Fertility Decline in Bangladesh: An Emerging Family Planning Success Story

Bangladesh is one of the world's poorest and most densely populated countries. The country's 115 million people occupy an area of just 143,330 square kilometers (55,125 miles), yielding an average population density of more than 800 persons per square kilometer. The people of Bangladesh compete for meager resources in a subsistence-level economy marked by a scarcity of land, periodic food shortages, and an abundance of labor. Although the annual rate of economic growth averaged 3.7 percent during the 1980s, high population growth continues to undermine hopes for rapid socioeconomic development.

During the 1960s and early 1970s, the annual population growth rate in Bangladesh exceeded 3 percent. In a recent analysis, Andrew Kantner and Ali Noor present evidence that the rate of population growth slowed during the 1980s. They estimate that the annual population growth rate between 1981 and 1991 was 2.5 percent and that by 1991 it had fallen to around 2.3 percent.

Data from contraceptive prevalence and fertility surveys show that fertility has declined substantially in the past 25 years, with women now having around 4.6 live births over their reproductive life spans as opposed to about 7 during the 1960s.

The decline in the population growth rate would have been even greater had it not been for a fall in mortality. Kantner and Noor conclude that infant mortality declined from around 150 deaths per 1,000 births in 1976 to 118 in 1991. Life expectancy rose from 47 to 54 years over the same period.

The demographic transition unfolding in Bangladesh suggests that women will readily employ contraception if services are made available in a culturally appropriate manner. Substantial socioeconomic development does not appear to have been a necessary pre-condition for the onset of fertility decline.

Given the pervasive poverty that exists in Bangladesh, however, it is unlikely that recent progress can even be maintained without substantial new commitments from the international donor community. And Bangladesh needs to lower, not merely maintain, its current population growth rate, which, if sustained, would double population size in 30 years.
New Program Features

As the Bangladesh family planning program gears up to meet the challenges of the 1990s, additional innovations in service delivery and program management are being introduced. Such innovations, often inspired by findings from scientifically controlled pilot studies and operations research, are becoming increasingly commonplace in the Bangladesh program. Important new program strategies include the following.

Training of female health assistants
Throughout the 1980s, debate reigned (particularly within the donor community) as to how family planning and maternal and child health services should be effectively delivered to Bangladeshi women. This issue became a pressing concern when family planning fieldworkers were given the additional responsibility of implementing the country’s new expanded program of immunization designed to combat childhood infectious diseases. Fears were expressed that family planning service delivery could be seriously compromised if these workers were taken off their appointed rounds to participate in major maternal and child health initiatives.

The Bangladesh government is addressing this issue through its decision to train a new cadre of fieldworker responsible for maternal and child health service provision; namely, the female health assistant. Prior to this initiative, health assistants responsible for supplying maternal and child health services were male and rarely ventured beyond the confines of subdistrict health complexes (family welfare centers). The family planning fieldworker will now be able to devote her time primarily to family planning while a companion health assistant will focus on the health needs of mothers and their children.

Satellite clinics
The government plans to strengthen its network of satellite clinics to improve the accessibility and quality of clinical contraceptive services. These clinics will provide selected clinical methods as well as maternal and child health services. This initiative was inspired by the successful introduction of similar facilities in ICDDR,B extension project areas.

“Doorstep injectable” program
An additional innovation that will be gradually introduced into the government family planning program is a new “doorstep injectable” delivery initiative similar to the successful program mounted in Matlab by the ICDDR,B. When injectable contraceptives were delivered door-to-door in Matlab, clients readily accepted the method. Injectables now constitute nearly 50 percent of total method use in the Matlab treatment area (where the overall contraceptive use rate has reached 60 percent). Injectables have also been shown to have higher rates of continuation in Matlab when compared with other reversible methods of contraception. Therefore, there is considerable hope that doorstep delivery of injectables in the national program will significantly accelerate the adoption and continued use of this highly effective method.

Upazilla (subdistrict) Initiatives Project
Since 1986 the Bangladesh government has tried to decentralize family planning and maternal and child health program planning and implementation. An effort in this direction has been the Upazilla (subdistrict) Initiatives Project. This project seeks to motivate subdistrict-level family planning and health personnel to develop local-area program initiatives (“action plans”) to address actual community needs. As part of this activity, Bangladeshi subdistrict family planning officers have visited Indonesia to observe implementation strategies that have promoted “grass-roots” participation in family planning program design and management in that country. Although it may be too early to determine whether innovative features of Indonesia’s family planning program can be successfully transferred to the vastly different sociocultural environment of Bangladesh, the project has helped to instill a greater appreciation for the importance of adapting service delivery strategies to local-area requirements.

Future Resource Requirements

In their analysis of demographic change in Bangladesh, Andrew Kantner, research associate at the East-West Center's Population Institute, and Ali Noor, population specialist with the U.S. Agency for International Development in Bangladesh, conclude that 14.4 million births were averted between 1974 and 1990 by the use of contraception. An additional 900
Family Planning Program Performance

Efforts to reduce the level of fertility in Bangladesh are apparently meeting with success. Preliminary results from the 1991 Contraceptive Prevalence Survey show that the proportion of currently married women under age 50 using contraception has reached 39.9 percent, a considerable increase from 18.6 percent in 1981.

