

Gender discrimination in healthcare spending at the household level and women's access to resources : Perspective of Bangladesh



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OUTLINE

- ❑ **DEFINITIONS OF SOME TERMINOLOGIES,**
- ❑ **RESEARCH MOTIVATION,**
- ❑ **RESEARCH OBJECTIVES,**
- ❑ **RESEARCH QUESTION,**
- ❑ **DATA AND RESEARCH METHODOLOGY,**
- ❑ **ECONOMETRICS RESULTS,**
- ❑ **CAUSES OF GENDER DISCRIMINATION, AND**
- ❑ **RECOMMENDATIONS.**

Some terminologies

Sex:

Sex refers to the biological differences between men and women, boys and girls. It is defined as the property by which organisms are classified as males or females based on reproductive organs and functions (www.thefreedictionary.com).

Biological and physiological differences between males and females are represented by sex such as reproductive organs, chromosomes and hormones etc. distinguish men and women, boys and girls (WHO, 2010).

- **Gender :**

Gender describes socially constructed differences between men and women, boys and girls etc. Gender is defined on the basis of social norms, behaviors, activities, relationship, responsibilities which are assigned by the society as appropriate for male and female (WHO, 2010).

Understanding of gender varies in different races, nations, castes, ethnic groups, religions.

Some terminologies

Gender equality :

The gender equality means that both men and women, as human being, have equal rights and opportunities irrespective of gender. It also refers that all people (men and women) must have equal right to develop their personal abilities and free to make personal choices.

World Bank (2012), “Gender refers to the social, behavioral, and cultural attributes, expectations and norms that distinguish men and women. Gender equality refers to the extent to which men’s and women’s opportunities and outcomes are constrained—or enhanced—solely on the basis of their gender”.

More specifically, gender equality emphasis that natural or biological difference between men and women will not lead to difference in status and rights in all sphere of life between men and women

(www. <http://global.finland.fi>)

Background issues

Gender Issue : A common goal for the International community.

Reasons :

- (i) A tremendous constraint towards the development process ;**
- (ii) A causal factor of violence against women ;**
- (iii) To create a more just and equal world for both men and women.**

International recognition:

Gender issue-

- (i) had been set out in the preamble to the Charter of the United Nations (UN) in 1945;**
- (ii) included in the Universal Declaration of Human Rights in 1948;**
- (iii) the Convention on elimination of all forms of discrimination against women (CEDAW) was adopted by General Assembly of United Nations in 1979 .**

Background issues

Importance of CEDAW:

- ❑ A key international document on the rights of women;
- ❑ A legal and moral pressure on the UN member countries for taking necessary steps in order to ensure equal rights for women;
- ❑ Focus the civil rights, legal rights of women, reproductive roles and rights, impact of cultural factors on gender relations and barriers on advancement of women .

Beijing Platform for Action

In the Beijing Platform for action adopted at the **Fourth World Conference on Women in 1995**, Governments committed themselves to taking a number of measures in order to promote women's economic rights and eliminate discrimination against women.

Millennium Development Goals (MDGs)

- ❑ MDGs which were adopted in the Millennium Summit of the United Nations in 2000 and endorsed by 189 United Nations member states also emphasize on gender issue;
- ❑ The third goal of MDGs is “Promote gender equality and empower women”.

Background issues

Various approaches or strategies in promoting the advancement of women :

Period : Until late 1960s.

Strategies :

Overall economic development and modernization process in the developing world would improve the status of women by benefiting both male and female with equal pace.

Target areas:

Women's reproductive health, especially women's access to food, contraceptives, nutrition and health care.

Background issues

WID vs GAD



Gender Mainstreaming

Period : During 1970s and 1980s

WID : 1970s

Women in Development (WID) aims to include women in development projects in order to make them more efficient.

WID paradigm had three phases (i) “Equity approach”, (ii) “Anti-poverty” phase, and (iii) “Efficiency” phase.

GAD : Mid 1980s

Gender and Development (GAD) aims to address inequalities between women's and men's social roles in relation to development.

