by A K M Rafiguz-Zaman

look at the initial demographic in 1972 will help emphasize the progress that the family planning programme has made so far. In 1972 the total population was 73 million and the population density was 489 people per square kilometer; the highest population density in the world. Furthermore, the fertility rate was very high. The average number of children that a woman had during her lifetime (the total fertility rate or TFR) was 6.4. This high fertility rate, in turn, resulted in a high population growth rate of 2.5 per cent per year. At that growth rate, the population would have doubled in only 28

years. In 1975, the government declared that solving the population problem was the highest priority. In 1976, population policy was declared. To prevent the acceleration of population growth beyond the carrying capacity of the country, the government launched the family planning programme to en hance the use of contraceptives in 1975, the proportion of couples using some form of contraception (contraceptive prevalence rate of CPR) was only 8 per cent. Through family planning programme. CPR increased five-fold, reaching 40 per cent by 1991.

In comparison with several Muslim countries, Bangladesh has done very well in rising its contraceptive prevalence rate. Its pace is similar to that of Indonesia and faster than that of Egypt, Jordan, and Pakistan.

The average annual increase of Bangladesh CPR for the past 15 years is 2 per cent, which is one of the highest of all Muslim countries.

This increase in contraceptive prevalence rate caused the fertility rate to drop from 6.4 in 1972 to 4.2 in 1991. *

This resulted in a population in 1992 of 112 million and a population density of 755 people per square kilometer. Population growth was reduced to 2 per cent a year and the population doubling time had increased to 35 years.

The change of total fertility from 6.4 to 4.2 had slowed down Bangladesh population growth by 10 million by 1991.

The Bangladesh family planning programme can cer-

vide wider pre and post natal care to women, increase school enrollment rates for girls and increase their educational level. and create, employment oppor-

Challenge two is how to improve the quality of family planning services to meet the needs of increasing numbers of users in the future and to help them use the correct method effectively.

Actions to be taken to meet challenge two include the fol-

* Provide appropriate method

improve continuation and effectiveness rates of commodity

vice training of family planning Challenge three is how to

strengthen the structure of the family planning programme so that quality services can be delivered effectively.

include the following measures: * Use of health facilities and

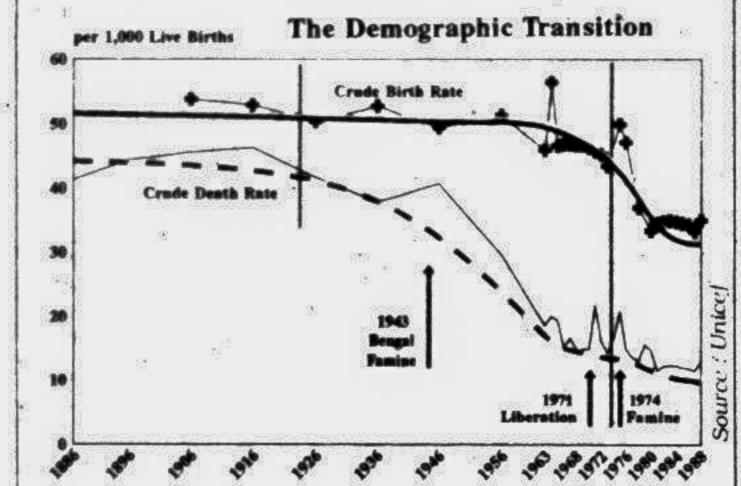
* More focus on men, young couples, newlyweds and people

from under served areas * Use of performance report-

line of responsibility, and * Better job security and

funding for future family planning activities. What effect would the strengthened programme have on the cost of family planning? In 1991 the family planning programme cost was 320 crore taka. The increase in the number of family planning users will entail an increase in cost in the shortrun. In 1998, the cost will be 640 crore taka. In the year 2005, the programme cost will reach 880 crore taka. However, at this point the contraceptive prevalence rate will have

Currently our government provides 37% of the total cost and donors provide the rest Challenge four, therefore, is how to improve the financial



tainly be called a success. The success of the programme is the direct result of programme factors such as: 1. A strong population policy. 2. An extensive network for service delivery, including field workers, 3. A cafeteria approach of service, 4. Collaboration with non-government organizations, and 5. Assistance from the international community.

