

**Report No. 45**

**EXPLORING RECENT FERTILITY  
BEHAVIOUR IN BANGLADESH**

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**Centre for Policy Dialogue**

House No 40/C, Road No 11, Dhanmondi R/A, GPO Box 2129, Dhaka-1205, Bangladesh

Tel: 8124770; Fax: 8130951; E-mail: [cpd@bdonline.com](mailto:cpd@bdonline.com)

Website: [www.cpd-bangladesh.org](http://www.cpd-bangladesh.org)

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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 front benchers, 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 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 organised by CPD, which was held at the CIRDAP Auditorium, Dhaka on November 20, 2001 on the theme of **Exploring Recent Fertility Behaviour in Bangladesh.***

**Report prepared by:** Ms Halima Begum, Research Associate, CPD.

**Assistant Editor:** Anisatul Fatema Yousuf, Head (Dialogue & Communication), CPD

**Series Editor:** Professor Rehman Sobhan, Chairman, CPD

## *Dialogue on* **Exploring Recent Fertility Behaviour in Bangladesh**

### **The Dialogue**

The Centre for Policy Dialogue (CPD) organised a dialogue on “Exploring Recent Fertility Behaviour in Bangladesh” on 20 November at the CIRDAP Auditorium. Brigadier (Retd) Professor Dr. Abdul Malek, Former Advisor of Caretaker Government of the Ministry of Health & Family Welfare was present as the Chief Guest. Professor Dr. M. Amanullah, MP, Former State Minister for Health and Family Welfare was the Guest of Honour and Ms. Janet Jackson, Deputy Representative of UNFPA was the Special Guest.

The dialogue started with an introductory note from Dr. Debapriya Bhattacharya, Executive Director of CPD. He dwelt briefly on the background of the programme and the context in which the dialogue was taking place. Professor Rehman Sobhan, Chairman, CPD, moderated the dialogue.

The keynote paper was prepared by Professor M. Ataharul Islam, Professor M. Mazharul Islam and Professor Nitai Chakraborty of Department of Statistics, University of Dhaka. On behalf of the authors Professor M Ataharul Islam presented the paper.

Eminent experts, researchers and academics dealing with the issue, development partners, representatives from grassroot organizations and the civil society attended the dialogue.

### ***Welcome Speech by the Chairperson***

Professor Rehman Sobhan welcomed all the participants. He mentioned that he viewed the participants to be effective partners in an ongoing effort in trying to influence the process of population policy design in the country. He reiterated that policies are best implemented when they are evolved through a participatory process. Recognising the significant changes taking place in the fertility behaviour in Bangladesh he noted that the background paper addresses the implications of the changes and undertakes an in-depth analysis of the population dynamics and the new generations of the policy in the population sector and deals with issues which are relevant for Bangladesh’s development

at the current juncture. He termed the debate on population as an ongoing process and hoped that the dialogue input would enable the civil society to present some clear indication about major interventions to government and the members of the parliament which may be required in the immediate future.

***Presentation by Professor Ataharul Islam***

In his presentation Professor Ataharul Islam described the background of the study and observed that Bangladesh has been passing through a critical phase of fertility transition. The level of fertility started to decline since the mid-seventies. The rapid pace of decline was sustained during mid 70s and continued till mid 90s. However, since then the level of total fertility is found to be unchanged at a level of 3.3, which is above the replacement level. This happened inspite of the significant growth of contraceptive prevalence rate. In this backdrop he pointed out a number of critically important issues which were of *major policy concern*:

- *Does the stagnant fertility rate indicate plateauing of the level of fertility?*
- *Is it consistent with the increased level of contraceptive prevalence rate during the same period?*
- *Is there any other factor associated with the level of fertility?*
- *Is it consistent with other measures of fertility?*
- *Is it attributable to the beginning of population momentum?*

Through a detailed region-wise analysis of various characteristics such as TFR (the total fertility rate), CPR (contraceptive prevalence rate), mean CEB (Child Ever Born), Adolescent Pregnancy, Age at first birth, Median birth interval, IMR (Infant Mortality Rate), Sterilization regrets, Mean Ideal Children, Wanted Fertility Rate, and Total Demand for Family Planning, % Demand Satisfied Dr. Islam showed that until 1993 the decline in fertility was attributable to a sharp increase in the birth intervals which had resulted from the increase in CPR.

