

Nurse Tania's ordeal

Buses are becoming unsafe for female travellers

WE are appalled and anguished by yet another incident of gang-rape and murder on a bus, this time the victim being a nurse working at a hospital in Kalyanpur. According to autopsy reports Shahinoor Akter Tania was gang-raped and murdered. On Monday she was going home to Pirijpur by bus after her shift at the hospital but never reached her destination. Her family eventually located her body at a Katiadi Upazila Health Complex where unknown people had left her.

The pattern of the crime is quite similar to previous ones where a young woman becomes a victim when she is the lone passenger in a bus. In 2017, Rupa Khatun, a law student was raped and killed on a bus headed to Mymensingh by three assistants of the driver. Her body was thrown out of the bus in an empty forest area on Tangail-Mymensingh road. In Tania's case too, she was most probably raped on the bus and then pushed off it to die. Here too the driver and his assistants were involved. In Rupa's case, a Tangail court has sentenced four men to death and handed seven years imprisonment to another. Yet despite such harsh punishments being meted out to Rupa's rapist-murderers these incidents are continuing. So why such are crimes still being committed and where are these perpetrators getting the courage to carry out such heinous acts? Does the general culture of impunity most perpetrators of such crimes enjoy, have anything to do with it?

There are thousands of women who take public transport because of work or other purposes. The authorities must take extra precautions to keep the public transport system safe. When courts mete out punishment to these criminals it should be widely publicised. It is totally unacceptable that women should be afraid of travelling alone on a bus because the drivers and helpers could turn out to be sexual predators.

Lead and bacteria awash in food!

Are the relevant agencies doing their job?

THE Bangladesh Food Safety Authority (BFSA) ran tests on 96 samples of raw milk and found harmful bacteria like coliform in 93 of them. Indeed, most of the 190 samples of raw and packaged liquid milk, curd and fodder were found to have dangerous levels of harmful elements in them. The High Court had come up with the order following reports on adulteration published in major dailies including this paper on February 11. What this shows of course is that there is little oversight from authorities when it comes to food safety. Now that the report is out, several questions come to mind.

Why should these organisations need to be prodded by the High Court to do what they should do as a part of their routine job to make sure consumers are kept safe from adulteration of the food chain? In Bangladesh, we have the Food Safety Authority, the Central Food Safety Management Coordination Committee and the Bangladesh Standard and Testing Institution (BSTI) and it is the job of these agencies to look after food safety. Obviously, they have not been performing their intended roles. Otherwise, we would not be in this mess.

We must thank the High Court for ordering the investigation into the quality of foodstuff that people are consuming because now there is a clearer picture of what harmful chemicals and bacteria are present in different types of food and the feed that is used by farmers to rear livestock. It is time that these government bodies and their managements be made to answer for their gross negligence of duty and the anti-corruption commission should investigate if some officials have resorted to graft to look the other way to let infected products on to markets.

