

A Glimpse into the Lives of the People in Dhaka City

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Outline of the Presentation

- Background and Objectives
- Methodology
- Socio-economic and Demographic Characteristics
- Educational Status and Factors contributing to Educational Choices
- Status on Health and Health Seeking Behavior
- Summary Points

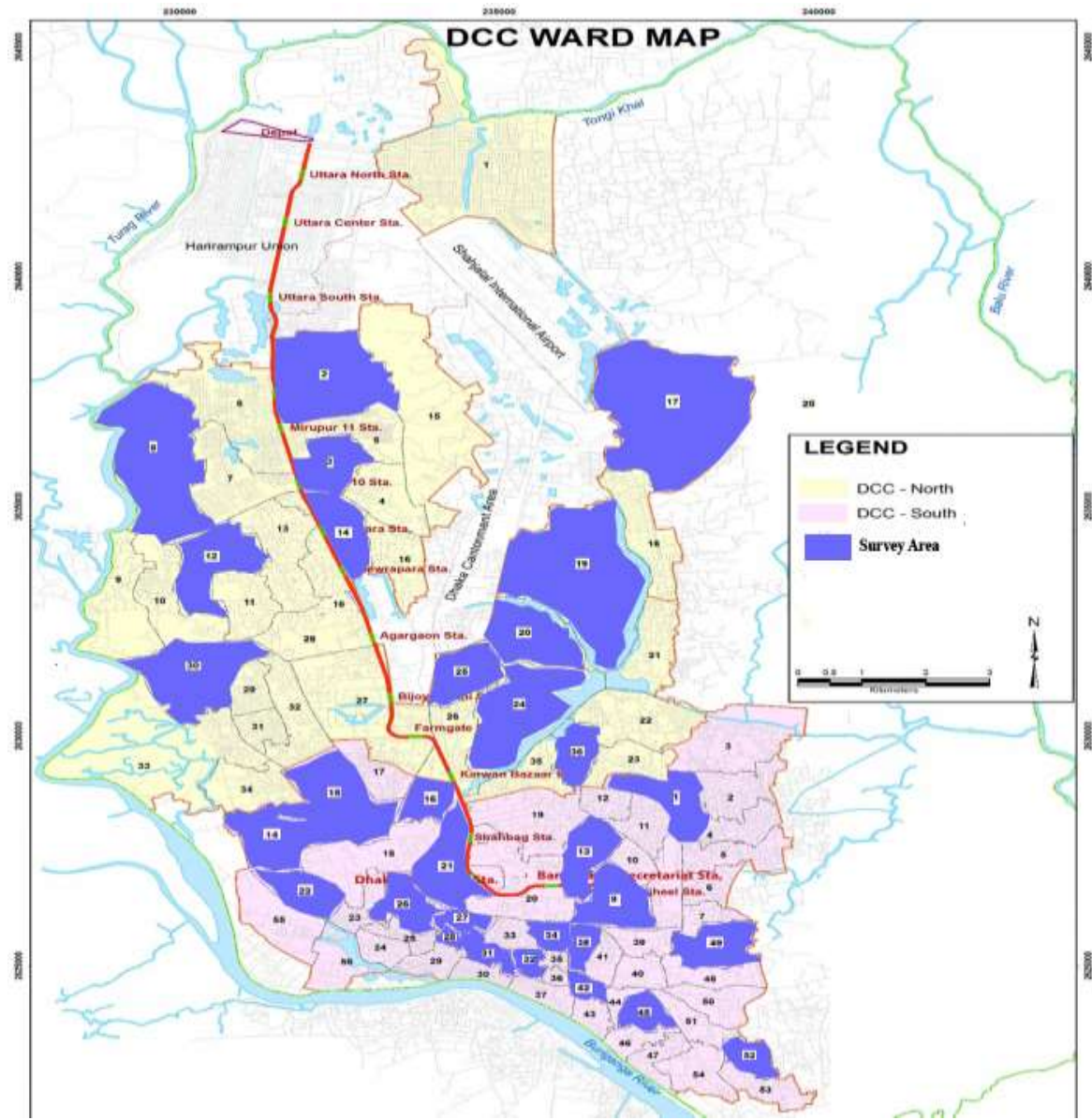
Background and Objectives

- ❑ Around **one-third** of the country's population comprising **50 million** people live in urban areas;
- ❑ Urban population is also growing at an increasing rate (at an annual rate of between five to six percent);
- ❑ Dhaka city alone accounts for **more than 36%** of total urban population in the country;
- ❑ Thus, with a population of **about 20 million** in Dhaka coupled with higher rate of growth, it deserves careful consideration by the planners and the policy makers;
- ❑ An effective solution of the problems of Dhaka city, therefore, requires knowledge of the demographic, economic and social characteristics of the population.

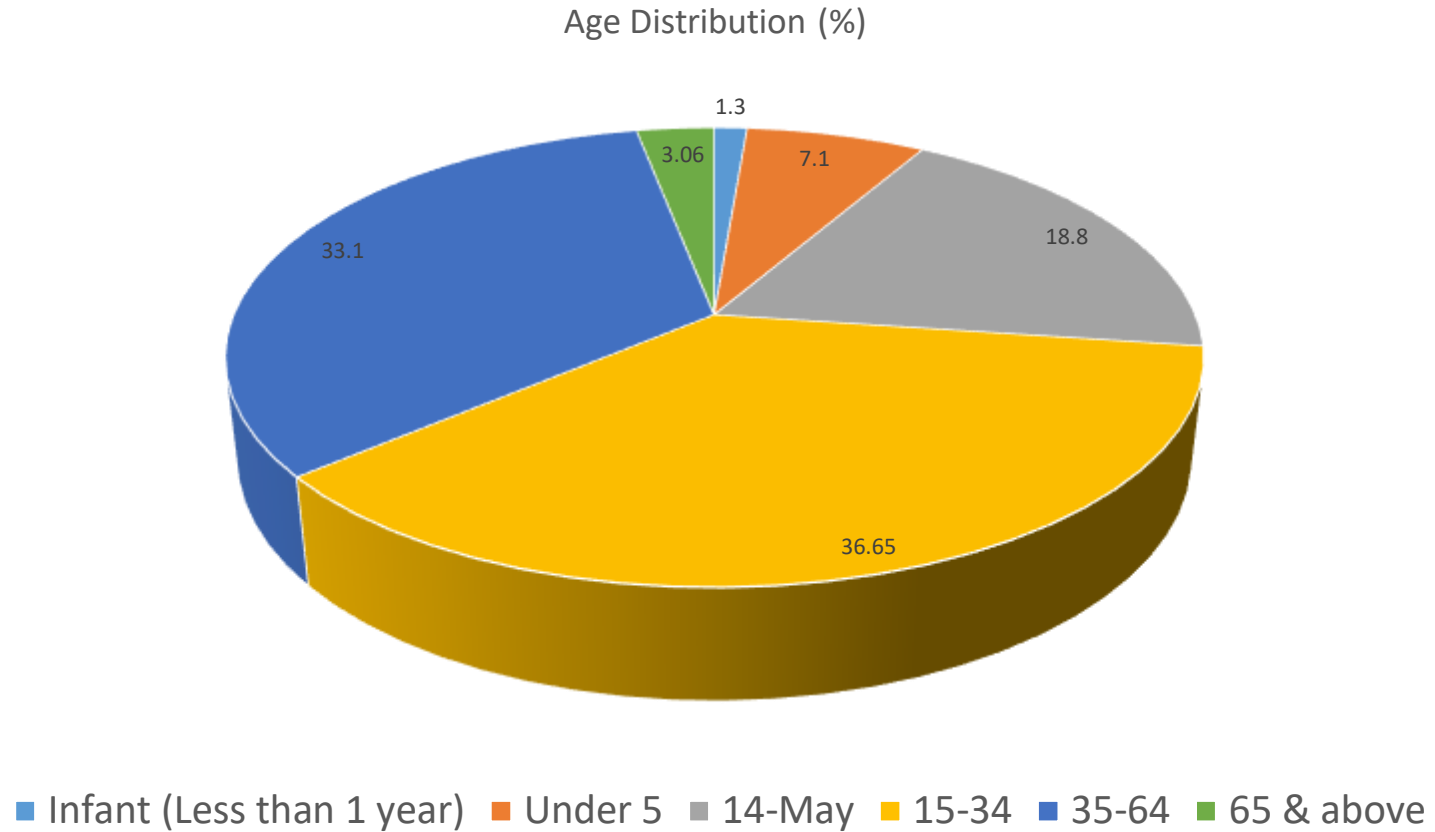
The main objective of this paper is to explore the **socio-economic and demographic characteristics** of this largest urban agglomeration of the country.

Methodology

- ❑ The study carried out a **sample survey using structured questionnaire**;
- ❑ The sample was drawn using a multi-stage random sampling technique;
- ❑ Initially, a total of **31 wards (one-third)** were chosen randomly from a total of 93 wards of Dhaka City Corporations;
- ❑ Then, from each ward, one area/mahalla was chosen randomly; and finally, from each of the selected area/mahalla, **100 households** were selected again randomly (using a systematic random sampling technique) yielding a total of **3100 households** for the survey.

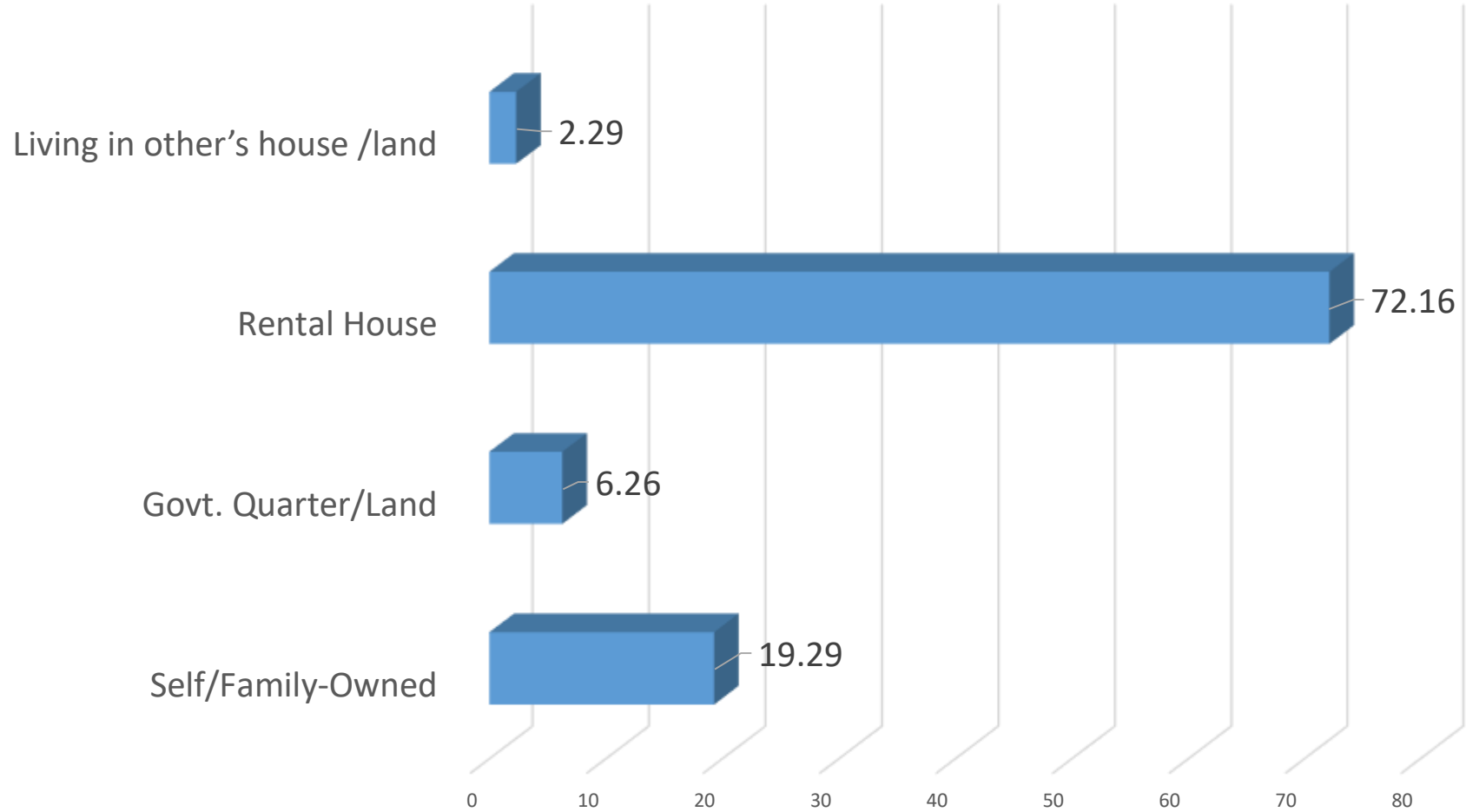


Age Distribution



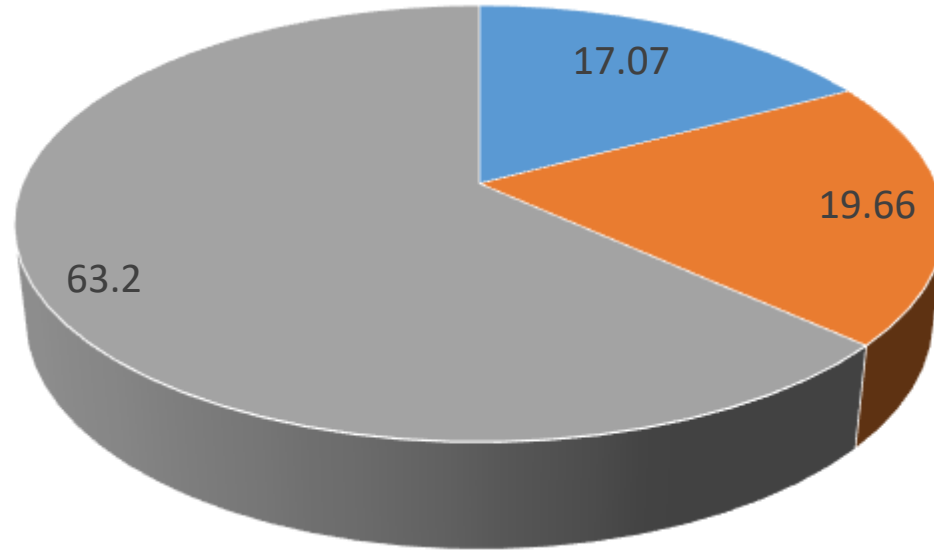
Working-age population (15 to 64) is larger than the dependent population

