Young, Low-parity Women: Critical Target Group for Family Planning in Bangladesh

More emphasis should be given to the provision of temporary methods to those just beginning their families or who want to space the birth of their children

By M. Alauddin and Mark VanLandingham*

After years of persistent low levels, contraceptive prevalence in Bangladesh is beginning to rise, albeit slowly (figure 1). This occurs none too soon. Bangladesh, densely populated and poor, endures a population growth rate that is still quite high, even by third world standards.

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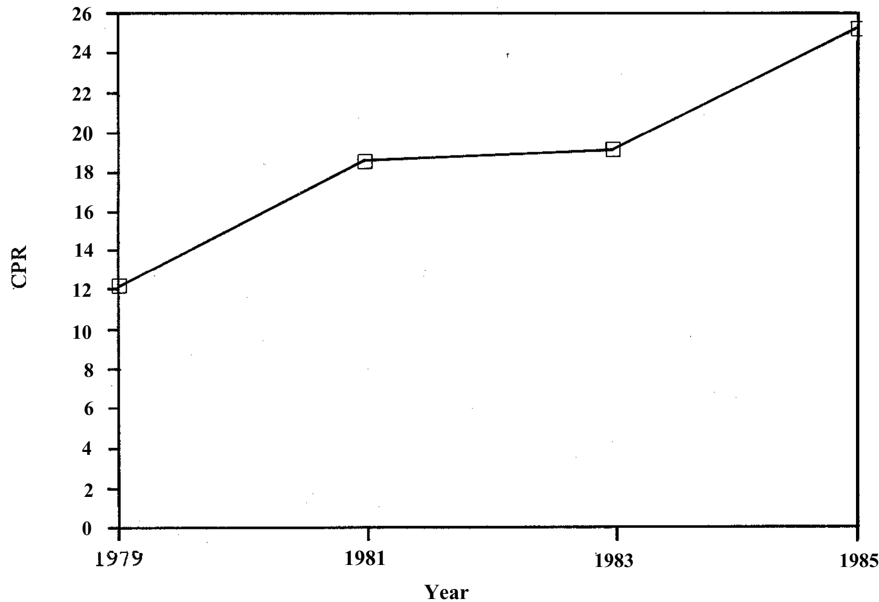
Figure 1: Contraceptive prevalence rates, 1979 - 1985



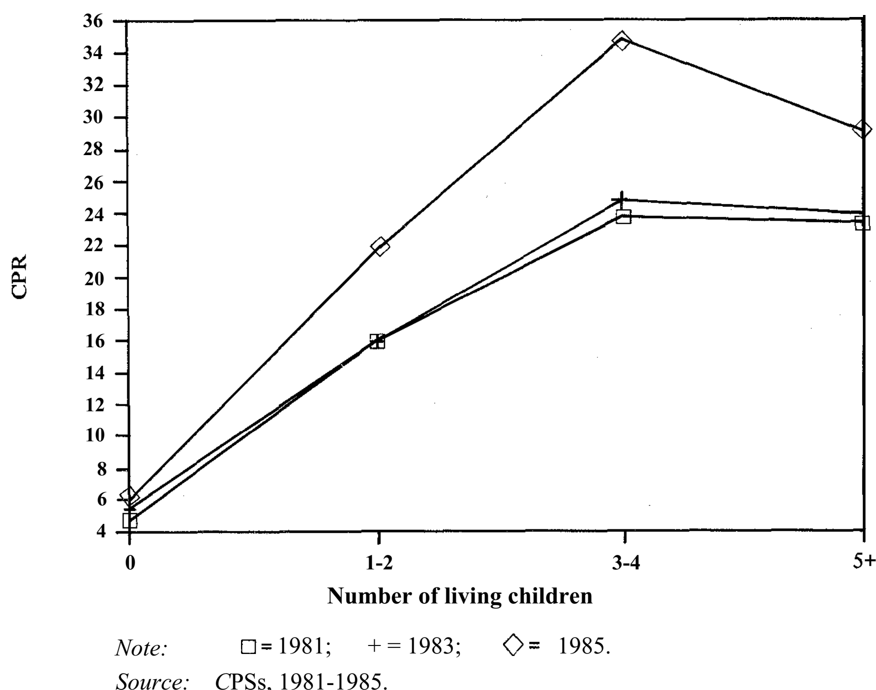
Source: CPSs, 1979-1985.

