Bangladesh Demographic and Health Survey 2007

Fertility and Family Planning

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Future of Bangladesh Population

- The population will stop growing at 230 to 250 million, maybe less with climate change impact.

- By 2050, the best estimate is 222 million - a 50% increase on today’s 150 million.

- GoB has target of replacement fertility (RF) by 2010 – this will not be achieved.

- Need to aim for RF by 2015 if possible.
Replacement fertility does not mean no population growth

- Until the late 1940s, population growth was small.
- From 2010, the CDR will not fall any lower, but will slowly rise.
- RF at TFR 2.2 (~2015), growth of 2 million (=1.2% annual)
- TFR must decline to 1.7 – one child lower.

CBR: Crude Birth Rate; CDR: Crude Death Rate
Population density of ‘Mega’ Countries with more than 100 million (2008)

Population density in Bangladesh is 3 to 40 times higher than other ‘mega’ countries.
How does Bangladesh Compare?

- Bangladesh has made impressive progress in reducing fertility.

- Need to reduce TFR by another 1 child, to stabilize the population at under 250 million.
Total Fertility Rates by Division, Bangladesh, 2007

• Fertility much higher in east than in west.
• Most of the fertility decline among uneducated women.
• Uneducated women now have ~same TFR as women with primary education (3.0 vs 2.9).
Age at Marriage Bangladesh

• Exceptionally early marriage patterns.
• Two-thirds of newly weds married before minimum legal age of 18.
• Young women need increased education, employment and empowerment.

50% married before national median of 16.4 years

Rajshahi 15.8
Khulna 15.7
Dhaka 16.3
Barisal 15.8
Sylhet 18.3
Chittagong 17.4
Family Planning Prevalence Rates, Bangladesh, BDHS 2007

• FP use is high in west, low in east.

• Outreach FP services still required in eastern side & remote areas.

• Others may not need outreach as women’s mobility higher, access to clinics, SMC, & pharmacies is easier.
Trends in Contraceptive Prevalence Methods, BDHS 1993-2007

Now reaching limit of reliance on Oral Pills. Among countries like Bangladesh, only some North African countries have higher levels.
Similar levels of use of Injectable in Nepal & Sri Lanka, but very popular in Indonesia, and Matlab (~25% women)
Trends in Contraceptive Prevalence Methods, BDHS 1993-2007

[Bar chart showing trends in contraceptive methods from 1993 to 2007. Key points:
- IUD popular in ME, China, Vietnam
- Mirena IUD
- Implanon]
Female sterilization popular in India, Nepal, Sri Lanka, Iran, China, & Thailand. Male sterilization only popular in Bhutan, & West.
How will use of FP methods be increased?

• Strengthen outreach services in east. In west no longer need for outreach services.
• Need targeted campaigns with household visits, to explain economic and health benefits of smaller, well spaced families.
• May require more outreach workers (currently many vacancies for FWA, FWV) who will actually visit women at home.
Targeted BCC messages

• Another group that needs targeted visits and BCC is newly weds. They need messages on the benefits of delaying early childbearing.

• Can use mass campaigns on national and individual economic and health benefits of small families, and disadvantages of early marriage, as used effectively in other countries.
Long Acting and Permanent Methods (LAPM) and Quality of Care

• Many misconceptions about these methods: e.g., vasectomy causes long-term weakness; IUDs migrate in the body, etc.

• Little BCC for LAPM methods for a long time.

• Target women who do not want more children -- 62% of women do not want another child, for up to 20 years, and less than 10% are using LAPM

• Must assure quality services to overcome reluctance to use LAPM methods.
Procurement of FP supplies

- Injectables rising till 2007, then **stockouts** caused fall.
- UESD 2008 rose to 10.5%.
- Procurement procedures slow and inefficient – 18+ months for 2 year order, 65 signatures needed, with 3 intl. approvals.
- Other countries trying 5 year orders with annual purchase orders.
Summary

- Fertility needs to reduce to replacement level by 2015, then continue down to 1.7
- Targeted FP services in different parts of the country – reinvigorate outreach in the east, and for particular groups like newly weds.
- Socio-economic interventions to delay persistent early marriage.
- Renewed efforts, with BCC, to promote long acting and permanent methods.