



General Economics Division (GED)
Bangladesh Planning Commission

GED POLICY BRIEF

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RISING UNWANTED FERTILITY IN BANGLADESH

Determinants, Inequities, and Policy Action

Key Issues

- Bangladesh's fertility transition has reached a new phase characterized not by rising fertility levels but by increasing divergence between reproductive intentions and outcomes.
- Total fertility has remained constant at 2.3 births per woman for nearly a decade, indicating a plateau following decades of rapid decline.
- Unwanted fertility is geographically concentrated in the eastern and northeastern regions, especially Sylhet and Mymensingh divisions, where unmet need for family planning remains high, female secondary education attainment is lower, and early marriage remains prevalent.
- These findings indicate that Bangladesh is confronting a fertility alignment challenge rather than a fertility level challenge.
- Addressing this misalignment is essential for sustaining demographic transition, accelerating human capital accumulation, and achieving long-term development goals.

Overview

Bangladesh's fertility decline over the past four decades represents one of the most significant demographic achievements among developing countries. The reduction from high fertility in the 1970s to near replacement level, driven by expanded reproductive choice and voluntary family planning uptake, contributed to improvements in maternal and child health, expansion of female education, poverty reduction, and accelerated economic growth.

However, recent demographic trends suggest a structural transition in the nature of fertility dynamics. Since 2011, the Total Fertility Rate has stabilized at 2.3 births per woman. At the same time, desired family size has continued to decline, indicating that fertility preferences are evolving faster than fertility outcomes.

This divergence signals that fertility stagnation is not driven by stable reproductive intentions but by constraints that prevent women from achieving their preferred family size. The increase in unwanted fertility observed in 2022 reflects emerging gaps in service delivery, social conditions, and regional equity.

From a development planning perspective, the central issue is no longer fertility reduction or targeting. The policy challenge is ensuring that fertility outcomes reflect informed, voluntary, and supported reproductive choices. Achieving such alignment is critical for maximizing the demographic dividend and sustaining Bangladesh's development trajectory, including meeting sustainable development goals and International Conference on Population and Development Programme of Action.

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1. Background: Bangladesh's Fertility Transition in a New Phase

Bangladesh's fertility transition has historically been supported by coordinated investments in family planning programs, expansion of female education, declining child mortality, and structural economic transformation.

Between the 1990s and early 2010s, fertility declined steadily alongside increases in contraceptive prevalence and improvements in women's social status. However, BDHS data indicate that fertility decline slowed after 2014.

While total fertility stabilized, wanted fertility declined from 1.7 births per woman in 2017–18 to 1.3 in 2022. This divergence produced an increase in unwanted fertility, defined as births occurring after a woman has reached her preferred family size.

The emergence of unwanted fertility as a growing component of total fertility marks a transition into a second-generation demographic phase. In this phase, aggregate fertility indicators alone are insufficient to capture demographic progress. Instead, the alignment between reproductive preferences and realized fertility becomes the key policy metric.

This shift has important implications. When fertility exceeds desired levels, it signals barriers related to access, quality of services, gender norms, educational inequality, or regional disadvantage.

2. Empirical Evidence and Analysis

Analysis of three rounds of BDHS data reveals that stable aggregate fertility conceals substantial compositional changes.