This increase in contraceptive use prompts two questions. First, what are the prevailing patterns of current contraceptive use? Second, how can these patterns be adjusted so that a decline in fertility is fostered?

Much of the increase in contraceptive prevalence in recent years is attributable to higher rates of acceptance of family planning among relatively older, higher-parity couples. Figure 2 shows that while rather high increases in contraceptive prevalence have been achieved for women with three or more living children, the gains for families with two or fewer living children have not been impressive.

Figure 3 shows that the largest increase in the contraceptive prevalence rate (CPR) between 1979 and 1983 occurred in the 35-39-year-old age group (which had the highest prevalence rate to begin with). Between 1983 and 1985, the largest increase occurred among 25-34-year-olds. Young women aged 15-24 years experienced much less increase in CPR during the period 1979-1985. Contraceptive use among these young, low-parity women remains quite low.

Figure 2: Contraceptive prevalence rates by number of living children

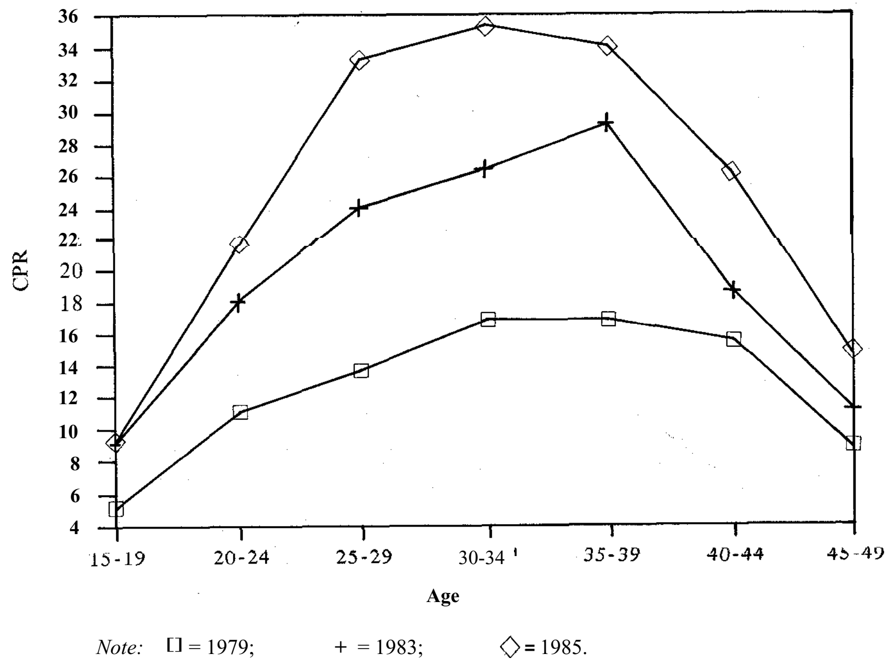


Note: □ = 1981; + = 1983; ◇ = 1985.
Source: CPSs, 1981-1985.

Undoubtedly, making contraceptive services readily available for older, higher-parity couples is essential in Bangladesh. Methods such as the IUD and sterilization are particularly appropriate for this group since many do not wish to have any children in the near future or may wish to terminate child-bearing altogether.

Even so, the importance of targeting young, low-parity couples for family planning services cannot be overemphasized. They should be considered a priority target group for several reasons. First, just in terms of sheer numbers, these young couples have tremendous demographic significance. Women 15-24 years old comprise 44 per cent of all women of reproductive age. Also, there are very large cohorts of girls just below reproductive age that will soon begin having children (figure 4). Second, since these young couples are just beginning their families, early adoption of contraception for spacing purposes may continue throughout their reproductive lives resulting in an overall reduction in the number of births. Third, recent studies show a surprisingly high demand for contraception among these younger couples.[1/]

Figure 3: Age-specific contraceptive prevalence rates, 1979-1985



Note: □ = 1979; + = 1983; ◇ = 1985.

