



1994-2009

ICPD/15 International Conference on
Population and Development

ICPD/15: Bangladesh Perspective



Estimated Population	150.6 Million
Population Growth rate	1.47 % per year
Income Per Capita	US\$ 512 - 2006
Population Density	950 / square - km

'The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, can not be achieved if questions of population and reproductive health are not squarely addressed.'

-Kofi Annan
UN Secretary General, 2001

Intuitively, "population" in terms of its quality and quantity and "development" in terms of choices and freedom are inter related and inter dependent. A country's potential for growth, and sustainable development is much determined by the growth and distribution of population as well as by its demographic structure and characteristics. Globally, all poor countries in general have some characteristics that are common amongst them: high fertility, high dependency in demography and low resource base in terms of natural and human capital. And the greatest disparities between developed and developing countries are in the areas of population and reproductive health indicators. Therefore, the north south divide between countries is not only about income but also a demographic divide with bulk of the world population located in the southern cone of the globe with South Asia constituting a major share of them. Likewise, Bangladesh's Population dynamics, that is population growth, age structure, fertility and mortality also affect the human, social and economic development of the country. Hence efforts to slow down population growth, reduce poverty and to achieve economic and over all wellbeing are mutually reinforcing both in short and long term perspective. ICPD - Cairo '94 recognized that development is ultimate aim is to improve peoples choice and well being and it's a continuous process. As a result of ICPD the following axioms became the cardinal principles of development that put the entire of notion of development into a renewed perspective:

- ◆ Human beings should be at the center of sustainable development
- ◆ Each person has the basic right to a life free from hunger, poverty, ignorance disease and fear
- ◆ Empowerment of women should be viewed as a necessary precondition to ensure equitable development
- ◆ In the design and pursuit of appropriate development policies, population perspective should be treated as an integral part.
- ◆ Eradication of poverty, as an indispensable precondition for sustainable development demands holistic commitment, cooperation and collaboration of all concerned.

