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Community Participation in Family Planning Program in Bangladesh: The Role of the Eligible Couple and Community Leaders

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Abstract: Although family planning program in Bangladesh has achieved a commendable progress, the rapid growth of the population is still a daunting problem. The major aim of this paper is to analyze the views and narratives of eligible couples and community leaders to use modern contraceptive methods as a best means of controlling population growth. An exploratory survey was conducted among the 658 eligible couple and 120 community leaders in the sub-district levels of Bangladesh. The findings reveal that the lack of mass awareness at large and unwillingness of eligible couples to participate in the family planning program are major problems for a successful family planning program. The main reasons for not using family planning and modern contraception are the negative perceptions regarding contraception, socio-cultural barriers, side effects and inadequate of access to these services. The study concludes that the need for the family planning care provider as well as the mass accessibility to family planning services may strengthen the existing family planning program. Addressing issues around accessibility, increase the use of contraception, recruit required health workers and increase involvement of eligible couples and community leaders in family planning program are the best means to solve the problem.

KEY WORDS: Family planning; community participation; eligible couple; community leaders; awareness.

Introduction

Bangladesh, a land of 55.598 square miles, has since ancient times been known to the outside world for its glorious history and tradition and its strategic geographical setting on the Bay of Bengal. With a unique communal harmony, Bangladesh has a population of 16, 10, 83, 804 and annual growth rate 1.579% (BBS, 2016) making it one of the densely populated countries of the world. In 1901, as the Bangladesh Population Census (2001)

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shows, the country that is now Bangladesh is supported by a population of roughly 28 million and the rate of population growth was negligible. Due to a decline of mortality after WW II, the population was exploded and nearly 100 million population had been added by the beginning of the present century (Kamal, 2008).

Table 1: Enumerated population during 1901-2001

Census year	Population (in '000)	Variation		Growth Rates (Exponential)
		Number	Percent	
1901	28,928	-	-	-
1911	31,555	2,627	9.08	0.87
1921	33,254	1,699	5.38	0.52
1931	35,604	2,350	7.07	0.68
1941	41,997	6,393	17.96	1.65
1951	42,063	66	0.16	0.02
1961	50,840	8,777	20.87	1.90
1974	71,479	20,639	40.60	2.62
1981	87,120	15,641	21.88	2.83
1991	1,06,314	19,194	22.03	1.99
2001	1,23,851	17,537	16.50	1.53

(Bangladesh Population Census, 2001)

The family planning (FP) program in Bangladesh has been considered as a success story in a setting without much socio-economic development. With the concerted effort of the Government of Bangladesh (GOB) and Non-Governmental Organizations (NGOs), the contraceptive prevalence rate has increased from eight percent in 1975 to 54 percent in 1999-2000 (Mitra et al., 2000). Bangladeshi policy makers and population professionals were convinced that the community participation is one of the key components of achieving success in FP program. During this time, Bangladesh decided to foster and promote community participation with the lessons learnt from Indonesian FP program through overseas study tours which helped the program planners and implementers exposing themselves to the success story of the Indonesian program by practically observing the program design and implementation strategies. With this aim in mind, the Government sent a large number of officials, community leaders, program administrators and even service providers and their supervisors to gain firsthand knowledge on Indonesian program implementation strategies. Following this study tours, the participants, back at home, developed an action plan for their own areas for implementation in line with the Indonesian program. The major characteristics of the Indonesia family planning program were-

- Involvement of community leaders in all spheres of program planning and implementation including service delivery;
- Involvement of multi-sectoral development agencies in FP activities; and
- Institutionalization of the program at the local levels.

In Bangladesh, the program was known as Local Initiatives Program (LIP) and Bangladesh succeeded in introducing and extending the LIP in 104 out of the country's total 464 Upazila since 1987. With positive responses, remarkable changes occurred in

the accomplishments to the extent that at local levels. Unit FP committees, Union FP committees were constituted and headed by the respective elected chairmen and other members of the local institutions to plan and monitor the program. LIP female volunteers were recruited, service delivery plans and monitoring tools were developed for the community leaders to coordinate and ensure program development and implementation of FP program at the local level. The program has achieved a laudable success in implementing the program through community leaders and other local influential.