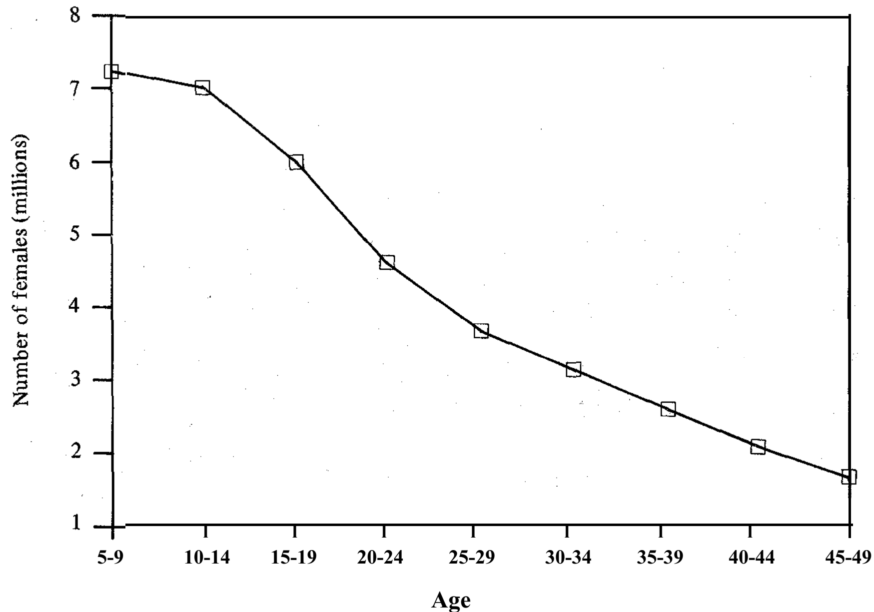
Source: CPSs, 1979-1985.

Fourth, and most important, while contraception is quite low among these younger couples, they have by far the highest fertility rates. Figure 2, which graphs CPR for each age group, shows that the highest prevalence rates occur among women who are 25-39 years of age. Figure 5, which plots the age-specific fertility rates for the same age groups, demonstrates that the highest fertility rates occur among women 20-24 years of age (who experience quite low contraceptive prevalence rates). This, along with the other reasons mentioned, clearly illustrates the need to target these young, low-parity women for family planning services.

Recommended interventions

Given the demographic importance of these young, low-parity women, what can be done to increase contraceptive use among them? Several interventions are described on pages 53-57 that should be implemented at both the field and national levels.