Ownership of the House



Poverty Status

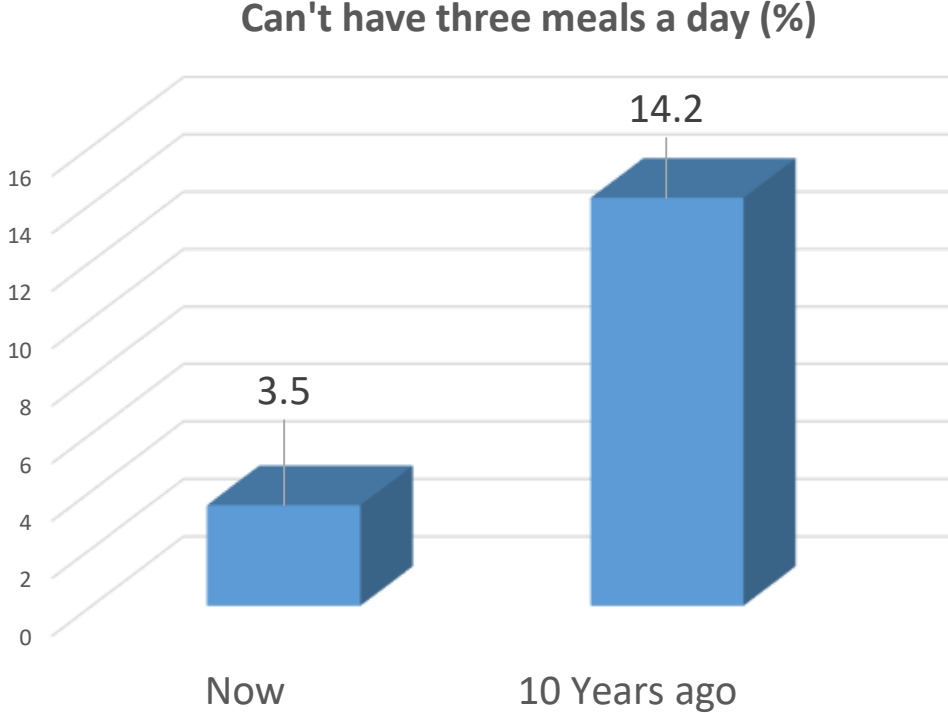
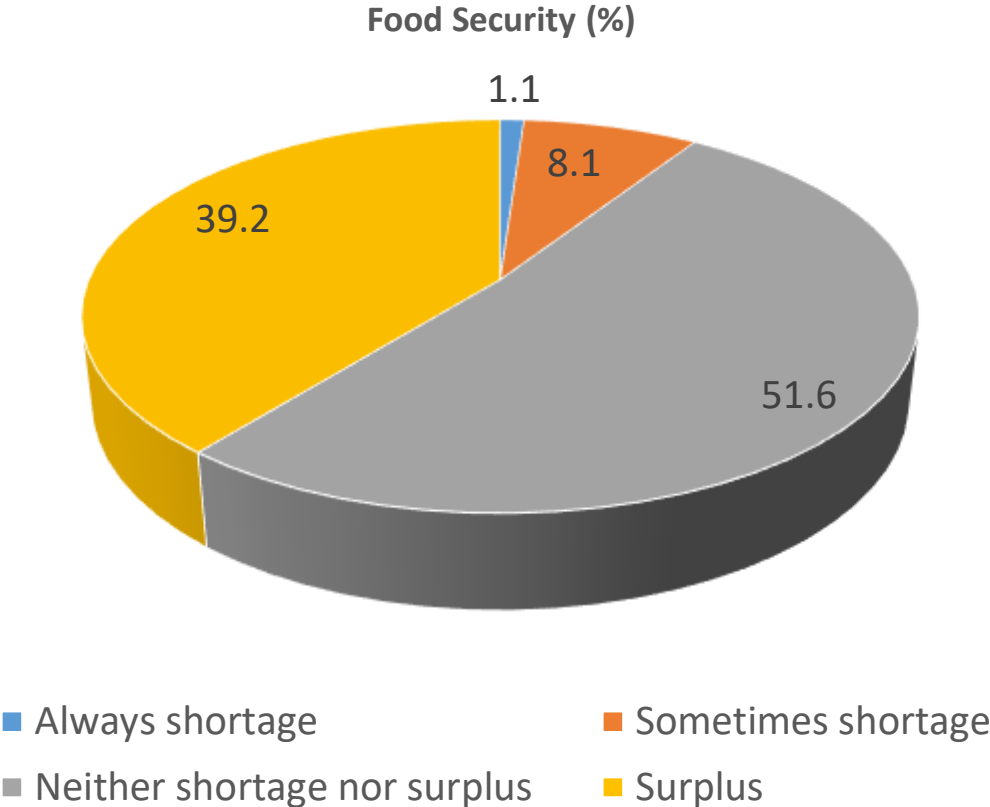
Poverty Headcount (%)



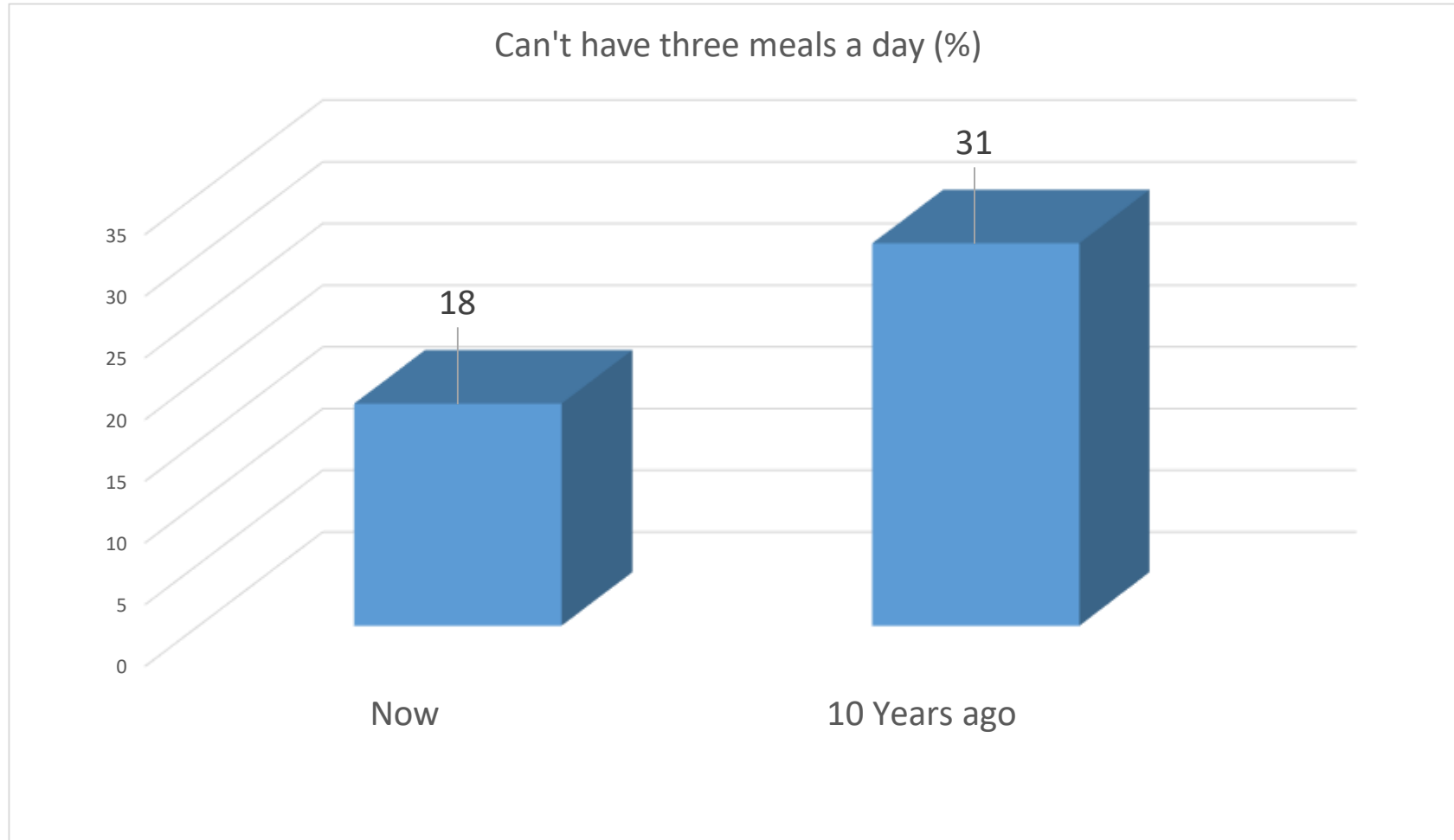
■ Poor ■ Vulnerable NonPoor ■ Non-poor

Food Security

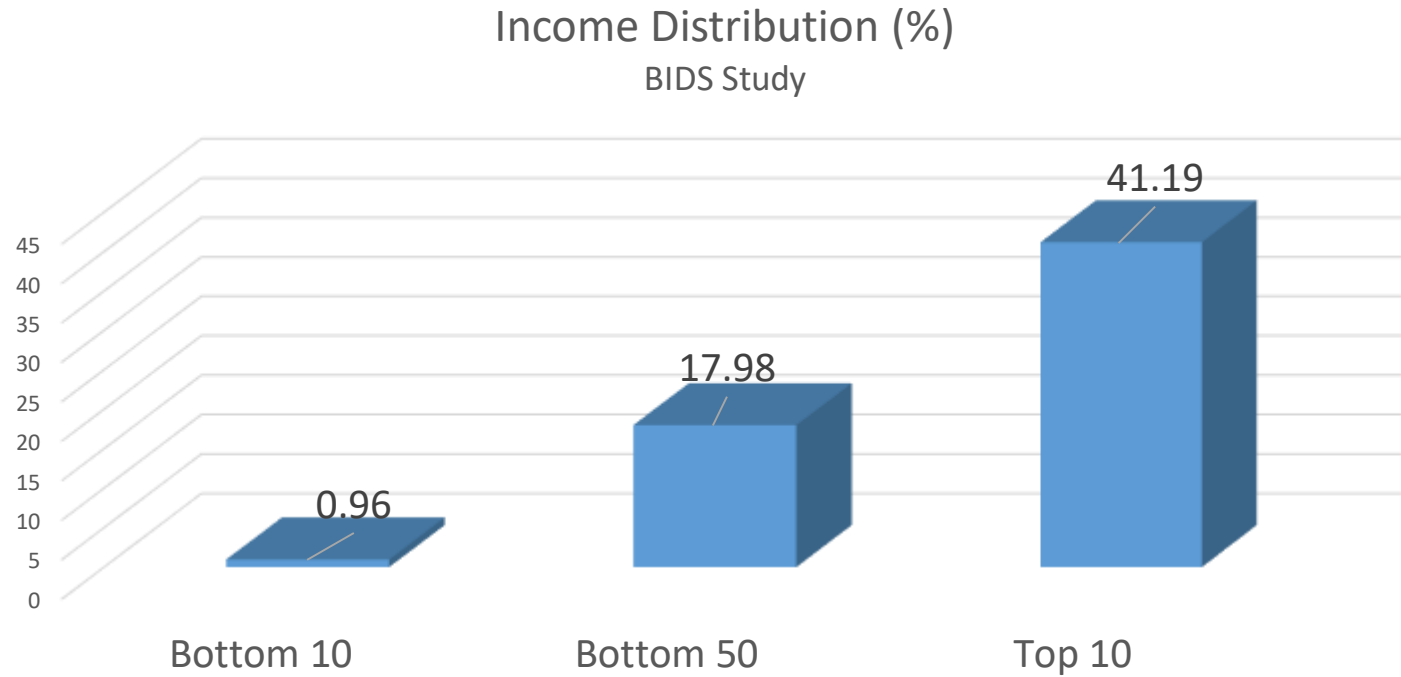
Situation of household considering food intake throughout the year



