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# BANGLADESH CONTRACEPTIVE PREVALENCE SURVEY-1983

# FINAL REPORT

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# <u>Preface</u>

Contraceptive Prevalence Surveys(CPSs) are an important evaluative tool for the monitoring of Population Control Programs. They collect information on contraceptive knowledge and use that provide rapid feedback to the policy makers and program managers on the strengths and weaknesses of family planning programs. Based on the feedback, program policies and strategies can be suitably revised incorporating changes wherever necessary. CPSs are, therefore, of immense immediate value for strengthening of program policies and strategies.

The Bangladesh National Contraceptive Prevalence Survey-1983 was the third CPS undertaken in Bangladesh. The first was conducted in 1979 and the second in 1981. In contrast to the 1979 and 1981 CPSs, in which information was collected only from a sample of eligible women under 50 years of age, the 1983 CPS had three different samples: 1) ever married women under 50 years of age; 2) husbands of currently married women under 50 years of age; and 3) couples with wife under 50 years of age.

The responsibility for conducting the 1983 CPS was contracted to Mitra and Associates, a private Bangladeshi research organization. I am extremely happy to note that Mitra and Associates have proved themselves equal to the task in conducting the survey very efficiently, completing every task on schedule and with professional excellence.

The survey field work commenced in October 1983 and ended in January, 1984. The key tables were produced on April 24,1984 and the 'Key Results' Report by June 24,1984.

The findings of this report contain a wide array of information indicating levels, trends, and differentials in family planning use and reasons for non-use of family planning. I am highly confident and optimistic that these results shall be of great use to the policy makers and program managers in the projection and expansion of future program activities. Demographers, social researchers, and scholars, at home and abroad, may find these results equally valuable for pursuing their research interests.

The personnel of the Ministry of Health and Population Control, Population Control Wing, deserve thanks for their help in successful implementation of the survey, particularly the field officials who extended excellent cooperation to the field interviewing teams.

Finally, we are grateful to USAID for funding the survey and for providing necessary professional guidance to maintain the quality of the survey.

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A.B.M. Ghulam Mostafa Secretary Ministry of Health and Population Control Government of the People's Republic of Bangladesh

#### ACKNOWLEDGEMENT

The Bangladesh Contraceptive Prevalence Survey-1983 is the third CPS sponsored by the Government of Bangladesh. Like the previous CPSs, it was funded by USAID. The 1983 CPS was the largest national survey ever undertaken in this country, in which data were collected from three samples involving approximately 20,000 household interviews. The successful completion of this large national survey undertaking was made possible due to the participation of a good many people. To name them all would be an impossibility, to name none would be an act of ungratefulness. The untiring zeal for hard work and professional excellence of Mr. S. N. Mitra, Project Director and Mr. G. M. Kamal, Deputy Project Director made this study a reality. Under their able guidance and constant supervision, the field survey personnel, often working in hazardous conditions, displayed their deep sense of endurance and perseverance, putting in their best efforts to complete the task. The core staff of Mitra and Associates, worked tirelessly in organizing the field work, and documentation, and processing the data with professional excellence. We have our admiration for all of them. We would especially like to mention, with deep gratitude, the valuable assistance rendered by Mr. A. P. M. Shafiur Rahman in the processing of data. Mr. Nurul Islam, but for whose tireless efforts preparation of computer programs and computerization of data would not have been possible, deserves our especial thanks along with Mr. Abdur Rashid Siddigui who maintained liaison for the computer work.

Dr. S. Waliullah, Director General, NIPORT and Government Liaison Officer for the survey, has all along co-ordinated the smooth implementation of the survey tasks. We respectfully acknowledge the cooperation extended to us by him. We shall be failing in our duties if we do not thank the personnel of the Ministry of Health and Population Control, Population Control Wing, especially the field officials who extended excellent cooperation to the field interviewing and quality control teams. Needless to say, we owe a great debt to the thousands of respondents without whose active cooperation the survey data collection would not have been possible.

Dr. Carol Carpenter-Yaman and Dr. Sarah Harbison of USAID provided continuous guidance to see that the survey was professionally done. They reviewed the questionnaire, the 'Key Results' Report and the Final Report. We owe them an enormous debt.

Mr. Abdur Rashid, Mr. Abdul Karim Dewan, and Ms. Dilara Parvin have done an excellent job of typing the draft report, and we owe our thanks to them.

The final report has been creditably typed by Mr. Jaynal Abdin, Secretary of Mitra and Associates. We are grateful to him for the excellent work he has produced.

> Management of Mitra and Associates

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#### Chapter-1

#### INTRODUCTION

#### 1.1. CPS surveys:

Contraceptive prevalence surveys, popularly known as CPSs, are designed to provide rapid feedback to improve family planning program performance by collecting information on contraceptive use that is of immediate value to family planning program implementors and policy makers. Usually, a CPS collects information to measure knowledge, use, and preference for methods; to identify women who may need services; to reveal obstacles to the use of services; and to uncover opportunities to make services available. Because of their many advantages and of the utility of the information that they generate, CPSs have become an important management tool for monitoring levels and trends of family planning program performance (Kamnuansilpa and Chamratrithirong, 1982; WHS, 1981; Special topics, 1981; Anderson, 1979).

#### 1.2. CPS in Bangladesh:

The contraceptive prevalence survey-1983 is the third CPS which has been undertaken in Bangladesh, following the contraceptive prevalence surveys conducted in 1979 and in 1981. The 1979 CPS was funded by USAID as part of USAID's global CPS project, under an agreement between the Bangladesh Government and WHS (Westinghouse Health System). The 1981 CPS was funded directly by USAID through its Dhaka office. Both the 1979 CPS and 1981 CPS were executed by the Bangladesh Government. Mitra and Associates, a private Bangladeshi research organization was awarded the contract for the 1983 CPS by USAID/Dhaka.

#### 1.3. Objectives:

The major objectives of 1983 CPS were: to ascertain levels and trends in family planning knowledge and use; to examine differentials in use by selected background characteristics of the family planning target population; to assess reasons for non-use and future intention to use among non-users of contraception; to investigate knowledge of contraceptive availability in terms of awareness of services and supplies; and to ascertain sources of supplies for current users of modern methods.

#### 1.4. Samples:

CPSs are usually conducted by interviewing samples of women eligible for family planning services. Thus, both the 1979 CPS and the 1981 CPS were done by interviewing only a sample of ever married women under 50 years of age. But, when the results of the 1981 CPS were compared with those of the other data sources, a large discrepancy was observed in the rate of condom use. The rate reported in the 1981 CPS was much lower than the comparable rate derived from distribution data (MIS, 1983). A subnational study conducted in the areas of high condom use (i.e. in semi-rural and urban areas), following the 1981 CPS, found that women in the semi-rural areas reported lower use for condom than did men (Ahmed and others, 1984). But since the study was done on a subnational basis, it was decided that the 1983 CPS should interview nationally representative samples of both men and women in order to examine whether there were really response. differentials, by sex, with respect to contraceptive use.

Thus, unlike the two previous CPSs, data in the 1983 CPS were collected interviewing three nationally representative samples: the eligible woman sample, the husband sample, and the couple sample. The eligible woman sample was the original CPS sample consisting of only ever married women under 50 years of age. The husband sample was made up of husbands of non-interviewed currently married women under 50 years of age, while the couple sample was made up of both partners of the same couple with wife under 50 years of age.

In the eligible woman sample, respondents considered eligible for interview were ever married women under 50 years of age who slept in the selected household the night preceding the interview date. In the husband sample, the husbands of currently married women under 50 years of age who slept in the sample household the night preceding the interview date were interviewed.

In the couple sample, both currently married women who slept in the selected household the night preceding the interview date and their husbands were interviewed. In the couple sample, interviews were conducted simultaneously but separately with the woman and her husband. Thus, a de-facto basis of interviewing was adopted to minimise non-responses due to usual members remaining absent from sample household on the interview day, while compensating the loss by including visitors to the household. It was expected that the number of absentee usual members would approximate the same as the number of visitors. The de-facto basis was followed also in the 1975 BFS<sup>1</sup>, the 1979 CPS, and the 1981 CPS.

#### 1.5. Bangladesh the setting:

A brief description of Bangladesh is provided here in order to facilitate presentation of and discussions about the survey methodology and results. The description is limited to only those aspects that are likely to have influence on the implementation and results of <sup>a</sup> survey of this nature.

Bangladesh is a small country having a land area of only 55,598 square miles. It lies between  $20^{\circ}$  30' and  $26^{\circ}$  45' North Latitudes and 88° 00' and  $92^{\circ}$  56' East Longitudes and is bounded by the Bay of Bengal on the south and by India on the other three sides - east, north and west except for a short border with Burma on the south-east. Bangladesh is one of the largest delta lands in the world. It is largely a flat alluvial plain crisscrossed by the mighty rivers, Padma, Meghna, Jamuna and their innumerable tributaries. These rivers are of primary importance in the economic and social life of the people. The country has a sub-tropical climate with three prominent seasons: monsoon, winter (cool-dry), and summer (hot-dry)). Mean annual temperatures vary between  $57^{\circ}$  F and  $80^{\circ}$  F, and annual rainfall from 50 inches in the west to 100 inches in the south-east and 200 inches in the hilly regions of the north (Sattar, 1982;BBS, 1980; PCFP Division, 1978).

The 1975 BFS is the Bangladesh Fertility Survey conducted in 1975 as part of the World Fertility Survey Project (PCFP Division, 1978).