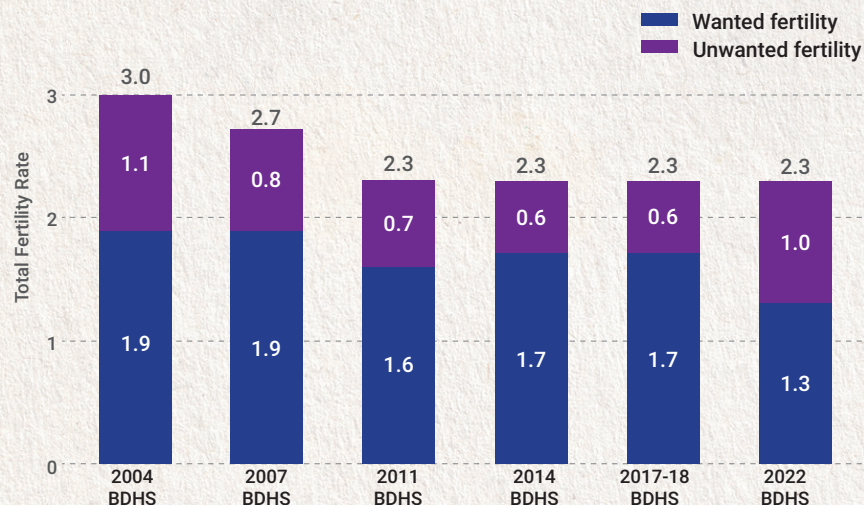


Figure 1: National Trends in Total Fertility Rate, Wanted Fertility, and Unwanted Fertility, BDHS 2004–2022

The figure 1 shows that while total fertility has plateaued, wanted fertility declined sharply and unwanted fertility increased in the most recent period. The proportion of women experiencing at least one unwanted birth also rose, confirming that the trend reflects a broad population-level shift rather than isolated variation.

Econometric analysis identifies several key determinants of unwanted fertility. Higher educational attainment significantly reduces the likelihood of unwanted births, while poverty and early marriage increase exposure to unintended childbearing. Women with unmet need for family planning face substantially higher risks of unwanted fertility, indicating gaps in effective access and service continuity.

Blinder-Oaxaca decomposition analysis comparing 2017–18 and 2022 separates the increase into compositional effects and structural effects. The results show that:

- increases in unmet need contributed significantly to rising unwanted fertility,
- persistent educational disadvantage in specific regions amplified vulnerability,
- early marriage continues to extend reproductive exposure,
- and the strength of these disadvantages has intensified over time.

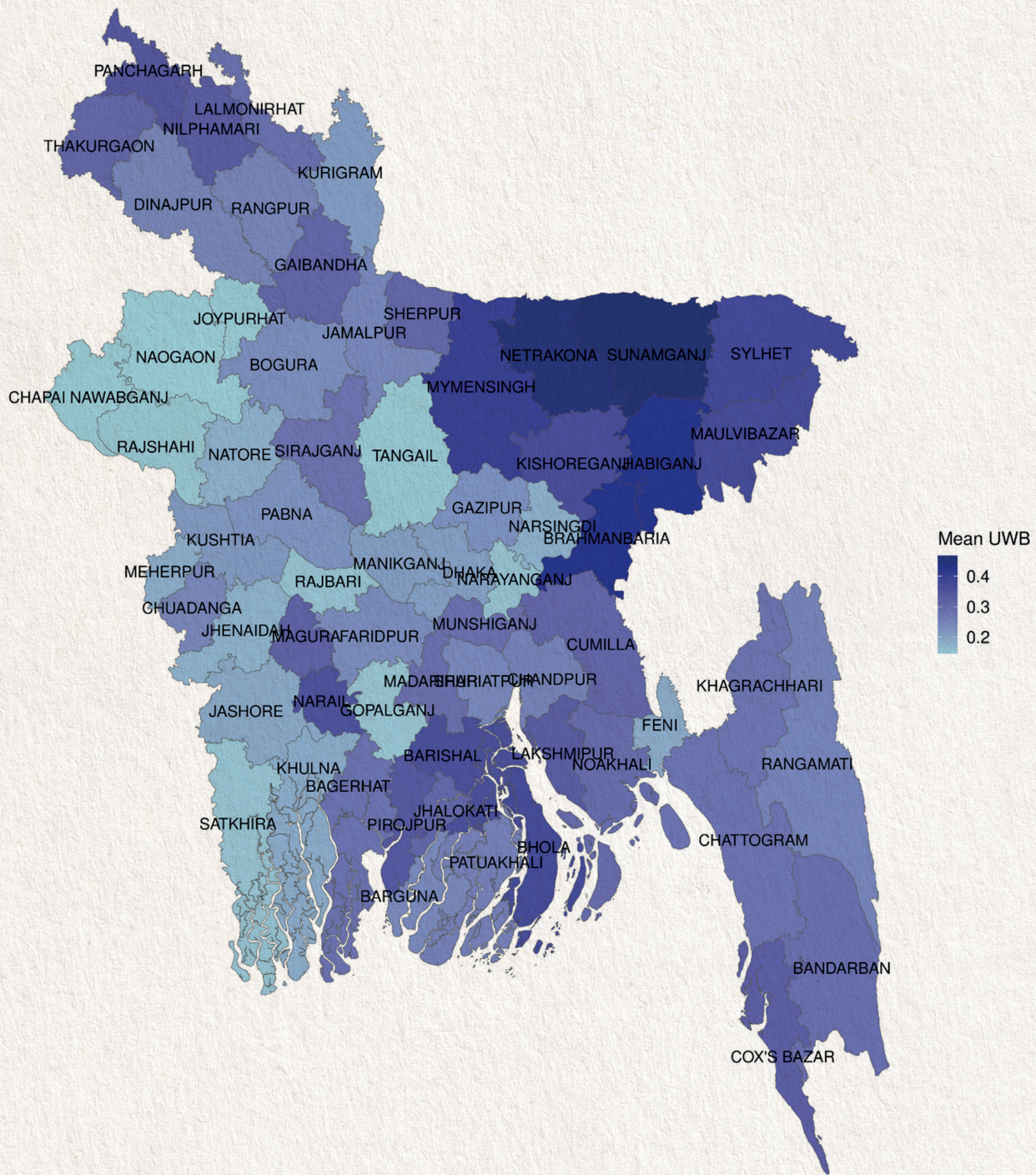
These findings demonstrate that unwanted fertility is driven both by population composition and by changing structural dynamics affecting reproductive behavior.

