

Improving Family Planning Programme in Bangladesh : A Soul Searching

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A Large Population Size with High Density and a Huge Built in Population Momentum.

160 or 170 million...

Is that the Question?

Way over 1200 people live in one sq. km. area...

How Thicker Can We Get?

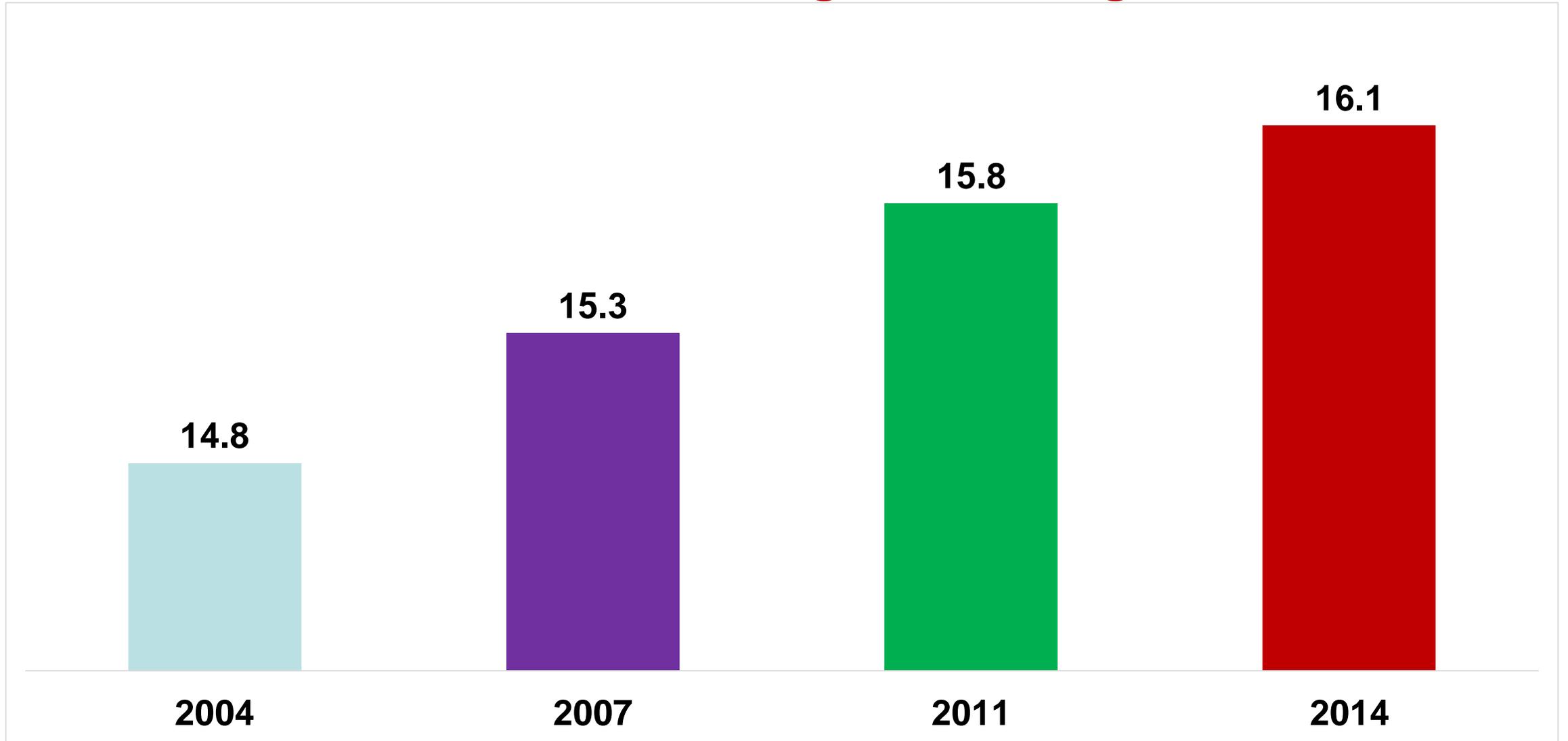
Declining Fertility with almost Unchanging Child Marriage & Increasing Number of Young Mothers.

How Concerned are We about Child Marriage?

Is the Proportion of Women of Reproductive Age Increasing?