Bangladesh emerged on the world map as a sovereign state on December 16,1971, after fighting a 9-month war of liberation. The area constituting the country was ruled by Muslims from the early 13th century until June 23, 1757, and then by the British from June 24,1757 until August 13,1947. While under British rule, it was part of British India. When the British left, British India was divided into two independent states - Pakistan and India, with what is now known as Bangladesh becoming part of Pakistan to form its east wing. As part of Pakistan, Bangladesh was known as East Pakistan and remained so known until it was liberated.

Until the administrative reorganization of the country that took place in 1983-84, each division was divided into districts, each district into subdivisions, and each sub-division into thanas. The administrative reorganization was done upgrading each thana to upazila (sub-district) and each subdivision to district. Thus, under the reorganized system, there is no sub-divisional level any more, putting upazilas (previously thana) under direct control of the district administration. In the country as a whole, there are, in all,68 districts and 481 upazilas. Upazilas are again sub-divided into unions; a union being a cluster of villages. The number of unions in the country was 4354 in the 1981 census (BBS, 1984, BBS, 1980).

Bangladesh is predominantly a rural country. The 1981 census enumerated 84.8 percent of the population living in villages. This figure may even be an underestiamte of the true level of the rurality. The 1981 census extended the definition of urban areas used in population censuses previously. It enumerated as urban all the upazila(thana) headquarters as well as hats (small market places) and bazars having electricity, regardless of whether they were urban or not according to the previous censuses (BBS, 1984). In the previous censuses, a place was treated as urban if it had a Municipality or a town committee or a cantonment board, or if it was acontinuous collection of houses having a population of at least 5000 persons while having, as well, the public utilities like roads, street lighting, water supply, sanitation, sewerage system, etc.

The number of urban centers having a population over 100,000 was 13 in 1981. Among these 13 centers, 4 were Statistical Metropolitan Areas(SMA), viz. Chittagong (SMA), Dhaka(SMA), Khulna(SMA) and Rajshahi(SMA). Dhaka, Chittagong and Khulna are the three principal cities. Dhaka is the capital and the largest metropolis, followed, in order, by Chittagong - the first port city, and Khulna - the second port city. Not only is the proportion of urban population low in Bangladesh, but the population is largely concentrated in large urban centers. For example, 73.3 percent of the 1981 census urban population were found living in the 13 large urban centers having a population over 1,00,000 (BBS,1984). The urban population is growing with an accelerated rate. The rate of growth of urban population was 1.4 percent in 1911 (Chowdhury,1981), while it became 10.6 percent in 1981 (BBS,1984). This trend is likely to continue. Nevertheless, Bangladesh will remain a predominantly rural country for many years to come.

Bangladesh is primarily an agricultural country, with some of the most fertile lands in the world (PCFP Division, 1978). Because of its geographical location on the combined delta of the three rivers and its semi-tropical climate, crops can be grown throughout the year. The principal crops are rice, jute, sugar cane, tea, tobacco, oil seeds and potatoes. Agriculture contributes about 60.0 percent of the GDP and employs 80.0 percent of the work force (UN,1981). Although an agricultural country, Bangladesh has also some large scale industries based on local raw materials. The major industrial activities include: jute manufacturing, production of paper and newsprint, sugar, cement, chemical fertilizers, and garments and textiles. There are also several newly discovered gas fields (PCFP Division, 1978).

Islam is the predominant religion with 86.6 percent of the population in the 1981 census being Muslim. Hindus constitute 12.1 percent of the population. Only 0.9 percent of the population are Christians and Buddhists (BBS, 1984), with another 0.3 percent having tribal religions. The people, in general, belong to one ethnic origin; however, there are some ethnically different tribal populations (1.2 percent) in the hilly regions of the country. Bengali is the mother tongue for 98.9 percent of the population (BBS,1977, Mitra,1979), but it is understood and often spoken by all. The country is culturally homogenous except for the differences brought by religions and tribal cultures.

Bangladesh is far from being a literate country. Levels of literacy among the population are very low, particularly for females. In the 1981 census, the literacy rate was 19.7 percent; 25.8 percent for males and 13.2 percent for females (BBS,1984).

As Bangladesh is a patriarchal society, women are subordinate to men (Islam, 1979; Noman, 1981). "The mobility of women, particularly in the rural areas, is strictly influenced and curtailed by the practice of purdah, that is, the traditional seclusion of women" (Noman, 1981). This practice has restricted women to the boundary of the four walls of their home. Their activities are generally confined to those functions that can be performed within the household. Their destiny is marriage - only to become a mother and a housewife. Tradition is gradually breaking, and the situation of women changing. The change, though slow and uneven among different segments of the population, is nevertheless significant (Ahmed, P., 1979). There is now a proportion of women who are either already employed or seeking employment outside the home(WDP,1979). The type of employment varies strikingly by socio-economic status. Poor, rural, and illiterate women are generally employed at low status jobs such as rice processing, general housework, or as maid servants. These women are usually paid in kind. Although payment in kind is partly due to lack of salaried jobs in the rural areas, it is, in most cases, associated with low status and poverty (Hug, 1979).

Bangladesh is among the poorest countries in the world. The annual per capita income is below US \$ 100 (UN,1981). Bangladesh, though an agricultural country, has always had a shortage of food. Even "in the best of time the food supply has been barely adequate for the needs of the population" (Rosenberg, 1973).

# 1.6. Population and population problem:

Bangladesh is among the most densely populated countries. While being a small country in terms of area, it is the eighth largest state in the world in terms of population (Hong, 1980). The 1981 census showed that the country

has a population of 83.1 million, with 44.9 million being male and 42.2 million female; an average density of 1617 persons living per square mile; an average of 5.7 persons per household (BBS, 1984). Adjustments applied to the census results after the post enumeration survey pushed the total further to 89.9 million.

High fertility persists in Bangladesh. "Bangladeshi women marry young and produce many children. By the time women have completed their families, they have on an average given birth to almost 7 children" (Sattar, 1979).

Available estimates obtained from different sources indicate infant death rates from 130 to 160 per 1000 live births over the period, 1950 to 1979 (CPD, 1981; Mitra, 1979). Yet, improvements in mortality since the beginning of this century are considerable and significant (Hong, 1980; Robinson, 1967). For example, while the estimated crude death rate was around 46.0 per 1000 population in 1911 (Elahi and Ruzicka, 1981), it declined to 24.0 - 20.8 in 1975 (Hong, 1980), and to around 14.0 by 1977 (Hong, 1980). World Bank (1984) showed a reversal of the trend by listing a crude death rate of  $17.\circ$  for the year 1982.

In the absence of any significant migration outside the country, striking mortality declines with no concomitant decline in the fertility have given rise to accelerated growth of the population. Over population or high population density is one of the most important causes for the deteriorating living condition in Bangladesh. The population is still growing, and the situation is worsening with every passing year. Bangladesh was the tenth largest state in 1974; it became the eighth largest in 1981 (Hong, 1980). Being fully aware of the deleterious effects of such rapid growth, the government has declared population growth a problem of great importance. High priority has been assigned to the population control program (Khan, 1981).

### 1.7. Family planning/population control programs:

Efforts to control the population growth of Bangladesh began as early as 1953. Initial efforts were private and voluntary, limited largely to mass

motivation and educational campaigns, with small scale contraceptive services provided through the urban hospitals and clinics located mostly in the city of Dhaka. Though voluntary and limited, the initial efforts were successful in creating a climate of opinion in favour of fertility control and in persuading the government to give official support to family planning activities (Khan, 1981; NIPORT, 1981; PCFP Division, 1980; Abmed, W., 1969).

Voluntary efforts with nominal financial support obtained from the government continued alone until the official family planning program was established by the Directorate of Health Services in the early 1960s. The program of the Directorate of Health Services was clinic based, limiting itself only to the provision of contraceptive services through hospitals, clinics and dispensaries. The full-fledged family planning program came into being in 1965 when the government established, as the implementing agency, the Family Planning Board; an autonomous organization, separate from the health department (PCFP Division, 1980).

The family planning board program continued uninterrupted until 1970. Its achievements were much below expectations. For example, the National Impact Survey carried out in 1968 found that the current use rate of family planning in the country (then East Pakistan) was only 6.5 percent among ever married women under 55 years of age in the urban areas and was as low as 3.6 percent among those in the rural areas (TREC, 1969).

The family planning program suffered numerous setbacks during the period 1970-72, due to the country's increasing clamour for liberation from Pakistan in 1969, the war of liberation in 1971, and the massive relief and rehabilitation work needed and undertaken in 1972, after the war (UN, 1951; PCFP Division, 1980).

Up to 1973, the government family planning program was implemented independently of other development efforts, including health services. But the first five-year plan of independent Bangladesh, finalised in 1973, conceived
that family planning would be integrated with health services. The integrated health and family planning program was officially launched in January, 1974. The functional integration of the two services did not work (Khan, 1981) pointing out the need that the independent nature of the family planning program should be re-established.

In 1975, a major reorganization of the family planning program was undertaken. The government introduced an MCH-based family planning program and integrated the existing MCH component of health services with family planning under the Population Control and Family Palnning Division (PCFPD) of the Ministry of Health and Population Control.

Another important aspect of the reorganization was the appointment of full time field workers at the grass-root level of the program. These field workers included male Family Planning Assistants(FPAs) and female Family Welfare Assistants(FWAs). One FPA supervises the work of three FWAs. According to one report of the PCFPD there were 12,000 FWAs and 4,100 FPAs in 1980 (PCFP Division, 1980). The program also encouraged participation of voluntary organizations and ocial groups in the promotion of family planning.

