

Feature

Education

Population Education in Third World

by M.A. Mannan

POPULATION explosion has become a serious problem all over the world particularly in the third world countries. In Bangladesh, population has been identified as a number one problem. All our efforts have been made to solve this problem. Almost all the ministries and divisions of the Govt. were given certain responsibilities to contribute to the solution of this problem. Let us now see what has been done in the family planning sector.

The Family Planning Programme in Bangladesh started in 1953 as a private initiative. In 1960, the Govt. undertook a pilot project for 5 years to bring 1.2 million eligible couples into the programme. At the end of the programme it was found that only 15 per cent of the target was achieved. During 1965-70, the Govt. started national programme to reduce population growth rate from 3 to 2.7. At the end of the programme, growth rate remained the same with CPR (Contraceptive Prevalence Rate) only 3% even though the monetary incentive was declared to motivate the people.

During 1970-80, integrated MCH-FP programme was initiated. Population growth remained high at 2.8 per cent at the end of 1980. The target was 2.5.

During the last 40 years (i.e. 1953-93) all our efforts were made with both from the Govt and private sectors to make the population policy a success. At present there are 53 thousand GOB family planning personnel and 695 NGOs are working in the family planning sector. At the initiation of the programme, the population was about 42 million. As per the World Bank and other UN agencies, population in Bangladesh in 1991 estimated to be 114 million with a growth rate of 2.2 per cent.

It seems that the massive amount spent on family planning programme and the infrastructure and personnel did not have significant impact on population growth. For example, CPR has increased from 3 per cent in 1969 to 18% in 1981 and 40 per cent by 1990, but the impact has not been reflected in the birth rates, as CBR (Crude Birth Rate) and TFR (Total Fertility Rate) remained stagnant at around 33-34, and 4-5 respectively during the last decade.

Background

Specialists are of the opinion that population control, social change and economic development are inseparably connected

and influence one another. It was agreed in the World Population Conference in Bucharest in 1974 that in the process of development of the developing countries population control and social advancement are interconnected. This viewpoint was supported by data based on research. Research findings reveal that 'Chances of success of population control and family planning programmes are much greater when co-ordinated with other development efforts than when they are carried out in isolation.

In view of this, Bangladesh has undertaken multi-sectoral programmes with ministries which are directed towards social and economic development.

ample with high literacy rate has high CPR where per capita FP expenditure is much less than Bangladesh.

Investment in education will not only reduce population growth rate but will also alleviate other socio-economic problems that perpetuates high population growth, e.g. poverty, malnutrition, diseases, epidemic, unemployment etc. Educated people have better opportunity to earn a sustainable livelihood, make informed reproductive choices and live a healthier life. The Govt. policy should have been to invest more into population (in education), then it would have become an

grated approach should be made.

For achieving the success of population policy multi-sectoral programme efforts were made. The Ministry of Education was given the responsibility of introducing the population education in the formal school system of Bangladesh.

PROGRESS IN POPULATION EDUCATION

The Ministry of Education started population education activities in 1976 through two development projects namely 'Introduction of population education in the formal school system of Bangladesh' and

funded two projects, IDA funded the population project and the UNEPA funded the population education programme.

Since there were two donor agencies, all the activities for introduction of population education were divided between them. Population education curriculum for classes IV to XII was prepared by the IDA project. This project also arranged training for primary school teachers in six integrated thanas of the four Political Divisions of the country.

Since the primary school teachers live and work among the illiterate masses in the rural areas they were considered opinion leaders and changed agents for them. Their training was utilized to motivate the common people. With the advanced training on population education, the teachers themselves were motivated to adopt the means for the solution of population problem. This had the multiplier effects on the masses. The common people followed them as their ideals. With the training on population education, the teachers also gained the competence to teach population education contents in the class room to the students effectively without jeopardising the value system of the communities. The evaluation report of the project reveals that the project was quite effective for the solution of the population problem. The class teaching population education helped the students to be acquainted with the population problem and thereby formation of right type attitudes to take rational decision on population as and when they will grow up and will be needed to take such decisions.