In his presentation Dr. Islam showed that the delayed age at marriage did not contribute to the decline in the level of fertility in Bangladesh. Khulna and Rajshahi regions which are approaching the replacement level are characterized by low age at marriage. On the contrary, the regions that are lagging behind in achieving the replacement level fertility (Sylhet and Chittagong), are characterized by higher age at marriage. The difference is attributed to wider spacing of births in Khulna and Rajshahi, as compared to the spacing of births in Sylhet and Chittagong. The presentation also recognized that lower age at marriage can be linked with increased progression to next birth at short intervals. This implies that it is not delayed marriage but increasing birth intervals which reduces the level of fertility. This means that in regions like Sylhet and Chittagong, in the absence of delayed marriage, the level of fertility would be even higher. On the contrary, in Khulna and Rajshahi, if the age at marriage was higher, the decline in the level of fertility would be much faster.

Professor Islam showed a correlation between contraceptive prevalence and birth intervals and consequent fertility pattern. The paper revealed that the birth interval had increased sharply during 1989-93 period and there was a corresponding decline in the level of fertility. He showed that the decline in the level of fertility during the period could be attributed to sharp increase in the birth intervals. This implied that the increase in the level of contraceptive prevalence rate showed a high correspondence with spacing of births. The minor increase in the birth intervals during 1993-99 period revealed that the contraceptive prevalence could not effectively widen the spacing of births.

Analyzing the quantum and tempo effect, Professor Islam came to the conclusion that the current fertility pattern is less dispersed than the past indicating that most of the child births are taking place within a shorter span of time as well as at a time when the mothers are at relatively young age. In the absence of the tempo effect, the total fertility rate would be 3.9 during 1999-2000, which is higher than that of 3.8 during 1996-97, he added.

The multi-variate analysis of parity progression performed by the researchers and presented in the dialogue supported the contention that increased age at marriage reduces the time span for the next birth; increased enrolment of female at secondary or higher levels widen birth

intervals; progression to next parity occurs at short intervals in Sylhet and Chittagong, and at long intervals in Khulna and Rajshahi; the urban women prefer to have children at wider spaces; and, child death remains a strong barrier to widening the birth intervals.

While dwelling on the issue of population momentum Professor Islam said, “the process of population momentum has already begun in Bangladesh due to declining trend in the level of fertility.” The paper estimated that the fertility component would be a dominant factor upto 2005 and often that population momentum would cause the population to grow rapidly. It was also estimated that about 70% of the total population growth would be attributed to the momentum factor during 2000-2025. Dr. Islam suggested three approaches to reduce the impact of population momentum- delayed age at marriage, delayed first birth after marriage and wider spacing of successive births.

The paper recognized the importance of the issue of child survival in declining the fertility level. It was observed that the role of son preference did not have any “*visible impact*” in the recent past on fertility. Therefore, the stagnant fertility was not due to son preference but to “lack of socio-economic development required to achieve the target of replacement level.” Professor Islam also noted that even though the ideal mean number of children has remained same, the wanted fertility rate has increased in the recent past. In Khulna, the highest performing region, the rate of sterilization regrets has increased from 8.7% in 1996-97 to 23.2% in 1999-2000. It was also observed that although there was a slight decline in the under 5 mortality rates, the level of mortality rates among the children are very high in all regions which were not considered favourable in terms of achieving the replacement level.

Professor Islam put forward some policy options to address the problem of plateauing of fertility which included-

- (i) delaying the age at marriage and increasing birth intervals, particularly the first birth after marriage.

