Centre for
Policy Dialogue

DRAFT POPULATION POLICY OF BANGLADESH

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The Centre for Policy Dialogue (CPD)*, established in 1993, is an innovative initiative to promote an ongoing process of dialogue between the principal partners in the decision-making and implementing process. The dialogues are designed to address important policy issues and to seek constructive solutions to these problems. The Centre has already organised a series of such major dialogues at local, regional and national levels. These dialogues have brought together ministers, opposition frontbenchers, MPs, business leaders, NGOs, donors, professionals and other functional groups in civil society within a non-confrontational environment to promote focused discussions. The expectation of the CPD is to create a national policy consciousness where members of civil society will be made aware of critical policy issues affecting their lives and will come together in support of particular policy agendas which they feel are conducive to the well being of the country. The CPD has also organised a number of South Asian bilateral and regional dialogues as well as some international dialogues.*

In support of the dialogue process the Centre is engaged in research programmes which are both serviced by and are intended to serve as inputs for particular dialogues organised by the Centre throughout the year. Some of the major research programmes of CPD include *The Independent Review of Bangladesh's Development (IRBD), Governance and Development****,*** *Population and Sustainable Development, Trade Policy Analysis and Multilateral Trading System* ***and*** *Leadership Programme for the Youth****. The CPD also carries out periodic public perception surveys on policy issues and developmental concerns.***

As was mentioned above, one of the major on going programmes of the CPD is entitled ***Population and Sustainable Development****. The objective of this programme is to enhance national capacity to formulate and implement population and development policies and programmes in Bangladesh, and through close interaction with the various stakeholder groups, to promote advocacy on critical population related issues. The programme, supported by the United Nations Population Fund (UNFPA), is scheduled to be implemented by the CPD between 1999 and 2002. Research studies to be taken up under this programme, inter alia, such issues as population dynamics and population momentum and their implications for education and health services, the nexus between population correlates, poverty and environment, impacts of urbanisation and slummisation, migration, implications of demographic momentum, ageing and the broad spectrum of issues covering human rights. The programme also includes organisation of workshops and dialogues at division and national levels as also holding of international thematic conferences.*

As part of CPD's publication activities, a CPD Dialogue Report series is brought out in order to widely disseminate the summary of the discussions organised by the Centre. The present report contains the highlights of the dialogue held at the Centre for Policy Dialogue on November 25, 2000 on the theme of ***Draft Population Policy of Bangladesh*** *which was organised under the aforementioned CPD-UNFPA programme on* ***Population and Sustainable Development****.*

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Dialogue on
Draft Population Policy of Bangladesh

i) The Dialogue

Considering the existing population problem in Bangladesh to be an important policy issue, Centre for Policy Dialogue (CPD) in collaboration with the UNFPA, organised a dialogue on the *Draft Population Policy of Bangladesh* on November 25, 2000 at the CIRDAP auditorium. The present report contains a summarised version of the *Draft Population Policy* presented by Dr Halida Hanoom Akhter, Member-Secretary of the Drafting Committee as well as summaries of contributions made by study team members of CPD-UNFPA programme on *Population and Sustainable Development.* Team members who have contributed background papers for the dialogue are Professor M. Ataharul Islam, Dr M.A. Mabud, Professor Kazi Saleh Ahmed, Dr M.A. Mannan, Professor M. Kabir and Dr Fahmida Akhter Khatun. Mr Sayed Alamgir Farrouk Chowdhury, Secretary, Ministry of Health and Family Welfare was present as the *Chief Guest* while Ms Janet E. Jackson, Deputy Representative, UNFPA, was present as the *Special Guest.* The dialogue was moderated by Professor Rehman Sobhan, Chairman, CPD. The Dialogue was participated by a cross-section of top-level policy makers, experts, political leaders, academics and leaders of various civil society groups. The *Draft Population Policy* in Bangla, written comments from some of the distinguished participants and the list of participants are enclosed in the Annex.

ii) Keynote Presentation

(a) Resume of the Background Paper 'Draft Population Policy'

Presenting the *Draft Population Policy* before the dialogue participants, Dr Halida Hanoom Akhter, Member Secretary of the Drafting Committee explained that the major objective of the draft population policy was to stimulate social, economic and environmental development of Bangladesh by taking cognisance of the demographic issues. The Policy envisaged a sustainable population size for Bangladesh to maintain economic growth required for the continuing development of the country. A major target of the policy was to address the problems originating from population growth in Bangladesh, more specifically, control of birth rate and the reduction of high mortality rates of mothers and children.

According to Dr Halida, a combination of sound policy and concrete action plan was required in order to address problems related to national economic development, rural poverty alleviation, development of women's status, quality of primary education and increased access to reproductive health and family planning services. Dr Halida emphasised the need for a more active participation of the NGOs, the civil society and other important stakeholders. She was of the opinion that sensitivity to the human rights issues should also be considered as a critically important component of an effective *Population Policy*.

Dr Halida mentioned that in the First Five Year Plan of Bangladesh (1973-78), Family Planning Policy was designed by taking cognisance of the country experience as well as the international experience in the related areas. Subsequently, a number of initiatives was undertaken to raise the effectiveness of the family planning programmes in the country. As a result, implementation of the health and family planning programmes in Bangladesh contributed importantly to a significant decrease in the birth rate in the country. The use of birth control methods became widely popular and mother and child mortality rates came down. She pointed out that GOB policy in the area of population and family planning had undergone important changes as a result of successive conferences on population related issues. Most significant amongst these were the *Conference on Population and Development* held in Cairo in 1994, *World Conference on Women* held in Beijing in 1995 and the subsequent ICPD+5 and Beijing +5 conferences. Bangladesh made concrete commitments in these foras to empower the women socially and also politically through improved reproductive rights. Dr Halida informed the audience that in light of the recommendations put forward in these global foras the current *Population Policy* of Bangladesh was formulated by taking into consideration the current demographic, social and economic situation prevailing in the country.

Dr Halida suggested that Bangladesh should articulate the following concrete objectives in order to address the attendant problems arising out of current population situation, the demographic momentum and the need to tackle their possible negative impacts on the socio-economic life of the country:

- Ensure that good quality health and family welfare services are available to people at all levels.
- Ensure that family planning and essential health services are easily available for the poor living in both the rural and urban communities.
- Design and make available effective interventions and implementations strategy to strengthen the family planning and reproductive health services.
- Formulate effective technology and implementing methods and take action accordingly in order to make the family planning programme and the reproductive health service more effective and result oriented.
- Achieve replacement level population by the year 2005 and attain a stable population by the middle of the century.
- Reduce the prevalence of malnutrition among women and children.
- Adopt effective and integrated programme for making health and nutrition-education available.
- By the year 2005 reduce infant and maternal mortality to half the rate of that of 1990 and reduce the rest half of the rate by 2015.
- Ensure awareness among the health workers and officers of all levels as regards the requirements of the physically and mentally tortured and persecuted women.
- Ensure that the health workers and officers at all levels are sensitised on the services and management needs of women with injuries related to psychological and physical violence.
- Ensure safe and clean delivery (Child Birth) care and facilities.

- Ensure round the clock presence of doctors, nurses and other personnel at each Thana Health Care Complex (THC), Urban Health and Family Welfare Centre (UH & FWC) and also ensure supply and maintenance of requisite instruments and medicine.
- Ensure quality care related to family planning as well as client satisfaction.
- Ensure accessibility of reproductive health through health care system.
- Enhance availability of adequate facilities for information about treatment related to reproductive health.
- Ensure maximum utilisation of government hospital facilities for the treatment of complicated emergency health condition.
- Ensure maintenance of cleanliness, acceptable quality of care and satisfactory management in the hospitals.
- Give specific attention to ensure life saving emergency treatment facilities.
- Explore innovative ideas to make family planning programme, along with reproductive health care system, more acceptable, effective and available to the very poor and very low-income categories of population.
- Ensure availability of reproductive health care for the mentally and physically challenged individuals.
- Identify ways and means to make family planning and health care management more accountable and cost effective through developing more skilled human resources.
- Include issues related to elderly population, i.e. ageing of country's population in the mid term and long term socio-economic development plans.
- Include long term support and service facilities for very old individuals through social security system in the plans.
- Formulate a balanced *Population Policy* in order to reduce the most damaging consequences of urbanisation.
- Strengthen the regional development and urban restructuring process in order to maintain relative equilibrium between food production, employment and population.

Dr Halida mentioned that Bangladesh, being a co-signatory of the ICPD, committed to formulate its *Population Policy* by accepting the fifteen basic principles of the ICPD. The fundamental strategy for the National Population Policy and National Programme was designed in line with the existing Health and Population Sector Strategy (HPSS). The National Programme aimed at containing the population of the country to a bearable capacity within the targets set by the HPSP. The objective of this programme was to initiate a cost effective and sustainable process of activities with an aim to reduce the discrimination between the male and female as regards the provision of service. Another objective was to ensure participation of all important stakeholders by giving priority to the poor and less privileged folk, especially poor women and children. In order to implement the population programme it was essential to ensure that all-necessary services including family planning services be delivered through a client centred approach. Major elements of the essential service should be as follows:

- Reproductive Health Care
- Child Health Care
- Controlling Communicable Diseases

- Limited Advising Service
- Behaviour Change Communication

Dr Halida suggested that for guaranteeing effective collaboration between the health and family planning programmes, thana and field level programmes should be co-ordinated and structured in a single format by uniting the thana health and family planning organisations. In order to ensure accountability and transparency of the programme, Dr Halida recommended effective participation of the stakeholders and community groups. This would enhance the performance of the officers and the employees of the programme and also improve the quality of programme management.