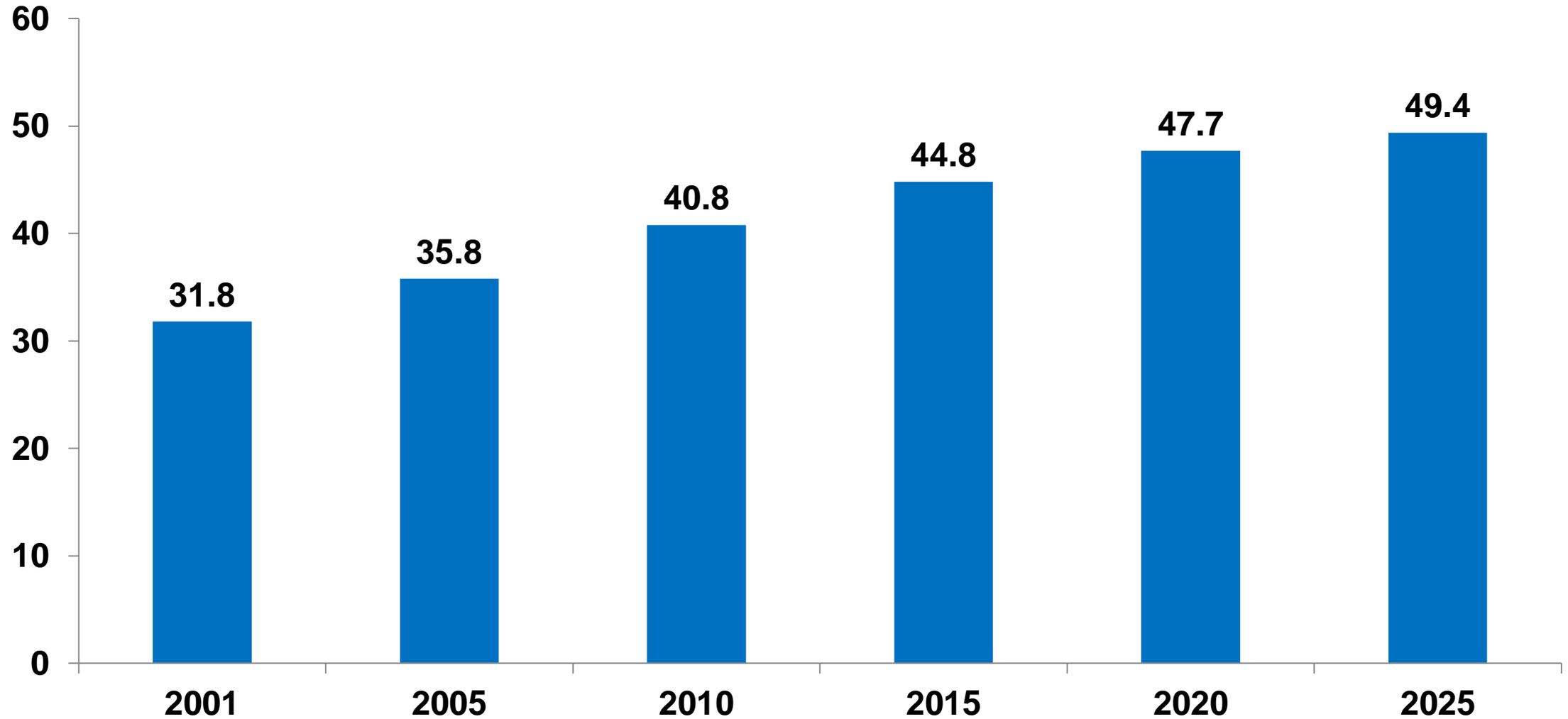
Are they Contributing More to TFR?

Female Median Age at Marriage



Sources: BDHS 2004, 2007, 2011, 2014

Estimated Number of Women of Reproductive Age (in million)



