

# Family Planning Program in Bangladesh: Issues and Challenges

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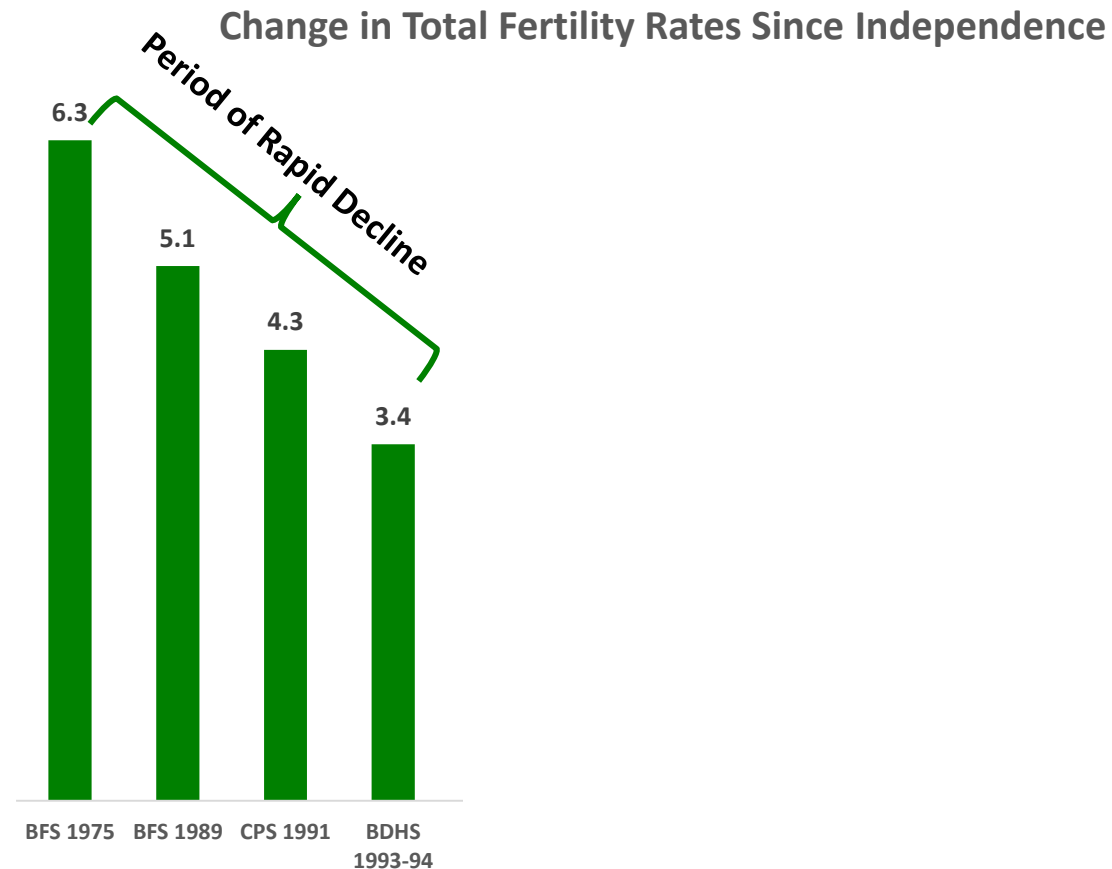
# Bangladesh: Key Information

- Bangladesh population now 165.2 million\*
- Women of reproductive age (15-49 years): 45 Million\*
- Currently married reproductive aged women: 80% (est. 36 million)\*
- Pregnant women at any point in time: 5% of currently married women \*\*
- Country is divided into eight administrative division and 64 Districts.
- MOHFW provides health services through DGHS and DGFP