Food Security in Slums

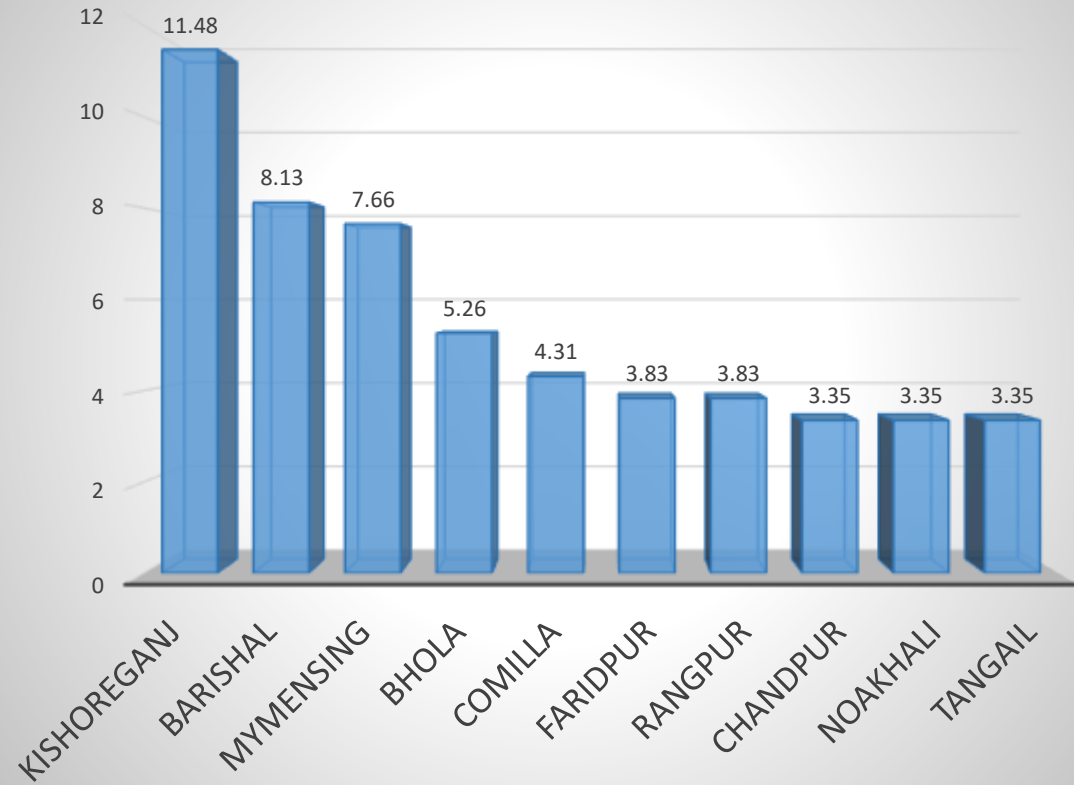


Per-capita Monthly Income (Decile Distribution)

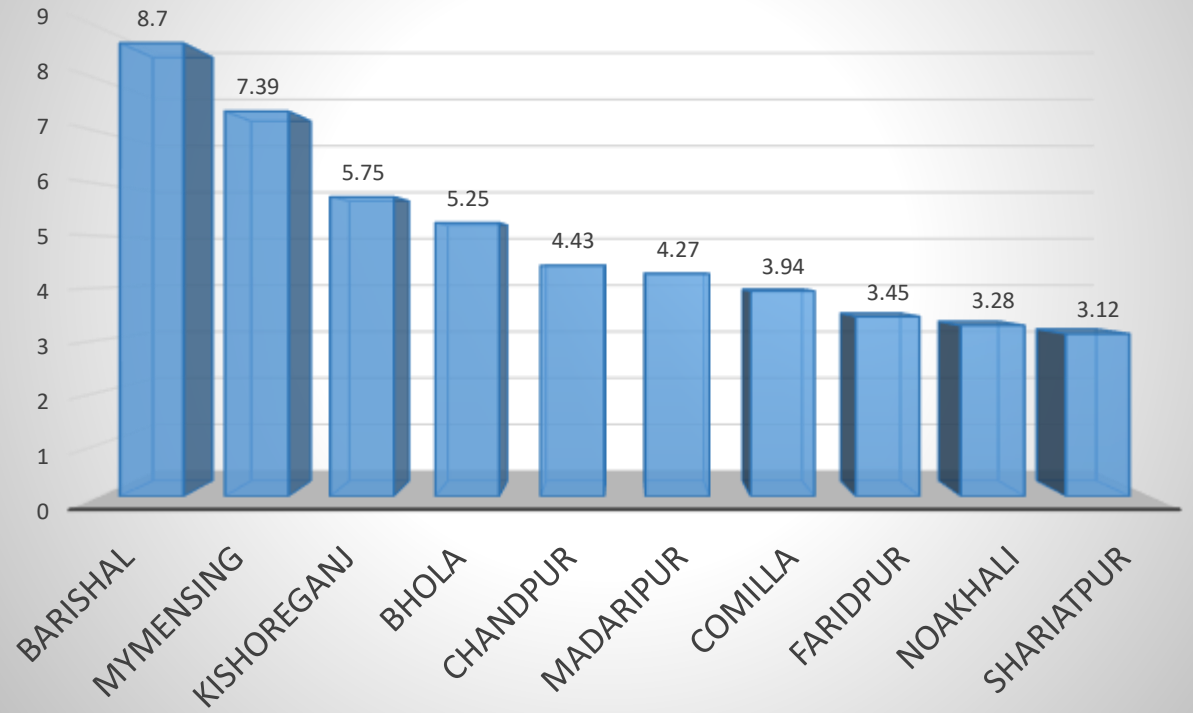


Migratory Pattern (in-migration)

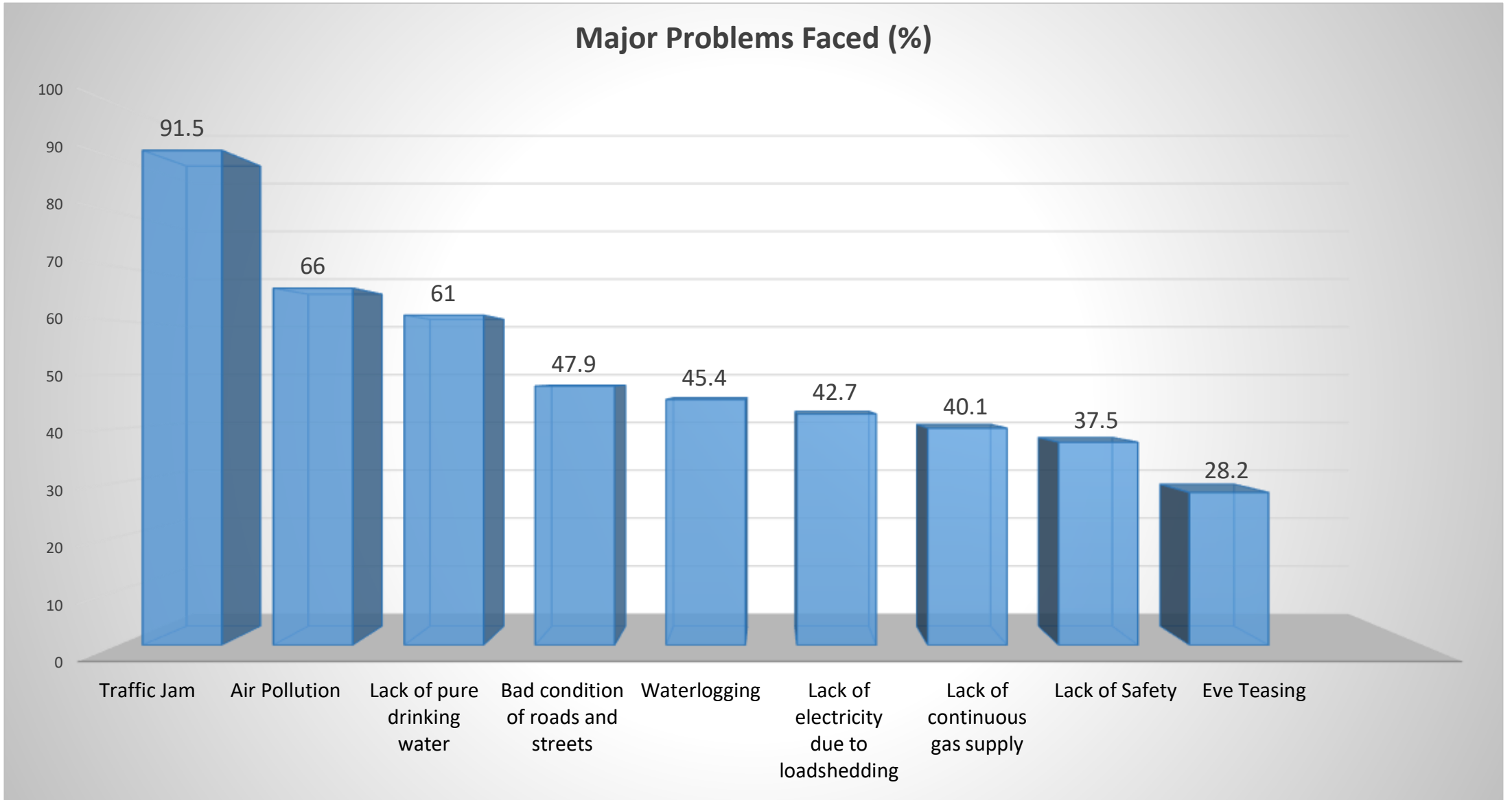
In-migration during last 5 years (%)



In-migration during last 10 years (%)