Family planning empowers women and improves maternal health. Unplanned pregnancies interrupt work; career plans and affects a woman's health. By preventing unintended pregnancy, wider family planning access reduces the risk of abortion or childbearing. It should be noted that improving maternal health is an important MDG. In 1990, maternal mortality rate (MMR) in Bangladesh was 570 per 100,000 live births. The MDG objective for Bangladesh is to reduce it by 75 percent, i.e., to 143 by 2015. However, the progress made in reducing MMR, even though significant, is not sufficient to bring it down to the target level in 2015. MMR came down from 570 in 1990 to 450 in 1995 and then to 320 in 2005 (Chowdhury, 2006). However, family planning prevents HIV. Contraception is the best kept secret in HIV prevention.

1.1 Rationale of the Study

Over population of Bangladesh is a big problem. Though the growth rate, relatively speaking, is on the decline but continuously increasing total population has produced enormous pressure on this small landscape. The annual growth of population is around 1.5 percent, and two million of new faces are added to the population annually. Even if the government adopts two child policy in a family, the total number of population would be 238 million by 2030.

Table-2: Total population- According to the census of 1961, 1974, 1981, 1991, 2001 and 2011 are shown below:

Census	Male	Female	Total
1961	2,81,98,000	2,70,05,000	5,52,03,000
1974	3,96,22,657	3,67,75,591	7,63,98,247
1981	4,62,94,784	4,36,16,999	8,99,11,783
1991	5,73,13,929	5,41,41,256	11,14,55,185
2001	6,77,31,320	6,27,91,278	13,05,22,598
2011	7,49,80,386	7,47,91,978	14,97,72,364 as on 15 March, 2011

(Source: BBS, 2011)

As one of the countries, Bangladesh contributing immensely to the up surging growth of world population had been the focal point of international concern for quite some time. The country has the heritage of past population growth. It had only 10 million populations in 1650. It grew to 22.80 million in 1872, 42.20 million in 1951, 51.6 million in 1961, 71.3 million in 1973, 87.09 million in 1981, 10.8 million in 1991 and an estimated 12.38 million in 1997. Due to the past high fertility and falling mortality, the population has more than doubled itself in less than 30 years since 1961. Whereas

previous doubling took eighty years and doubling before that about two centuries. What is horrifying for Bangladesh is the tremendous growth potential build in the age structure of its population, below 15 years is 46% while 48% of the country's population constitutes nonproductive members including the young and old age groups of 25 million women of reproductive age, 60% are between the ages of 15-29, the most fertile ages. During the next 20 years approximately additional 29 million young female will enter into reproductive ages while only 7 million will age out. This population wave will continue to propel growth even with drastic dramatic reductions in fertility.

To reduce this rapid growth of population, family planning was introduced in Bangladesh (Then East Pakistan) in the early 1950s through the voluntary efforts of social and medical workers. The Government, recognizing the urgency of moderating population growth, adopted family planning as a Govt. sector program in 1965.

In 1976, the Government declared the rapid growth of the population as the country's number one problem and adopted a broad based multi-sector family planning program along with an official population policy (GOB, 1994), population planning was seen as a integral part of the total development process and was incorporated into successive five year plans. Policy guidelines and strategies for the population program are formulated by the National Population council (NPC), which is chaired by the Prime Minister.

Community participation is widely believed to be a solution for many of these problems. In recent years, community participation has been recognized as an important element for sustainability, effectiveness and optimal use of health and family planning programs, particularly among poor and under-served populations in developing countries. Both governments and donor agencies in developing countries have become increasingly aware of the importance and need for active local participation in the light of unsatisfactory performance of health, family planning and development programs and their limited impact on the welfare of the intended beneficiaries (Bhatt, 1985). Specific to Bangladesh, there is a growing realization that the innumerable problems the nation will face in the future may be so big and unique that no existing government and non-government mechanisms will be able to address them adequately without effective participation from community members.

