

Bangladesh Family Planning Program



Achievements and Challenges

Ministry of Health and Family Welfare
Dhaka, Bangladesh
April 1994



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

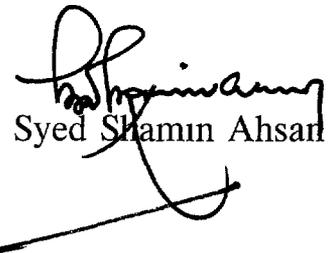
Preface

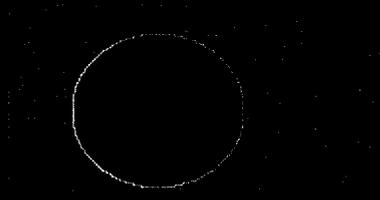
This booklet is based on a presentation developed by the Ministry of Health and Family Welfare for the Population Fortnight in December 1993. The presentation was timely because Bangladesh is now at a crossroads in family planning programs. Impressive progress has been made in raising the contraceptive prevalence rate (CPR) from below 10 percent to about 40 percent in 1991, however, equal or greater effort will be required in the next 10 to 20 years in order to further increase the CPR to reach replacement-level fertility. To raise policymakers' and planners' awareness of the importance of further strengthening family planning programs and to guide their decisions on resource allocation, presentations that highlight the achievements of family planning programs and emphasize challenges for the future are indeed needed.

The presentation shows clearly that the Bangladesh family planning program has been very successful since its inception in 1975. In 1991 the actual population size was 10 million smaller than it would have been if the CPR had remained at its 1975 level. The beneficial effects of the smaller population size can be seen in many sectors of Bangladesh life, from per capita income and health to food consumption and education. Quality of life is higher than would have been possible without the program. The presentation also illustrates why a strengthened family planning program is needed to slow the growth of the population and, in the long run, to stabilize the population size. A further reduction in the population growth rate will benefit all Bangladesh citizens. Problems of overcrowding will not be as severe, resources will be divided among a smaller number of people, and better services can be provided by the government. The presentation demonstrates vividly that the financial benefits generated by a strengthened program greatly outweigh the cost of the program. This suggests that expenditures in the Bangladesh family planning program will be financially viable and be an excellent financial investment in the future welfare of the country.

This presentation has been made to Prime Minister Begum Khaleda Zia, all of the Cabinet Ministers, members of the Parliament, family planning program managers, researchers, and donors during the Fortnight activities. Responses to the presentation have been most favorable. It has been suggested that this presentation should be further disseminated to promote understanding of the importance of the family planning program in Bangladesh. Making this booklet is the first step toward a wider distribution.

I would like to thank USAID and the RAPID IV Project for their assistance in preparing the presentation and the booklet. Their excellent technical input made the presentation analytically sound and visually effective.

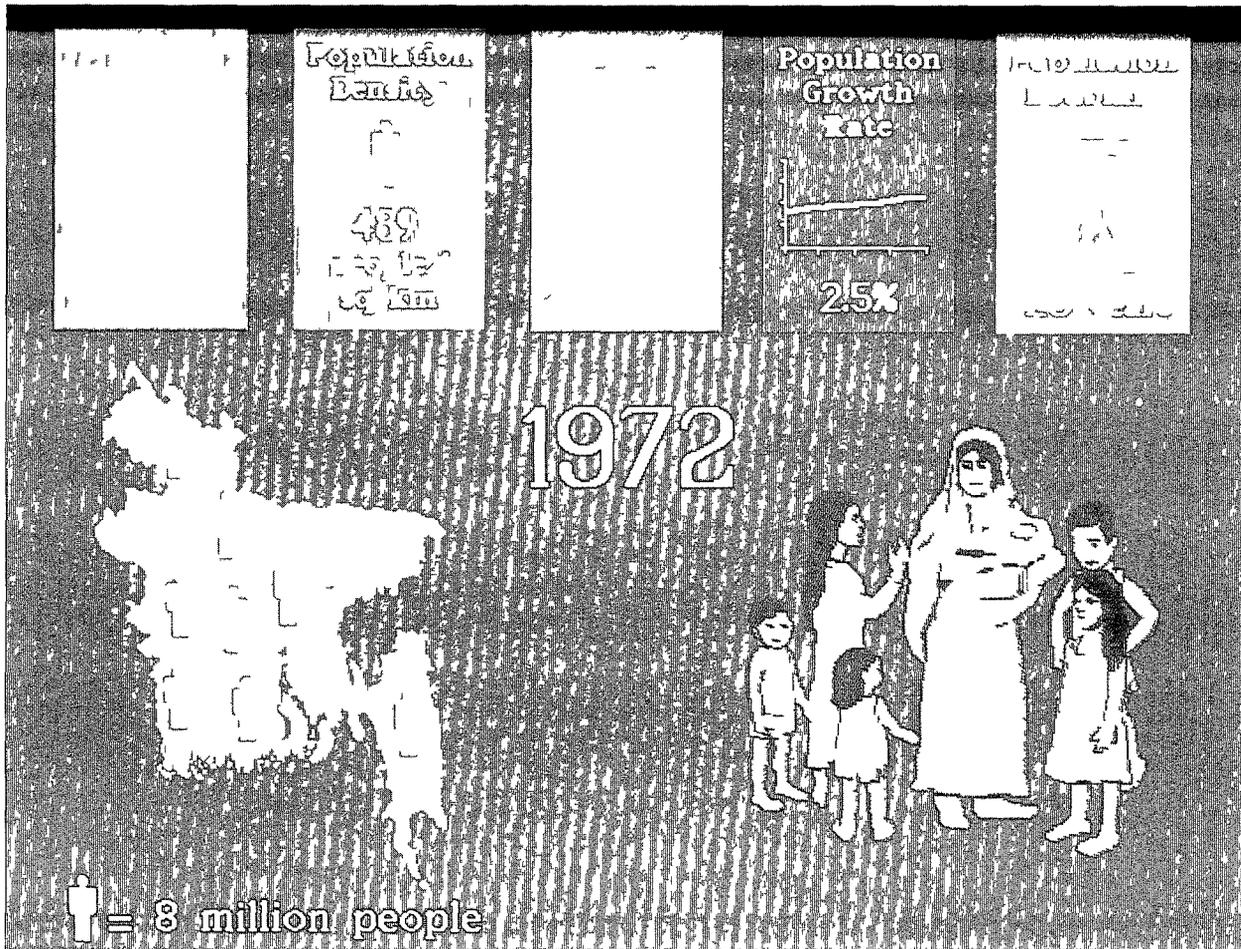

Syed Shamim Ahsan



- I. Achievements of the Program: 1972-1991
- II. Toward a Stronger Program
- III. Challenges and Actions
- IV. Financial Returns to Investments
- V. Summary

There are five sections in this presentation. The first section highlights the successes of the family planning program in the past 20 years. The second section pinpoints the program objectives in the next 15 years. The third section describes challenges to the program and actions needed to achieve the program objectives. The fourth section estimates the monetary costs of the family planning program and the financial returns to such investment. Section five summarizes the presentation.

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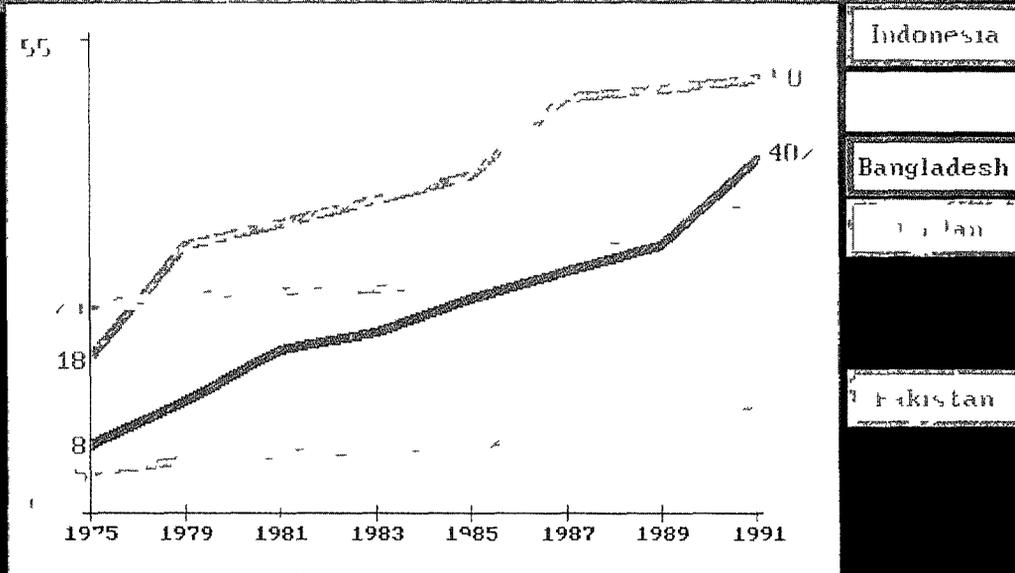
A look at the demographic characteristics in 1972 will help emphasize the progress that the family planning program has made so far. In 1972, the year after Bangladesh independence, the total population was 73 million and the population density was 489 people per square kilometer—the highest population density in the world. Furthermore, the fertility rate was very high. The average number of children that a woman had during her lifetime (the total fertility rate, or TFR) was 6.4. This high fertility rate, in turn, resulted in a high population growth rate of 2.5% per year. At that growth rate, the population would have doubled in only 28 years.



CPR

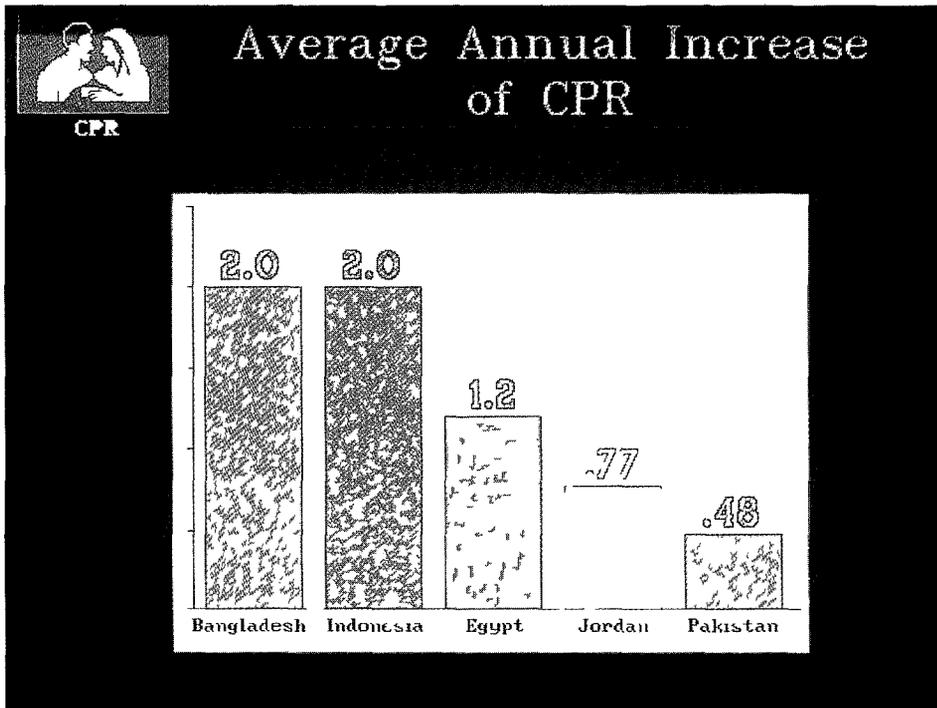
Family Planning Raised Contraceptive Prevalence Rates