In 1980, family planning services were again functionally integrated with health services at the field level. The government, after the promulgation of Martial Law in the country in March 1982, has further strengthened the integration of services. The government launched a two year Emergency Population Control Program (PC Division, 1982), on December 15, 1982 aiming at 100 percent achievement of the targets set in the second five year plan period (1980-85). If the second five year plan targets are realised in full, the current use rate of family planning will rise to 38.0 percent of eligible couples by the year 1985 (Population Section, 1982). In March, 1982 the PCFP Division was renamed the Population Control Division(PCD) and again in December 1982 the Population Control Wing(PCW).

1.8. The current report:

Although 1983 CPS data were collected from three samples, the current report focusses on findings only from the eligible woman sample, since the trend or progress in performance can be examined by comparing the results of only the 1983 CPS eligible woman sample with those of the previous surveys, the 1975 BFS the 1979 CPS, the 1981 CPS. However, a comparative analysis of the current use data from all the samples is presented in chapter-8. Also, the key tables from the husband sample and the couple sample are given in appendices-A and B, respectively.

The report is organized into twelve chapters, including the present one. The next chapters are:

Chapter - 2 Methodology and implementation Chapter - 3 Characteristics of women interviewed in the sample Chapter - 4 Fertility Chapter - 5 Knowledge of family planning methods Chapter - 6 Ever use of family planning methods Chapter - 7 Current use of family planning methods Chapter - 8 Current use rates in the different samples Chapter - 9 Source of and accessibility to supply/service Chapter - 10 Availability of contraceptives Chapter - 11 Reasons for non-use and intention to use family planning in the future Chapter - 12 Summary of findings and conclusion

#### Chapter-2

#### METHODOLOGY AND IMPLEMENTATION

This chapter includes a description of the executive agency, the organizational structure, the sample design, the questionnaire, the procedures of field operation and implementation, data processing and data analysis.

#### 2.1. Executive agency of the survey:

'Mitra and Associates' a private Bangladeshi research organization, conducted the 1983 CPS on behalf of the Bangladesh Government and USAID. 'Mitra and Associates' was founded in early 1983 by a group of researchers in order to create a private institution capable of conducting quality research in the field of population with sustained professionalism. Although a relatively new organization, 'Mitra and Associates' established a firm organizational base with appropriate physical facilities. Within its short life span, 'Mitra and Associates' has successfully completed a number of studies besides the 1983 CPS.

#### 2.2. Organizational structure of 1983 CPS:

The organi. tional structure of the 1983 CPS is given on the next page. The Executive Director of 'Mitra and Associates' was the Project Director, having the overall responsibility of implementing the survey. The Director (Research) of Mitra and Associates' was the Deputy Project Director and was responsible for providing technical guidance as well as planning and organizing the data processing and report writing.

Five different sections were established in the organizational structure to ensure the smooth implementation of the survey. The five different sections were: (i) <u>Sampling section</u>, (ii) <u>Questionnaire development section</u>, (iii) <u>Training section</u>, (iv) <u>Planning and field logistics section</u>, and (v) <u>Administrative section</u>. Each section was assigned with specific tasks delineated in the organization structure. The Sampling section was assigned



# ORGANIZATIONAL STRUCTURE OF BANGLADESH CONTRACEPTIVE PREVALENCE SURVEY-1983

with the tasks: (i) drawing up of samples and (ii) supervision of field work and data processing work for Rajshahi division; Questionnaire development section with the tasks: (i) development of questionnaire and (ii) supervision of field work and data processing work for Dhaka division; Training section with the tasks: (i) preparation of manuals and training of field staff and (ii) supervision of field work and data processing work for Chittagong division; and Planning and field logistics section with the tasks: (i) planning and coordination of field work and (ii) supervision of field work and data processing work for Khulna division. Administrative section was not assigned with any professional responsibilities other than the routine administrative work.

In addition to the Executive Director and the Director (Research), other professional and administrative staff of 'Mitra and Associates' were involved in the planning and execution of the survey. Manpower recruited specifically for the survey included:

(i)	Project Officers	2	
(ii)	Research Officers	4	
(iii)	Quality Control Teams:		
	a. Male Quality Control Officers	5	
	b. Female Quality Control Officers	5	
(iv)	Listing Teams:		
	a. Listing Supervisors	4	
	b. Listers	22	
(v)	Field Interviewing Teams:		
	a. Male Supervisors	11	
	b. Female Supervisors	11	
	c. Male Interviewers	12	
	d. Female Interviewers	48	

(vi) Data Processing Teams:

	a.	Editors	8
	b.	Editing Verifiers	8
	c.	Coders	7
	d.	Coding Verifiers	7
	e.	Tabulators	21
(vii)	Adı	ministrative Staff:	
	a.	Administrative Officer	1
	b.	Accountant	1
	c.	Store-keepter	1
	d.	Typists	2
	e.	Clerk	1
	f.	Field Assistants(for interview- ing teams)	11
	g.	MLSS(for office)	. 2

# 2.3. The sample design:

The 1983 CPS had a complex design, with data from the three nationally representative samples: the eligible woman sample, the husband sample, and the couple sample. In addition, a new sampling frame based on the 1981 census household counts was drawn. For convenience of presentation and understanding, the design shall be described first for the eligible woman sample, then for the husband and couple samples.

# 2.3.1. The eligible woman sample:

The eligible woman sample was drawn in terms of households, following a two-stage stratified cluster sampling technique. The two strata were the rural stratum and the urban stratum. The design specification of the eligiblewoman sample was that it should include 10,000 households - 7,500 from the rural stratum and 2,500 from the urban stratum, and that it should spread over

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randomly selected 200 sample areas including 120 from the rural stratum and 80 from the urban stratum. The first stage sample was done to select the sample areas and the second stage to select the household sample or the ultimate sample.

The first stage sample was drawn by the Bangladesh Bureau of Statistics (BBS), following the specification supplied to them by 'Mitra and Associates'. The sampling unit at this stage was a Primary Sampling Unit(PSU) defined differently between the stratum. A rural PSU was usually equivalent to a 1981 census village and an urban PSU to a 1981 census mahalla/block. A census village or a mahalla/block was split into more than one PSU if the village had more than 500 households. On the other hand, a village containing less than 190 households was merged with the nearby village(s).Similarly, a mahalla/block was merged with the nearby mahalla/block(s). It was thus ensured that each rural PSU yielded a sample of at least 63 households and an urban PSU at least 31 households.

The first stage sampling frame for the rural stratum was constructed using the list of the 1981 census villages with the number of household counts and that for the urban stratum was constructed using the list of the 1981 census mahallas/blocks with the number of household counts. The lists of the 1981 census villages and mahallas/blocks were not available from any other sources except BBS. Thus BBS was assigned with the responsibility to draw the first stage sample.

After the frames were constructed, 120 PSUs were selected with PPES (Probability Proportional to Estimated Size) method from the rural frame and 80 PSUs from the urban frame. The PPES method of selection is elaborately documented in such text books on sampling as Kish(1965) and Hansen et al(1963). The estimated PSU size was the 1981 census estimate of households contained in the PSU. BBS furnished 'Mitra and Associates' with the list of selected PSUs together with the information that was necessary for the selection of the household sample at the second stage.

Selected PSUs were the 200 sample areas, from which the household sample was selected at the second stage. The second stage sampling frame (or the frame for the selection of the household sample) was prepared by listing households in each sample area, through house to house visits. Selection techniques adopted for the household sample are described below.

The design specification was that, on the average, 63 households would be selected from each rural sample area and 31 households for each urban sample area. But to keep the overall sampling fraction constant in each stratum, households from each sample area had to be selected with probability inversely proportional to the number of households contained in the area. This required selection of a fixed number of households from a particular sample area in order to keep the overall sampling fraction constant or to make the sample self-weighting in the stratum. The following discussion describes how the number selected in a sample stratum (say the sth stratum) was determined.

(i) Let Ai represent the number of households contained in the ith PSU (sample area)

then Pi = Ai/(Ns/Ks) .....(a)
where Ns = the total number of households in the sth stratum
Ks = the number of PSUs selected into the sample from
the sth stratum
and Pi = the assigned probability of the ith PSU that it
would be selected into the sample

(ii) Let  $A_i$  be the number of households found in the ith PSU after the listing, and  $a_i$  be the number of households selected from that PSU.

Then Pik, the assigned probability that the kth household of the ith PSU would be selected into the sample is

(iii) If fs is the specified sampling fraction for the sth stratum, then

$$P_{i}.P_{ik} = fs$$
or  $P_{ik} = fs/pi$ 

$$= \frac{(ns)}{Ns} / (\frac{Ks.Ai}{Ns})$$

$$= \frac{ns}{Ks.Ai}$$
or  $ai \cdot = (\frac{ns}{Ks}) - \frac{A'i}{Ai}$  .....(c)

where ns is the sample size for sth stratum

Thus, the number of households that was selected from a sample in the rural stratum was determined by using the following equation

ai (rural) = 
$$(\frac{7500}{120}) A'_{i/A_{i}}$$
  
= 62.5  $A'_{i} / A_{i}$  .....(d)

since, for the rural stratum, ns was 7500 and Ks, 120

Similarly, the number of households selected from a sample area in the urban stratum was determined by the equation.

ai (urban) = 
$$(\frac{2500}{80}) \cdot A_{i/A_{i}}$$
  
=  $31.25 \cdot A_{i} \cdot A_{ij} / A_{i} \cdot A_{ij}$  .....(e)

since for the urban stratum, ns was 2500 and Ks, 80.

