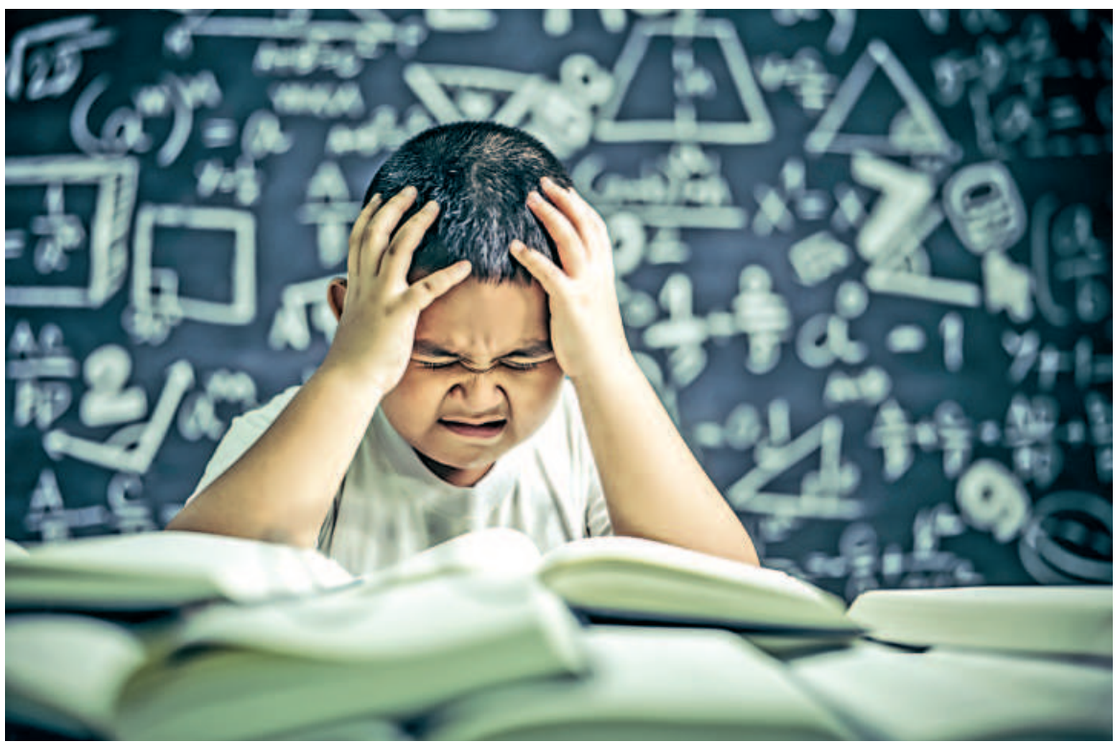
Dyslexia: A blind spot in Bangladesh's education and child development system



The silence reflects a deeper problem: lack of awareness. Dyslexia is still an unfamiliar term to many parents. When a child struggles academically, they are often labelled lazy or inattentive rather than assessed for a learning difficulty.

YSTIAQUE AHMED

Many of us remember the child in *Taare Zameen Par*-misunderstood, labelled lazy, punished for academic failure-only begins to flourish when a teacher recognises his dyslexia. In Bangladesh, such endings are rare. Countless children struggle quietly in classrooms that are not designed for them, facing neglect and misunderstanding from families, peers and teachers.

An often-cited study, *Prevalence of Dyslexia in Primary School in Dhaka: Its Effects on Children's Academic and Social Life* which was published a decade ago found that 9.02% of fourth-grade students in Dhaka were diagnosed with dyslexia. Surely the figure changed in the last several years but there is no concrete data.

The most recent study regarding the subject is almost 2 years old. A 2024 study by Md. Sahajalal Badsha, *Mainstreaming Slow-Pace Learners Through Mobile Assisted Language Learning: A Case of Bengali Primary Level Students with Dyslexia*, explored support strategies for Bengali primary students with dyslexia.

The silence reflects a deeper problem: lack of awareness. Dyslexia is still an unfamiliar term to many parents. When a child struggles academically, they are often labelled lazy or inattentive rather than assessed for a learning difficulty. One representative of an organisation admitted that they did not know what dyslexia was despite working in the similar field.

The word dyslexia comes from the Greek *dys* (impaired) and *lexis* (word). It is a neurobiological disorder affecting the development of reading and spelling. It does not mean all reading problems. Many children with dyslexia have strong language comprehension but struggle with decoding. They may understand a text when it is read aloud yet find reading words independently extremely difficult.

A MOTHER'S STORY

Nazisa (pseudonym as requested by the parent), mother of a dyslexic daughter, recalls early signs. Her child was underweight at birth, and doctors advised close monitoring. As she grew, she could read and rhyme but struggled with writing and direction, unable to distinguish left from right. After consulting with a doctor, it was confirmed she had mild dyslexia.

"At first, we admitted her in a special school but the situation got worse. She was more scared than before. After consulting with the doctor, he suggested we should admit her in a mainstream school. So, after 3 months in a special school, we moved her to a mainstream school. And now things are looking better for her."

