

Reaching the Demographic Goal in Bangladesh
A Caring Society is Needed to Spread 2-Child Family Norm

by Mahmood Aminul Islam

Table with 5 columns: Census year, Mid-Decade, Population growth rate, Average annual change in percent-age points, No of births per woman (TFR)

Source: Bangladesh Data Sheet 1996: published by Bangladesh Bureau of Statistics, Statistics Division, Ministry of Planning, The Table was prepared with the help of Mr H H Bhuiyan, Director, Population Census and Vital Registration Wing, and National Data Base, Bangladesh Bureau of Statistics.

Recent Fertility Decline in Bangladesh

As can be seen from the Table, fertility in Bangladesh has been declining since the 1960s. The pace of decline accelerated in the 1980s, reaching an estimated growth rate of 1.80 and total fertility rate (TFR) of 3.45 births per woman in 1995.

Possible Reasons Behind the Fertility Decline

Survival instinct: Last October, I was visiting a district headquarter. In the evening, I picked up a friendly conversation with the employees of the circuit house doing low-paid jobs like cook, gardener etc.

Mobility and improved economic status of women: Meanwhile, there has been almost a total break in the traditional role of women as mother and domestic helper - confined to the house. Many of them have gained a status as earners for the family.

Education: Since the 1980s, Bangladesh has taken initiative to improve literacy rate by universalising primary education and making it compulsory for all 6-10-year-old children.

first as a field-based and management-oriented programme and then as Mother and Child Health (MCH) based, multi-sectoral, and community supported integrated programme were designed to popularise small family norm and thus create demand for contraception. This was done through inter-personal communication (home visits, group meetings) and media publicity, and by making contraceptive services easily available through country-wide network of clinics and door-step delivery of contraceptives by field workers.

The struggle for survival in the face of growing population pressure and consequent readiness of married couples to limit family size, the increasing mobility of women and their newly found economic status investing them with power to take contraceptive decisions, and easier availability of contraceptive services, account for the steady, indeed accelerated, decline in fertility in Bangladesh.

Possibilities of Reaching the Demographic Goal

The recent sharp decline in fertility is good news for Bangladesh. The awareness created by the three-decade long family planning programme has got sharpened due to daily struggle

for survival. This has resulted in a steady increase in the demand for family planning services pushing up the use of contraceptives to nearly 50 per cent of married couples. The contraceptive use rate has to be increased to 70 per cent and sustained at that level for reaching the replacement level of fertility of 2.2 births per woman, set as the demographic goal of Bangladesh to be reached by the year 2005 (Ministry of Health and Family Welfare, Dhaka).

Kerala experience: We may discuss the possibilities of reaching the above demographic goal with reference to the family planning programme in the Indian state of Kerala. This has been well documented by the World Bank population analyst K C Zachariah in his paper 'The Anomaly of Fertility Decline in India's Kerala's State'.

Zachariah says that, Kerala was way ahead than the rest of India in education, healthcare and redistributive policies when the official family planning programme was started in the mid 1960s. In education, 55.1 per cent people were literate in 1961 and 60.4 per cent in 1971 compared to 24.0 per cent and 29.5 per cent respectively in the rest of India. In 1981, the literacy percentage improved to 70 per cent in Kerala compared to 36 in India. Female literacy rate in Kerala was 66 per cent in 1981 compared to 25 in India. The improvement in literacy was faster in Kerala than elsewhere in India during the decade 1971-81 (10.0 percentage points, compared 6.7 percentage points).

sure on schools to accommodate a growing student population, as well as the urgent need to meet the educational needs of hard-to-reach children, such as those in tribal communities and the disabled. In addition, millions of working children are growing up without the basic knowledge and skills necessary to develop their potential. Observations made by participants were revealing, especially those of children. For example, children hoped that corporal punishment would end in all schools. Policy makers saw other areas where more action could be taken, such as increasing community interest. Suggestions to improve the situation covered a wide spectrum, starting from pre-natal care and planned pregnancies. Many concrete proposals were made, including promoting 'lively, joyful and participatory learning through teacher training in multiple ways of learning', and 'setting up a resource centre at schools as an information base for the community.'