- (ii) providing females an improved education and expanding income generating opportunities which can also accelerate the process of economic development.
- (iii) encouraging late marriage through, in the least, high school education for girls.
- (iv) discouraging teen-age marriage and teen-age fertility.
- (v) improving the child survival status in Bangladesh by extending immunisation programmes and reducing the impact of malnutrition by strengthening programmes in the area of poverty alleviation.  
Education for all the children would be an important step forward in the context of eradication of malnutrition; the children should be imparted with adequate knowledge about importance of health and nutrition.
- (vi) motivating couples to adopt small family norm and encouraging them to adopt longer acting contraceptive methods to make the method-mix more effective. The current status of longer acting methods, particularly, sterilization needs to be given renewed priority.
- (vii) increasing the continuation rate of the modern reversible methods and continuing and strengthening door- step services particularly in rural Bangladesh.

(The background paper is available as CPD-UNFPA occasional paper number 18)

### ***Open Discussion***

The presentation of the keynote paper was followed by open discussion. Due to time restriction during Ramadan the time allocated for the discussion was relatively short. Nevertheless, there was a highly stimulating discussion where participants took a very active part and shared their experience and knowledge. The entire discussion evolved around a number of key issues presented below under various sub headings.

### **Contraceptive Prevalence and Fertility Decline**

The participants agreed that contraceptive prevalence has contributed effectively to the decline in fertility. But it cannot singularly serve the whole purpose. Dr. Nashid Kamal of

Independent University pointed out, “There is a certain extent after which no amount of contraception can bring about further decline in the fertility level”. As reasons for gradual rise in the fertility level in Rajshahi and Khulna, she pointed out the role played by the desired number of children and factor of son-preference by parents. She argued that the socio-economic dynamics have a much important role to play. According to her, factors such as the girl child and her role in the society, the social benefits and social securities for the older parents, women’s role in the society, women’s security and economic opportunity have important implications on the fertility behaviour in a society.

### **Population Momentum**

Mr. Streatfield of ICDDR,B, drawing the attention of the authors regarding one of the policy recommendations, said that raising age at marriage and delaying first birth and subsequent births does not seem to have much impact on the population momentum in Bangladesh. The situation was much less optimistic in the Bangladesh context since many women complete child bearing by the mid to late 20s. So even if the inception of child bearing is delayed, it does not actually have any effect on population momentum, he added.

On the above issue Dr. Mabud observed that it is the responsibility of the society to be concerned about the population momentum. It is not only the responsibility of the Ministry of Health but also of other ministries through their sectoral collaboration as regards issues such as raising the age at marriage, birth intervals and many other policy measures.

### **Desired Family Size and Fertility**

Dr. Ahmed Neaz, Former Director General, Health & Nutrition Section of UNICEF, did not agree with Professor Atahar and noted that TFR would not reduce below the level of the ideal family size perceived by the people. Drawing on examples from different countries, he said that in countries like Indonesia, Sri Lanka and Thailand along with most of the developed countries the desired family size is higher than the TFR. He mentioned that *mobility* and *aspiration* are two important factors in determining the ideal family size. And these two factors *can* change with the socio-economic dynamics. He argued that every third birth in the country is an undesired birth since the TFR is 3.4



whilst the desired family size was found to be 2.4. Explaining the reasons for the existing gap between the desired family size and TFR, he observed that the low-income level of the people and other socio economic factors are major hindrances to bringing down the fertility level. He was of the opinion that women's organisation and role of micro credit brought in a little change in people's aspiration. In this backdrop, he raised the question as to what would be the proper policy interventions to reduce the fertility level, whether it is the programmatic factors i.e. the family planning programme, quality of services, long acting methods, or we need some non-programmatic actions i.e. social interventions for further reduction, or a combination of both is required. Referring to the example of India where the rate of long acting methods use is four times higher than that in Bangladesh, and the TFR was the same as in Bangladesh, he said that the long acting methods alone would not solve the problem.