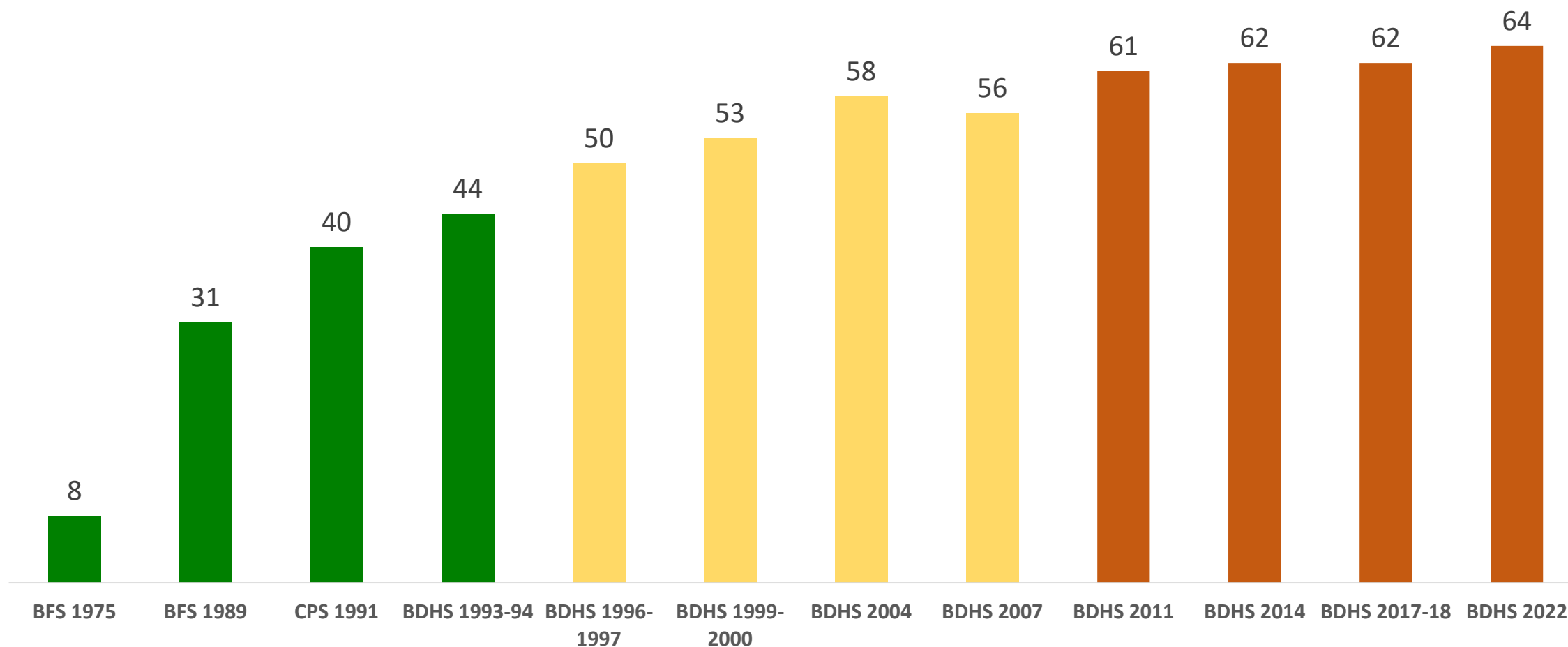


# Bangladesh: Fertility Trends

- Bangladesh experienced a large growth of population in the past, but due to the success of family planning program, total fertility rate (TFR) declined rapidly until mid-nineties.
  - **Period of rapid decline:** During 1975 to 1994, TFR decreased significantly from 6.3 to 3.3
  - **Period of Slower Decline:** During 1994 to 2011 from 3.3 to 2.3
  - **Decade of Stagnation:** No change in TFR from 2011 to 2023