Between 1981 and 1991, modern method use increased from 10.9 to 31.2 percent among married women of reproductive age, whereas traditional method use rose from 77 to 8.7 percent. In 1981, the most widely used modern method was sterilization. Since 1981, the growth in reversible method use has outpaced gains by permanent methods, a reflection of the fact that family planning has become more widespread among younger women wishing to space births.

A variety of factors (some unique to Bangladesh) have contributed to the increase in contraceptive use over the past 10 years. Among the most important are the following improvements in the family planning program.

Training of additional fieldworkers

The substantial rise in the number of fieldworkers providing family planning services has been a major factor contributing to the increase in contraceptive use over the past decade. Since women’s access to family planning services outside the home is limited by sociocultural traditions in Bangladesh, it is crucial that family planning and maternal and child health services be made available to women in their homes. As of 1990, approximately 29,000 female fieldworkers were providing door-to-door family planning and maternal and child health services (or roughly one fieldworker for every 856 married women of reproductive age). The hiring and training of additional fieldworkers remains a high priority, especially in conservative regions of the country, where it is difficult to recruit female fieldworkers.

Pluralistic service delivery system

Among countries in Asia, Bangladesh is unique in having a highly pluralistic service delivery system. Most family planning services are provided by the government, but many clients obtain services from an extensive network of fieldworkers and clinics operated by private voluntary organizations. As of 1990, around 120 private organizations were providing contraceptive services.

Bangladesh has been a pioneer in the field of social marketing. The Social Marketing Company now sells oral pills, condoms, and oral rehydration salts through more than 130,000 commercial retail outlets throughout the country. According to the 1989 Contraceptive Prevalence Survey, 40 percent of pill and condom users were using brands sold through commercial channels.

From the inception of the Bangladesh family planning program, nongovernmental organizations have been allowed to function without extensive public sector control and regulation. In fact, many current features of the government’s family planning program (e.g., curriculum development for the training of government fieldworkers, the introduction of door-to-door injectable contraceptive services, the building of satellite clinics, and streamlining of record-keeping procedures) were innovations initially field tested by the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) in the subdistricts of Matlab, Aboynagar, and Siraiganj.

Commodity logistics system

Over the past decade, energetic efforts to improve the logistics system for family planning and maternal and child health commodities in Bangladesh have produced excellent results. Considerable financial investment led to improved warehouse facilities and strengthened transportation capabilities from the central warehouse in the capital to district-level storage depots. In addition, a logistics management information system was introduced that finally provided the government with the capability to monitor commodity stocks and identify emerging regional scarcities and stock shortages. The increasing efficiency of the commodity logistics system in Bangladesh is an often overlooked but critical element contributing to gains in contraceptive use during the 1980s.

Information, education, and communication activities

An additional program element that should share in the credit for raising family planning program performance is the information, education, and communication activities implemented by both government and private programs. According to the 1989 Contraceptive Prevalence Survey, 95.4 percent of all women of reproductive age were aware of at least four methods of contraception. The high visibility of family planning and maternal and child health information and promotional materials in the public media (especially on radio and television) and the extensive use of education materials by fieldworkers have been crucial in raising awareness about contraceptive options and placating traditional sources of opposition to family planning.
thousand births were averted owing to a gradual increase in the average age at first marriage (from 16.3 years in 1973 to 27.7 years in 1989). Given the momentum for population growth inherent in the young age structure of the Bangladesh population, increasingly large numbers of women will be reaching reproductive age in the coming years. Family planning program efforts will therefore need to increase simply to maintain current performance levels. To raise contraceptive use from 40 percent in 1991 to 50 percent by 1997, even more strenuous effort will be needed. Kantner and Noor state that a contraceptive use rate of 50 percent would avert 21.9 million births between 1991 and 1996 (or in other words, 6.6 million more births than were averted during the first 16 years of the Bangladesh family planning program). To obtain replacement fertility in Bangladesh, a contraceptive prevalence rate of over 70 percent will be required. It is not certain whether such ambitious levels of performance can be achieved in the near term in a country where the desired number of children is still three—two boys and a girl.

The attainment of higher contraceptive prevalence levels will obviously require the commitment of additional resources. It is not yet clear whether the international donor community will be able to provide the necessary financial support to maintain current program momentum (external assistance now funds roughly 90 percent of all population sector activities in Bangladesh). This concern has generated considerable interest in new policies that may enhance the sustainability of current programs. In addition to promoting greater cost effectiveness in service provision, there has been increasing attention given to cost recovery procedures (most often based upon fee-for-service strategies) and the privatization of service delivery mechanisms.

While efforts to place family planning and maternal and child health programs on a more sustainable course will need to be accorded high priority during the 1990s, it should also be recognized that many developing countries will not be able to generate the internal revenues required to cover the costs of providing greater family planning and maternal and child health coverage for rapidly increasing numbers of eligible couples.

Interventions designed to promote greater economies in service provision must be introduced gradually (preferably after assessment of the results of well-designed pilot studies) to ensure that such efforts promote genuine sustainability rather than disrupt program services. The international donor community must continue to look for pragmatic solutions to the financial imperatives facing the country's family planning program.

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