Gender Mainstreaming :

- The most recent approach endorsed by 189 countries;
- Gender Mainstreaming emphasizes on the full participation of women for the attainment of sustainable development.

Background issues

Approaches of Gender Mainstreaming are :

- (i) It considers men and women **as a complementary forces and not as opposing forces,**
- (ii) It is an umbrella approach targets **gender equality policies,**
- (iii) It has a wide scope to address all kinds of development settings **from poverty alleviation to environmental protection,**
- (iv) It aims at institutional restructuring for **sustainable development on gender equality,**
- (v) It tries to determine the **root causes of gender discrimination and institutional reform to achieve sustainable development in all spheres of the nation**

Motivation

- ✓ Promotion of gender discrimination directly contributes to Poverty reduction strategies and MDGs;
- ✓ Government emphasis on gender issues and committed to bring the gender issue in policy formulation;
- ✓ Motivated to conduct a research on the following topic , with a view to contributing to national sustainable development programs.

Research Objectives

Objectives:

- **To estimate gender biasness in healthcare spending for the children (age upto 10) within the household;**
- **To find the determinants that cause gender gap in the household as well as in the society; and**
- **To recommend some policy implications.**

Research question:

- (i) Is there any gender biasness in healthcare spending for the children within the household in Bangladesh ?**
- (ii) Does socio-cultural norms influence gender gap against women in the society ?**

Data and Methodology

Data :

- a. **HIES-2010 from Bangladesh;**
- b. **Information from national and international journals, publications and books on existing laws in Bangladesh.**

Methodology :

- (i) **Quantitative methodology;**

Data and Methodology

- **Model specifications:**

$$\begin{aligned} \ln_healthcare_cost_i = & \beta_0 + \beta_1 Gender_i + \beta_2 Age_i + \beta_3 Rural_i \\ & + What_Class_i + \beta_5 Immunization_i + \beta_6 Hhsize_i \\ & + \beta_7 Parent_edu_i + \beta_8 Highest_passed + \\ & \beta_9 Hhwealth_i + \beta_{10} Region_i + \varepsilon_i \quad \dots (i) \end{aligned}$$

Where, $i = 1, 2, \dots, 10422$.

- **Dependent variable :**

Yearly healthcare spending for children in the household;

Hypothesis

- **Objective:**

The prime objective of the research is to examine whether there is gender discrimination in healthcare spending for the children at household level in Bangladesh or not.

- **Variable of interest:** Gender

- **Controlling variables :**

Healthcare spending is mainly influenced by three major factors such as (i) **Personal characteristics**, (ii) **Family background** and (iii) **Locality** .

Thus we are interested to measure the **variation in healthcare spending** by regressing it on the independent variables including gender where some influential factors of healthcare spending would be controlled.

Independent variables (Regressors)

Independent variables (Regressors)

Personal characteristics :

Gender , Age , Chronic_dis , Immu_bcg, Immu_dpt_1, Immu_dpt_2 , Immu_dpt_3, Immu_polio_1 , Immu_polio_2, Highest_passed, What_class.

Family background:

Fathereducation, Mothereducation, Landasset, Non_landasset , Hhsize .

- Region:** (i) Locality (Rural/urban)
(ii) Geographical location of 7 Administrative Regions such as Borisal, Chittagong, Dhaka, Khulna, Rajshahi, Rangpur, Sylhet.