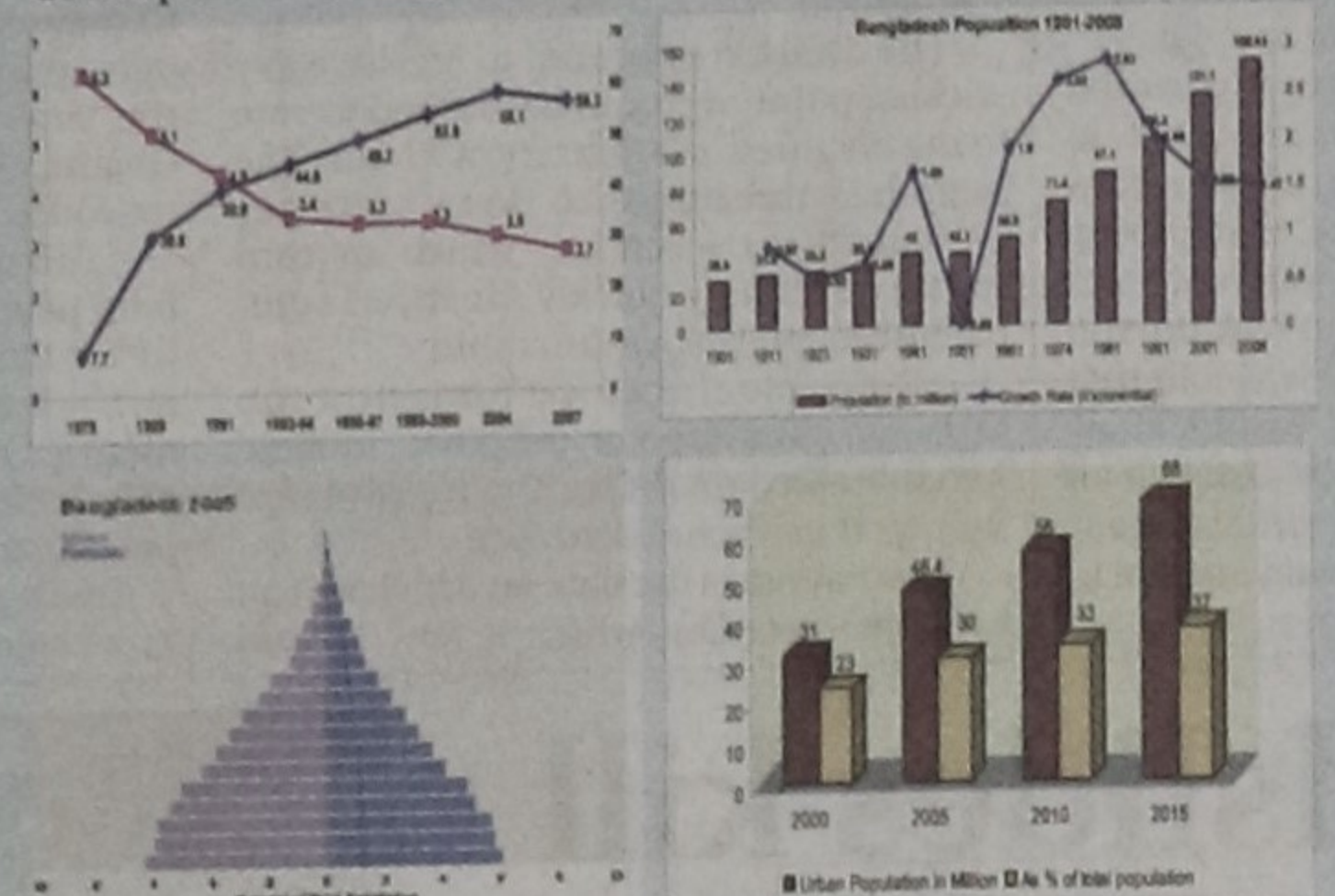
Population, Development and ICPD

The International Conference on Population and Development held in Cairo 1994 under the auspices of United Nations was a watershed in the area of Population and Development. It adopted a Programme of Action in the field of Population and Development with a difference, paradigm to usher the global population related challenges. An important highlight of the new paradigm was to recognize the crucial link of Reproductive Health viewed in a comprehensive manner with development. To day we observe the 15 years of International Conference on Population and Development (ICPD/15) held in Cairo in 1994 which was an important landmark for redefining and addressing the issue of Population and Reproductive Health in a holistic manner. Since Cairo'94, (occasionally termed as Cairo Consensus with a blue print for Sustainable Development) Bangladesh has made important gains in various ICPD targets and indicators that are globally acclaimed and well integrated in the government on going sector programme HNPSP. Most ICPD goals reached their culmination at the Millennium Declaration resulting from Millennium Summit that marked the Emergence of Eight Millennium Development Goals where 189 countries agreed to achieve time bound measurable targets related to poverty, hunger, education, health, Environment and Global Partnership. A complete account of Bangladesh's progress in each of these goals is beyond the scope of this supplement, however, this report aims to provide an up to date illustration of the issues related with population and reproductive health in brief. ICPD Programme of Action (POA) reckoned that at the macro level, huge population tends to overwhelm limited resources as population growth tends to overwhelm investment made on infrastructure and capital leading to poor capital formation. The rampant growth of population in Bangladesh adds more than 7 thousand new babies every day to the existing base population. A population with high child and youth dependency demands economic resources for provision of schools and health care. While the density of population tripled in the span of forty years, the dependency ratio would remain unfavorable notwithstanding fertility decline because of population momentum. The child dependency ratio declined by 1990 but youth dependency increased with ever increasing demand for more resource to generate education health and employment. This phenomenon had important bearing in growth of capital/worker in Bangladesh which hindered Bangladesh's entry into high value added production for domestic consumption as well as for exports.