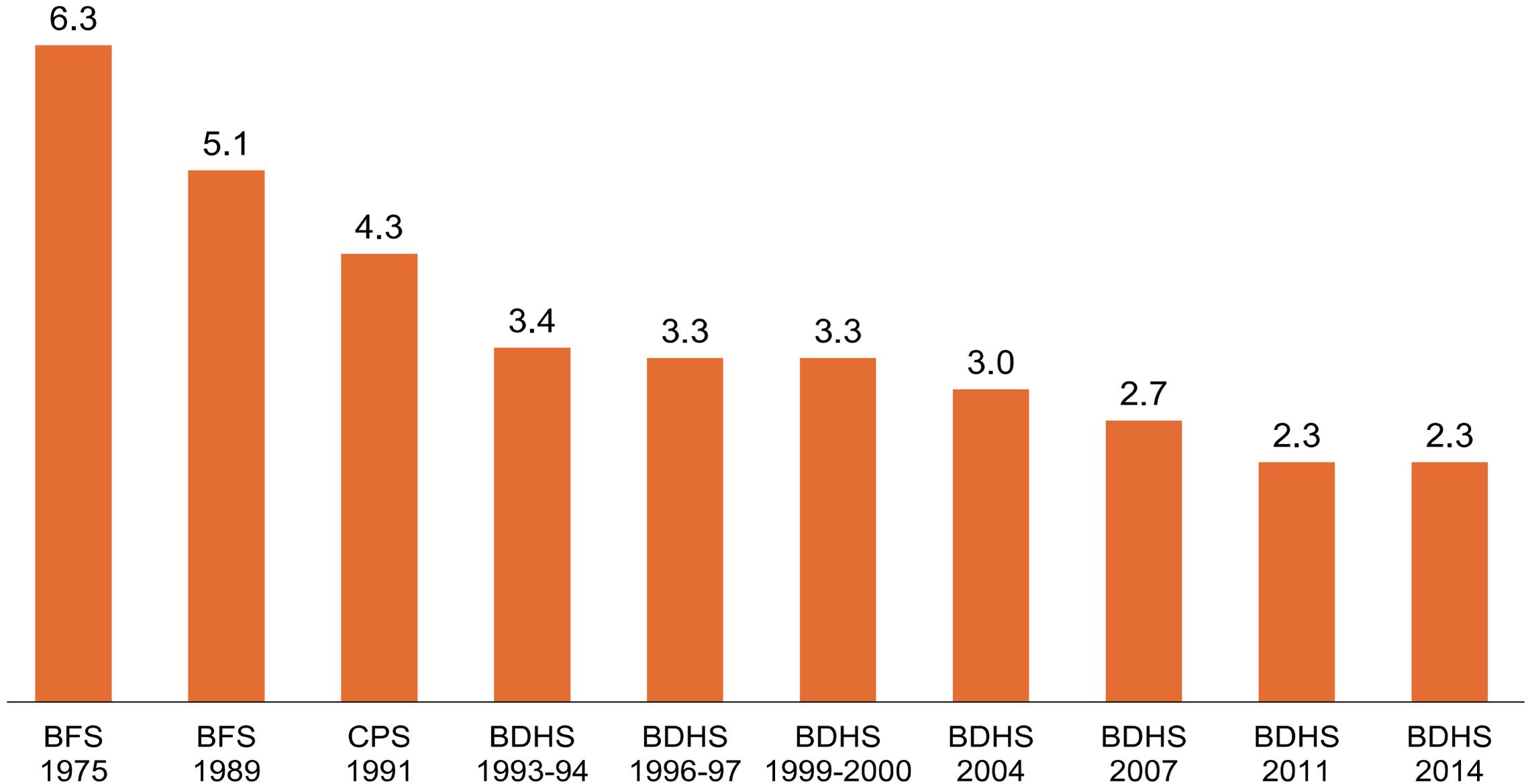
Contraceptive Prevalence Rate with Wide Variations, Unmet Need, Discontinuation and Mismatched Demand & Supply of Services.

Whose Business is this?

Whose Demand is this?

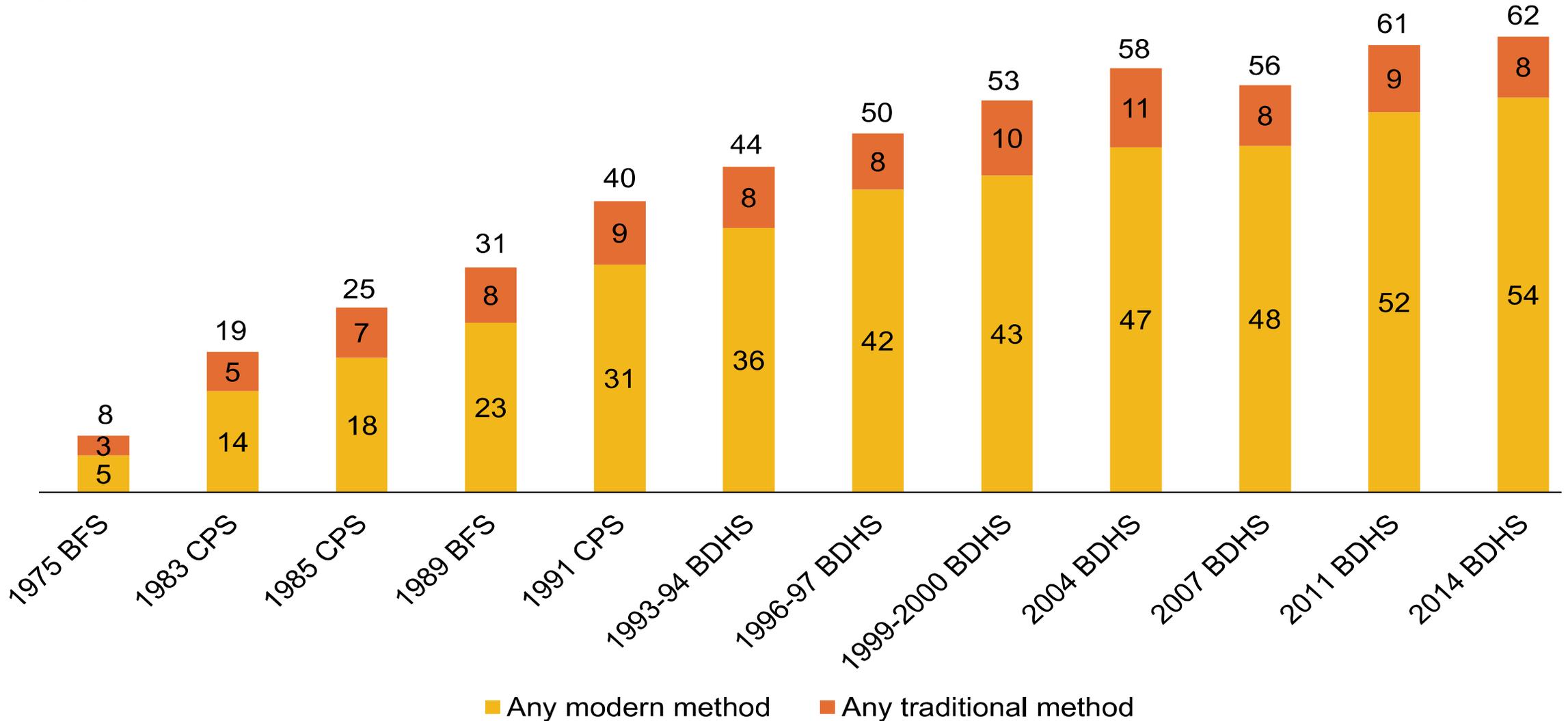
Whose Supply is this?