# Trends of CPR: Percentage of currently married women aged 15-49 years using any method of contraception

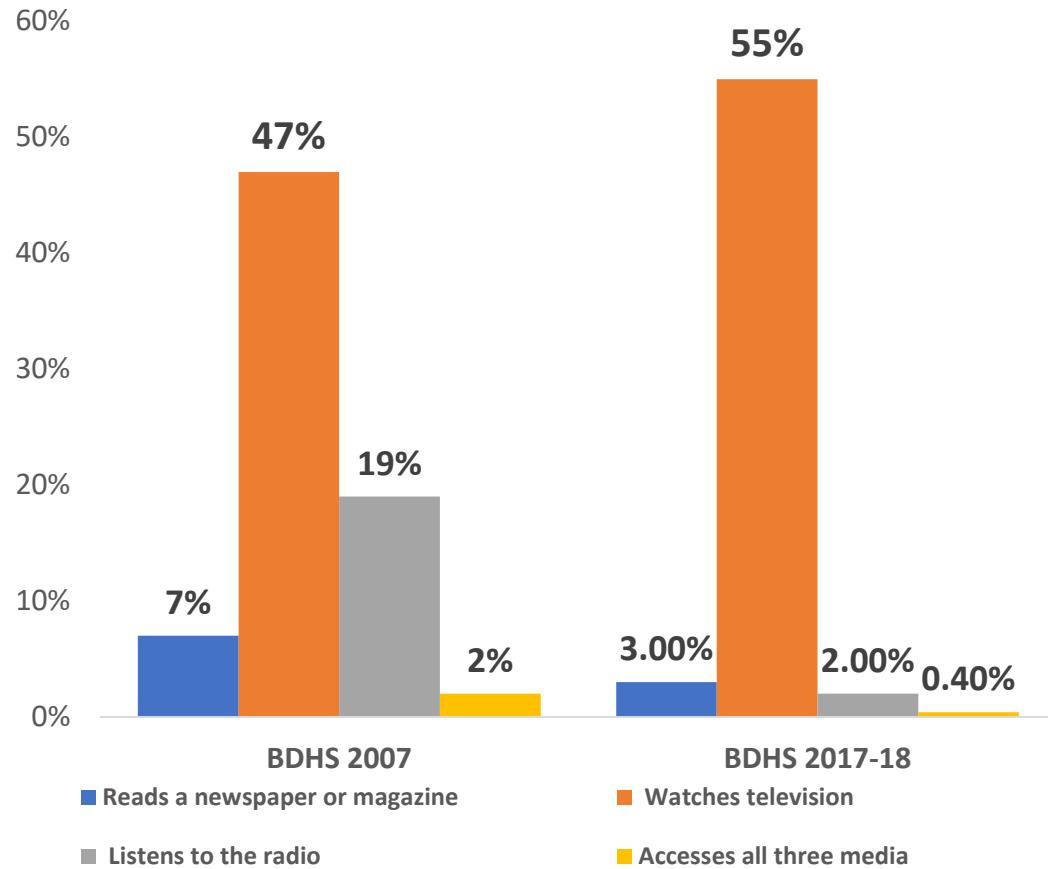


# Challenges of Family Planning Program in Bangladesh: Decade of Stagnation

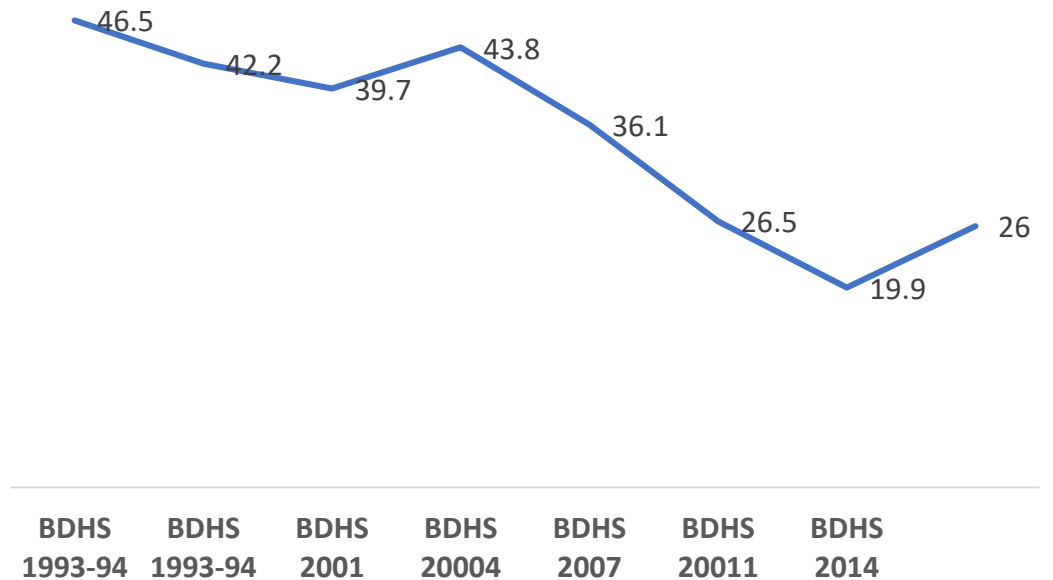
Social Behavioral Change Communication



# Exposure of ever married women to various mass media at least once in a week

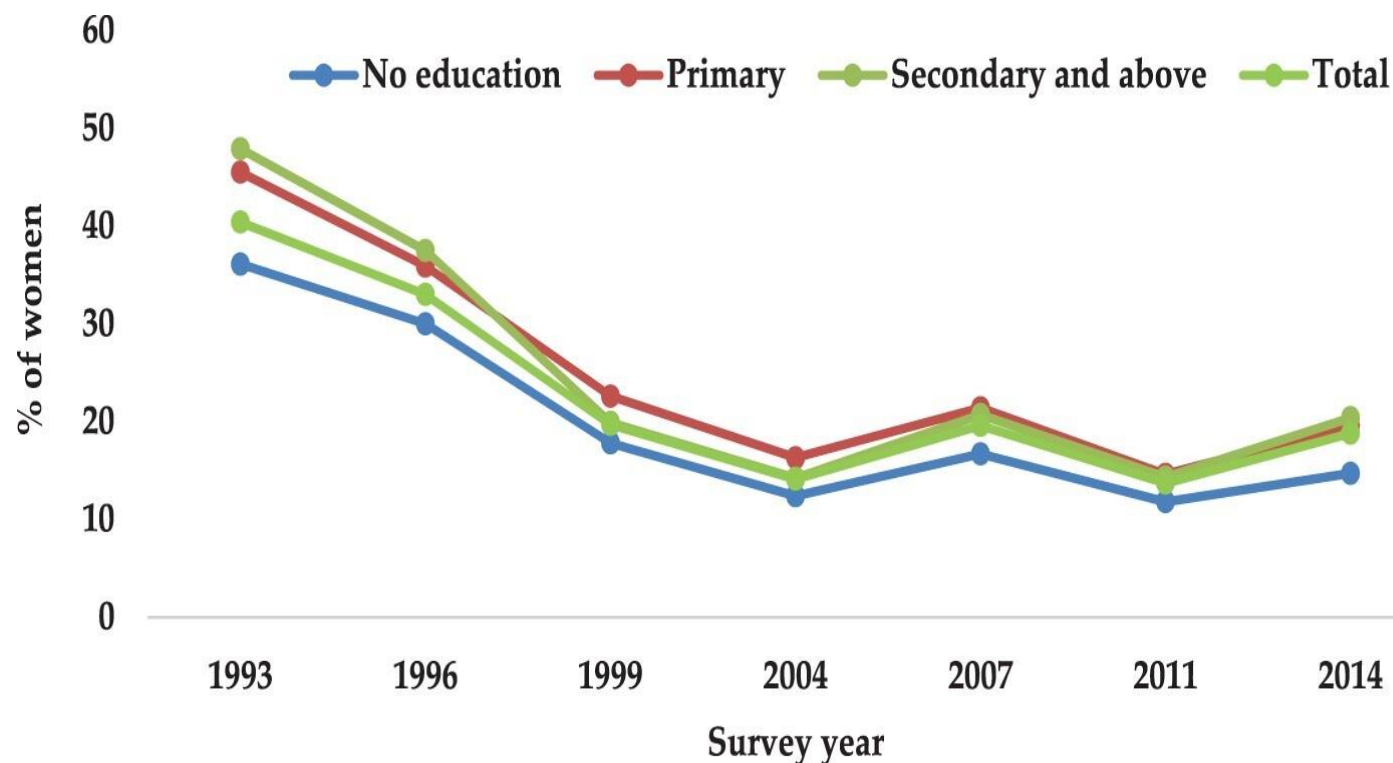