Drawing attention to the issue of delivery cost in the area of health and family planning programme, Dr Halida mentioned that it was necessary to bring this cost to a bearable limit through cost sharing and cost recovery. Adequate resources from government exchequer for the family planning programme was also essential. Government was required to allocate more resources in the health and family planning sector from its own resources if the sectoral goals were to be achieved. To increase the effectiveness of the service and to reduce the system loss, Dr Halida suggested that a service fee should be introduced at the local level and resources thus generated should be used as *Medicine Revolving Fund.*

To achieve the optimum benefit of the knowledge and performance of the human resources, Dr Halida called for an appropriate human resource placement and undertaking of innovative ways in order to properly implement the *Population Policy*. In this respect she underscored the need for a proper and need-based human resource development strategy to implement the health and population programme. To implement the programme, United Management of Information System (UMIS) should be strengthened and widened for the purpose of formulating work plan and for carrying out adequate monitoring. It was also important to introduce computerised communication system. Dr Halida emphasised the importance of research and evaluation as a means to raise the efficacy of the programme. Efficiency of the employees of health and family planning programmes should be raised through appropriate posting matched with adequate training. Moreover, necessary steps should be taken to increase the efficiency of the officers and staffs through on site supportive supervisions. Besides the Ministry of Health and Family Planning, other ministries and non-government organisations should also adopt innovative strategies to ensure the implementation of the programmes.

Dr Halida also recommended some steps which should be taken to create awareness among men, women, children, and the poor folk through extensive Behaviour Change Communication (BCC) programme. Reproductive health education system should be included in the academic curriculum at the school level in order to make the students aware of the relevant information pertaining to reproductive health system. To ensure the availability of effective and safe family planning measures, overall management including internal supply should be improved. The Department of Family Planning would take the responsibility of conducting needs assessment for procurement of products, fixing of the timetable and ensuring of quality. The efficacy of the present supply system

should be raised and reorganised under the HPSP so that users might have an easy and uninterrupted access to all the family planning products. To produce contraceptives at the local level, non-government entrepreneurship should be patronised through increased imports of tax-free raw materials; foreign direct investment and joint ventures should be encouraged as well in this regard. The price of ESP and all other contraceptives should be fixed in a manner which would ensure best possible use and attainment of sustainability. She also thought that special measures should be put in place for the users who were unable to pay the market price and long-term family planning methods should also be encouraged in order to increase the quality of the product.

To achieve and implement the goals and objectives of the national population policy, Dr Halida put forth the following recommendations covering legal, social and cultural aspects:

- ensure welfare of the women and family;
- enhance equality through women's empowerment;
- enhance participation of women in decision making in health and related matters;
- empower women to have access to other opportunities;
- address legal, social and other issues which relate to the interests of women;
- put in place a system of mandatory registration of birth, death and divorce and develop appropriate procedures and implementation strategies to ensure registration of these vital events;
- make the birth and death registration mandatory and decentralise the power and responsibilities of birth and death registration by geographical area such as village union, thana and district levels;
- establish an office at the district level for the registrar;
- make sure that village watchman or "chokidar" collect information efficiently and inform the registrar accordingly;
- make a reassessment of the current age at marriage law and identify the implementation strategy;
- strengthen BCC activities to discourage child marriage and pregnancy before 20 years of age;
- encourage small family through legal framework;
- allow provisions of improved health care and client need based family planning care to interested individuals so that clients could use contraceptives without risk to life;
- change all discriminatory laws against child, adolescent and women to eliminate discrimination between boys and girls;
- strengthen BCC activities to emphasise parents' expectation and to portray a positive image of both boys and girls;
- identify modalities to ensure participation of social and religious leaders and community representatives;
- integrate the concept of family planning, safe motherhood and infant survival and the safety to the population programme;
- ensure participation of community leaders (this is part of ICPD commitment) in the population programme;
- ensure enhancement of women's empowerment and male responsibilities;

- ensure high quality primary health care including reproductive health care;
- put in place income generating programmes to alleviate the women status and their social empowerment;
- give special emphasis on women's general education and vocational education;
- provide additional facilities at working place for working women and housewives.

Dr Halida summed up her presentation by outlining the current status as regards the finalisation of the draft. She informed the house that programmes; organised as part of the preparation of the population policy, included: a consultation workshop with women's groups (50 participants), six divisional level stakeholder workshops (nearly 400 participants), and workshops with MOHFW, DGHS, DGEP, senior policy and programme planners (20 participants). Another workshop with participation from population scientists (30 participants are expected) would be organised soon.

b) Resume of the Background Paper 'The Proposed Population Policy of Bangladesh: Some Important Issues'

This paper was prepared by CPD-UNFPA Study resource person Professor Ataharul Islam of Department of Statistics, University of Dhaka. Mentioning the background of the family planning programme in Bangladesh, Professor Ataharul Islam stated that the size of country's population has traditionally been considered as a real threat to the country's socio-economic development since the independence of Bangladesh. It was assumed in the First Five Year Plan (FYP 1973-78) that the projected economic growth would not be able to cope with the size of the population and the country would not be able to attain a minimum acceptable standard of living if such population growth rates persisted (GOB, 1976). At this backdrop, the first population policy was formulated in 1976 (GOB, 1976), and it was projected that the population size of 121 million by the year 2000 would be an acceptable size in the context of the economic growth of Bangladesh. Strategies were proposed for family planning programmes and specific targets were set in order to reduce the growth rate of the country's population. The strategies of the first population policy of Bangladesh were:

(i) to regulate family size for ensuring better health for women, and
(ii) to reduce the burden of larger families and thereby release time and energy of women and youth for increased production.

Professor Atahar noted that the first attempt to provide family planning methods was taken up by a private Family Planning Association in 1953 (Cleland et al., 1994). An effort was mainly made in order to provide clinical methods in cities at a limited scale with the help from government and donor agencies. The first step to integrate clinical services, communication programmes and outreach programmes was undertaken during 1965-70. He thought that a very weak family planning programme became a success story in spite of the absence of concomitant change in the socio-economic status due to a number of factors. Some of these were:

(i) Emphasis given in the first FYP on expansion of the family planning programmes in Bangladesh with a sense of urgency.
(ii) Inclusion of maternal and child health issues.
(iii) Improvement in the service delivery systems through female FWAs.
(iv) Initiation of multisectoral approach.
(v) Demand generation activities by motivating potential clients (since 1975).
(vi) Initiatives to communicate with the potential clients.
(vii) Neutralisation of conservative religious leaders.
(viii) Construction of Family Welfare Centres and employment of Family Welfare Visitors.
(ix) Setting up of Satellite Clinics.
(x) Increased role of the NGOs in family planning programmes.

Professor Atahar noted that the proposed *Population Policy* included major changes of the organisational structure in order to cope with the problems and challenges faced by the existing system. Some of the major shifts proposed in the Fifth FYP (1997-2002) are:

(a) to decentralise authority for family planning, strategy formulation and resource mobilisation, and to encourage local level participation with ownership in programme planning and implementation,
(b) to review and update population education and implementation of a comprehensive human resource development plan for the entire population sector,
(c) to use the Union Parishads and the Ward Committees as the nuclei for all population activities involving local community leaders and officials to provide for better horizontal interaction, co-ordination and people's participation,
(d) to design special programmes for low-income groups having large family size.
(e) to give special attention to the urban slum dwellers in the provision of FP services.

He mentioned that the main objective of the Health and Population Sector Strategy (HPSS) was to reform the health and population sector in order to provide an essential services package (ESP) to the population of Bangladesh (GOB, 1998). The main sectoral objectives of HPSS were: (a) maintenance of the momentum of efforts in Bangladesh to lower fertility and mortality, (b) reduction of maternal mortality and morbidity, and (c) reduction in the burden of communicable diseases. The ESP comprised of four components: (a) basic reproductive and child health services, (b) control of selected communicable diseases, (c) limited curative care, and (d) behaviour change communication. It was expected that the ESP would be delivered through primary health care system at community, union, thana and district levels. The implementation strategies of HPSS included strengthening of support systems such as communications, logistics, human resource development and management information systems.

Professor Atahar thought that one of the major preconditions for an effective system of providing ESP should be a unified line management system, instead of the current bifurcated system. The major shift proposed in the HPSP was from door-step service to a one-stop client-oriented service. This transition depends upon fulfilment of several preconditions. The preconditions are: (a) communities to be involved in planning and management of services, (b) community participation in setting up of facilities, (c)

maintenance of flexible mix of fixed sites and mobile sites to ensure extended coverage, and (d) change in the behaviour of women to receive services from static centres.

As a follow-up of ICPD 94, the population and development issues were reviewed in the context of Bangladesh in 1997. The review observed that the interrelationship between population and development largely depends on the following characteristics of population:

(a) population growth, structure and distribution,
(b) human capital accumulation,
(c) social and gender inequities, and
(d) poverty and distribution of income.

He argued that some of the components in the proposed population policy, which had been formulated on the principles stated in the ICPD 94 (GOB, 2000), were included as a continuation of the previous policies. He identified the major shifts in terms of (i) targets, (ii) basic principles, and (iii) fundamental strategies. Professor Atahar thought that some of the targets and objectives of the proposed population policy were replicated from the previous policies. However, a number of new objectives was included in the policy with greater emphasis: (i) achievement of replacement level fertility by 2005 and stabilisation of population by 2050, (ii) reduction of malnutrition among the children and females in particular, (iii) fifty percent reduction of IMR and MMR by 2005, (iv) awareness among health service providers in order to provide services for physical and mental violence against women, (v) finding appropriate system to provide emergency care, (vi) making health and family planning services accountable and cost-effective, (vii) consider the increasingly important problem of ageing, (viii) ensure integrated and balanced population distribution in order to face the challenge of rapid urbanisation, etc.

According to Professor Atahar, the principles that were stated as the basis for the proposed population policy covered the following issues: (i) human rights, (ii) right to adequate standard of living, (iii) advancement of gender equality and equity, (iv) right to development in order to meet the needs of present and future generations, (v) improved quality of life, (vi) highest attainable physical and mental health, (vii) strengthening of family as the basic unit, and (viii) population and development needs of the indigenous population. But, as he thought, the principles related to the linkage between population and development, which were given high priority in the ICPD 94, were not included in the proposed population policy. The excluded principles were:

(i) Sustainable development, as a means to ensure human well-being, is equitably shared by all people today, and in the future, requires that the interrelationships among population, resources, environment and development should be fully recognised, properly managed and brought into harmonious, dynamic balance.
(ii) All people shall co-operate in the essential task of eradicating poverty as an indispensable requirement for sustainable development.
(iii) Everyone has the right to education which shall be directed to the full development of human resources with particular attention to women and the girl child.
(iv) The child has the right to standards of living adequate for his/her well-being and the right to the highest attainable standards of health, and the right to education,

(v) The developed countries acknowledge the responsibility that they should bear the international pursuit of sustainable development, and should continue to improve their efforts to promote sustained economic growth and to narrow imbalances in a manner that can benefit all countries, particularly developing countries.

Regarding strategies, Professor Atahar mentioned that some of these, implemented by the client-centred approach of the HPSS, were supposed to provide essential service package on the following components: (i) reproductive health care, (ii) child health care, (iii) control of communicable diseases, (iv) limited curative care, and (v) behaviour change communication.

For an effective service delivery system for ESP, the necessary preconditions should be:

- to integrate family welfare and health directorates at all levels,
- to establish community clinics at a close proximity for about 6000 people,
- to ensure rigorous training at all levels in accordance with the needs of the transformed system,
- to ensure presence of trained personnel at the service centres,
- to ensure adequate supplies of family planning methods and drugs for communicable diseases and curative care,
- to ensure participation of stakeholders and community leaders in the process of planning, management and financing of activities,
- to ensure cost recovery through improved quality of care,
- to evolve a new process of providing services to the poor people and for those who would not be able to utilise the one stop services,
- to create willingness to avail the one stop services amongst those who were used to door-steps services in the past,
- to promote behavioural change communication through wide-spread use of modern facilities, and
- to evolve an effective evaluation and monitoring system through a unified management system in order to assess the weakness and strength of the programme.

Presenting recent estimates Professor Atahar said that although the level of CPR increased from 49.2 percent in 1996-97 to 53.8 percent in 1999-2000, the level of TFR remained constant at a level of 3.3. He argued that the proposed population policy did not address the major concerns of the ICPD 94. Rather, it presented only a transition from one type of service delivery system to another extended type without referring to the need for integration of development strategies into the population dynamics. Similar experience was observed by Bairagi (2000) in the MCH-FP area where the level of CPR increased from 61 percent in 1991 to 69 percent in 1998 whereas the level of TFR was observed not to have declined from 3.0. Moreover, the proposed population policy dealt only with the issue of health without making any realistic attempt to take into account the other two components which could provide necessary inputs for population-development interrelationships.

Drawing attention of the participants to the positive association between education and economic growth on the one hand and the use of contraception, age at marriage, status of

women, utilisation of health care facilities, nutritional status on the other, and the negative association of the former with the level of fertility, morbidity/mortality, family size and poverty, Professor Atahar pointed out that without addressing the issues of education and income generating activities, little can be achieved in reducing the level of malnutrition in Bangladesh.

Professor Atahar pointed out that the proposed population policy expected that replacement level fertility would be attained by the year 2005, and that the population would be stabilised in 2050, however, it was not clear whether replacement level fertility could be achieved without a remarkable improvement in the relationship between population and development. He thought that important links in this relationship could be established through education and income generating activities. The impact of population momentum, an echo effect of high level fertility, could be reduced to some extent if the level of fertility was reduced to a level, which was much lower than the replacement level, within a short span of time. The population policy did not suggest any specific strategy in order to face these challenges.

He mentioned that during the period between 2001 to 2021, an increase in proportion of 52 million people was projected under scenario I as compared to that of 28 millions according to scenario II. Similarly, during the next 30 years, from 2021 to 2051, an additional 58 million was projected under scenario I which would be about 30 million under scenario II over the same period.

Considering the high number of females in the reproductive age group the most formidable challenge to achieving the objectives of the new population policy, he mentioned that this issue was not addressed in the proposed population policy adequately. Citing on some of his works, Professor Atahar stated that if the current age specific fertility rates would continue to prevail in the future then the number of women in reproductive age would be doubled during 1991-2021.

Another problem which would have an important role during the next decades was attributable to the process of ageing of population. This particular issue was mentioned without referring to specific strategies capable of coping with rapidly increasing size of the elderly population. He revealed that during the period 1991-2021, the number of elderly people would increase 2.5 times while the size of elderly population would increase 7.4 times during the period 1991-2051. Without a very specific set of policy strategies to cater the socio-economic and health needs of such an increased number of elderly people, society would face serious problems in the coming days.

He also argued that the interrelationships between population and development factors were adequately addressed in the population policy. This would not only constrain our economic growth but would also delay the process of stabilisation of our population and would eventually lead us to a situation where the vicious cycle of poverty would continue to persist.

c) Resume of the Background Paper 'Observation on Draft Population Policy'

In the presentation entitled *Observation on Draft Population Policy,* Dr Mabud pointed out that the Population and Health Plan, as contained in the Fifth Five Year Plan, envisaged the implementation of the HPSP in phases rather than in a single-go. This was so intended in order to avoid risk that might hamper the outcomes of earlier policies and programmes. According to him, the *Draft Population Policy* did not fully comply with the objectives of the Fifth Five Year Plan. In the past, sector boundary was government-wide, however, at present it has been confined to the MOHFW (Ministry of Health and Family Welfare) though much of the population problem lay outside its scope. Problems arising out of demographic momentum were substantial in Bangladesh. Much of the adverse effect could, however, be neutralised by the active participation of other Ministries.

Dr Mabud was of the opinion that the population policy document should be accompanied by the policy implementation instruments in order to ensure that the policy, once approved, would be implemented adequately. This is indispensable in the context of Bangladesh that the population policy, how comprehensive and well written it may be, has no guarantee that its recommendations would be implemented in letter and spirit by the MOHFW. Observing the experience of the last ten years, he thought that the policy implementation secretariat should consist of a small numbers of professionals who should be attached to the office of the Ministries or at least to the Secretary of the Ministry (and preferable not at any level below him). Therefore, a decision should be taken regarding the establishment of the Secretariat of the National Population Council outside the operation of the present arrangement.

Dr Mabud drew his end line by stating that the *Draft Population Policy* envisaged several things which were found in the previous policy plan documents and also in the current Fifth Five Year Plan document. These included, inter alia, as (a) decentralisation, and (b) inter and multisectoral involvement in population activities. The same policy strategies were reappearing in the draft population policy, although the new policy put more emphasis on both intersectoral and decentralisation issues as these were seen to have critical importance in terms of achieving the objectives and goals envisaged in the draft population policy.

d) Resume of the Background Paper 'Observations on Draft Population Policy'

The paper was presented by Professor Kazi Saleh Ahmed, Former Vice Chancellor, Jahangirnagar University. Dr Ahmed observed that it was certainly a tribute to the Bangladesh planners, field functionaries and the general population that significant strides had been made in the area of population policy and programmes during the recent years. But considering the population resource equation, particularly the poverty situation and inequality, the tempo of the programme remained much lower than the required level in the given context of Bangladesh. Substantial progress had been achieved in terms of reducing the Total Fertility Rate (TFR) and increasing the Contraceptive Prevalence Rate

(CPR). However, increasing trend in the use of modern and traditional methods, and decreasing trend in the use of sterilisation indicated that there was a low acceptance of the permanent methods; this would lead one to doubt whether replacement level fertility could be achieved during the next 20-30 years. Professor Ahmed observed that to achieve the replacement level fertility in the first quarter of this century, new programmes would need to be undertaken with a view to meet the unmet demand and also to create new demand among the clientele. This probably would require basic structural change involving such matters as the educational status, status of women in the family, empowerment of women and improved economic condition.

Professor Ahmed thought that the expansion of compulsory education programmes and reduction in the gap between male and female education did not bring the expected results in the family planning sectors. In this context, he mentioned that the weak association of income generation, particularly the female income generation, with the decision making power in their lives, which showed high potential value for fertility reduction, exhibited the poor response of the education programme. Professor Ahmed opined that population education including reproductive health and sex education remained a neglected area. This needed to be properly integrated in the formal education as well as non-formal education system. It was expected that before 2020 all the children below 17 years would be enrolled in educational institutions. From that perspective redesigning of the syllabus to include sex education could be the most appropriate form of reaching to men and women of future generation.

The rising cost of marriage and dowry may have contributed to postponement of marriages and thus to reduction in the TFR. However, the other face of the coin was that the sufferings of unmarried girls had also been increasing. Population policy should not avert its attention from the factors associated with such sufferings. Professor Ahmed expressed that the consequence of the present migration process could be fatal. The population policy should also cover issues related to industrialisation, urbanisation, infrastructure and educational development with a view to halting the exodus of people to urban and some other specific areas of the country.

e) Resume of the Background Paper 'Draft Population Policy: Some Comments Related to Section 6 of the Draft Population Policy'

The paper was presented by Dr M.A. Mannan, Senior Research Felow, BIDS. In his presentation, Dr Mannan commented on section 6 of the *Draft Population Policy* which dealt with law, social and cultural aspects of the population matrix. Emphasising that the fertility transition was already underway in the country and that the success of the immunisation campaign was quite impressive, Dr Mannan observed that Bangladesh had made a remarkable progress over the past two decades in the population sector. The Contraceptive Prevalence Rate (CPR) reached 54 per cent and fertility rate declined from 6.3 in 1971-75 to 4.3 in 1990 and to 2.9 in 1998. The under five mortality declined from 151 in 1990 to 92 in 1998 per 1000 live births. Over the same period infant mortality declined from 94 to 57 per 1000 live births. However, in the areas of maternal and child

nutrition, the progress was rather slow. About 70 per cent of pregnant women are still suffering from malnutritional deficiency anaemia and an overwhelmingly large proportion of under five children was suffering from malnutrition.

Dr Mannan thought that mothers and children were the most vulnerable groups in any society. In Bangladesh not only were women as a group likely to be poorer than men, but also more women compared to men were falling into the poverty trap under the existing discriminatory socio-cultural norms and practices. Women were struggling in a patriarchal, poverty stricken society; the status of rural women was reflected in economic hardship, low literacy, poor nutritional status and high rates of morbidity and mortality. Rural Bangladeshi women were regarded as poorest of the poor because they were economically poor, socially prejudiced by customs and beliefs and traditionally secluded in 'Purdah' due to patriarchal dominance of the society. The most vulnerable amongst the women were those who were widowed, divorced or separated. Dr Mannan informed the audience that his team had conducted a study for CPD on problems and constraints of *female-headed households* in rural Bangladesh. The findings of the study clearly demonstrated that poverty and female-headship were strongly linked. The dissolution of the marriage either by divorce or by death of the husband had disastrous consequence for the family. Women very often found it difficult to maintain the family, and were subjected to fight a losing battle to save their land and property. In her endeavours to solve the multifarious problems, a widowed or divorced woman would inexorably drive herself into landlessness and indebtedness, and this process of pauperisation would continue in future until her sons (if any) would be grown up and would have become earning members of the family.

Drawing further from the evidence gleaned in the course of their study, Dr Mannan revealed that children’s access to health care and education in female-headed households was much lower than their counterparts in male-headed households. Their findings also showed that children in female headship households were disadvantaged in terms of access to social services and poverty. Besides the study showed that, widows having no grown up son often faced exploitation and also forcible occupation of her land by powerful villagers or kins man.

Dr Mannan observed that the issue of property rights was exceedingly complex because property rights were governed largely by customary law rather than by statutory law. He thought that modern legislation relating to the property right of widows should be enforced. Legal rights for female-heads of households should be a vital area of concern in any policy aimed at helping the poor women.

Dr Mannan also emphasised on the need for social security which should be considered in a broader sense. A comprehensive social security for widows and other destitute women within the context of broader anti-poverty and pro-women policies should include the following three measures:

(i) Anti-poverty measures, under which widows should be given preferential treatment in land redistribution, health schemes, public distribution, employment guarantee and self-employment programmes and credit schemes.
(ii) Pro-women measures, which would benefit widows as well as other women by way of female education, enforcement of laws relating to minimum age at marriage and protection of women's property rights.
(iii) Rehabilitation measures, targeted specifically at widows and other destitute women, including vocational training, adult education, awareness camps, legal counselling, provision of assets for self-employment, and residential housing for elderly widows.

f) Resume of the Background Paper 'Situation of Elderly Population in Bangladesh and its Policy Implication'

The paper was presented by Professor M. Kabir, Department of Statistics, Jahangirnagar University. Professor Kabir, in his presentation, explained the situation of elderly population in Bangladesh and the attendant policy implications. He concentrated on the feasible policy options which could be undertaken to address the relevant problems. He observed that the dynamics of age structure population and public policy were strongly correlated; transitions in age structure was reflected in mortality and fertility, and also led to changes in family and social arrangements.

Over the past few decades, there had been important changes in the age structures of the population in Bangladesh. The proportion of people aged 60 and over was increasing markedly, and this raised formidable social and economic challenges for providing financial support required for the elderly people and for allowing provisions of care for disabled elderly. Such rapid changes in the age structure of population were driven by declines in fertility and increase in life expectancy. Decrease in fertility rates and empowerment in life expectancy led to rapid increase in the number of elderly people in Bangladesh. About 80,000 elderly people (over the age of sixty years) added to the total population of Bangladesh each year (ESCAP data sheet, 1999). About 6% of the population in Bangladesh belonged to the elderly population though this might appear to be small compared to many developing countries. He also mentioned that under the assumption of replacement level fertility, the number of elderly population above 60 years would nearly double by the year 2025.

Professor Kabir also observed that the majority of elderly population in Bangladesh was living in absolute poverty; elderly population suffered from cumulative effects of a lifetime of deprivation, entering old age in a poor state of health, and without savings or material assets. They were left out of the development process and consistently lacked means to fulfil their most basic needs such as food, clothes, proper housing and health care. They also lacked access to resources and income generating opportunities. Poverty and exclusion are regarded as greatest threats to the well being of older people; which is also especially true for older women. The elder women suffered from other disadvantages including widowhood. Professor Kabir mentioned that in recent years Bangladesh society has experienced rapid changes in household size and relationships within and between

households. Religious and cultural tradition had resulted in a strong extended family system upon which older people have traditionally relied for their existence and survival. Increased migration of the work force, changes in the family structure and trends toward smaller family size and other socio-economic changes have adversely affected the old age support system in Bangladesh society. However, because of the decrease in land availability, lack of job opportunity and an increase in women's participation in the labour market, migration of children to cities, and the overall impact of pervasive poverty, the traditional forms of support for older people were gradually weakening. Poverty was the major reason for the weakening of the traditional forms of family support for older people. Professor Kabir observed that gender inequality and discrimination against women were widespread in Bangladesh. A large majority of older women were widowed (68%) compared to men (7%). Gender discrimination and inequality were carried into old age, making widows amongst the most vulnerable groups in society. Only a small fraction of the elderly population who retired from government job was covered by formal pension scheme. There was no public safety net for the poor elderly population. In 1998, the government introduced a new pension programme scheme called *Boisko Bhata*. Under the scheme a sum of 100 taka per month was provided to the 10 poorest and most vulnerable aged persons in each ward. Of these ten, five were elderly women. At present *Boisko Bhata* has reached about five million elderly population who lived in extreme poverty.

Professor Kabir also informed that some of the NGOs in Bangladesh who had programmes directed specifically to the aged population. These included: Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM), Resource Integration Centre (RIC), Bangladesh Women's Health Coalition (BWHC). Professor Kabir provided some preliminary findings from a recent survey he had undertaken for the CPD which showed that elderly people felt less respected than was the case in the past. Preliminary analysis of the survey findings suggested that elderly population could not meet their most basic needs. A majority of elderly respondents reported that families remained a primary source of support for aged population but family support was declining as a result of poverty. The survey suggested that there was a strongly expressed need for increased income opportunities among both men and women.

Finally, Professor Kabir made some policy suggestions towards the betterment of the situation of elderly population in Bangladesh. Some of these were:

- The needs of the elderly population should be addressed by integrating them into the existing programmes including poverty alleviation programmes. Programmes by both government and NGOs should do away with the system of age barriers whilst providing micro-credit.
- Support should be targeted to the most distressed and vulnerable aged population such as those who have no family support, and particularly the widows.
- Both GOs and NGOs should give priority to those sons/daughters (or a third generation member) who are the primary source of support for an older relative in order to strengthen and promote his/her capacity to provide support to elderly family members.

- Organise public awareness campaigns which encourages people to support elderly people. Values of traditional family system should be highlighted through mass media and other communication network.
- Policy decision-makers should take social factor into account. Policies which benefit people with disabilities (e.g. special facilities in public transport, govt./public, hospitals etc.) could do much to improve the quality of life.

g) Resume of the Background Paper 'Environmental Issues in the Draft Population Policy 2000'

The paper was presented by Dr Fahmida Akhter Khatun, Research Fellow, BIDS. In her presentation Dr Khatun examined, in brief, whether the environmental issues affecting the lives of Bangladesh's population were addressed by the Population Policy. She also concentrated on policy measures which ought to be adopted to attain a sustainable levels of population in Bangladesh. She was of the opinion that a large number of factors affected the environmental degradation of which population growth was considered as the main reason by inducing poverty and reducing human welfare.

Considering the fact of the negative association between environmental degradation and society's welfare which resulted in ill health and premature mortality, Dr Fahmida stated that in the particular case of Bangladesh, both rapid population growth and degraded environment posed serious threats to the development process. The situation in Bangladesh was aggravated by massive poverty. Environmental degradation was manifested in water and sanitation problems such as soil erosion, air pollution, deforestation, wetland loss and degradation of the coastal environment. Dr Fahmida observed that though population control received high priority in national policy package which contributed to some extent in reducing the birth rate, however, environmental issues did not get due importance in policy making until the very recent past. The pressure of population was felt very acutely and environmental degradation was at its worst situation. The situation called for an immediate and effective agenda for action towards its alleviation.

Dr Fahmida drew attention to the environmental dimensions of the *Population Policy* particularly those in which 'population induced problems' were not adequately reflected. In this context, she pointed out that the section 2.4 of the *Draft Population Policy* included arsenic contamination problem; but this issue was a health related environmental problem, not a population induced problem as it was mentioned in the policy.

Dr Fahmida further mentioned that the aims and objectives of the *Draft Population Policy* discussed in chapter 3 did not include improvement of environmental situation as one of the means to ensure better life for the people, more specifically, the section 3.1.12 which contained the discussion on urbanisation was incomplete because it did not mention the environmental problems. She also stated that the development of present and future generation was closely connected in terms of environmental needs; she argued that

the proposed *Population Policy* should include this issue immediately as it was taken into account in the main ICPD principle 2 & 3.

Dr Fahmida noted that there were thresholds at which the levels of stress on the environment would lead to the disruption of the ecosystem. In simple words, the carrying capacity of a given area was the maximum number of people which could be sustained by the resources on that land. The Food and Agricultural Organisation (FAO) of the United Nations estimated the carrying capacity of 117 countries for the year 1975 and 2000 in terms of potential production of food at various levels of technologies. With low level of inputs, Bangladesh would be able to support only 79 percent, and with intermediate level of inputs, she would be able to support 97 percent of her expected population in the year 2000 (which is estimated to be 153.3 million). Only with high level of input, Bangladesh would be able to feed 16 percent which was more than her expected population in the year 2000 (FAO, 1984).

Dr Fahmida informed the audience that she had carried out a simple exercise to estimate the carrying capacity based on fuelwood availability from the natural forest coverage, and compared the findings to the actual level of population. With a growth of 1.25 million cubic metre and assuming a very low level of per capita consumption of 0.06 million cubic metre of fuelwood, sustainable population was found to be only 21 million. This was far below the projected population of 2000 (129.2 million according to the national population policy). This implied that only 16 percent of the current population would be sustainable if the demand of the fuelwood was met.

Dr Fahmida suggested some policy recommendations along the following line:

- Ensure sustainable management of the natural resources which will be capable of ensuring the long-term maintenance of the livelihood of the people.
- Correct the existing inadequacies of the land tenure policy.
- Adopt macro-economic policies to promote stable and broad based income growth for larger sections of the population who have to depend on extraction of natural resources for their livelihood.
- Develop human capital through education, family planning and public health programmes.

Dr Fahmida thought that the proposed population policy did not come up with an appropriate policy or strategy to address some of the earlier mentioned issues. According to her, the basic strategies spelt out in Chapter 5 mentioned about human resource development, but it didn't clearly establish the links with the environment. She concluded that access to quality education could improve the ability of the people to use natural resources efficiently and productively, and to enable them to diversify their sources of income away from the current overwhelming dependency on the natural resources. Here, Dr Fahmida put high emphasis on the need to educate the women folks of the country since they played an important role in resource management and use.

iii) The Discussion

Subsequent to the keynote presentation, Professor Rehman Sobhan, Chairman, CPD opened the floor for discussion on issues raised in the keynote papers. Professor Rehman Sobhan emphasised that the presentations have raised a number of critically important issues and requested the participants to share their experience and wisdom. He hoped that the dialogue would provide important inputs into the policy making process in Bangladesh, specially in view of the fact that the Draft Population Policy was in the stage of finalisation. He suggested that strategies, which inform the Population Policy, should be put under critical scrutiny in order that the *Draft Population Policy* document would become more effective in terms of its subsequent implementation. He also suggested that the design of the relevant institutional infrastructure should be put in place in the package of the *Draft Population Policy*. This, according to him, would help attain the targets mentioned in the proposed *Draft Population Policy*. He was of the opinion that participants should also address the issue of the special needs of particular segments of the population and should consider the issues related to environment and urbanisation as specific features of the population problematic.

- *Draft Population Policy in Relation to the ICPD*

Since the *Draft Population Policy* was formulated in accordance with broad guidelines set out by ICPD 1994, a query was raised as to whether the proposed *Population Policy* of Bangladesh conformed with the objectives and targets of the ICPD. In this regard Dr Rafiqul Huda Chaudhury, Specialist on Population Policy Development Strategies, Country Support Team, UNFPA, Kathmandu, thought that the draft policy had little connection with the ICPD's plan of action on Population and Development. The first plan of action of the ICPD clearly stated that population concerns and factors from all aspects of developmental issues should be taken into consideration in designing population policies and that it called for population concerns to be fully integrated into the population policy. This had not happened in case of the *Draft Population Policy*.

Mr Md. Nurul Ameen, Assistant Representative, UNFPA thought that the *Population Policy* should not incorporate ICPD principles in a partial manner - taking on some recommendations and leaving the others. In this regard, he mentioned that in the policy number eight set out in the ICPD principles, *Reproductive Health Care System* was given major emphasis. However, the proposed Population Policy included only a part of this.

Another participant contested the above view and thought that the issue of conformity with ICPD principles should not be overplayed. "Bangladesh should have her own policy irrespective of the ICPD programme" - he opined. He was of the opinion that Bangladesh should set her own targets, but should be careful not to deviate from any of the principles/policies agreed upon at the International Conference on Population and Development, 1994.

- *The Approach to Preparing the Draft Population Policy*

Dr Rafiqul Huda Chaudhury mentioned that any policy recommendation should be premised on an in-depth analysis of the relevant issues. He observed that the policy did indeed put a lot of emphasis on the importance of the multi-sectoral programme. However, he argued that multi-sectoral approach was not new to policy making process in Bangladesh. It was introduced at the time when the first development programme of Bangladesh was formulated in the early years of the country's independence. He was of the opinion that multisectoral coordination in programming and implementation must be properly laid out and organised in order that we could come up with specific sets of recommendations. He observed that UNFPA has been supporting population education programme not only in Bangladesh but also in other countries of the SAARC region and for that matter in many other countries in the world. He was of the opinion that policy recommendations should be made on the basis of sound analysis of issues; otherwise, the recommendations would reveal their ineffectiveness at the time of implementation.

Dr Frank Atherton of the Department for International Development, British High Commission observed that there were two targets highlighted in the policy document: demographic target and maternal mortality target. According to him these two targets could be achieved by the year 2005 by mobilising a strong multi-sectoral approach. He, however, pointed out that there was no clear indication and concrete guideline in the proposed Population Policy for achieving the targeted rate of the reduction in maternal mortality rate in Bangladesh by the year 2005.

Mr Aminur Rahman Khan of Independent University of Bangladesh suggested that in order for the document to be effective, it should be restructured in a more systematic way. In this context, taking cognisance of the fact that population remained the number one problem in Bangladesh, Mr Khan enquired whether there was any visible departure in the proposed Population Policy, which, according to him, mainly followed the framework of the 1978 Population Policy. In the context of the issue of multi-sectoral programme, he observed that there was no clear guideline as to how coordination programme would work and how it would be financed.

Professor Barkat-e-Khuda, Associate Director and Head, Policy and Planning, ICDDR,B thought that whatever strategies that were outlined in the policy should be conceptualised within a holistic design. The strategies would need to be implemented by using some appropriate approaches as outlined in the 1990 Population Policy. He drew attention to the fact that population policy was not synonymous with reproductive health policy and family planning programme. At the same time, it was also not equivalent to, or proxy of the broader social development policy. He thought that Population Policy should cover reproductive health policy, family planning programme, education, environment and employment issues and should identify the strategies to operationalise the inter-linkages amongst such sectors.

Dr Ahmed Al Kabir, Chief of Party, UFHP/JSI approached Population Policy as more of an implementation plan with certain strategies. He thought that the *Draft Population Policy* was neither a policy document nor a strategic document geared towards implementation.

Professor M Masum of the Department of Economics, Jahangirnagar University stated that the proposed Population Policy was a combination of both the narrow and the broader perspectives. He mentioned that a policy based on research findings and analysis should be easily understandable and implementable.

Mr S.I. Laskar, Research Fellow, BIDS mentioned that population policy should be based on research findings which would in turn help to identify the major components of the Population Policy.

Professor Samad Abedin of the Department of Statistics, Rajshahi University thought that the *Draft Population Policy* was a compromise between the population responsive policy and the population accommodation policy. He agreed with Dr Rafiqul Huda's comment to the effect that an indepth analysis of the issues was a precondition for preparation of an appropriate population policy.

- *The Issue of Implementing the Population Policy*

Mr Muhammad Ali, Former Secretary, MOHFW, observed that, in particular context of Bangladesh, successful implementation of a population programme would critically hinge on identifying appropriate methods of population control which would be easily available to the people. He thought that these were clinical and long term and permanent contraceptive methods which were used in the earlier family planning programme.

Ms Nasreen Haque of ‘Naripokkho’ pointed out that a number of methods was not mentioned in the population policy. In this context, she drew attention to article 5.2 of the *Population Policy* and observed that use of long term contraceptive method was not mentioned. She preferred to put more emphasis on certain methods. There was a need to clearly indicate and emphasise the use of condoms in case of man. The role of men in birth control needed to be given adequate importance, she thought. She pointed out that the *Draft Policy* overlooked the issue of negative attitude to women in the society. Such attitudes had dominated the society for decades and there was a need to ensure a balance between men and women in the population which was lacking at present.

In his intervention, Mr Kayode S. Oyegbite, Chief, Health and Nutrition, UNICEF, emphasised the role of men in the family who were the primary decision-makers within the family. He thought that there was a need to articulate the role of man. The second point he mentioned was the need to create the necessary demand for services for achieving particular targets. The policy, according to him, had not focused on demand creation in terms of interventions, behavioural changes, and establishment of

communication on the part of the health of workers. He also thought that in order to achieve the set goals, negative attitude to women in the society had to be reversed.

Mr Aminur Rahman Khan of the Independent University of Bangladesh contested the view of some of the participants in terms of relative role of men and women in population control. He was of the opinion that the emphasis given by some of the participants on the relative role of women vis-à-vis men in the process of implementing family planning programme, whilst justified, was unlikely to correct the existing family dynamics. There should be a clear direction in the population policy as to how the family dynamics could be changed in a manner so that men be more involved in all activities related to family planning. There should also be clear indication as regards the responsibility of men in terms of preventing violence against women and children within the family.

- *Migration Issue: The Neglected Component*

Mr S.I. Laskar, Research Fellow, BIDS stressed the importance of fertility, mortality and migration which he considered to be the basic factors of population dynamics. He thought that population policy should have a positive impact on these. He was of the opinion that, the *Draft Population Policy* should have covered the issue of migration since its impacts on fertility and mortality were found to be very important.

Ms Nasreen Haque of 'Naripokkho' thought that the stabilisation of population growth was not possible even by 2050 if migration issue was not given due cognisance. She thought that this issue was a critical element of the process of population stabilisation. According to her this issue should not only be concerned by the Ministry of Health but should also be addressed by various other Ministries.

Professor Nazrul Islam of Department of Geography and Environment, University of Dhaka mentioned that Bangladesh did have a health policy, a water policy, a tourism policy and other such policies. He lamented that although there no human were settlement policy, urbanisation policy or land policy in Bangladesh, these were important sources which generally inform the process of preparation of a draft policy. He also mentioned that the issue of migration – rural to urban as well as urban to urban was left unaddressed in the draft policy. Migration led to social and cultural change, demographic change and changes in fertility. Thus, there was a need to pay particular attention to the issue of urbanisation in the proposed Population Policy.

In this regard Professor Zia-us-Shams of Department of Geography and Environment, University of Dhaka observed that Professor Nazrul Islam had pointed out several specific criterion but it would have been useful if he had mentioned a conceptual framework as regards the linkage between the Population Policy and other related sectors.

- *From Door Step to One Stop Service*

Dialogue participants paid considerable attention to the recent shift in policy from *Door-Step* to *One-Stop* service. There was a lively discussion on the issue of relative desirability of these two service delivery mechanisms and the possible implications of the shift in terms of control of population in Bangladesh. Professor Rehman Sobhan was of the opinion that in the male dominated society of Bangladesh the role of women in decision making process left much to be desired. According to him, under the erstwhile *Door-Step* service, women could exercise a degree of control over decision making. In contrast, under the new system of *One Stop* service, the womenfolk would have to go out of their households to access service and this could inhibit the exercising of decision making power by women folk as regards family planning.

Mr Aminul Islam, Advisor, Sustainable Development, UNDP, Dhaka supported the initiative to shift from *Door-Step* to *One-Stop* service. He thought that such a change was warranted in view of experience gained under the previous Population Policy.

Another participant argued that the issue of shifting from *Door-Step* to *One-Stop* service should be considered by taking into account all related variables. He pointed out that not all users are dependent on the existing *Door-Step* programme; he thought that about 90% of the population was dependent on other programmes. The rest 10% might be adversely affected by shifts in the policies. From the experience of earlier years, it was his hunch that shift in programme from *Door-Step* service to *One-Stop* service was likely to result in some drop in contraceptive prevalence rate.

- *Important Variables to be Factored into the Population Discourse*

Mr Muhammad Ali, Former Secretary, MOHFW, Government of Bangladesh mentioned that first of all there was a need for a clear and appropriate vision as regards the type of population policy which Bangladesh required. This vision should emerge from an idea about the sustainable population size for Bangladesh and take cognisance of long term trends in population growth. He wondered whether Bangladesh could afford a population of three hundred million some time in near future which would be more than two times larger than the present population size. He thought that for attaining the goal of a sustainable population size, the relevant strategy should be an integrated one. It should be integrated with health, nutrition, education and environment policies. He also put emphasis on the adolescent group within the population, and urged for adequate steps to be taken on an urgent basis to address the issue of this particular group of population.

Dr Jyoti Prakash Dutta, Department of Economics, Chittagong University pointed out that the proposed population policy completely ignored the religious and ethnic minorities. These groups accounted for about 10-12% of the population. He also thought that the issue of international migration was also neglected in the discussion.

Professor Samad Abedin of Department of Statistics, Rajshahi University thought that a need based assessment should be carried out prior to drafting any Population Policy. The draft policy was aimed at achieving certain demographic objectives in the period between 2001 and 2005. However, he thought that the policy should have put greater emphasis on the consequences of other aspects of the population discourse. In this regard he stressed the importance of addressing the problem of ageing of the population which he thought should have been incorporated in the Population Policy.

One participant pointed out that a policy or a paper should be readable, policies identifiable and clearly understandable. In absence of this it would be difficult to assess whether the policy was adequate or not. This requirement, he stressed, should be kept in the perspective whilst revising the *Draft Population Policy*. The second point, he emphasised, was the need for community participation through which the modalities suggested in the draft population policy could be operationalised.

Ms Nasreen Haque of 'Naripokkho' drew attention to the fact that women's desired fertility was consistently lower compared to what was the observed level of fertility on the ground. She thought that this was indicative of the presence of the unmet demand for contraception and this mismatch should be addressed.

Professor Barkat-e-Khuda, Associate Director and Head, Policy and Planning, ICDDR, B thought that the draft policy contained some major weaknesses. He thought that some of the major issues confronting the population debate were not adequately addressed in the *Draft Population Policy*. He was of the opinion that a number of issues including the issue of slowing down of the fertility decline, the consequences of achieving the replacement level fertility by 2005 and the needs of special groups, such as adolescents and urban slums, were not properly addressed.

iv) Concluding Remarks

a) Concluding Remarks by Ms Janet E. Jackson

Ms Janet E. Jackson, Deputy Representative, UNFPA thought that an open discussion with participation from key stakeholders would provide the policy makers important inputs and give an opportunity to improve the draft policy document, and therefor she welcomed the initiative of holding the dialogue on *Draft Population Policy*. Sharing her views on the Draft Population Policy with the audience, observed that the Draft Population Policy document did indeed include a number of strategies and implementation programmes. However, what the document missed was that it lacked vision and a clear cut indication as regards the long-term direction along which population scenario of Bangladesh should evolve. She was of the opinion that population policy was generally designed with a long term perspective, rather than a short-term one. As a matter of fact, the policy statement of ICPD concerned itself mainly with this *vision issue* and was less focused on the *implementation issues*. In this context, she pointed out

that since 1990 onwards, ICPD set targets for the year 2005, 2010 and 2015 whilst Bangladesh set targets only for the year 2003. The current status of the population correlates indicates the presence of major problems in the area of population. There was a number of challenges which needed to be addressed on an urgent basis. Well thought-out strategies needed to be designed in areas of maternal and adult health care as well as in the area of education. Ms Janet also thought that one issue which deserved to be given high priority was that of maternal mortality which should be looked at in close association with morbidity and other fertility related goals.

Stressing the need to take comprehensive approach which was pointed out by a number of participants, Ms Jackson observed that there was also a need to integrate health communication, education, community development and other related programmes within a holistic framework. The Ministry of Health should take initiative to ensure this. She underlined the importance of raising the contraceptive prevalence rate in the country prior to designing any strategic programme. According to her, discontinuation of the use of contraceptives was a major hindrance to any significant improvement in achieving fertility reduction targets. She underscored the need for greater understanding and research in order to discourage and contain discontinuation. She proposed that concrete targets should be set as far as issues related to women were concerned. Ms Jackson pointed out that though Bangladesh has done a remarkable job in the area of family planning and enrolment at primary education level, there was no clear vision as to how to proceed in future. She suggested that more emphasis should be put on human, people and client centred quality care and services. She was of the opinion that since what was being discussed was a population policy, it was important to give more emphasis on people centred issues which focused on needs of the common people. Targets of the population policy should be designed accordingly. Ms. Jackson also drew attention to another important factor which was not elaborated in the policy: the policy emphasised its commitment to human resource development but fell short of specifying the key elements of what, where and how this was to be achieved. Ms Jackson drew attention to young people who would be going to be at reproductive age within the next 5 to 10 years. This dynamics was bound to have major implications in terms of demand for health services and health infrastructure in the country. She drew attention to the fact that urban population was increasing at a rate of 1.3 million people a year and a majority of such people was living in slum areas. This growing population was bound to have important implications for environment as well as employment. She underscored the need for adequate policies to address these emerging concerns. She urged that during the process of the finalisation of the *Draft Population Policy,* attention should be given to some of the factors, important issues, and concerns raised in the dialogue.

b) Concluding Remarks by Mr Sayed A.F. Chowdhury

Mr Sayed A.F. Chowdhury, Secretary, Ministry of Health and Family Welfare welcomed the initiative of CPD and UNFPA in organising the dialogue. He observed that the rich discussion which took place at the dialogue would be of great help to the Drafting Committee in its work on revising the document. Mr Chowdhury observed that with a

population of 130 million, policy making in the area of population was a daunting task by any standards. He thought that education, employment and empowerment of women were bound to have a very significant impact on population variables. Mr Chowdhury mentioned that as a result of the existing socio-economic reality prevailing in Bangladesh, the way population related issues need to be dealt was bound to differ significantly from the approach which informed policy making in the western countries. Policies undertaken in the developed countries might prove to be suitable for our country, he opined.

Mr Chowdhury raised the issue of sustaining a population level of 172 million which Bangladesh was expected to have by 2050. He wondered whether the country's resources would be able to sustain such a large number of population, therefore concrete measures should be identified to attain a sizeable population. As regards the targets for reduction of maternal mortality, he requested participants to provide inputs in setting a target in order that policies could be geared towards achieving those targets. He observed that it was not possible to provide facilities for caesarian interventions at all the thana complexes. Targets would need to take into account the infrastructural facilities which the country was in a position to make available given the resource constraints. He also underlined the importance of a detailed education policy which would complement the proposed Population Policy. He underscored the importance of *intersectoral approach* and emphasised the importance of coordination among Education Ministry, Social Welfare Ministry and Women Affairs Ministry.

Dr Chowdhury observed that there was contradictions as regards the focus of the *Draft Population Policy*. Some participants were calling for analysis to be presented in the document, whilst others were suggesting that the policy should focus on recommendations emerging from research findings. There was a need to resolve this dichotonomy, he pointed out.

As regards the shift in policy, Mr Chowdhury thought that *One-Stop* service was indeed necessary in the present context. However, he informed the participants that this approach did not preclude house to house service delivery. He felt that NGOs and local governments should be involved in the implementation of population policy and that the advantages of Upazila system should also be incorporated into the programme.

Mr Chowdhury came up with the suggestion that the Drafting Committee could also benefit by organising consultations with smaller groups of stakeholders who were more conversant on particular issues.

c) Concluding Remarks Made by Professor Rehman Sobhan

Professor Rehman Sobhan, Chairman, CPD delivered his concluding remarks by putting on record his deep appreciation of the contributions made by the dialogue participants. He especially thanked Dr Halida and all designated commentators for their important contributions.

Professor Sobhan noted that there was a serious structural problem in the policy making process of the government. He also noticed that the necessity of a line Ministry covering the issues related to gender, environment, population and health problems with a more comprehensive approach was recognised by most of the participants of the dialogue. In this regard, Professor Sobhan thought that having projects without policies was a fundamental structural problem in the policy making process of Bangladesh. He pointed out that there was a need to approach the population policy within a holistic framework. Such an approach should be more sensitive to the concerns in the area of poverty eradication, gender equity and environmental sustainability. He observed that the Planning Commission could have been vested with the responsibility to set out such an approach, specially in view of the fact that, it was difficult for one particular Ministry to promote a concrete line of action to address the attendant issues. However, to implement this approach, the Planning Commission would need to be further strengthened.

As was mentioned by Mr A F Chowdhury, Professor Sobhan said that there was a need to take into account the role of the line Ministries. This was important to promote a holistic policy design which would also take into cognisance the role of donor agencies. However, he thought that Government of Bangladesh should recapture the ownership over the design of policy from the donor community. In absence of such ownership, Bangladesh would continue to suffer from the negative impacts of donor driven policies and would not be able to fully realise what was potentially feasible either at the sectoral level or at the aggregate level.

Concluding the dialogue, Professor Rehman Sobhan once again thanked Dr Halida A. Hanoom for her presentation and appreciated the contribution of UNFPA towards Population and Sustainable Study Programme of CPD. He observed that the presence of the Secretary, MOHFW gave credence to the exercise and expressed his deep appreciation of this valuable contribution to CPD dialogue process. He hoped that the dialogue would provide the policy makers with some useful insights and these would prove to be helpful in the process of revising the draft population policy.

Comments:

a) UNFPA comments on ***Draft Revised National Population Policy***.

UNFPA learned about the new policy in June, when MOHFW was in the process of completing its divisional consultations on the draft revision of the document following its formulation over the period of a year or so. UNFPA itself attended one of the consultation meetings held with women NGOs on the policy. The policy was generating local interest and a desire for more dialogue and discussion prior to its finalisation.

With that in mind UNFPA approached the MOHFW to offer to translate the text and circulate it to a wider audience for reading and comment. This would culminate in a policy dialogue, organised and co-ordinated by CPD within the context of its contribution to the population and development sub-programme in UNFPA's 5th country programme (1998-2003). Thereafter, CPD consulted directly with MOHFW and BIRPERT. The intention would be to compile a synthesis of the comments made during the policy dialogue and submit these for further consideration in the policy finalisation by GOB. MoH hopes in early 2001 to convene a final meeting, chaired by Mr Anwarul Karim Chowdhury, who is the permanent representative to the UN in New York and well known for his leadership in the ICPD process and for his keen interest in population and development.

In the process a health policy has been ratified by parliament, an education policy is about to undergo another parliamentary review and an adolescent health policy is being formulated by the MWCA. The linkages, if any, between any or all of these is not clear. However, all of these policies have a bearing on one another and should therefore be linked somehow. How distinct is the population policy from the health policy?

This revised policy reflects a departure from a narrow demographic definition of FP concerns and embraces a wider agenda, reflecting the advance made in ICPD and the GOB's commitment thereof. As such, this revision opens on quality of life concerns and throughout, intersperses concerns on women's empowerment, choice and human rights. While doing so, however, there is concern to retain a demographic perspective. Undertones of population concerns thus run along the base of ICPD RH perspectives. These obviously belie a deep concern on the part of GOB not to lose sight of the critical challenges that it faces in lowering fertility and population growth to levels that are conducive to sustainable development. The document thus cautiously adopts the ICPD thinking but appears not to be totally convinced that focusing on individual human development will enable Bangladesh to address its demographic challenges, in particular in stabilising population growth and fertility rates in time.

It is unlikely that the country will meet ICPD and ICPD+5 targets.

If current trends continues:

Maternal/Adult health

- It will not reach maternal mortality (to less than 125/100,000 live births) by 2005
- It will be considerably below the expected target of 80% of births being assisted (HPSP is less than half of what was anticipated)
- It is unlikely to half illiteracy to reach literacy 75%
- It may achieve the target of reduce the gap of unmet FP by 50%, discontinuation is extremely high, adversely affecting the net effect of overall increases gained in CPR.
- It will probably achieve the target of "universal" access by 2015
- It will almost reach the targets of life expectancy (63 versus 65 in ICPD)
- It will probably surpass the 60% of SRH being integrated into PHC, thanks largely to the ESP package as well as the legacy of previous country programme strategies

Education

- It will have almost complete enrolment in primary education, but drops outs are 50% for boys and almost 60% for girls after five years and secondary education only attains half of the enrolment levels of primary education
- 90% of young are unlikely to have access to HIV/AIDS prevention and SRH education

Child Health

- It will probably achieve child health and infant health targets for 2005

The above scenario thus shows critical concerns about curbing population growth and reducing fertility rates. However, given that the current policy has existed since 1976, GOB should be looking beyond 2005 to 2015 when setting its targets.