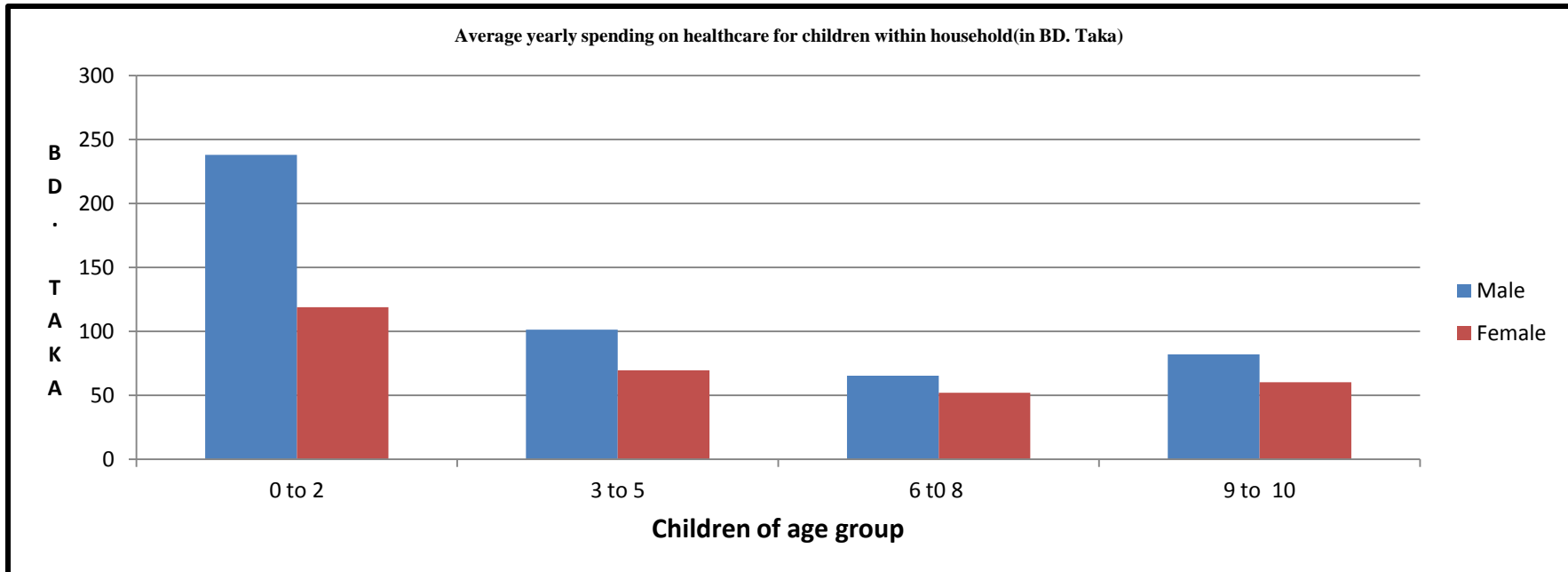
Summary Statistics of some variables

Table: I				
Summary statistics of some variables:				
Variable	Obs	Mean	Min	Max
Healthcare_cost	2491	384.5548	3	70000
Gender	2491	0.4628663	0	1
Age	2491	4.695303	0	10
Highest_passed	2491	0.4347652	0	19
Attending_school	2491	0.5917302	0	2
What_class	2491	0.9642714	0	19
Chronic_dis	2491	1.956644	1	2
Immu_bcg	2491	0.5584103	0	2
Immu_dpt_1	2491	0.5620233	0	2
Immu_polio_1	2491	0.5688479	0	2
Immu_measles	2491	0.6174227	0	2
Immu_hepatites	2491	0.6471297	0	2
Rural	2491	0.6932959	0	1
Hhsize	2491	5.124047	3	15
Landasset	2491	53.61582	1	1179
Non_landasset	2491	362998.5	0	1.72E+07
Father's edueducation	2491	3.758731	0	13
Mother's education	2491	3.744279	0	13

Table_III

Age group	Average yearly spending on healthcare for male and female children within household(in BD. Taka)			
	Male	Female	difference	t-statistics
0-2	238.0983	118.9199	119.1784**	1.7164
3-5	101.4083	69.69743	85.93774**	1.7282
6-8	65.32046	51.93122	13.38925*	1.2888
9-10	81.9307	60.30818	21.62252	0.9167

*** indicates statistical significant at 1% level of significance
 ** indicates statistical significant at 5% level of significance
 * indicates statistical significant at 10% level of significance