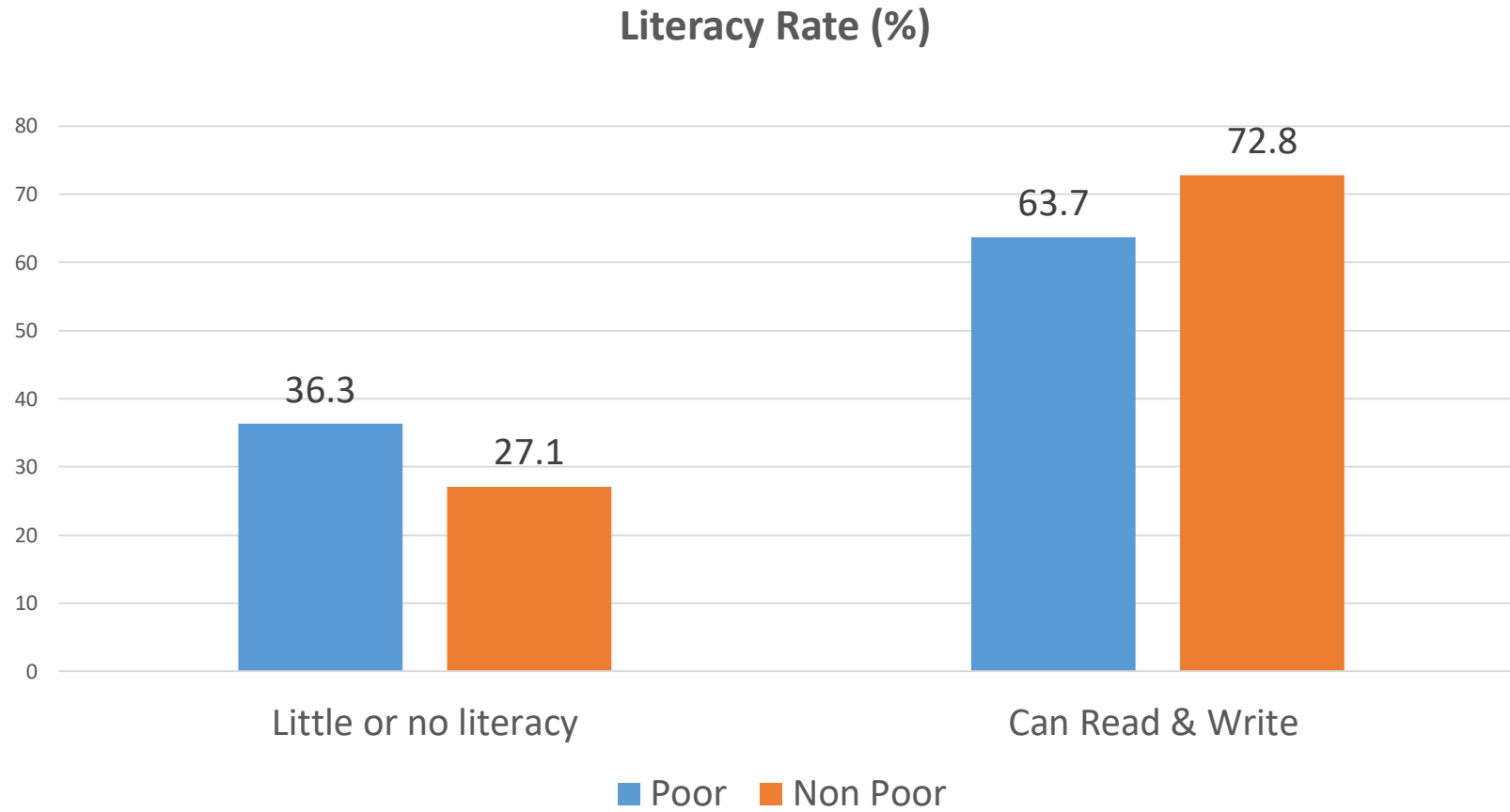


Major Problems Faced by the City Dwellers

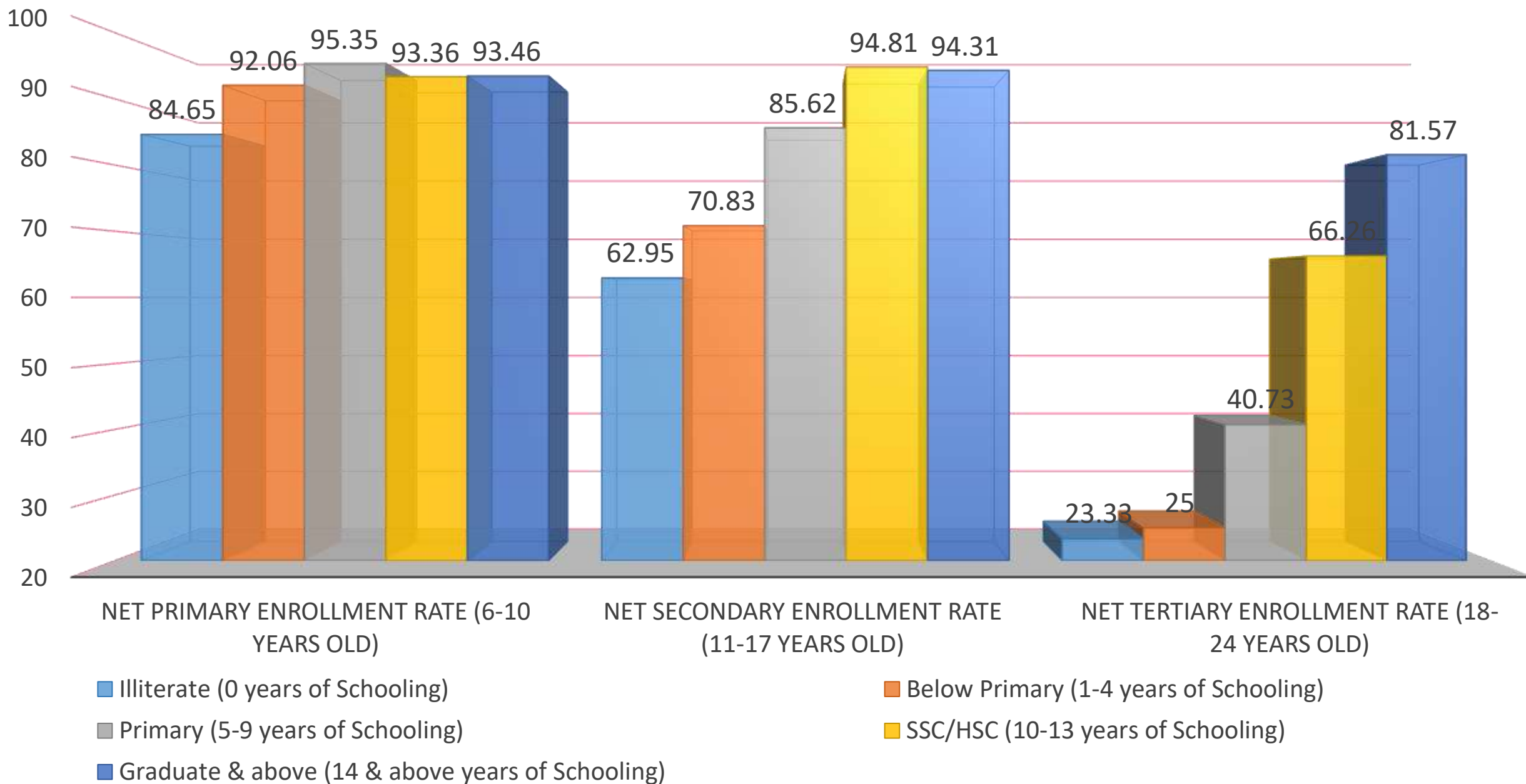


Educational Attainment

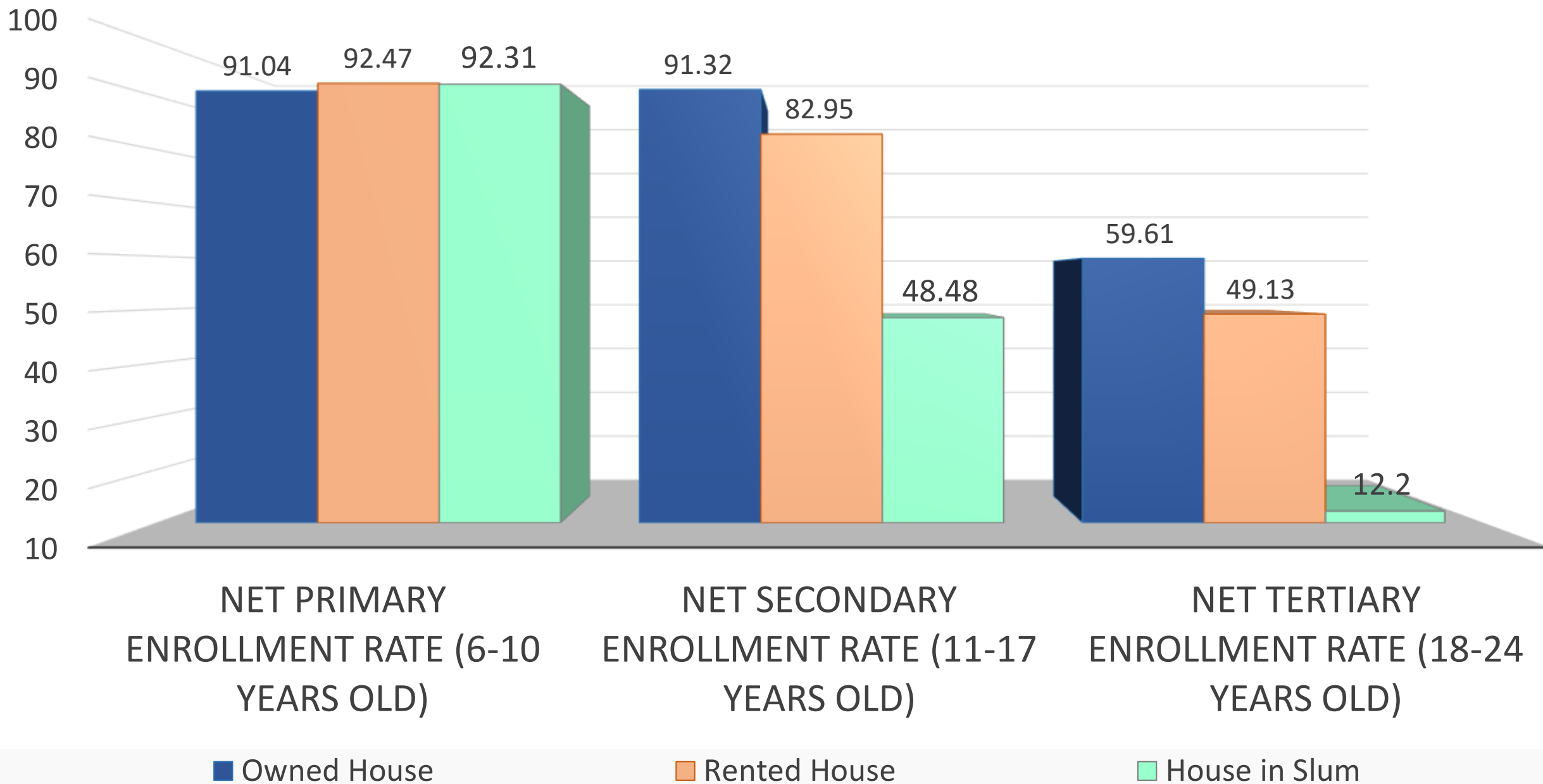
Literacy Rate



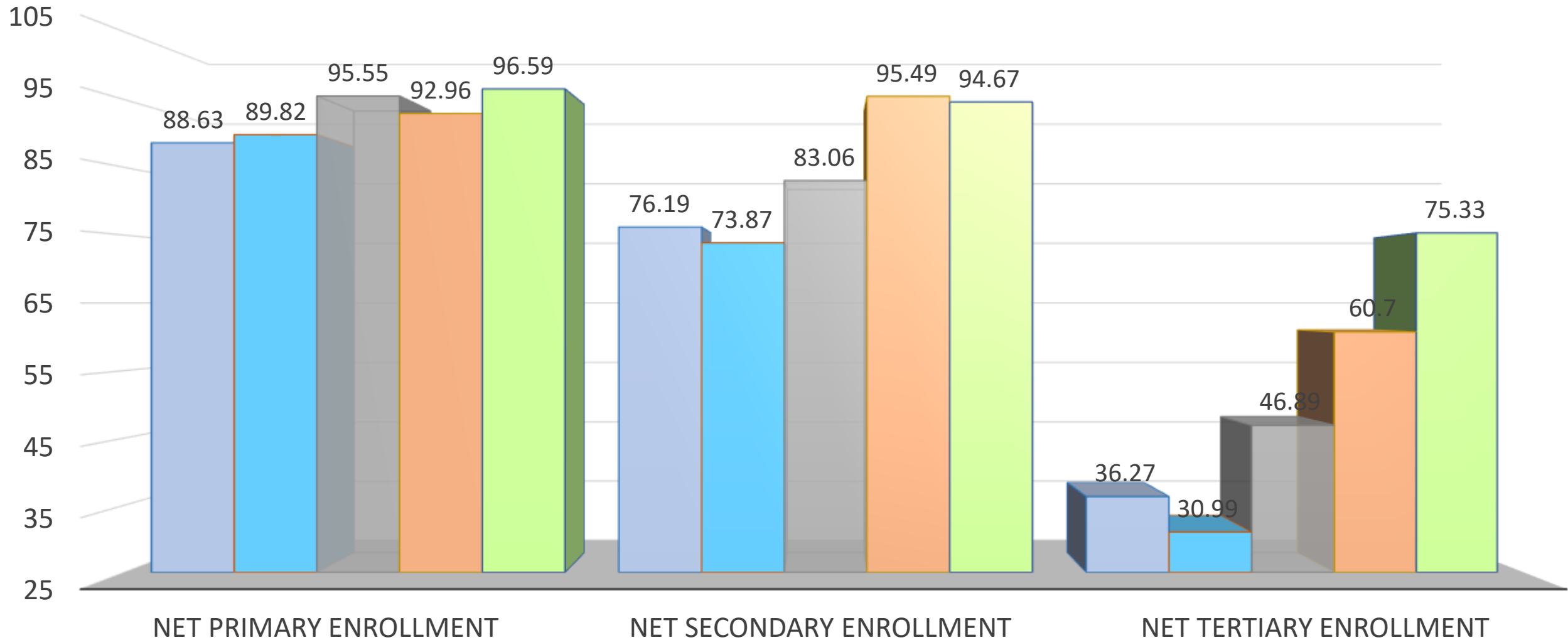
Access to Education by Household Head's Education



Access to Education by Ownership Status of the House



Access to Education by Income Quintile



Lowest 20% Income earners (Poor)