Figure 4: Female age structure, 1987

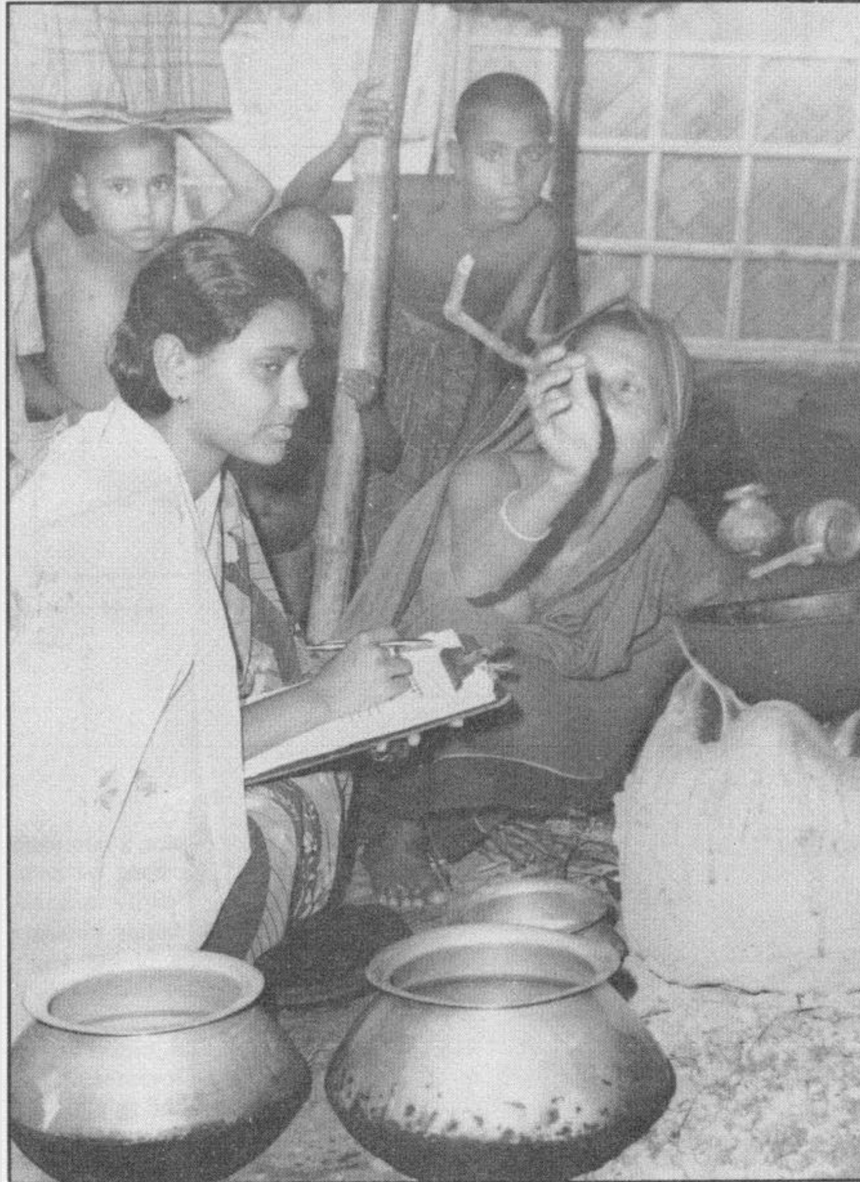


Source: Government of Bangladesh Planning Commission.

Field level

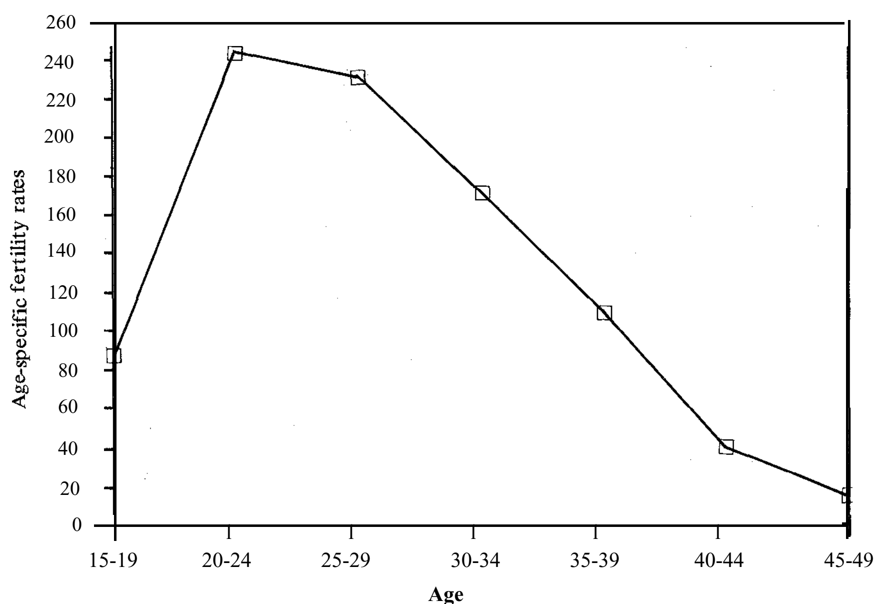
1. As a prerequisite for targeting young, low-parity couples, a complete registration of the eligible couples in each fieldworker's area must be completed. It is essential that the fieldworker have at least age and parity information for each couple in her area so that she can individualize family planning education, supply and referral services. Tabulated information of her area's eligible population is also necessary to enable her to estimate baseline contraceptive prevalence by age and parity and to set periodic contraceptive prevalence goals for her area. Several of the non-governmental organizations (NGOs) have implemented this work strategy already. The Government has recently completed such a comprehensive registration system and should now direct its attention to the utilization of this valuable database for local-level planning.

2. Fieldworker and supervisor training must be adapted to focus on this target group. First, fieldworkers must be made aware of the importance of visiting young couples as well as older couples.[2/] Second, the message pre-



Information about eligible couples is necessary so that family planning education, supply and referral services can be individualized for each couple. (Photograph courtesy of the Family Planning Association of Bangladesh)

Figure 5: Age-specific fertility rates, 1985



Source: Bangladesh Bureau of Statistics, 1986.

sented to young, low-parity women must be made relevant to their current needs. Spacing, rather than termination of child-bearing, should be the focus of this message. The importance of an uninterrupted supply of contraceptives and frequent visitation to check for side-effects should also be stressed as both are very important for clients using temporary methods. Finally, as previously noted, the fieldworkers and supervisors must be instructed in how to utilize couple registration information collected from the fieldworker's area.

