

## Economic cost of road accidents in Bangladesh

A M M SHAWKAT ALI

It is said that in a global context about one million persons die out of road accidents. The poor countries have about 40 percent of world's motor vehicles but have 86 percent fatalities. In some countries, more than 10 percent of the hospital beds are occupied by persons injured in road accidents. In low and middle income countries, the cost of road traffic injuries is estimated at US\$ 65 million, exceeding the total amount these countries receive in development assistance. Road traffic injuries cost countries between 1% and 2% of gross national product, amounting to US\$ 518 billion every year.

"Thousands of people die on the world's road everyday. We are not talking about random events or 'accidents'. We are talking about road crashes. The risks can be understood and therefore can be prevented," said Dr. LEE Jong-wook, Director-General, World Health Organization. "Road safety is no accident. We have the knowledge to act now. It is a question of political will", he added.

### Statistical data relating to road accidents

Bangladesh Bureau of Statistics (BBS) in its annual publications provides data relating to road accidents. The Statistical Year Book (2000) contains figures from 1987 to 2000. The total number of accidents during the above period ranged from 1,521 in 1987 to 3,419 in 2000, a rise of 125 percent. Of these, the casualties in 1987 was 1,156, which rose by 164 percent in 2000, thus increasing the number to 3,050. The number injured was 1,988 in 1987, which rose to 2,653, a rise of 33 percent. This is an issue of major concern.

BBS data referred to earlier do not report number of accidents for the year

1995. The available data covering a period of thirteen years indicate that the total number of road accidents was 38,464 and the number killed was 26,363. Thus on an average about 69 percent deaths were reported, which is less than the global average of 86 percent. This data, however, has to be accepted with a note of caution. This is because of inconsistencies in official data. Thus for the year 2000, the annual report of Bangladesh Police had reported fatal accidents at 3,058 and not 3,050 as reported in BBS document. Besides, there is always the problem of underreporting by the police. A survey report by the Department for International Development (DFID) concluded that "as few as between 3 and 13 percent of road traffic injuries were being reported by police" (Aeron-Thomas, 2000). Other recent studies point out that hospitals are not a good source of data to check the under-reporting of road deaths. This is because 'families may be reluctant to take bodies to hospital to avoid any post-mortem requirement which could postpone burial'. Besides, families may like to avoid the hassle associated with the process of post-mortem. A recent study, based on household survey data, concluded that the 'actual number of road deaths occurring in Bangladesh is at over 8,000 and currently estimated to be 12,786, which is at least 2.6-4.2 times greater than that included in official statistics (Transport Research Laboratory, UK, 2003).

### Causes of road accidents

The causes are not entirely unknown but need to be restated. The major ones include (i) rapid increase in the number of vehicles, (ii) more paved roads leading to higher speed, (iii) inconsistent road-use environment, lack of signs and markings and road surface, (iv) poor-

driving and road use knowledge, skill and awareness, (v) poor traffic management and enforcement, (vi) lack of appropriate road safety interventions and (vii) poor medical services.

### Rapid increase in number of vehicles

In 1990, the total number of mechanized vehicles on road was 221,526. In 2000, the number rose to 427,156 in 2000. Thus the number almost doubled. The compound growth rate works out at about 7 percent. The types of mechanized vehicles include car, buses, micro-buses, truck, auto-rickshaw, jeep, taxi, tractor, motor cycle, trowler and others (BBS, 2000). Of these, the highest growth in percentage was in case of microbus (2,119%), followed by auto-rickshaw (200%), motor cycle (88%), car (80%) and truck (55%).

### Growth in paved roads

BBS (2000) data on Roads and Highways Department (RHD) roads covers the period from 1984 to 2000. The total length in km was 9,387, which rose to 21,174 in 2000, a growth rate of 125 percent. If the total length of paved roads under Local Government Engineering Department (LGED) is added, this would further increase. Available information indicate that in 2003, the total length in km of LGED roads was 214,932 which is ten times higher than that of RHD. It is said that road design and safety standards are often compromised for various reasons which need serious investigation.

### Lack of signs and markings

Although the above is true to some extent but it is by no means the whole truth. Even where signs and markings are there, this is hardly obeyed by the drivers. There is little enforcement.

### Poor driving, road use knowledge and skill and awareness

This is perhaps one of the most important

one of all causes. It is not only a question of poor driving and skill, it is more a question of reckless driving specially by the buses and trucks. On the highways, the buses and trucks are seen to be engaged in a deadly competition to overtake one another by accelerated speed. Much of these can be ascribed to the mal-practices involved in issuing licenses. There is no rigorous application of required standards of performance in granting driving licenses. A Bengali daily (Janakantha, April 4, 2004) has drawn attention to the fact that about 90 percent of the diving licenses in Dhaka city are fake.

### Poor traffic management and enforcement

Poor traffic management and enforcement are most visible in the streets of metropolitan areas. While much of it can be attributed to dereliction on the part of the traffic police, it is also true that vehicle drivers as well as pedestrians contribute in no small measure to road accidents. Most vehicles do not obey traffic signs or wish to be regulated. A vast majority of pedestrians do not like to use over-bridges or under-passes built at a huge cost to ensure their safety. Police have given up the idea of enforcement.