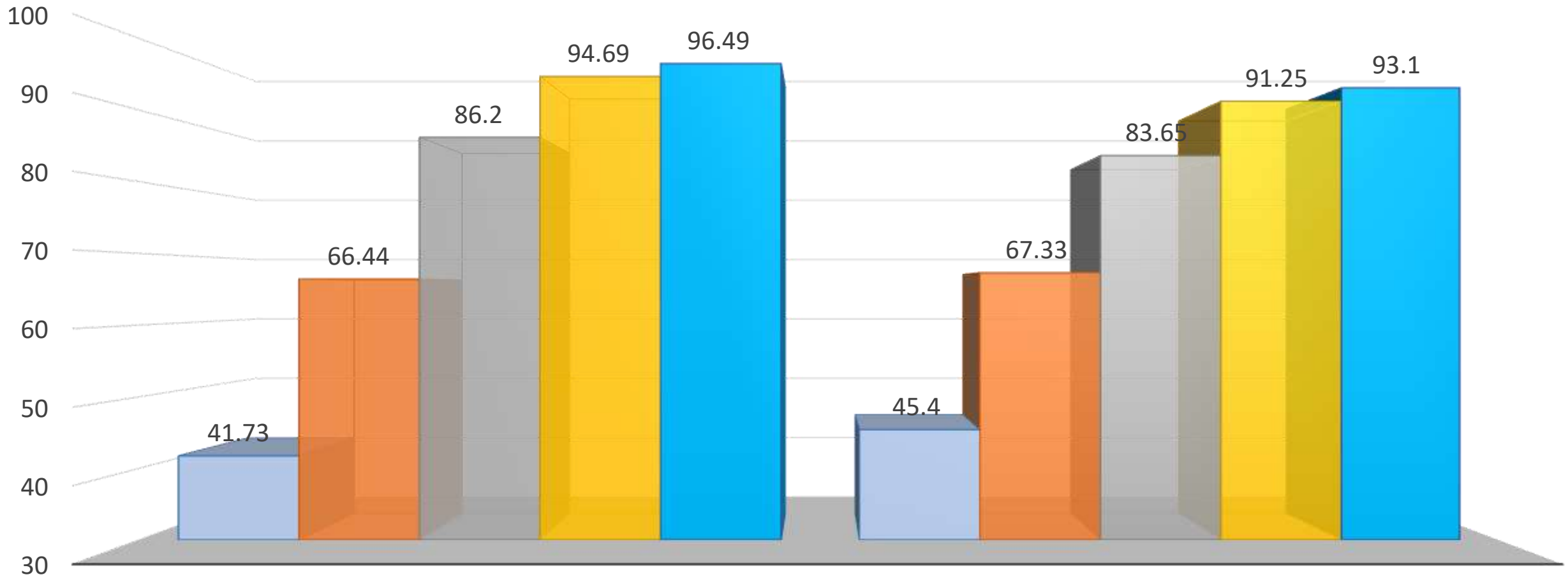
Lower Middle Income

Middle Income

Upper Middle income

Topmost 20% Income earners (Rich)

Education Status by Household Head's Education



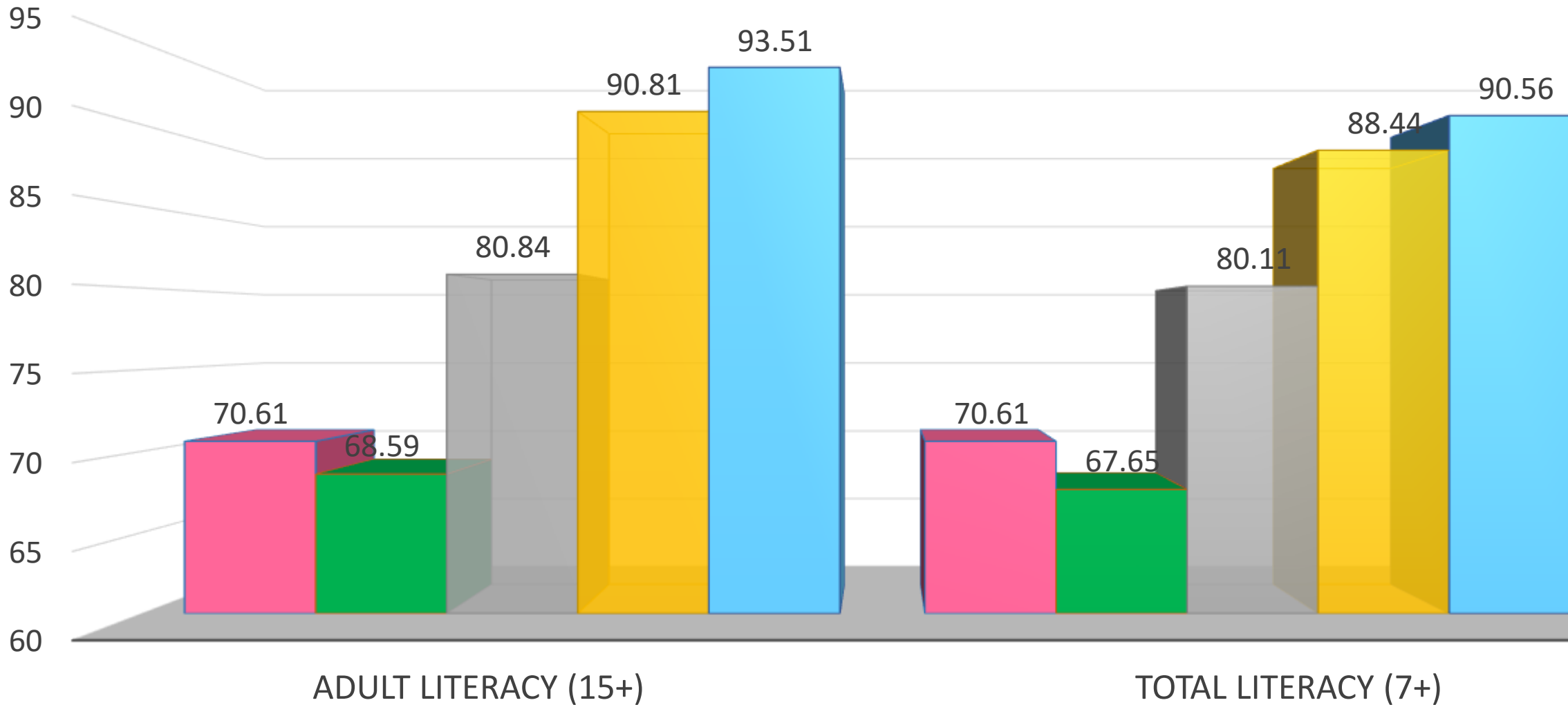
ADULT LITERACY (15+)

TOTAL LITERACY (7+)

- Illiterate (0 years of Schooling)
- Primary (5-9 years of Schooling)
- Graduate & above (14 & above years of Schooling)

- Below Primary (1-4 years of Schooling)
- SSC/HSC (10-13 years of Schooling)

Education Status by Income Quintile



Lowest 20% Income earners (Poor)

Lower Middle Income

Middle Income

Upper Middle income

Topmost 20% Income earners (Rich)

Completed Years of Schooling by Household Head's Education

Education Level of the Household Head	Completed Years of Schooling (15+)
Illiterate (0 years of Schooling)	7.1
Below Primary (1-4 years of Schooling)	5.69
Primary (5-9 years of Schooling)	7.71
SSC/HSC (10-13 years of Schooling)	10.57
Graduate & above (14 & above years of Schooling)	13.72

Completed Years of Schooling by Housing Status

Ownership Status of the House	Completed Years of Schooling (15+)
Owned House	10.41
Rented House	9.74
House in Slum	6.76

Completed Years of Schooling by Income Quintile

Income Quintile	Completed Years of Schooling (15+)
Lowest 20% Income earners (Poor)	8.19
Lower Middle Income	8.12
Middle Income	9.29
Upper Middle income	10.82
Top 20% Income earners (Rich)	12.1

Factors contributing to Choice of Schooling: A Multinomial Logistic Regression (Marginal Effects)

VARIABLES	English Medium	Madrassa
Age of Household Head	0.001**	-0.003***
	(0.001)	(0.001)
Education of Household Head	0.007***	-0.003**
	(0.001)	(0.001)
Female Headed Household	-0.039**	0.023
	(0.017)	(0.022)
Sex of the Student (Female)	-0.024***	-0.023***
	(0.009)	(0.008)
Per capita Monthly Income	0.0001***	-0.001
	(0.000)	(0.0000)
Household Size	-0.005	0.009**
	(0.004)	(0.003)
Type of House (Flat)	0.035***	-0.013
	(0.010)	(0.010)
Type of House (Slum)	0.014	0.048**
	(0.048)	(0.030)
HH Head Live in Dhaka since Birth	-0.033***	0.051***
	(0.009)	(0.012)

Robust Standard errors in parentheses

*** p<0.01, ** p<0.05, * p<0.1

Factors Contributing to Better Results in Public Exams: An OLS Approach

VARIABLES	Coefficients
Age of Household Head	0.00979***
	(0.00229)
Education of Household Head	0.00457
	(0.00583)
Female Headed Household	-0.0349
	(0.0972)
Gender (Female)	0.124**
	(0.0505)
Per Capita Monthly Income	4.77e-09
	(1.04e-06)
Household Size	-0.00841
	(0.0189)
Type of House (Flat)	0.113*
	(0.0614)
Type of House (Slum)	-0.0446
	(0.269)
HH Head Live in Dhaka since Birth	-0.00445
	(0.0527)
Public Exam (JSC)	-0.295
	(0.200)
Public Exam (SSC)	-0.255
	(0.191)
Public Exam (HSC)	-0.846***
	(0.184)

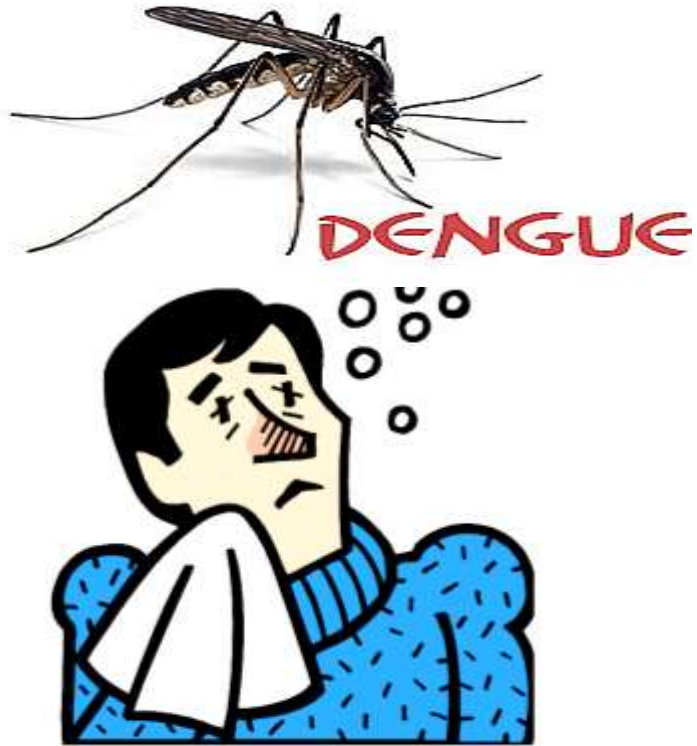
Summary Points

- ❑ Even in the capital city Dhaka, poverty and food insecurity are still a matter of concern;
- ❑ Income inequality is the highest;
- ❑ There are some changes in migratory pattern (in-migration to Dhaka) in recent years where relatively more people are now coming from the north;
- ❑ Traffic jam, air pollution, lack of pure drinking water and bad roads are among the important problems faced by the city dwellers;
- ❑ Education is also a matter of concern with a relatively high proportion (about one-third) still being illiterate;
- ❑ Educational attainment is still related to affluence and parental background.