Support from one teacher proved transformative. "One of the teachers helped her with writing which I couldn't do earlier. She is in Grade 2 now. When she was in special school, she was afraid but now in the school if she misses a day, she gets upset. She is one of the toppers in her class. She struggles with math but very good at creative learning. She loves literature."

However, challenges persist. "While her friends help, some other kids in her class bully her as she is a slow learner. Still, she struggles with putting on sandals and clothes."

The financial strain has been severe. "We have to check up every month and keep her in constant observation. We were broke but through our family support we survived."

She also reflects on environmental constraints. "I tried to make a small playground in front of my house but my daughter couldn't cope with it as constant construction is going on surrounding the neighbourhood and also the air isn't fresh there either."

PHOTO: FREEPIK

Her advice to other parents who are in similar shoes, delivered half in jest and half in despair, is stark: leave the country if possible.

INSIDE A SPECIAL SCHOOL

Sabrina Akter, Managing Director of Kiddie Rocks Ltd. Special School, describes common misconceptions among parents. "Many parents are confused about whether their child needs special schooling or just therapy. Some don't even realise their child is different from others," she says. "One major myth is the belief that the child will 'fix themselves' as they grow up. Neurodevelopmental problems do not simply go away; they require early intervention. While awareness has increased recently, even families of doctors sometimes struggle to accept that their child needs special schooling."

Her school now in its eighth year, but operational challenges remain. Landlords refuse to rent due to concern about noises, and a crisis of professional therapist remains another challenge. Kiddie Rocks follows the Autism Partnership Singapore curriculum and transitions several students to mainstream schools each year. "Seven students transitioned this year alone," she notes.

On affordability, she says, "I believe our fees are reasonable compared to the quality of service we provide, though it may be difficult for lower or middle-class families." Most parents are professionals-doctors, university teachers, military personnel. The institution remains entirely private and self-sustaining.

ADVOCACY FROM THE GROUND

Muhammad Shamsul Huda founded Suraiya Afaz Dyslexiabd, first special school for dyslexia, dysgraphia & dyscalculia in Bangladesh, after witnessing a student fail nine subjects in his Secondary School Certificate examination. "When I asked the school principal to check his scripts they refused and insulted me. They beat him as he was failing in multiple subjects. The foundation started from this concern," he says.

Over the past five years, he has visited 37 schools to raise awareness and train teachers. "Teachers didn't have sound knowledge about dyslexia. I was trying to make them understand about the importance and effect of dyslexia. After two years of constant trying, they felt it's important."

Huda resists framing dyslexia as a disability. "I don't think it is a disability. For me, it is a learning difficulty. So, there is no cure; they have to overcome this obstacle and for that they need guidance and care." He claims more than 200 children have improved under his guidance, yet systemic barriers persist.

He is currently focused on research and parental consultations. "The first thing I want is to include dyslexia in educational policy. Most of the teachers in our country have no idea about dyslexia or how to handle it. We need more and more awareness about dyslexia, basic screening and its overcoming method."

THE ACADEMIC VIEW

Professor Dr Mahjabeen Haque of the Department of Educational and Counselling Psychology at the University of Dhaka underscores the diagnostic vacuum.

"I don't think at the moment there is any proper system or panel in Bangladesh that diagnose dyslexia," she says. "We did some screening 10/15 years ago but now there is no study, research or survey in our country regarding dyslexia."

Her recommendation is clear: "We need to incorporate diagnosis of dyslexia in our country's child development systems and raise awareness in education sectors to overcome this."

A SYSTEM YET TO LEARN

Dyslexia in Bangladesh remains largely invisible-absent from policy, under-researched and misunderstood. Parents shoulder financial and emotional burdens, private institutions fill gaps at significant cost, and academics call for systemic reform.

For children who learn differently, the problem is not intelligence or effort. It is a system that still does not know how to read them.

Ystiaque Ahmed *is a journalist at The Daily Star. He can be reached at ystiaque.ahmed@thedailystar.net.*

The hidden cost of battery-run rides

MIFTAHUL JANNAT

The rise of battery-run auto rickshaws has changed the rhythm of Bangladesh's streets. They are fast, affordable, and everywhere. But for those behind the handlebars, the rides come with a cost. "I've been driving a battery-run auto rickshaw for the last two years. I often have joint pain after driving all day long," said 26-year-old Zakir Hossain.

The Rickshaw, Van, Easy Bike Labourer Union estimates nearly 7 million such vehicles nationwide, about 1 million in Dhaka alone. Many can reach speeds of 40 km/h, far beyond what their light frames and basic brakes were built for. While much of public debate around them often centres on traffic, safety, or environmental concerns, far less attention is paid to the drivers who spend long hours on rough roads in these vehicles rarely designed for comfort or safety.

