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Political Demography of Bangladesh : A Preliminary Analysis

Introduction

APED population growth has been perceived as a great threat to the development of Bangladesh with limited resources. The government of Bangladesh has taken several policies to reduce the high population growth in the country. Since the main component of growth is fertility, primary focus has been the reduction of fertility through family planning programme. But the effects of these policies have not been encouraging. Birth control through modern methods of contraception has not been widely accepted, and the fertility level has continued to remain high. This paper presents a critical look at the dimensions that make the socio-demographic modernization of Bangladesh difficult. This is the second part of a study of the political demography of Bangladesh. In the first part (Nurun Nabi and Krishnan, 1990), political demography of emergence of Bangladesh was examined. This deals with the situation after the independence of the country in 1971.

Conceptual Framework

High fertility, failure of population programmes, and rapid population growth as constraints to development involve different dimensions. They are related to one another. High population growth may place unbearable pressure on the limited resources and has disastrous effects on the country's socio-economic development, but the national and international economic and political relations play a significant role in this regard. High fertility may be a result of the existing socio-economic and religio-cultural institutions, but changes in these institutions are intertwined with other dimensions, such as government policy, changes in government and politics, and foreign aid. All these dimensions can be blended into a theoretical model. Figure 1 presents the schematic portrayal of the conceptual framework of the political demography of Bangladesh.

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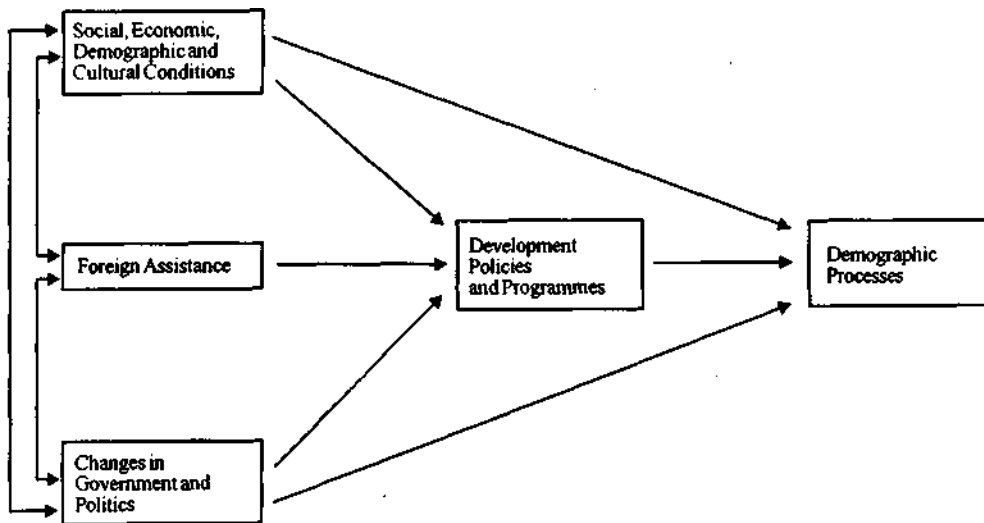


Fig. 1. A Conceptual Framework of the Political Demography of Bangladesh

The model states that three interdependent exogenous dimensions affect the demographic processes directly and indirectly. The influences of the determinants are simultaneous with varying magnitudes. The socio-economic, cultural and political institutions affect demographic processes directly. The indirect effects of these institutions are via development policies and programmes (including population regulation) undertaken by the government. In Bangladesh, the unequal hierarchical relations of people to land cause high fertility and internal migration. These also perpetuate high fertility indirectly by influencing the country's development programmes (e.g., rural development and land reforms). Because of the existing social relations and hierarchy, benefits go to a small group of people who control the social, economic and political power structure of the society. These, in turn, perpetuate the poor socio-economic conditions and cause the population regulation programmes to fail. Early and universal marriage, and dominance of Muslim religiosity compel people to enter into formal sexual union early with a direct link to high fertility and low degree of contraceptive use.

Changes in government and politics, through colonial and neo-colonial rules and military coups and counter-coups causing political and economic instability in the country, also have direct and indirect effects on the demographic processes. Political instability of a government creates doubt about the credibility of the policies and programmes in the population, and hence, the people's participation remains virtually absent. Frequent changes in government and leadership hinder development programmes in terms of philosophy, continuity and efficacy.

Effects of foreign assistance are indirect, though not less important, through the endogenous dimension of government policies and programmes pertaining to socio-economic development and population regulation. Some donors/experts want to try strategies for development that worked well in the Western context, while others want to see the programmes implemented the way that may have been successful in some less developed countries. But due to differences in the socio-cultural contexts and the physiological complexion of people, the importation of

development strategies does not work everywhere in the same manner. Disregarding these differences causes the population regulation programmes to have little impact on the demographic processes. Foreign aid affects not only the formulation of policies and programmes, but also the viability of the programmes by the reduction of its scope in size and pace.