Health



Self reported illness among city dwellers (last 30 day)



Status of illness	N	%
Illness	8,482	68
No illness	3,986	32
Total Sampled Households	12,468	100



Disease prevalence across occupational group (%)

Types of occupations	Disease (%)	No disease (%)	Total (n)
Daily workers (e.g., hotel boy, tailor)	71.28	28.72	592
Service holders (e.g., government , private)	68.92	31.08	1,927
Transport related (e.g., drivers, helper)	67.46	32.54	3,227
Business (e.g., large businesses, food processing)	64.50	35.5	1,290
Unemployed	68.65	31.35	5,049
Others	67.10	32.9	383
Total Sampled Households	68.03	31.97	12,468

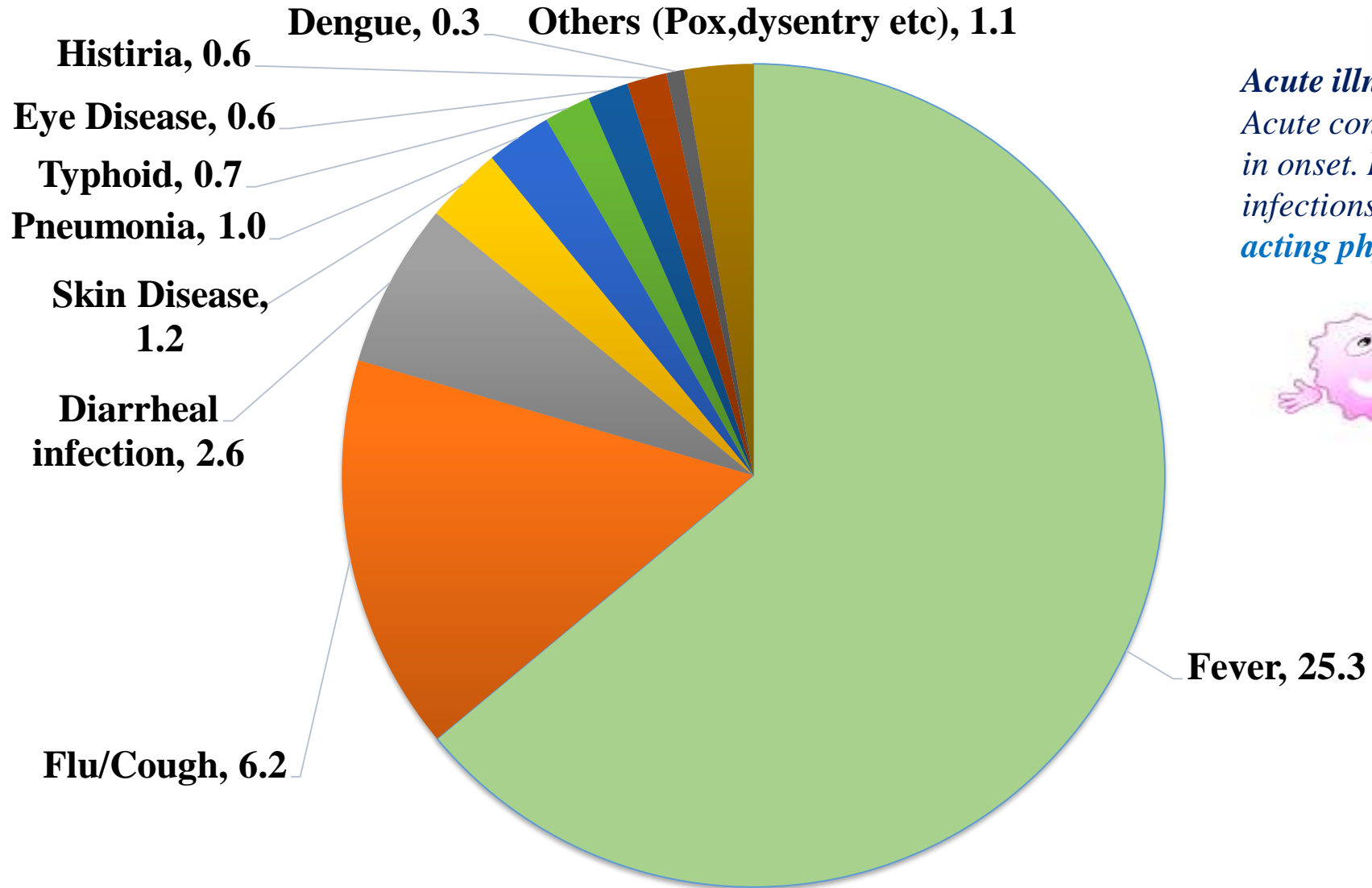


Types of self-reported illness among city dwellers (%)

Types of illness	Percentage of illness
Acute illness	39.53
Chronic illness	21.66
Reproductive health related problems	2.86
Accidental disease	0.38
Other diseases	3.60
No illness	32.00
Total Sampled Households	100.00

- ✓ **Acute illnesses** include bacterial and viral infections, as well as sudden and short acting physical symptoms
- ✓ A **chronic illness** is one lasting 3 months or more, by the definition of the U.S. National Center for Health Statistic

Distribution of **acute** illness, (39.53%)

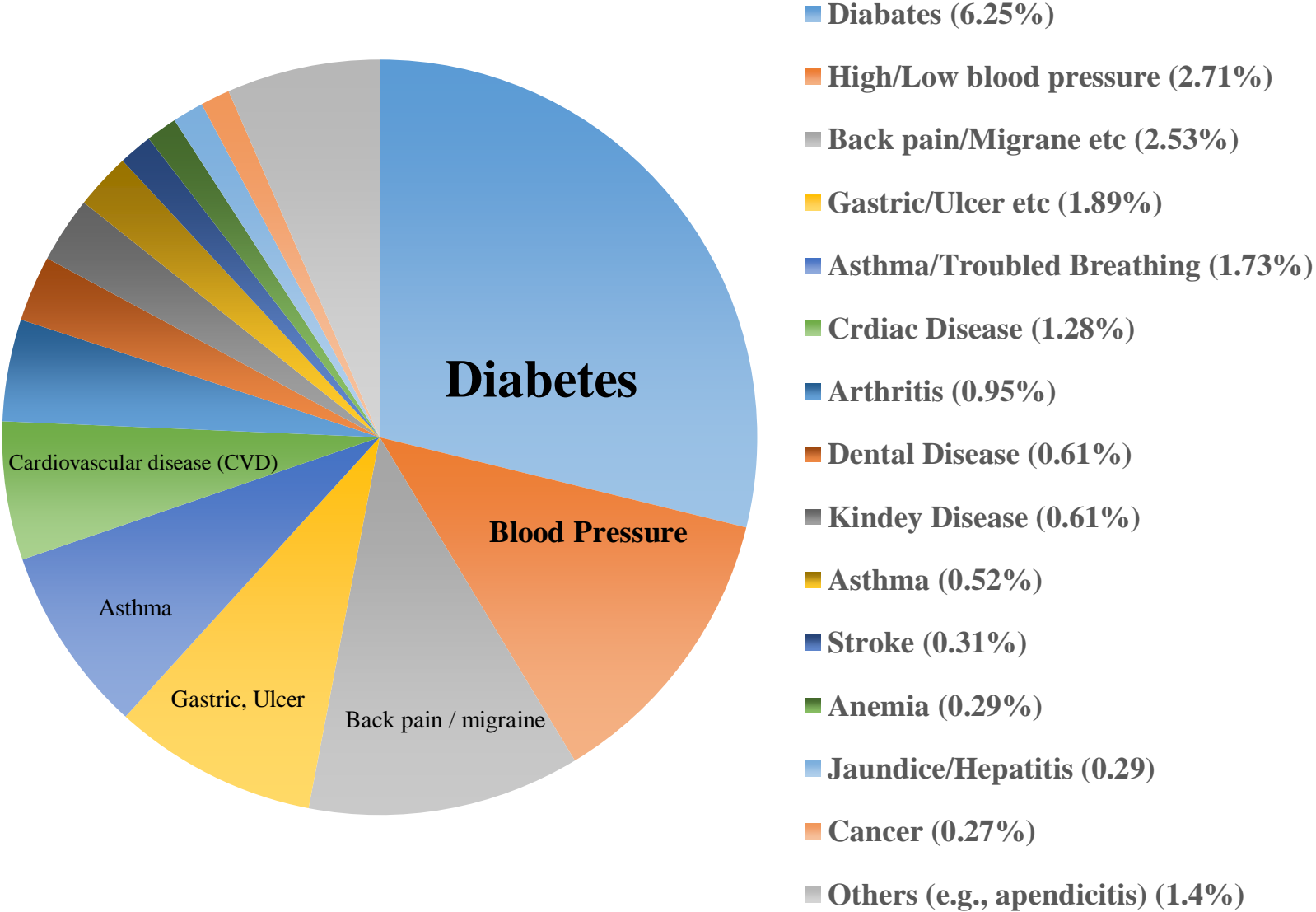


Acute illnesses

*Acute conditions are severe and sudden in onset. It include bacterial and viral infections, as well as **sudden and short acting physical symptoms.***

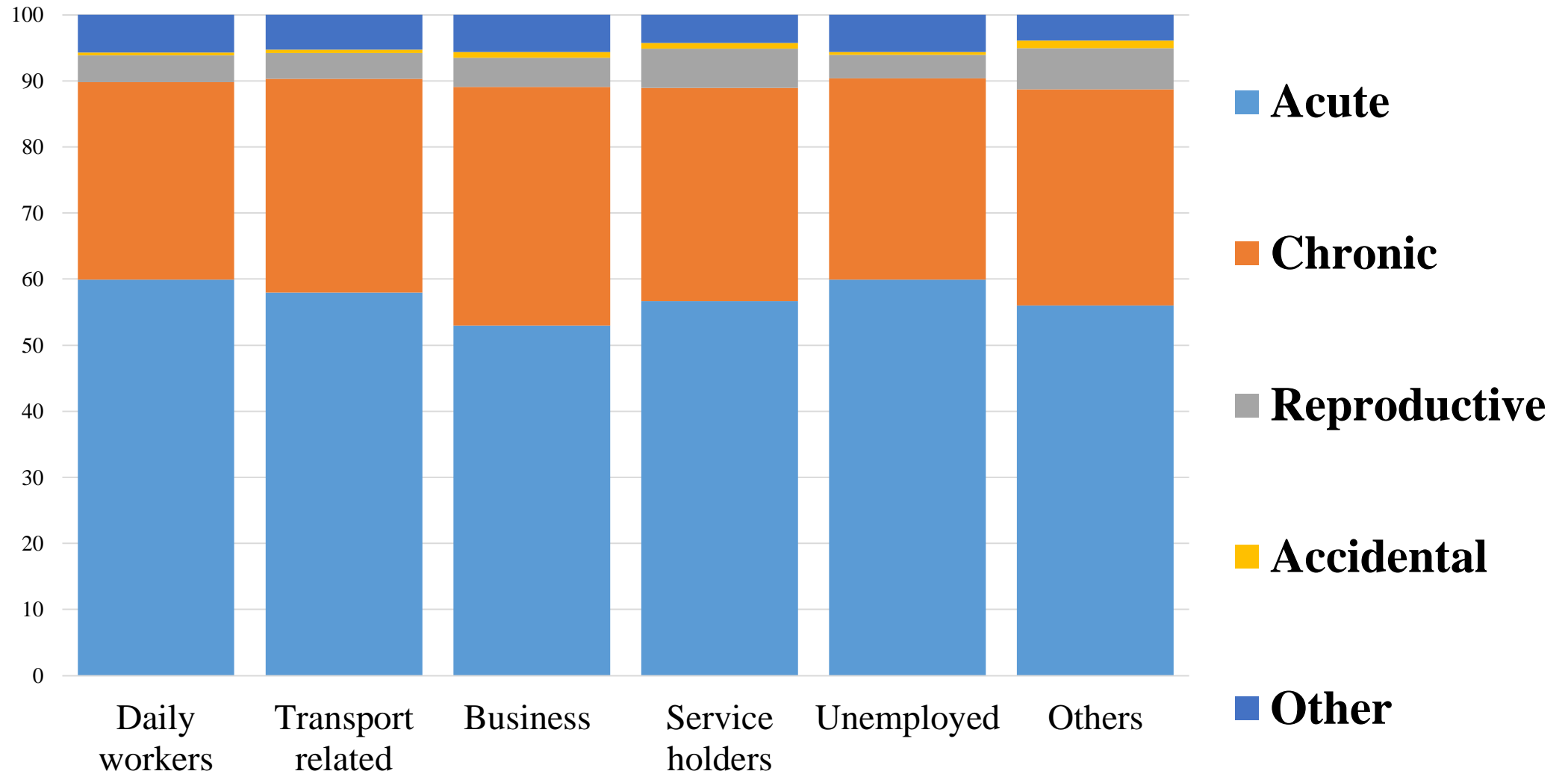


Distribution of chronic illness (21.67%)



A **chronic disease** is one lasting 3 months or more, by the definition of the U.S. National Center for Health Statistic

Self-reported health burden across occupations (%)



Health – related quality of life tools (EQ 5D)

EQ-5D IS A FAMILY OF INSTRUMENTS TO DESCRIBE AND VALUE HEALTH

30+ years
EQ-5D has been used in **clinical trials, population studies, and real-world settings** for over 30 years. EQ-5D is **recommended for use** by many Health Technology Assessment bodies.

The findings are used to **help inform decision making** by healthcare authorities, providers, and organisations.

3 versions
Respondents rate their health TODAY on each dimension. On the **EQ-5D-3L** and **EQ-5D-Y**, each dimension has 3 levels of severity, and the **EQ-5D-5L** has 5 levels. There is also a visual analogue scale, which is used as a quantitative measure of overall health status.

5 dimensions

- 1 Mobility
- 2 Self-care
- 3 Usual activities
- 4 Pain/discomfort
- 5 Anxiety/depression

Extensive research has shown EQ-5D to be **valid, reliable, and responsive**.

EQ-5D is **short and easy** to complete.

EQ-5D has been used in a **wide range** of conditions and populations.

Available in over **200 languages**

EQ-5D is available in **electronic and paper** formats.

There are different types: **self-complete, interviewer, and proxy**.