#### 2.3.2. The husband and couple samples:

The husband and couple samples were selected by drawing a subsample of the sample areas constituting the eligible woman sample. The subsample was drawn by randomly selecting 25.0 percent of the sample areas in each stratum.

Subsample areas for a stratum were selected by listing, in hierarchical order, the PSU number of all sample areas from that stratum. From the list so prepared,25.0 percent of the sample areas were drawn using the systematic sampling technique. This selection technique was followed so that the subsample constituted nationally representative samples, becoming widely scattered all over the country. In addition, it allowed treating subsample areas as if they were an independent sample, having direct comparability, to the eligible woman sample.

The number of households selected for the husband or the couple sample was determined following techniques similar to those adopted for the woman sample, changing only the parameter values (ns,ks) in equation-c on page-17. Since subsample areas had to yield households for interview for each of the three samples, it was ensured while doing the household selection in a subsample area that each household in that area had the same probability of inclusion into any of the three samples.

Further discussion of the husband and couple samples is not included in this report, as this report is intended to present the findings largely from the eligible woman sample. Thus, the subsequent discussion focuses only on the eligible woman sample.

#### 2.3.3. The obtained eligible woman sample:

Table-2.1 shows that out of the 120 rural sample areas, 30 were included from Rajshahi division, 24 from Khulna division, 35 from Dhaka division and 31 from Chittagong division. The distribution of the urban sample areas was

# DISTRIBUTION OF SAMPLE AREAS BY DIVISION AND DISTRICT

Division	District	Total	Rural	Urban
	Rajshahi	12	8	4
	Rangpur	12	8	4
RAJSHAHI	Dinajpur	5	4	1
	Bogra	6	5	1
	Pabna	8	5	3
	Sub-total	43	30	13
	Khulna	12	6	6
	Barisal	9	7	2
KHULNA	Kushtia	4	3	1
	Jessore	7	5	2
	Patuakhali	3	3	-
	Sub-total	35	24	11
	Dhaka	42	11	31
	Mymensingh	13	10	3
DHAKA	Jamalpur	4	3	1
	Tangail	4	3	1
	Faridpur	10	8	2
	Sub-total	73	35	38
	Chittagong	19	6	13
CHITTAGONG	Comilla	12	10	2
	Noakhali	7	6	1
	Sylhet	11	9	2
	Sub-total	49	31	18
	Total	200	120	<u>ຄ</u>

(The Eligible Woman Sample)

<sup>1</sup> The distribution is based upon the district administrative structure of the country, prevailing prior to the recent reorganization introduced by the government since early 1984.

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13 in Rajshahi division, 11 in Khulna division, 38 in Dhaka division and 18 in Chittagong division. A map of Bangladesh showing the sample areas is giver on the next page.

Field interviews were successfully completed in all the 120 rural and 80 urban sample areas. The total number of households selected was 10076 -7599 in the rural stratum and 2477 in the urban stratum (table-2.2). Among the selected households, 9528 were successfully enumerated, 7241 in the rural stratum and 2287 in the urban stratum.

Among the successfully enumerated households, the number of ever married women under 50 years of age was 10421 -- 7887 in the rural stratum and 2534 in the urban stratum. Among the ever married women, 10117 were successfully interviewed with 7677 women being in the rural stratum and 2440 women in the urban stratum.

#### Table-2.2

#### NUMBER OF HOUSEHOLDS AND NUMBER OF ELIGIBLE RESPONDENTS SELECTED AND INTERVIEWED BY STLATUM

Stratum	Number of	households	Number of eligible responde		
	Selected	Interviewed	Selected	Interviewed	
Rural	7599	7241	7887	7677	
Urban	2477	2287	2534	2440	
Total	10076	9528	10421	10117	

(The Eligible Woman Sample)

The rate of non-response for the household interviews was 4.7 percent for the rural stratum and 7.7 percent for the urban stratum (table-2.3). The household non-response rate was highest for Khulna division in both the rural



and the urban stratum, while the rates for Rajshahi were lowest for both the rural and the urban stratum. Excluding Khulna, variations in non-response rates by division were not very pronounced.

Table-2.4 shows that in both the rural and the urban stratum, the most frequent reason for the household non-responses was 'dwelling vacant', meaning that there was no member found in the given sample household. In cases where a dwelling was found vacant at the first visit, multiple subsequent visits were made to ascertain that the dwelling was really vacant. The percentage of household non-response due to dwelling vacant was 62.3 percent for the rural stratum and 81.1 percent for the urban stratum. The next most frequent reason for the rural stratum was 'address not existing' (9.8 percent) and for the urban stratum 'address not found' (7.9 percent). The percentage for all the other reasons varied between 0.3 percent to 3.9 percent in the rural stratum and between 0.0 percent to 4.2 percent in the urban stratum.

The non-response rate for individual interviews was very low, 2.7 percent for the rural stratum and 3.7 percent for the urban stratum (table-2.5). Table-2.6 shows that the most frequent reason for individual interview non-response in both the rural and the urban stratum was 'respondent not available'.

#### 2.3.4. Weighting:

Urban households were over sampled compared to the rural households. Whereas, the proportion of urban households according to the sampling frame was 14.6 percent (table-2.7), that in the selected sample was 24.6 percent. The over-sampling of the urban households was needed to obtain a reasonably large number of observations, so that the level of family planning knowledge and use in the urban population could be analysed and studied . parately. Thus, although the sample within each stratum was self-weighting, the national sample was not. Therefore, for obtaining national estimates, appropriate weights were used. Weighting was also necessary to adjust the sample for nonresponse. The weight used for each stratum is shown in table-2.8.

# NON-RESPONSE RATE FOR HOUSEHOLD INTERVIEWS BY DIVISION

	Number of Rural Households		Rural Non-	Number of Urban Households		Urban Non-
Division	Selec-	Success- fully Inter- viewed	response Rate (Percentage)	Selec- ted	Success- fully Inter- viewed	response Rate (Percentage)
Rajshahi	2000	1935	3.3	421	393	6.7
Khulna	1499	1391	7.2	338	306	9.5
Dhaka	2191	2087	4.7	1173	1081	7.8
Chittagong	1909	1828	4.2	545	507	7.0
Total	7599	7241	4.7	2477	2287	7.7

# (The Eligible Woman Sample)

# Table-2.4

#### REASONS FOR HOUSEHOLD NON-RESPONSE

(The Eligible Woman Sample)

Reasons	1	Rural	Urban	
	Number	Percentage	Number	Percentage
No competent respondent	14	3.9	6	3.2
Deferred	1	0.3	-	-
Refused	9	2.5	3	1.6
Dwelling vacant	223	62.3	154	81.1
Address not found	3	0.8	15	7.9
Address not existing	35	9.8	8	4.2
Other	73	20.4	4	2.1
Total	358	100.0	190	100.1 <sup>a</sup>

<sup>a</sup> Total is larger than 100.0 percent due to rounding error.

#### NON-RESPONSE RATE FOR INDIVIDUAL INTERVIEWS BY DIVISION

	Number of Rural Respondents		Rural Non-	Number of Urban Respondents		' ' Urban Non-
Division	Found	Success- fully Inter- viewed	response Rate (Percentage)	Found	Success- fully Inter- viewed	response Rate (Percentage)
Rajshahi	2141	2099	2.0	438	431	1.6
Khulna	1525	1488	2.4	352	346	1.7
Dhaka	2210	2151	2.7	1196	1131	5.4
Chittagong	2011	1939	3.6	548	532	2.9
Total	7887	7677	2.7	2534	2440	3.7

# (The Eligible Woman Sample)

#### Table-2.6

# REASONS FOR INDIVIDUAL INTERVIEW NON-RESPONSE

Data a su s	R	ural !	Urban		
Reasons	Number	Percentage	Number	Percentage	
Incomplete	2	1.0	2	2.1	
Respondent not available	150	71.4	73	77.7	
Deferred	2	1.0		-	
Refused	21	10.0	5	5.3	
Other	35	16.7	14	14.9	
Total	210	100.1 <sup>a</sup>	94	100.0	

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(The	Eligible	Woman	Sample
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<sup>a</sup> Total is larger than 100.0 percent due to rounding error.

# NUMBER OF HOUSEHOLDS AND POPULATION COUNT FROM RURAL AND URBAN. LISTS OF CENSUS CIRCLES

Household/population	Rural	Urban	Total	
Number of households(million)	12.9	2.2	15.1	
Percentage	85.4	14.6	100.0	
Population(million)	73.9	13.2	87.1	
Percentage	84.8	15.2	100.0	
Average size of household	5.7	5.9	5.7	

(The Eligible Woman Sample)

# Table-2.8

#### WEIGHTED NUMBER OF HOUSEHOLDS AND EVER MARRIED WOMEN IN THE OBTAINED SAMPLE

(The Eligible Woman Sample)

	Number	of hou	seholds	Number of	ever marr	ied women
Areas	Un- weighted	Weights	Weighted	Un- weighted	Weights	Weighted
Rural	7241	1.00000	7241	7677	1.00000	7677
Urban	2287	0.34292	784	2440	0.34665	846
Total	8528		8025	10117	-	8523

The design weight for the urban sample was 0.33231<sup>a</sup>, while the rural weight was unity. When the adjustment for differences in the non-response rate between the rural and the urban stratum was applied, keeping the rural weight equal to unity for both the household and the individual (ever married) sample, the urban weight changed to 0.34292 for the household sample and to 0.34665 for the individual sample. Thus, the size of the weighted national household sample was 8025 and that of the weighted national individual sample was 8523 (table-2.8).

