



Knowledge Brief

Health, Nutrition and Population Global Practice

HARNESSING THE DEMOGRAPHIC DIVIDEND IN BANGLADESH

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KEY MESSAGES:

- Bangladesh has achieved significant economic and human development progress. Nevertheless, its future socioeconomic prospects may be hampered by its population growth rate.
- In 2051, the population of Bangladesh will be an estimated 218.1 million under a laissez faire (LF) projection scenario and 201.3 million under an accelerated fertility transition (AFT) scenario.
- An AFT scenario would enable the country to improve the dependency ratios—possibly resulting in economic benefits from harnessing the demographic dividend for several decades.
- To accelerate the demographic transition, the government will need to revitalize high-level coordination to ensure multisectoral engagement in population policies, including increasing the age at marriage, and improving education, skills development, job creation, and safety nets.
- In addition, a sustained decline in fertility through increased access and coverage of family planning (FP) services is crucial, mainly by focusing on lagging regions and hard-to-reach areas, and by expanding the supply and provision of FP long acting and permanent methods (LAPMs).
- The Ministry of Health and Family Welfare (MOHFW) will need to improve the synergy and coordination of service delivery between the Health and FP directorates by promoting cross-referral between programs and the efficient provisioning of FP and reproductive health (RH) services through community clinics.

economies. Despite its economic growth, 32 percent of

Introduction

Bangladesh has made significant economic progress and remarkable strides in many areas of human development. The last three-year trend in gross domestic product was an upturn of more than 6 percent a year, which is equal to some of the best performing Asian

the population still lives below the poverty line and about 40 percent are underemployed. On the other hand, life expectancy and literacy levels have increased, child immunization rates are sustained above 90 percent, and

maternal mortality ratio declined sharply.

Bangladesh's 2011 Population, estimated at 149.8 million, is expected to increase by about 50 million by 2050. The country's annual growth rate is 1.37 percent but the population momentum due to the youthfulness of the age structure is expected to be partially offset by the continued pace of declining fertility—especially if fertility declines for a period of time below the replacement level of about 2.1 children per woman.

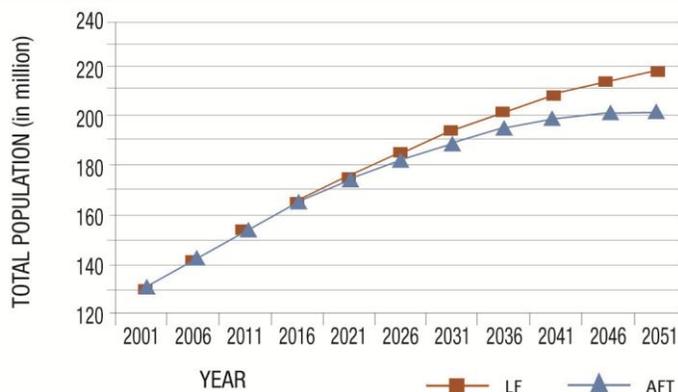
Accelerating the decline in fertility could reduce population growth in absolute numbers by one-twelfth by the mid-21st century. Declining fertility will hinge on the successful implementation of different health policy measures, which include increasing the supply and access to FP methods. The stabilization of the population will depend ultimately on the population momentum and the continued decline in the fertility rate.

Two Scenarios of Population Projections

1) Laissez faire (LF) scenario – the total fertility rate (TFR) reaches 2 by 2016 and stays.

2) Accelerated fertility transition (AFT) scenario – TFR reaches 2 by 2016 and declines to 1.7, which is below replacement level (Figure 1).

FIGURE 1: TWO PROJECTION SCENARIOS OF THE TOTAL POPULATION OF BANGLADESH FROM 2001 TO 2051



Source: Authors' calculations.

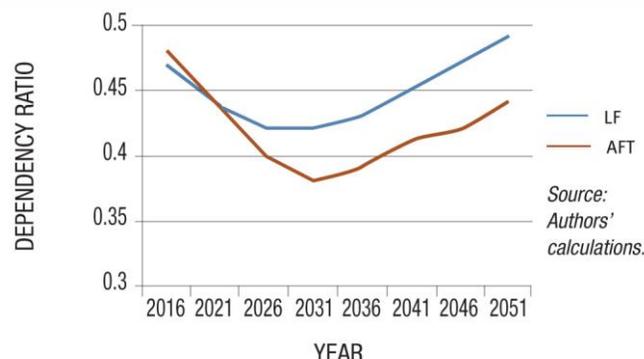
Due to the ongoing demographic transition, Bangladesh's population age structure will also change significantly. The proportion of youth will decrease gradually, once fertility declines to replacement level. Over the next 35 years, both projection scenarios indicate that the proportion of the population under 15 will decline sharply and the population over 65 will rise steadily, while the proportion of the population between

15 and 64 years will stabilize.