Other activities of introduction of population education such as development of population education materials for text books according to the prepared curriculum, imparting training to the teachers and other educators, documentation and publication, research and evaluation, preparation of teachers' guide etc. were performed by the UNFPA assisted projects. At this stage (i.e. from 1976 to 1980) of the project, besides the preparatory activities for introduction of population education, the project integrated population education materials in the text books on Bengali, Mathematics, Science, Social Studies etc. of classes IV & V of

primary stage of education and arranged class room teaching of the same.

Since the population education programme of the Ministry of Education was an educational programme, it should meet, besides meeting the objectives of population policy, the academic needs which is in conformity with the national education policy. To achieve these objectives, technical assistance from UNESCO, besides national expertise were utilized effectively.

During the second phase (i.e. from 1980-1985) of the programme, there was only one project and one funding agency - UNFPA.

The activities carried out during the period are detailed below:

All the incomplete works of the first phase of the programme were carried to completion at this time.

At this stage, Population Education contents were developed and integrated in the text books of Bengali, Mathematics, Social Studies, Science, Home Economics, Hygiene, Food and nutrition etc. of general education and arrangements were made to teach the same in the classes from VI to XII.

Besides, population education was also introduced in other branches of education such as madrasah education (i.e. Muslim religious education), technical education, commercial and trade education etc. About one lakh of teachers, teacher educators, educational administrators and other key personnel were trained in this project during the period.

The project had 20 field level offices at the district head quarters of greater 20 districts of the country. The field offices would arrange training of teachers of secondary schools at the district head quarters and primary school teachers at the thana head quarters. The field offices would help in teaching and monitoring of the progress of teaching - learning of population education contents at the local schools. They would also collect data for research works at the head office of population education located in Dhaka. They would feed the head office with information relevant to population education. Evaluation and monitoring were done by the head office through the local offices. Distribution of population education materials to schools and colleges were made by the head office through the local offices.

(To be continued)



Some specialists are of opinion that "education is the best contraceptive". But in Bangladesh perhaps due importance and emphasis was not given in education sector. Education is the first and foremost instrument to achieve successful population policy. Educated people can make informed choices and use MCH-FP services at their own initiative. Sri Lanka, for ex-

asset instead of a problem. "Through education there is a possibility to overcome the vicious cycle of poverty and unwanted population growth."

Family planning should be turned into a social movement and be made more strengthened. Population should be regarded as a part of the total developmental process. For improving the quality of life inter-

"population project". The objective of the projects was to introduce population education through some selected school subjects in an integrated way in the classes from IV to XIV.

There were two phases of the programme - first phase continued from 1976 to 1979 and the second phase continued from 1980 to 1985. During the first phase two donor agencies

Addressing the needs of Special Children

by Aasha Mehreen Amin

EVERY year 30,000 children become blind due to vitamin A deficiency. Yet this is only a small proportion of the total number of children who are born or become disabled. The 1992 report on Childhood Disabilities in Bangladesh estimates this figure to be 14 per cent. At present there are more than 10 million disabled people in Bangladesh. These staggering figures point out to the same question. Why has this number been allowed to be this high?

Apathy, negligence and insensitivity are perhaps good answers. Efforts from private organisations have been admirable but hardly enough and from the government stand point negligible compared to the need. In an exclusive interview with The Daily Star, Professor Sultana Zaman who has tirelessly worked with the disabled for over twenty years speaks about the state of the disabled in this country and her own efforts to help them.

The main problem, says Professor Zaman, is that of acceptance. Disabled people have always been segregated from society, seen as separate unwanted and therefore, totally uncared for. "To the wealthy," says Dr. Zaman, "they are a shame, to the middle class, a burden and to the poor prospective beggars". The fact that they are human beings just like any of us and can contribute to society as citizens is not recognized.