"The vehicles are not really designed with drivers' physical wellbeing in mind. Many drivers come into this work after years of poverty, malnutrition, and heavy manual labour, which already take a toll on their bodies," mentioned Ariful Islam Nadim, General Secretary of the Rickshaw, Van, Easy Bike Labourer Union. "So, when they begin driving, those vulnerabilities become more visible, as they spend long hours in vehicles that are not built for comfort or ergonomic support."

PHOTOS: STAR

Medical research shows that prolonged sitting, constant vibration of the vehicle, especially when speeding over uneven roads, and poorly designed seating significantly increase the risk of musculoskeletal disorders (MSDs) among drivers. Neck pain and low back pain are also widely reported among drivers who work extended hours. For many, the pain is not minor, it interferes with their daily activities. Drivers report difficulty lifting heavy loads or even walking long distances without discomfort. In some cases, long-term strain contributes to spinal problems or postural deformities, particularly among older drivers or those with years in the profession.

Dhaka consistently ranks among the world's most polluted cities, and auto rickshaw pullers spending 10–12 hours daily on the roads exposed to traffic fumes, face further health risks due to that. Prolonged exposure to air and noise pollution contribute to high blood pressure, respiratory problems, asthma, skin ailments, and digestive issues. Additionally, working long hours under extreme heat further increases the risk of dehydration and heatstroke, a situation worsened by limited access to WASH facilities, which can lead to longer-term health problems such as urinary tract infections (UTIs), kidney stones, and bladder complications.

Beyond physical strain, drivers also face psychosocial stress. Long hours in traffic, passenger disputes, short breaks, and restricted access to restrooms contribute to chronic stress and fatigue, which can intensify muscle tension and worsen existing pain according to research.

These risks are compounded by a lack of formal training. Many drivers enter the profession without a clear understanding of traffic rules or the technical aspects of operating a motorised vehicle, leaving them highly vulnerable to road accidents. The wide variety of unsafe models on the streets—vehicles with thin tyres, unstable frames, or inadequate braking systems—makes collisions and tipping over a frequent hazard, putting drivers' lives at serious risk.

"There are at least 16 different models on the road, with varying type of tyres, foot brakes, hand brakes, even hydraulic brakes," said Nadim. "Among these, models with thicker tyres, lower height, smaller size but heavier weight tend to be safer. With the right setup, they could operate safely and stay stable even at higher speeds without tipping over."

However, shifting to safer models requires investment — and investment, he stressed, depends on legal recognition. Despite their vast numbers, drivers do not fall neatly under existing labour law frameworks, and there is no standardised licensing system for them.

AKM Nasim, Country Program Director of Solidarity Center Bangladesh and former member of the Labour Reform Commission, said that a dedicated labour framework is needed to bring battery-run auto rickshaw drivers under labour protections. "They are not like factory or shop workers, so there is no simple solution—working hours, wages, and overtime are complex to monitor in this sector and not easily covered by existing labour laws," he explained.

Another serious risk to drivers comes from the very power source that keeps these vehicles running. Each auto rickshaw typically relies on four lead-acid batteries, which last only six to twelve months. Their frequent replacement keeps drivers in regular contact with a supply chain that is largely informal and weakly regulated. Many are produced, repaired, and recycled by informal operators who may not fully understand the toxic dangers of lead and acid exposure. For drivers, this often means handling components that can release harmful substances into their immediate surroundings.

Drawing attention to the rapid surge in battery-run autorickshaws, Nadim warned, "This issue is already at a critical stage. If regulation is delayed, it will only worsen. It may not take long for the number to reach one crore, and then control will be extremely difficult."

Experts point to the need for immediate and credible government action, and suggest several recommendations:

Standard design principles
Vehicles should meet baseline design requirements, including at least two hydraulic rear brakes, a functional front brake, defined length and weight limits, and components sourced from BSTI-certified manufacturers.

Speed regulation
Mandatory speed governors should cap maximum speeds — around 30 km/h in Dhaka and up to 50 km/h in rural areas for larger models like easy bikes.

Phased compliance
All existing vehicles should be licensed, and those failing to meet safety and design standards should be given a clear compliance deadline (e.g., three years) or be phased out.

Battery handling oversight
While old batteries are typically resold and recycled, the intermediate handling stages remain poorly regulated. Stricter monitoring is needed to prevent unsafe chemical exposure and environmental contamination.

Switching to lithium-ion batteries
Lithium-ion batteries offer longer lifespans, faster charging, lighter weight, and eliminate the risk of lead contamination. However, their higher cost and lack of proper recycling infrastructure pose challenges. A gradual transition with financial support and recycling oversight is needed to ensure safety and feasibility.

While safety concerns often prompt calls for bans, experts say eliminating them altogether is unrealistic in Bangladesh's socio-economic context. The sector provides livelihoods for thousands, but long hours, unsafe vehicles, and exposure to pollution and heat take a serious toll on drivers' health. The challenge lies in regulating the sector, improving vehicle safety, and providing occupational health protections so that reforms safeguard both drivers' wellbeing and their livelihoods.

Miftahul Jannat *is a journalist at The Daily Star. She can be reached at miftahul@thedailystar.net*