Participants examined both the opportunities and needs for child development and learning in Bangladesh. Current challenges include increasing pres-

service area and more hospital beds. Statistics for 1979/80 indicate that average service area of primary health centre was 232 sq. km. in Kerala and 563 sq. km. in India; that of a sub-centre was 21 sq. km. in Kerala and 63 sq. km. in India. The number of hospital beds per 100,000 population was 458 in urban areas (263 in urban India) and 107 in rural areas (12 in rural India). The easy access to medical facilities, the relatively low cost of medical services and the high demand for them are all important reasons for the comparatively better health conditions in Kerala than in other states in India.

The annual population growth rate in Kerala which was 2.26 in 1971 dropped to 1.74 by 1981 while it stagnated at 2.22 in the rest of India. The current population growth rate of Kerala is 1.23 based on crude birth rate and crude death rate per 1,000 population as given in the Fact Sheet - Kerala, 1991 Population Data, Office of the Registrar General and Census Commissioner, The TFR is 2.0, according to the National Family Health Survey, 1993-93 (as given in the Fact Sheet).

In analysing the success of Kerala's family planning programme, Zachariah says that the programme impact would have been much smaller and more temporary had it been introduced prior to substantial reduction in infant mortality rate and a marked improvement in female education. Land reform and other redistributive policies reflecting concern for the poor helped to spread small family norm as a long-term strategy to reduce fertility.

remnants of fertility. Only 34 per cent of adult females in Bangladesh are now literate, and if high drop-out rates of over 40 per cent continue, it would take a long time to improve the female literacy rate. The coverage and quality of MCH services have not improved much over the past 20 years after its integration with family planning programme. Bangladesh has still one of the highest infant and maternal mortality rates in the world. Future investments to education and health must be sufficient (it is not enough to hear that these two sectors enjoy the highest allocation in the budget) and it must be properly spent. Whatever organisational and management reforms are necessary to improve performance in female education and primary healthcare including MCH should be carried out with a sense of urgency.

The present trend of growing landlessness has to be reversed through land reforms and by adopting and enforcing other measures, which will give job security and ensure payment of minimum wage and pension and avoid loss benefits to agricultural labour. In the banking sector, reforms will not only stop rural-urban resource transfer but also augment flow of advances to the rural poor.

Education: Since the 1980s, Bangladesh has taken initiative to improve literacy rate by universalising primary education and making it compulsory for all 6-10-year-old children. In order to encourage female education girl students in secondary schools do not have to pay tuition fee, and they receive small stipends. A national literacy programme aimed at out-of-school children and illiterate juveniles and adults had been started.

As a result of these efforts, primary school enrollment ratio has increased to 74.2 (female 73.4) and adult literacy rate for 15+ population has jumped to 42.6 per cent-34.2 per cent for female and 50.5 for male. In spite of these gains, problems with high drop out rates and quality of education remain. Non-completion of primary education often results in relapsing into illiteracy.

Women's status: Women's status is closely related to female education which, of late, is receiving lot of attention. But in spite of improvements of women's status in the society remain quite low. They are paid lower wages for the same work and often fall victims to domestic violence. This undermines their role as wife and mother, and constitutes an obstacle to raising planned family. Laws relating to registration of marriage and minimum age at marriage are not strictly enforced to the disadvantage of women.

Redistributive and welfare policies: As stated earlier, a deepening instinct of survival has been mainly responsible for generating a high demand for contraception among couples including poor couples. This welcome trend has to be nurtured by protecting the poor and the powerless against social injustice and economic insecurity. In a pre-dominantly agrarian society as in Bangladesh, access to land determines a family's survival and security. But unfortunately landlessness is on the increase in Bangladesh. In a recently-held workshop in Dhaka 'Approval of ILO Convention for the Farm Labourers in the Perspective of Socio-economic Condition of Bangladesh and Formulation of Laws on That Basis', it was revealed that landlessness which was 8 per cent in 1947 rose to 34 per cent in 1972, and presently it is 68.8 per cent.