International Comparison

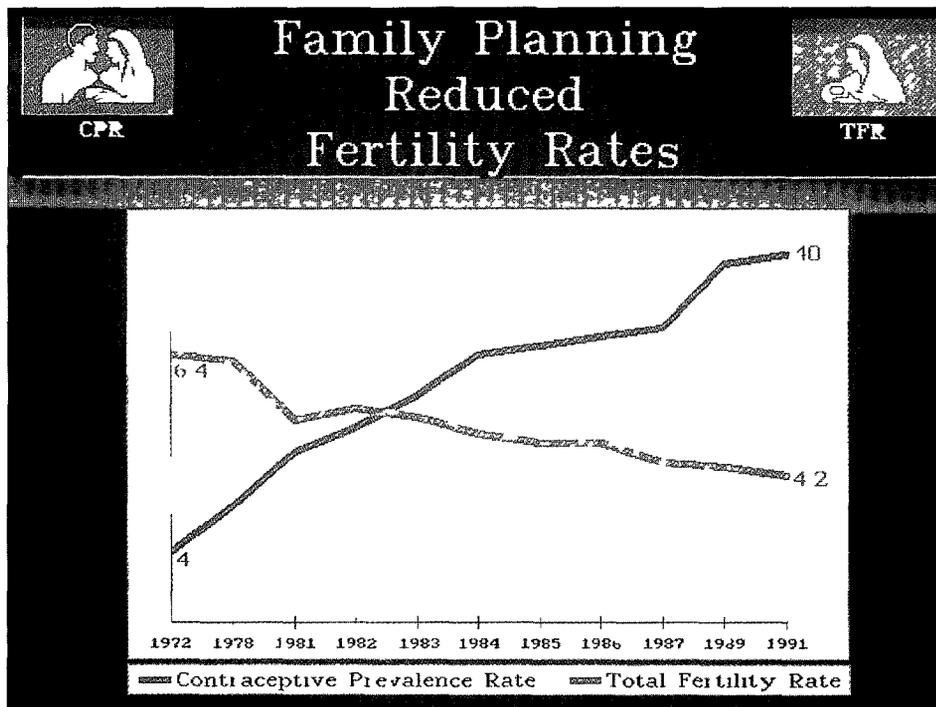


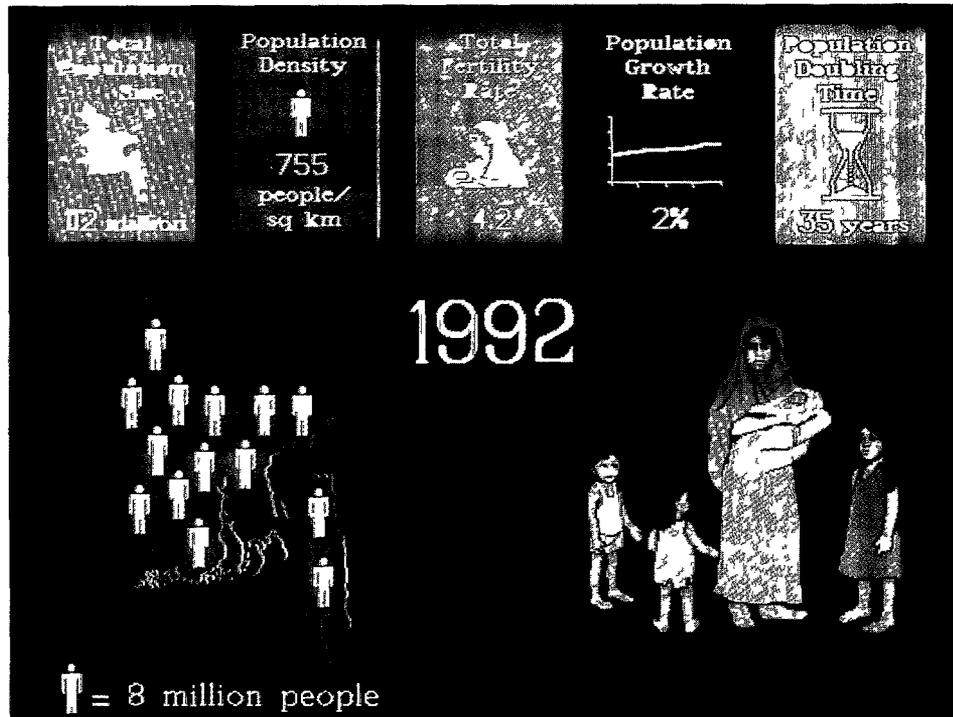
In 1975, Shaheed President Ziaur Rahman declared that solving the population problem was the highest priority. To prevent the acceleration of population growth beyond the country's carrying capacity, the government launched the public family planning program to enhance the use of contraceptives. In 1975 the proportion of couples using some form of contraception (the contraceptive prevalence rate, or CPR) was only 8%. Through the family planning program, CPR increased fivefold, reaching 40% by 1991.

In comparison with several other Muslim countries, Bangladesh has done very well in raising its contraceptive prevalence rate. Its pace is similar to that of Indonesia and faster than that of Egypt, Jordan, or Pakistan.

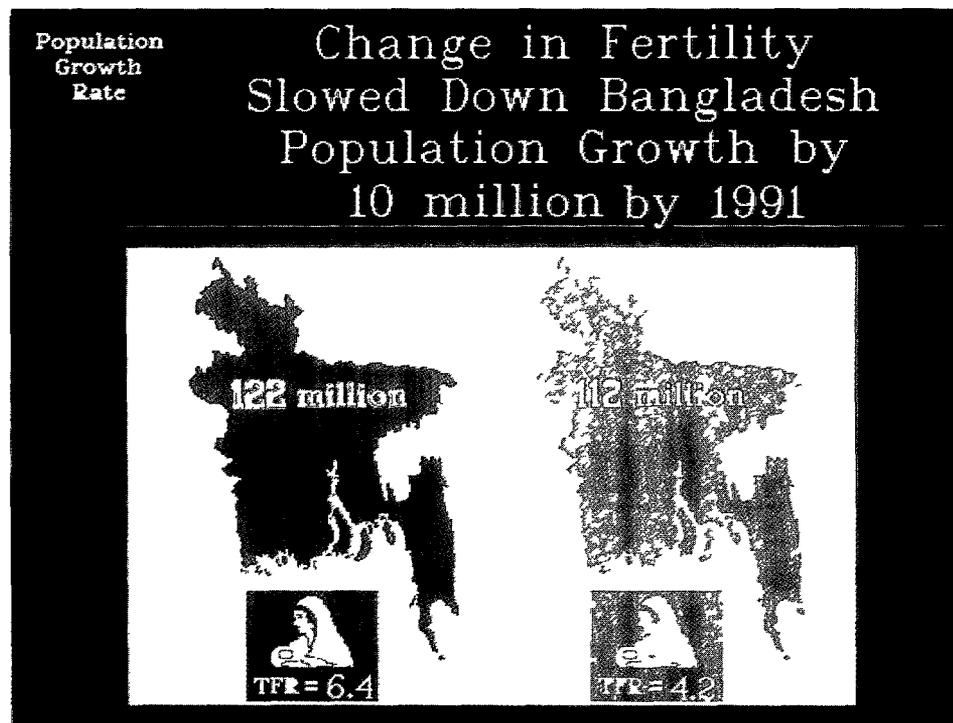


The average annual increase in the Bangladesh CPR for the past 15 years is 2%, which is one of the highest among all Muslim countries. This increase in contraceptive prevalence rate caused the fertility rate to drop from 6.4 in 1972 to 4.2 in 1991.





This resulted in a population in 1992 of 112 million and a population density of 755 people per square kilometer. Population growth was reduced to 2% a year and the population doubling time increased to 35 years.



The change in total fertility from 6.4 to 4.2 slowed down Bangladesh's population growth by 10 million by 1991.



CPR

Bangladesh Family Planning Program: A Success Story



TFR

Major Contributing Program Factors

1. Strong population policy
2. Extensive network of service delivery, including field workers
3. Cafeteria approach to service
4. Collaboration with NGOs
5. Assistance from international community



CPR

Bangladesh Family Planning Program: A Success Story



TFR

Contributing Development Factors

	1972	1992
Infant Mortality	140	90
Female Literacy	11.3%	20.3%
Female Employment	3.6%	15.5%

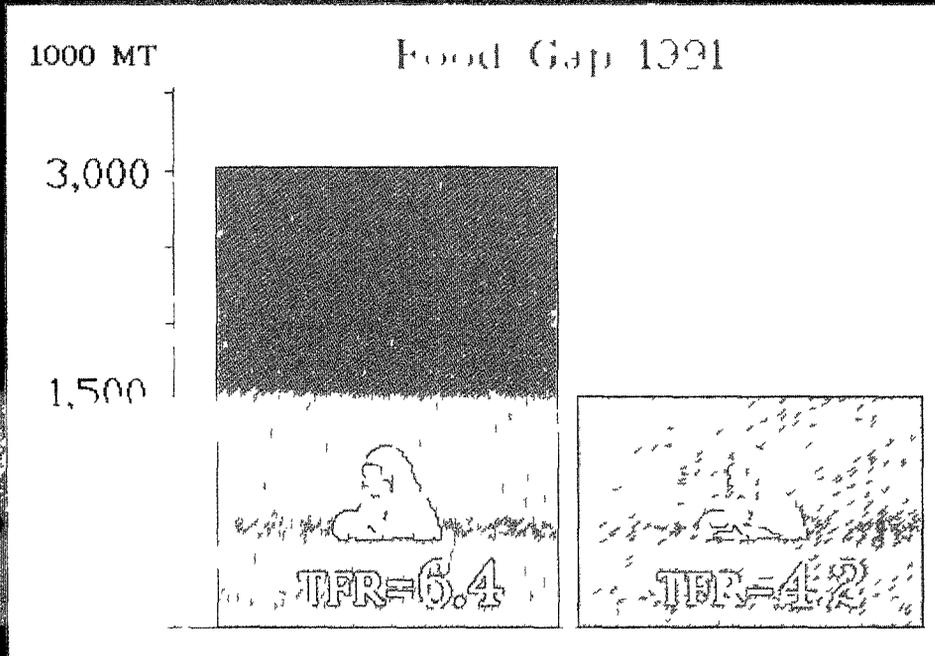
Some development factors also contributed to the success of the program by creating a favorable environment in which couples were motivated to adopt family planning. For example, infant mortality decreased from 140 to 90 infant deaths per 1000 live births. Female literacy almost doubled, and female employment more than quadrupled, over the past 20 years.