% of women ages 15–49 who were exposed to (heard, saw, or read) FP messages in mass media in the past month, 1993–2014, Bangladesh.

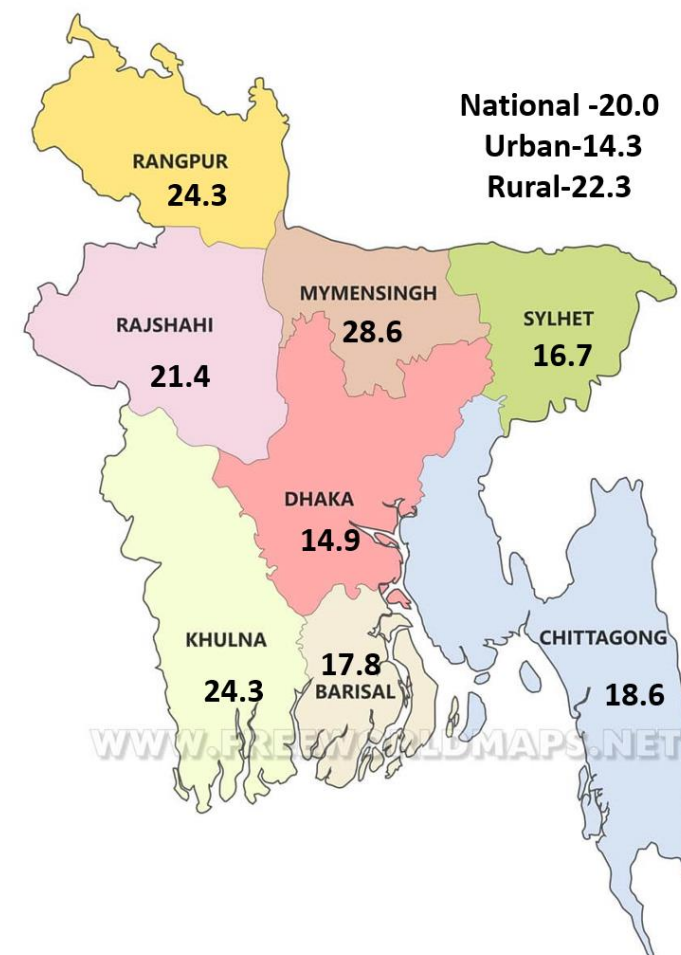


# IPC and household visit : Contact with family planning field workers in past 6 months

Trends in visits by family planning field workers to women ages 15–49 in the past 6 months by education 1993-2014