Bangladesh's achievement and prognosis in ICPD POA

Bangladesh has made considerable progress over the years in various socio-economic, health and demographic indicators since Mid 70's notwithstanding of challenging circumstances, i.e. high population density, low resource base and low income per capita. Between the period of 1950 -1975 population increased quite rapidly with average growth of 2.5 -3 % per annum. As a result with in the span of three decade, population doubled from 51 million in 1961 to 110 million in 1991. With an estimated population of 148-150 million, it has the highest density of population in the world (950 person/sq. kilometer). By 2020, the country population will be 40% urban and Capital Dhaka will be the second largest city in the world with a population of 18 million and highest primacy index among world's urban metropolises. Although poverty declined rapidly during this period from 49 % in 2000 to 40% in 2005, near about 60 million people still continue to live below the poverty line that are mostly rural. Following a very successful population program since 1976, TFR fell from 6.4 in mid 1970s to 2.7 in 2007 and population growth rate declined from 3 per cent to 1.5 per cent over the same period. TFR plateaued for about a decade at 3.3 (1994-2002) and finally started declining again which delayed the fertility transition. The demographic structure, particularly the young people (about 40% in age 10-24 years) will cause the population to continue to increase and will stabilize at around 230 million in 2050, a 50% increase of today's population even if replacement level (NRR=1) is reached in 2015. Contraceptive Prevalence Rate (CPR) for married women in Bangladesh has increased from 8 percent in 1975 to 56 per cent in 2007 (BDHS: 2007). The use of modern methods constitutes 48 per cent, where pill is by far the most widely used method (29%), followed by injectables (7%), female sterilization (5%) periodic abstinence (5%) and condom (5%). Uses of permanent and long-lasting methods such as, sterilization for both male and female, IUD or Norplant have declined and account for 12 per cent only. Discontinuation rate is also high and varies by method -49 per cent for injectables and 47

per cent for pills. Unmet need for family planning which was 11 per cent in 2004 further increased to 17% in 2007 due to RH commodity stock out. In Bangladesh every successive government attached importance to population challenges since 1976. This marked the beginning of a broad based pro poor multi-sectoral family planning program which eventually led to a social movement for improving the status of women involving private sector and NGOs as well. Some of the country's main population and development challenges include:



Source of Figures: UNFPA and World Bank

◆ **Reduction of Maternal Mortality** is the corner stone of Country's PRSP-II and Health and population sector program HNPSP (2003-2011). Maternal mortality ratio in Bangladesh is estimated to be 290/ 100000 live birth in 2007 which declined from 574/100,000 in 1990 registering about 50% decline in 17 years. It is low in South Asian Standard except Sri Lanak and still accounts 10-12 thousand maternal death per year through out the country which is largely preventable. One of the key challenges for rapid reduction of maternal mortality is the rigid and phenomenal trend of early marriage and general practice of home delivery among the households. UNFPA Bangladesh provide support to the government through 64 Maternal and Child Health Centers (MCWCs) by building capacity to provide Emergency Obstetric Care and Maternal health vouchers to poor pregnant women.

◆ **Providing reproductive health services for young people** is crucial for opening the demographic window and augmenting the dividend in the coming decades. About a quarter of the population consists of adolescents with very poor access to RH services as reflected in high Adolescent fertility rate (127/1000). Maternal Mortality Ratio (MMR) among adolescents is almost double the national average (320/100000 LB) and the Infant Mortality Rate (IMR) is also 30 per cent higher than national average (65/1000 live births; BDHS: 2004). Almost 56% girls between the ages 15-19 gets married by the age of 19. While official policy has aimed to implement minimum age for marriage at 18 years where UNFPA is also providing advocacy support through media and religious leaders, Age at marriage has risen only very slowly in Bangladesh and most girls are likely to be married by 18. This interrupts their education and disrupts any plans they have for the future.

