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WORLD POPULATION DAY

Overpopulation narrative is misguided



populated nations in the world (1,252 people per square kilometre according to online publication Our World in Data, led by economist RAMISA ROB Max Roser) overpopulation is

one of the most fundamental concerns. It's considered a critical source of all the problems we witness in Dhaka on a daily basis, from overcrowded work conditions, traffic congestion, recurring violence to abject poverty.

While this notion does seem plausible on a surface level, it isn't entirely correct. Overpopulation is indeed an overstated issue, which is a troublesome diversion from more pressing challenges—the distribution of resources and wealth in the world and within nations, and widespread inefficient urbanisation schemes that produce overcrowding in cities. In other words, the issue with economic development in Bangladesh is not about reproduction, rather it's mismanagement.

To mark World Population Day in 2016, The Daily Star published an article urging officials to treat overpopulation as a "priority issue," highlighting, "uncontrolled and unmanaged population is already an existential threat to our nation." This widespread idea comes from generations of universal obsession with the theory that "population growth inherently exceeds the earth's resources and inflicts misery," put forth by 18th-century reverend scholar Thomas Malthus in his essay "Principle of Population." While many economists have contested this view, it has also been warped by policymakers to justify racism in antiimmigration policies, and legitimise antirefugee, specifically anti-Muslim, sentiments (due to the pervasive belief that Muslims generally have more children). So we have to be careful when we casually use the term "overpopulation" to usher an image of an apocalypse.



From a developmental perspective, population growth is in fact desirable, given, of course, proper investment of resources. SOURCE: PINTERES

The United Nations Population Division predicts that today's world population will swell to 11 billion by the end of this century. One reason to be granular about these projections: in 1999, the UN Population Division estimated that the world population would decline in 30 to 50 years; 20 years later, in 2019, their predictions proved wrong, as world population has been increasing.

Regardless, many media platforms continue to misinterpret the threats of overpopulation. Analysing the UN's findings, the Reader's Digest recently stated: "Burgeoning world population presents many challenges to hit sustainability goals, because the more number of people, the more resources we take, the more we harm other species, and the more we waste." But that sounds too simple, and rather linear, doesn't it?

We humans not only cause environmental damage, but we suffer as a result of it as well.

For example, health risks due to climate change and pollution have been cascading: a recent study by International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) found that miscarriage rates are rising in the coastal regions in Bangladesh due to rising sea levels and salinity. Evidently, population is a complex phenomenon, because the world we live in is complicated, composed of interdependent systems. Plus, it's not all science; the science of human livelihood is essentially social science politics, economics (especially human capital), migration, culture and religion, all propagate the circle of life.

From a developmental perspective, population growth is in fact desirable, given, of course, proper investment of resources. Agricultural economist Ester Boserup hypothesised population growth as the driver of economic development and productivity. And in the absence of population growth,

consumption per capita must grow instead. That is precisely why nations like Japan, Singapore, South Korea today, with fertility rates lower than replacement rates-resulting in more retirees, falling income-tax revenues, which will in time ensue reduced economic growth—are offering financial incentives to women to have children. But believe it or not, there has been

significant progress regarding the previously unprecedented population growth in Bangladesh. Total fertility rates in Bangladesh (number of children born for every woman of childbearing age in a population) have in fact decreased, from 2.69 in 2005 to 2.13 in 2015, which is well below the global average of 2.49 (Our World in Data). Lower fertility rates, however, tell half

the story. Birth rates and child mortality combined with fertility rates paint a picture of the "demographic dividend"—more people of working age than children. The demographic dividend should boost the economy, but only if an increased number of working-age people are presented with job opportunities, aided by proper provisions of health, infrastructure, governance, etc. Nations like India and China, deploying resource-intensive development measures, are currently benefiting from demographic dividend, although widespread warnings are rising regarding fertility surpassing replacement rate, that would impede economic growth.

Birth rates, especially in urban areas of Bangladesh, have also dropped. According to Bangladesh Urban Health Survey 2013 (BUHS-2013), birth rate per woman in urban slums declined from 2.5 in 2006 to 2.0 in 2013, while for non-slum women it dwindled to 1.7 from 1.9 in 2006. Child mortality share of children (born alive) who die before they are five years old—has been decreasing proportionately in Bangladesh, from 6.3 percent in 2006 to 3.4 percent in 2016. With low child mortality, birth and fertility rates, the demographic dividend in Bangladesh does reflect a favourable situation for sustainable economic growth. Yet, that opportunity isn't being utilised to its fullest potential.