Dr. Radeshyam Bairagi, Senior Scientist of the ICDDR,B observed that one of the important proximate determinants which he found missing in the analysis is the *abortion rate*. Citing an example from his personal experience from Matlab he said that there is a relationship between desired family size and fertility, however, there is no correlation between contraceptive use and fertility. Desired family size can vary with the son preference. He also noted that there is an intimate relationship between desired family size and the level of economic development. As per his findings, the desired family size is much lower among the educated people and the people with better economic conditions. Therefore, he concluded that the country needs both economic development, which can lower the desired level, and efficient family planning programmes, which will help the country to reach the goal. He also held that the family planning programme or the high rate of contraceptive use does not necessarily increase the birth intervals. Taking examples from the developed countries, he said that even though the contraceptive prevalence is much higher, the birth interval is found to be very short. As a result, he put more emphasis on the type of users, and their parity level, rather than on high rate of contraceptive use alone.

### **Programmatic and Non-Programmatic Factors' Effect on Fertility Decline**

Dr. Nur-un Nabi, Professor, Department of Population Sciences, University of Dhaka mentioned that he tended towards the arguments of Mr. Neaz and said that statistics must play an important role in showing the levels and trends; however, 'non-statistics' should also be integrated into the analysis in fertility discourse and to the policy measures. According to him, "Statistics might not give the real dynamics of the process". He also thought it was important to identify whether it is the programmatic factor or the role of social norms or cultural value which is responsible for rise in the fertility level and this enquiry should be a matter of concern. Recognising the importance of the non-programmatic factors he said, "I think that there should be some strong and predominantly non-programmatic strategies that can motivate people to change the behaviour in the context of a traditional society like Bangladesh."

Dr. Nashid Kamal of Independent University agreed with Prof. Nabi and said, "It is the time to jointly coordinate statistics with qualitative analysis and with a deeper understanding of the society".

The emphasis on the programmatic issue as a key element in the reduction of fertility level was also voiced by Ahmed Al Saber, the Research Director of NIPORT. He mentioned that in terms of neo-natal and post-natal care services Sylhet and Chittagong are lagging behind. The nutrition level is very low, and the unmet need for contraception is very high in those divisions. He argued that since Professor Atahar has clearly showed how the contraception and other family planning programme related factors have contributed to the decline of the fertility level in Khulna and Rajshahi; the fertility level could also be brought down in Chittagong and Sylhet by following the experience of Khulna and Rajshahi.

Brigadier Malek, former Advisor to the Caretaker Government, pointed out a number of important initiatives, which according to him, has to be undertaken in order to achieve the basic objectives of the family planning programme. One of his recommendations was to raise the level of education since many people in the country don't know what is family planning. Secondly, he urged for stimulating strong motivation in couples and clients.

According to him, infant mortality should be reduced and many other socio-economic conditions need to be improved. Strong political commitment for the success of the family planning programme is a prerequisite. Government should co-operate with the NGOs and appreciate the work of those who are working in the field. Lastly, the family planning workers should be made responsible for doing their duty properly. He argued that accountability should be established from the government side as well as those who are working well should be rewarded.

### **Ignorance of the Gender and Poverty Issue**

Ms Nasreen Haq from Hellen Keller International pointed out that the gender issue was somewhat ignored in the analysis. Dr. Nur-un Nabi agreed with her and noted that it was important to identify who in the family decides the preference about the son. Ms. Janet E. Jackson of UNFPA noted that even though there was recognition of education in the analysis, the poverty issue did not get due recognition as determining factor with respect to the rise or levelling of TFR.

### **Can Statistics Depict the Real Picture?**

Dr. Amanullah, former State Minister, Ministry of Health and Family Welfare said that statistics is not always able to provide the true picture of a phenomenon; putting human face on statistics is to be treated as a priority issue. He also said that environmental factors like air pollution, different natural calamities and their impact on the quality as well as availability of family planning services, the behavioural pattern such as migration, violence, political unrest, structure of the society, etc should be brought into the discussion, and be properly evaluated at the time of collecting and interpreting the data. According to him, all these factors should also be taken into consideration when one goes for a new criterion in measuring performance, or setting up an index by discarding the old ones.