Linear regression

Number of obs = 2491, F(17, 2473) = 10.49, Prob > F = 0.0000, R-squared = 0.0741. Root MSE = 1.2074

ln_healthc~t	Coef.	Std. Err.	T	P>t	[95% Conf.	Robust Interval]
gender	-.1612105	.0488496	-3.30	0.001	-.2570008	-.0654202
age	-.0751649	.0175641	-4.28	0.000	-.1096067	-.040723
highest_pa~d	.0214915	.0226507	0.95	0.343	-.0229247	.0659078
attending_~l -	.0275559	.0548917	-0.50	0.616	-.1351943	.0800825
what_class	.009556	.014857	0.64	0.520	-.0195774	.0386894
chronic_dis	.904233	.1251333	7.23	0.000	.6588561	1.14961
immu_bcg	.3308168	.450063	0.74	0.462	-.5517223	1.213356
immu_dpt_1	-.3352627	.4231331	-0.79	0.428	-1.164994	.4944689
immu_polio_1	-.0111534	.2386223	-0.05	0.963	-.4790736	.4567668
immu_measles	-.090539	.1321828	-0.68	0.493	-.3497394	.1686615
immu_hepat~s	-.1034924	.0998741	-1.04	0.300	-.2993379	.0923532
rural	-.0677506	.0558663	-1.21	0.225	-.1773001	.041799
hhsz	-.0136573	.0154434	-0.88	0.377	-.0439406	.0166259
landasset	.0001686	.0002031	0.83	0.407	-.0002296	.0005668
non_landas~t	6.89e-08	3.52e-08	1.96	0.050	-1.33e-11	1.38e-07
fathereduc~n	.0245534	.0077053	3.19	0.001	.009444	.0396628
mothereduc~n	.0161504	.0084208	1.92	0.055	-.0003622	.032663
_cons	5.425217	.1521455	35.66	0.000	5.126871	5.723563

reg ln_healthcare_cost gender age highest_passed attending_school what_class chronic_dis immu_bcg immu_dpt_1
 immu_polio_1 immu_measles immu_hepatitis rural hhsize landasset non_landasset fathereducation mothereducation Borisal
 chittagong Dhaka Khulna Rajshahi Rangpur ,r

Linear regression

Number of obs = 2491 , F(23, 2467) = 13.75, Prob > F = 0.0000, R-squared = 0.1173, Root MSE = 1.1803

Ln_healthc~t	Coef.	Std. Err.	T	p>t	[95% Conf. Interval]
gender	-.1539197	.0476923	-3.23	0.001	-.2474408 - .0603986
age	-.0691072	.0175169	-3.95	0.000	-.1034565 - .0347579
highest_pa~d	.0363511	.0231088	1.57	0.116	-.0089635 .0816658
attending_~l	-.0205795	.0536078	-0.38	0.701	-.1257003 .0845414
what_class	.0031137	.0149163	0.21	0.835	-.0261362 .0323635
chronic_dis	.8652634	.1242231	6.97	0.000	.621671 1.108856
immu_bcg	.4612107	.4198373	1.10	0.272	-.3620592 1.284481
immu_dpt_1	-.4137023	.3964264	-1.04	0.297	-1.191065 .3636606
immu_polio_1	-.0655113	.2340423	-0.28	0.780	-.5244509 .3934282
immu_measles	-.0826457	.1329731	-0.62	0.534	-.3433961 .1781047
immu_hepat~s	-.0707316	.1024355	-0.69	0.490	-.2716 .1301369
rural	-.0666589	.0553083	-1.21	0.228	-.1751145 .0417967
hhsize	-.0542592	.0157826	-3.44	0.001	-.0852077 - .0233107
landasset	.0002653	.0001956	1.36	0.175	-.0001182 .0006489
non_landas~t	4.82e-08	3.50e-08	1.38	0.168	-2.04e-08 1.17e-07
fathereduc~n	.0249245	.0075314	3.31	0.001	.010156 .0396929
mothereduc~n	.0176718	.0082169	2.15	0.032	.0015591 .0337846
Borisal	.1448831	.1318588	1.10	0.272	-.1136822 .4034484
Chittagong	.2749807	.1009418	2.72	0.006	.0770412 .4729202
Dhaka	-.1821765	.1013691	-1.80	0.072	-.3809538 .0166009
Khulna	-.432475	.1155427	-3.74	0.000	-.6590458 - .2059043
Rajshahi	-.2478177	.1117995	-2.22	0.027	-.4670482 - .0285872
Rangpur	-.4881127	.1070083	-4.56	0.000	-.697948 - .2782774
_cons	5.707212	.1860525	30.68	0.000	5.342377 6.072047