◆ **Increasing skilled attendance at birth** is one of the major thrust of the Health Nutrition and Population Sector Programme (HNPSP) where UNFPA is providing technical and policy support. As 90% of all births take place at home this is an essential intervention that will not only bring safe deliveries to women where they live but increased awareness of their right to quality care. Today 4,500 community-based Skilled Birth Attendants (CSBA) have been trained and are working in the community, conducting normal deliveries and referring complicated cases. Since the most common cause of maternal deaths in Bangladesh is PPH, skilled birth attendants have been trained on active management of third stage of labour including immediate administration of oxytocics. Through a government led 18 months training programme, skilled attendance at birth has increased to 20% in 2007.

◆ **RH services in the midst of rapid urbanization** is now the new frontier of challenges as because, according United Nations Population Division, Dhaka ranked 22nd among worlds 30 largest cities and will be 4th largest city by 2015. Overall, urban population which was 8% in 1971 now constitute about 30% and will be 40% in 2015. The annual growth rate of rural population is 1.2 % while urban population is growing at a rate of 5% per annum and rate of urbanization is 6% per annum. Considering all metropolitan cities, the density is 3600/ sq-Km which is five times higher than rural density. Dhaka city alone carrying 5058 person per sq-Km in 1995. Increasing landlessness, underemployment in rural areas perceived job prospect by rural poor are driving the rural - urban migration. As such, the explosion of slum dwellers around the city has become a perennial problem for the provision of basic public utility services for the city dwellers.

ICPD roadmap for progress with the following goals

- ◆ Universal access to reproductive health services by 2015
- ◆ Universal Primary education and closing the gender gap in education by 2015
- ◆ Reducing Maternal mortality by 75 per cent by 2015
- ◆ Reducing infant mortality
- ◆ Increasing life expectancy
- ◆ Reducing HIV infection rates

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Charting progress- Key ICPD indicators

Indicator	1990 -95	2005 -07
Proportion of population living in poverty	59	40
Total fertility rate (lifetime births per women)	3.4	2.7
Maternal mortality ratio (death per 100,000 live births)	554	290
Infant mortality rate (deaths per 1,000 live births)	87	52
Childs under five mortality (deaths per 1,000 live births)	133	65
Net enrolment in elementary school (%)	60	90
Contraceptive prevalence rate, married women, modern methods (%)	45	56
Births attended by skilled health personnel (%)	9	20

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Minister
Ministry of Health and Family Welfare
Govt. of the People's Republic of Bangladesh

Message

It gives me immense pleasure to learn that the Ministry of Health and Family Welfare, in close collaboration with the United Nations Population Fund (UNFPA) is observing the fifteenth anniversary of the adoption of the 20-year Programme of Action (PoA) of the International Conference of Population and Development (ICPD), held Cairo in 1994.

Based on its election manifesto, the Government of the Hon'ble Prime Minister, Sheikh Hasina, has given utmost importance to some immediate development goals of the health sector, among them the reduction of maternal mortality and morbidity, improving child health, making family planning accessible to all, and ensure safe motherhood. To realize that vision, we have taken the step to re-open and build adequate number of community clinics across the country to make health service accessible to the poor, especially for our women. We have also taken steps to recruit more doctors and nurses and strengthen the health system logistics so that health service delivery can be given with efficiency and equity. I strongly believe that the commemoration of "ICPD @ 15" will renew our past commitment, vindicated by recognized successes, and will pave the way for future successes in our health, nutrition and population sector.

I wish the organizers of the "ICPD @ 15" programme my heartiest congratulations and wish them all out success

Joy Bangla, Joy Bangabandhu.
Long live Bangladesh.

Dr. A. F. M. Rehal Haque



Secretary
Ministry of Health and Family Welfare
Govt. of the People's Republic of Bangladesh

Message

I am extremely happy to see that the Ministry of Health and Family Welfare, in collaboration with UNFPA, is observing the fifteenth anniversary of the adoption of the 20-year Programme of Action (PoA) adopted during the International Conference of Population and Development (ICPD) held Cairo in 1994.

It is well recognized that Bangladesh played an active and visible role in formulating the ICPD Programme of Action in 1994 and has made remarkable gains in many ICPD goals and targets. Immediately after the conference, the Government formed a broad-based National Committee to work out strategies for the implementation of the Programme of Action. Numerous NGOs, private sector and the civil society organizations were involved as partners in the process of shaping the strategies, as well as its implementation at various stages.