Prioritise investment in human capital



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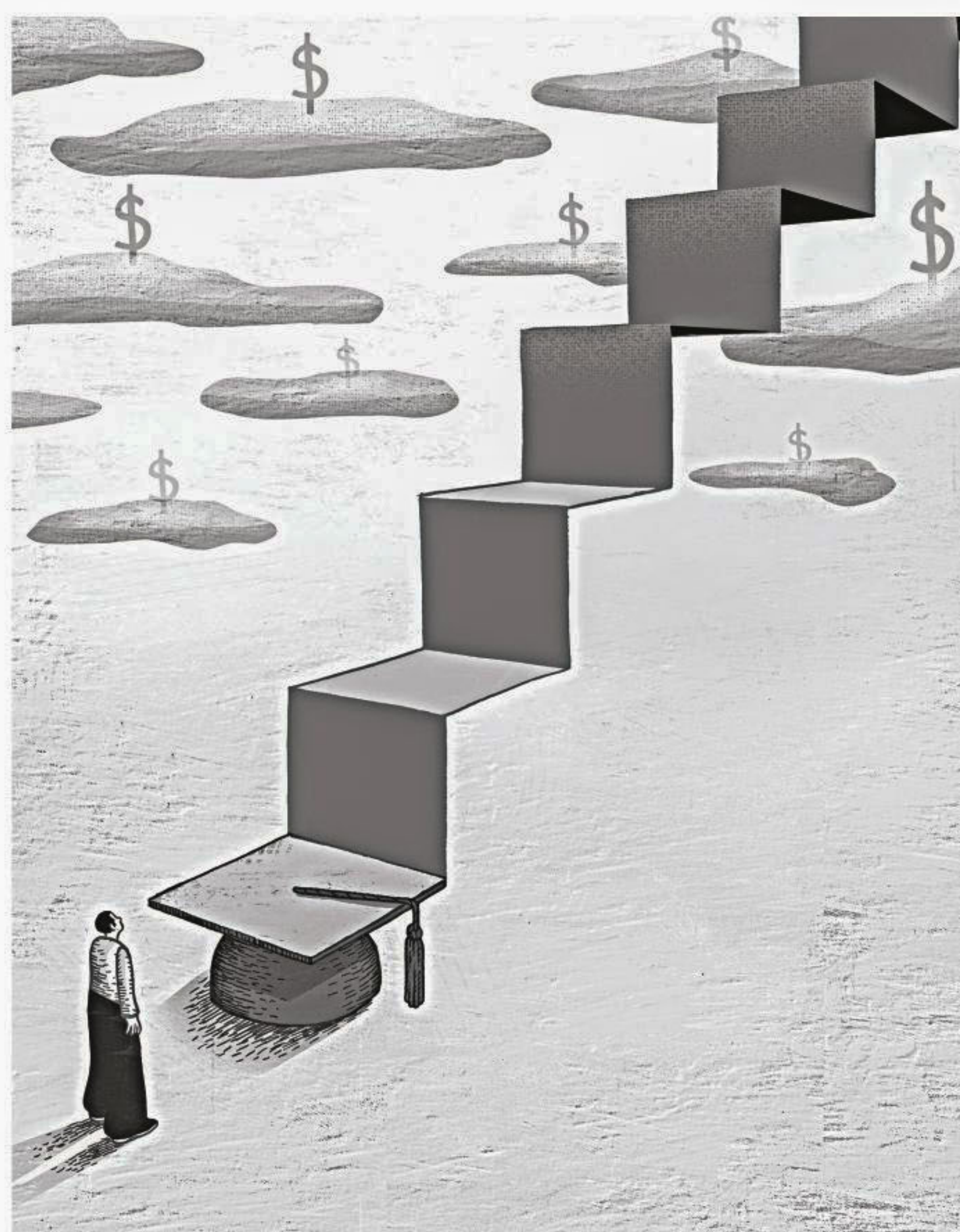
EDUCATION and health play key roles in human capital formation. Investment in human capital formation is considered a means of improving the quality of life and sustaining

economic growth. Education and health are regarded as critical pathways to economic development as they increase the productivity of individuals and generate skilled labour force.

Education and health are considered merit goods. A merit good is a commodity or service that is regarded by society or government as deserving public finance. Merit goods create positive externalities when consumed and have spill-over benefits which can have a significant effect on social welfare. In the case of education and health, in most of the countries, there are clear cases of market failure, as education and health are under-consumed under free market conditions. The market prices of education and health services can be awfully high to prevent individuals to invest in human capital. It should also be highlighted that access to education and health services is considered as part of basic human rights. It is also important to reemphasise that mere economic growth doesn't ensure economic development if human development is undermined in the growth process. Education and health are the two critical aspects of human development. In this context, in compensating for the failure of markets to supply merit goods, like education and health, governments have a crucial role in allocating resources to education and healthcare.

Sustainable Development Goals (SDGs) also elaborate on two specific goals related to education and health. SDG 3 emphasises on ensuring healthy lives and promoting wellbeing for all at all ages, and SDG 4 highlights the importance of ensuring inclusive and equitable quality education and promoting lifelong learning opportunities for all. The success of achieving both these goals in most of the developing countries critically hinges on the substantial sizes of public expenditure on education and healthcare and their efficient uses.

According to the latest year of data, on average, global spending on education and health, as shares of Gross Domestic Product (GDP), are at 4.7 percent and 4.2 percent respectively. We have calculated the magnitudes of the shortfall of the countries compared to these averages.



For this, we have considered the average of public expenditure as a percentage of GDP for the period 2014-2018. In general, we find that most of the developing countries, especially the least developed countries, are the poor performers, while the European, North American and other advanced developing countries are good performers.

In the case of public education expenditure, our analysis shows that out of 154 countries, 82 countries fall short of the global average of 4.7 percent of GDP. Among the 25 worst performing countries, we can see the dominance of developing countries from Asia and Sub-Saharan Africa. Three South Asian countries, namely Bangladesh, Pakistan and Sri Lanka are among the 25 worst performing countries.

In the case of public health expenditure, out of 188 countries, 62 countries fall short of the global average of 4.2 percent of GDP. Again, among the 25 worst performing countries, we can see the dominance of developing countries from

Asia and Sub-Saharan Africa. Five South Asian countries, namely Afghanistan, Bangladesh, Pakistan, India and Nepal are among the 25 worst performing countries.