#### 2.4. Questionnaires:

Two questionnaires were used in the 1983 CPS - one for women and the other for men. The questionnaire for women was used to interview female respondents, eligible women in the eligible woman sample and wives in the couple sample, and that for men to interview male respondents, husbands of eligible women in the husband sample and the couple sample.

Each questionnaire had two parts, the household part and the individual part. The household part was used to identify eligible respondents who should be interviewed in the survey, while the individual part was administered to the respondent to obtain the pertinent survey information.

The questionnaire for women (or the female questionnaire) was drafted using, as prototype, the 1981 CPS questionnaire (MIS, 1983) and the Westinghouse Model CPS questionnaire(WHS,1982). After the female questionnaire was drafted, the draft male questionnaire (questionnaire for husbands in the husband sample) was developed using the draft of the female questionnaire as the prototype. The draft questionnaires were prepared by professional staff of 'Mitra and Associates', having considerable experience in survey research.

<sup>a</sup> The number of households in the sampling frame was 1434560 for the urban stratum and 13243320 for the rural stratum, while the sample included 2477 households selected from the urban stratum and 7599 households from the rural stratum. Thus, the design weight for the urban sample was estimated as  $[(\frac{1434560}{13243320}) \times 7599) \div 2477]$  or  $(823.12368 \div 2477)$  or 0.33231.

The draft questionnaires were reviewed by USAID/Dhaka. After review, the questionnaires were modified. The modified questionnaires were pre-tested and, based on the pre-test results, finalised. On approval of the finalised version of the questionnaires by USAID/Dhaka, they were printed for use in the study.

In the household part of the female questionnaire all female members of the sample household were listed with age and marital status noted under, to identify eligible respondents. Female members included only those women who slept in the household the night preceding the interview date.

The household part of the male questionnaire collected the additional information about whether a female household member was a currently married woman and if so, whether the husband could be contacted by the interviewer in order to interview him. This additional information was necessary to ascertain the respondent's eligibility for interview in the husband and couple samples.

Although the 1983 CPS questionnaires were evolved from the 1981 CPS questionnaires, the 1983 CPS questionnaires collected a wider range of data than the 1981 CPS questionnaires. Items of information collected in the 1983 CPS questionnaires are listed below:

- (i) identification of the respondent: name, address, sample identification numbers;
- background characteristics: age, religion, own and husband's education, employment status, family's ownership of agricultural land;
- (iii) fertility: number of children ever born and still living, childbirth during last one year, pregnancy status, desire for additional children;
- (iv) knowledge of family planning methods;

- (v) family planning ever use status;
- (vi) current family planning use status;
- (vii) sources of contraceptive supplies, if currently using a modern contraceptive method, accessibility;
- (viii) reasons for non-use and future intention to use contraceptives; and
- (ix) availability of contraceptives.

Fertility data were not collected in the male questionnaire as it was very difficult to obtain fertility data from male interviews that would be comparable to those obtained in the female interviews.

# 2.5. Procedures of field operations:

Field operations in the survey consisted of pre-testinterviewing, household listing, actual interviewing, and quality control checking.

# 2.5.1. Pre-test interviewing:

Pre-test interviewing was aimed at providing some idea of the length of the interview, feedback on the suitability of the questions, and the flow of the sequence of questions. The pre-test interviewing was conducted in purposively selected areas. The urban pre-test area was located in Dhaka city and the rural pre-test area in Manikgonj which is about 45 miles away from Dhaka city.

# 2.5.2. Household listing:

Household listing was carried out in all the 120 rural and the 80 urban selected sample areas. Prior to listing of the households in any area, the map of the area was drawn. The listed households were shown on the map, along with important landmarks of the area.

A team of two listers/mappers were deployed to conduct the listing work in an area . In all, 11 listing teams were employed to complete the listing operation for all the sample areas in three months. To ensure quality of the listing work, 4 listing supervisors were appointed to verify randomly the work done by the listing teams. Listing teams also collected about the sample area such information as communication facilities, availability of accommodation, and local influential persons in order to facilitate the subsequent visit of the interviewing team.

#### 2.5.3. Field interviewing:

Field interviewing in a sample area was carried out through an interviewing team. In all, there were 11 field interviewing teams employed in the survey. In each team, there were 4 female interviewers, one male supervisor, one female supervisor, and one field assistant. The interviewing team included four additional male interviewers when it was assigned to work in a subsample area involving interviews of male respondents. While the interviewers did the actual interviewing, the supervisors ensured the quality of the interview taken. The supervisors also helped the interviewers deal with difficult respondents and made random checks on interviewers in the actual interviewing situation. In addition, the male supervisor was responsible for distribution of tasks among the interviewers, arranging accommodation for the team, hiring transport for the team and so forth. The two supervisors were assigned also with the responsibility of doing the field editing of the filled-in questionnaires.

Respondents whose questionnaires contained inconsistent responses were re-interviewed. Non-response cases were visited at least four times, so that they could be kepi, as much as practicable, at the minimal level.

#### 2.5.4. Quality control checking:

Five quality control teams were deployed to verify the quality of the data collected by the interviewing teams. Each quality control team had one female and one male quality control officer. The quality control team checked the work of the interviewing team in the actual work situation in some randomly

selected sample areas. Their tasks included: (i) reinterviewing of some respondents to ensure accuracy of data being collected in the individual interview as well as (ii) checking of some interviewed households to ensure accuracy of the sample being followed. The quality control team also ensured that non-responses in the sample were really due to valid reasons.

In addition to the quality control teams, senior professional staff of 'Mitra and Associates' visited the interviewing teams in the field to supervise their work. Visits to the field teams were also frequently made by representatives of USAID/Dhaka to verify that the data were collected properly and that the work was being done as per schedule.

#### 2.6. Implementation:

#### 2.6.1. Recruitment of personnel:

The key personnel for the 1983 CPS were taken from amongst the regular professional staff of 'Mitra and Associates', while the remaining survey personnel were recruited, from outside on temporary basis, in two phases. Recruitment of listers/mappers were completed in the first phase and of other survey personnel such as field interviewers in the second phase.

Listers were recruited by advertising on the notice boards of different organisations and departments engaged in population survey/research. Applicants were interviewed by a committee headed by the Executive Director, of 'Mitra and Associates'.

Recruitment of the other survey personnel was done through advertisement in the two national daily newspapers. The minimum educational level set for the candidate applying for any position was a bachelor degree from a recognized university. However, the minimum educational requirement for the position of the female interviewer was relaxed to the intermediate level (class XII pass) considering the scarcity of highly qualified female candidates in the country.

Applicants were interviewed by a committee headed by the Executive Director of 'Mitra and Associates'. Although applications were wanted for different positions, all selected candidates were recruited initially as trainee interviewers. This was done for two reasons. First, it was considered essential that every semi-professional or professional person recruited in the survey knew about the interviewing technique adopted for the survey. Second, it provided an opportunity to evaluate each selected candidate in terms of his/ her actual performance during the training period, before (s)he was finally appointed to a specific post.

#### 2.6.2. Training:

Training of survey personnel was conducted in several phases. Training for listers was organised at the first phase, for interviewers at the second phase, for supervisors and quality control officers at the third phase, for editors at the fourth phase, for coders at the fifth phase and for tabulators at the sixth or last phase. Duration of training at the first phase was 13 days; at the second phase, 27 days; at the third phase, 7 days; at the fourth phase, 12 days; at the fifth phase, 12 days; and at the sixth phase, 12 days. Training was offered by the professional staff of 'Mitra and Associates'. Training of interviewers was organized by dividing them into a number of groups, so that all the interviewers. At each phase of training, efforts were made to create among the trainees an interest in the survey results in order to create an incentive to do the job more carefully (Hansen and others, 1963).

#### 2.6.3. Field work:

Household listing work was done by ll listing teams. As mentioned earlier, each team comprised two listers/mappers. In addition to the 4

listing supervisors supervising the work of the listing teams, professional staff of 'Mitra and Associates' also made frequent field visits to ensure that the household listing work was properly done.

Field interviewing work was done by 11 teams. It was done in four phases, each extending approximately 15 to 20 days. After a phase was over, the interviewing team was given rest for about 7 days.

#### 2.7. Registration and documentation:

A system of registration was developed to ensure proper record-keeping of survey documents and materials. Thus, the registration section was made responsible for preservation of all schedules, and for supplying of those for editing and coding work. The registration section also kept records of and preserved the code cards, computer print-outs, validation sheets, etc.

The registration work started one week after the field work for data collection had begun and it continued until the data were put onto the computer tapes.

# 2.8. Monitoring of field data collection:

A monitoring cell was established at the headquarters to monitor work of the interviewing teams. The monitoring was done by taking all of the responses for key variables from a particular interviewer and running them out question by question, looking at all answers to each question. If a pattern was discerned in responses, a pattern that would not be there under normal variability of respondents, it was assumed that the interviewer was completing the questionanires not conforming to the survey rules. The monitoring results were looked into on regular basis by the Project Director and the Deputy Project Director to ascertain that the field work was being properly carried out. The monitoring results were utilized in determining movement of the quality control teams. Furthermore, the monitoring results were used to provide quick feedback of the survey results and current prevalence information was provided on an almost weekly basis to USAID/Dhaka.