Demographic and Socio-Economic Characteristics of Bangladesh

The present conditions in Bangladesh can be epitomized in two superlative terms—one of the poorest and one of the most densely populated countries of the world. But this abstract characterization does not help understand the real situation. The following discussion highlights the socio-economic and demographic characteristics of the country.

Demographic indicators are presented in Table 1. It shows that the total population has increased from 71.4 million in 1974 to 114.7 million in 1989. The increase in population size is reflected in the population density and the per capita arable land availability. In 1974, there were 1,286 persons per square mile, whereas in 1989, this figure was 2,063 (an increase of 60 per cent). Per capita arable land available for cultivation declined from 0.32 acres (0.13 hectares) in 1974 to 0.20 acres (0.08 hectares) in 1989. The Population Reference Bureau (1989) projects that the 114.7 million population of 1989 will double in about 25 years at the current annual rate of natural increase (2.8 per cent per annum), and will reach about 153.4 million by the year 2000.

The age distribution shows that the population is very young. According to the 1981 census, one-third (33.2 per cent) of the population was under 10 years with nearly half the population (46.7 per cent) below 14 years of age. The young population structure implies a high growth potential and a high youth dependency ratio. The distribution of population by religion shows that 86.6 per cent of the population in 1981 was Muslim. Among the other religious groups, the Hindus were in the second place with 12.1 per cent. The female mean age at marriage was 16.7 years in 1981 registering a slight increase from 15.9 in 1974. It should be pointed out that the level of female mean age at marriage is considerably low arising from the society's religio-cultural prescription.

Although a small decline in fertility level is noticed during 1974-1989, the trend does not show a definite pattern. The crude birth rate of 47.4 in 1974 declined considerably to 34.6 in 1981, but increased to 43 in 1989. Although the total fertility rate shows a definite pattern, the magnitude of decline is small. The crude death rate of 19.4 in 1974 declined to 11.5 in 1981, but increased to 15 in 1989. An irregular pattern is also seen in infant mortality rate and life expectancy. The life expectancy at birth was 50 in 1974, increased to 54 in 1981, and fell to 52 in 1989. These suggest that (a) the existing levels of fertility and mortality are high when compared to the developed countries and many less developed countries; (b) the extent of decline is not sufficient enough to cause a significant amount of arrest in population growth; and (c) the gap between fertility and mortality is very large to generate an explosive rate of population growth, high population density and low land-man ratio.

Bangladesh is an agrarian country with low literacy, and low degrees of urbanization and industrialization. Table 2 presents the socio-economic indicators for the country. Per

TABLE 1: DEMOGRAPHIC INDICATORS OF BANGLADESH

Total population (millions)	1974	71.4
	1981	87.1
	1989	114.7
Population density (persons per square mile)	1974	1,286
	1981	1,567
	1989	2,063H
Total arable land available (million hectares)	1974-76	9
	1981	9
	1989	9*
Per capita arable land available (hectares)	1974	.13
	1981	.10
	1989	.08
Dependency ratio	1974	116
	1981	109
Broad age distribution (per cent)	1974	
	Below 10 years	35.3
	0 - 14 years	48.0
	15 -59 years	46.3
	60 years and above	5.7
	1981	
	Below 10 years	33.2
	0-14 years	46.7
	15-59 years	47.8
	60 years and above	5.5
Population distribution by religion (per cent)	1974	
	Muslims	85.4
	Hindus	13.5
	Others	1.1
	1981	
	Muslims	86.6
	Hindus	12.1
Others	1.2	
Female mean age at marriage	1974	15.9
	1981	16.7
Marital status of female population aged 10 years and above (per cent)	1974	
	Never married	24.4
	Currently married	61.2
	Widowed/divorced	14.4
	1981	
	Never married	23.7
	Currently married	63.4
Widowed/divorced	12.9	
Crude birth rate (per 1000)	1974	47.4
	1981	34.6
	1989	43.0

Total fertility rate (per woman)	1974	6.7
	1981	6.2
	1989	5.8
Crude death rate (per 1000)	1974	19.4
	1981	11.5
	1989	15.0
Infant mortality rate (per 1000)	1974	138
	1981	112
	1989	138
Life expectancy at birth (e)	1974	50
	1981	54
	1989	52

| Based on the total area of 1981.

t Assuming no substantial increase in the amount of arable land availability.

Sources: Bangladesh Bureau of Statistics 1984a, pp. 100 and 653; Bangladesh Bureau of Statistics 1984b, pp. xxii, 35,51,58-59,68,75,111,158,164 and 187; Population Reference Bureau 1989.

capita GNP was US\$ 160 in 1987. It should be pointed out that even this low figure is not a real reflection of the majority of the population. The vast majority are either subsistence farmers or landless labourers. The per capita GNP may be a reflection of the average earnings of a maximum of about a quarter of the total population who actually draw wages or have other sources of cash income. The contribution of the industrial sector to GDP was 10 per cent in 1982-83. Daily per capita calorie consumption was 1960 kilojoules (84 per cent of the required amount) in 1981. The country had one physician and one nurse for every 8,195 and 23,736 persons, respectively in 1980. According to the 1981 census, only about 20 per cent of the population was literate. It should also be noted that this literacy rate does not provide a real assessment of educational attainment of the people. The 1981 census reveals that only 3.2 per cent of the population (16.2 per cent of the literate population) had an educational attainment of Secondary School Certificate and above. This suggests that only a low proportion of people has some effective and meaningful education.