Some development factors also contributed to the success of the programme by creating a favorable environment in which couples are motivated to adopt family planning. The infant mortality has decreased from 140 to 90 infant deaths per thousand live births. Female literacy has almost doubled, and female employment has more than quadrupled over the past 20 years.

To increase the contraceptive prevalence rate to 2% a year in the next 15 years is a formidable task. This presents four major challenges to the programme and requires immediate actions within the family planning programme, among different government agencies. and in the private sector.

Challenge one is how to motivate current non-users to become uses, particularly those who have indicated that they intend to limit or space their children.

Actions are needed to make family planning acceptable and desirable to more couples. •

First, we need to continue improvement in child survival. When child mortality is low enough, couples will no longer feel a need to have an extra number of children as insurance and will be willing to have two children only. To further improve child survival, we need to sustain breastfeeding practice and duration, increase coverage of infant and child immunization, and increase the adult literacy rate.

Second, we need to continue to improve the status of women so that attractive alternatives to childbearing are available to them. For this, we need to pro-

tunities for women.

mix for spacing and limiting * Increase follow-up visits to

based methods, and * Increase basic and in ser-

Actions needed to be taken

services to support clinical methods

ing and monitoring to define the

compensation to improve the morale of family planning field workers

The fourth challenge involves reached 70% and will remain constant at this level. As a consequence, the annual cost will begin to fall

sustainability of the family

planning programme. Financial Returns to Investments in the Programme Since the government gradually will have to provide more domestic funds for the family planning programme, it is important to examine the financial implications of such invest-

The cumulative cost of the strengthened family planning programme over the next 30 years is estimated to be 21,700 crore taka. Of this amount, 15.700 crore are for simply maintaining the present contraceptive prevalence rate of 40%. The additional amount required to increase the prevalence rate to 70% is only 6,000 crore taka.

Though 6,000 crore Taka is not an insignificant figure, the savings to the individual sectors would be 5,200 crore taka for health, 36,400 crore for education, 5,500 crore for other social services and 2,700 crore for housing under the low fertility scenario. Therefore, when we compare the cost and the financial benefits together, the cumulative savings which will accrue as a direct result of the stronger family planning programme will far ontweigh the

Since costs and benefits occur at different times, a discount rate should be applied. The resulting benefit/cost ratio is 5. This implies that for each taka invested in the family planning programme, the government will eventually receive at least five taka in savings in the other sector, savings that can be used to improve the quality of those sectors, or can be used in reducing dependency on donors. This also suggests that the expenditure in the Bangladesh family planning programme will repay itself easily, is financially viable, and therefore is an excellent financial investment in the future welfare of the country.

The writer is Director General. Directorate of Family

FAMILY PLANNING PROGRAMME Achievements and Challenges Population and Development



Prime Minister Begum Khaleda Zia inaugurated a conference of parliamentarians on Population and Development' in the morning, while leader of the Opposition Sheikh Hastna was the chief guest at the concluding session at the Osmany Auditorium in the city on December - Star Photo 11, 1993.

PARLIAMENTARIAN CONFERENCE

'National Consensus is Needed to Attain the Demographic Goal'

HE Ministry of Health and Family Welfare in collaboration with Pathfinder International held a day-long Conference of the Bangladesh Parliamentarians on "Population and Development" on December 11 at the Osmani Memorial Auditorium. Prime Minister Khaleda Zia inaugurated the Conference. while Leader of the Opposition in Parliament, Sheikh Hasina was the chief guest in the concluding session. Chowdhury Kamal Ibne Yusuf, Minister for Health and Family Welfare presided over the inaugural

session. Md Serajul Huq, Deputy Minister for Health, and Family Welfare welcomed the participants while A K M Rafiguzzaman, Director General of Family Planning presented the highlights of the Conference. Dr M Alauddin, Country Representative of Pathfinder International paid vote of thanks to the participants and the distinguished guests.

The Conference was attended by ministers, members of the parliament, diplomats, researchers, programme managers and senior officials of the Ministry of Health and Family Welfare. NGO representatives, involved in family planning programme implementation. also attended the conference.

Prime Minister, Begum Khaleda Zia inaugurating the Conference called upon the MPs, irrespective of party affiliation, to work unitedly to re-

solve the population problem. "Members of the Parliament have moral as well as political commitment to upgrade the quality of life of the people. The pace of development process and population control activities have to be geared up simultaneously"- she observed.