Since a rising number of young working-age people are facing a lack of job

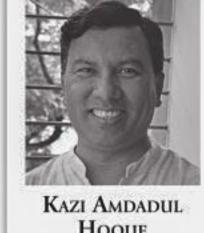
opportunity, youth unemployment rate in Bangladesh is still at a high 10.6 percent, and the share of youth as a proportion of the total youth population in the country who are neither in education, nor in employment or training (NEET) is 29.8 percent. Similarly, rising income inequality enables the misuse of the demographic dividend. The poorest five percent possessed 0.78 percent of the national income in 2010, while today, it has decreased to 0.23 percent. Fertility rates are inversely correlated with industrialisation, and while that might be welcome news for Bangladesh, it cannot be accompanied with overconsumption. By contrast, economic growth today increases environmental concerns; it's a spider web of issues, and all brilliantly confusing. And these are only a few of the socioeconomic challenges that lurk under the spectre of "overpopulation."

The solutions, as we know, aren't simple either. We have to examine all aspects, economic and ideological, starting with the rhetoric of development that upholds the industrialised, European-style society as the pinnacle of human achievement, including the way we approach sustainability, in terms of consumption and population, that widens income inequality and doesn't always mean "sustainable growth." The population "decline fantasy" is becoming an existential threat in many developed nations today. For example, Germany is grappling with the economic implications of a shrinking, ageing population. But the point here is not to instill fear by exaggerating yet another insurmountable doom loop, but to seize the day and make the most out of the situation now.

Today, on the UN's 30th anniversary of World Population Day, before we go back to fretting about overpopulation, we must contextualise the issue, and first off, understand that age-old overpopulation narratives are misguided to a large extent, and mostly don't apply to Bangladesh in its current state. The more we divert ourselves with the delusive threat of overpopulation, the more time we waste not addressing the real challenges.

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Family planning: Where do we stand today?



Hoque

T is estimated that family planning could prevent one in every three maternal deaths and one in 11 child deaths by allowing women to delay motherhood

and space their births, avoid unplanned pregnancies and therefore abortion, and stop childbearing once they have reached their planned family size (Lancet, 2006). Approximately 200 million married women who want to stop having children or postpone their next pregnancy do not have access to any method of contraception and family planning services because of logistical and financial barriers. In addition, there are a further 12-15 million unmarried women who want to avoid pregnancy and have no access to clinics or family planning services due to the associated cultural stigma of the region (WHO Media Centre, 2011). Despite a 28 percent increment in contraception uses globally in the last

45 years, data shows a stark disparity in

the range of percentage of women taking

recourse to contraceptive methods in Asia.

The South Asian region still counts for the highest burden of maternal deaths despite its efforts to increase access to modern family planning to reduce total fertility rates (TFR). In India, Nepal, Pakistan and Bangladesh in particular, the differences in fertility and use of contraception across socioeconomic groups are striking. In India, the fertility rate among the wealthiest part of the population is only 1.8, while it remains 3.9 among the poorest. In Nepal, educated women have on average 1.9 children while the least educated have an average of 3.7. In Pakistan, contraceptive prevalence is 32 percent among wealthier couples and yet only 12 percent among poor couples. In Bangladesh, the urban total fertility rate is 2.0 and that of the

Rapid population growth in resourceconstrained countries impairs the ability to develop quality life and livelihood; family planning contributes to fertility decline. Since the 1960s, contraceptive use introduced as a means of family planning in Bangladesh and fertility has fallen substantially to date. The decline has been uneven as the performance of family planning programmes across the country varied widely. So what can be done to increase consistent use of contraceptive

rural areas is 2.4 (BDHS, 2014).

across the country and reduce fertility? Experts suggest three major factors that could aid population and fertility control: (i) uninterrupted supply of contraceptive commodities; (ii) strengthening and extending a structured network through the existing health and

family system (government organisations, NGOs, private) to enhance services; and (iii) periodically examining the policy implications of differing patterns of fertility and population growth for national development and individual well-being.