Trends in Total Fertility Rate (TFR) per Woman, 1975-2014

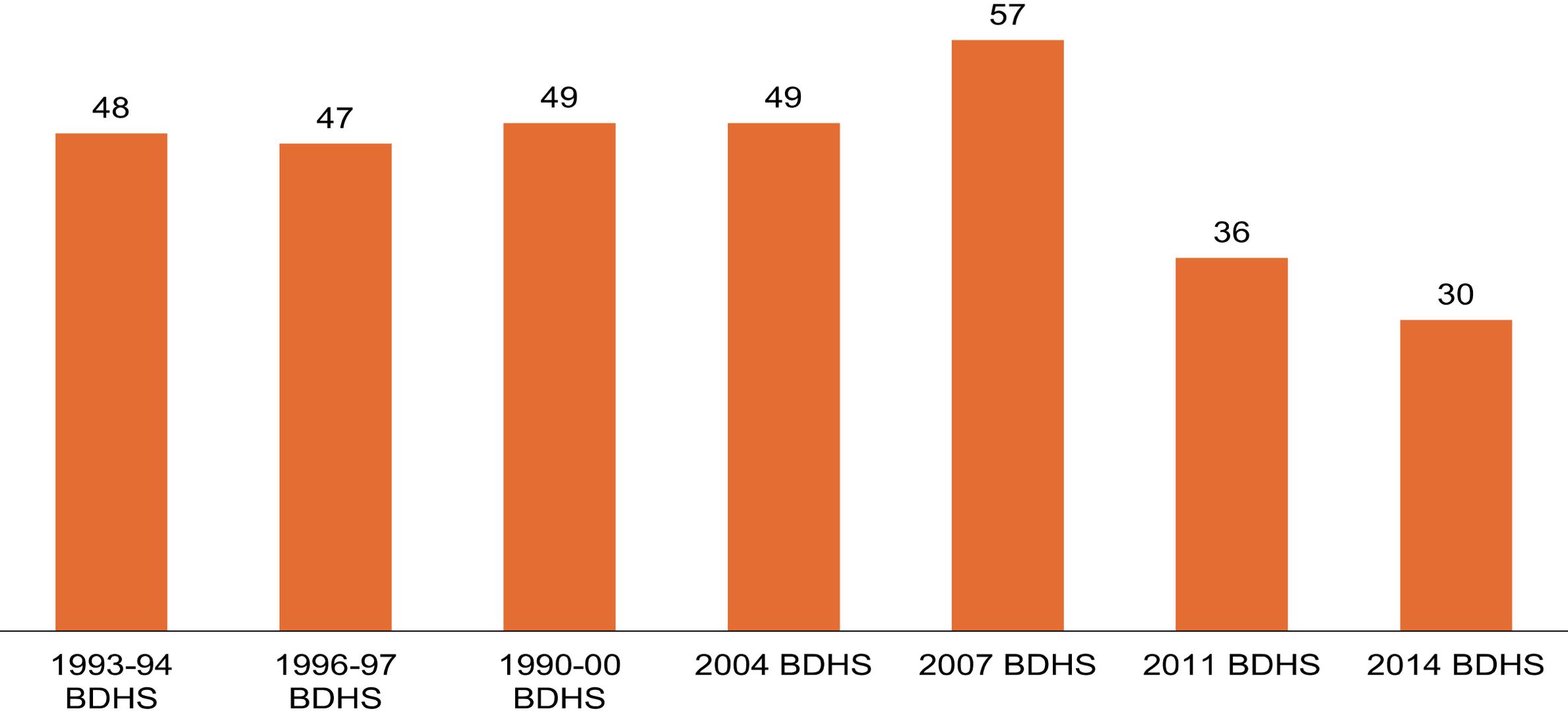


Trends in Contraceptive Use among Currently Married women, 1975-2014 (in percent)