In Bangladesh, a growing realization forced on the policy makers and program planners by an analysis of the causes of failure of the program to achieve its goals even after two decades of its operation, that is family planning program will not be able to achieve the desired demographic, goal without community involvement, is manifest in the policy and programmatic measures emphasized in the Bangladesh Government's Third Five Year Plan (1985-90) on family planning. This document categorically states that community participation is an indispensable precondition for developing a social awareness of and a consensus for small family norm and a social sanction against large family.

1.2 Objectives of the Study

A major aim and objective of the study is to find out the present scenario of the family planning program in Bangladesh. This study explores the opinion and views of the eligible couple whether they accept and use modern contraceptive family planning techniques and critically reviews and analyzes the existing policies and programs

strategies through community involvement and to suggest alternative program in the country. However, the specific objectives of the study are delineated as follows:

- To find out the obstacles to implementing a successful family planning program throughout the country;
- To know the rates of community participation in the family planning programs; and
- To identify alternative strategies or approaches in the light of the diversified needs or suggest new interventions for ensuring effective community participation in family planning program.

2. Literature Review

In 1970, MS Calderone edited a book entitled "*Manual of Family Planning and Contraceptive Practice",* 2nd edition, India in which authors have presented a comprehensive survey of contraception in its many relationships-medical, social, legal and psychological. It is more than a manual of techniques, although each method received for contraception, although these are discussed. It is rather a presentation of family planning as a broad canon of knowledge which, if applied, would do much to foster the happiness of families everywhere. This volume has emphasized that if motivation is strong, almost any contraceptive method will prove reasonably successful because the earnest desire to prevent pregnancy will dictate regular usage. This important problem is discussed with emphasis on the fact that mossy failures of a method stem from its irregular use rather than from deficiency of the method. The editor of this volume hopes that this volume will, among other functions, give new impetus to the integration of family planning services into all maternal health programs throughout the country to the end that benefit will occur not only to our own mothers but to all women in the world at large.

Studies relating to community leader's influences on reproductive behavior of the eligible couples are very scanty. A few studies have done in the past also do not adequately address this issue. A study conducted by NIPORT on "Role Community Participation in Family Planning Program" published in 1983 shows that more than seventy percent of formal leaders (73.4%) and 86.9 percent of informal leaders never supervised the activities of the family planning workers. Only 26.6 percent of formal and 13.0 percent of informal leaders occasionally supervised the activities of family planning workers. Further, 39.0 percent of formal and 49.3 percent of informal leaders did not even have any idea about the activities of family planning workers. This study revealed that of the total formal leaders, 35.2 percent discussed motivational aspects and problems in family planning; 20.3 percent official matters and 37.5 percent addressed public meetings for family planning workers. It appeared that more than 40 percent of formal leaders and only 3.7 percent of informal leaders claimed to have put forward their effort to improve the family planning program through public meetings. It is also observed that the community leaders were reported to be irregular in attending the meeting arranged by the program managers. One-half of the program personnel reported that the members of the Union Parishad attended the meetings occasionally, while 26.6 percent reported that they never attended the meetings. However, a great majority of the formal leaders 76.6%

suggested that special power and duty to Union Parishad members would accelerate the family planning program. Ahmed (1987) outlined the 'Essential features of community participation approach of a successful primary health care program'. In the light of his experience, he emphasized that the basic obstacles. Such as, factionalism, local power politics, lack of experience in decision-making and other problems faced from the community need to be identified and overcome.

In practice, the present Bangladesh Family Planning Program, however, provides a gloomy picture of community participation. The empirical result of a survey has conducted by Waliullah et al. (1983) on "Evaluation of the Impact of Community Leader's Participation in Family Planning in Two Villages" shows that the community leaders show least interest in family planning. Lack of outlined responsibilities and incentives may be accounted for their inactiveness.

Another study conducted by Kabir and Moslehuddin on '*Role of Community Leaders in the Family Planning of Bangladesh*' which has almost the same focus was conducted in 1984. It was found that 56 percent leaders of the Government Sponsored Program area and 50 percent in the non-government program area were current users. Only about 10 percent leaders in the Government area reported that they were involved in promoting family planning program. The comparable figure in the non-government area was little over 14 percent of the leaders who reported that they were visited by the family planning workers (i.e. FPAs, FWAs); more than 65 percent informed that they discussed family planning along with other related issues.

3. Methodology

By nature, this study is exploratory. The study uses both the primary and secondary data. For primary data, a multi-stage sampling technique was used for this study. First, we selected following sub-districts such as Palasbari, Modhukhali, Kamalganj, Chowgacha, Betagi and Mirsarai were selected purposively. We selected these sub-districts purposively as these truly represents both the urban and rural areas of Bangladesh. As each of the Upazila was on an average 10 unions, we then selected several unions as the sample unit of my study. Consequently, we selected six villages, following the unions, one from each Upazila, for this study. Finally, we surveyed 658 eligible couple who had already been married and 120 community leaders including the chairman and member of the union parishad, teachers at primary and high schools, Imam of the local mosques. These respondents were also selected purposively. For this selection, we used stratified random sampling techniques as it really helped us to collect data from the people of different socio-economic groups.

A close ended questionnaire were used for this study. Both questionnaires were pre-tested before the data collection. The first set of questionnaire was used for the eligible couple and the second was used for community leaders. We surveyed each of the respondents separately and in a congenial environment. Each respondent was well-informed before data collection and we surveyed those who were willing to take part in our survey. After survey, the raw data has been processed, summarized and interpreted for analysis and presentation. The secondary sources such as the books, refereed journals and newspapers

were also collected using Google and Google Scholar search engine. The relevant literatures were then used for framing the theory for this research.

4. Findings

4.1 Eligible Couple

A. Personal, Demographic and Family Information of the Respondents

This section provides demographic and family information collected through the field survey in the six sub-district levels in Bangladesh. The table-3 shows age distribution of Eligible Couple. About half of ELCO (48.02%) was in the age range between 20-29 years. This period is important for ELCO to born child. If ELCO can patient to born child and plan small family this age ranged between 20-29 years, it will be help to reduce the population growth of Bangladesh. So we had taken significant and important maximum number of respondents of ELCO to evolve future strategies of family planning program.

Table-3: Percentage distribution of the respondents according to the age group of Eligible Couple

Age	Upazila						Total (N= 658)
	Palasbari	Modhukhali	Kamalganj	Chowgacha	Betagi	Mirsarai	
15-19	1.82	0.76	0.46	1.37	1.22	0.30	5.93
20-24	5.32	2.74	4.71	5.32	2.28	3.65	24.01
25-29	3.95	2.89	2.58	5.17	4.41	5.02	24.01
30-34	2.28	2.58	1.98	3.19	4.56	3.04	17.63
35-39	3.95	4.26	1.37	3.04	2.13	3.04	17.78
40-45	1.52	1.98	2.28	2.28	0.76	1.22	10.03
46-49	0.00	0.15	0.30	0.15	0.00	0.00	0.61
Total	18.84	15.35	13.68	20.52	15.35	16.26	100.00

Age at marriage influences fertility when the boys and girls marry at considerably advance age then immediately they can expect a child. The low age at marriage may be seen in the rural areas. The population of reproductive age, particularly the females is necessary for forecasting the future growth and taking appropriate measures for birth control and planned population growth.

The monthly incomes of most respondents (96.05%) were nil. Most of the respondents were women. They lived as a normal housewife and they work as home worker and don't earn money. So it is clear that most unemployment women keep important role to born child than that of employment women. The differential participation in productive activities by men and women has led to the development of son preference in society, boys are considered a greater economic asset but none had such expectation for the girls. So man expects boys than girls which effects increasing fertility.

Respondents were found belonging to two types of families-single and joint. Majority of them, 69.30% of all respondents, belonged to single family whereas 30.70% to joint family. Family type is an important factor about population growth. Joint family expects more children than that of single family.

Early marriage and economic benefits of having children translate primarily into high fertility for women. Maximum number of respondents (31.16%) was found belonging to a family having more than five members. During the study, it was observed that most respondents were expecting to born child.

Maximum number of respondents (86.32%) informed that no death of children had occurred. Changing medical level positively reduces death and increases number of family members. High fertility and large family size must be considered an important contributory cause of infant mortality. Early marriage and economic benefits of having children translate primarily into high fertility for women. Changing medical level positively reduces death and increases number of family members.

B. Concept, Side Effect and Birth Control Method

This section presents the views and opinions of the eligible couple and community leaders regarding the sources of knowledge about family planning from what they received. The following table shows that most of respondents (76.9%) informed that the source of knowledge about family planning was Family Planning Worker. In Bangladesh, Family Planning Worker keeps an important role to build up awareness about family planning.

Table-4: Percentage distribution of respondents according to the source of knowledge about family planning

Sources of Knowledge	Upazila						Total (n= 658)
	Palashbari	Modhukhali	Kamalganj	Chowgacha	Betagi	Mirsarai	
Neighbor	0.61	6.38	0.30	3.50	2.89	1.67	15.35
Relatives	0.76	1.98	4.10	3.19	0.15	3.65	13.83
Radio/ Television	1.52	4.41	4.10	12.77	0.91	8.51	32.22
FP worker	11.40	13.98	9.27	19.00	12.46	10.79	76.9
Local leaders/ Influential Religious Leaders	0.15	0.61	0.00	0.15	0.15	0.00	1.06
LIP volunteer	10.94	4.26	6.53	17.93	7.75	0.61	48.02
Others	0.15	0.00	0.00	0.00	0.30	0.00	0.45

*More than one answer

The above table shows that most of respondents (82.07%) used birth control methods as a means of their family planning procedure. Respondents, who had used such methods, (88.05%) opined that had not experienced any side effects or contraindications in using it. Only a few (11.95%) reported that they had experienced negative side effects. However, among respondents, who had experienced negative side effects of using such birth control methods, majority of them (65.71%) opined that they had sought assistance from family planning workers and had received such assistance appropriately.

C. Involvement, Effectiveness and Role

This section presents the views and opinion of the respondents regarding the role of family planning workers in delivering FP services to their stakeholders. Table-5 shows that the Most of the respondents (86.93%) answered about the involvement in the locality that FP workers' role was very effective in the locality for family planning program. Most of respondents (74.62%) informed about the family planning implementers from respondents' own locality that they could be shared openly with problems. About the opinions of respondents that the awareness program undertaken in family planning was sufficient, most of the respondents (73.10%) answered that the awareness program undertaken in family planning was sufficient.

Table-5: Percentage distribution of the respondents according to the opinions of the involvement and their effective role in the locality

Stakeholders	Upazila						Total (n= 658)
	Palashbari	Modhukhali	Kamalganj	Chowgacha	Betagi	Mirsarai	
FP worker(s)	7.45	14.89	13.68	19.91	15.05	15.96	86.93
NGO worker	0.00	0.30	0.00	0.00	1.67	0.46	2.43
LIP volunteer	15.81	5.32	12.61	19.91	9.88	2.74	66.26
Local influential Persons/ Negotiators/ Teachers etc.)	0.61	1.52	0.61	2.58	0.30	0.61	6.23
UP elected officials	0.00	0.61	0.61	1.22	0.61	0.91	3.95
Others	0.46	0.76	0.00	0.00	0.00	0.15	1.37

*More than one answer

About more effective and progressive measures and strategies in implementing family planning programs, maximum respondents (49.09%) opinioned about more effective and progressive measures and strategies in implementing family planning by distributing family planning methods free of cost or selling at subsidized price.

2. Community Leaders

A. Demography and Family

Community participation is an important pre-requisite for the successful implementation of the family planning program. As the community leaders are the key persons at the grass-root level to undertake any policy decisions on matters of community interest, their involvement in a social program like family planning is likely to have much influence on the contraceptive and reproductive behavior of the people living in the community. Maximum number of community leaders (32.50%) was in the age range between 40-44 years, Most of the respondents (46.67%) were UP Member.

B. Involvement, Implementation and Suggestions

In the six sub-district levels, most cases (92.50%) respondents' village and union based family planning workers involved in implementing the program in field level. In the study, the village and Union based family planning workers kept an important role in implementation of the FP program. Maximum number of respondents (47.50%) mentioned they were involving in implementing the program as member of union committee. A great deal of success in family planning program can be achieved through the active participation of the community. The involvement in such activities undoubtedly helps accelerate the overall development of the society. If the community leaders are involved in the family planning program, they could contribute towards achieving its desired goal.

Maximum number of respondents (60.78%) opinioned was involving both the community people and family planning workers in implementing the program about the ensuring of people's participation. People's participation is essential to sustain any program. In the study, people's participation would be increased to ensure and sustain in the implementation of the FP program. It is reality that any program can't success without people's participation. When respondents were asked to give information about the opinions of the strategy which could be taken to ensure the local leader's participation in implementing the program, most of them (63.33%) opinioned to ensure the frequent communication among the field workers and local leaders. Most of respondents (66.67%) answered that they could discuss about their problem without hesitation to the local leaders. Generally villagers hear and obey local leader's advice without hesitation. They seem that local leaders can't take any program which will be happened negative.

A community leader is perceived as a mentor possessing intelligence and ability to guide the community. Most of the respondents, 88.33% among all, informed role player as family planning workers and 63.33% as LIP volunteers in implementing the program. In the study, it was sorrow that NGO workers could not play effective role in implementing the program. Maximum number of respondents (60.78%) opinioned to be involved both the community people and family planning workers in implementing the program about the ensuring of people's participation.

5.1 Conclusion

Government's eagerness and sincerity achieve further success in family planning reflected in the allied programs taken simultaneously which will expedite the attainments of family planning efforts. Some of such programs like increasing quota for women encouraging self-employment of women. The success achieved so far in the national family planning program is encouraging and has increased the confidence that it is possible to achieve further progress. But there remain several issues of concern. Such as the tremendous growth potential build into the age structure as a consequence of past high fertility. Because of the increasing population entering childbearing age, the program will have to expand efforts substantially just to maintain the current level of contraceptive use. If demand for family planning also increases, that will put even more strain on the program. Other concerns are lack of a steady supply of contraceptives from

external sources, which effects program performance, the need for further improvement in access to and quality of facilities and services and the need for men to participate more actively in family planning acceptance.

5.2 Recommendations

Though the family planning program has achieved a great deal but still it has remained below the required levels because of the socio-economic condition of the country. That is, total fertility rate of 2.10 is still too high. (BBS, 2011) If the fertility rate remains content at 2.10, the population size will increase indefinitely, reaching an unmanageable size in the near future. Thus a strengthened reproductive health program and policy with emphasis on family planning is needed to reduce the present level of fertility. However, the recommendations are as follows:

5.2.1 The Total Fertility Rate (TFR) should be reduced and increased the use of family planning methods among eligible couples through raising awareness of family planning;

5.2.2 The Ministry of Information has a lot to do. Radio, Television and other mass media can chalk out and implement special programs for eligible couples, community leaders and field workers;

5.2.3 A mechanism may be developed to ensure that all newspapers, radio and television give due attention to family planning in respect of allocating reasonable time and space;

5.2.4 Integrated social consciousness raising efforts and programs should be taken by the government and the non-government organizations;

5.2.5 The government should be taken and implemented the Bangladesh Population Policy with the objectives to improve the status of family planning and maternal and child health, including reproductive health services and to improve the living standard of the people of Bangladesh through striking a desired balance between population and development in the context of the Millennium Development Goals (MDGs) and a Poverty Reduction Strategy Paper (PRSP);

5.2.6 The government, the NGO, the civil society and community leaders should take proper measure to spread knowledge of family planning;

5.2.7 Concretization and awareness building activities should be intensified which will remove misconception of the people about contraceptive method. This will help in changing the social outlook towards using contraceptive method;

5.2.8 Maternal and child malnutrition should be reduced and maternal health should be improved with emphasis on reduction of maternal mortality;

5.2.9 Develop the human resource capacity of planners, managers, community leaders and service providers, including improved data collection, research and dissemination;

5.2.10 Contraceptive use rate should be raised among the eligible couples;

5.2.11 Ensure and support gender equity and empower women especially rural areas;

5.2.12 Ensure coordination among relevant Ministries in strengthening population and development linkages and making their respective mandates and implementation strategies more population focused.

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