Prime Minister asked the Parliament Members to actively involve themselves in the implementation of family planning and MCH programme in their respective constituency and contribute towards motivating people not to have more than two children per family.

Mr Chowdhury Kamal Ibne Yusuf, Minister for Health and Family Welfare, in his address highlighted the programme measures and success made so

by Rashed Mahmud Titumir

HIGHLIGHTS of the RESOLUTION

· Affirmed that the principal aim of social, economic and cul-

planning programmes with development programmes.

tural development, is to improve the levels of living and

enrich the quality of life of the people of Bangladesh. We

reiterate the necessity of linking population and family

Recognize that the issues of population and development are

inextricably bound together and that no population pro-

gramme should be considered in isolation from policies and

and the use of resource. Equally, we recognize that

development programmes should reflect a sensitivity to

Acknowledge that in Bangladesh much progress has been

made in bringing the two subject of population and

First, population growth, land shortages, low agricultural

production and poverty translate themselves into problems of

Second, the malnutrition of population growth, poverty and

malnutrition, in turn, results in high mortality especially

Third, rapid population growth outstrips economic develop-

Fourth, over population, scarce natural resources and peri-

odic flooding deteriorating environment that causes human

Following recommendations were made to the Government:

· Discourage marriage below 20 years for female and 25 years

· Measure the impact od population growth on health, edu-

Promote and strengthen integration of population pro-

· Establish equal rights for men and women in public, politi-

cal, economic, social cultural, and family responsibilities.

for male, pregnancy below 20 years and over 30 years.

cation, employment, agriculture and industrial development,

Direct more resources to the rural areas to ensure a more

Ensure that all couples in Bangladesh can exercise their

basic human right to responsibly decide the number and

development together. But there is still lot to be done.

Population growth and movement present four challenges.

plans on health, education, employment, the environment,

far in family planning and MCH programme. .

He, however, observed that people from all walks of life including Parliamentarians must work unitedly and sincerely to attain the demographic goal of 2-child family by the year 2005.

Professor A Q M Badruddoza Chowdhury, Deputy Leader of the house chaired and Abdus Samad Azad, Deputy Leader of the Opposition chaired the working session.

Co-chairperson of the session Abdus Samad Azad, Deputy Leader of the Opposition in his speech expressed the

population issues.

food security and malnutrition.

among in infants and mothers.

ment, education and job creation, and

parenthood after 40 years for male.

gramme and development activities.

equitable and balanced development.

spacing of their children.

misery and threats sustainable development.

housing, and the environmental conditions.

commitment of his party. Awami League to work Unitedly with the government to combat number one problem of the na-

Shahjahan Siraj, MP presented a detailed paper containing various roles that the Parliamentarians can perform at different levels, such as at their constituency, at the Parliament, in their respective parties, and other forums whenever opportunity arises for them.

Several members of the Parliament participated in the discussion on the papers and suggested various measures to strengthen the FP-MCH programme based on the personal experience of the MPs. Promotion of female education, delayed marriage, motivation of workers to work hard, more involvement of males and popularization of male methods, and reward small families were some of the measures recommended by the MPs.

The Leader of the Opposition Begum Sheikh Hasina was the chief guest in the concluding session while Chowdhury Kamal Ibne Yusuf was in the chair the concluding session. Suranjit Sengupta, MP and Dr A K M Qamruzzaman, MP jointly presented the recommendations and expressed commitments of the Parliamentarians.

Leader of the Opposition. Begum Sheikh Hasina, in her address, said that the policy of her party on population has always been clear and transparent.

The Awami League manifesto clearly stated to combat the population problem at any cost, she added.

Sheikh Hasina opined that efforts should be made to utilize the manpower as workforce like China and take appropriate measures to fully utilize the health infrastructure to its fullest extent to provide adequate services to the people by the workers.

She asserted that promotion of education must be pursued along with family planning and

MCH programme. Suranjit Sengupta in his speech lauded the government to organise such a Conference participated by the Parliament Members, irrespective of party affiliation. He termed this Conference 'historic, unique and unprecedented in the history of

Bangladesh. Dr A K M Qamruzzaman while presenting the recommendations expressed the commitment of the Parliamentarians to translate the ideas into action.