The policy document reflects very much HPSS thinking. However, the current HPSP will end in 2003 and GOB needs to have a longer-term policy vision that extends beyond the current health programme and guides the direction for the next round.

The document as it stands does not seem to have adequately taken account of three major concerns that are looming:
1) Urban population will increase by 30% by around 2005 (growing at 1.3 million per year)
2) 42% of the population is currently under the age of 15 and will move into marriage and reproduction within the next 3-5 years
3) The growth of poverty and urban slum populations and drifting populations
4) Land ownership will have reduced and nutritional needs increased

The effects of the above on housing, infrastructure, utilities, urban planning and environmental health are considerable and need wider inter-ministerial co-operation and consultation in the policy making process. The policy must be set against that larger

macro-development context and not just the context of providing SRH, largely through HPSP. These are implied but not explicit. How these links will be made at the policy level is not clear. (page 6) What safety nets are to be put in place for addressing the poor if poverty is expected to increase? These are also crucial to quality and client oriented services.

Equally, demographic patterns and fertility can be altered dramatically by policy especially when this looks to enhancing nutrition (increased fecundity), embarking on a delay marriage/ delay first birth (unplanned pregnancies, STDs, sexual behaviours and lifestyles). Has the policy considered how much marriage/birth needs to be delayed in order to improve current projections? If so, this could be incorporated into informed/responsible decision-making and BCC.

Some qualitative aspects that need to be clarified in the revised population policy

The policy needs to be focused on addressing some health problems; namely **MMR**, **adolescent health**, **care for the elderly, male participation**. The disabled are not mentioned at all, yet **disability** is a problem in Bangladesh.

MOHFW intends addressing **MMR**, but treats all causes as being of equal importance. Yet we know that violence related and unsafe abortion related causes account for some of the highest number of deaths. EOC is only one of the strategies in reducing MMR. MOHFW needs to be more specific in its targets for ANC, PNC, labour management, and reduction of still births (and related clinical auditing, death enquiries). As MOHFW moves towards its target of 80% attended births by skilled personnel, it is not clear what proportion of those is expected to take place in health institutions. This will have an impact on health planning, HRD and HR deployment. To what extent could the existing system cope if tomorrow 80% of women gave birth in a health facility? Women's health is childbirth focused. There is no mention of issues such as menopausal care/services and well woman services. The strategy outlined intends making comprehensive maternal health services widely available at different health service levels. The majority of women, however, will continue to have their babies at home and the policy needs to address the implications this has on both research and BCC, especially in a climate of restricted health resources and increasing health needs over the next decade and beyond.

A policy of **voluntary informed choice** needs to address not only increasing the use of modern clinical contraception, but the need to overcome high percentage of discontinuation. A provider perspective is implied in the way it is articulated at the moment, in that choices are provided for according to the need of the client (page 22). What is the MOHFW policy on expanding choice with new technologies? What is the role of the Medical Technical Committee in this context?

The importance o f SRH education and information for young people through formal and informal systems are insufficiently addressed. This needs to be clearly linked to Ministry of Education policies on the same. Linked to this are teacher/pupil ratios, school health,

and the need for access to services and counselling for adolescents, outreach to parents etc.

Some issues seem more related to wider health issues (arsenic).

The policy talks of the needs for a doubling of health financing without being too specific about the areas that need particular investment.

On the whole, objectives are broadly stated and it is hard to understand the specific policy orientation. 12 areas are cited. HR for example, could focus on the need to develop specific skills within the health system over the next 10-15 years. For example: nursing/midwifery specialities, reaching a nursing: population ratio as per WHO, the hospital bed: per capita ratio means could be made more meaningful if it were related to EOC at university hospital level. Equally, HR could focus on disciplines that need to be introduced to the health sector: social work, psychology/counselling, post-graduate nursing specialisations (neonatal care, Sexual health and midwifery for example).

Issues about payment of fees, need for additional investments and clinical methods need to be seen within the context of long-term contraceptive security. User fees in contraception are not just to do with quality improvement, they are also to do with continuity of use.

In terms of services and HR, there is no sense of the scaling up that has to be done in the next 5-10 years. The policy needs longer-term vision to avoid incremental increases and expansions to health care.

The role of **NGOs (and the private sector)** could be further elaborated, especially if the policy were to address some of the emerging and specialised areas of need. Men's services and male involvement are hardly addressed except to change attitudes towards women. Changes in their lifestyles and behaviours are of equal importance. The present DHS shows that Government workers cover 27.6% of FP and MOHFW covers 37.1%. Can this be sustained? Would it be worth considering a policy shift to ensure that the contributions from other sources of supply be increased?

Vital registration, including marriage and divorce, needs to be placed within the context of achieving an improvement of or working towards complete registration. The clauses and steps need not be elaborated to the degree that they are in the policy document.

GOB has consistently expressed its commitment to addressing the major challenges that lie ahead. In March 2000, it reviewed its stand and its follow-up to UN global conferences. In April 2000, it drew especial attention at the 33rd UN session of the Commission on Population and Development, to the need to bring about a radical change in the quality of life of the people, focusing in particular on women's empowerment and the abolition of violence against women, adolescent health, MMR, and for progress on developing male methods and achieving sustainable development. In the light of these

and the commitments made before, the current draft of the national population policy can afford to be sharpened and strengthened.

b) Comments made by ***Dr A.M. Zakir Hossain,*** Partnership Agreement Specialist, Urban Family Health Care Project*:*

1. Dialogue on *Draft Population Policy* of Bangladesh by CPD and UNFPA has been prepared by 7 learned people. All of them interestingly, are statisticians- one or two at best, of them, may be demographers. So it has robed us from the first hand reflections of managers, planners and policy makers. This reminds me the fact that a country is poor because it is managed poorly or its managers are poor in skill. The other reason, a converse one, probably is that in our dialogues, discussions and discourses they are always forgotten. Even when they get a chance it is not just marginal in dimension. In enriching a product their views must be considered central.

2. Should we call this a Population Policy? Why? Why not reproductive health policy? What should be the parameter and perimeter of population policy? Does the Ministry of Health & Family Welfare have the mandate and strength to relate itself to all the population related issues brought up by the learned presenters should be left to an interministerial body and there should be an interministerial population policy to handle wish lists?

3. Many of views given have not based on present realities and situations. It is unfortunate. In future those who are remunerated handsomely, given the standard of Bangladesh, should brace themselves up for more open criticism; so that they take more caution in producing a good like other producers and products.

c) Comments made by ***Dr Anwara Begum,*** Research fellow, BIDS:

The initiative and effort expanded for this document is commendable. However, I would like to introduce a note of caution because I see that the population living on the streets especially the ‘street children’ have not been adequately addressed. The CCA (United Nation) Report of Oct. 1999 quotes a figure a 33,000 street children in Bangladesh. They are the most vulnerable in all aspects. Special policies need to be formulated for them. The more crucial aspect is their vulnerability to HIV which is nearly 21,000 cases (projected figure from UNAIDS, Bangladesh, 1999). The government figure for HIV is 139 (National Sentinel Surveillance System, Sept. 2000, GOB) and in this paper it is more than 1000. Just as there is some discrepancy in the figure, the magnitude of the problem is probably being toned down. The implications for our new generation, especially the vulnerable and underage children in the streets, might well be fatal. My request here is that a targeted proposal with HIV/AIDS prevention, especially for this group (the children), be incorporated.

d) Comments made by ***Mr Jamal Mahmood,*** ADB:

1. We appreciate the Government's efforts for formulating the National Population Policy and hope this work lay the foundation for developing a comprehensive and unified national health and population policy of Bangladesh in the near future.

2. While commending the effort, we like to point out that rapid population growth causes problems on the environment, economic growth, and human capital and poverty fronts. Therefore, a sustainable population policy should have both programme and non-programmatic approach with a package of policies that simultaneously addresses the problems in holistic manner. Population policies must have a broader focus than only controlling numbers. Government should work on several fronts: to achieve and maintain the population equilibrium; to ensure sustainable resource management, to improve health and sanitation at local levels, to develop human resources through education and training; and to ensure equitable distribution of economic growth. Population policy should have a multi-sectoral focus and therefore it is essential to develop a mechanism to integrate population policy into sectoral planning.

3. Rapid urban population growth from natural increase and rural migration are creating heavy pressure on the already overburdened urban health and sanitation services and overall urban environment. The Policy although recognises these issues, but fails to give adequate treatment to address them, specially in terms of giving any policy direction for better coordination or distribution of responsibilities with local Government bodies, particularly the city corporations.

4. The policy only makes a reference to the need for strengthening networking with NGOs and the private sector without any clear-cut guidelines to achieve this.

5. Finally, while the Government is working towards integration and unification of health and population services under the integrated Health and Population Sector Strategy(HPSS) and the Health and Population Sector Program (HPSP), the rationale and justification for a separate population policy needs clarification.

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