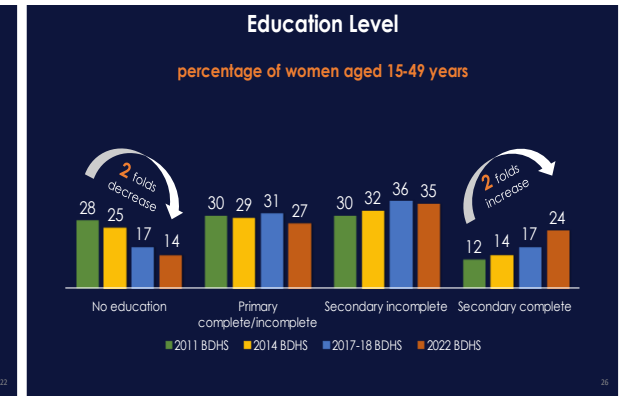
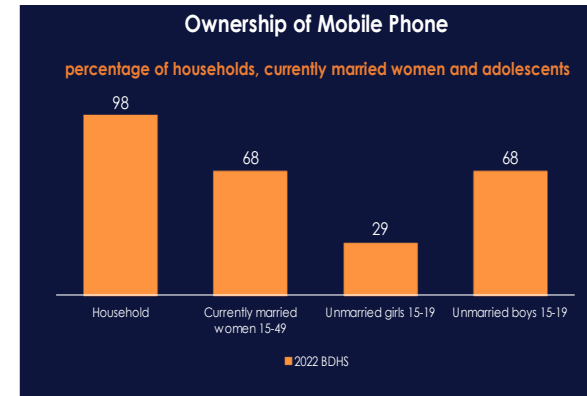
Contact with family planning field workers in past 6 months by division (BDHS 2017-18)



# Limited Effort for Embracing Social Media and Telehealth and a updated SBCC strategy

- BCC Approach of 80s and 90s are still dominating in program with mass media advertisement, IPC by FWA and FP messages are not contextualized with the present need and socio-economic conditions.
  - Access to electricity** has become universal (99%) in both rural and urban areas.\*
  - Household ownership of a **mobile phone** has **also become universal** (98%). Now, two-thirds of the currently married women own a mobile phone.\*
  - Now, one-fourth of the ever-married women have **secondary education** or more; a two-fold increase in the last one decade\*

\* BDHS 2022.



Need an evidence based **comprehensive SBCC Strategy** and mechanism for continued adaptation from learning and change of the need, social context, technology and media platforms and its acceptability. **Social media and telehealth initiatives** and not optimum level to be effective