Need for a Caring Society: Both education specially female education and health especially MCH are important de-

terminants of fertility. Only 34 per cent of adult females in Bangladesh are now literate, and if high drop-out rates of over 40 per cent continue, it would take a long time to improve the female literacy rate. The coverage and quality of MCH services have not improved much over the past 20 years after its integration with family planning programme. Bangladesh has still one of the highest infant and maternal mortality rates in the world. Future investments to education and health must be sufficient (it is not enough to hear that these two sectors enjoy the highest allocation in the budget) and it must be properly spent. Whatever organisational and management reforms are necessary to improve performance in female education and primary healthcare including MCH should be carried out with a sense of urgency.

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Looking Ahead

Bangladesh has yet to go a long way to reach the replacement level of fertility and stabilise population growth. As I have tried to make out in this paper, the present social and economic condition of the majority in Bangladesh who live an impoverished life are not conducive to rapid fertility decline. As in Kerala, population policies must address the social and economic security concerns of the poor. The gaps in health and education programmes must be bridged to ensure 'health for all' and 'education for all'. In other words everybody should be able to see a more secure future.

The policy reforms would have a better chance to succeed if the government follows the basic principles of rule of law, decentralised Administration with strengthened local bodies, and transparency and efficiency in transacting official business. For establishing rule of law and ensuring transparency in administration, it is essential to appoint an ombudsman for which there has been a persistent demand.

The recent accelerated decline in fertility in Bangladesh should not make anybody complacent about the seriousness of the population problem the country is facing today. According to the official projection (Achievements and Challenges, Bangladesh Family Planning Programme, published by the Ministry of Health and Family Welfare, April 1994), even if the total fertility rate could be brought down to replacement level of 2.2 births per woman by 2005, population would continue to grow for the next 60 years and stabilise at 211 million by the year 2056. With a 10-year delay in reaching this reduced fertility level the population would grow to 250 million in 2081 before it stabilises.

The writer, a retired Additional Secretary to the Government, served as Director, Bangladesh Family Planning Board in the early 1970s.

Common Ground for the Future of Child Development and Learning

With proposals ranging from providing students with tiffins to improving teacher training, a three-day Future Search Conference on Child Development and Learning organized by the Primary and Mass Education Department, Ministry of Education, and UNICEF resulted in a common plan and vision for the future, says a press release.

At the closing ceremony on 14 October, Joint Secretary of Primary and Mass Education and Chairperson of the Steering Committee for the Conference, Mr Sadiqul Hoque, stated, 'As the Government is formulating a new education policy, this Conference will help us immensely, because by this time all the possible points have been discussed.'

Educators, policy-makers, development partners, parents and - for the first time in such a meeting - children, spent three days in intense exploration, brainstorming, and planning to seek a common ground from which to move forward together. Representing different social sectors and coming from all regions of the country, they formed a microcosm of the society at large. They constructed joint histories, drew a sprawling map of the environment of child development and learning, acted out role plays and jointly agreed on priority issues. The overall objectives of the gathering were to propose innovative and cost-effective approaches to improve child care in Bangladesh; identify alternative learning opportunities; create cross-sectoral

understanding of the knowledge and skills required for the 21st century, and to explore alternative systems to accelerate child development and to improve the quality of primary education in Bangladesh.

'I liked that adults gave importance to children and were so friendly to us,' said Manjila Begum, age 10, who lives in a sweepers' colony in Dhaka. 'I feel very proud to have been here.' She shared with partici-

pants her wish to study further and to become a doctor.



Manzila Akhter, a 10-year-old girl-child of Class 3, from Mohakhali Abdul Hamid Dorji, Primary School (Dhaka), actively participating in the Future Search Conference. Photo: UNICEF/Primor

The Daily Star Entertainment Guide

Entertainment guide listing TV channels (EL TV, PTV, ZEE TV, STAR PLUS), movies (Garfield, Tom and Jerry), and cinema listings across various locations.