Dr Qamruzzaman observed that MPs should encourage the people of their constituency to pursue small family goals.

Mr Richard M Brown, Director of USAID lauded the achievement of the family planning programme in Bangladesh.

POPULATION GROWTH The Changing Landscape

ch will reach 5.48 billion in mid-1992 and 6 billion by 1998, is growing faster than ever before: three people every second, more than 250,000 every day. At the beginning of the decade the annual addition was 93 million; by the end it will approach 100 million. At this rate the world will have almost a billion more people (roughly the population of China) by the year, 2001. Approximately ninety-five per cent of this population growth is oc curring in the developing coun-

Average family size in developing countries has decreased: from 6.1 children per woman in the early 1960s to 3.9 today. Population growth rates in developing countries have also declined; from more than 2.5 per cent a year in the early 1960s to just over 2.0 per cent today. However, the absolute numbers being added continue to increase.

These increases will move forward like a wave into the next century; more than half the developing world's popula-

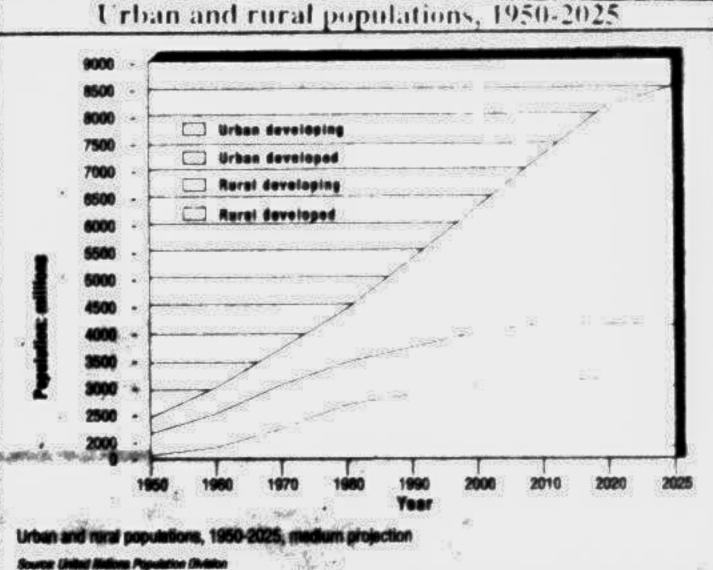
11.6 billion — over twice its present level. But if fertility declines more slowly, following the less optimistic 'high variant' projection, the world might reach that level before the middle of the next century .

A Changing Balance The population of developing countries has more than doubled in 35 years, increasing from 1.7 billion in 1950 to 4.1 bit on in 1990. By 2000, it will th to nearly 5 billion _ of an expected world total of

6.26 billion. By contrast, the developed countries (Europe, including the former Soviet Union, North America and Japan) have in-

creased from 833 million in 1950 to 1.2 billion in 1990 with 1.26 billion expected in the year 2000. By 2020 2025, the industrialized countries will account for only 3 per cent of the annual population increase and will comprise less than a fifth of the world's population.

Continued rapid growth in developing countries has brought human numbers into collision with the resources re-



tion in the year 2000 will be quired to sustain them and is

under 25. The United Nations longterm projections of world population released in early 1992 have been revised upward. The "medium variant" or most likely projection for 2100 is now 11.2 billion. This is 1.0 billion or 10 per cent larger than that predicted in the 1982 long-range

projection. The time it takes to add a billion people has become shorter and shorter. It took a century (1830-1930) to go from 1 billion to 2 billion people, 30 years (1930-1960) for the third billion, 15 years (1960-1975) for the fourth, and 12 years to grow from 4 billion to 5 billion. Adding the next billion will take only about 10 years.

stop altogether till the year 2200, when world population

water resources, making it more difficult to support growing numbers of people. Increasing numbers and declining resources have contributed to increasing migration from rural to urban areas. By the year 2000 over 40 per cent

of Africa and Asia (excluding

among the many human-made

ment. Increasing numbers add

to demands on land, air and

treats to the dobal environ-

Japan) and 76 per cent of Latin America will be urbanized Throughout the developing world these trends have spurred population policies aimed at balancing rural and urban populations and slowing rapid population growth. Increasingly. they are linked to economic and Growth is not expected to social development programmes, a linkage critical for the

success of both. may stabilize at approximately — UNFPA Alternative futures: population projections to 2150 United Nations, low, medium and high population projections. By 2050 there is a difference of 4 billion between high and low projections — about the size of world population in 1975. Source: United Hations Population Division