### Economic cost of road accidents

The above study has estimated the national cost of road accidents. The elements taken into consideration to calculate the costs include property damage, administration, lost output, medical and human. The estimated cost is Tk. 38 billion or US\$ 644 million. This is said to be 1.5 percent of GDP and three times annual expenditure of the RHD. The study has claimed that even the above estimate is conservative because it has not taken into consideration such other factors as (a) number and cost of permanently disabled, (b) travel time lost to road accidents, (c) value prevention i.e. how much public would be willing to spend to reduce risk of road accident.

### Economic impact on the poor

The study (2003) referred to earlier has also drawn attention to the economic impact on the poor caused by road accidents. It is said that the heads of households or their spouses are often the fatal victims of road accidents. This has an adverse economic impact on other members of the families. It is estimated by the study that about 32 percent of road deaths occurred to poor heads of households or spouses compared to 21 percent for the non-poor. The study findings indicated that for the 70 percent poor, the household income, food consumption and food production decreased following road deaths. For the non-poor, the impacts were less with 54 percent reporting loss of income.

The coping strategy adopted by the affected families, as analysed in the study, shows that it is a combination of borrowing and sale of assets for the poor. Compensation received by affected families is negligible. One-quarter of the poor families are reported to have received private compensation compared to 14 percent of the non-poor. Compensation from institutional sources is said to be virtually non-existent.

From what has been stated above, it is clear that road safety remains an area of major concern not only because of the cost to the economy due to an ever-increasing trend in road accidents, but also the impact on the poor. It has been argued that road safety rests on three pillars. First, the engineering interventions. Second, enforcement of laws and regulations. Third, awareness and education. There is need to address all these and other related issues with the seriousness that they deserve.

A M M Shawkat Ali is a former Agriculture Secretary.

### In memoriam

## Dr Fyzennessa: A dream unrealised

PROF NAUSHEBA KHATOON

Dr Fyzennessa and I were colleagues in Viqarunnesa Noon School in the mid-fifties; in fact we were 'next door neighbours' because both of us taught the two sections of KGI. We exchanged ideas, discussed problems and helped out each other in times of need. She was a facile talker, soft spoken words, a sense of humour and an ability to communicate were her basic tools. I remember a time when both the sections were asked to draw scenes of the Pakistan Industrial Fair, which they had visited some days back. Before the drawing session the teachers were supposed to remind them of all the things they had seen at the fair. After the drawing session we discovered that her children had drawn, more life like and imaginative pictures as compared to those of my section. This was because of her skill of reaching out to them and creating vivid imagery, and my habit of not saying more than what is necessary. These are recollections to be preserved.

After a gap of some years we met again as colleagues at the Institute of Education and Research, Dhaka University, but this time we chose different fields of specialisation. Her's was primary education and mine psychology and guidance. This association lasted from the mid-sixties till my retirement in 1988.

The last time our paths crossed was at the turn of the century. It was at a meeting of the Sakhawat Memorial Girls' School Alumnae Association (SMGSA) of which she was the founder president. Dr Fyzennessa expressed the wish for establishing a Senior Citizens' Home and invited like minded people to come forward to build the project. I was enthralled, it was something very close to my heart. As far back as the early seventies, when as an executive committee member of the Diabetic Association, whenever I brought up the subject of starting a Senior Citizen's Home, members had termed me as a breaker of the 'sacred joint family system'. The late Mr Abdul Ghani Hazari was the only person who had supported my point of view. Now, more than two and a half decades later the resurrection of the idea was Godsent. Spontaneously, and with whole hearted conviction I came forward to do something which to me was the crying need of the day. But was it? Had attitudes changed?

The Begum Rokeya Probeen Abash as the Project was called was to be run by a Board of Trustees of which Dr Fyzennessa was the president. Those who have experience of setting up such organisation will agree with me of the invisible labour that accompanies such ventures. She spent endless hours organising meetings, searching for suitable accommodation, meeting donors and other such onerous jobs. Family bereavements, chronic illness, age related complications, and discouragements did not deter her and she slogged for nearly two

years to reach her goal. The thought of the project was in her mind even during her last painful days in bed. Initially the BRPA was intended to be a comfortable place for the elderly who would pay a reasonable amount in exchange for a respectable and goal oriented living among their peer group. The target group was composed of retired working women who had always been economically emancipated and had led active self respecting lives. Even in old age they would be on their own and not be a burden to the busy children, or be at the mercy of household helps when these children settled abroad for financial enhancement.

You can have the world's best batsman ready to bat but how can he prove his worth without the ball? Our situation was similar if not the same. Expected and enthusiastic responses were not forthcoming. Many 'could be' residents contacted us but they were stealthy and were afraid to take it over with their sons and daughters. Society is still not ready or brave enough to face the fact that in spite of all impediments an old person has to spend the last years of life as an unwanted guest in a child's house. It may not be true for all old people, but what about the



unwelcome ones who need such accommodation? Is false pride more than a person's right to decide? When and how will attitudes change?

The spade work for the BRPA is done, the trustee board is there. What is now needed is a set of energetic dedicated and committed persons to come forward and transform Dr Nurunnahar Fyzennessa's unrealised dream into reality. She was a visionary who saw beyond the existing system. It is the responsibility of the younger generation to

propagate the idea, unravel the taboos and bring acceptance, safety and a sense of belongingness in the lives of those who treasure self respect and peaceful co-existence.

I pay homage to the sweet memory of Dr Fyzennessa, it was a pleasure to work with her, she was humble and modest; her ability to show respect for ideas other than her own was unique. May her soul rest in peace and may her dream come true.

Ameen.