About 13 per cent of the population lived in urban areas in 1989. This is also a deceptive indicator of urbanization in Bangladesh. The urban centres have not grown as a result of industrialization. Urbanization in Bangladesh reflects a different process from that of the West. The urban centres are the results of population concentration mostly through rural to urban migration. The industrialization that has taken place in the country has had practically no strong impact on the total social life (Hossain, 1956). Factory workers have actually been working in industrial establishments with all the rural attributes. Cities have been established, but urban values in the sense of urbanism as a way of life have not flourished. The urbanization process has failed to affect the traditional institutions and generate an urban way of life, as urban growth has occurred "out of phase" with the history of this region (Bose, 1965). In other words, urbanization in Bangladesh is not only urbanization by peasants, but also a "peasantization of the cities" (Hossain, 1956; Maloney *et al.*, 1981: 250).

As the majority of the population (87 per cent in 1989) lives in rural areas with agriculture as the mainstay (61.3 per cent in 1981), land ownership and its relations play a significant

TABLE 2: SOCIO-ECONOMIC INDICATORS OF BANGLADESH

Per capita GNP income (US dollars)	1981 1987	166 160
Contribution of industrial sector to GDP (per cent)	1978-79 1982-83	11 10
Per capita calorie supply (kilojoules per day)	1981 % of requirement	1,960 84
Population per physician	1981	8,195
Population per nurse	1981	23,736
Literacy rate (percent)	1974 1981	20.2 19.7
Urbanization rate (percent)	1974 1981 1989	8.8 15.2 13.0
Population (10 years and above) employed in agriculture (per cent)	1974 1981	.77.2 61.3
Landlessness (per cent of households)	1977 1978 1979	11.1 14.7 15.4

Sources: Jannuzi and Peach 1980, pp. 101 and 11.0;

Bangladesh Bureau of Statistics 1984a, Pp. 208,246,631 and 641;

Bangladesh Bureau of Statistics 1984b, Pp. 37-38,80 and 120;

Population Reference Bureau 1989.

role in the country's development process and the people's lives. The distribution of land-ownership in rural Bangladesh is presented in Table 3. These data from the Land Occupancy Survey of 1979 show that the landownership is highly concentrated—91.2 per cent of the land was held by 39.5 per cent of the total households. The control of land by a few is on the increase, which is reflected in the increasing proportion of landlessness. While 11.1 per cent of the households were landless in 1977, it increased to 14.7 in 1978 and 15.4 per cent in 1979. In fact, the size of landlessness is much higher, if the definition includes households with farmsize of 0.05 acres or less. Jannuzi and Peach (1980: 21) compute the degree of functional landless in 1977 and 1978 as 48.1 and 50 per cent respectively.

The increase in the proportion of landlessness is generally attributed to the rapid fragmentation of land into small holdings. According to Chaudhury (1981), the high population growth and limited land resources are the main reasons for the inability of many of the small landholdings to remain viable. But high population growth cannot be responsible for this, because high population growth itself is a result of the historical development of relations between land and labour (Adnan, 1982). The existing agrarian relations induce people to have large families, especially with sons (McNicol, 1980:447). People from all strata perceive having more children as an advantageous strategy.

Rich peasants opt to have more children to maintain control over the means of production. To them, having more sons means physical labour resources, a proper management strategy

TABLE 3: DISTRIBUTION OF LANDOWNERSHIP IN RURAL BANGLADESH, 1979

<i>Landsize (acres)</i>	<i>Per cent of total households</i>		<i>per cent of total land</i>	
Zero	15.4		0.0	
0.01-0.5	33.3	60.5	3.5	8.8
0.5-1.0	11.8		5.3	
1.0-1.5	9.4		7.2	
1.5-2.5	11.2	31.8	13.7	45.4
2.5-5.0	11.2		24.5	
5.0-7.5	3.9	39.5	14.7	91.2
7.5-10.0	1.6		8.5	
10.0-12.5	0.9	7.7	6.2	45.8
12.5-15.0	0.4		3.6	
15.0-25.0	0.7		7.5	
25.0+ .	0.2		5.3	

Source: Bangladesh Bureau of Statistics 1984 a, p. 208.

for the control of land and wealth, certainty of dominance in power structure, and increase in social influence through matrimonial relationships with other rich peasants (Adnan, 1979). But the irony is that after one or two generations, the rich peasants fall into the group of poor peasants and landless labourers because of (a) fragmentation of land through the Muslim law of inheritance where the property is distributed equally among sons; (b) concentration of land in the hands of a few through usurious exploitation; (c) low yielding techniques of production; and (d) unstable market mechanisms. Although through the process of social mobility some new families enter into the upper stratum, the downward movement is inevitable under the present conditions.

Poor peasants tend to have more children for economic reasons. They need more hands to work for now and the future (Cain, 1977; Cain *et al.*, 1979; Khuda, 1980; and Begum, 1984), because the per capita wage rate has declined, the competition in share-cropping has increased, the returns from the tertiary sector is low, and the State does not provide sufficient welfare incentives to overcome the risks. Some limited facilities provided by the State (e.g., agricultural credit, subsidized rationing, fertilizer, etc.) are appropriated by the rich peasants through their links with the power structure (Arther and McNicoll, 1978: 43; Bangladesh Rural Advancement Committee, 1979, 1980). However, with limited opportunities for expansion of the available arable land and the tertiary sectors, which promise very low returns, the strategy of having more children does not pay off. Ultimately, the poor and the landless are forced to migrate to areas where better opportunities for work are available. The analysis of 1981 census data by Nurun Nabi (1989) shows that 14 out of 21 districts in the country

lost people through cut-migration. The net gaining districts were those that contained either large cities, or more opportunities for agricultural occupations, or sparsely populated areas. To this may be added the beliefs and practices dictated by the socio-cultural institutions. Muslim religiosity appears to have overpowering role over the factors that tend to influence fertility. In a causal analysis of 1981 census data at the macro level, Nurun Nabi (1990) finds Muslim religiosity to be the only significant determinant of both female age at marriage and fertility in Bangladesh. The religious and the agrarian culture are diffused in such a way that crop and human reproduction have become synonymous to the rural people (Maloney *et al.*, 1981: 241). The interacting effects of agrarian relations and cultural institutions contribute to the perpetuation of high fertility in Bangladesh by dictating early and universal marriage, unrestricted marital fertility and seclusion of women inside the home or under *purdah* (veil). For more details, see Nurun Nabi (1991).

Changes in Government and Politics

The region that constitutes Bangladesh has never been politically stable. Political control had shifted from one ruler to another frequently. These changes have negatively influenced the socio-economic development of the country. Two hundred years of British colonial rule ended in 1947 with the partition of British India into India and Pakistan. Bangladesh (then East Pakistan), forming the eastern wing of Pakistan, remained a hinterland. Karachi replaced Calcutta as the central power of domination. The West Pakistani rulers dominated in every sphere of power and authority, and exploited the resources of the eastern region in a colonial fashion by ignoring the Bengali majority population and its needs (Rahman, 1968; Jahan, 1972; Maniruzzaman, 1982). During 24 years of rule, West Pakistan transferred about an estimated 1.5 to 3.5 billion US dollars from the East (Faaland and Parkinson, 1976: 8). Despite the higher contribution to the export earnings by the East wing, the profits accrued to West Pakistan. The major share of foreign aid and loans was spent in the development of the Western wing. Sobhan (1981: 16) shows that West Pakistan utilized 100 per cent of the foreign exchange inflows upto 1960-61 for its own development. During the following decade, i.e., during 1961-1969, East Pakistan's share was only 11 per cent. That is, the potential that remained for an independent and indigenous growth was exhausted by the West Pakistani neo-colonial exploitation (Turner, 1984: 190).

Following a nine-month long bloody war against the Pakistani Army, the Awami League Party led by Sheikh Mujibur Rahman assumed power in the independent country of Bangladesh in 1971. The Soviet style of socialist policies were employed in development planning. Major industries, banks, corporations and companies were nationalized. Nationalized industries failed to increase the per capita GNP. The administrators of the nationalized institutions were alleged with corruption and malpractice. The volatile situation in the economy and the disastrous floods in 1974 resulted in a famine, which took a toll of hundreds of thousands of lives. The government declared one party rule in 1975 by banning all other political activities and democratic processes. This created a stir among the people of the country. In August 1975, Sheikh Mujibur Rahman and his family were killed by a group of military officers, and Martial Law was promulgated.

Major General Ziaur Rahman captured power in November 1975 following a number of military coups and counter-coups. He formed a political party of his own, and retained power through a referendum and general election. He introduced a policy of development through self-help. But in 1981, he was killed in an attempted coup. In 1982, Lt. General Hossain Muhammad Ershad took over accompanied by a bloodless coup. He pursued the same political strategy as all the military generals who take to power. He formed his own political party and called a general election, in which his party won the majority and formed the government with ambitious political and economic promises. But during his seven years of rule, corruption and misuse of foreign aid allegedly resulted in siphoning many millions of dollars into military coffers or the pockets of venal officials (Nickerson, 1991). Ershad was ousted by the "democracy movement" in 1990. A general election was held in February 1991, but no political party won absolute majority. The Bangladesh Nationalist Party had formed a coalition government under the leadership of Mrs. Khalida Zia (wife of the late President Major General Ziaur Rahman).

Foreign Assistance and Development

The British colonial and the West Pakistani neo-colonial exploitation had reduced the country into one of the poorest in the world, and set the conditions for chronic underdevelopment. The new nation began its existence with explosive population growth, a devastated economy and very little potential for development on its own. As a result, the country had to depend on foreign aid not only in terms of food, commodity and money, but also in terms of human resources to design and operate development projects, policies and programmes (Faaland, 1981:4). The situation was well responded to by international donors. In the first decade of its existence, Bangladesh received a total of 7.7 billion US dollars in aid funds from over 30 countries and 12 multilateral organizations (Ehrhardt, 1983: 23). From this, it is clear that Bangladesh was one of the favourite countries for the donors. Why are the donor countries so interested in giving aid to Bangladesh, where the potential for economic gain is not very promising? Faaland and Parkinson (1976: 5) suggest that Bangladesh is a "test case" for the donors to experiment with different models of economic development. Ehrhardt (1983: 23-27) points out that in addition to humanitarian grounds to alleviate the poverty conditions of the country, its location and its religion also motivate the donors to provide aid to the country.

Whatever the motivating factors for the donor countries may have, the hard fact is that Bangladesh receives a huge amount of foreign assistance for its economic reconstruction. The contribution of foreign aid to development is not easy to measure, because in addition to aid, the development process in Bangladesh also hinges upon other external and internal factors like rising prices of oil and food, fluctuating jute prices in the international market, floods, droughts, cyclones and natural disasters (Ehrhardt, 1983: 41). However, it can be said that with foreign aid, various models of development have been experimented with over the last two decades, but the performance has been indeed poor. The benefits mostly went to small elite groups (both rural and urban), who dominate the economic and political lives of the society (Bangladesh Rural Advancement Committee, 1979, 1980; Jannuzi and Peach, 1980).

Table 4 presents the flows of foreign aid to Bangladesh during the first decade since independence. It shows that the major portion of the aid during the first decade after independence was in terms of food and commodity. Of the 7.7 billion dollars aid, 29.5 per cent was in food, 40.8 per cent in commodities, and 29.7 per cent for projects. The striking feature is that the disbursements of project aid were heavily concentrated on infrastructural

TABLE 4: FOREIGN AID FLOWS TO BANGLADESH

Total aid flows to Bangladesh during 1971-72 through 1980-81 (US \$ million)			
Total aid	7,730.8	(100.0%)	
Food aid	2,282.8	(29.5%)	
Commodity aid	3,152.4	(40.8%)	
Project aid	2,295.6	(29.7%)	
Sectoral disbursement of project aid during 1972-73 through 1979-80 (as per cent of total)			
Agriculture	6.0	} 15.9	
Rural institutions	2.2		
Water & Flood control	7.7		
Power	14.9		
Fuels	3.7		
Transport	23.6		
Communications	1.9		
Industries	21.0		
Education & Training	2.7	} 8.7	
Health	3.0		
Population Planning	3.0		
Other	10.3		
Canadian bilateral aid disbursement to Bangladesh during 1972-73 through 1980-81 (Can \$ million)			
Total aid	537.2	(100.0%)	
Food aid	357.2	(66.5%)	
Commodity aid	95.6	(17.8%)	
Project aid	84.4	(15.7%)	
Sectoral disbursement of Canadian project aid			
<i>Sectors</i>	<i>Amount (C \$ million)</i>	<i>Per cent of total aid</i>	<i>Per cent of project aid</i>
Rail transport	33.3	6.2	39.5
Agriculture	20.4	3.8	24.2
Energy	13.9	2.6	16.4
Communication	8.2	1.5	9.7
Health & Population	1.9	0.35	2.2
Other	6.7	1.2	7.9

Source: Ehrhardt 1983, pp 27,33,45 and 152-53.

sectors, such as transport (23.6 per cent), industries (21.0 per cent), power (14.9 per cent) and communications (1.9 per cent). Despite the urgent needs in agriculture, food production, education and training, and health and population control, only 15.9 per cent of the total project aid money was spent in agriculture, rural development, and water and flood control, and only 8.7 per cent was allocated to the social sectors of education and training (2.7 per cent), health (3 per cent), and population planning (3 per cent).

All major donors followed the same pattern. Canada, as one of the major donors to Bangladesh, can be used to illustrate the manner in which aid has been given. Canada disbursed over half a billion dollars, an amount exceeded only by its contribution to India. Among the donors, Canada was the fourth largest, following the United States, the International Development Association and Japan (Ehrhardt, 1983: 45). The total aid disbursement by Canada from 1972-73 to 1980-81 shows that 66.5 per cent of the total Canadian bilateral aid was disbursed in food, 17.8 per cent in commodities, and 15.7 per cent in projects. Like other donors, Canada disbursed a major segment of its project aid to the infrastructural sectors, especially railway (39.5 per cent) and energy (16.4 per cent).

A question that follows is why did the urgent sectors get a low allocation? The answer to the question is not straightforward, because the allocation of developmental expenditure reflects the interaction of priorities and the terms and conditions between the recipient and the donor countries. According to Ehrhardt (1983: 34-35), on the donor's side, a combination of four factors influences the sectoral disbursements: (a) "a certain amount of donor inertia.. .a tendency among donors to stay in the sectors with which they are familiar"(e.g., infrastructural development); (b) "the predisposition of aid donors to avoid or minimize risks"; (c) budgetary pressure faced by the donors from within; and (d) the economic self interest of the donor countries. On the receiver's side, any independent nation would try to obtain aid and grant with no strings attached whenever possible. Bangladesh is no exception to that, but in the bargaining process, the donor countries are at an advantage. Not only has Bangladesh little control over the international market, trade relations, and foreign aid, but also the country could not manage her own economy without foreign assistance (Parkinson, 1981: 33). In addition to the restrictions with aid, the negligence of the urgent sectors by the government has contributed a great deal to the lack of development in these areas.

Heavy foreign aid contributions pouring into the country may be considered to be a ploy of the donors to make Bangladesh aid-dependent for the expansion of their economic, political, cultural and technological domination. Whether it is a ploy or not is an issue for an independent study, which is beyond the scope of this paper. However, it can be stated that foreign aid has mixed effects on the country's economy and development. First, the availability of aid may have provided the government with sufficient support that they needed to devise necessary plans for self-dependence. Second, the donors may have influenced the formulation of policies of development that tended to throttle the germination of indigenously effective and viable plans. It may be that a combination of these factors has played a role in the development process. This has led to a condition where, to attain a level of momentum in socio-economic development and a stable political situation, large amounts of international aid have become an absolute requirement (Faaland and Parkinson, 1976; Faaland, 1981; Ehrhardt, 1983).

Population Programmes and Performances

The political and economic instability of Bangladesh had disastrous consequences on the economy and the life of the people. Population policies have also been affected by these changes. Changes in government and politics have influenced the programmes and policies in terms of their organizational structure, strategic directions and targets. Efforts were taken as early as 1953 at private and voluntary organizational levels to initiate family planning in Bangladesh (then East Pakistan). The government recognized the population problem during the first Five Year Plan (FYP) of Pakistan (1955-60), particularly after 1958, and made provision for financial support from the Central Government to help and promote family planning through voluntary efforts. Although it paved the way for the future development of population regulation in the country, the programme failed to achieve the targets set forth in the plan (Adil, 1969: 16). In the second FYP of Pakistan (1960-65), the government made a budgetary provision for family planning services in the country stressing the distribution of contraceptives through clinics and hospitals. But the programme achieved only 15 per cent of its distribution target.

The family planning scheme was revised during the third FYP of Pakistan (1965-70). Stress was laid on the use of intra uterine devices. A decision was taken to award monetary incentives to the acceptors of clinical contraception and to the recruiters, and fees to the doctors and the paramedics carrying out insertions of sterilization operations. This programme created a country-wide awareness of family planning (knowledge on family planning rose to 45 per cent), but the National Impact Survey conducted in 1968-69 by the Pakistan Population Council indicated that only 3.5 per cent of the couples, aged 15-49 years, became regular acceptors of family planning services (Training Research and Evaluation Centre, 1971).

After independence in 1971, a large number of new policies were incorporated into the first and second FYPs (1973-78 and 1980-85 respectively). In June 1976, the government came out with concrete proposals on a National Population Policy—the first comprehensive official statement on the issue. The main features of these two FYPs were: (i) the system of financial incentives was stopped; (ii) oral contraception was introduced for the first time; (iii) the abortion law was temporarily relaxed; (iv) family planning and health programmes were integrated; (v) maternity child health services and family planning were integrated under the population control division of the Ministry of Health and Population; (vi) stress was laid on field workers (both males and females) at the grass-roots level; (vii) a lot of importance was attached to the mass and local folk-media and the involvement of voluntary organizations and social groups of all kinds in promoting family planning in Bangladesh. The second FYP aimed at a drastic reduction of fertility (NRR = 1 by 1990), and a reduction of total fertility from 6.4 in 1975-76 to 2.6 in 1985. The total population was not to exceed 121 million by the year 2000 (Planning Commission, 1980: xvii-27).

After the promulgation of Martial Law in March 1982, the government launched a two-year Emergency Population Control Programme (Population Control and Family Planning Division, 1982) aiming at 100 per cent achievement of the targets (to raise the current use rate of contraception from 18.6 per cent of 1981 to 38.0 per cent by the year 1985) set in the second FYP period (1980-85). Whether this goal was attained, we cannot say due to lack of information. An indication can be obtained from the findings of the 1983 Contraceptive

Prevalence Survey of Bangladesh (Mitra and Kamal, 1985). It showed that the current use rate of any method increased from 18.6 per cent in 1981 to 19.1 per cent in 1983. The current use rate of modern methods increased from 10.9 to 13.8 per cent during the same period of time. On the other hand, the ever use rate of a method declined by 2.3 percentage points. All these reflect a complex situation in meeting the objectives of the plans.

It has been argued that inadequate availability of contraception, lack of field level services and service related activities, neglect and inadequate follow-ups in case of complications and side-effects, fear and anxiety over the efficiency of the available methods of contraception are responsible for the low level of contraceptive use in Bangladesh (Schearer, 1976; Sorcar, 1977; External Evaluation Unit, 1983; and Ali and Rahman, 1983). This contention was tested in 1975 by a saturation-distribution scheme in rural areas of the country. Contraceptives were distributed widely. The initial impact was impressive. When the government conducted a one-week nation-wide house-to-house distribution campaign in 1976, the effect was found to be minimal. As the programme evolved, the project proved to be ineffective (Rahman *et al.*, 1980).

Demeny (1975) has attributed the low level of contraceptive use to a lack of sufficient demand for family planning. According to Sirageldin *et al.* (1975), the real bottleneck is the generation of demand for contraception. It is, therefore, important to ask why there is a lack of motivation and demand for contraception in Bangladesh. According to Demeny (1975), the family planning programmes could not resolve some critical issues in the rural areas. Where the total set of material conditions is unchanged, the effect of a birth control programme upon fertility behaviour will be less. Cain (1978: 431) argues that contraceptive use in rural areas in Bangladesh is low "not because (people) are unaware that methods of contraception exist or because contraception is unavailable, but because most have no material reason for interrupting the natural reproductive process". It can, therefore, be stated that family planning is not within the calculus of the people of the country. High fertility is perceived by the people to be advantageous to them, even though it probably is not.

More importantly, the spread and diffusion of contraceptive technology has not been promulgated using sociological knowledge. At the early stage of the programmes, the role of village practitioners was ignored. A study in Comilla in the early sixties showed that involvement of village practitioners improved acceptance of the contraceptive delivery programme (Rahman and Mahmood, 1982). The village practitioners are the primary source of medical advice for more than 90 per cent of the population of this country. People visit them not only for matters related to health, but also for advice and guidance on household, religious and political matters. They are related to the villagers through kinship and regarded as respected members of the community. These practitioners stay in the village, visit each and every house and can establish communication with women easily. Rahman and Mahmood (1982) find that about 97 per cent of the male and 96 per cent of the female respondents opined that training of village practitioners in the field of family planning would help improve the delivery of family planning services.

The monetary incentives paid to doctors, referral agents and clients for clinical contraception hampered the main purpose of the programme. It encouraged recruiting unsuitable acceptors like unmarried or very young people or people beyond the reproductive age. This also led to corruption and inflated reporting (Ahmed, 1971: 6-13; Planning Commission, 1973: 554). Incentives to clients did not seem to encourage a desire to stop

future births. Rather the people (persuaded by the referral agents) went to the clinics when they were in need of money/clothes in times of economic crises. It was tantamount to tempting the poor to achieve the targets and goals of the clinics.

The introduction of various methods of contraception did not proceed in an orderly manner. For example, the programme started with the introduction of IUDs in the early sixties. The IUD method requires trained medical personnel with clinical facilities in the field and subsequent follow-ups. Lack of facilities, post-insertion complications and side effects left uncared for brought the IUD into widespread disrepute (United Nations Fund for Population Activities, n.d.: 23). The clinical methods (e.g., sterilization) were introduced in the mid-sixties and oral contraception after 1971. In a situation, where family planning is not within the calculus of the people, the introduction of complex methods at the initial stage hindered the smooth development of the programme. IUD and sterilization are not popular in Bangladesh, because these methods terminate future births permanently or almost permanently. Also there is a perception that these methods are for the lower classes. The initiation of the family planning programme with the introduction of oral contraceptives would have had greater effect on the acceptance of contraception in the country. It may be noted that there are some problems with oral pills related to health hazards and side-effects. But they seem to be less complex when compared to the IUD. The oral pills appear to be more socially acceptable than sterilization, as demonstrated by the Contraceptive Prevalence Surveys.

As with the diffusion of any new technology, initial efforts to promote family planning were limited to mass motivation and educational campaigns with small scale contraceptive services provided through hospitals and clinics located in urban areas. The eventual dissemination was not properly planned. For instance, the whole focus of the programme was on the people of the lower stratum. It is true that numerically they are huge and the focus should be on them. But we believe that the focus should have also been at the upper stratum, because people from the upper stratum remain the main cause of population explosion and ultimately these families join the lower stratum after two or three generations, as pointed out elsewhere (Nurun Nabi, 1991). The planners did not take this fact into account in developing their policies or strategies.

Even granting that the people from the lower stratum should be the target of the programmes, appropriate strategies were not considered. Diffusion starts from the upper stratum of the society and trickles down. The influence of the people from the upper stratum arises through their setting up of standards of life-style, which can affect the aspirations, values and behaviour patterns of the masses (Alien, 1971). People have a tendency to follow the leaders, the pioneers, the forerunners, and the innovators. People try to internalize certain attributes, values and norms, which are regarded as prestigious, if not superior, no matter what socio-economic and cultural characteristics they have. In other words, the members of the lower stratum imitate the behaviour patterns of the members of the upper stratum. The planners did not use this rule of diffusion in projecting the images and benefits of family planning. If one looks at the propaganda materials, one would find that the characters or families that are projected in the advertisement and films are drawn from either the lower middle or the lower stratum of the society (e.g., a school teacher, or a petty shopkeeper, or a farmer). The effect would be much better if the characters were drawn from the upper stratum

of the society (e.g., a top bureaucrat, a university teacher, a banker, a political or a social leader). People always judge themselves with respect to signify others as the reference groups. Finally, the commitment and dedication of the workers from the top to the grass-roots level can be questioned. They failed every time they set a target during all these decades.¹ The problem can be traced back to the origin of the governments. The governments in Bangladesh originate mostly from military coups, and sometimes, from the assumption of power by a political party through election. Neither the military group, nor the political party set any specific policy on population to address the population issues before assuming power. After assuming office, the ruling leaders realize that population has to be controlled under the existing precarious socio-economic conditions of the country. The bureaucrats, who are out of touch with the people, are asked to initiate the programmes. The result is a formulation of ambitious policies on paper that remain meaningless to the people. A large gap between the government and the masses is created. As a consequence, people's participation and involvement remain virtually negligible. Experience shows that people's participation can make a big difference in achieving goals. The case of Kerala State in India can be cited as an example (Ratcliffe, 1983). In Bangladesh, the government, the administration, the planners and the political leaders have all failed to make the people believe in them and in themselves.

Discussion

High population growth seems to defy any prospect of socio-economic development in Bangladesh, but population is not the sole cause of a country's major problems. Factors other than population are involved, the effects of which are magnified by the population factor. The unequal hierarchical relations in the social structure and the institutions dictated by the religio-cultural factors help perpetuate high fertility in Bangladesh. Contraception is not a rational choice for the people. The population control programmes have been devised in such a way that they do not appear to have any impact on people's motivation. The strategies for population control are formulated by a group of people drawn from the elites (e.g., the bureaucrats), who portray non-elites as the targets for fertility reduction. They fail to (or are reluctant to) realize that part of the population growth problem lies with their own group's fertility pattern². The reason for this may be the attitude towards the whole issue. Since high population growth is recognized as the number one problem of the country, relating oneself to it seem to be thought of as a put down or loss of prestige in the society. Therefore, if a high growth rate is a problem to the society, it must be linked to the masses of the lower stratum.

The negative perception and attitude toward the population issues may have arisen from the feudalistic chauvinist mentality (an historical heritage) that presupposes elites as pure and free of vice and problems. They are the rulers of society, and rulers do not constitute part of any problem. It is difficult to determine whether this kind of thinking has prompted the

¹ It should be noted that this is not only the case with population control programmes, but also with other development programmes taken by the government. For instance, legislation was promulgated time and again to reform the existing unequal rights and privileges of people in the land tenure system, but little success has been achieved (Abdullah, 1976; Jannuzi and Peach, 1980).

² It should be pointed out that the difference in the fertility levels between the elites and the non-elites is small with elites have the highest natural increase (see Nurun Nabi, 1991).

projection of large families and related problems from non-elites in the mass media propaganda. A possibility in that light cannot be ruled out. However, the elites miss a golden opportunity to be role models to the masses, probably because of this negative attitude. Consequently, very promising plans on paper fail to achieve success. This situation is perpetuated by the national political instability due to frequent changes in government and politics and international political and economic terms and conditions, as population programmes are integrated with other national development schemes which depend mainly on foreign assistance.

The government and the leaders of Bangladesh face both opportunities and challenges in the decades of nineties and early 21st century. They have the opportunities to correct the mistakes of the past and initiate realistic and effective plans for nation-building. The failure to do so will make the coming years in the 1990s very difficult for national development. Foreign aid plays a significant role in the country's development programmes, including population control. The dependence on foreign aid and the poor performance of the developmental programmes present challenges to the Bangladesh leadership. The change in the political relations with the East European countries and Soviet Union have opened up a possibility of changes in the direction of the aid flow from the West. The changes in the direction of the aid flow toward East European countries and Soviet Union may have a disastrous effect on the development programmes of Bangladesh. Even if the direction does not change, the situation may place extra pressure on the country to accept more stringent aid and grant. If international aid is reduced by a great amount or attached with stricter strings, whatever momentum Bangladesh has on its development will be hurt, and the country may face a Malthusian pressure of starvation and death at least in the short run.

The people of Bangladesh and their politics and government will have to determine the path that the country has to take to free themselves from the vicious circle of poverty, underdevelopment and dependence on foreign aid. The gap that exists between the people and the political processes of the country must be eliminated to make way for the development of pragmatic strategies to tackle the issues of social development (a facet being the reduction of fertility). The role of government and the political leadership is important in this regard. The political leaders, by virtue of their charismatic status in the society, should act as catalysts to push the state machinery to work hard and get people involved in development programmes. The intellectuals of the society also have a significant role in projecting the appropriate socio-political philosophy for national development. A group of political leaders and social intellectuals must come forward to guide the nation and its people in the right direction. Only a government with strong and committed social and political leadership can ensure an active participation of people in the national development process. The cases of Iran and the Kerala state of India can be cited as examples where social and political leadership have turned people as partners in the national development.

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