The level of awareness is very low compared to neighbouring countries, such as India, Pakistan and Sri Lanka, says Dr Zaman, where facilities to treat and cure disabilities are far advanced. There are many types of disability each requiring different methods of treatment and approach. These include hearing impairment, visual disability, and mental disability. Within this broad category there are also levels of disability ranging from mild to severe. Each disability has its own causal factor so the vital question says Dr Zaman is are any of these disabilities preventable? If so, what can be done?

Although a large number of disabilities is caused by frequent road accidents and natural disasters, most children are born with a handicap or acquire one due to acute malnutrition. Vitamin A deficiency causes blindness while iodine deficiency causes goiter which affects the brain; severe malnu-

trition of a pregnant mother causes hydrocephalus (where the baby's head is smaller than the normal size) or microcephaly (enlargement of the fetal head). All these disabilities are preventable with simple supplements to the diet. In this respect, says Professor Zaman, UNICEF has done a marvellous job with their immunization, iodized salt and vitamin A distribution programmes.

Other non governmental organisations also have programmes for the disabled such as Bangladesh National Society for the Blind, Bangladesh Drihsitheen Foundation, Bangladesh Protibandhi Founda-

She mentions that a modern, highly sophisticated structure called "National Centre for Special Education" has been built but still awaits permission from the Ministry of Education to start functioning. Why should not the schools for the disabled and this centre be bought under the Ministry of Education as is the case in neighbouring countries, demands Dr Zaman. In several universities of these countries a separate "Department of Special Education" has been established for training of teachers. The area of disability, says Dr Zaman, is a multi-disciplinary area, health, education and social services are all necessary

vidual efforts however have been significant. 10 years ago says Dr Zaman, a British organisation called Hearing Impaired School sent a child specialist called Monica Tomlin to Bangladesh. Tomlin tested many deaf children and gave some training to teachers. For the first time deaf children started to speak.

Professor Zaman's own contributions to special education in Bangladesh have been tremendous. In the 70s she established the Society for Care and Education of Mentally Retarded children. During her PHD programme in the US Dr Zaman had discovered that ev-



tion, Centre for the Rehabilitation of the Paralyzed etc. These organisations are working very hard, says Dr Zaman, but with limited funds and resources, their contribution to making the lives of millions of disabled people better is only so much. Government assistance is, therefore, essential.

Government programmes, Dr Zaman points out, are only for the blind and deaf and includes schools in 7 districts and integrated programmes for the blind in 47 regular schools. This is far from adequate considering that the number of disabled children are in the thousands. Moreover, says Dr. Zaman, the turn out of students is very low and teachers are not properly trained.

for these disabled children. Even in the case of meeting basic needs we are far behind other South Asian countries, despairs Dr Zaman. Something as basic as a braille press to print textbooks for the blind has not been successfully developed yet and even today there is no national sign language an essential component for special education. With the help of hearing aides, deaf children can hear almost perfect.

Many deaf children says Dr Zaman, have nothing wrong with their vocal chords and so can easily learn to speak if taught properly. These simple training techniques have not yet been developed.

Progress resulting from indi-

cation public school had a special education class. When she came back to this country she started special education classes in four schools beginning with Will's Little Flower School. In 1977 she started 'small training courses for her students in the Psychology Department and for mothers of disabled children.

Later Dr Zaman formed the Bangladesh Protibandhi Foundation which includes a school called 'Kalyani' and a clinic Shishu Bikash Clinic for the disabled. Dr Zaman continued her awareness campaign by offering training packages not only to students but to mothers of disabled children in rural areas.

Her colleagues and she distributed posters all over the country through various concerned organisations. The response was quick. Mothers from villages as remote as in Kurigram to Chittagong, came with their children to participate in the training and for treatment at the clinic. Many of them came after being referred by doctors at the Shishu Hospital.