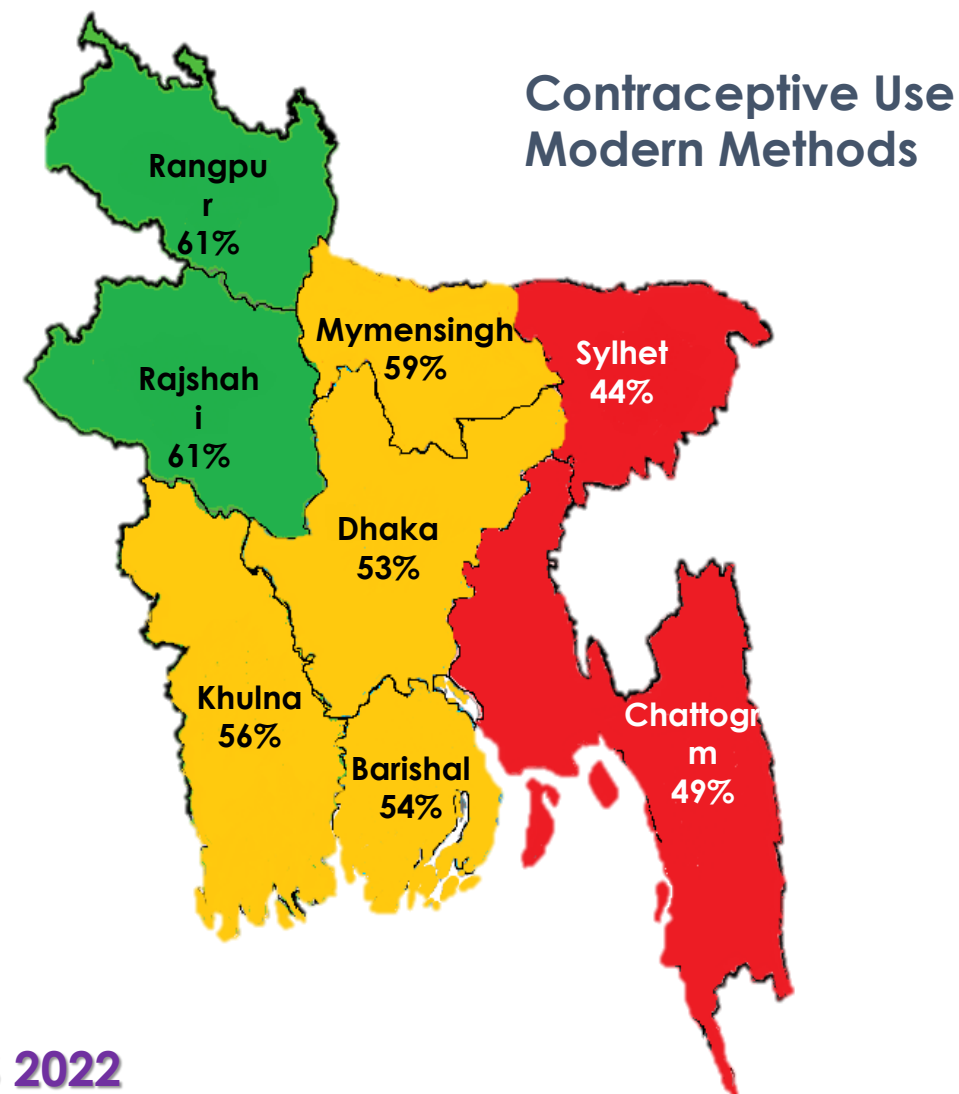
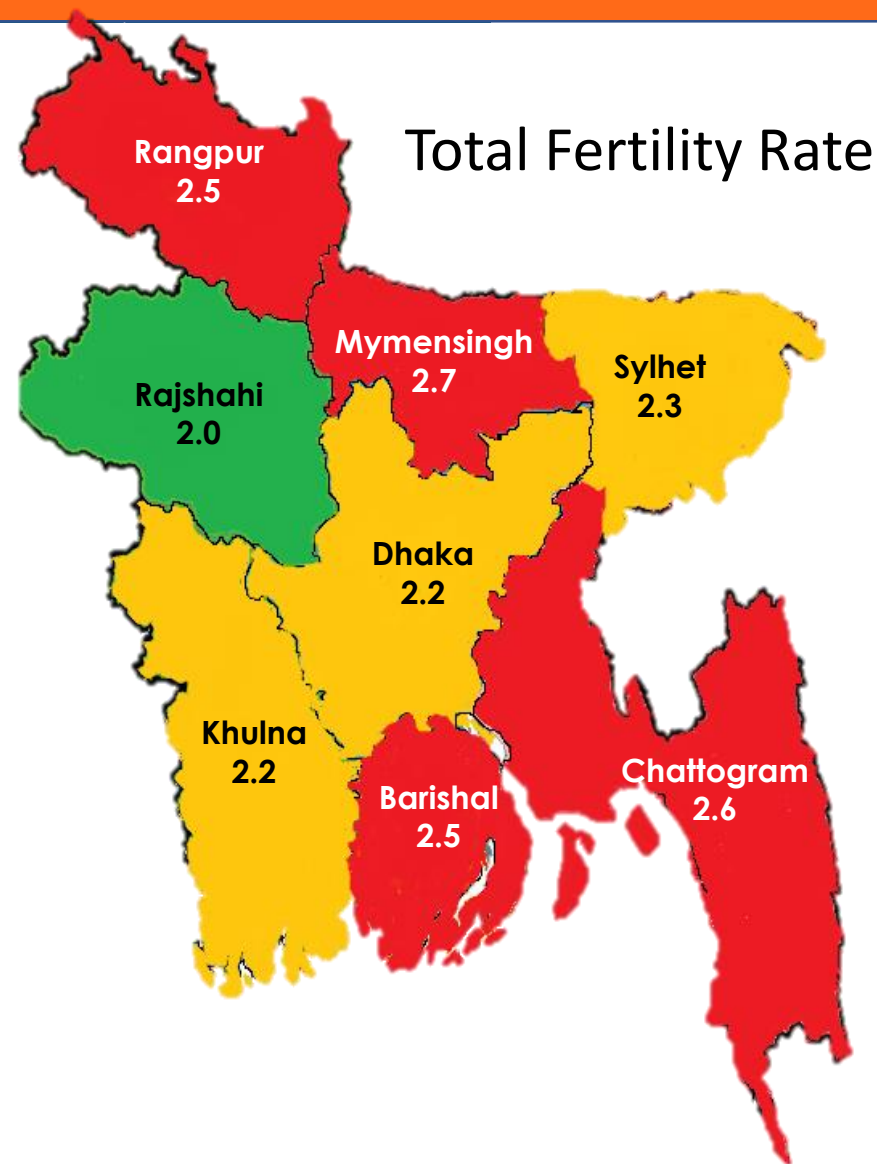


# Challenges of Family Planning Program in Bangladesh: Decade of Stagnation

Reaching the unreached by improving access



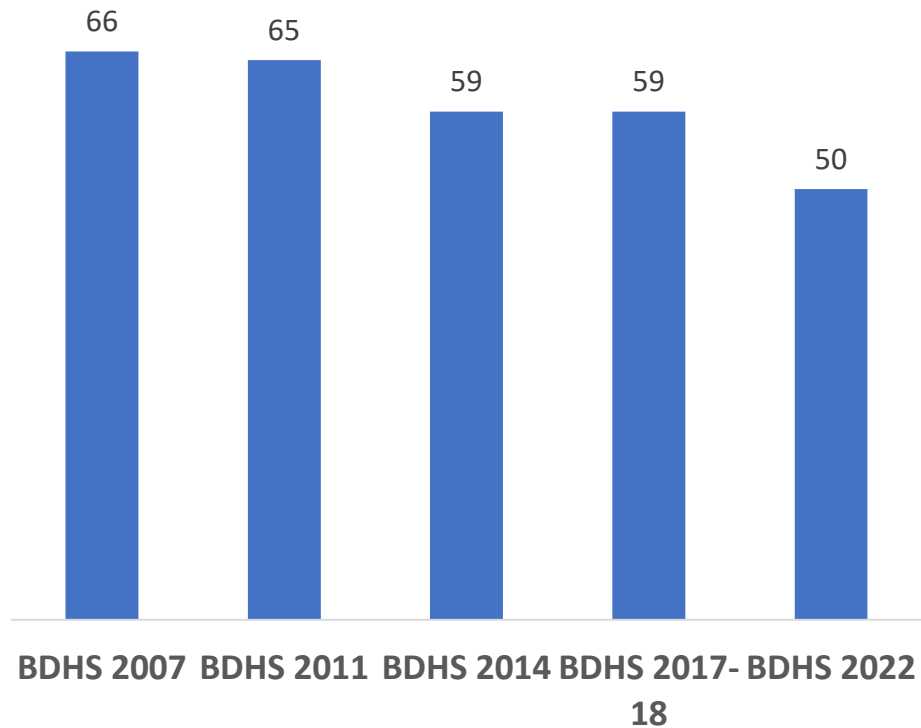
# Fertility Differentials and Contraceptive Use Modern Methods by Division