The reduction in the fertility rate, through its effect on the population size, also has had a beneficial impact on the socioeconomic development of the country.

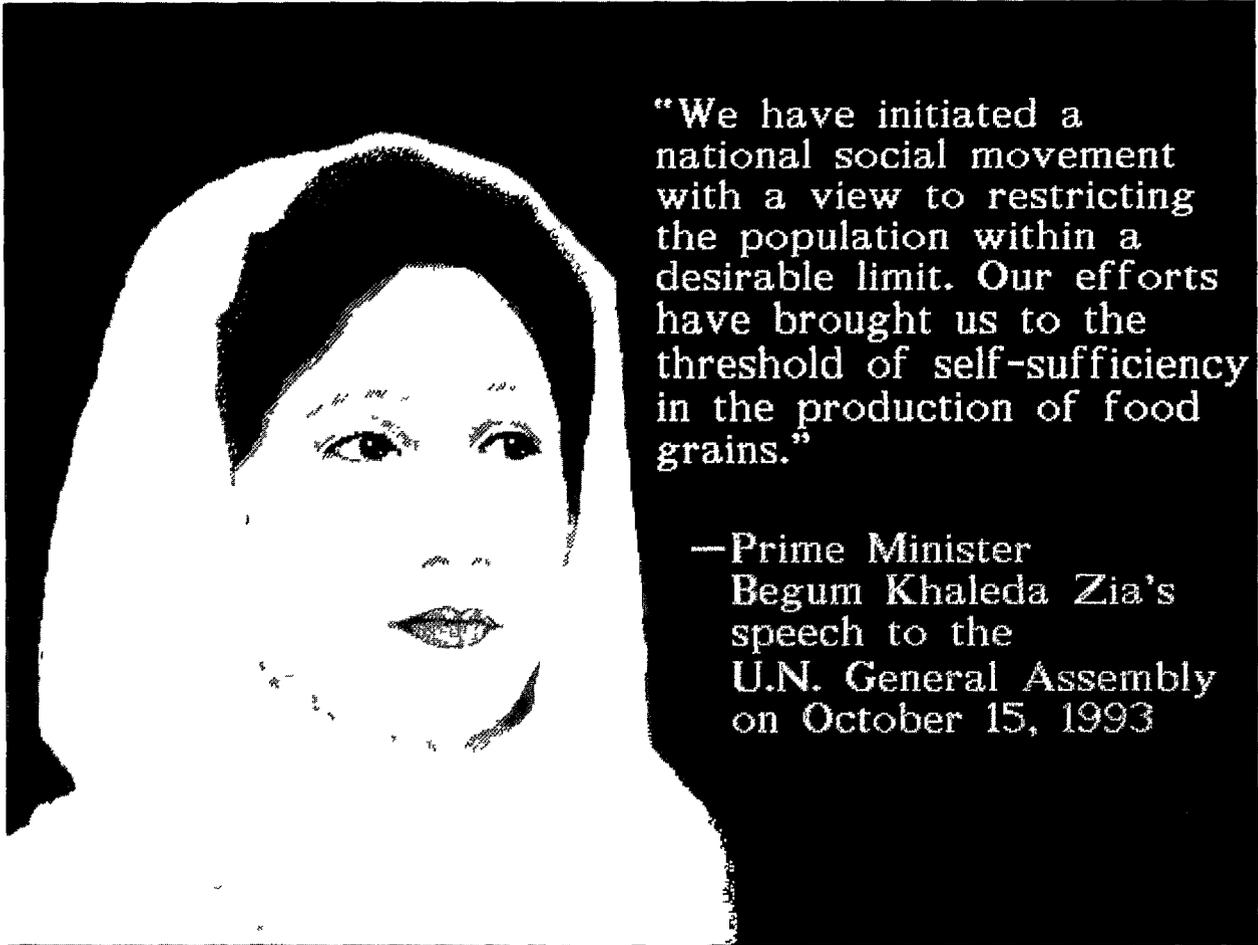


Agriculture

Family Planning Contributes to Socioeconomic Development



Over the past 20 years, total production of food grains has increased at an average annual rate of 2.5%. Adoption of higher-yielding varieties as well as increased use of fertilizers and expanded areas under irrigation have made the higher production levels possible. The increased production of all agricultural goods is reflected in an increased per capita food supply which, when measured in calories, had increased from 1900 calories per person per day in 1972, to 2037 calories in 1988. This figure represents only 88% of daily required calories. The remainder must still be imported. Family planning, through its effect on fertility, has brought Bangladesh closer to its goal of self-sufficiency by slowing the population growth rate and hence the rate of growth in the food requirement. If the total fertility rate had remained at 6.4, then the gap for food grains would have been 3 million metric tons as opposed to the actual gap of 1.5 million metric tons in 1991.



"We have initiated a national social movement with a view to restricting the population within a desirable limit. Our efforts have brought us to the threshold of self-sufficiency in the production of food grains."

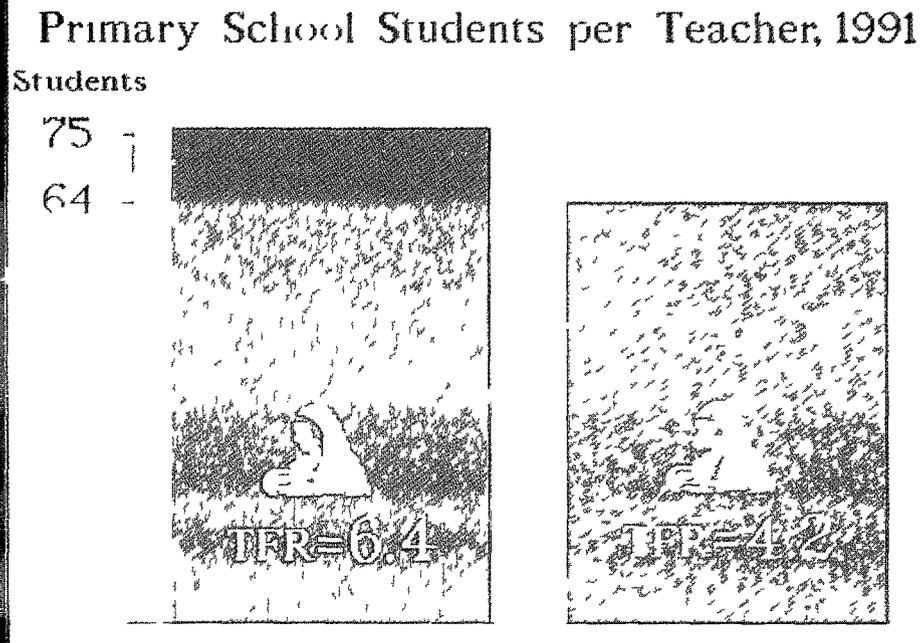
—Prime Minister
Begum Khaleda Zia's
speech to the
U.N. General Assembly
on October 15, 1993

Prime Minister Begum Khaleda Zia recognized the contribution of family planning in reducing the food gap in her speech to the United Nations General Assembly on October 15, 1993. She said,

"We have initiated a national social movement with a view to restricting the population within a desirable limit. Our efforts have brought us to the threshold of self-sufficiency in the production of food grains."



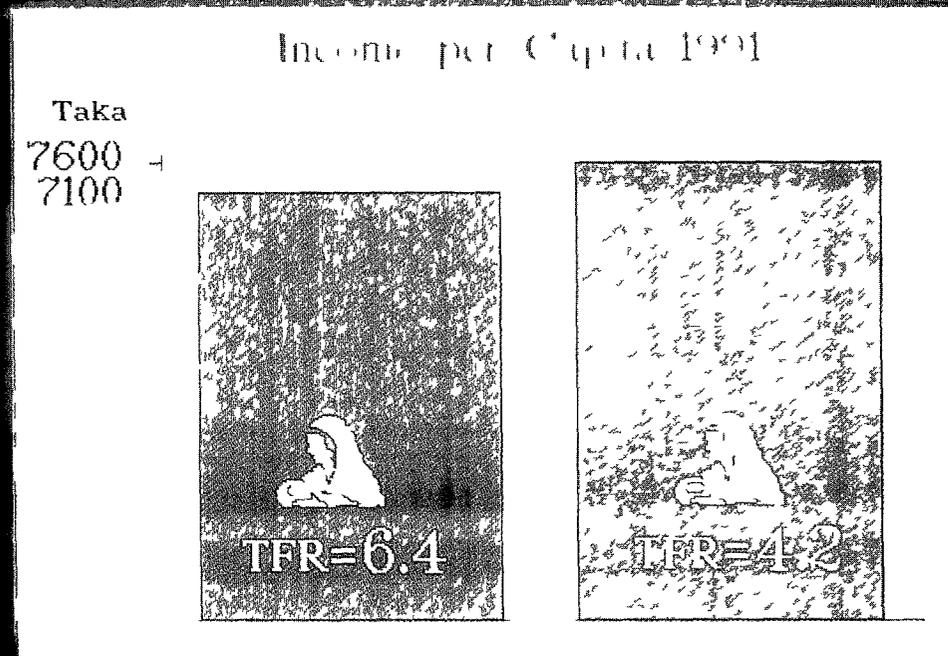
Family Planning Contributes to Socioeconomic Development



A strong family planning program has meant that scarce educational resources can be shared among a smaller number of students. As the primary school enrollment rates increased from 70.4% in 1972-73 to 91.3% in 1990-91, the student-teacher ratio rose from 40 in 1972 to 64 in 1991 as the number of teachers failed to keep pace. If fertility had remained at its 1972 level, the student-teacher ratio in 1991 would have been 75 instead of the actual 64 students per teacher. In other words, under the higher fertility rate, there would have been 11 more students per teacher.



Family Planning Contributes to Socioeconomic Development



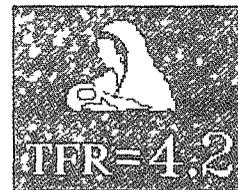
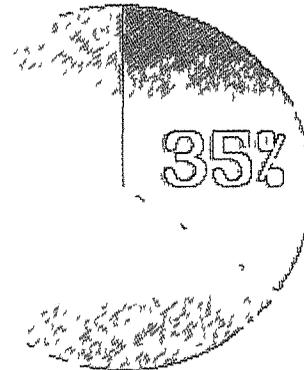
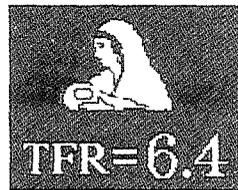
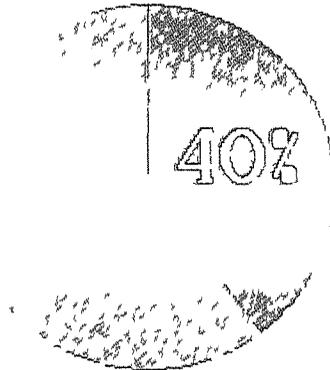
From 1972 to 1991, the gross domestic product, or GDP, grew at an average annual rate of 3.58% (1987 US\$). During the same period, per capita GDP grew at an average annual rate of 2.02%. If fertility had remained at its 1972 level, then per capita GDP would only have grown at an average rate of 1.63% annually, resulting in a per capita GDP of 7100 taka as opposed to the actual 7600 taka in 1992.



Health

Family Planning Contributes to Socioeconomic Development

Proportion of High Risk Births 1991



There are three demographic factors which affect the level of health risk to the mother and child: mother's age, number of births, and birth spacing. Infants born to mothers that are under the age of 20 or above 35 are at much higher risk. Women that allow a longer time interval between births reduce the risk of experiencing complications during pregnancy for themselves and increase the survival rate of their infants. Finally, as the number of births that one woman has increases, the risk to both the mother and child increases. Family planning has helped to reduce the incidence of high-risk births by helping the mothers to space and limit the number of children they have. The decline in the fertility rate reduced the proportion of high-risk births from 40% to 35%.



Health

Family Planning Contributes to Socioeconomic Development

Infant and Maternal Deaths Averted
1972-1991



1,935,000



198,000

Because of the reduction in high-risk births, it is estimated that about 2 million infant deaths and about 200,000 maternal deaths were averted between 1971 and 1991

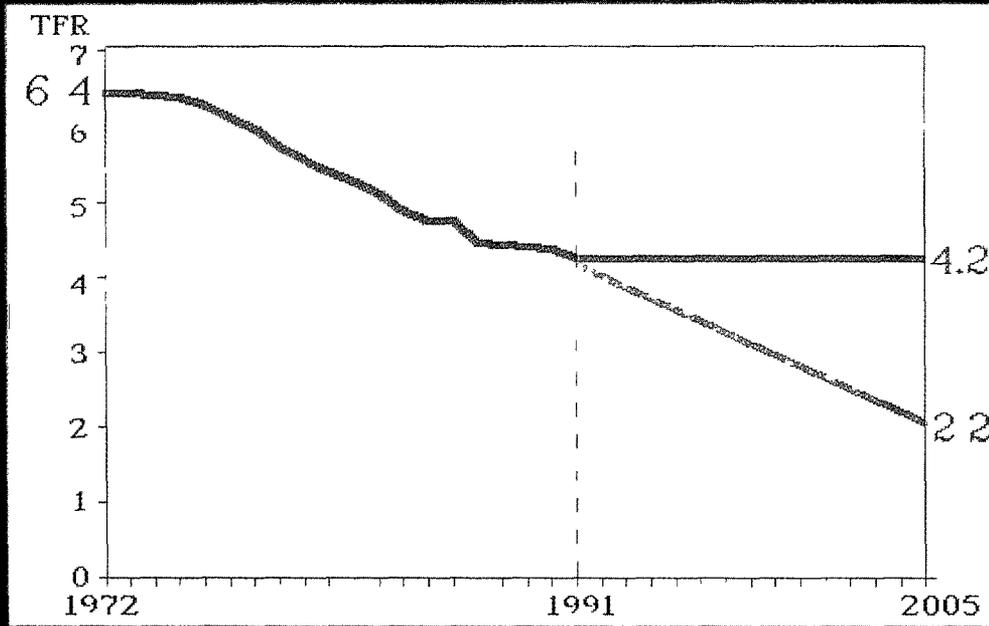
All of these factors have worked together to improve the quality of life to a level that would not have been possible without a strong family planning program

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TFR

Reaching Replacement Fertility in 2005

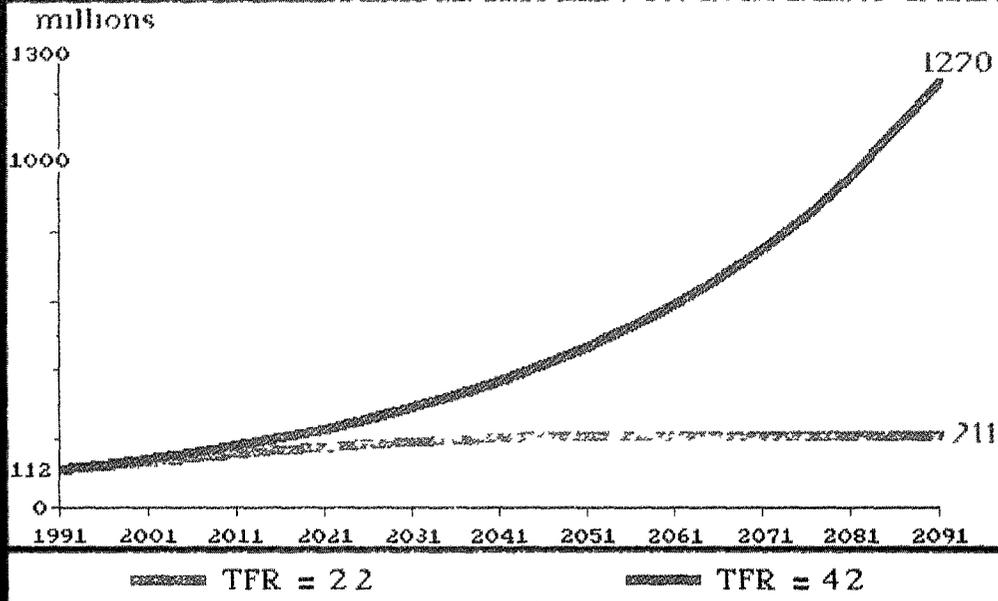


Although the family planning program has achieved a great deal, a fertility rate of 4.2 is still too high. In its fourth 5-year plan, the government has set the goal of reaching replacement-level fertility (a fertility rate of 2.2, or a two-child family norm) by the year 2005.

Stabilizing Long-Run Population Size

TFR

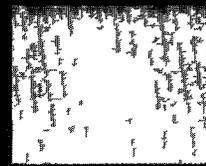
Population



Achieving this goal will allow the long-term population size and density to stabilize by the year 2056. If the fertility rate remains constant, however, the population size will increase indefinitely, reaching 1.2 billion by the year 2091, a population as large as China's today!

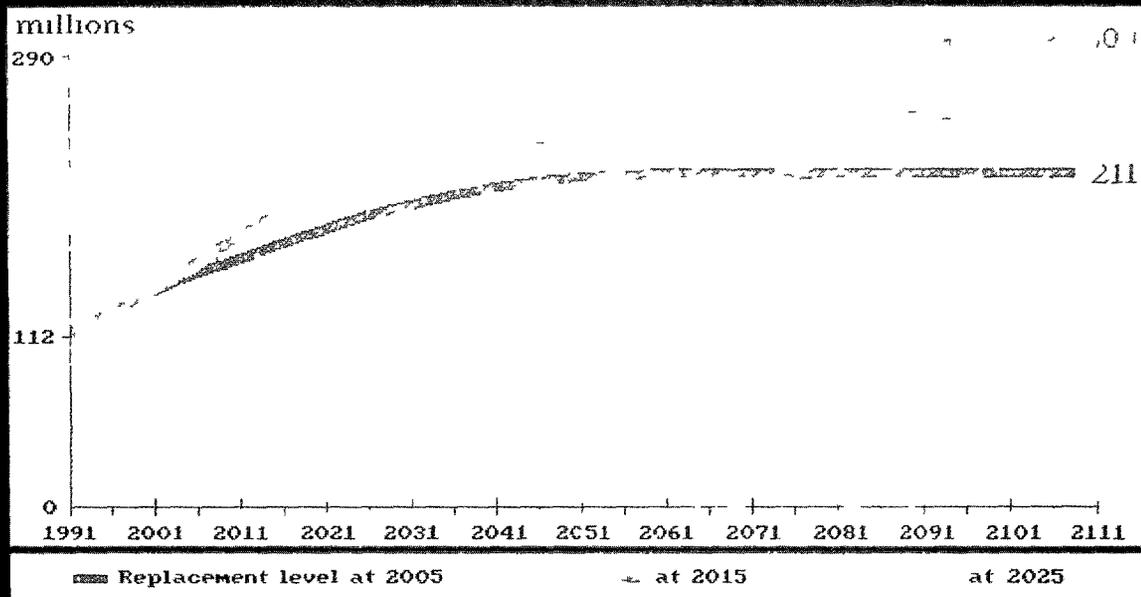


Effects of Delaying



TFR

Population



It is imperative that the goal of replacement-level fertility be achieved as quickly as possible. Even a small delay will have a significant impact on future population growth. As noted earlier, if fertility of 2.2 is reached by 2005, the population size will continue to grow for the next 60 years but will stabilize at 211 million by the year 2056. With a 10 year delay, if replacement fertility is reached by 2015, the population size will stabilize in the year 2081 at 250 million, 40 million more people. If replacement fertility is not reached until the year 2025, then the population will stabilize in the year 2105 at 300 million, another additional 50 million people.

Difference in Population Growth

Number of Children	Population in 2020 (Million)	Population in 2020 (Million)
4 per family	154	220
2 per family by 2005	139	162
Difference	15	58

Even in the medium run, the impact of a two-child family norm will be enormous. If the total fertility rate remains at its present level of 4.2, by the year 2020 the total population will reach 220 million. If the goal of fertility of 2.2 is achieved, in the year 2020 the population will be 162 million. The difference in population size by the year 2020 will be almost 60 million, half of the current population in Bangladesh!

What impact will this 60 million difference in population have on Bangladesh? First of all, a lower population growth rate will mean that the problem of overcrowding will not be as severe.



Rural population per hectare Arable land

2020

HIGH 21

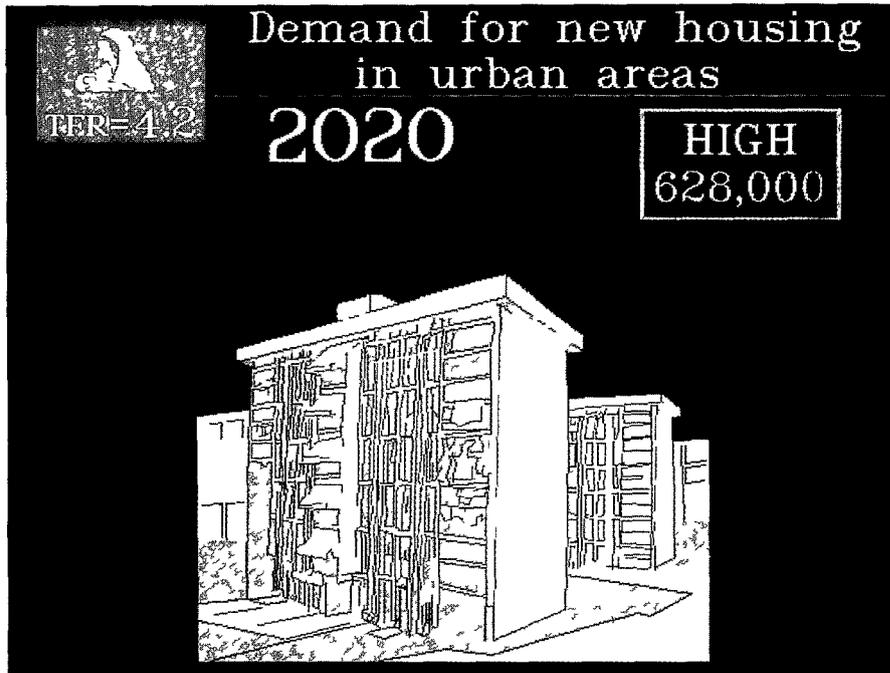


The problem of overcrowding is found in rural as well as urban areas. In rural areas this problem becomes manifest in the small size of farm holdings. As rural population density increases, productivity decreases and landlessness increases, and the standard of living declines. The relationship between population density and standard of living is particularly crucial given the fact that if the fertility rate remains at 4.2, then by 2020, each hectare of arable land will have to support 21 people, or 10 more than it presently supports.

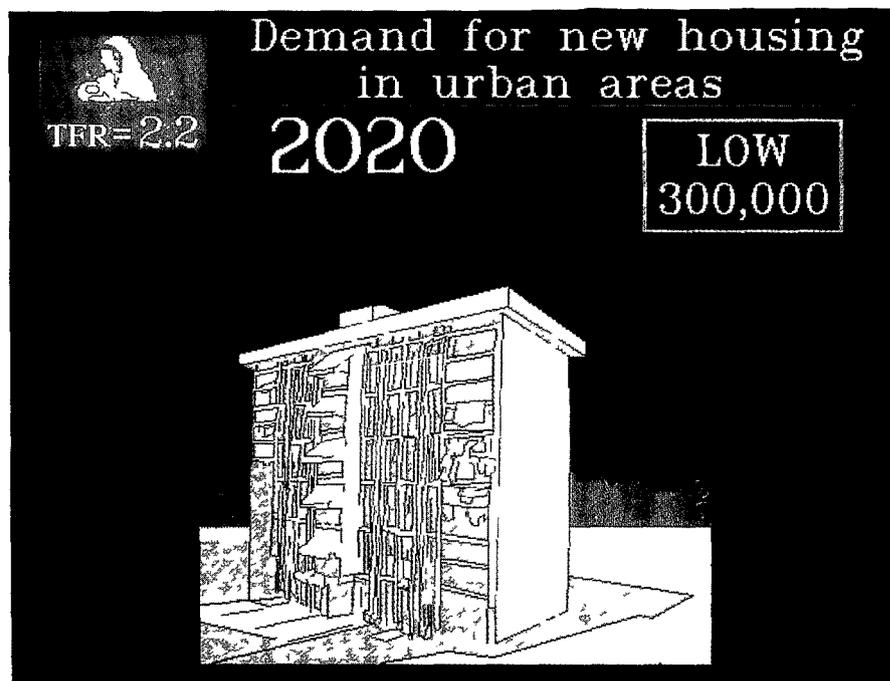


If, however, the fertility rate is reduced to 2.2 by the year 2005, each hectare of arable land will only have to support 16 people in 2020, or 23% fewer people per hectare

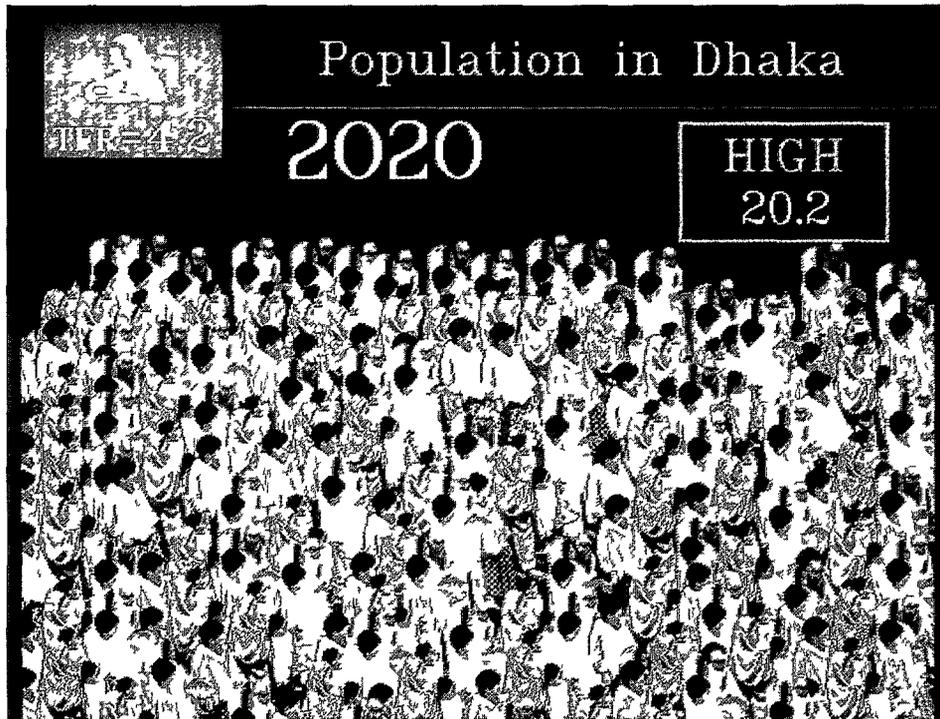
In addition to lowering the standard of living in rural areas, increased rural population density also increases migration into urban areas, where overcrowding is already a very serious problem. Over the past 30 years, urban population growth has been quite high, increasing at an average annual rate of 6.7%. This rapid increase in population has overburdened cities with the need to provide services such as power, housing, water, sewerage and sewage treatment, and transportation.



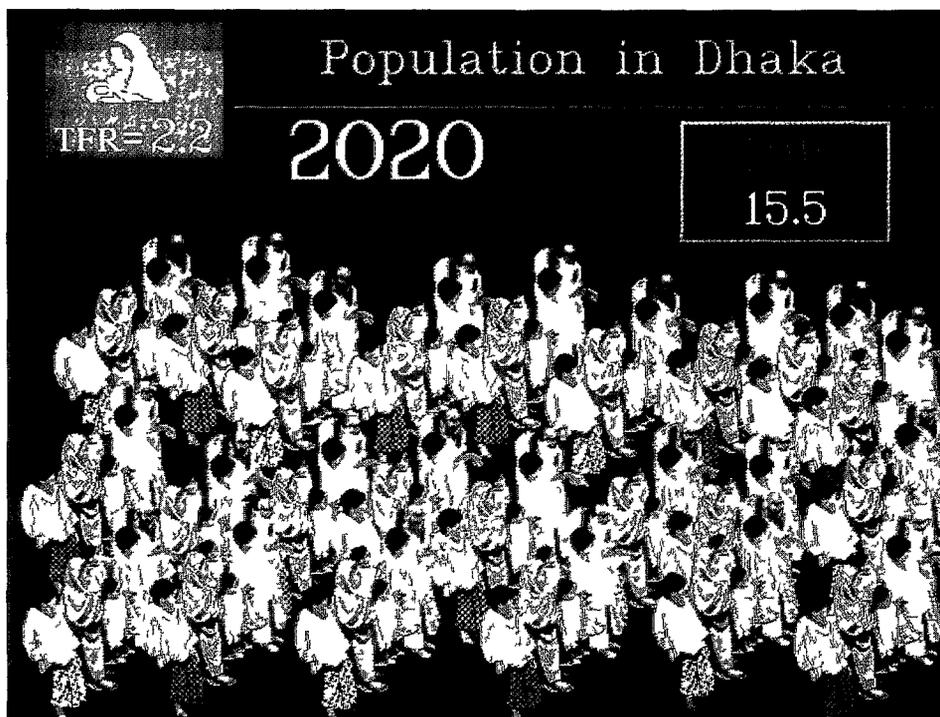
Projections of housing requirements show the effect of a rapidly increasing population on the demand for services in urban areas. Under the high-fertility scenario, by the year 2020, 628,000 new housing units will be required annually in urban areas.



Under the low-fertility scenario, this number will be dramatically reduced--only 300,000 units, or less than half as many, will be needed. This decrease in the urban housing requirement will mean not only a smaller number of homeless people, but also a substantial saving in government housing expenditures.



In Dhaka, population growth has been even greater, increasing at approximately 8.5% per year. From 1961 to 1991, the population of Dhaka increased from 560,000 to over 6.5 million. Under the high-fertility scenario, Dhaka's population will be 20 million in the year 2020, more than three times its present size.

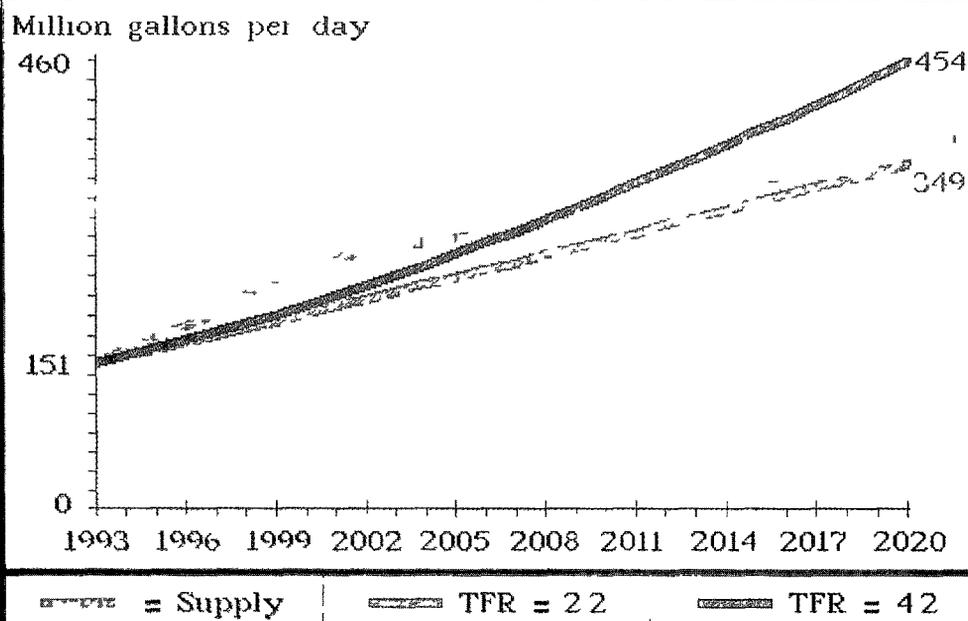


In contrast, under the low fertility scenario, Dhaka's population will be 15 million in 2020, or 25% lower than under the high fertility scenario.

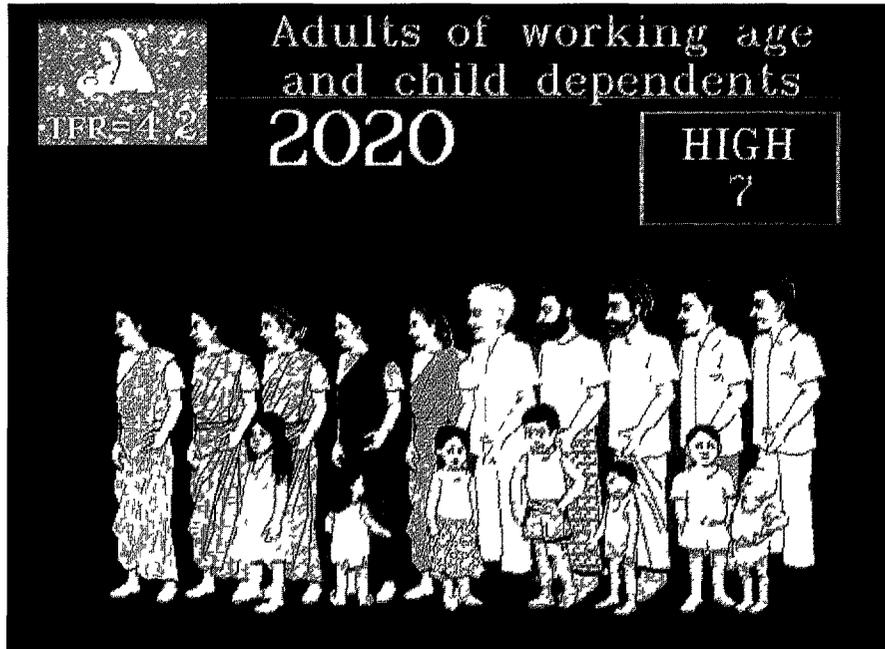


Water

Demand for Water



This difference in future population size also will make a big difference in future water consumption in Dhaka. Given projections of future water supply, demand for water will be almost satisfied under a slower population growth, but there will be severe shortages under a rapid increase in population.

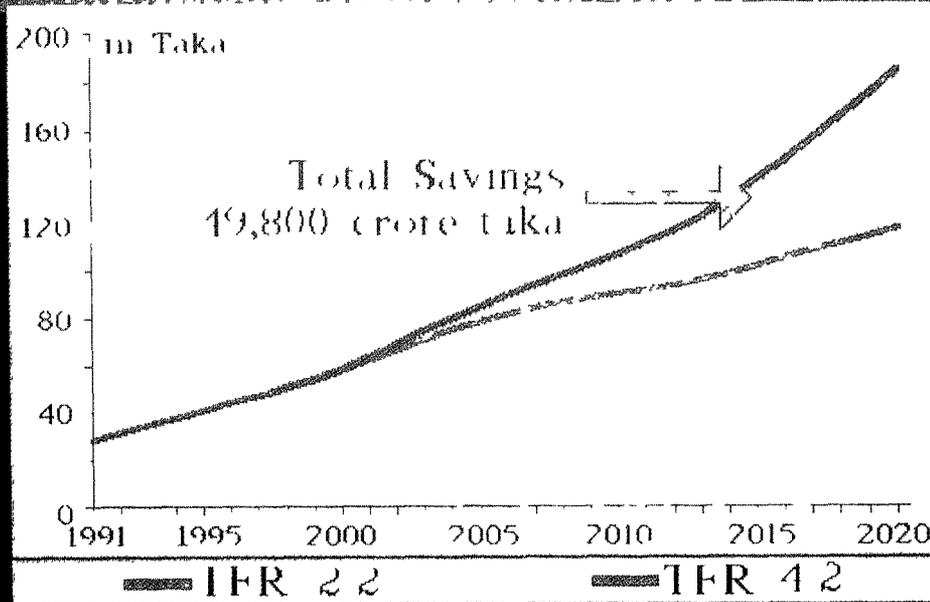


Let us also look at another major determinant of economic development Under the high-fertility scenario, there will be 7 child dependents per 10 adults of working age



Under the lower-fertility rate scenario, this number will be reduced to 4 child dependents, which is a dependency ratio typical of developed countries The lower number represents a smaller financial burden for both the individual families and the national government The same funds could then be distributed among a smaller number of children, or directed toward other use

Annual Expenditures in

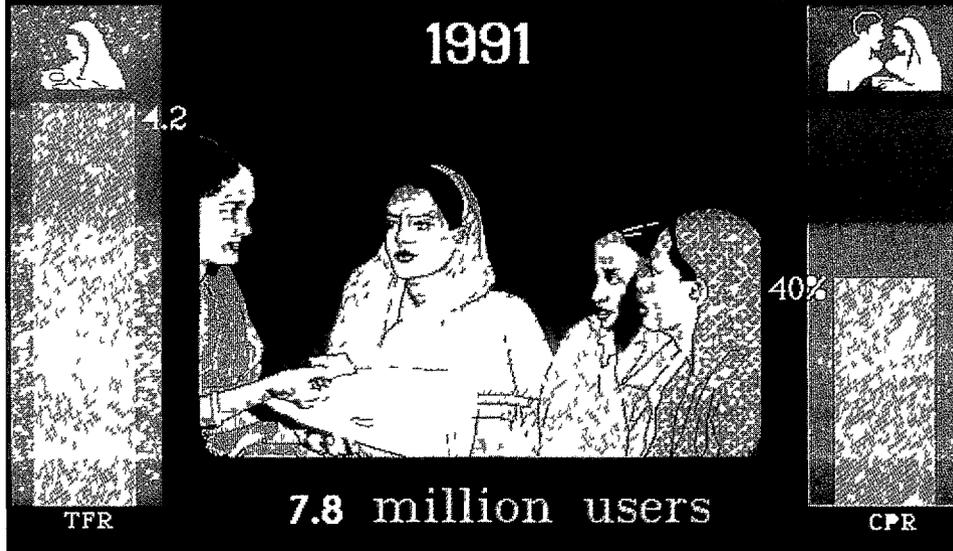


Slower population growth will also help the government reduce the financial burden of providing other services

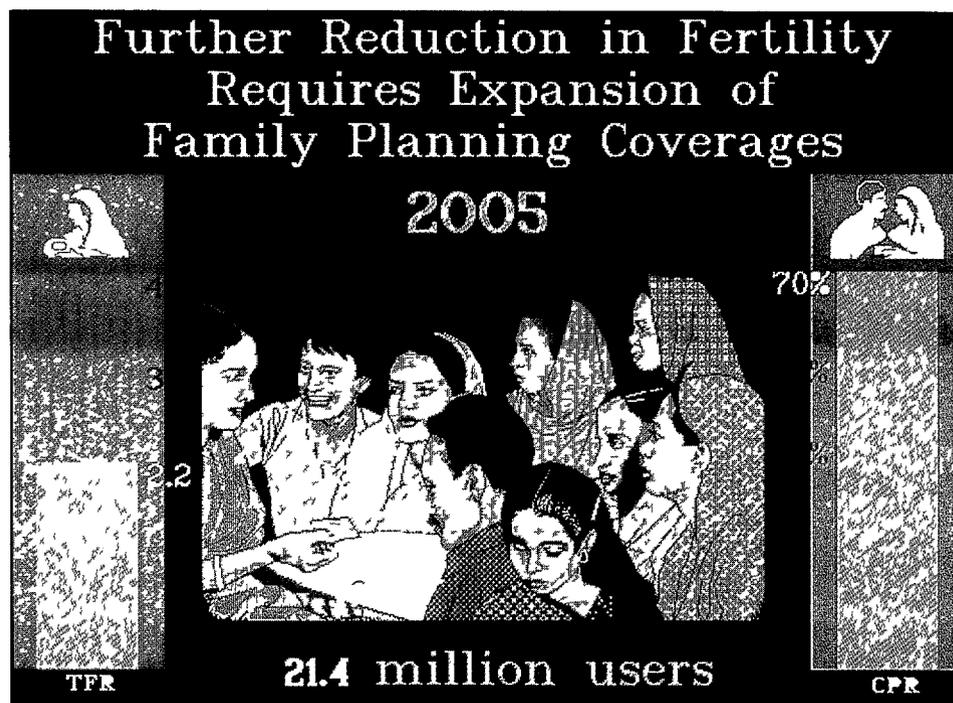
This figure shows the total expenditures under the two population scenarios in four sectors-- health, education, social services, and housing-- given the development goals in each sector. The total cumulative savings from 1991 to 2020 under the low-fertility scenario will be 49,800 crore taka

Therefore, in order for Bangladesh to achieve a more sustainable rate of population growth and a higher standard of living, it is imperative to reach the replacement level of fertility as soon as possible

Further Reduction in Fertility Requires Expansion of Family Planning Coverages



A strengthened family planning program is needed to reduce the present level of fertility. Through the strengthened program, the contraceptive prevalence rate can be increased, as can the number of users. In 1991, the fertility rate was 4.2, the contraceptive prevalence rate was 40%, and there were 7.8 million users. With the strengthened family planning program, by 1998 the fertility rate will reach 3.2, the contraceptive prevalence rate will reach 55%, and there will be 13.4 million users. By 2005, the total fertility rate will reach 2.2, the contraceptive prevalence rate will be 70%, and there will be 21.4 million users.



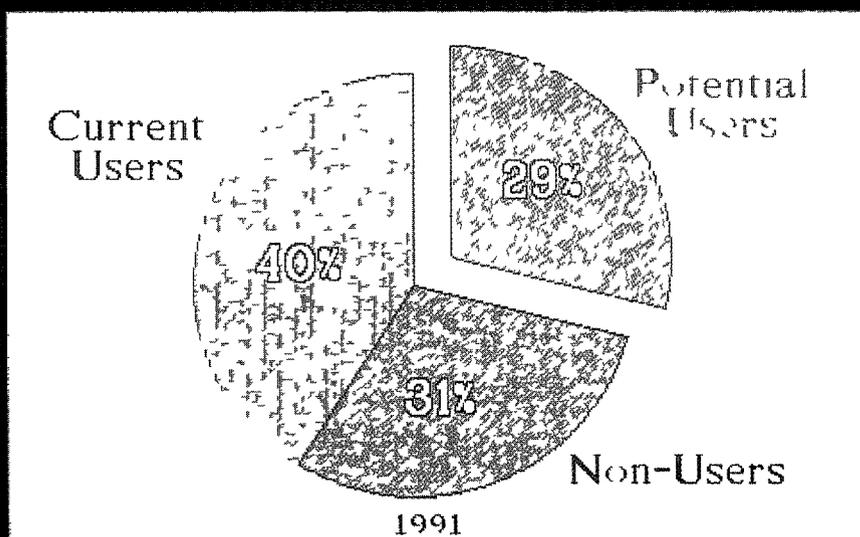
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Challenge One

CPR

How to motivate current non-users to become users; particularly those who have indicated that they intend to limit or space their children.



To increase contraceptive prevalence at a rate of 2% a year in the next 15 years will be a formidable task. It presents four major challenges to the program and requires immediate action within the family planning program, among different government agencies, and in the private sector.

Challenge one is how to motivate current non-users to become users, particularly those who have indicated that they intend to limit or space their children.



CPR

Actions

Challenge One

Continued Improvement in Child Survival

- Sustain breastfeeding practice and duration
- Increase infant and child immunization coverage
- Increase adult literacy rate



Actions are needed to make family planning acceptable and desirable to more couples

First, we need to continue improvement in child survival. When child mortality is low, couples will no longer feel a need to have extra children as insurance and will be willing to have two children only. To further improve child survival, we need to encourage breastfeeding practice and sustain its duration, increase infant and child immunization coverage, and increase the adult literacy rate.



CPR

Actions

Challenge One

Continued Improvement of Status of Women

- Provide pre and post natal care for mothers
- Increase school enrollment rate of girls and increase their education level
- Create employment opportunities for women



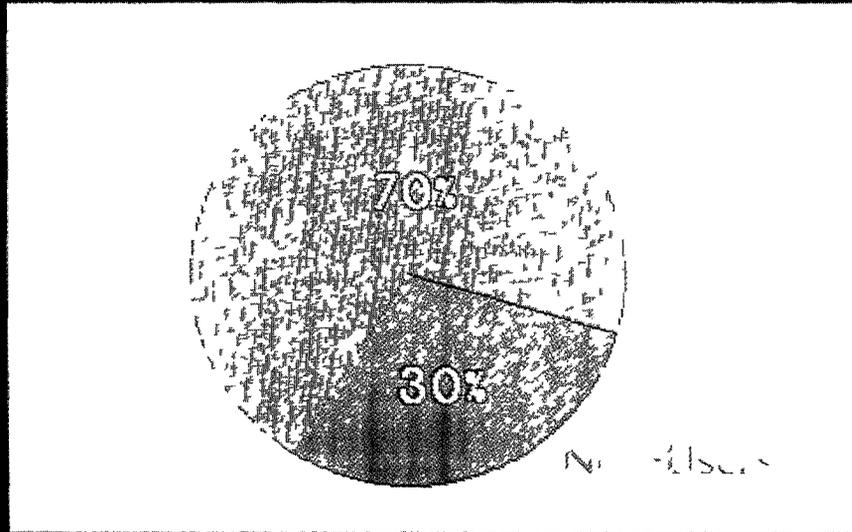
Second, we need to continue to improve the status of women so that attractive alternatives to childbearing are available to them. For this, we need to provide wider access to pre- and postnatal care to women, increase school enrollment rates for girls and increase their educational level, and create employment opportunities for women.



CPR

Challenge Two

How to improve the quality of family planning services to meet the needs of increasing numbers of users.



Challenge two is how to improve the quality of family planning services to better meet the needs of increasing numbers of users and to help them use their chosen method effectively

Actions to be taken to meet challenge two include the following

- Provide an appropriate mix of methods for spacing and limiting births
- Increase the number of follow-up visits to improve continuation and effectiveness rates of commodity-based methods, and
- Increase basic and in-service training of family planning workers



Challenge Three

CPR

How to strengthen the delivery system to provide quality services to increasing numbers of family planning users.



Challenge three is how to strengthen the structure of the family planning program so that services can be delivered more effectively

Actions to be taken should include the following measures

- Use health facilities and services to support clinical methods
- Focus more on men, young couples, newlyweds, and people from underserved areas
- Use performance reporting and monitoring to define the line of responsibility, and
- Offer better job security and compensation to improve the morale of family planning field workers



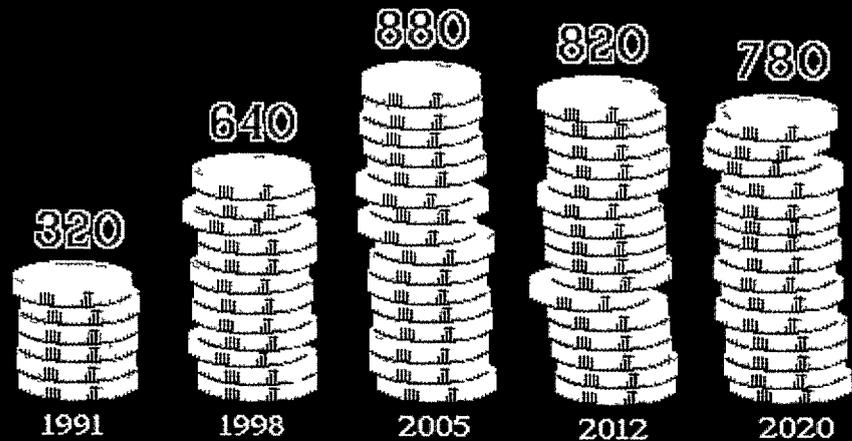
Tk

Annual Family Planning Costs in Crore of Taka



CPR

70%



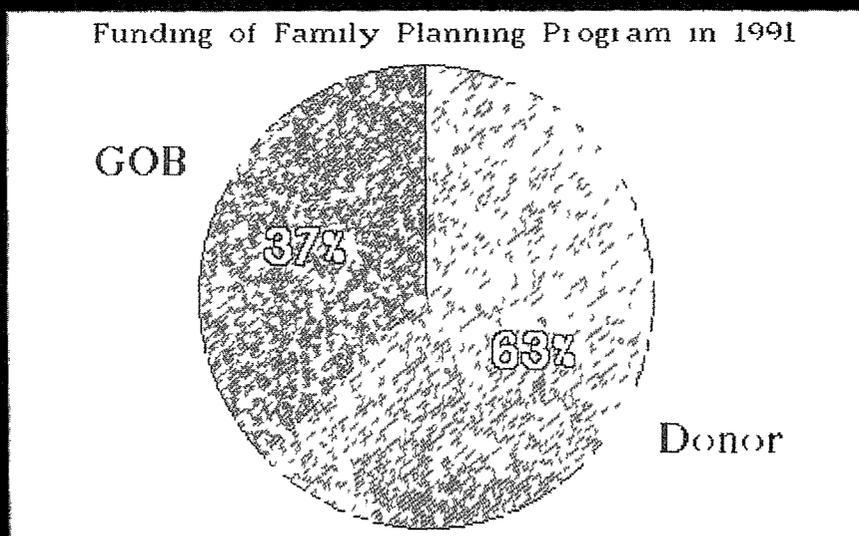
The fourth challenge involves funding for future family planning activities. What effect will the strengthened program have on the cost of family planning? In 1991, the family planning program cost was 320 crore taka. The increase in the number of family planning users will increase costs in the short run. In 1998, the cost will be 640 crore taka. In the year 2005, the program cost will reach 880 crore taka. However, at this point the contraceptive prevalence rate will have reached 70% and will remain constant at this level. As a consequence, the annual cost will begin to fall.



CPR

Challenge Four

How to improve the sustainability of the family planning program.



Currently our government provides 37% of the total cost and donors provide the rest. Challenge four, therefore, is how to improve the financial sustainability of the family planning program.

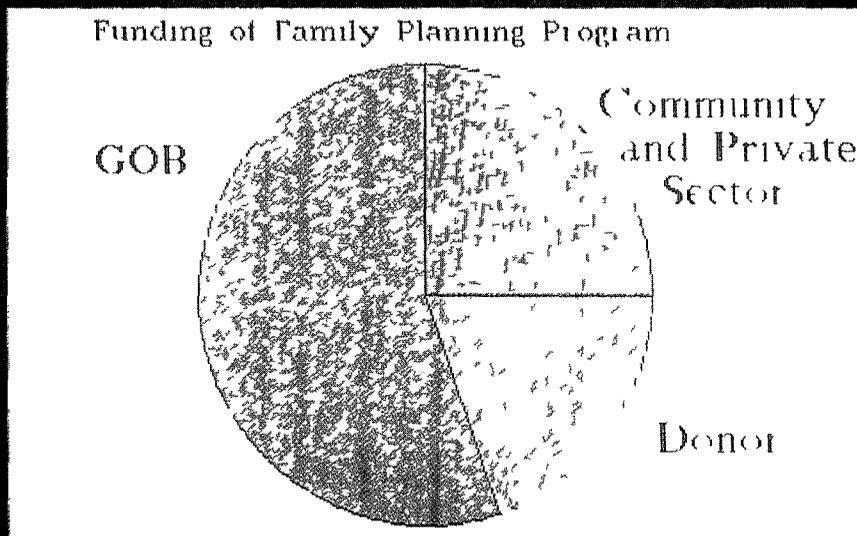


Actions

Challenge Four

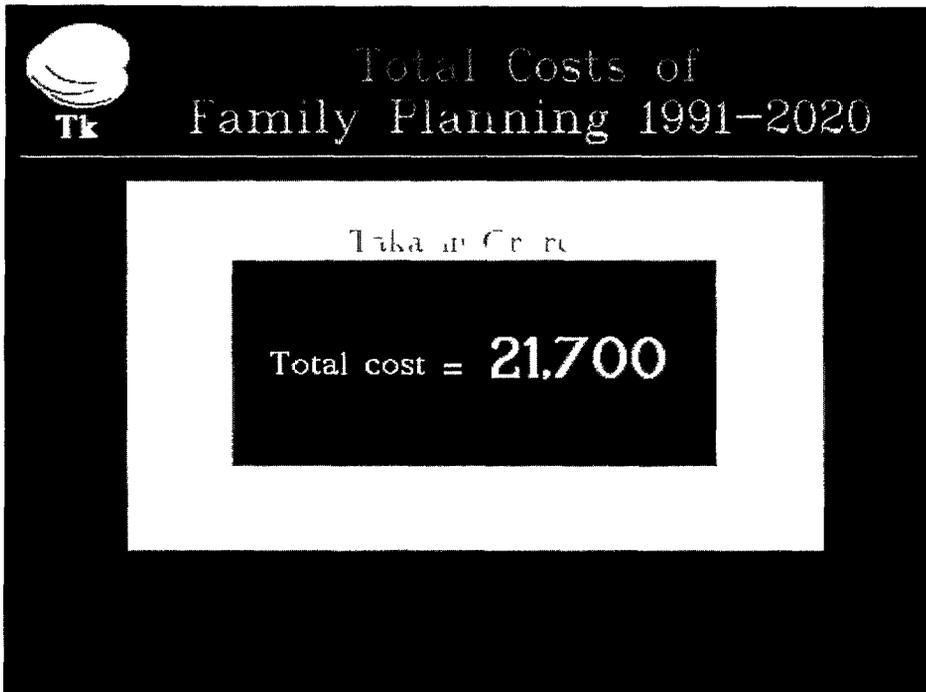
CPR

- Use available funds more efficiently
- Enhance participation of communities, NGOs and the private sector
- Increase **GOB** contributions