EuroQol

- Is the single **organisation** that manages the distribution and licensing of the EQ-5D.
- Consists of a **large global network** of experts who are committed to ongoing research.
- Provides EQ-5D for **free to non-commercial organisations**, after they register to use it. (commercial users are charged a fee).
- Foundation is a **non-profit-making** organisation that invests all income into EQ-5D research, education, and user support.

EQ-5D
www.euroqol.org

Originally 111 validated countries, 18 unique languages, and 200+ country language combinations.

By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

Mobility

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

Self-Care

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

Usual Activities (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

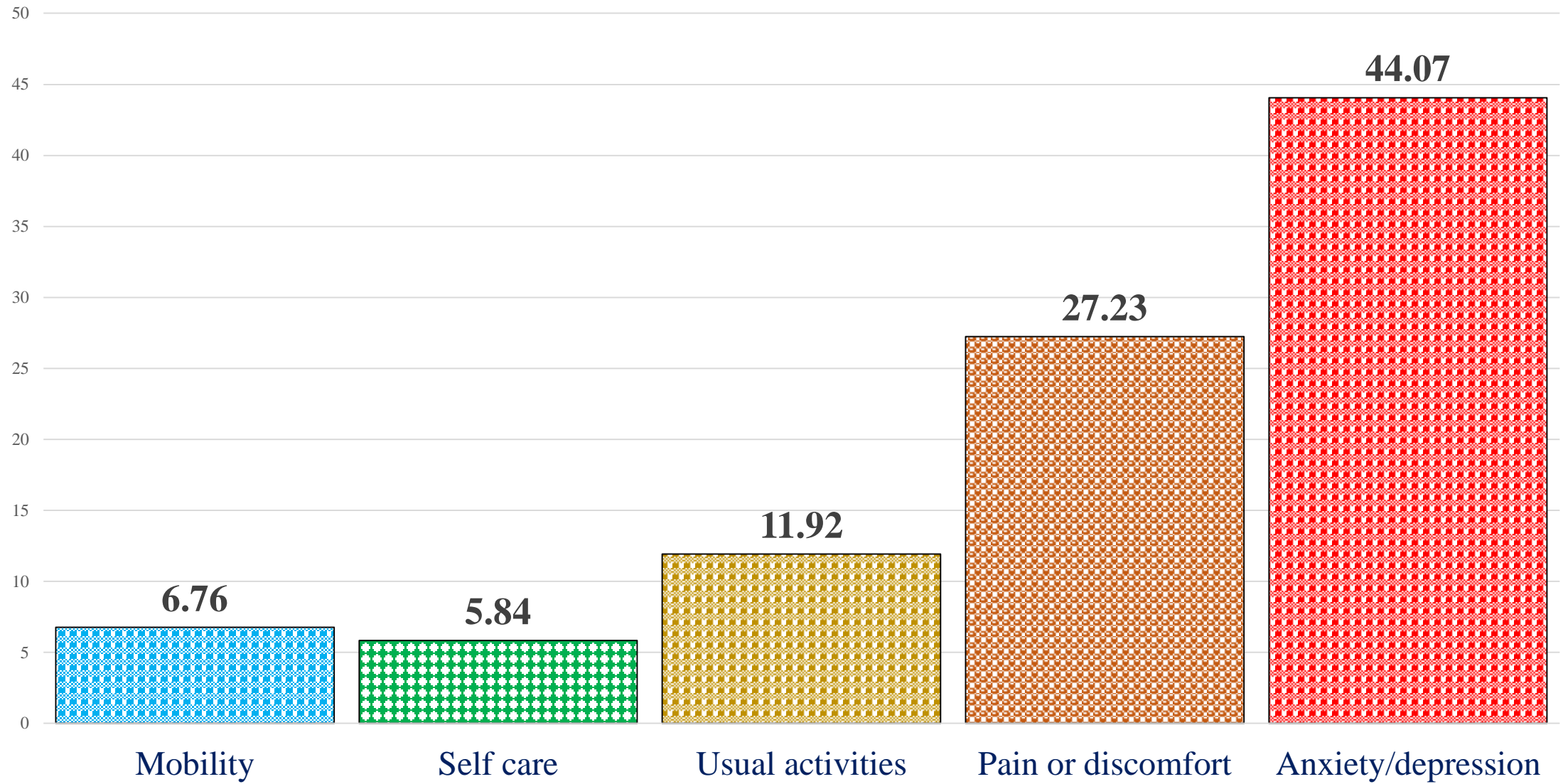
Pain / Discomfort

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

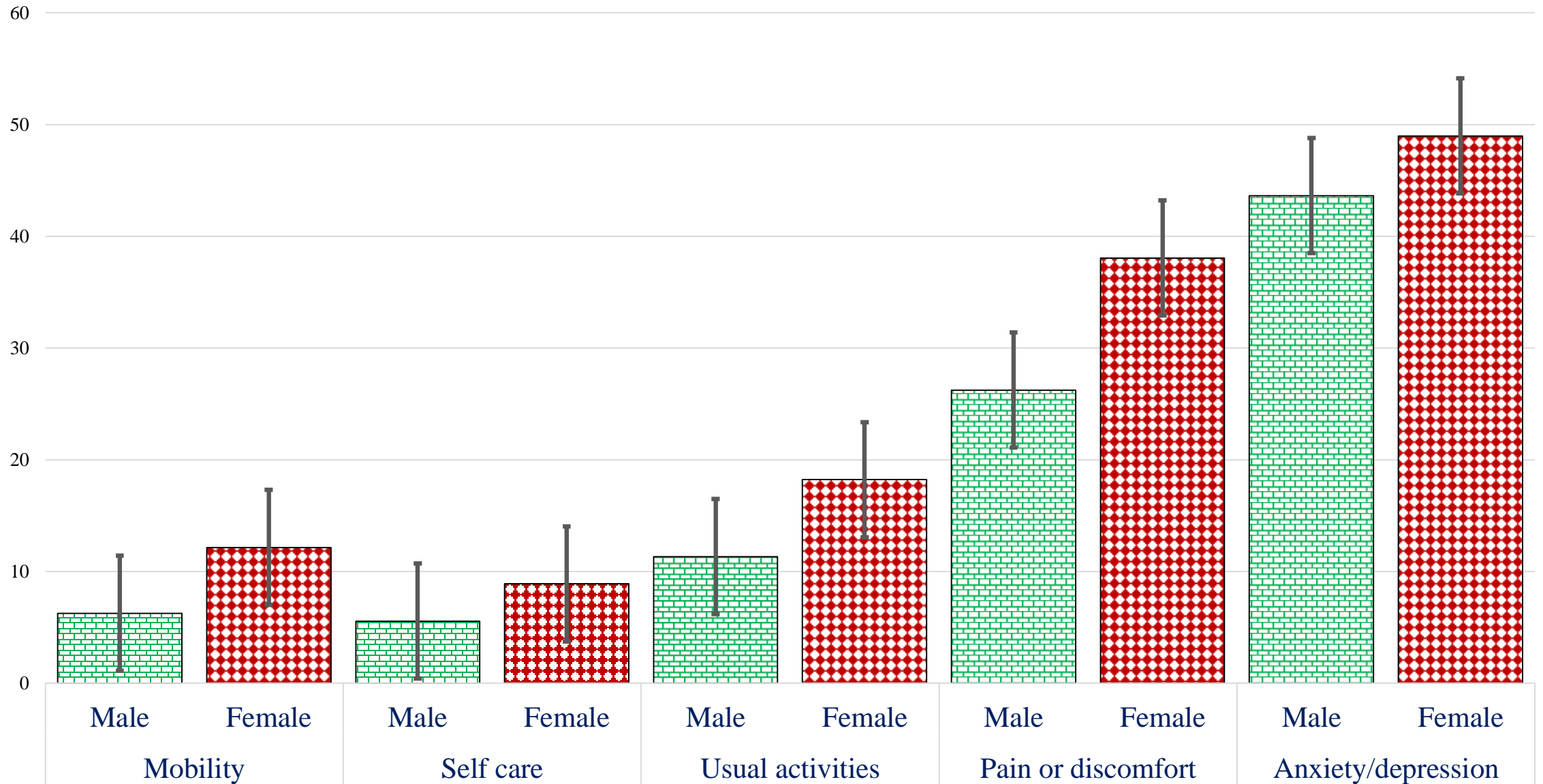
Anxiety / Depression

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

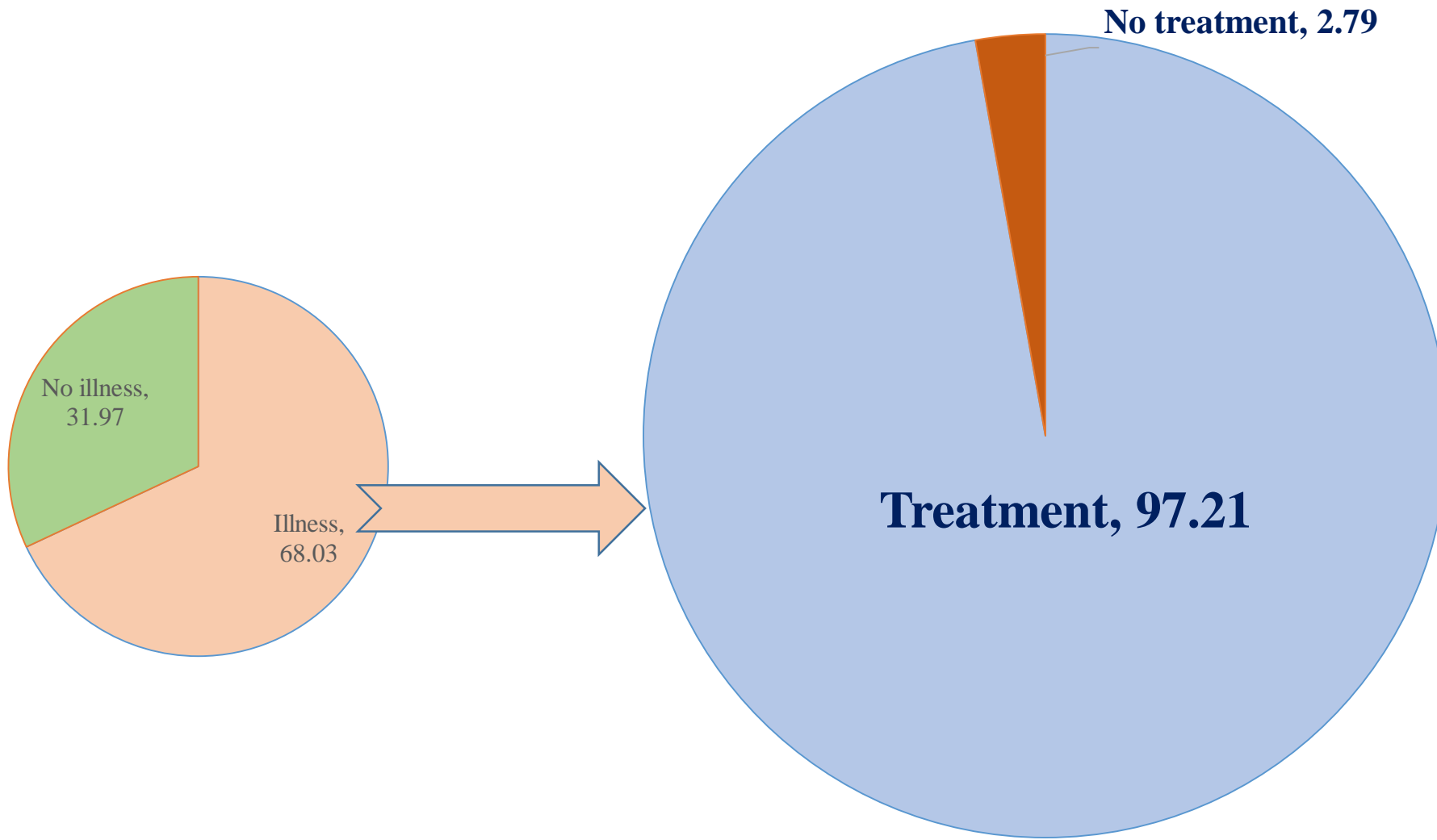
Health related problem (%)