Bangladesh now has an estimated population of 168 million. In 1971, a nationwide survey confirmed that there were 71 million people back then. In 1980, the population grew to 90.4 million and similar rises have been recorded on a decade-by-decade basis ever since. The population of Bangladesh is equivalent to 2.18 percent of the global population

couples by improving accessibility to family planning services, particularly for the poor. Specific targets have been set for reducing total fertility rate, increasing contraceptive prevalence rate and method-specific coverage, while reducing the rate of discontinuation and overall unmet needs for implementing family planning programmes. Family planning remains one of the top priorities in the 4th Health Sector Programme 2017-2021, as a path toward achieving the Sustainable Development Goals. Meanwhile, Bangladesh has had commendable achievements during the last decade in reducing population



SOURCE: CLICKLANCASHIRE.COM

(seventh largest in the world). The country has a population density of 1,115.62 people per square kilometre (World Population Review).

World Population Day today calls for global attention to the unfinished business of the 1994 International Conference on Population and Development. Twenty-five years have passed since that landmark conference, where 179 governments recognised that reproductive health and gender equality is essential for achieving sustainable development.

In Bangladesh, family planning programmes are carried out by government agencies, NGOs and limited private services which are coordinated by the Directorate General of Family Planning. At the London Summit on Family Planning (FP2020) in July 2012, Bangladesh committed to the overall goal of ensuring quality and equitable family planning services for all eligible

growth and improving maternal and child health. The reduction in the total fertility rate from 6.3 births per woman in 1975 to 3.4 in 1994 and to 2.3 in 2011 is very encouraging, but since 2011, the total fertility rate has remained stagnant at 2.3 births per woman (BDHS, 2014). Besides, 12 percent of married women in Bangladesh are unable to receive necessary family planning services. Such unfulfilled needs vary according to geographical location. The problem is most acute in Sylhet (BDHS, 2014). One of the major concerns for family

planning programmes is the rate at which users discontinue use of contraception. It has been found that 30 percent of contraceptive users stop using such methods within 12 months of starting. Discontinuation rates are much higher for temporary methods like condoms (40 percent) and the pill (34 percent), than for longer term methods like implants (seven percent). The BDHS

2014 revealed that 31 percent of women aged between 15 and 19 have begun childbearing; about one in four teenagers have given birth and another six percent are pregnant with their first child. Childbearing among teenagers is more common in rural than in urban areas (32 live births versus 27 per 1,000 women, according to BDHS 2014). A large cohort of young Bangladeshis will reach reproductive age in the coming decades, so the adolescent fertility issue must be addressed with the highest priority. The adolescent (15-19) fertility rate in Bangladesh is 113 per 1,000 women (BDHS, 2014) and has not decreased significantly for decades. Adolescent fertility remains a major social and health concern. Despite rapid improvement in female education, women's mean age at marriage has hardly changed.

The achievements in family planning in Bangladesh have so far significantly increased access for poor people in urban slums and remote rural areas. Efforts that emphasise on improving choice—availability of Long Acting and Permanent Methods (LaPMs), including those for men, and postpartum and post-abortion services—also have momentum today. Certain family planning services like counselling needs have to be established in commonly hard-to-reach areas such as char, hilly areas, haor, and minority communities, along with residential workplaces. The "floating boat hospital" containing health and family planning services through satellite clinics seems like a great solution to reach char people even during floods. New couple counselling, doorstep package services for faith-based communities, adolescent counselling centre at Upazila Health Complexes (UHCs), and segmented service units for specific target groups can be considered to increase outreach. The EPI centre, community clinics, birthing centres/ UHCs, and private clinics shouldn't have a shortage of required supplies and trained midwives. The health system may revisit existing involvement by multiministries/sectors and extend its network based on recent experiences so as to engage other sectors and stakeholders including education, women and children affairs, hill tracts, local government and cooperatives, the youth, religious affairs, NGOs, and the private sectors. The collective efforts to provide access to quality, affordable reproductive health care and reduce adolescent fertility rates overall promote optimal birth spacing and establish the importance of family planning, which in turn

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contributes towards individual happiness

and also further national development.



CHARLIE CHAPLIN

(1889 - 1977)

English comic actor, filmmaker, and composer who rose to fame in the era of silent film.

Failure is unimportant. It takes courage to make a fool of yourself.

CROSSWORD BY THOMAS JOSEPH

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12 Alphabet unit

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