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State of the World's Minorities and Indigenous Peoples 2013 - Bangladesh

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Religious minorities in Bangladesh, including Hindus and Buddhists, faced a spate of violent attacks in the middle of the year that earned the country national and international condemnation. In September, dozens of Buddhist temples, at least one Hindu temple and homes and shops belonging to these communities were set alight in Cox's Bazar and Chittagong, in one of the biggest targeted attacks against places of worship in recent years. According to media reports, at least 20 people were injured in the attacks. Amnesty International quoted police as saying they had arrested around 300 people, but according to media reports tens of thousands of Muslims were involved in the attacks, sparked by the posting of a derogatory image of the Qur'an on Facebook. The government did little to protect the targeted communities. While the government condemned the attacks, they unhelpfully politicized them by blaming Islamic radicals and opposition party members.

MRG has documented continuous incidents of violence and human rights violations, including extra-judicial killings, rape and destruction of property against indigenous Jumma peoples in the Chittagong Hill Tracts (CHT). MRG has also reported in previous *State of the World's Minorities* reports that these communities are also attacked, harassed and face land grabs from Bengali settlers in the area. In September 2012, at least 20 people were injured when Bengali settlers attacked Jumma shops and homes in Rangamati. According to some reports, the figure was as high as 60 injured. The incident was sparked by an altercation on board a college bus. Security personnel reportedly did little to stop the violence.

Bangladesh's Ahmadiyya community also continues to face harsh treatment and threats. In October, in Kisamat Menanagar, a group of Islamic extremists obstructed the construction work of an Ahmadiyya mosque. The local authorities subsequently called for construction to be suspended. On 25 October, the group conducted a procession in the area abusing and threatening the Ahmadiyya community. In early November, they made public calls for the community to renounce their religion. On 7 November, the makeshift mosque and two adjoining houses, one of which was used for prayer, were burned down. Fifteen people were injured in the incident. The community had on several occasions reportedly sought police intervention and protection but had not received any. There is a history in Bangladesh of Ahmadis being attacked and persecuted.

In June, Bangladesh's Foreign Minister declared that the government would not be opening the country's borders, preventing the entry of thousands of the Muslim minority Rohingya people who

were fleeing brutal attacks in Burma. This was in response to a request by the UN refugee agency UN High Commissioner for Refugees to keep the border open.

Referring to a widely held principle of international law forbidding forced return to situations of persecution, MRG and a group of international non-governmental organizations issued a joint statement in July saying:

'The refoulement *of these refugees by Bangladesh to Myanmar, where they face a very immediate threat to life and freedom, and a danger of irreparable harm; and the manner of* refoulement*, by push backs into dangerous waters, including in unsafe vessels are matters of serious concern.'*

In July, Bangladesh ordered charities to stop giving aid to Rohingya refugees, exacerbating the already precarious health situation of these groups. Acute malnutrition rates were already critically high in the camps for registered Rohingya refugees – approximately 24,000 of the estimated 200,000 population in Bangladesh – while rates of malnutrition for the unregistered Rohingya were reported as being even higher.

The Bangladeshi government refuses to recognize and register the vast majority of Rohingya who have escaped to Bangladesh from persecution in Burma. Registered Rohingya are served by inadequate health facilities in their camps, while unregistered Rohingya are essentially reliant on what they can find for themselves. The lack of aid money has meant health assessments have been impossible since the crackdown, but reports suggest that the situation of unregistered Rohingya is growing increasingly desperate.

Health

As in many South Asian countries, there is a general lack of official health data disaggregated by ethnicity or religion in Bangladesh. Nevertheless, studies from UNICEF and other international organizations help to build a partial picture of health problems faced by marginalized minority and indigenous groups.

Approximately 600,000 indigenous Jumma peoples live mainly in the CHT, one of the country's most deprived areas, and suffer particularly extreme rates of ill health. The CHT has the highest incidence of underweight newborn babies – a strong indicator of poor infant health. The amount of unmet need for family planning services (i.e. married women who want but do not have access to contraception) in Chittagong (at 21 per cent) is also the highest in Bangladesh (for which the average is 14 per cent), and contraceptive use, at 51.4 per cent, is considerably lower than the national average of 61.2 per cent.

The prevalence of malaria in Bangladesh reflects the geographic distribution of Adivasis (the term used generally for indigenous peoples). This is largely attributable to less investment in proper housing and health services in these high-risk areas. Marginalized communities, such as the Marma tribe of Rajasthali for example, are at risk of the disease. One study found that members of the Marma community had higher prevalence of malaria, and that both the amount of forest cover and the elevation of a person's home had strong effects on the chances of having malaria in Rajasthali.

Adivasis often live in remote areas where access to mosquito nets and health care is limited, and, on the other hand, their higher rates of poverty mean they often cannot afford health care. The remote location of Adivasi communities like the Mro make accessing health services much more difficult than for their Bengali counterparts. The most recent national demographic health survey showed that the CHT region, home to the Jumma peoples, had the second lowest rate of basic vaccinations in the country, at 81.8 per cent – the national average was 86 per cent.

A 2009 UNICEF study showed that Christians and Adivasi groups have higher prevalence of diarrhoea than other religious or ethnic groups, which is attributable to higher levels of poverty

and lower levels of education. The incidence for Christian households was 9 per cent, whereas for Buddhist households it was 5.6 per cent; among Saontals, an ethnic group who live mostly in the Himalayan foothills, it was 12 per cent in comparison to 6 per cent for Marmas of Rajasthali. Poverty and a lack of education are shown in the UNICEF study to increase the prevalence of diarrhoea, and Christians in Bangladesh have higher rates of both.

The lack of adequate sanitation facilities in CHT and other remote areas where many Bangladeshi ethnic minorities and indigenous peoples live also impacts strongly on these differences.

Bangladesh's rush to lift itself out of poverty through a boom in manufacturing has also affected Bangladeshi health, with the tragic collapse of a garment factory in Dhaka in April 2013 reminding the world that it still has a long way to go in ensuring the health and safety of its workers. The leather industry also faced criticism in 2012 for flushing untreated waste water containing chemicals and animal flesh into the city's main river, as well as exposing children to hazardous work conditions. Minority communities, including Dalits, who often live on the margins of communities, are particularly vulnerable to the effects of such contamination.

Countries

- Bangladesh

Topics

- Adivasis
- Ahmadis
- Chittagong Hill Tribes
- Freedom of religion
- Indigenous persons
- Minorities
- Minority rights
- Public health
- Rohingya (Arakanese)