#### 2.9. Data processing:

Data processing work included editing, coding, and manual tabulation of the survey data. For this, 3 editors, 6 edit verifiers, 7 coders and 5 coding verifiers were recruited from amongst the field personnel depending on their field performances.

#### 2.9.1. Editing:

Editing was done to verify that the survey questionnaires were correctly completed, interviewing the correct sample; that items of information recorded or responses obtained to inter-related questions were consistent with one another; that all the questions in the questionnaire were asked, and so forth. Editing work was done by the editors and edit verifiers under the guidance of two senior professional staff. While one hundred percent of the edited questionnaires were verified by the edit verifiers, 10 percent of the verified questionnaires were checked by the senior professional staff.

#### 2.9.2. Coding:

Information on the questionnaire was coded onto specially designed code cards. Code cards contained blank cells specified by column numbers and variable names, indicating in which cell or cells a particular item of information/ responses of a particular question would be coded. Code cards were made thick enough so that they were convenient for hand-sorting like playing cards. Provisions were made for coding information on both the sides of the sheet. There were as many as eleven cards needed per schedule to code the entire range of information collected in the survey. To facilitate later computer entry, each code card contained 80 columns.

Coding work was done by 7 coders, and their work was checked 100 percent by the coding verifiers. The coding work was supervised by two professional staff, and 10 percent of the code cards were checked by them after verification by the coding verifiers.

#### 2.9.3. Tabulation:

Tabulation was done manually according to the analysis plan developed earlier. The analysis plan contained dummy tables to be included in the key results published immediately after the survey field work was completed.

First, one-way tables (or univariate frequency distributions) were produced by sorting code cards by single variables such as age, number of children ever born, education, etc. Second, two-way tables (or bivariate frequency distributions) were done by sorting code cards by one variable first and the second variable next. For example, to prepare the two way table by age of respondents and their knowledge of the family planning methods, code cards were organized into specified age categories first, cards pertaining to each age category were then classified by knowledge to produce the two way table.

If there was lack of complete agreement the marginal distribution of one variable, for example, age, obtained from the two way table and that obtained from the one way table, checks were made to find the reason for the discrepancy. Any discrepancy between the two distributions was removed by redoing either of them or both.

Five tabulation teams, each consisting of 4 tabulators and one quality control officer was engaged for the tabulation work. The quality control officer in each team worked as the team leader. The tabulation teams worked under direct supervision and guidance of the Project Director and the Deputy Project Director. Manual tabulations helped produce the results of the 1983 CPS within three months after completion of the field work (Mitra and Kamal, 1984). However, tables for this report were produced using computer.

#### 2.10. Analysis of data:

Only descriptive analysis of 1983 CPS data is presented in this report. In-depth analysis was not necessary to meet the objective of the survey.

Analysis of the data was done in two steps. First, levels and trends of family planning knowledge and use among the survey population were ascertained. Levels were studied in terms of such indices as the proportion of respondents knowing family planning methods, the proportion having ever used family planning, and the proportion currently using family planning. Trend analysis was performed by comparing the 1983 CPS data with those of the 1975 BFS, the 1979 CPS, and the 1981 CPS.

Second, differentials in knowledge and use of family planning methods were examined. These differentials are useful for the following reasons:

- (i) to identify determinants of contraceptive knowledge and use;
- (ii) to specify population subgroups having relatively low or high knowledge and use, and to gain insight into the expected gains that may be realised through the introduction of specific programs;
- (iii) to underline relative preferences for a method among population subgroups; and
- (iv) finally, to indicate future trends in family planning for the entire group; for example, if the literate has higher use of family planning than the illiterate, and if the rate of literacy among the population is increasing, it is then expected that the family planning use will also increase.

Differences among subgroups were examined, calculating the percentages of ever married women (under 50 years of age) knowing and using family planning methods in each subgroup. In this way, the differentials by the following characteristics were studied: marital status, age, number of children ever born, number of living children, education, employment status, religion, number of methods known, land ownership, administrative division and urban-rural areas.

# 2.11. Time schedule:

The time schedule of the survey was as follows:

			.1
		Starting date	Finishing date
(i)	Submission of the bid for the project	Apr. 19,1983	May 08,1983
(ii)	Signing of the contract with USAID/ Dhaka	May 16,1983	May 24,1983
(iii)	Drawing of samples:		
	a. Construction of sampling frame and drawing of samples	Jun. 01,1983	Jul. 2 <u>5,198</u> 3
	b. Preparation of the listing schedules	Jul. 01,1983	Jul. 10,1983
	c. Selection of households	Aug. 15,1983	Nov. 15,1983
(iv)	Recruitment of personnel:		
	a. Listers/mappers	Jul. 07,1983	Jul. 10,1983
	b. Interviewers	Jul. 11,1983	Jul. 23,1983
(v)	Preparation, pre-test, and finalization of the questionnaire:		
	a. Development of draft questionnaires	Jun. 07,1983	Jun. 30,1983
	b. Pre-testing of the questionnaires	Jul. 01,1983	Jul. 16,1983
	c. Finalization of the questionnaires	Jul. 15,1983	Jul. 24,1983
	d. Printing of the questionnaires	Jul. 25,1983	Aug. 19,1983
(vi)	Preparation of manuals	Jun. 12,1983	Sep. 30,1983

	Tasks/activities	Starting date	Finishing date
(vii)	Training of staff:		
	a. Listers/mappers	Jul. 12,1983	Jul. 29,1983
	b. Interviewers	Jul. 25,1983	Aug. 20,1983
	c. Data processing staff	Aug. 25,1983	Oct. 27,1983
(viii)	Field work for data collection:		
	a. Household listing	Aug. 01,1983	Oct. 31,1983
	b. Field interviewing	Oct. 01,1983	Jan. 31,1984
(ix)	Data processing	Oct. 15,1983	Mar. 31,1984
(x)	Preparation of preliminary report for key results	Apr. 02,1984	Jun. 24,1984
(xi)	Preparation of draft final report	Jun. 25,1984	Feb. 07,1985
(xii)	Finalization of the report	Mar. 25,1985	Jul. 17,1985

#### Chapter-3

# CHARACTERISTICS OF WOMEN INTERVIEWED IN THE SAMPLE

#### 3.1. Introduction:

The characteristics of the sample of the 1983 CPS are described and analysed in terms of the following variables; (i) age of female household members; (ii) proportion never married among females; (iii) current marital status of ever married women; (iv) age; (v) education; (vi) employment status; (vii) religion; (viii) land ownership; (ix) number of children ever born; (x) number of living children; and (xi) pregnancy status. These background characteristics will be analysed in relation to the family planning knowledge and use variables in subsequent chapters to determine whether there are any important demographic or socio-economic differentials in knowledge and use.

It is important in survey research to assess the adequacy of a sample or its data quality before the findings are discussed and interpreted (Chander and Palan,1977; Driver, 1963). This assessment is usually made by comparing the distribution of characteristics of the sample to similar characteristics in other independent surveys or censuses. Another objective of this chapter is, therefore, to examine the adequacy of the 1983 CPS sample.

# 3.2. Age of female members:

The age distribution of female members found in interviewed households is shown in table-3.1. Overall,44.3 percent of the female members were under 15 years of age, 44.8 percent between the ages 15 to 49 years, and 10.9 percent 50 years and above. The corresponding figures found in 1981 census were 46.8 percent, 43.3 percent, and 9.9 percent respectively (BBS, 1984).

# PERCENTAGE DISTRIBUTION OF FEMALE MEMBERS<sup>1</sup> OF INTERVIEWED HOUSEHOLDS BY AGE GROUP

Age group	National	Rural	Urban
/ 15	44.3	44.4	43.7
 15 - 19	11.9	11.7	13.4
20 - 24	8.7	8.6	9.7
25 - 29	7.9	7.8	9.2
30 - 34	5.3	5.3	5.2
35 - 39	4.4	4.4	4.7
40 - 44	3.5	3.5	3.2
45 - 49	3.1	3.2	2.5
50 - 54	3.5	3.5	3.0
55 - 59	2.5	2.6	1.7
60 +	4.9	5.0	3.7
Total	100.0	100.0	100.0
N	21314 <sup>a</sup>	19142 <sup>b</sup>	6266 <sup>b</sup>

#### (The Eligible Woman Sample)

<sup>1</sup> Only female members who slept last night in an interviewed household prior to the interviewing day were included in the enumeration.

<sup>a</sup> Weighted total of female members in the sample, excluding NS(Not Stated) cases.

<sup>b</sup> The number of NS cases was 13 for rural and 4 for urban.

The percentage of female members under 15 years of age was only slightly higher in the rural areas (44.4 percent) than in the urban areas (43.7 percent). Although, there were no appreciable differences in the other age groups, the proportions in the 15-19 to 35-39 age groups were higher in the urban areas than in the rural areas, while the reverse was true for the older age goups. This finding may be due to uneven ruralurban migration by age. Rural to urban migration occurs more often for young women than for old, probably because husbands of young women (who are also relatively young) migrate to the city in search of greater opportunity for work and bring their wives with them. Older men are less likely to migrate (MIS,1983).

The age distribution of female members obtained in the 1983 CPS is shown in table-3.2, together with the comparable distributions derived from the 1961 census, 1974 census, 1981 census, and 1981 CPS. There were very minor differences between the data sets in table. This finding clearly suggests that the quality of age data in the 1983 CPS was good, while upholding the representative character of its sample.