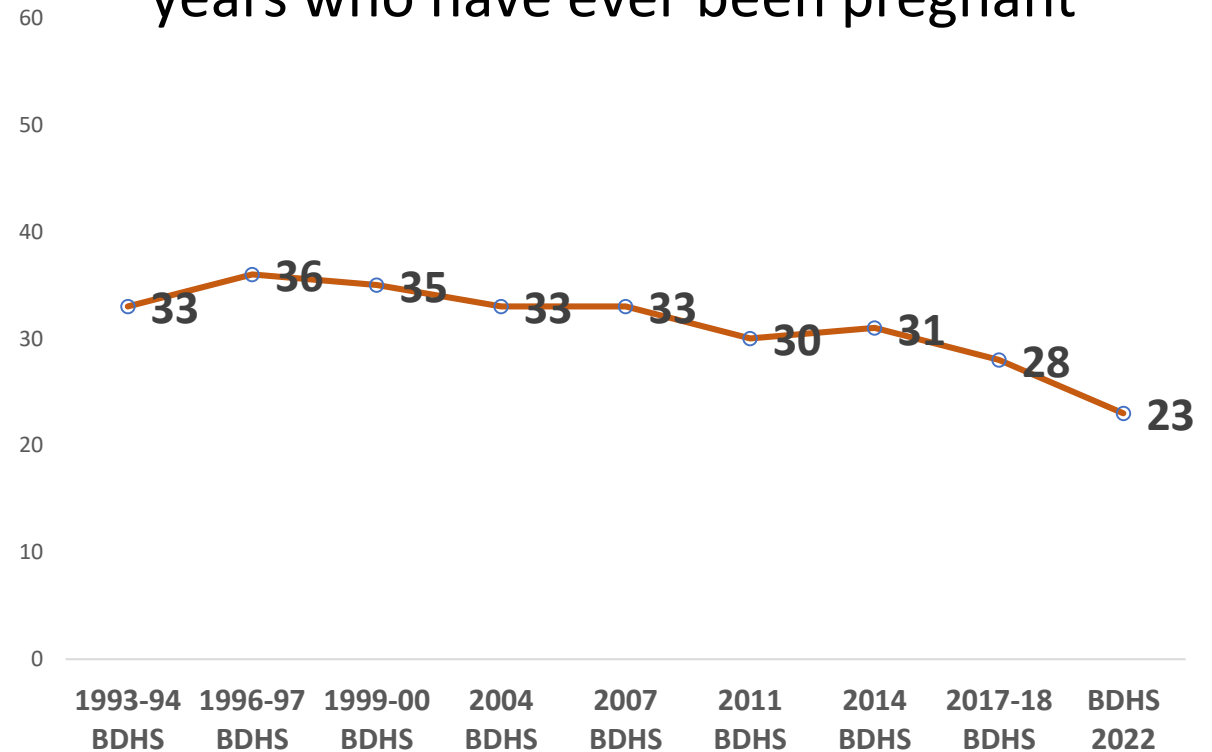
BDHS 2022

# Bending the curve: Adolescent Marriage and Pregnancy

Proportion of women aged 20–24 married before age 18

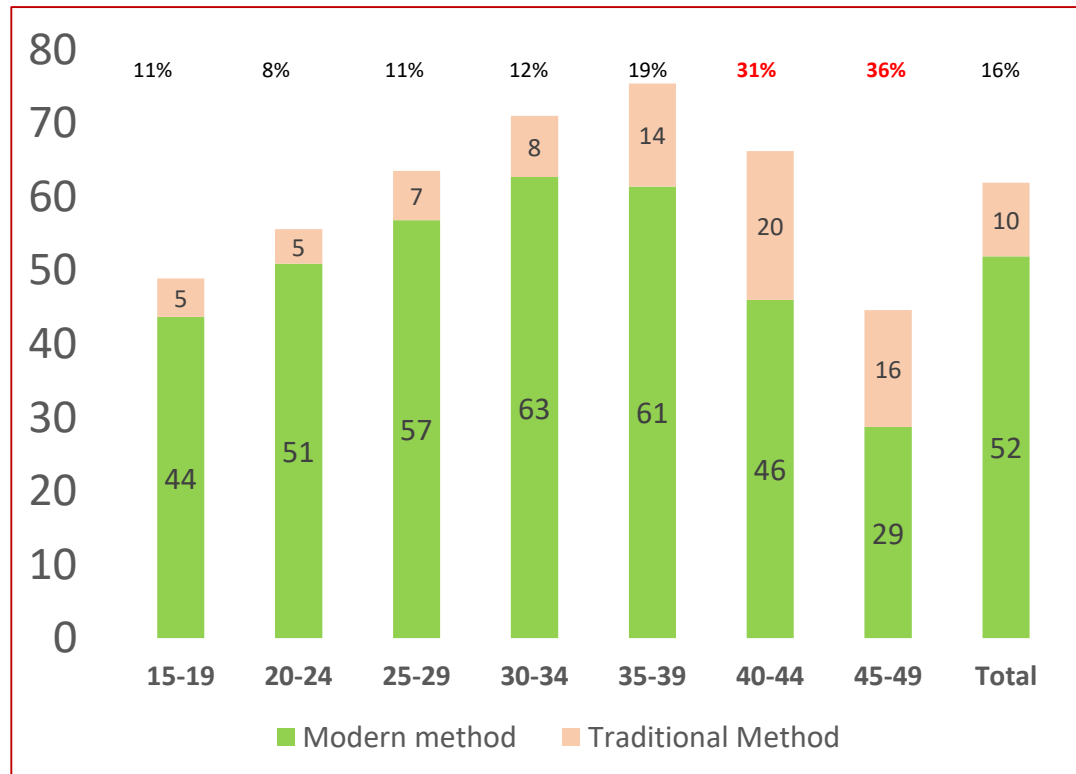


Percentage of women aged 15-19 years who have ever been pregnant

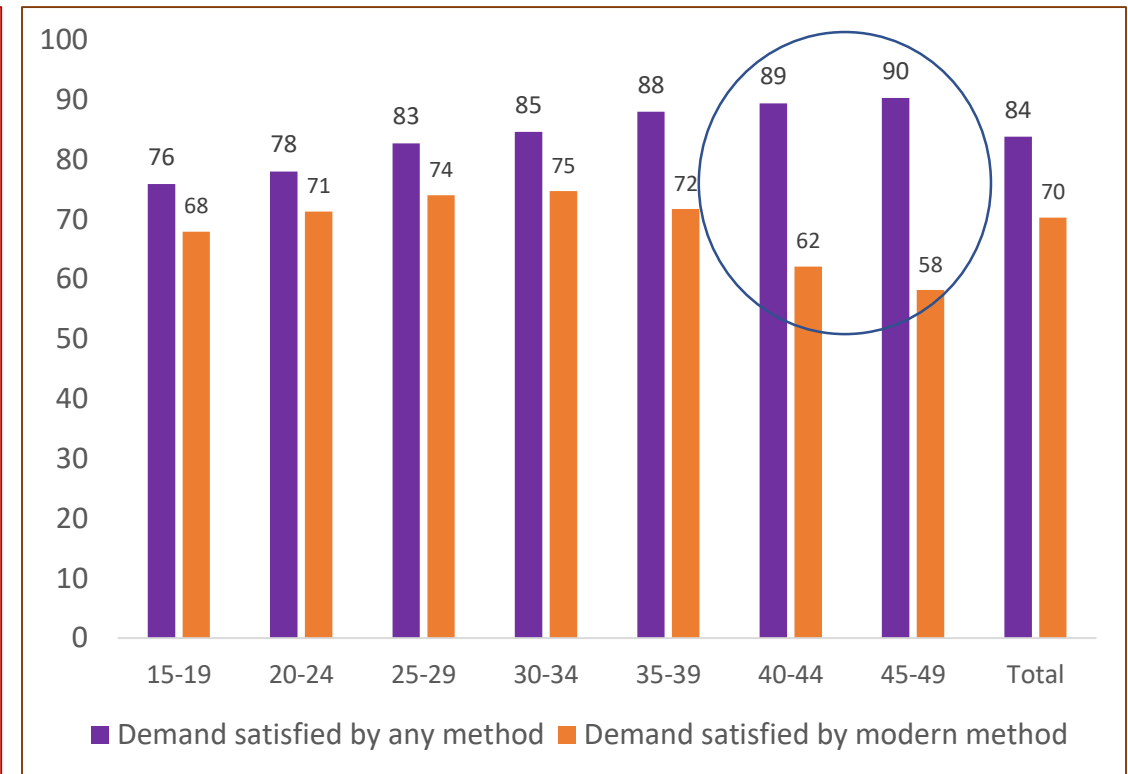


# Prioritization to reach the unreached: 40+ Aged Women

**CPR with modern & traditional methods by age group**



**Demand satisfied for family planning by age group**



Source: BDHS 2017-18

# Prioritization to reach the unreached: Urban Population

- Unmet need of contraception and high incidence of unsafe abortions, child marriage, early pregnancy and SGBV remains as public health challenges in urban Bangladesh. These challenges are high among slum dwellers, poor and ultra poor population, female factory workers, youth and adolescents.
- DGFP is not directly providing FP service for urban population; responsibility belongs with MOLGRDC. **Service provision of LARC and PM is limited**
- The large young female workforce working in garment and knitwear factories have limited access to FP services

## Current use of contraception by method Currently married urban and rural women age (15-49)

	Female Sterilization	Male Sterilization	IUD	Implants	Total LARC & PM
Urban	4.5	0.8	0.7	1.5	7.5
Rural	5.0	1.1	0.5	2.4	9.0
National	4.8	1.1	0.6	2.1	8.6

Source: BDHS 2017-18

# Institutionalization of Family Planning in DGHS

## Leadership and governance

Coordination with DGHS and DGFP at central and local levels

Advocacy for policy reform

Development of Steering Committee under DG DGHS

## Service delivery

Initiatives for Service Readiness in facilities

Staff motivation,

## Health system financing

Advocacy for incorporation in Next S(5<sup>th</sup>) Sector Program

Simplified Imprest fund mechanism for LARC & PM methods

## Health workforce

Capacity building of service providers from DGHS facilities

FP handbook for medical students and physicians are used for pre-service medical education and in-service training

## Medical products, vaccines and technologies

System development for FP commodities & supplies to DGHS's facilities from DGFP stores

Inclusion of budget for procurement of MR and PAC logistics (MVA) in DGHS's operational plan

## information systems

Strengthen Health management information system (HMIS) of DGHS for reporting quality FP services

Developed FP, MR and PAC dashboard for performance monitoring and decision making