reg ln_healthcare_cost gender age age2 highest_passed attending_school what_class chronic_dis immu_bcg immu_dpt_1
 immu_polio_1 immu_measles immu_hepatitis rural hhsize landasset non_landasset fathereducation mothereducation Borisal
 chittagong Dhaka Khulna Rajshahi Rangpur ,r

Linear regression

Number of obs = 2491 , F(23, 2467) = 13.75, Prob > F = 0.0000, R-squared = 0.1201, Root MSE = 1.1803

ln_healthc~t	Coef.	Std. Err.	t	P>t	[95% Conf. Interval]	
gender	-.1516623	.0476552	-3.18	0.001	-.2451106	-.058214
age	-.1606736	.0351102	-4.58	0.000	-.2295222	-.0918251
age2	.0091043	.0032432	2.81	0.005	.0027446	.0154639
highest_pa~d	.0232387	.0215305	1.08	0.281	-.0189811	.0654585
attending_~l	.0216903	.0544804	0.40	0.691	-.0851418	.1285225
what_class	-.0024591	.0146907	-0.17	0.867	-.0312665	.0263483
chronic_dis	.8696365	.1240558	-7.01	0.000	-1.112901	-.6263721
immu_bcg	-.605774	.4205283	-1.44	0.150	-1.430399	.2188511
immu_dpt_1	.3131535	.3963497	0.79	0.430	-.4640592	1.090366
immu_polio_1	.1715658	.232756	0.74	0.461	-.2848515	.6279832
immu_measles	-.08198	.134559	-0.61	0.542	-.3458402	.1818802
immu_hepat~s	.0655852	.1029664	0.64	0.524	-.1363243	.2674947
rural	-.0701613	.0551733	-1.27	0.204	-.1783521	.0380295
hhsize	-.0561661	.0158057	-3.55	0.000	-.0871599	-.0251724
Landasset	.0002686	.0001947	1.38	0.168	-.0001133	.0006504
non_landas~t	4.71e-08	3.48e-08	1.36	0.175	-2.10e-08	1.15e-07
fathereduc~n	.0256265	.0075015	3.42	0.001	.0109165	.0403364
mothereduc~n	.0179319	.0081993	2.19	0.029	.0018537	.0340101
Borisal	.13409	.1311509	1.02	0.307	-.1230873	.3912674
chittagong	.2726721	.1010077	2.70	0.007	.0746035	.4707408
Dhaka	-.1942268	.1015637	-1.91	0.056	-.3933858	.0049322
Khulna	-.4435682	.1159108	-3.83	0.000	-.6708607	-.2162757
Rajshahi	-.2662189	.1123392	-2.37	0.018	-.4865078	-.04593
Rangpur	-.4967287	.1072219	-4.63	0.000	-.7069829	-.2864744
_cons	7.580218	.3169641	23.92	0.000	6.958674	8.201761

Linear regression

Number of obs = 2491 ,F(30, 2460) = 10.80, Prob > F = 0.0000, R-squared = 0.1197, Root MSE = 1.1804