#### 3.3. Proportion never married:

The proportion never married among female members is shown, by age group, in table-3.3. For the nation as a whole, 48.0 percent of female household members were reported never married, with 47.7 percent in the rural areas and 51.0 percent in the urban areas. Age specific variations were significant. The proportion was 98.0 percent for those less than 15 years, while it strikingly declined to 34.2 percent in the age group 15-19 years and to 4.0 percent in the age group 20-24 years, reaching zero for the age group 35-39 years. Since universality of marriage is a long standing phenomenon in Bangladesh, the slight upward trend after 40 years was contrary to expectation. A similar finding was obtained in the 1981 CPS. The upward trend might be due to the reporting errors.

# PERCENTAGE DISTRIBUTION OF FEMALE POPULATION BY AGE GROUP, BANGLADESH 1961, 1974, 1981, AND 1983

Age group	Census 1961 <sup>a</sup>	Census 1974 <sup>a</sup>	Census 1981 <sup>b</sup>	CPS 1981	CPS 1983
<u>/</u> 15	46.4	48.8	46.8	46.8	44.3
15 - 19	8.1	8.0	9.5	10.8	11.9
20 - 24	8.1	7.3	8.4	7.8	8.7
25 - 29	8.2	7.3	7.5	7.3	7.9
30 - 34	6.3	5.9	5.9	5.5	5.3
35 - 39	5.1	5.2	4.9	4.3	4.4
40 - 44	4.5	4.4	4.2	3.6	3.5
45 - 49	3.3	3.2	3.0	4.0	3.1
50 - 54	3.3	3.2	3.0	3.1	3.5
55 - 59	1.8	1.7	1.7	2.6	2.5
60 +	4.9	5.1	5.1	4.2	4.9
Total	100.0	100.1 <sup>c</sup>	100.0	100.0	100.0

(The Eligible Woman Sample)

<sup>a</sup> Source: 1980 Statistical Year Book of Bangladesh.

b Source: Bangladesh Population Census 1981: Analytical Findings and National Tables.

<sup>C</sup> Total is more than 100 percent due to rounding error.

As for urban-rural differences, the never married proportions for the younger age groups were higher in the urban areas than in the rural areas. For example, while the proportion of never married female members in the age group 15-19 years was 32.2 percent in the rural areas, the percentage was 49.6 percent for the urban areas. Similarly, the rate for the age group 20-24 years varied from only 3.0 percent in the rural areas to

# PERCENTAGE<sup>1</sup>OF NEVER MARRIED FEMALE MEMBERS BY AGE GROUP

Age group	National	Rural	Urban
<u>/</u> 15	98.0	98.0	98.6
15 - 19	34.2	32.2	49.6
20 - 24	4.0	3.0	11.7
25 - 29	0.7	0.5	1.7
30 - 34	0.4	0.3	0.6
35 - 39	0.υ	0.0	0.0
40 - 44	0.1	0.1	0.0
45 - 49	0.1	0.2	0.0
50 - 54	0.7	0.7	0.0
55 <b>-</b> 59	1.5	1.4	1.9
60 +	0.8	0.8	0.4
All	48.0	47.7	51.0

(The Eligible Woman Sample)

Not stated cases for age and marital status were 13 for rural and 4 for urban. These are excluded from the table.

a high of 11.7 percent in the urban areas. The differences are expected, since age at marriage is higher among urban women than among rural women.

A comparison of the result of the 1983 CPS with those of the 1975 BFS and 1981 CPS is presented in table-3.4. The result of the 1979 CPS could not be included in the comparison, since it was not avilable in its published

#### PERCENTAGE OF NEVER MARRIED FEMALE MEMBERS BY AGE GROUP, BANGLADFSH 1975, 1981, AND 1983

Age group	BFS 1975 <sup>a</sup>	CPS 1981	CPS 1983
<u>∕</u> 10 10 - 14	99.8 91.2	97.8 <sup>b</sup>	98.0 <sup>b</sup>
15 - 19	29.8	37.1	34.2
20 - 24	4.6	6.0	4.0
25 - 29	1.0	1.0	0.7
30 - 34	0.2	1.1	0.4
35 - 39	0.4	0.0	0.0
40 - 44	0.2	0.4	0.1
45 - 49	0.0	0.5	0.1

(The Eligible Woman Sample)

<sup>a</sup> Source: BFS - Bangladesh Fertility Survey, 1975.

<sup>b</sup> Includes all under 15 years of age.

report. The proportion never married in the 1975 BFS was calculated separately for the age groups less than 10 years and 10-14 years, while the calculation was done combining the two age groups in the 1981 CPS as well as the 1983 CPS. This precludes any direct comparison of the proportion never married under age group 15 years between the 1975 BFS and the two CPSs.

The proportion never married increased from 29.8 percent in 1975 to 34.2 percent in 1983. The observed higher proportions of never married females in the 1981 CPS than in the 1983 CPS for the 15-19 years age group and the 20-24 years age group may not represent a downward trend, but simply might be the result of underreporting in the 1983 CPS or overreporting in the 1981 CPS.

# 3.4. Current marital status:

Almost 90 percent of the ever married women were currently married (table-3.5). The remaining 10 percent were divorced, widowed, or separated. The proportion of currently married women was only slightly higher in the rural areas (90.0 percent) than in the urban areas (88.8 percent).

Table-3.6 shows a comparison of the results of current marital status of the 1975 BFS, 1979 CPS, 1981 CPS, and 1983 CPS. The percentage not currently married was highest in 1975 (11.5 percent). It declined to 7.4 percent in 1979. Thereafter, it rose to 9.1 percent and then to 10.1 percent in 1983. The rising trend after 1975 seems to suggest that the proportion. was overestimated in the 1975 BFS or possibly, there may have been a lot of abandoned women/widows after the war - who have since remarried.

# 3.5. Age of ever married women:

The percentage distribution of ever married women under 50 years of age is shown in table-3.7. Among the ever married women, the vast majority (58.8 percent) were in the following three age groups: 15-19 (19.5 percent); 20-24 (20.2 percent); and 25-29 (19.1 percent). Only 2.0 percent of ever married women were in the age group less than 15 years. The median age of the ever married women was 27.2 years<sup>1</sup>.

There was very little difference in the age distribution between the rural and the urban areas. The median age in the rural sample was 27.2 years while in the urban sample it was 27.3 years.

<sup>&</sup>lt;sup>1</sup> Calculated from the five-year age distribution and not from the singleyear age distribution.
### PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY CURRENT MARITAL STATUS

Current marital status	National	Rural	Urban
Currently married	89.9	90.0	88.8
Not currently married	10.1	10.0	11.2
Total N	100.0 8523 <sup>a</sup>	100.0 7677	100.0 2440

(The Eligible Woman Sample)

 $^{\dot{a}}$  Weighted total of ever married women in the sample.

### Table-3.6

### PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY CURRENT MARITAL STATUS, BANGLADESH 1975, 1979, 1981, AND 1983

(The Eligible Woman Sample)

Current marital	BFS <sup>1</sup>	1 t	CPS <sup>1</sup> Year		
status	1975	1979	1981	1983	
Currently married	88.5	92.6	90.9	89.9	
Not currently married	11.5	7.4	9.1	10.1	
Total	100.0	100.0	100.0	100.0	

<sup>1</sup> Source: BFS - Bangladesh Fertility Survey.

CPS - Contraceptive Prevalence Survey.

### PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY AGE GROUP

Age group	National	Rural	Urban
<u>/</u> 15	2.0	2.0	1.5
15 - 19	19.5	19.7	17.3
20 - 24	20.2	20.2	20.8
25 - 29	19.1	18.7	22.6
30 - 34	12.7	12.7	13.0
35 - 39	10.7	10.7	11.0
40 - 44	8.3	8.3	7.8
45 - 49	7.6	7.8	6.1
Total <sup>1</sup>	100.1	100.1	100.1
N	8523 <sup>a</sup>	7677	2440

(The Eligible Woman Sample)

<sup>1</sup> Totals are more than 100 percent due to rounding errors.

<sup>a</sup> Weighted total of ever married women in the sample.

The comparison of the age distribution of ever married women in the 1983 CPS with those of the 1975 BFS, 1979 CPS, and 1981 CPS is shown in table-3.8. The age distribution of ever married women in all the four sets is very similar, except that the proportion under 15 years of age in 1975 BFS was almost twice that as in any of the CPSs. The difference could be the result of the increase in age at marriage after 1975.

The proportion of ever married women in the oldest age group was lower in the 1975 BFS and the 1983 CPS than it was for the 1979 CPS and the 1981 CPS. The reason for this difference could not, however, be ascertained.

### PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY AGE GROUP, BANGLADESH 1975, 1979, 1981, AND 1983

Age group	BFS <sup>1</sup> CPS <sup>1</sup> Y			ear	
	1975	1979	1981	1983	
/_ 15	4.1	2.0	2.3	2.0	
15 - 19	18.5	17.2	18.0	19.5	
20 - 24	20.7	20.1	18.8	20.2	
25 - 29	17.0	18.2	18.2	19.1	
30 - 34	12.1	12.6	13.5	12.7	
35 - 39	10.3	12.0	10.6	10.7	
40 - 44	9.6	8.2	8.8	8.3	
45 - 49	7.6	9.7	9.8	7.6	
Total <sup>2</sup>	99.9	100.0	100.0	100.1	

(The Eligible Woman Sample)

1 Source : BFS - Bangladesh Fertility Survey. CPS - Contraceptive Prevalence Survey.

<sup>2</sup> Totals are more or less than 100 percent due to rounding errors.