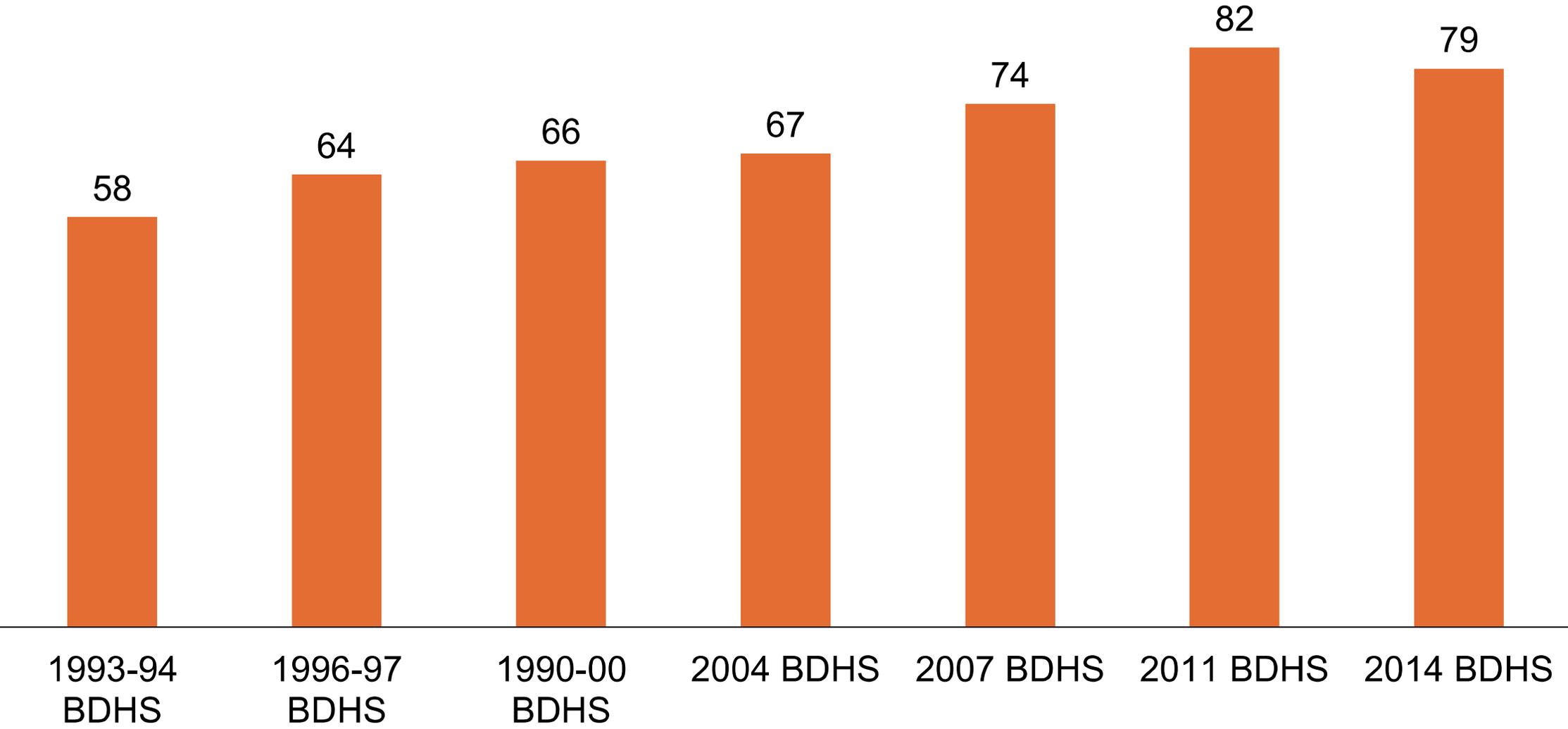
Percent



Trends in all Method Contraceptive Discontinuation Rates, 1993-2014 (in percent)



Trends in Currently Married Woman with Two Children Who Want No More Children, 1993-2014 (in percent)



Includes male and female sterilization.

**Maternal & Child Death and Nutrition with Biasness towards Urban,
Educated and Rich.**

**Women still lag a lot behind men in educational attainment, literacy,
employment, earnings and control over cash, freedom of movement,
autonomy and status.**

**They lack full participation and partnership in productive and
reproductive lives.**

Are these Desirable?

Malnutrition is a serious public health & socio-economic development problem.