ln_healthc~t	Coef.	Std. Err.	t	P>t	[95% Conf. Interval]
Gender	-.2671133	.2020776	-1.32	0.186	-.663373 .1291465
Age	.0922843	.0302416	-3.05	0.002	-.151586 -.0329826
highest_pa~d	.0361001	.0230339	1.57	0.117	-.0090677 .0812679
attending_~l	-.0208188	.0536681	-0.39	0.698	-.1260581 .0844205
what_class	.0036142	.0148954	0.24	0.808	-.0255946 .032823
chronic_dis	.8683253	.1246235	6.97	0.000	.6239475 1.112703
immu_bcg	.4803952	.4200882	1.14	0.253	-.3433678 1.304158
immu_dpt_1	-.4175006	.3954472	-1.06	0.291	-1.192944 .3579432
immu_polio_1	-.0777547	.2364047	-0.33	0.742	-.5413275 .385818
immu_measles	-.0870377	.1324159	-0.66	0.511	-.3466958 .1726205
immu_hepat~s	-.0698431	.1024878	-0.68	0.496	-.2708143 .1311282
Rural	-.0696968	.1713922	-0.41	0.684	-.4057847 .266391
Hhsize	-.0644059	.046263	-1.39	0.164	-.1551243 .0263124
Landasset	.0005092	.0006125	0.83	0.406	-.0006919 .0017102
non_landas~t	-1.34e-07	1.01e-07	-1.33	0.184	-3.31e-07 6.35e-08
fathereduc~n	.0320322	.0235379	1.36	0.174	-.014124 .0781885
mothereduc~n	.0239801	.0259273	0.92	0.355	-.0268615 .0748216
Borisal	.1618192	.132473	1.22	0.222	-.0979508 .4215893
Chittagong	.2843803	.1013724	2.81	0.005	.0855962 .4831645
Dhaka	-.1703866	.1016607	-1.68	0.094	-.369736 .0289628
Khulna	-.4208839	.1159214	-3.63	0.000	-.6481974 -.1935703
Rajshahi	-.2404288	.1124208	-2.14	0.033	-.4608779 -.0199796
Rangpur	-.4718024	.1075363	-4.39	0.000	-.6826734 -.2609314
age_gender	.0157436	.0163484	0.96	0.336	-.0163145 .0478017
rural_gender	.0042471	.1104312	0.04	0.969	-.2123006 .2207949
hhsizе_gen~r	.0066113	.0297762	0.22	0.824	-.0517777 .0650004
landasset_~r	-.0001721	.0003837	-0.45	0.654	-.0009245 .0005804
non_landas~r	1.39e-07	6.82e-08	2.03	0.042	4.85e-09 2.72e-07
fathereduc~r	-.0054505	.0149591	-0.36	0.716	-.0347841 .0238832
mothereduc~r	-.0045486	.0163191	-0.28	0.780	-.0365493 .0274521
_cons	5.748123	.2062349	27.87	0.000	5.343711 6.152535

reg ln_healthcare_cost gender age highest_passed attending_school what_class chronic_dis immu_bcg immu_dpt_1 immu_polio_1
 immu_measles immu_hepatitis rural hhsizes landasset non_landasset fathereducation mothereducation Borisal chittagong Dhaka Khulna
 Rajshahi Rangpur,clu(uniqueid)

Linear regression

Number of obs = 2491, F(23, 1956) = 11.42, Prob > F = 0.0000, R-squared = 0.1173, Root MSE = 1.1803

Robust

ln_healthc~t	Coef.	Std. Err.	t	P>t	[95% Conf.	Interval]
Gender	-.1539197	.049308	-3.12	0.002	-.2506215	-.0572179
Age	-.0691072	.0174076	-3.97	0.000	-.1032466	-.0349679
highest_pa~d	.0363511	.023462	1.55	0.121	-.009662	.0823643
attending_~l	-.0205795	.0548579	-0.38	0.708	-.1281655	.0870065
what_class	.0031137	.0152212	0.20	0.838	-.0267378	.0329652
chronic_dis	.8652634	.1318333	6.56	0.000	.6067148	1.123812
immu_bcg	.4612107	.4198527	1.10	0.272	-.362195	1.284616
immu_dpt_1	-.4137023	.3968911	-1.04	0.297	-1.192076	.3646716
immu_polio_1	-.0655113	.2343504	-0.28	0.780	-.5251141	.3940914
immu_measles	-.0826457	.1350123	-0.61	0.541	-.3474287	.1821374
immu_hepat~s	-.0707316	.1076436	-0.66	0.511	-.2818397	.1403765
rural	-.0666589	.0609029	-1.09	0.274	-.1861002	.0527824
hhsizes	-.0542592	.0208313	-2.60	0.009	-.095113	-.0134054
landasset	.0002653	.0002056	1.29	0.197	-.000138	.0006686
non_landas~t	4.82e-08	3.90e-08	1.24	0.217	-2.83e-08	1.25e-07
fathereduc~n	.0249245	.0084696	2.94	0.003	.0083141	.0415348
mothereduc~n	.0176718	.0093197	1.90	0.058	-.0006058	.0359494
Borisal	.1448831	.152657	0.95	0.343	-.1545044	.4442706
chittagong	.2749807	.1221381	2.25	0.024	.0354462	.5145152
Dhaka	-.1821765	.1219875	-1.49	0.135	-.4214156	.0570626
Khulna	-.432475	.1360693	-3.18	0.002	-.6993312	-.1656189
Rajshahi	-.2478177	.1281137	-1.93	0.053	-.4990715	.0034361
Rangpur	-.4881127	.1245776	-3.92	0.000	-.7324316	-.2437938
_cons	5.707212	.2037503	28.01	0.000	5.307621	6.106802