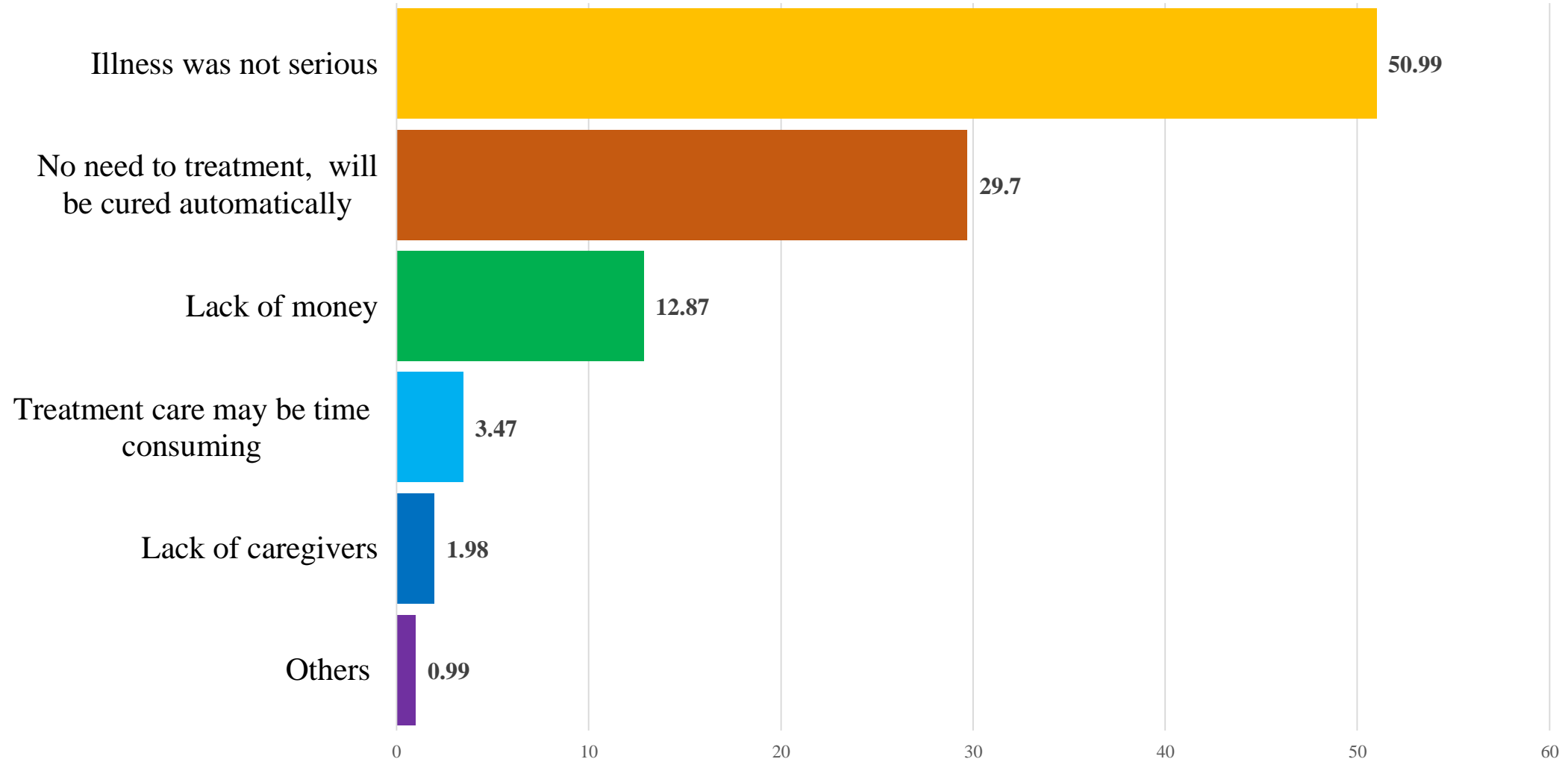
Health related problem across sex (%)



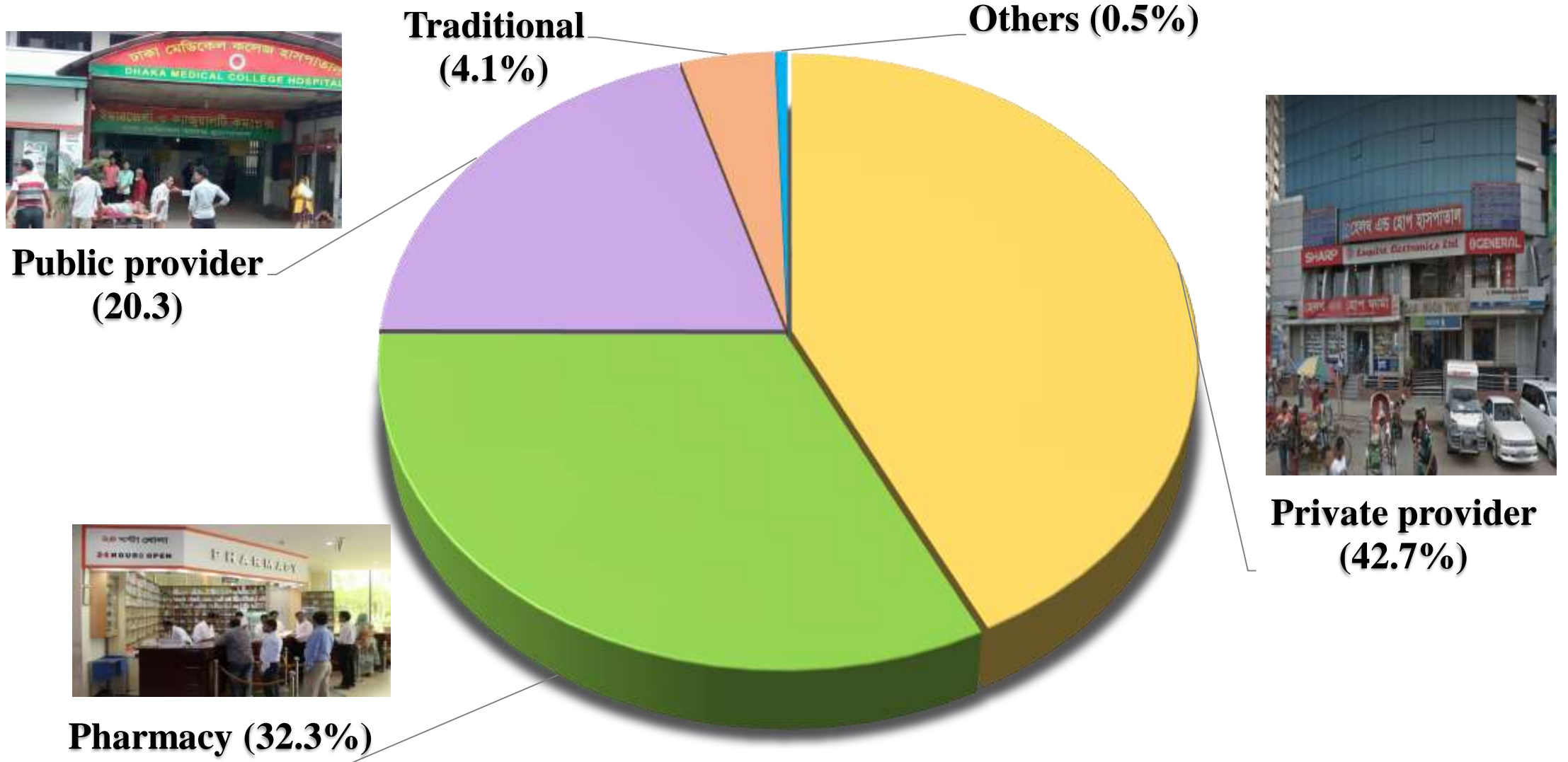
Status of treatment care (%)



Reasons for not seeking treatment care (%)



Care seeking pattern across provider (97.21%)



Care seeking behavior with poor* and non poor** (%)

Source of care	Poor (n=982)	Non-Poor (n=7263)
Pharmacy/ Self	38.29	31.5
Public provider	14.56	21.13
Private provider	42.06	42.76
Traditional	4.89	4.02
Others	0.2	0.58



**Poor = income level below BDT 3500 /month*

***Non poor = Above BDT 3500*

Average economic cost of treatment, BDT (US\$) [last 30 days]

Cost category	BDT (US\$)	SD
Direct medical (e.g., medicine)	2,250 (26.5)	62
Direct non-medical (e.g., transportation)	792 (9.3)	76
Indirect cost (e.g., income loss)	4,374 (51.5)	72.3
Total economic cost of treatment	7,417 (87.3)	136.3

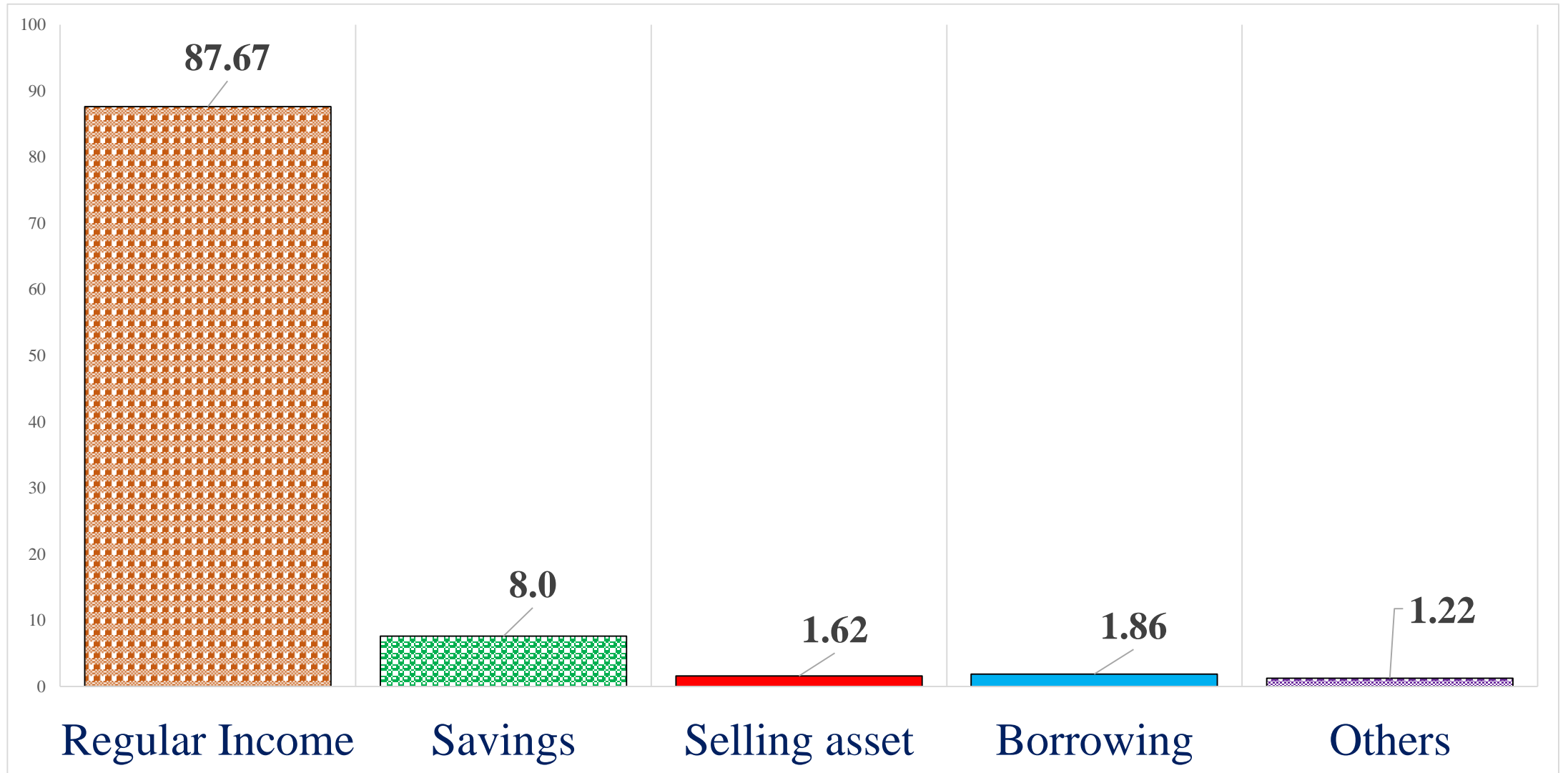


Cost burden and catastrophic health expenditure in different socioeconomic condition

Income Group (BDT)	Average Income	Average Healthcare cost	Average out-of-pocket (OOP) cost	OOP as percentage of HH income (%)
Up to BDT 5500	2,670	5,516	1,802	67.49
BDT 5001-10,000	8,400	7,004	2,701	32.16
BDT 10,001-18,000	14,620	6,993	3,229	22.09
BDT 18,001- 25,000	21,900	7,124	2,858	13.05
Above BDT 25,000	68,780	8,606	3,657	5.32
Total	34,558	7,417	3,042	8.80

Considering a 10% threshold level of catastrophic expenditure, most of the dwellers are suffered from catastrophic expenditure while the poorest income group suffered more.

Coping strategies of treatment cost (%)



Summary Points

- ❑ We found that 68% of population suffered illness in last 30 days, preceding to the survey
- ❑ Approximately 40% of people suffered acute illness (e.g., fever, diarrhea, dengue) while 22% of people suffered due to chronic illness (e.g., diabetes, blood pressure)
- ❑ The average economic cost of treatment was approximately BDT 7,417(US\$ 87)
- ❑ The overall OOP expenditure was 8.8% of monthly household income among city dwellers while lowest income people spend 67% of their monthly income

Thank You