In addition to institutional limitations, challenging issues in the nutrition sub sector:

Persistent micronutrient deficiencies

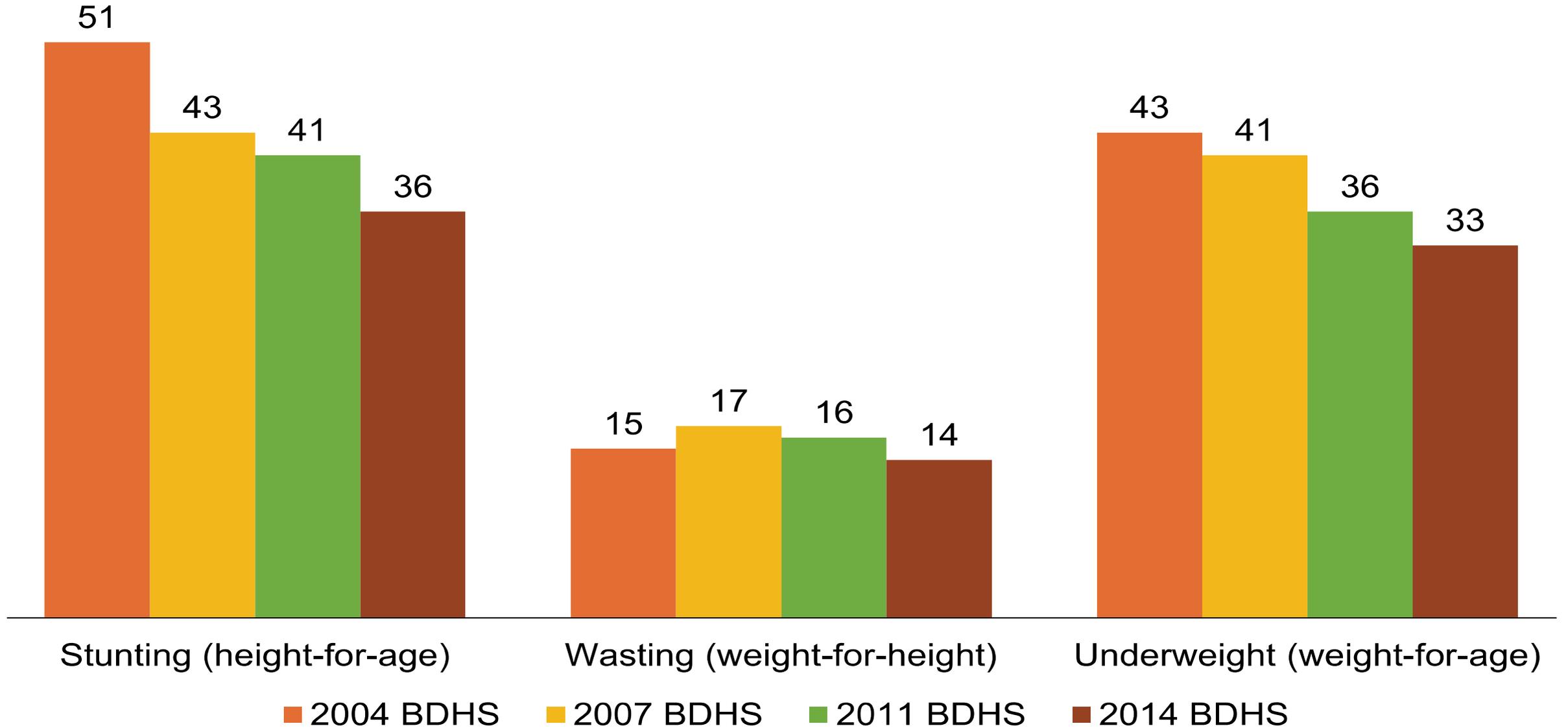
Lack of public awareness

Maternal under-nutrition

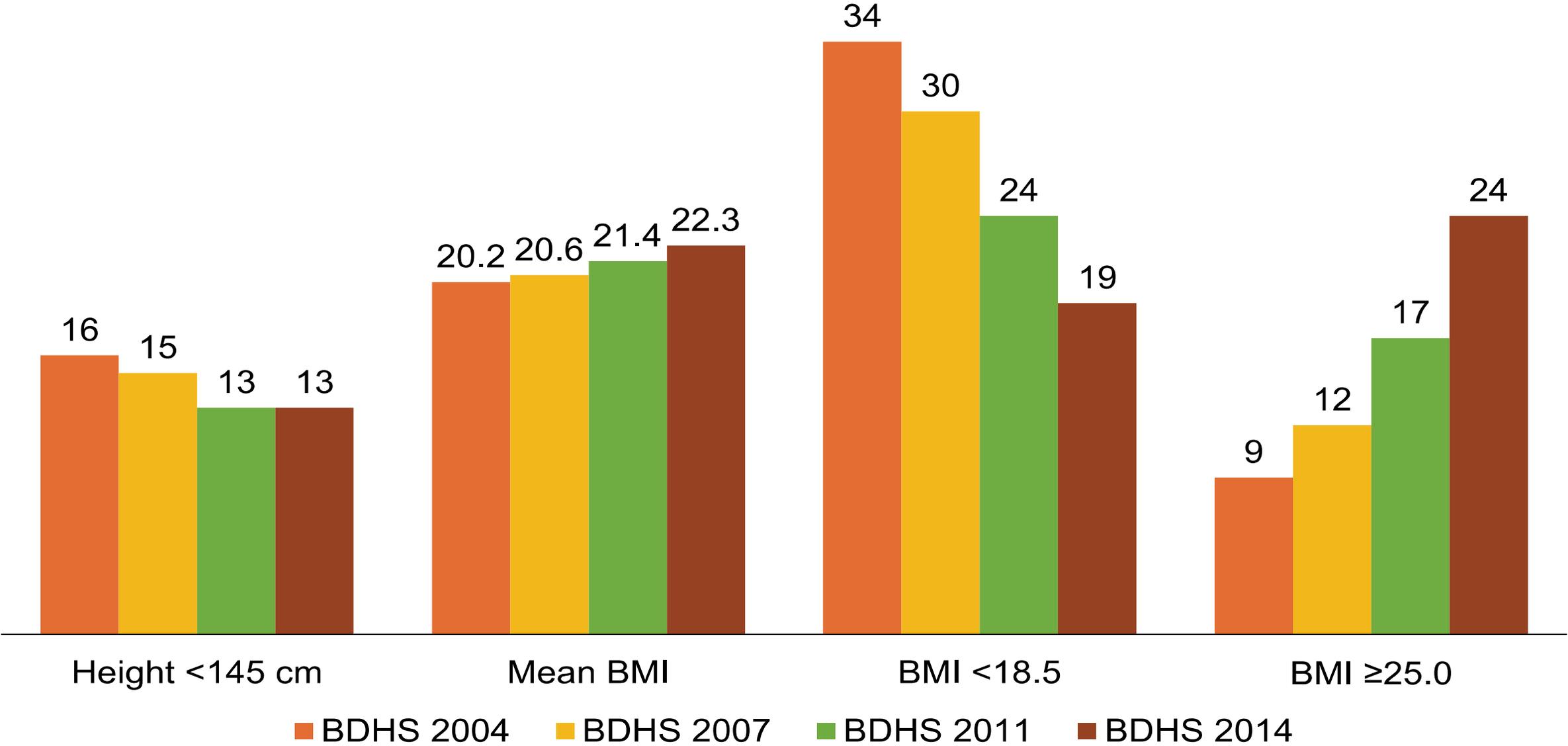
Acute malnutrition, and

Lack of dietary diversity

Trends in Nutritional Status of Children under Age 5, 2004-2014 (in percent)



Trends in Nutritional Status of Ever Married Women, 2004-2014 (in percent)



**Rapid & Unplanned Urban Growth with Growing Urban Poverty,
Vulnerability and Exclusion.**

Is it Healthy?

A Growing Elderly Population with a Broken Link

Assets or Liability?

Demographic Dividend: A Window of Opportunity for Bangladesh

As a result of declining population growth and consequent changes in age structure, the proportion of working age population is increasing and offering a window of opportunity, referred to as the 'demographic dividend', offered for a plausibly tiny period for once in a life-time.

Could we be Able to Reap the Benefit out of It?

Are we Really Food-Secured?

“Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe nutritious food which meets their dietary needs and food preferences for an active and healthy life.”

Bangladesh is Self-sufficient in Rice Production.

Is rice the only option?

The country's wheat import has been tripled in last 5 years.

Food Security Remains an Illusive Goal.

Unplanned and Unmanaged Population Dynamics of Bangladesh

Is it a National Security Question From Within?

Does it Cause for Calling an Emergency?

- **Poverty has been reduced substantially, but inequalities of different sort exist.**

**Will poverty be perpetuated in the backdrop of draining
Remittance Earning out of the Country?**

Is Human capital export guaranteed for remittance earning?

Could outsourcing be an alternative to human capital export ?

**The Overarching National Goal is to Stabilizing Population Growth to
Ensure People's Well-being.**

**Can Family Planning be the vehicle to achieve the
national goal through empowering people and
developing the nation?**

**The answer could be 'yes' or 'no', depending on the course of action
taken by the concerned authorities.**

Since the independence, the governments of Bangladesh has developed different strategies and formulated policies to address the population issue.

And overtime, the population policy has shifted from a focus on family planning to a more broad-based reproductive health approach to capture a broad spectrum of issues to respond to the national population problem in a holistic manner.

Did the policy shift work very well for us?

Why is the once globally famous family planning program of Bangladesh almost invisible now?