Focus More on the Sources of Population Growth'

T 71TH additions of a quarter of a million people ▼ ▼ each day to the existing five and a half billion, the issue of how to check population growth in the wake of depleting resources, is the most immediate. While the Northern countries consume away, playing havoc with nature, the Southern countries have made their own contribution to environmental degradation by allowing their populations to grow to unsustainable proportions. Along with other organisations, both governmental and non-governmental, the Population Council, an international non-profit entity, has for the last 40 years been applying science and technology to the solution of population problems in developing countries. The Council's main focus is on developing new contraceptives and working on population policy, family planning and fertility. In Bangladesh, the Council has played a significant role especially in introducing two new reversible methods — Norplant and copper-bearing T- shaped IUDs. Margaret Catley-Carlson, President of the Population Council, elaborates on the organization's perception of population problems in Bangladesh and gives her own views on the controversy surrounding some

by the Council. Carlson, who has been visiting Bangladesh on the occasion

of the contraceptives developed

of the Population Fortnight. points out to the primary concerns of reproductive rights. Having specific targets, for example, often results in treating women as numbers driving family planning workers to emphasize quantity instead of quality. This in turn may lead to coercion as in the case of family planning programmes in China and of Norplant in several developing countries. "There is concern about unethical use of injectables and implantables that have the potential to be used to solve social issues, not reproductive demand," says the former Deputy Minister of Health in Canada, Other concerns include inadequate service levels, especially government programmes which are too often underfunded, undertrained resulting in a level of service that falls short of the level needed for high-tech contraceptives that need follow-This is most obvious in the

case of Norplant which has been introduced to many developing countries including Bangladesh resulting in severe criticism from women's rights groups. Critiques say that a hormone implant which stays effective for five years is being administered to women, especially poor, illiterate women, without telling them the probable side effects of the drug. Moreover, when these women go to the health workers to get

by Aasha Mehreen Amin the implant removed, it has

been alleged that they are refused on the argument that since Norplant is very expensive and offered free to these

women, it is not feasible to take it out before the five-year term. Stories of this kind of coercion is not confined to just Bangladesh but in many other



developing countries. In this context how much responsibil ity lies with the Population Council which helped develop the drug?

Carlson agrees that women

should be given better counselling services so that they know what they're getting into. "In the case of Norplant," she says, "we have worked with the company to develop protocols; when we do become aware of any lapses in the way the drug is administered or managed we talk to the company and try to work with the government in question." Carlson adds that the Council has spent \$26 million to develop the drug and \$16 million to develop the manual, training the health workers etc. "We also strongly advocate a wide choice of contraceptives," she says, "and try to make the risk as low as possible."

In addition, points out the former Assistant Secretary General of the UN, the Council is currently concentrating on a new male contraceptive with 50 per cent of the development research funds.

But the solution lies not just in offering family planning but finding the sources of population growth which, Carlson points out, centre on the role of women in society.

Child mortality-being an important source, child care, especially equal child care for boys and girls, is also a vital issue. Efforts to reduce childhood mortality should not be just seen as 'public health' programmes, says Carlson, independent of family dynamics. They must involve both parents, not just mothers. The fatherchild link should be emphasized, she says. "There must be discussion of the value of the father's role, the expectations of fathers, and incentives for 'good' fathering and sanctions for 'poor' fathering," Carlson adds. Bangladesh, says Carlson,

has made significant progress in its family planning programmes, bringing down family size from 7-children to 4-children per family. The areas of female literacy and child mortality, however, must be prioritised. Carlson says that more girls in school will mean later marriage, later and fewer babies leading to real reductions in population growth. Better quality of care, greater choice of contraceptives. and community based health care and family planning services are some of the other strategies that will help curb population growth, suggests Carlson. "Meeting the unmet demand for family planning, though vital, is not enough. We must create conditions throughselective and ethically sound social investment for women and couples to seek a lower number of surviving children". adds the Canadian born Carlson.