3. Spatial Patterns of Fertility Misalignment

Unwanted fertility exhibits strong geographic clustering across Bangladesh, highlighting the spatial dimension of demographic inequality.

District-level analysis shows the highest levels concentrated in the eastern and northeastern regions, including Sunamganj, Habiganj, Sylhet, and Mymensingh. Lower levels are observed in western divisions such as Rajshahi and Khulna (Map 1).





Map 1: District-Level Distribution of Mean Unwanted Children Ever Born, BDHS 2022

The spatial distribution aligns closely with patterns of unmet need for family planning and disparities in female educational attainment.

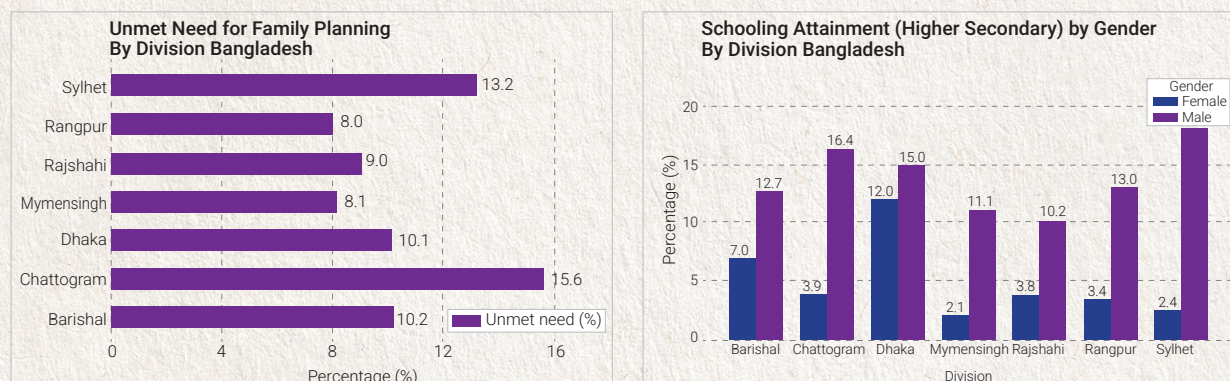


Figure 2: Division-wise Distribution of Unmet Need for Family Planning and Schooling Attainment (Higher Secondary) (BDHS 2022)

Regions with higher unmet need simultaneously exhibit lower levels of higher secondary education among women (Figure 2). This overlap indicates that fertility misalignment is embedded within broader structural development disparities rather than isolated demographic behavior.

The persistence of regional concentration suggests that national averages mask localized vulnerabilities requiring targeted policy responses.

4. Development Implications

Rising unwanted fertility has implications extending beyond the health sector and directly affects national development planning.

Unintended births increase household dependency ratios and reduce per-child investment in education, nutrition, and health, potentially slowing human capital accumulation. Over time, this may weaken productivity growth and skill development.

Higher unintended fertility also increases demand for maternal and child health services, education infrastructure, and social protection programs, generating additional fiscal pressure on public resources.

At the household level, unintended childbearing constrains women's labor market participation, limiting economic empowerment and slowing progress toward gender equality.

The spatial concentration of unwanted fertility further risks reinforcing regional inequality, undermining balanced regional development objectives and widening disparities in human development outcomes.

Ensuring fertility alignment therefore becomes essential for maximizing demographic dividend gains and sustaining inclusive economic growth.

5. Policy Recommendations

Bangladesh's demographic strategy should prioritize rights-based approaches that enable individuals and couples to realize their reproductive intentions. Policy responses should address structural determinants while strengthening equitable access to quality reproductive health and family planning services.

- Planning processes should incorporate district-level fertility alignment indicators. Divisions where women face the greatest barriers to realizing their reproductive intentions, particularly Sylhet and Mymensingh, require prioritized investments supported by differentiated resource allocation and strengthened monitoring frameworks
- Family planning programs should prioritize service quality and continuity rather than coverage alone. Expanding method choice, improving counselling quality, reducing discontinuation, and integrating postpartum family planning into maternal health services will improve effectiveness
- Investments in female secondary and higher education should be intensified in districts with lower female educational attainment and higher unmet need. Retention of girls through secondary schooling remains one of the most effective long-term strategies for expanding women's autonomy and enabling informed reproductive decision-making
- Stronger enforcement of minimum legal marriage age should be combined with community engagement initiatives and adolescent empowerment programs that delay early marriage and first birth
- Finally, national monitoring frameworks should expand beyond Total Fertility Rate to include wanted fertility, unwanted fertility, unmet need, contraceptive discontinuation, and the fertility preference–achievement gap as core development indicators.

6. Conclusion

Bangladesh's stable Total Fertility Rate masks a widening divergence between what women want and what they experience. In recent years, wanted fertility continued to fall while unwanted fertility rose sharply, a reversal reflecting not changing preferences but growing barriers to realizing them. Unmet need for family planning, early marriage, educational disadvantage, and persistent regional inequality, particularly in Sylhet and Mymensingh, are key structural drivers of this misalignment.

Bangladesh's demographic transition has entered a second phase where progress can no longer be measured by aggregate fertility indicators alone. The central metric is now the gap between reproductive intentions and outcomes, and closing that gap requires addressing the structural conditions that prevent women and couples from exercising reproductive choice.

A rights-based policy response expanding access to quality family planning, accelerating female education, enforcing the minimum age of marriage, and directing resources to underserved divisions offers the most effective path forward. Integrating fertility and other key demographic into the development plan, the National Population Policy, and sectoral plans for health, education, and social protection will be essential to ensuring that the reproductive intentions of women and couples become a foundation of Bangladesh's development agenda.

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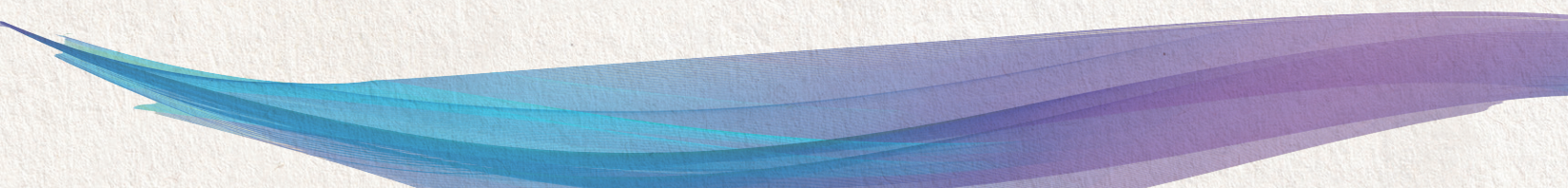
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