One obvious implication of the low public expenditure on education and health is the high degree of out-of-pocket education and health expenditure in these countries. There is no denying that the high degree of out-of-pocket education and health expenditure means that the burden of expenditure heavily falls on the individuals where the government takes much lesser responsibility. For example, in the case of the percentage share of out-of-pocket health expenditure in total health expenditure, among the 25 worst performing countries five South Asian countries are Afghanistan (75 percent), Bangladesh (70 percent), India (66 percent), Pakistan (66 percent) and Nepal (59 percent).

Cross-country experiences suggest that a low degree of public expenditure on education and health contributes to a low level of education and health

achievements, and a high degree of poverty and inequality. A recent UNESCAP report titled "Social Outlook for Asia and the Pacific: Poorly Protected", published in September 2018, highlights the importance of increased social spending to accelerate poverty reduction. We contributed some analysis to this report using economy-wide general equilibrium models for 26 Asia Pacific countries. Our analysis shows that most of the Asia Pacific countries fall significantly short of the global averages of public education and health expenditure. If these countries can increase the public expenditure on education and health as percentages of GDP as per the global averages, by 2030, most of these countries will be able to substantially reduce poverty based on the USD 1.9 poverty line income.

Then, why do the governments of some countries spend low on education and health? There are two specific reasons: First, many of these countries have weak state capacity in mobilising tax revenues. If we look at the worst performing countries in terms of public education and health expenditures, most of these countries have very low tax-GDP ratios. Inefficient tax infrastructure, complex tax laws, poor coverage and corruption are the main causes of low tax collection. Second, even with the low tax-GDP ratios, many countries suffer from the problem of not getting their priorities right when it comes to the allocation of public resources. Many countries spend quite high in the military. For example, many of the worst performers from Sub-Saharan African countries have military spending as a percentage of GDP between 3 percent and 5 percent. In the case of South Asia, the figures are 1.4 percent for Bangladesh, 2.5 percent for India, 3.5 percent for Pakistan, 1.6 percent for Nepal, and 2.3 percent for Sri Lanka. Troubled political relations with the neighbouring countries, geopolitical and regional political dynamics and growing threats of extremism compel countries to divert resources from the vital social sectors to military spending.

It should also be mentioned that many developing countries suffer from leakages in the system which result in corrupt practices, thus whatever is spent by the government on education and healthcare, a large part of it doesn't reach the targeted beneficiaries. There are also regional disparities in the allocation of public resources for education and health. It should be kept in mind that in a system of crony capitalism and high degree of rent-seeking activities, human development and human capital formation fail to get their deserved priorities.

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Sexist laws that require change

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REPORTS from legal aid and human rights organisation, Ain O Salish Kendra stated that at least 189 women were raped across the country in the first six months of this year, and 47 children were subjected to sexual assault or harassment in 15 days before April 2. Despite the pervasiveness of rape culture, conviction rates have ironically dropped from 0.5 percent in 2016 to 0.3 percent in 2018, according to the recent study by Naripokkho, a women's rights organisation. The necessity for amendments in rape law becomes larger by the day, but a concerted action from the government remains surreptitiously missing.

It is understandable that change takes time in Bangladesh, but the ancient definition of rape has not been reformed for 160 years. Thus, plastering the blame for this inefficiency on a faceless bureaucratic structure would be far from addressing the problem. If lawmakers—over the decades—were substantially concerned to safeguard inclusive justice for rape victims, then why has Bangladesh failed to merely ascertain a proper definition of the prevalent, heinous crime?

Established in British colonial rule, the extant Section 375 of the Penal Code (XIV 1860) defines rape as "sexual intercourse", by a man "with" a woman, "without" her consent. First, this inadequate definition discounts that males and transgenders also suffer from the perils of rape. Including only penetrative forms of sexual violence insufficiently quashes protection of sexual assault victims from non-penetrative types of misconduct. Adding to the confusion, the penal code does not define the phrase "sexual intercourse". Yet, in every dictionary, including the biological understanding, "penetrative sexual intercourse" requires two people, thus implicit in the act is consent.

By stating "sexual intercourse... without her consent," the penal code dangerously drills the oxymoron—"non-consensual sex" into the legal system, which can easily be warped in rape cases to suggest participation of victims, thereby hindering retribution



for them. The social repercussions of such equivocal phrasing essentially posit rape and sex to mean the same thing—denying crucial parameters to separate the atrocious crime from legal sexual acts. But the fact of the matter is that rape can only be perceived as sexual intercourse by a depraved perpetrator, while it is gross infringement of human rights i.e. not "intercourse" of any kind to a victim. The rape law conceptually intends to serve victims, but unlike any other law, it counterproductively hinges on the rapists' point of view. The definition must be redrafted with proper logic, accounting the victim's narrative.