3. Provision of maternal and child health (MCH) services becomes increasingly important as more young couples are brought into the programme. As couples become confident that their existing children will survive, they often feel less compelled to have more. Co-ordination of immunization and well-baby care with family planning services should be increased.

Promotion of breast-feeding is an effective MCH intervention that has family planning benefits as well. Unfortunately, the potential contraceptive benefits of breast-feeding have been overlooked in most family planning programmes.[3/]

National level

1. The Government's Planning Commission should consider revising their "method-mix" targets (table). While a planned reduction in the proportion of "other" methods (mostly relatively ineffective traditional methods) is sensible, most of this reduction is reallotted to sterilization and IUDs, which target older women (table). We feel that temporary methods used for spacing purposes, e.g., pills, condoms and injectables, should make up a larger proportion of the country's method-mix target, especially since the demand for these methods seems to be high.[4/] Such an increase would substantiate the Government's commitment to providing services for spacing as well as cessation of child-bearing.

2. The current family planning media campaign should highlight the health benefits for both mother and child when family planning is used for spacing purposes. The nutritional and contraceptive benefits of breast-feeding should be included in this campaign.

3. The Government and NGOs should increase their efforts to promote a small family norm. The receptions for two-child families that have been held jointly by the Government and an NGO and the recent public media messages about the value of small families are steps in the right direction. The development of "family life" education in public schools would provide another ideal medium for such a message.

Table: Contraceptive method mix (per cent)

Method	1985	Target 1990
Sterilization	39	43
IUD	5	14
Oral pill	17	18
Condom	13	13
Injectable	2	3
Other	24	10
Total	100	100

Source: 1985 Contraceptive Prevalence Survey (preliminary results), Government of Bangladesh Planning Commission.

Temporary contraceptive methods such as injectables ideally should make up more of the "method mix" in Bangladesh since the demand for such family planning and child-spacing methods is high. (UNICEF photograph)

4. More efforts should be made to influence community and religious leaders and men in general. In Bangladesh, two of the major reasons women cite for not using contraception are religious beliefs and objections by husbands.[5/] Local-level meetings, seminars and workshops involving local leaders should be conducted at the *upazilla* (sub-district) level and below. Media messages emphasizing how men benefit from smaller and healthier families should also be developed.

5. Government and NGO programmes should intensify their efforts in immunization and other child-survival activities. Programmes that help to reduce infant and child mortality will have the added benefit of reducing the number of children young families feel they need to have in order to complete their desired family size.

Summary and conclusions

Young, low-parity couples have not been a big part of the recent increase in contraceptive prevalence in Bangladesh. We recommend several steps to address this problem. Registration of couples, provision of fieldworker and

supervisor training focused on this target group, and the expansion of MCH services could be done by both the Government and NGOs working in the field.

Increasing the share of temporary methods in the Government's method mix targets, media campaigns promoting the small family norm and the benefits of spacing and breast-feeding, programmes targeting local leaders and men in general, and the expansion of child survival programmes are actions that could be done by the Government to target this important group.

Certainly the need to make sterilization services readily available to older, high-parity couples who wish to terminate child-bearing is indisputable and, in fact, there is scope for an increase in contraceptive use among all age and parity groups. Still, we feel that more emphasis should be given to the provision of temporary methods to those who are just beginning their families and want to space the birth of their children. The young, low-parity couples who would benefit from the above recommendations are numerous and are characterized by high fertility rates. For better or worse, they are certain to play a pivotal role in the future fertility trends of Bangladesh.

Footnotes

1. Alauddin *et al.* found that among women who had recently given birth, 53 per cent of those who were in their twenties expressed an intent to use contraception.
2. Alauddin and his colleagues have found that among women who had recently given birth, those 30 years of age and older were almost twice as likely to have been advised in the use of contraception by family planning workers than those in their twenties.
3. There is an excellent review article on the family planning benefits of breast-feeding in the November 1987 issue of *Asian and Pacific Population Forum.*
4. The 1985 CPS found that among non-users who intended to use a contraceptive method in the future, pills and injections were the most frequently cited methods.
5. The 1985 CPS of Bangladesh.

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