A Window of Opportunity for the Demographic Dividend

An accelerated fertility reduction will substantially increase Bangladesh's window of opportunity to capture the demographic dividend for several decades. The demographic dividend occurs when the value of the total dependency ratio reaches less than 0.5, for example, two workers for one dependent (Cheung et al. 2004). This presents itself when lower fertility levels increase the share of working age people along with declining dependency ratios, resulting in a steady rise in output per capita and potentially marked economic growth. The AFT scenario provides a lower dependency ratio (Figure 2) and a more favorable demographic window of opportunity until 2051.

FIGURE 2: DEPENDENCY RATIOS, BANGLADESH 2001-2051 (LF AND AFT SCENARIOS)



Source: Authors' calculations.

Poverty reduction is closely linked to demographic factors. According to a poverty assessment study (World Bank 2013), changes in the demographic composition between 2000 and 2010 have been an important driver of poverty reduction. For example, reduction in fertility resulted in lower youth-dependency ratio thus allowing for the household income to be distributed on less number of dependents. The study estimated that the demographic factors contributed to at least 25 percent of the observed decline of poverty during the decade (World Bank 2013).

The population projections also point to the challenge of population aging and its implications. As fertility decreases and life expectancy increases due to modern medical innovations and/or socioeconomic improvements, the elderly (aged 65+ years) will constitute about 14-15 percent of the population by 2051. Also, continuing socioeconomic development will further accelerate the shift from infectious to non-communicable diseases as the major cause of morbidity and mortality, which, together with population growth, may cause health expenditures to increase by 48 percent in 2020 (El-Saharty et al. 2013).

Bangladesh needs to capture the demographic dividend by implementing effective economic and social policies and to recognize the linkages between demographic factors and poverty reduction. The government has to put in place policies in areas such as health, education, labor market, and job creation, to harness the economic power of the youth bulge. Capturing the demographic dividend will not only contribute to economic growth but will also facilitate poverty reduction. On the other hand, the economic burden of an aging population and elderly care will require the government’s special attention to avoid cost escalation in public spending.

Fertility and Family Planning

Fertility decline is strongly linked to effective FP services. Between 1975 and 2011, the TFR declined from 6.3 children per woman to 2.3, while the contraceptive prevalence rate (CPR) increased from 7.7 percent to 61.2 percent (see Figure 3). However, the CPR and TFR passed through different phases (see Box 1).

The FP method mix has evolved over the past decade and a half. Use of modern FP methods increased by almost 20 percentage points from 1993 to 2010, when the use of the pill almost doubled and the use of injectable contraceptives almost tripled. The use of other modern FP methods, such as condoms and NORPLANT® rose more

BOX 1: EVOLUTION OF THE FAMILY PLANNING PROGRAM

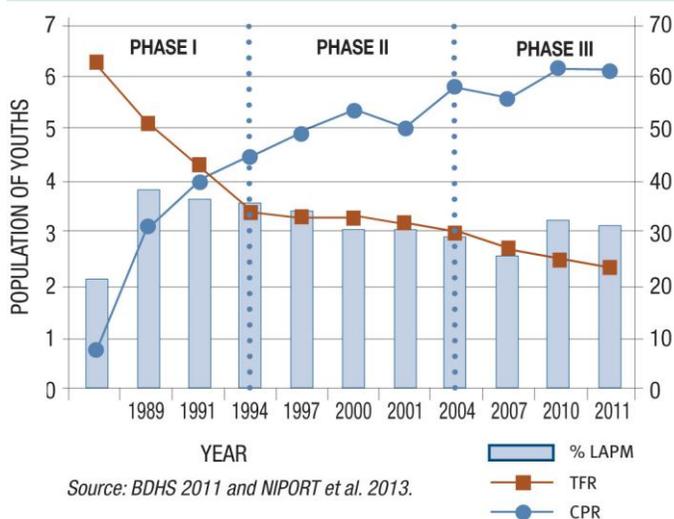
Since 1975, the CPR and TFR have passed through three distinct phases.

In the first phase, until the mid-1990s, the TFR declined rapidly largely due to steady increases in the use of FP services. This increase in FP practice, and subsequent decline in fertility, was motivated by a strong political commitment, increased method mix, the introduction of menstrual regulation, increased outreach, and demand-generating activities. Other factors included a functional integration of maternal and child health (MCH) and FP services at the upazila (sub-district) level and below, strong community involvement and participation by non-state entities, and the introduction of financial incentives to have less children.

During the second phase, through the early 2000s, the TFR decline was slower mainly due to decreased use of LAPMs—despite an increase in CPRs; low contraceptive use among young married women; high contraceptive discontinuation rates; a shift from outreach/domiciliary service delivery to clinic-based service delivery; and weak coordination between the Directorate General of Health Services (DGHS)—especially in its MCH component—and the Directorate General of Family Planning (DGFP).

During the third phase, around 2004, fertility services declined, particularly due to the increased role of non-state providers and the share of LAPMs. Nonetheless, fertility continued to decline, reaching less than 2.3 children per women, and contraceptive use reached 60 percent of couples.

