have difficulties especially in remembering (1.88%), hearing (1.46%) and communication (1.34%). In all domains, men in rural area have higher difficulties than men in urban area. By age, in all domains functional difficulties increase with an increase in men's age.

Table 6.3.1 M: Percentage of men age 18 years and above using assistive devices, men with functional difficulties by type and men having functional difficulties even after using assistive devices

	Percentage of men who:		Percentage of men who have functional difficulties in the domains of:						Functional difficulties in at least one domain ^A
	Wear glasses/contact lenses	Use hearing aid	Seeing	Hearing	Walking	Self-care	Communication	Remembering	
Total	12.86	0.53	2.76	1.46	5.86	2.78	1.34	1.88	9.23
Age									
18-49	6.92	0.43	1.07	0.64	1.98	1.19	1.00	1.03	4.31
50-64	25.23	0.69	4.21	1.70	8.54	3.68	1.33	1.85	13.39
65+	30.30	0.94	11.71	6.68	27.54	12.04	3.67	7.79	35.33
Area									
Rural	11.22	0.49	2.91	1.63	5.94	2.92	1.38	1.98	9.61
Urban	18.37	0.66	2.27	0.91	5.57	2.29	1.20	1.53	7.93
Division									
Barishal	12.86	0.88	2.76	1.42	5.17	3.30	1.27	1.30	8.55
Chattogram	12.70	0.28	2.12	1.36	5.50	2.41	1.40	1.60	8.83
Dhaka	13.47	0.60	2.66	1.26	5.81	2.98	1.30	1.80	8.58
Khulna	16.67	0.60	3.46	2.05	5.64	2.63	1.44	2.39	10.40
Mymensingh	10.70	0.35	1.68	1.42	4.92	2.11	1.15	1.59	8.12
Rajshahi	13.55	0.69	4.10	1.65	7.51	3.09	1.17	1.81	11.26
Rangpur	10.57	0.54	3.12	1.87	5.40	2.59	1.58	2.55	9.06
Sylhet	9.49	0.30	1.42	0.99	6.59	3.24	1.32	1.77	8.72



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Annexes



Composition of Project Steering Committee

(Not according to seniority)

Sl. No.	Designation and Organization	Status in the Committee
01	Secretary, Statistics and Informatics Division	Chairperson
02	Director General, Bangladesh Bureau of Statistics	Member
03	Additional Secretary, Statistics and Informatics Division	Member
04	Deputy Director General, Bangladesh Bureau of Statistics	Member
05	Representative, NEC-ECNEC and Coordination Wing, Planning Division	Member
06	Representative, Socio Economic Infrastructure Division, Planning Commission	Member
07	Representative, Programming Division, Planning Commission	Member
08	Representative, Implementation Monitoring and Evaluation Division (IMED)	Member
09	Representative, Finance Division	Member
10	Representative, Ministry of Social Welfare	Member
11	Representative, Disabled Peoples' Organizations, Dhaka	Member
12	Director, Demography and Health Wing, BBS	Member
13	Project Director, National Survey on Persons with Disabilities (NSPD) 2019 Project, BBS	Member
14	Deputy Secretary (Development), Statistics and Informatics Division	Member-Secretary

Terms of Reference of the Steering Committee:

- (i) Ensure proper implementation of the project;
- (ii) Provide policy guideline and decision for smooth implementation of the project;
- (iii) Approve the revision/extension of the project if required; and
- (iv) Any other activities felt necessary according to rules by the committee/authority.

Composition of Project Implementation Committee

(Not according to seniority)

Sl. No	Designation and Organization	Status in the Committee
01	Director General, Bangladesh Bureau of Statistics	Chairperson
02	Deputy Secretary (Development), Statistics and Informatics Division	Member
03	Representative, NEC-ECNEC and Coordination Wing, Planning Division	Member
04	Representative, Socio Economic Infrastructure Division, Planning Commission	Member
05	Representative, Programming Division, Planning Commission	Member
06	Representative, Implementation Monitoring and Evaluation Division (IMED)	Member
07	Representative, Finance Division	Member
08	Director, Demography and Health Wing, BBS	Member
09	Deputy Secretary (SDG), Statistics and Informatics Division	Member
10	Representative, Institute of Statistical Research and Training (ISRT), Dhaka University	Member
11	Representative, Department of Social Services	Member
12	Project Director, National Survey on Persons with Disabilities (NSPD) 2019 Project, BBS	Member-Secretary

Terms of Reference of the Technical Committee:

- (i) Develop mechanism to collect and analysis of data on selected indicators;
- (ii) Approve census process to be undertaken under the project;
- (iii) Approve the questionnaire and manual of the surveys;
- (iv) Approve tabulation plan, indicators and reports of the projects;
- (v) Provide policy and decision on the technical aspects and project progress; and
- (vi) Any other activities felt necessary according to rules by the committee/authority.