The paradigm shift from demographic targets to reproductive health, including family planning, was possible due to concerted efforts of all stakeholders. The ICPD objectives are still pertinent for our national reproductive health and family planning programme and our overall poverty reduction strategy. Maternal mortality has reduced over the last decade; today it is a little below 300/100,000 live births, which demands further- speedy reduction to attain the MDG targets. Today, people also have better access to quality reproductive health and family planning services and there has been marked improvement in the participation of women in all spheres of society.

The ICPD, the MDGs as well as our vision 2021, have many goals and targets in common, including our wish to ensure an improved reproductive health status of our people and thus contribute to the reduction of poverty. We have drawn out strategies and put our resources into actions we think will achieve these goals and targets by 2015.

I would like to thank our partners in government, NGOs, civil society and UNFPA, a trusted partner of the Government of Bangladesh, for its continued support to the national population programme in Bangladesh.

(Shaikh Altaf Ali)



UNFPA Executive Director

Message

Putting People First

It is my great pleasure to join the people of Bangladesh in observing the fifteenth anniversary of the International Conference on Population and Development. At the Cairo Conference, 179 governments adopted a 20-year action plan that marked the beginning of a new era in population and development.

During the 15th anniversary, nations across the world are reviewing and reaffirming their support for this global agenda that linked population dynamics to economic growth, reproductive health, gender equality and sustainable development.

Bangladesh has made considerable progress in improving maternal and reproductive health, including family planning; increasing school enrolment rates, especially for girls; and advancing gender equality. Yet much more needs to be done to ensure that no woman dies while giving life because too many women still lack access to skilled attendance during delivery. While Bangladesh is recognized for its success in the area of population and family planning, too many girls still become pregnant too early and succumb to tragic maternal deaths and disabilities that could be prevented.

By implementing the health nutrition and population sector programme, Bangladesh will make further progress in the arena of population and development by putting people first.

I wish the ICPD/15 programme in Bangladesh a great success.

Thoraya A Obaid



UNFPA Representative
Bangladesh

Message

September 2009 marks the fifteenth anniversary of International Conference of Population and Development (ICPD @ 15) held in Cairo in 1994 and as such, the United Nations Population Fund (UNFPA), other UN agencies, governments and development partners across the world have been observing to commemorate ICPD. The ICPD was an important landmark in re-defining and addressing population and development issues and programmes. Not demographic targets but the health and well-being of individual human beings were put at the center of the international development agenda.

Since ICPD, Bangladesh has made considerable gains in the various ICPD targets and indicators that are globally acclaimed in due manner. The main objectives and goals of the 20-year Programme of Action, adopted during the ICPD in 1994, are well integrated in the on-going Health, Nutrition and Population Sector Programme (HNPSP). As a part of the process, UNFPA and Government of Bangladesh have decided to illustrate key success and progress and identify future challenges in achieving the ICPD principals and targets. In addition to various other activities across the country being observed by government, NGOs and civil society partners, we are pleased to submit this general newspaper supplement for the people of Bangladesh so that they are able to participate in celebrating the successes and gains achieved so far as well as to remain committed to addressing future challenges in the area of population and development, including reproductive health and family planning.

This supplement is an effort to provide a general appraisal of the overall status of Bangladesh in the principles, goals and targets imbedded in the Programme of Action of ICPD. UNFPA is privileged to work in close partnership with the government and civil society towards achieving the ICPD, the MDGs and the poverty reduction strategy goals, in particular those related to reproductive health, family planning, gender equity and equality in Bangladesh. UNFPA and the government continue to work for a Bangladesh where-

- ◆ Every pregnancy is wanted
- ◆ Every birth is safe
- ◆ Every young people is free from HIV/AIDS
- ◆ Every women is treated with dignity and respect

Arthur Erken