Why has the family planning programme become a missing issue?

Why are field workers less likely to visit younger clients?

Why are only 22 percent currently married women exposed to field workers in a month?

Recent estimates show that unsafe abortions account for an estimated 12% of all maternal deaths in the region, with 30 per cent of unsafe abortions seen in women under 25 years of age.

Majority of these are a result of unintended pregnancies among women and girls who have an unmet need for contraception.

This is DANGEROUS!

Are the links between unmet need for family planning, unintended pregnancies, and unsafe abortions leading to maternal deaths, well established?

If yes, how are these connected?

Are unsafe abortions occurring in disguised MR?

Are these unsafe abortions occurring for sex selection?

The country has one of the highest **Adolescent Fertility Rates in the region.**

High adolescent fertility contributes significantly to the high maternal mortality rates and high prevalence of maternal morbidities.

Both married and unmarried girls require better access to family planning services, including information and counselling support.

Is it enough to address the issue?

If so, how do we do it?

How do we improve the availability and utilization of family planning services (including contraception) and decrease the unmet need for family planning in the country?

The suggested ways and means could be:

Improving availability of and access to quality family planning services.

Decreasing stock outs of essential RH commodities, including contraceptives.

Increasing the demand for and utilization of family planning.

Improving system efficiency by strengthening communications and dialogue among policy makers, service providers and consumers.

The success of the first three depends on the last one, which is very important and difficult to translate into reality.

Then, how do we do it?

Why are campaign for behavior change communication (BCC) and advocacy for family planning seem to be almost nonexistent and ineffective?

Are the demand and supply sides mismatched?

Globally, family planning is found to be one of the most cost-effective, high-yield interventions that exists today!

Research shows that family planning could prevent as many as one in every three maternal deaths by allowing women to delay motherhood, space births, avoid unintended pregnancies and abortions, and stop child bearing when they reached their desired family size.

Family planning helps individuals and couples avoid unintended pregnancies and determine the timing of births and the number of children.

Population is not only a matter of birth control anymore.

It is a question of human right and management.

From this perspective, family planning is a matter of life style, taste, element of happiness, joy, achievement and glory. It is an attitude and a philosophy of life.

An effective Family Planning program must have the following essential components:

Community in strengthening awareness about family planning and contraception.

Correct, continuous and consistent use of contraceptives.

Continuous supplies of commodities (logistics).

Counselling and quality of care.

But mere availability of contraceptives does not ensure compliance and usage at the user level.

Family planning is not merely meeting the logistics challenge, but a host of other related issues, that include socio cultural factors and behaviors.

Promoting contraceptive usage among couples needs an enabling environment that comprises of: awareness, acceptability and availability and access.

While policies and legal frameworks can contribute to creating an enabling environment to a certain extent that is not sufficient to convince people to change.

It is important to study and understand why people are not using contraception or some particular method.

The questions still remain that have we been able to

Deliver Family Planning services at the community level?

Deliver Family Planning services at the Urban slums?

Deliver Family Planning services to the hard to reach areas?

Ensure Reproductive Rights while providing Family Planning services?

Teenaged Pregnancy?

Increase access to postpartum, post MR and post abortion care (PAC) FP?

Enable youth and adolescents to access SRH information?

Provide services in addressing the high unmet need?

Enable greater access for long acting reversible and permanent methods?

Address high discontinuation rate?

Expand access to family planning services in private and non-profit organizations/facilities?

The rights-based approach to family planning treats individuals as full human beings in their own right, as active agents, not as passive beneficiaries.

When a woman can plan her family

She can plan her life.

She can pursue more education, seek and keep better jobs, and Contribute more to her family, her nation and to global prosperity.

As she becomes better-off financially, her children receive better education, and the benefits carry over well into future generations.

What happens when people enjoy their right to family planning?

Access to voluntary family planning enables women to space their births, benefiting both mothers' and children's health.

Family planning also reduces the risk of death and disability from pregnancy and childbirth too early or too late in a woman's reproductive life.

Family planning is essential to overcoming poverty, which deepens when individuals can't choose the size of their family.

Pregnancy and childbirth-related complications are the number-one killers of girls aged 15 to 19 in developing countries.

Access to information and contraceptives can therefore protect young people's lives. The more information they have, the better choices they can make to be able to fulfil their futures.

The improvements in health produce greater investments in schooling, greater productivity, greater labour force participation and, eventually, increased income, savings, investment and asset accumulation.

Contraception helps prevent adolescent pregnancy and thus helps keep girls in school, building their life skills and opens up opportunities later in life to join the paid labour force.

The right to family planning, therefore, permits the enjoyment of other rights, including the rights to health, education, and the achievement of a life with dignity.

An informed rights-based approach to family planning is the most cost-effective intervention for tackling maternal death and illnesses.

Thank You