FIGURE 3: TFR, CPR AND PROPORTION OF LAPMS, BANGLADESH 1975 TO 2011

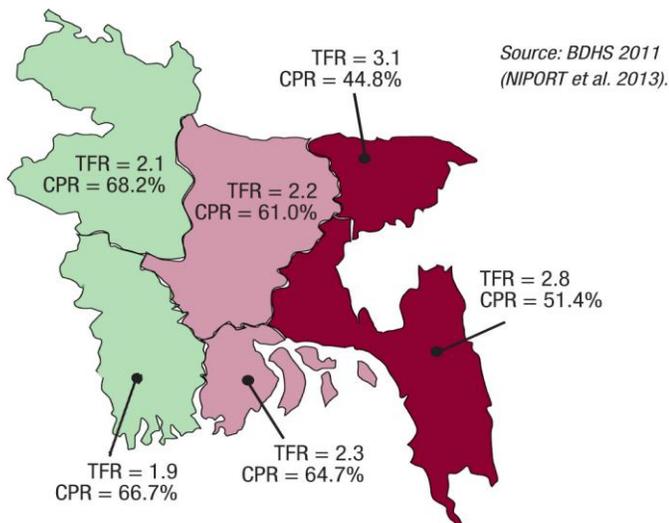


slowly or even fell, for example, intrauterine devices, and female and male sterilization. The use of traditional methods also declined. The public sector remains the main provider of FP services, although the private sector provision has increased over the years.

Despite its successes, Bangladesh’s FP program faces several challenges. The current program’s contraceptive method mix is dominated by short-term methods, whereas long-term/clinical methods are needed to accelerate and complete the fertility transition. Moreover, the age at first birth has not changed much: half of all teenage girls have at least one child. The usual pattern for couples is early marriage, rapid childbearing, and then reliance on short-term (less effective) contraceptive methods to avoid subsequent pregnancies.

The TFRs and the CPRs show wide regional variations. The Western part of the country has already attained replacement-level fertility, as illustrated by the Rajshahi and Khulna divisions. In these divisions, five districts already experience below-replacement levels: 1.8 to 2.0 children per woman. However, the Eastern part of the country’s fertility level is still one child on average above replacement-level (see Figure 4).

FIGURE 4: GEOGRAPHIC DISTRIBUTION OF TFR AND CPR, BANGLADESH 2011



Unmet FP need remains high at 11.7 percent of Bangladeshi women. Low-performing FP coverage in regions like Sylhet and Chittagong in the East have the highest unmet needs, while the high-performing regions like Rajshahi and Khulna in the West have unmet need of less than 10 percent.

Policy and Program Harmonization

The Government of Bangladesh's Health, Population, and Nutrition Sector Development Program (2011-2016) was prepared along with its five-year Program Implementation Plan and 32 Operations Plans (OPs). Among the 32 OPs, seven are specifically designed to strengthen the delivery of family planning and reproductive health services. The FP program operates within a complex architecture of the health sector, which requires improved synergy in the service delivery system and harmonization of the population policies.

The following policy interventions should be considered:

The HPNSDP should help to revitalize high-level government coordination to ensure multisectoral engagement on population policies. To accelerate the demographic transition and harness the economic benefits of the youth bulge, the government must pursue policies to expand education, particularly for women, increase the age at marriage and first birth, and invest in job creation and skills development for the unemployed,

coupled with expanding the safety nets for vulnerable populations.

The HPNSDP should improve access to and coverage of FP services through the following actions:

- Expand the supply of LAPMs, particularly injectables, to all providers beyond the social marketing companies and the government supply chain.
- Increase the FP program's focus on the hard-to-reach areas and lagging regions, whether in low CPR or high unmet needs.
- Address the acute shortage of health workers by increasing the use of trained community health workers, particularly in high fertility regions.
- Conduct ongoing stakeholder consultations to ensure contraceptive security and program sustainability.
- Strengthen the institutional and technical capacity of the Directorate General of Family Planning (DGFP) to manage the procurement of FP commodities more effectively.

The MOHFW will need to improve the synergy and coordination of service delivery between the Directorate General of Health Services (DGHS) and the DGFP through the following actions:

- Link RH services, such as antenatal and postnatal care and institutional deliveries to FP services, for example, cross-referral between programs.
- Use efficient provisioning of FP and RH services through community clinics and at the community level.
- Strengthen the MOHFW's capacity to triangulate data collected from various household surveys and use the data in decision making.

This HNP Knowledge Brief highlights the key findings from the HNP Discussion Paper "Population, Family Planning, and Reproductive Health Policy Harmonization in Bangladesh" written by Sameh El-Saharty, Karar Zunaid Ahsan, and John F. May (2014).

The Health, Nutrition and Population Knowledge Briefs of the World Bank are quick reference on the essentials of specific HNP-related topics, summarizing new findings and information. These may highlight an issue and key interventions proven to be effective in improving health, or disseminate new findings and lessons learned from the regions.

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