What's even more impertinent is that Section 375 upholds the age of consent for sex in Bangladesh to be 14 years albeit the Child Marriage Restraint Act of 2017 that ratifies women must be 18 years of age to be legally married. It is worth questioning why the legal age of marriage would not match the age of consent, especially in a nation where pertinent education on sexual consent is entirely unavailable in secondary schools, including English medium institutions. When one merely recalls the fact that individuals cannot casually discuss the topic of sex, as abstinence is upheld as society's moral device, it becomes nonsensical that the age of consent would be lower than that of marriage.

But legal remedies must be attuned to the social reality of the individuals it aims to aid. The conspicuous disconnect in the legal framework today and the lived reality of the marginalised communities it professes to insulate, underscores flagrantly insensitive and unrealistic judicial methodologies. Unless the law is only meant to be served as a plate of empty words to citizens, officials must address damaging shortcomings of the lacklustre system.

However, we must acknowledge that the government has taken baby steps to address the issue. Recently, a bill was passed per Section 22 of the Women and Children Repression Prevention Act 2000, which states that only female magistrates will record the statements of women and children who suffered rape or any sort of sexual harassment to ensure fair investigation, procedure and justice. While these developments evince progress of sexual politics, appraising partially fruitful changes would be settling for the bare minimum. For a nation that aims to earn the status of a middle-income economy, we must expect higher public safety standards from the parliament.

Bangladesh requires vigilant laws that can address the ubiquity of rape crimes. For example—reports from Odhikar, a human rights group found that 635 and

783 individuals have suffered from rape in 2018 and 2017 respectively. Instead of securing prudent accommodations to address the alarmingly high numbers, the government backpedalled with the "special circumstances" provision in the Child Marriage Restraint Act of 2017—which permits harmful parochial discourses to fortify loopholes that legalise instances of sexual violence arising from child marriage.

Other legal instruments that invigorate social prejudice are Section 350 and Section 509 of the Penal Code, which create offences from outraging the "modesty of a woman". While Section 350 is limited to criminal acts, Section 509 upholds accountability for words or gestures that harm women. Although the laws are directed to punish sexual violence, they are grounded in narrow-minded ideologies concerning the "character" of a woman, which allows the sexist question—"Was she asking for it?" to infiltrate the justice system. It is high time for officials to recognise that sexist laws are not only unproductive but also lethal for a society that battles with misogynistic epidemics.

But perhaps the most ignominious of all laws, Section 155 (4) of the Evidence Act 1872 states—"when a man is prosecuted for rape or an attempt to ravish, it may be shown that the prosecutrix [female prosecutor] was of generally immoral character." Pulling the thread of a woman's reputation in rape cases knits a sexist legal system. What matters in rape cases is the presence or lack thereof consent, specific to the incident undergoing allegations. A law that subjugates a woman in rape cases at the direct cost of legitimising victim-blaming, mirrors a spitting image of the discriminatory mishandling of sexual violence in Bangladesh. By leaving such laws unrevoked, the legal system consolidates bigotry—which deserves condemnation—as it is meant to do the exact opposite. If the nation truly aims to continue developing, the government's first response to sexual violence should be eradicating obsolete legal instruments that innocuously sustain widespread repression of victims.

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LETTERS TO THE EDITOR

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Are we losing faith in our doctors?

India issues a large number of medical visas to Bangladeshi patients every year, thanks to the country's failing health system. The growing outflow of patients to India can be attributed to a large extent to the negligence of local doctors, coupled with their fixation on multiple check-ups which their patients have to go through, often unnecessarily. This has been going on for quite some time. During his recent trip to Dhaka, the Bhutanese Prime Minister Dr Lotay Tshering, who was once a student of Mymensingh Medical College, recalled an incident in which he had to endure negligence by a local Bangladeshi doctor. That negligence would have cost him dearly had it not been for another doctor who helped him and later became his role model. He has rightly stressed the importance of being a good human being before one chooses to be a doctor.

Negligence by doctors cannot be seen in isolation from the moral decadence that our society in general is experiencing. Dr Lotay Tshering's statement should serve as a wake-up call for anyone engaged in any kind of profession, especially those in the life-saving medical profession. It is important that doctors have empathy and treat their patients with utmost care and seriousness. Only then will the faith of ordinary people in their doctors be restored.

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