Capacity building of Staff and HMIS staff on data management

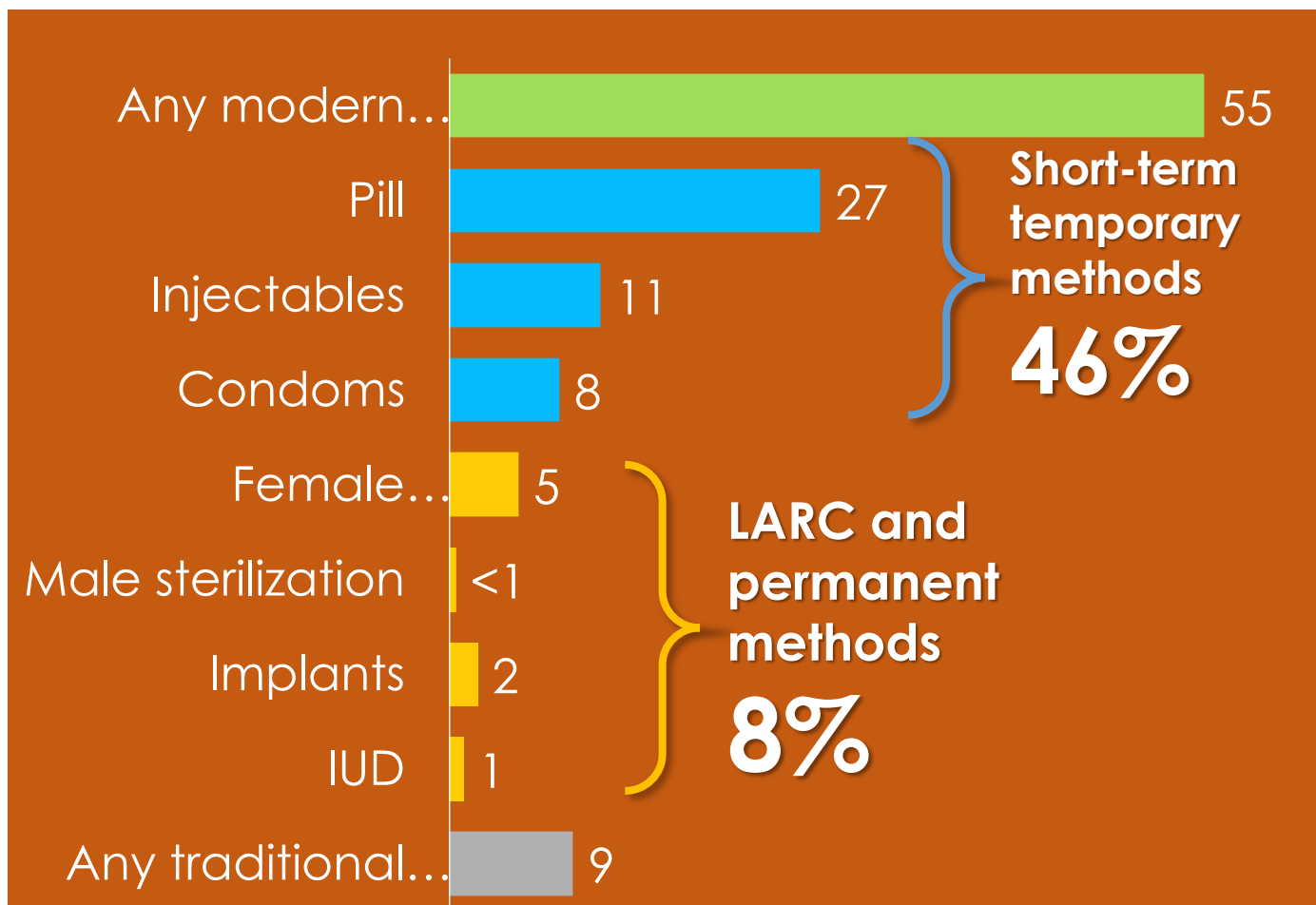
# Challenges of Family Planning Program in Bangladesh: Decade of Stagnation

## Quality of Family Planning Program

# Contraceptive Use and Discontinuation by Methods

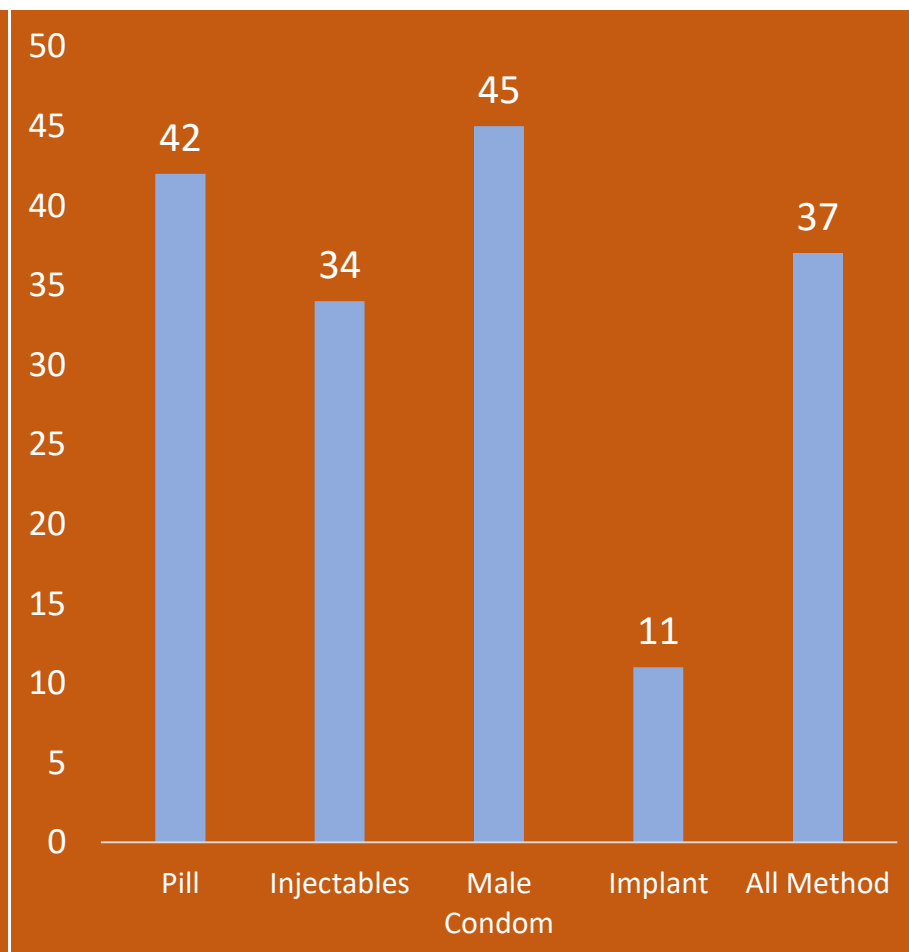
## % of currently married women aged 15-49 years

Contraceptive use by methods



2022 BDHS

Discontinuation rate by methods



2017-18 BDHS



# Private Sector: Increasing role in provision of FP methods

## Source of supply of specific modern methods

Methods	Public	Private	NGO
Pill	34.1%	64.3%	1.5%
Injetable	40.6%	53.3%	5.8%
Condom	15.5%	78.8%	1.1%
IUD	74%	20.7%	5.4%
Implant	87.9%	6.1%	5.6%

BDHS 2022

## Private Health Sector Role in LAPM

- The use of LAPM is very low, it is very much commodity dependent services and commodities are not openly available in market
- Role of Private sector need to be evaluate as for other RMNCH services private sector is playing major role

- Underprivileged and underserved populations:
  - Urban poor and ultra poor, Garments workers, Rural HtR population, Adolescents, Sexual minorities, 40+ years aged women, Sexually active unmarried
  - Targeted interventions for is required
- Increased access to services:
  - Institutionalize FP in DGHS and ensure supportive environment for private sector
  - Ensure universal access to FP
  - Allowing MLP for providing Implanon
  - Revisit imprest fund policy
- SBCC: Evidence based SBCC strategy needs to be adopted