Dr. Kazi Saleh Ahmed, Professor of Department of Statistics, Jahangirnagar University, pointed out that the analysis is mainly based on the BDHS data; as a result the analysis has got some limitations of non-coverage of many socio economic aspects. In this respect he made remarks – whether to follow the same methodology or to make an improvement in the

design in order to capture the salient features of the phenomenon. He also recognized the importance of the gender issue in this regard, and observed that the women's employment status has undergone a drastic change over the recent times. In order to capture the real dynamics a new design should be developed for analysis. He also cited the example of reverse change in Khulna and Rajshahi and was apprehensive that because of lack of appropriate transmission mechanisms, it was not possible to ensure improvement in women's status into reduced fertility. He also mentioned about Country Director of Population Council Dr. Ubaidur Rob's comment on the change in the family planning services and wondered whether it is the quality of design and the methodology of BDHS which gave rise to incompetence in capturing the impact of the economy and the high contraceptive prevalence on the fertility decline or there were other factors at play as well.

### **Quality of Data**

The issue of conflicting interpretations arising because of different sets of data generated by different sources was recognised by a number of the participants. According to Dr. Hamidul Haq Bhuiyan, Director of Census Wing of Bangladesh Bureau of Statistics, cross examination of data from different sources and surveys conducted by various organisations before taking up any analytical study and discussing policy issues is required. He argued that it was not judicious to rely on only one source of data or one particular survey. The same idea was echoed in Dr. Amanullah's voice, "we should not jump to any conclusion; this study is a good one, but should be repeated if possible, on the basis of bigger sample. A courageous person can take up the same data and use the same methodology to check the consistency of the findings."

Challenging the accuracy of the data Dr. M. Kabir, Professor of the Department of Statistics, Jahangirnagar University observed that there was a significant difference between the TFR calculated by Prof. Atahar and the one by Dr. M. Mazharul Islam. He said that Dr. Mazharul Islam who conducted the same analysis for the East West Centre and NIPORT estimated the fertility rate being 4.5 whereas the estimated fertility according to Dr. Atahar study is 3.9. He also pointed out that there was substantial difference between the two studies in estimating the postpartum infecundibility for 1993-94. He also challenged the validity of

some of the figures: for example, the total marital fertility rate of 3.94 compared to the TFR of 3.31. In explaining the reason he said that the denominator might have been the main problem.

On the question of the quality of the data, Dr. Ubaidur Rob, noted that although some of the participants have voiced their doubts about the accuracy of the data, he thought that there is no problem with the data set and the significant difference between the DHS and HDS data is due to the fertility in the adolescent period. If this can be eliminated, the TFR would be around 2.8 –3.0.

As professor Atahar had shown, in terms of literacy and overall economic development, Rajshahi and Khulna are better situated compared to Chittagong and Sylhet. However, the adolescent fertility has gone up in Khulna in the recent past. In this respect Dr Zakir Hussain, Co-chairman, ICPD, emphasised on the trends which was rather going against general understanding. He argued , “If we have a better economic performance, and high literacy, and we know these indicators are improving gradually, why are we going backwards in terms of demographic characteristics?” He expressed his doubts, saying, “ are we dealing with some fictitious data? Or is politics getting an upperhand over our science?”

In reply to the questions as regards the quality of data, Dr. Atahar responded that if any of the participants could suggest a better source of data he would be only happy to use that particular data set. He argued that in the BDHS, different types of information including the birth history is usually available, which is probably missing in the HDS data. One of the major advantages of using the BDHS data is that the birth history is captured only by this source which allows use of retrospective data. Regarding the methodology, he noted that the methodology used in the paper is one which is common for many important surveys including the labour force survey. The Bangladesh Bureau of Statistics has designed it and it is used by all the major sources including HDS. Therefore, there should not be any doubt about the quality as well as accuracy of the data.

### **Efficiency of the Family Planning Programme**

Dr. Kabir held that there is no clear ground to stress for further investigation of family planning services in Bangladesh. He argued that if the percentage of the population not using contraception is cross classified, some twenty percent would say that they don't want to use contraception; of the other 80% some will say that they do not need contraception since their husbands are away for long. He also said that the analysis has ignored the effect of one of the most important proximate determinants i.e. abortion. According to his estimation the contributing effect of abortion in fertility reduction is at least 13%.