Composition of Working Committee

(Not according to seniority)

Sl. No	Designation and Organization	Status in the Committee
01	Director, Demography and Health Wing, BBS	Chairperson
02	Project Director, HIES Project, BBS	Member
03	Deputy Secretary (Development), Statistics and Informatics Division	Member
04	Joint Director, Demography and Health Wing, BBS	Member
05	Project Director, SVRS in Digital Planform Project, BBS	Member
06	Representative, Department of Social Services	Member
07	Representative, Neuro-Developmental Disability Protection Trust, Dhaka	Member
08	Deputy Director, Admin Section, Census Wing, BBS	Member
09	Survey Consultant, NSPD 2019 Project, BBS	Member
10	IT Consultant, NSPD 2019 Project, BBS	Member
11	Representative, Disabled People's Organizations, Dhaka	Member
12	Statistical Officer 1, NSPD 2019 Project, BBS	Member
13	Statistical Officer 2, NSPD 2019 Project, BBS	Member
14	Project Director, National Survey on Persons with Disabilities (NSPD) 2019 Project, BBS	Member-Secretary

Terms of Reference of the Working Committee:

- (i) Prepare and develop annual work plan for the project;
- (ii) Help Project Director in furnishing technical and administrative work;
- (iii) Develop the questionnaire and manual for the census;
- (iv) Develop tabulation plan, indicators and reports of the project; and
- (v) Any other activities felt necessary according to rules by the committee/authority.

Report Review Committee at SID

(Not according to seniority)

01	Additional Secretary, Informatics, SID	Convener
02	Additional Secretary, Administration, SID	Member
03	Joint Secretary, Administration, SID	Member
04	Joint Secretary, Informatics, SID	Member
05	Deputy Secretary, Development-2, SID	Member
06	Deputy Secretary, Development-1, SID	Member
07	Deputy Secretary, Budget and Financial Management, SID	Member
08	Director, Demography and Health Wing, BBS	Member
09	Senior Assistant Secretary, Administration-2, SID	Member
10	Senior Assistant Secretary, Administration-3, SID	Member
11	Project Director, NSPD 2019 Project, BBS	Member
12	Programmer, ICT Section, SID	Member
13	Deputy Director, RDP Section, BBS	Member
14	Deputy Secretary, Informatics-2, SID	Member Secretary

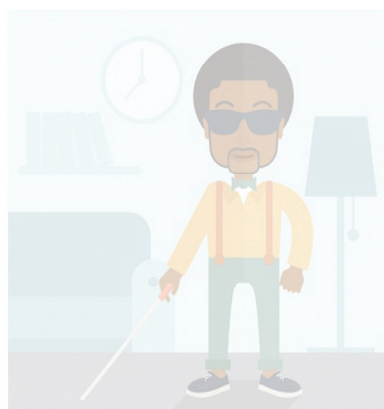
Editors' Forum at BBS

(Not according to seniority)

01	Deputy Director General, Bangladesh Bureau of Statistics	Convener
02	Director, Agriculture Wing, BBS	Member
03	Director, Demography and Health Wing, BBS	Member
04	Director, Census Wing, BBS	Member
05	Director, Statistical Staff Training Institute (SSTI), BBS	Member
06	Director, FA & MIS Wing, BBS	Member
07	Director, National Accounting Wing, BBS	Member
08	Director, Computer Wing, BBS	Member
09	Project Director, Household Income and Expenditure Survey (HIES) Project, BBS	Member
10	Project Director, (Deputy Secretary), NSDS Implementation Support Project, BBS	Member
11	Project Director, SVRS in Digital Platform Project, BBS	Member
12	Director, Industry and Labour Wing, BBS	Member Secretary

Persons Engaged in Preparation of the Report

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2.	Mr. A. K. M. Tahidul Islam	Joint Director
3.	Mr. Md. Monirul Islam	Statistical Officer
4.	Mr. Md. Rokibul Hasan	Statistical Officer
5.	Mr. Md. Ziaul Hasan Sikder	Survey Consultant
6.	Mr. Mohammad Shakwat Hossain Khan	IT Consultant
7.	Mr. Dhiman Kumar Sarkar	Enumerator
8.	Mr. Taposh Mondal	Computer Operator (Out Sourcing)



BANGLADESH BUREAU OF STATISTICS (BBS)

STATISTICS AND INFORMATICS DIVISION (SID)

MINISTRY OF PLANNING

GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH