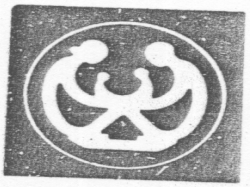
BANGLADESH NATIONAL POPULATION POLICY

AN OUTLINE



GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH
POPULATION CONTROL & FAMILY PLANNING DIVISION
JUNE, 1976

I. DEMOGRAPHIC TARGETS

Under the assumption of moderate reduction of population growth rate the First Five-Year Plan (1973-78) projected the total population at 189 million by the year 2000. The projected economic development on the basis of known and available resources cannot maintain this projected population at a minimum acceptable standard of living. Therefore, the compulsive need is to bring down the present number of 6.4. children born per-woman to a replacement level of 2. 6 by 1985 and to maintain an average 1.5% annual growth rate for the period 1976-2000. Then , by the year 2000 total population is expected to be 121 million which would be a manageable size of population. The operational implication of this target is that by 1978 the growth rate will have to be reduced to 2. 5% and further to 2% by 1980. To achieve 2. 5% growth rate in 1978, 13% of eligible couples (2.4 million) will have to practise family planning continuously as compared to the present level of 4. 7% (0.8 million) of eligible couples. In 1980, 22% of eligible couples (4.2 million) will be required to practise family planning continuously to achieve 2% growth rate.

The target growth rates, number of users, fertility rates and percentage of eligible couples using contraceptives continuously during the period 1976-1980 are given below:

Year	Population	Crude Birth Rate	Crude Death Rate	Growth Rate	TPR	Users in millions		Continuous users as%of Female Population (15-49)	Continued user/ 1000 Population
						Continuers	Acceptors		
1975-76	80.00	46.00	16.00	3.00	6.45	0.83	1.33	4.74	10.38
1976-77	82.44	42.97	15.25	2.77	6.03	1.60	2.64	8.92	19.41
1977-78	84.75	39.76	14.50	2.53	5.59	2.44	4.03	13.23	28.79
1978-79	86.92	36.55	13.75	2.28	5.15	3.31	5.46	17.50	38.08
1979-80	88.92	33.00	13.00	2.00	4.66	4.25	6.98	21.87	47.80

An outline of policy measures required for achieving the above tagrets is given in the following pages.

II. BASIC STRATEGY

Population Control and Family Planning is needed not only to reduce the growth rate and stabilize population size consistent with available resources of the country, but also to:

(a) regulate family size to ensure better health for women and children, higher standard of living and welfare of the family, and

(b) reduce the burden of larger families and thereby release time and energies of women and youth for increased production and greater strength of the nation rather than diverting all their efforts into only building larger families.

From this point of view population control and family planning programme is an integral component of total social mobilization and national development efforts.

Historically, demographic transition leading to stable rate of population growth has taken place almost in no society without a high level of socio-economic development, such as ***per capita*** income of $ 500-700, substantial urbanization, literacy and modernization. Therefore, with the present socio-economic condition, below subsistence level of average income, scanty urbanization, low level of literacy and traditional way of life, Bangladesh will have to follow a deliberate policy of population control with supportive legal, administrative and economic measures combined with the policy of close involvement of the community to reduce its birth rate for reaching the demographic goal.

The outstanding efforts in a few communities such as the Swanirvar villages of Batasan-Durgapur and Kazipukur in Rangpur and integrated Family Planning project in Rangunia (Chittagong) and Sulla (Sylhet) resulted in reduced population growth rates in the range of zero to 1. 5 per cent within a period of about 2 years. This was made possible through community mobilization for socio-economic development, sanction for smaller family and intensive service delivery with particular emphasis on non-clinical (pills and condoms) and traditional (AZL, rhythm, breast-feeding and late marriage) methods. This model of population control developed in our society, by our own people is similar to the experiences in rural China. The above experiences possibly show as the guidelines for formulating an appropriate strategy for population control in Bangladesh.

Under the above approach of integraled socio-economic development and family planning with close involvement of local community, the Zero Population Growth project in 20 unions in 5 districts and Intensive Family Planning Programme in 326 selected Swanirvar villages have recently been launched.

The approach to family planning programme in Bangladesh has so far been largely clinic-oriented isolated birth control programme. With limited clinical facilities and medical manpower the programme could not make much headway. There is now an urgent need for total reorientation of the strategy making population control and family planning programme an integral part of social mobilization and national development efforts with emphasis both on clinical methods , such as sterilization, IUD, M. R. injectables and non-clinical and traditional methods, such as pills, condoms, AZL, rhythm, breast-feeding, late marriage and abstinence.

III. POLICY MEASURES

In the past the Family Planning Programme suffered from many weaknesses: the absence of a comprehensive population policy, lack of full time village level workers, inadequate supervision, training and financial incentives to workers, isolation of Family Planning Programme from, and little coordination with other development agencies, non-involvement of the community and absence of a legal and institutional framework. Some of these problems have been partially resolved. Still there are many problems blocking the way for efficient implementation of the programme. Some of these are part of the general difficulties common to all sectors, while others are due to the rather complex nature of the problem itself. Now that the Government's commitments is firm, the problems better identified organization and systems set up and a population policy frame work has been worked out, various problems should be resolved systematically in the course of programme implementation.

The targets of 2.53% growth rate in 1978, 2% in 1980 and replacement level by 1985 may sound too ambitious but they are within the realm of possibility. It will require a appropriate strategy, massive organisational, financial, technical and community support as well as a legal framework for the realisation of the rather optimistic programme objectives.

A. *Organization*

(i) *Strengthening of Organization*

The organisation with a separate Division and a Directorate with its field offices and village-level full time workers is well conceived.

But with the expansion of activities this multi-tier organization may create impediments in an efficient execution of the programme. The organization will, therefore, be kept under review.

There is an acute shortage of qualified and experienced administrators in the Directorate and medical doctors in the field. For example about 500 posts of doctors for thana programme, mobile sterilization units, MCH-Family Planning clinics in districts and training centres are currently lying vacant.

To solve this problem the following measures are suggested :

(a) Allow deputation of doctors from the Health Services on compensatory allowance and special field allowances (similar to the doctors under small -pox eradication programme).

(b) Service in the rural thanas for family planning activities be made compulsory for all fresh medical graduates for two years after graduation. They should also be give special field allowances.

(c) private doctors as well as Government doctors outside the family planning Organization should be adequately compensated on given fees for vasectomies and ligations on case basis.

(d) To attract qualified personnel in the Directorate and field offices, the service condition including salaries and fringe benefits should made more attractive, at least similar to those of the Health Directorate.

(ii) *Administrative and Financial Flexibility*

To organize a service delivery system catering to the needs or nearly 4.08 million couples by 1978, the organization requires maximum possible administrative and financial flexibility :

(a) Financial flexibility should be ensured in the Directorate by the continuation of the existing PL Account System in as many fields as possible within the financial regulations.

(b) In matters of personnel administration, recruitment by the Directorate within the approved rules may be allowed by the Establishment Division and the Public Service Commission.

(c) Financial and administrative flexibility should be granted to the local authority (District and Thana level) for the programme implementation involving local community according to their needs within the framework of national policy guidelines.

(d) For accountability and for proper use, a nominal price may be charged for contraceptive supplies from the clients.

(iii) *system of Supervision*

The past experience with cash incentive alleged to have led to corruption, abuses and distortion of facts. This was primary the result of inadequate supervision and inspection of the field functionaries. Taking lesson from the past, the following measures are suggested:

(a) A systematic record keeping system, regular inspection of records and on the spot checking for family planning services should be introduced.

(b) Evalution and Statistics unit should be strengthened for conducting continuous sample survey, on a national basis, of the family planning clients in order to determine the standard use of methods and their use-effectiveness with a view to facilitating the verification of the reported number of cases by the field units.

(c) Link should be established with the registration of vital statistics system for cross-checking the effect of contraceptive methods.

(d) Along with the official system of inspection local organisation may also be involved for surveillance to check malpractices and corruption.

(e) Each worker in the Family Planning organisation in the ward and union level will have target of continuous users of family planning methods of various proportion. Tentatively, the following ratio has been fixed per 100 acceptors:

Sterilization	20
IUD	20
Oral pill	25
Condom and other traditional methods	35

The workers will be expected to fulfill the target and their performance will be judged accordingly. Depending on the local socio-economic factors the above method-mix can be adjusted the total target remaining the same.

B. *Incentives and Disincentives*

(i) *Incentives to Clients*

To make the family planning programme more effective, the traditional family planning approach of educational and contraceptive services must be supplemented by an incentive system of rewards and penalties:

(a) Payment for terminal methods (Vasectomy and Ligation): Such payments, in addition to being an incentive, would also compensate for loss of wages and related expenses incurred by the couple. The amounts paid may be on a graduated scale with higher incentives for those with fewer children and/or of younger age.

(b) Under Food for Family Planning and Welfare scheme food supplement to children and work during lean seasons may be provided to those accepting sterilization.

(c) Free medical and health care for sterilized man/woman and other young children may be assured through a system of preferential identity cards for two years from the date of his/her sterilization.

(d) A system of payment of community incentives to those village cooperatives which achieve a particular target rate of contraceptive practice from that village,within a particular time period be introduced. The scheme could be tried initially in the ZPG areas and Swanirvar villages.

(e) Acceptors of Vasectomy and Ligation should be entitled to seven days paid holiday both in the private and public sector.

(f) A pilot scheme of "National Bond for Incentives" may be introduced initially in the ZPG areas. The bond may range from Tk. 2,000-3,000 for couples of age group 20-30 having two or less children. The Bond can be mortgaged for getting credit for economic investments. It will have added advantage of old age security and thus reduce the concern of parents to

have children for this purpose. In addition it will serve the purpose of distributive justice among the poorer sections of the population.

(ii) *Disincentives for Large Family Size*

(a) A modification of the income-tax laws in the country so as to reverse the tax benefits in favour of those unmarried and with fewer children.

(b) Limitation of the maternity benefits to the first two childern for those under employment in Government and private sector.

(c) Preferential allotment of Government housing, medical facilities, etc., to those who have adopted a two-child family norm. Employment for new recruits may be made contingent on the acceptance of a two-child family norm.

(d) The issuance of Ration Cards should be restricted to a maximum of 5 members only for each family.

The disincentive for larger family size will have limited application but these will have a psychological impact in favour of adoption of smaller family norm among those who are opinion leaders and through them to others in the community.

(iii) *Incentive to Field Workers*

In addition to the incentive scheme for adoptors, a scheme of payment of fees/or other benefits to those who motivate the clients and deliver the contraceptive services may be introduced on the following basis:

(a) All those, excepting the employees of Population Control and Family Planning Directorate, who refer cases for IUD or sterilization to be paid a fixed fee per case.

(b) Village Cooperatives and Mothers' Club be encouraged to make referrals. In cases referred by them, the fees may be paid to the groups for utilization by them for socio-economic benefit of all members (community incentive).

(c) In case of Population Control and Family Planning employees, the best performing Thana in every district and the

best performing four Thanas of the country be given a cash amount to be shared between doctors, nursing personnel and field workers and their supervisors on a graduated scale.

(d) A percentage of recruitment to the training of Family Welfare Visitors be reserved for those Family Welfare Assistants who perform above a fixed target annually.

(e) A system of merit-cum-seniority instead of the present system of seniority-cum-merit may be introduced for rewarding good workers and for introducing the necessary dynamism in the organization.

C. *Programmes*

The present multi-sectoral approach, MCH-based service delivery in the rural areas and the community involvement in developing social consensus and sanction for family planning will be further strengthened. Special emphasis will be given on service delivery, closer supervision, operational research, education and information efforts specially for the rural areas specific policy recommendations are stated below:

(i) *Community Involvement*

There are evidences from many parts of the world that the acceptance rate for family planning services increse when the community leadership assumes responsibility for the programme. The recent experience of Bangladesh in a number of Swanirvar villages support the conclusion. It is, therefore, proposed to develop a deliberate policy towards community involvement through:

(a) Identifying, training and utilising village leaders in planning and implementing programme for family planning, and maternal and child health in rural areas. This programme will involve formal leaders such as union council members and informal leaders such as cooperative and Swanirvar Committee members, school teachers and Imams. Wherever Swanirvar Committees exist special efforts will be made to involve them to incorporate family planning programme on a priority basis, alongwith other developmental activities.

(b) Formation of Mothers, Clubs in villages: These Mothers Clubs will receive non-formal education in family life

including family planning and also be provided with opportunities for economic improvement. It is expected that the members of the Mothers' Clubs will not only practice family planning by themselves but act as change agents.

(c) Identification and utilisation of all social groupings in the community for promotion of family planning.