Dr. Ubaidur Rob reiterated that the quality of the data was sound but it is the programmatic issues which need to be looked into. He re-emphasised the point that Sylhet is characterized by high fertility and high age at marriage, whilst contraceptive prevalence has decreased and TFR has increased in the recent years in Khulna and Rajshahi divisions. In this backdrop, he was curious as to why contraceptive use has decreased in these divisions and asked whether it is due to the programmatic factor i.e. the dysfunctional characteristics of the family planning programmes.

Dr Mabud appreciated Prof. Atahar's effort to look into the question of arrest of the fertility decline in recent times inspite of increase in the contraceptive prevalence and observed that the ground reality of the family planning programmes should be analysed critically. According to him, efficient family planning programmes with their couple registration system and subsequent follow up of the supervisors during 1993-96 period was much effective in keeping the fertility level low. During the subsequent periods the inefficient use of the contraceptive methods and high rate of discontinuation of oral pills and condoms and deteriorating condition of the system at implementation level go a long way in explaining the low impact of contraceptive use on fertility. He also mentioned that the traditional methods are being increasingly used. Therefore, the contribution of particular methods needs to be taken into cognisance of when there is an increase in the methods used.

### **Concluding Remarks by the Chairman**

In his concluding remarks Professor Rehman Sobhan noted that the quality of discussion at the dialogue was very high, however, it was not possible to come to a set of policy interventions to address the issues raised in the paper. Thus, the policy debate needs to be continued further. He thought that it was not enough to suggest the need for behavioural changes and call for studying the socio-economic variables that affect the demographic transition. According to Professor Sobhan a set of specific set of recommendations is needed from the experts so that the government could design appropriate actions on the ground. Thanking all the participants for their interest and active participation, Professor Sobhan noted that the unanswered questions might serve as the basis for the next round of discussion on the subject.

**List of Participants**  
(Arranged in alphabetical order)

<i>Brigadier (Retd.) Professor Dr Abdul Malek</i>	Former Advisor to the Caretaker Government Government of Bangladesh
<i>Advocate Abul Kalam Azad</i>	Advisor, World Peace Organisation
<i>Mr Afzal Hossain Sarker</i>	Technical Officer, BPHC
<i>Dr Ahmed Al-Kabir</i>	Member, ICPD Chief of party, Urban Family Health Partnership (UFHP)
<i>Dr Ahmad Neaz</i>	Former Director General, Health & Nutrition Section, UNICEF
<i>Dr Ahmed Al- Sabir</i>	Research Director, National Institute of Population Research & Training (NIPORT)
<i>Dr A K Ubaidur Rob</i>	Country Director, Population Council
<i>Lt. Col. (Dr) AKM Saifur Rashid</i>	CMH, Dhaka Cantonment
<i>Mr A K M Nur-un-Nabi</i>	Chairman, Department of Population Sciences, University of Dhaka
<i>Mr Aliliens Stranding</i>	Fellow, Institute of Development Studies, UK
<i>Mr Ali Tajul</i>	Consultant, Centre for Management Studies
<i>Dr A M Zakir Hossain</i>	(ICPD, Co-chairman) International Consultant, Urban Primary Health Care Project
<i>Dr Debapriya Bhattacharya</i>	Executive Director, Centre for Policy Dialogue
<i>Ms Farida Begum</i>	Deputy Director and Programme Manager BCC Unit Directorate of Family Planning
<i>Mr Fazlul Karim</i>	Deputy Secretary, DCCI
<i>Dr Hafiz Tareq Abdullah Khan</i>	Department of Statistics, University of Dhaka
<i>Mr Hamidul Huq Bhuiyan</i>	Director, Census Wing, Bangladesh Bureau of Statistics, Statistics Bhaban
<i>Ms Janet Jackson</i>	Deputy Representative, UNFPA
<i>Dr Jebun Nessa Rahman</i>	NPPP (HR-F) Directorate of Family Planning
<i>Mr Kami Kardola</i>	Health Specialist, CIDA
<i>Professor Kazi Saleh Ahmed</i>	Former Vice Chancellor and Professor Department of Statistics, Jahangirnagar University
<i>Mr Kazi Jahid Hossain</i>	Research Fellow, BIDS
<i>Dr Khairul Islam</i>	Program Support Manager, PLAN International
<i>Dr Kim Streatfield</i>	Head of HDSP, HSD, ICDDR,B