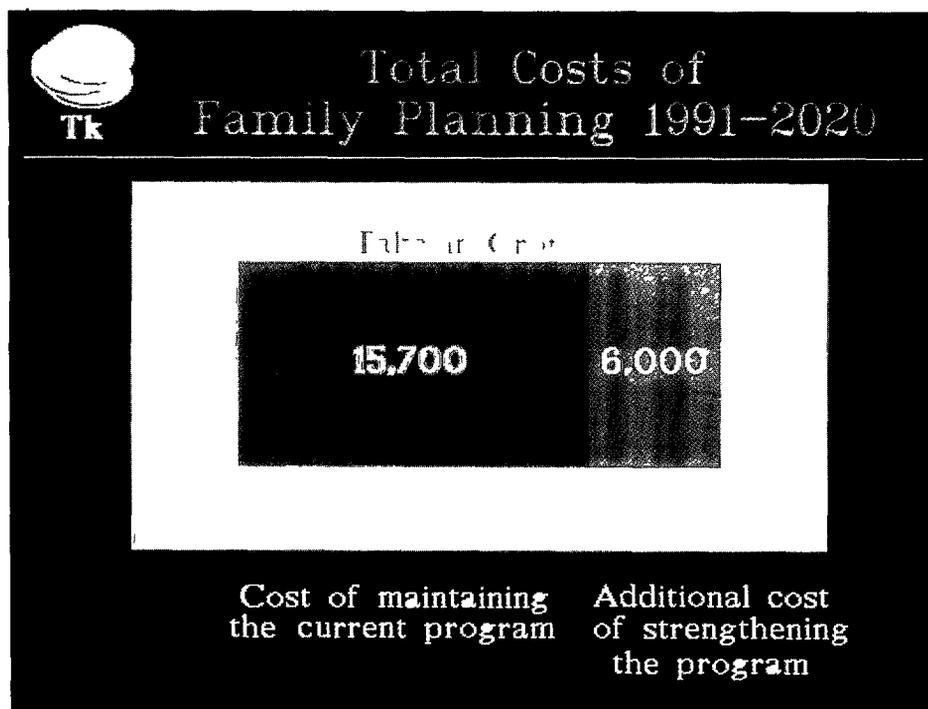


Since the government will gradually have to provide more domestic funds for the family planning program, it is important to examine the financial implications of such an investment

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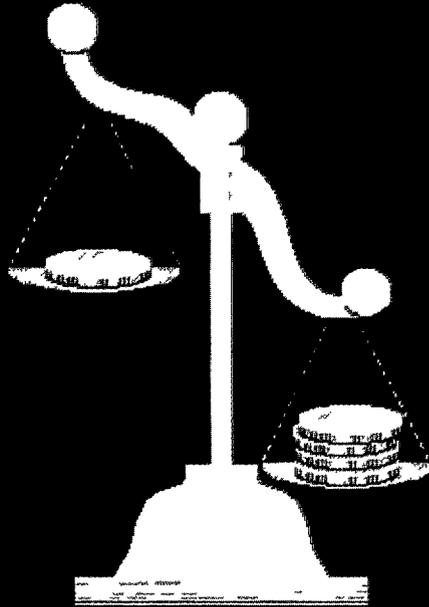


The cumulative cost of the strengthened family planning program over the next 30 years is estimated to be 21,700 crore taka. Of this amount, 15,700 crore are for simply maintaining the present contraceptive prevalence rate of 40%. The additional amount required to increase the prevalence rate to 70% is only 6,000 crore taka.





Family Planning Program Costs and Benefits



COSTS

BENEFITS

	COSTS	BENEFITS
FPP	6,000	
Health		5,200
Education		36,400
Social Services		5,500
Housing		2,700

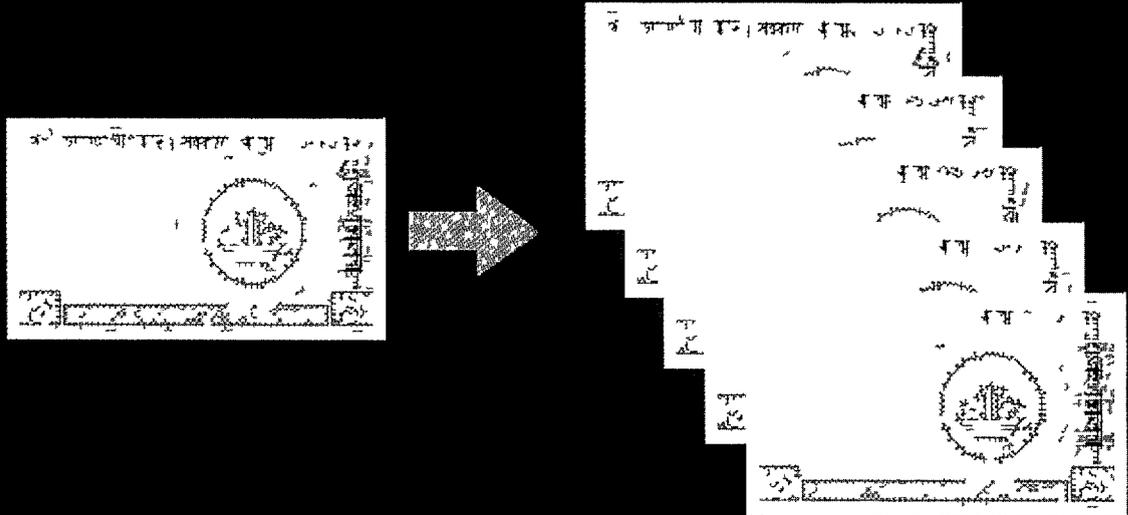
(Taka in crore)

Although 6,000 crore taka is not an insignificant figure, the savings to the individual sectors would be 5,200 crore taka for health, 36,400 crore for education, 5,500 crore for other social services, and 2,700 crore for housing under the low-fertility scenario. Therefore, when we compare the cost and the financial benefits together, the cumulative savings which will accrue as a direct result of the stronger family planning program will far outweigh the cost.

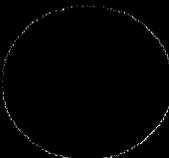


Tk

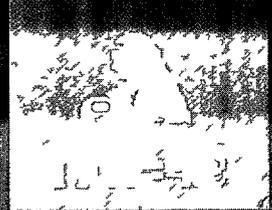
Family Planning Program Expenditure Benefit–Cost Ratio 5



Since costs and benefits occur at different times, a discount rate should be applied. The resulting benefit-cost ratio is 5. This implies that for each taka invested in the family planning program, the government will eventually receive at least five taka in savings in other sectors, savings that can be used to improve the quality of those sectors, or can be used in reducing dependency on donors. This also suggests that expenditures in the Bangladesh family planning program will repay themselves easily, be financially viable, and therefore be an excellent financial investment in the future welfare of the country.

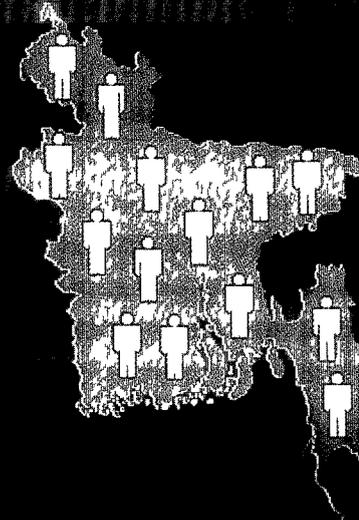
- 
- I. Achievements of the Program: 1972-1991
 - II. Toward a Stronger Program
 - III. Challenges and Actions
 - IV. Financial Returns to Investments
 - V. Summary

In sum...



 = 8 million people

In 1991 there were 7.8 million users. As a result, population growth had declined and total population was 112 million instead of 122 million.



1991 - 112 million

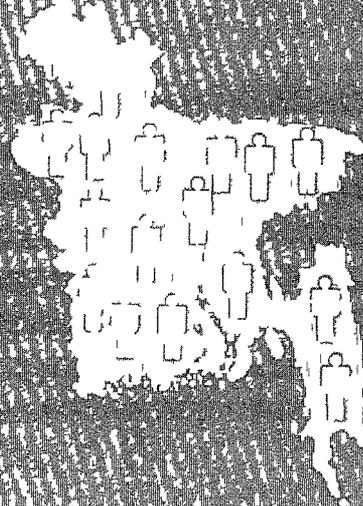
In sum...

TO DO



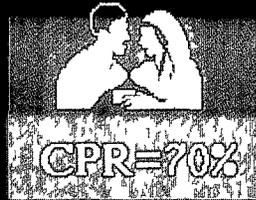
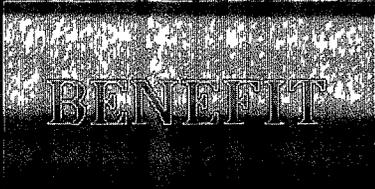
 = 8 million people

Bangladesh should and can reach a two child family by the year 2005. To do so, the family planning program needs to be strengthened substantially and immediately.



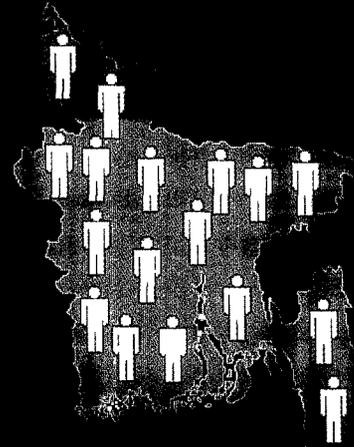
2005 - 139 million

In sum...



 = 8 million people

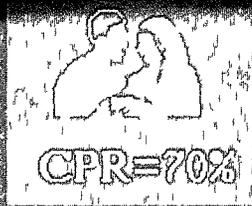
Family planning and low fertility are integral to a better life in Bangladesh, including health care, education, land ownership and housing facilities.



2005 - 139 million

In sum...

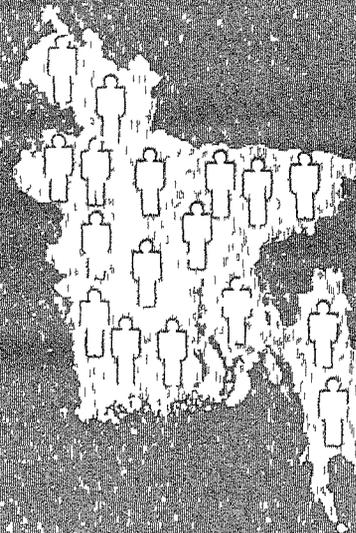
COST



 = 8 million people

The financial cost of achieving the two child family will be a small fraction of the financial benefits.

Benefit-cost ratio: 5 to 1



2005 - 139 million

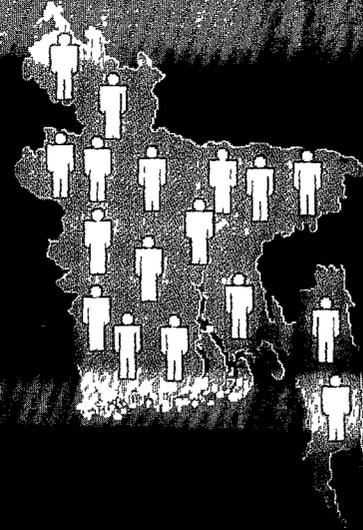
In sum...

HOW

- Increase contraceptive accessibility
- Improve quality of family planning services
- Enhance the participation of communities, NGOs and the private sector
- Use the intersectoral approach to promote two-child families
- Increase the government budget to support expanding family planning activities



 = 8 million people

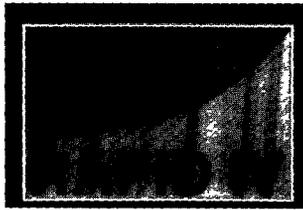


2005 - 139 million

We conclude the presentation with a quote from the Honorable Prime Minister



“Give me small families,
I will give you
a prosperous nation.”



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The research and text were prepared by RAPID IV Senior Economist Dr. Dennis N. W. Chao, assisted by Amy Mulcahy, Margaret Pendzich, James Tarvid, and Deeda Williamson. Graphics were prepared by Charlotte Robinson Brown of the RAPID IV Project.