The school and clinic continue help children. Recently a Cerebral Palsy unit has been opened with a trained physiotherapist. Cerebral Palsy is a disease that leaves sections of the brain damaged and corresponding parts paralyzed. Many of the children who come to the clinic and school have either cerebral palsy or Down Syndrome a genetic disease which causes an extra chromosome to be formed in the DNA.

Dr Zaman's latest achievement is the opening of a Special Education Department at the Institute of Education and Research (IUR). The Institute will offer a regular programme for training post graduate students to be teachers for special children. The programme is the first of its kind and includes a one year Diploma and a two-year M Ed in Special Education.

Training teachers in Special Education is no doubt directly connected to the well being of disabled children. An untrained teacher will do more harm than good, says Dr Zaman. Most of the existing schools for disabled children do not have properly trained teachers. "What I am doing," says Dr Zaman, "is very small compared to the overall need."

The basic needs of the disabled are health and education she says. In a scenario where such needs cannot be met for so called 'normal' children how much can we expect for the disabled? Awareness, says Dr Zaman, has just started and is evident from the number of mothers coming from rural areas for more information on disability and to get treatment for their children. Terms such as 'deaf and dumb' 'crippled', 'physically disabled and mentally disabled'. We still of course, have a long way to go. Dr Zaman believes that only a movement at both the community and government level can make any real breakthrough. One wonders if she has already started it.

Pregnant Teens get a Break at Jamaican School

by Suzanne Francis Brown

EACH small room holds a row of chairs and a chalkboard. The young women packing the seats are attentive to their teachers. Just one thing sets them apart from the average group of teenage students studying for exams: all are pregnant or have recently given birth.

Teen pregnancy is a big problem in Jamaica. Often related to abuse, neglect and instability - both social and economic - its impact on the young mothers' lives is compounded when, as is common, they drop out of school.

Many go on to form a series of unstable partnerships, each resulting in another child, each with a different father. And the next generation can expect to see its children repeat the pattern.

But not those who find their way to the Women's Centre Foundation of Jamaica. The foundation offers an opportunity for some of these girls to break the cycle - to continue their schooling, sit for exams and move on to a relatively normal and often highly directed future.

Since 1978, working on a shoestring budget supplemented by \$30,000 in funds

from the United Nations Children's Fund (Unicef), the foundation has turned around the lives of more than 11,000 young Jamaicans whose average age is 14 years.

Through counselling programmes, it has also helped to reduce the number of girls who need its services, though the pool of pregnant teenagers remains large.

The most recent figures, in a report by Jamaica's Registrar-General, show that in 1989 mothers under 20 had 13,141 babies, about a quarter of Jamaica's total of 55,726 births. That represents a signif-

icant improvement over the 33 per cent of births to teenaged mothers when the centre opened in 1978.

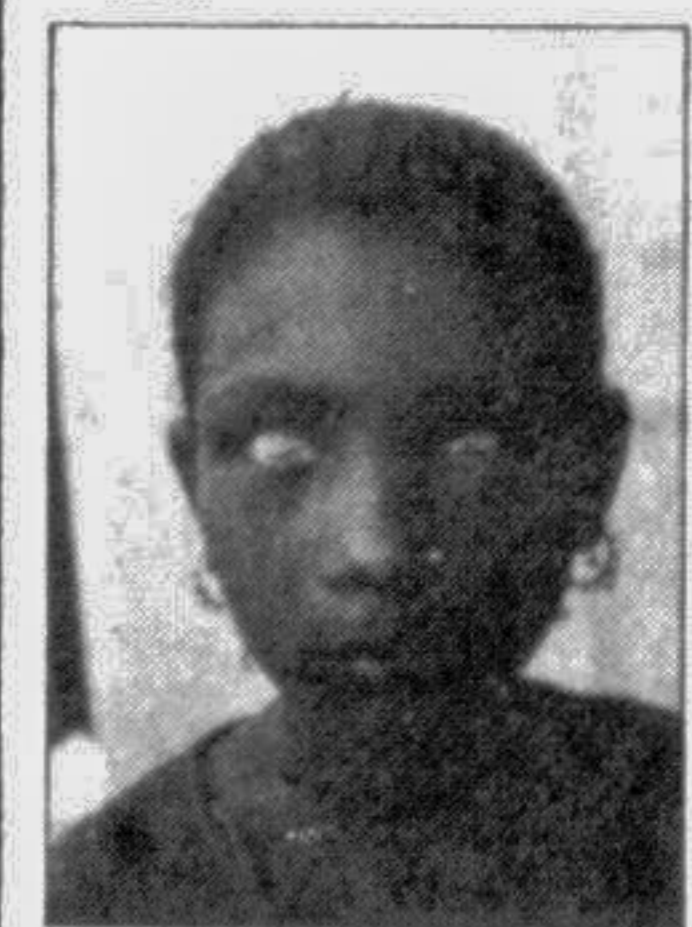
"It's definitely going down," says Pam McNeil, the foundation's national director. "And I think the reason is that we've opened up the problem and the girls are beginning to see. They're beginning not to fall into the same trap that their elder sisters and mothers did, in terms of getting pregnant and dropping out."