Summary of Findings

Econometric Results :

- ❑ Health care spending for female children in the household is significantly lower than that of male children holding all other things constant;
- ❑ Age, chronic_dis, hhsiz, nonland_asset, fathereducation, and mothereducation are very important variables in determining the health care spending for the children irrespective of gender;
- ❑ An increase in age of the children is associated with decrease in health care spending of the children holding other variables constant;
- ❑ The health care spending for the children who have been suffering from chronic diseases is higher than that of children who have not been suffering from this kind of diseases keep all other variables unchanged.

Major causes of Gender discrimination:

(i) Hierarchical family settings , (ii) Learning at the childhood, (iii) Negligence of girls since birth, (iv) Women's access to education and gender gap, (v) Women and poverty, (vi) Religious influence on women lives, (vii) Inheritance and property rights of women (legal aspect), (viii) Labor force participation , (ix) Health situation of women.

Recommendations

- ❑ **To ease the health care budget of the household and everybody should have some specific health insurance policy;**
- ❑ **To promote advocacy and comprehensive gender analysis on health financing and health insurance proposal in order to address women's health and family planning needs effectively;**
- ❑ **To ensure equal and easy access to gender responsive health and education services more widely;**
- ❑ **Law and order enforcing agencies along with both marriage registrars and birth registrars should be more efficient;**
- ❑ **Women need to have easy access to education, particularly to the higher study and comprehensive social awareness programs need to be undertaken by the government in collaboration with NGOs of national and international level;**

Recommendations cont.

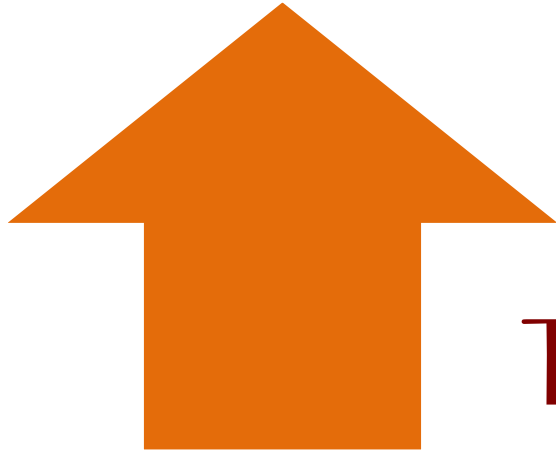
- ❑ **Mass media like electronic media, print media even social media like facebook, YouTube, twitter etc. should come forward in order to build mass awareness against dowry, early marriage, son preference, and violence against women.**
- ❑ **Women should be given priority for human resources development programs in order to enhance women's skills and capability ;**
- ❑ **Local government institutions, NGOs and community leaders jointly can organize counseling parents on importance of maternal health, women's education, bad effect of early marriage and dowry system;**
- ❑ **Documentaries, short film or commercial film based on positive image of women can play a vital role in changing the mind set of common people.**

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Thank you all



Questions?