<i>Mr Kiron Chadra Bala</i>	HOSP PHSD, ICDDR,B
<i>Dr M Ataharul Islam</i>	Professor, Department of Statistics University of Dhaka
<i>Professor Dr M Amanullah, MP</i>	Former State Minister Ministry of Health and Family Welfare
<i>Mr Martin Rosenkinde</i>	Program Officer, UNFPA
<i>Dr M A Mabud</i>	Former Division Chief, Planning Commission (Health Wing) and HRD Consultant PRU Ministry of Health and Family Welfare
<i>Mr Md Abul Qasem</i>	Joint Chief, Director, Health Economics Unit Bangladesh Secretariat
<i>Dr M Kabir</i>	Professor, Department of Statistics Jahangirnagar University
<i>Mr Mainuddin Ahmed</i>	Project Director, BBS
<i>Dr M Mazharul Islam</i>	Department of Statistics, University of Dhaka
<i>Dr M E Khan</i>	Programme Associate, Population Council
<i>Dr Munir Ahmed</i>	Assistant Chief, UMIS Directorate of Health Services
<i>Mr M Nazmul Islam</i>	Formerly Officer, ICI Group
<i>Dr Mobarak H Khan</i>	Technical Officer, BPHC
<i>Mr Mohiuddin Ahmed</i>	Former Principal, Foreign Service Academy and Secretary to the Government
<i>Dr Muhammad Abdus Sabur</i>	Sector Coordinator, Health & Population Sector CARE-Bangladesh.
<i>Professor Mustafizur Rahman</i>	Research Director, Centre for Policy Dialogue
<i>Dr Nashid Kamal Waiz</i>	Professor, Population Environment Independent University
<i>Ms Nasreen Haq</i>	(ICPD, Member) Senior Policy Advisor Hellen Keller International
<i>Mr Nazrul Islam</i>	Manager, TA Units Pathfinder International
<i>Dr Nazma Kabir</i>	Head, Organization Learning and MIS Save the Children (USA)
<i>Mr Nurul Ameen</i>	Assistant Representative, UNFPA
<i>Mr Nurul Islam Akhand</i>	Project Director, Family Welfare Education Project Bangladesh Rural Development Board
<i>Mr Nitai Chakraborty</i>	Department of Statistics, University of Dhaka

<i>Ms Priti Dave Sen</i>	Deputy Team Leader, Health Economics Unit Bangladesh Secretariat
<i>Dr Radeshyam Bairagi</i>	Senior Scientist, ICDDR,B
<i>Ms Rebeka Sultana</i>	Sr. Assistant Chief, Policy Research Unit Bangladesh Secretariat
<i>Professor Rowshan Ara</i>	Consultant, Jubo Unnayan Department and Secretary to the Government
<i>Mr Shah Alam Sarker</i>	Director, BDO
<i>Md Shahidul Alam</i>	Director, HDS
<i>Mr Shamsuzzaman</i>	Researcher / Freelance Journalist
<i>Mr S R Shah Alam</i>	Author and Director, RDB
<i>Dr Syed A K M Hasan Alam</i>	Director, MFSTC
<i>Ms Unnati Rani Saha</i>	ICDDR,B
<i>Ms Zafrin. J. Choudhury</i>	Communication Officer, UNICEF

### **List of Journalists**

<i>Mr Monir Hossain Liton</i>	The Jugantar
<i>Mr Mustafiz Shafi</i>	The Prothom Alo
<i>Mr Enamul Huq</i>	The Independent
<i>Mr Shihabur Rahman</i>	The Financial Express
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<i>Mr Shafiqul Islam Jibon</i>	The Daily Manab Jamin
<i>Mr Siddiqur Rahman</i>	The Daily Provat