Foundation research shows that most of the girls live in a household where their mother is raising her family alone, and

Vision for the Blind

by Raffat Binte Rashid

EVERY child has a right to education and all the necessary facilities to survive in this beautiful yet cruel world. This is more so in special cases where the child is handicapped. He or she cannot be left alone at the mercy of fate; handicapped children need special care, special treatment, not to mention special education. In this matter many non-governmental organisations (NGOs) have stepped forward and are working relentlessly to help educate disabled children.



Vision an NGO supported by Caritas, Netherlands for example, has taken up Integrated Educational Programme for the blind and also visually impaired children. This programme is being carried out in three upazilas under Narayanjanj thana, where Vision has identified 25 special students. Vision's associate research officer Wahidul Alam Khan explained the main purpose of this programme "Integrated Educational Programme is a programme where visually impaired children attend a regular school in the neighbourhood, along with their sighted brother and sister. This impossible feat is made possible only by the teachers of Vision. Vision teachers are specially trained to work with blind

children. These teachers are almost like private tutors of a normal child but with special training to teach the blind.

They use the Braille process in educating these special children. In this particular procedure they are taught English, Bangla and Mathematics. There are special Braille alphabets and papers with which the children learn to read and write by mere touch. Vision teachers also help these children in becoming totally independent, they are made to learn the use of canes and tend to other small needs. They try to tutor the child till he finalises school level education i.e. till he reaches adulthood at the age of 18 years.

There are no limitations to admission or employment of Vision teachers. Children be they from rich or poor families, are all given equal priority. These teachers charge nothing from parents or local schools, as they are all Vision field workers.

These children receive education from the regular teachers but are supported by Vision teachers, whenever necessary. Our teachers keep regular contact with parents and school, advising and discussing any problems they face. They also visit children at home and in school on a regular basis.

Besides orientation and mobility training are given to the blind and visually impaired children, so that they can move independently and attend school properly," said Wahidul explaining the main task and objective of Vision's Integrated Educational Programme.

In this advanced technological world, there are all sorts of possibilities and ways to make each and every individual educated and self-reliant. Be the child 'handicapped' or 'normal', there should not be any excuse to avoid literacy.



THEIR MOTHERS ARE AT SCHOOL Pam McNeil, director of the Women's Centre Foundation, and Margaret Warren, manager, hold babies born to school age mothers

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Foundation research shows that most of the girls live in a household where their mother is raising her family alone, and

two homework assistance programmes in poor Kingston communities. They aim to reach vulnerable boys and girls aged 9 to 13.

McNeil explains: "What we're trying to do is bring up their standard of education. When we do that it's much easier to convince them to go through with education and training." The foundation plans to follow its clients to see whether the programme makes a difference in their lives.

"We're doing some education using ex-students," says McNeil.