(d) As a community disincentive for fast growing regions and incentive for slow growing regions in terms of population, all resources allocation and service quota by the Government may be frozen on the basis of the 1974 Census till the year 2000.

(ii) *Educational Efforts*

(a) Programmes exist now for public education and communication in various aspects of population control and family planning through use of radio, films, press, television and other audiovisual media. These facilities may be enlarged to cover as large a population as possible in motivating and popularizing the Family Planning Programme.

(b) Local cultural and indigenous media for communication of family planning messages in rural areas should be involved more extensively.

(c) Apart from the existing programmes for incorporation of population education in the curriculum of the formal school system, a suitable programme for reaching the 'out of school' group with a population education programme may be devised.

(iii) *Maternal and Child Health Activities*

It is generally accepted that when childhood mortality is high, it is defficult to alter the high fertility pattern. Acceptance of family planning is, therefore, dependent on ensuring increased survival of children. With this end in view the Maternal and Child Health activities in rural area should be strengthened and undertaken through:

(a) Accelerated building of facilities at Union and Thana levels;

(b) Utilisation of traditional birth attendants for integrated M. C. H. and family planning work;

(c) Training and utilisation of Family Welfare Assistants to perform specific functions in Maternal and Child care;

(d) Adoption of accelarated programme of training FamilyWelfare Visitors.

(iv) *Mix of Contraceptive Methods*

To maximize the choice of the potential clients, an appropriate Contraceptive mix has been worked out. This will include conventional (Pills, Condoms, IUD, Foam, M. R. etc), terminal (Ligation and Vasectomy) and traditional (AZL, rhythm, breast-feeding, late marriage, abstinence, etc.) methods. Facilities should be extended for exercising the choice of the contraceptive methods, particularly regarding the choice of brand/dose of oral pills.

There should be more than one brand and different combination of strength so that the users can choose their own brand. For the rural areas where conventional and terminal methods cannot be made immediately and extensively available traditional methods such as AZL, rhythm and late marriage should be encouraged.

(v) *Involvement of Youth, Women, religious groups and Voluntary Organization in Family Planning*

Youth and students are potentially strong agents for social change. Already some youth organisations such as Jatiya Tarun Sangha, UNESCO Club, Work Camp Organisation, etc., have taken keen interest in Family Planning activities. Jatiya Tarun Sangha with its 30,000 members have launched a late marriage movement.

A number of Women Organisation such as the Jatiya Mahila Sangstha, Mahila Samity, Concerned Women for Family Planning Women's Voluntary Association, the Women's Rehabilitation and Welfare Foundation, etc., have started family planning activities as one of their priority programmes. Contracts have been made with religious groups, such as the Bangladesh Muslim Marriage Registrars and Quazis Association. Madrasa Teachers' Association, Teachers of Alia Madrasah, the Mosque Mission and they agreed to support the national family planning programmes within the dictates of the Holy Quran and Sunnah. Their efforts may be further followed up and strengthened with financial and organizational supports to these organizations. The policy with regard to youth, women, religious group and voluntary

organizations may be to support them financially and otherwise more extensively, so that their involvement in Maternal and Child Health and family planning activities is expanded and intensified. These organizations will be actively involved in all levels of family planning.

(vi) *Registration and Control of Voluntary Organisation involved in MCH and Family Planning*

At present the Social Welfare Directorate under Ordinance No. XLVI of 1961 is registering Voluntary Organisations working in the field of Family Planning. During 1961, family planning programme was almost entirely organised by Voluntary Agencies.

The situation is now completely different. The Government have undertaken Family Planning directly as a national programme and a large unmber of Voluntary Organisations, both national and foreign are also working in this field. It is now necessary to coordinate and supervise the activities of these Voluntary Organisations so that the total programme, both public and private, reflect the Government policy in this respect.

Under the Allocation of Business, Family Planning and Maternal and Child Care comes under the purview of the Population Control and Family Planning Division. Therefore necessary measures will be taken to authorize Population Control and Family Planning Division to exercise all powers of the registration authority under the Ordinance of 1961 with regard to all foreign and local voluntary organisations involved in Maternal Child Health (MCH) and Family Planning activities.

(vii) *Development of Research and Training*

All modern contraceptives now in use or proposed to be used in Bangladesh have originally been developed and tried in a completely different socio- cultural situation. Therefore, whenever a new technology is introduced in Bangladesh, it is desirable to study its adaptability in our population, assess its safety, effectiveness and acceptability and find the most optimum ways of its utilization through scientific experiment and evaluation. A small project in collaboration with the John Hopkins University is conducting a number of contraceptive research activities.

In the field of demographic research the first national survey to measure the fertility level, known as Bangladesh Fertility Survey, is

under execution. Its report will be available at the end of this year. A number of Baseline Surveys have been undertaken for the evaluation of multisectoral programmes. BIDS has also undertaken a study of the determinants of fertility in Bangladesh.

Training: Rapidly advancing knowledge on the issue, multidisciplinary nature of the problem and developing concepts on programme approach multiplies the need for training and frequent retraining of programme personnel at all levels. Effective training will also depend on comprehensive research and necessitate appropriate training arrangement for trainers.

It is, therefore, necessary to have a National Contraceptive Technology, Family Planning Research and Training Institute.

D. *Legal Measures*

(i) *Liberalization of the Law on Abortion*

Under Penal Code, 1860, (sections 312-314) abortion is permissible only for saving the life of the expectant mother. In all other a cases abortion, self-induced or otherwise, is a criminal offence punishable with imprisonement and fines of various terms and amounts.

The law on abortion will be liberalized on medical grounds under the following guidelines:

(1) Medical termination of Pregnancy (MTP) by a qualified medical practitioner within 12 weeks of pregnancy shall not be punishable, provided:

(2) the woman with the consent of her husband or in the Absence of husband her legal guardian , voluntarily submits for MTP for socio-economic reasons, or medical resons, Socio-economic reasons may include unintentional pregnancy, rape, desertion by husband or extreme penury; medical reasons may include risk of life or grave danger to physical and mental health of the women or in case of risk that the child be born with congenital abnormality.

(ii) *Minimum Legal Age of Marriage and Family Norm*

The age of marriage has substantial influence on fertility level. In Bangladesh the existing minimum legal age of marriage for male is 18

years and for female 16 years as per Child Marriage Restraint Act (Act XIV of 1929), commonly known as Sarda Act,sections 2 and 4 as amended. However,in practice the average age of marriage in Bangladesh is in range of 13-14 years for girls,as compared to 25-27 years for European countries and 15-22 years for Asian countries.

The first step in this respect should be the enforcement of the exsisting legal provisions.While enforcing the present legal provision the minimum legal age at marriage should be raised to an appropriate level.

Along with enforcing the existing legal provision regarding the minimum ages at marriage and raising the age further the following desirable ranges of marriage age depending on individual socio-economic condition, are recommended:

For male	...	...	20 to 28 years.
For female	...	...	18 to 25 years.

Similarly a desirable size of family consisting of two children irrespective of sex is recommended.

(iii) *Vital Registration system.*

The registration of vital statistics is in a confused state of non-opearation.The Laws/Regulations in this respect are:

(1) Registration of Births and Deaths Act, 1873 as amended.

(2) Regulation 231 and 370 of police Regulation.

(3) The Municipal Administrative Ordinance,1960.

(4) Basic Democracy Order,P.O. 18/59, as adopted.

(5) Muslim Family Laws Ordinance, 1961, as amended.

Sl. (1) is non-opearative and Sl. (2) is supplementary in nature. Sl (3) left it to the Municipality to frame by- laws to regulate the registration of births and deaths which was neither necessary nor desirable, for notification No. 4290 M, dated september 15,1934, issued by the Government of Bengal and laid down clearly the procedure for registration of births and deaths. No Municipality has yet framed any by - laws as stipulated in the above Ordinance.

Hardly any Municipality or Union Council has been maintaining systematically the birth and death register. In some cases Sanitary Inspectors, under Health Division has been maintaining irregularly records of births and deaths, but there is no law for appointment of Sanitary Inspectors as local register. Similarly the Muslim Familly Laws Ordinance is also not properly implemented.

The registation of vital statistics is important for population control programme and calls for immediate reform with a view to establishing an effective machinery for registration of births and deaths in Bangladesh.

A committee will examine all laws and regulation regarding vital statistics including birth,death,marriage and divorce and their opearation in a selected district and recommend effective measure in itmes of amendment/new lagislation,rationalization of procedures and effective machinery for collection of vital statistics and their evalution.