## 3.6. Propertion not currently married:

The percentage of not currently married among ever married women under 50 years of age by age group is shown in table-3.9. Among the women under 35 years of age, the proportion not currently married was low and varied little with the age, ranging between 6.4 percent and 8.9 percent; but it rose strikingly to 13.1 percent in the age group 35-39 years, reaching a high of 23.1 percent for the age group 45-49 years. Since not currently married women are largely comprised of widows, and since incidence of widowhood is likely to be more among older than younger women (PCFP division, 1978), the increasing trend in the proportion not currently married by age is quite expected.

### PERCENTAGE OF NOT CURRENTLY MARRIED AMONG EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY AGE GROUP

Age group	National	Rural	Urban	
/_ 15	6.4	5.8	13.9	
15 - 19	7.4	7.5	6.7	
20 - 24	6.7	6.5	8.3	
25 - 29	7.3	7.2	8.3	
30 - 34	8.9	8.3	13.6	
35 - 39	13.1	12.9	14.2	
40 - 44	18.2	18.2	18.8	
45 - 49	23.1	23.0	23.6	
A11	10.1	10.0	11.2	

(The Eligible Woman Sample)

The rural-urban variations were not pronounced, except for the two age groups, less than 15 years and 30-34 years. Whereas, among ever married women in the age group less than 15 years, the proportion not currently married was 5.8 percent in the rural areas, the rate was remarkably higher, 13.9 percent, for the urban areas, a difference of 8.1 percentage points. Likewise, among women in the age group 30-34 years, the proportion not currently married varied strikingly from 8.3 percent in the rural areas to 13.6 percent in the urban areas.

The age structure of currently married women is compared to that of ever married women in table-3.10. There was very little difference between the two groups. The median age of currently married women was slightly lower at 26.8 years than that of ever married women which was 27.2 years.

### PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN AND CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE BY AGE GROUP

Age group	Ever married women	Currently married women
<u>/</u> 15	2.0	. 2.1
15 - 19	19.5	20.1
20 - 24	20.2	21.0
25 - 29	19.1	19.6
30 - 34	12.7	12.9
35 - 39	10.7	10.4
40 - 44	8.3	7.5
45 - 49	7.6	6.5
Total	100.1	100.1
N	8523 <sup>a</sup>	7662 <sup>b</sup>

(The Eligible Woman Sample)

Totals are more than 100 percent due to rounding errors.

<sup>a</sup> Weighted total of ever married women in the sample.

<sup>b</sup> Weighted total of currently married women in the sample.

## 3.7. Education:

1

# 3.7.1. Education of ever married women:

The percentage distribution of ever married women under 50 years of age is shown in table-3.11. Over two-thirds (68.8 percent) of the ever married women had never attended school, while another large 17.6 percent said that they were educated only upto less than the primary level. It was thus found that only 13.6 percent of the women had completed primary education or above, with 6.6 percent saying that they had only completed primary education.

### PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY EDUCATION

Educational level	National	Rural	Urban
Never attended school	68.8	70.7	51.6
Less than primary level	17.6	17.8	15.1
Completed primary level	6.6	6.3	9.1
Class VI-VII	2.8	2.4	6.8
Class VIII-IX	2.4	1.7	8.4
SSC and HSC	1.6	0.9	7.5
Degree and above	0.2	0.1	1.6
Total <sup>1</sup>	100.0	99.9	100.1
ท	8514 <sup>a</sup>	7669 <sup>b</sup>	2438 <sup>b</sup>

#### (The Eligible Woman Sample)

<sup>1</sup> Totals are more or less than 100 percent due to rounding errors.

<sup>a</sup> Weighted total of ever married women in the sample excluding Not Stated(NS) cases. There were 9 NS cases for the National sample.

<sup>b</sup> Unweighted total of ever married women in the sample excluding NS cases. There were 8 NS cases for rural and 2 for urban.

There were considerable variations between the rural and the urban areas. The proportion of women who had never attended school was 70.7 percent in the rural areas, while it was only 51.6 percent for the urban areas. In contrast, the proportion having completed primary education or above was only 11.4 percent in the rural areas, while the rate was at a high of 33.4 percent in the urban areas. Thus, ever married women were much more likely to be educated if they resided in the urban areas than in the rural areas. Table-3.12 shows that the proportion of ever married women who ever attended school has increased from 22.0 percent in 1975 to 31.2 percent in 1983. The increase between 1981 and 1983 was, however, very negligible, being only 0.4 percentage points.

## 3.7.2. Husband's education:

1

The percentage distribution of ever married women by education of their (last) husband is shown in table-3.13. The proportion educated was higher for

#### Table-3.12

### PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY EDUCATION, BANGLADESH 1975, 1979, 1981, AND 1983

Educational level CPS<sup>2</sup> Year BFS<sup>2</sup> 1975 1979 1981 1983 Never attended school 77.6 75.7 69.2 68.8 Attended school 22.0 24.2 30.8 31.2 Not stated/Not 0.3 0.1 specified 99.9<sup>a</sup> Total 100.0 100.0 100.0

(The Eligible Woman Sample)

<sup>1</sup> The classification of educational level was not done uniformly in all the surveys; as such,only two categories of the variables have been used for the comparison.

<sup>2</sup> Sources : BFS - Bangladesh Fertility Survey. CPS - Contraceptive Prevalence Survey.

<sup>a</sup> Total is less than 100 percent due to rounding error.

### PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY HUSBAND'S EDUCA: JON

Husband's educational level	National	Rural	Urban
Never attended school	49.4	51.5	30.6
Less than primary level	10.4	10.6	8.8
Completed primary level	6.6	6.8	4.7
Class VI.''II	4.8	4.6	6.7
Class VIII-IX	7.6	7.4	9.8
SSC and HSC	8.5	7.4	17.7
Degree and above	3.1	2.1	12.1
Other	0.1	0.1	-
Don't know	9.5	9.5	9.5
Total	100.0	100.0	99.9 <sup>a</sup>
N	8516 <sup>b</sup>	7370 <sup>C</sup>	2440

(The Eligible Woman Sample)

<sup>a</sup> Total is less than 100 percent due to rounding error.

b Weighted total of ever married women in the sample excluding Not Stated(NS) cases. There were 7 NS cases for National.

<sup>c</sup> Unweighted total of ever married women in the sample excluding NS cases. There were 7 NS cases for Rural.

the husbands than for the respondents (ever married women). Whereas, 68.8 percent of the respondents never attended school, the corresponding percentage for their husbands was 49.4 percent. This reveals the universal disparity in education between males and females in Bangladesh. Just as urban women were more likely to be educated than their rural counterparts, so were they more likely to have an educated husband. While 51.5 percent of the women in the rural areas reported that their husbands had never attended school, the percentage was only 30.6 percent for those of the urban areas.

### PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY HUSBAND'S EDUCATION, BANGLADESH 1975, 1979, 1981, AND 1983

Educational level	BEC <sup>2</sup> 1075		CPS <sup>2</sup> Year		
	Br5 1975	1979	1981	1983	
Never attended school	56.6	53.0	47.9	49.4	
Attended school	41.5	46.4	45.6	41.1	
Not stated/Not specified	1.7	0.5	6.4	9.5	
Total <sup>3</sup>	99.8	99.9	99.9	100.0	

(The Eligible Woman Sample)

<sup>1</sup> The classification of educational level was not done uniformly in all the surveys; as such,only two categories of the variables have been used for the comparison.

<sup>2</sup> Sources : BFS - Bangladesh Fertility Survey. CPS - Contraceptive Prevalence Survey.

Totals are less than 100 percent due to rounding errors.

The proportion for husbands having ever attended school was found to be lower in 1983 (41.1 percent) than in 1981 (45.6 percent) (table-3.14). A higher percentage of not stated cases in 1983 CPS than in 1981 CPS might be a factor yielding this unusual difference.

#### 3.8. Employment status:

The percentage distribution of ever married women by employment status is shown in table-3.15. Data on employment status of women were collected in order to determine whether a woman worked outside her home and, if she did whether she worked on paid employment or not. Almost ninety percent of the women were not employed. Among those employed, most had paid employment. The unpaid employment category constituted only 2.0 percent of all women.

### PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY EMPLOYMENT STATUS

Employment status	National	Rural	Urban
Paid employment	8.7	8.5	9.9
Unpaid employment	2.0	2.0	2.0
Not employed	89.3	89.4	88.1
Not stated	0.1	0.1	0.0 <sup>a</sup>
Total	100.1 <sup>b</sup>	100.0	100.0
N	8523 <sup>°</sup>	7677	2440

(The Eligible Woman Sample)

<sup>a</sup> The figure is smaller than 0.1 percent but greater than 0.0 percent.
 <sup>b</sup> Total is more than 100 percent due to rounding error.

c Weighted total of ever married women in the sample.

There were no discernible variations in the employment status of women between the rural and the urban areas: 89.4 percent not employed in the rural areas and 88.1 percent in the urban areas.

As can be seen from table-3.16, there had been very little change in the female employment status between 1981 and 1983. For example, the proportion of women having some form of employment was about the same in bcth the 1981 CPS (11.2 percent) and the 1983 CPS (10.7 percent).

#### 3.9. Religion:

The percentage distribution of ever married women by religious affiliation is shown in table-3.17. At the national level, 88.6 percent of the women were Muslim. There were no pronounced variations in the religious composition of ever married women between the rural and urban areas.

### PERCENTAGE DISTRIBUTION OF EVUR MARRIED WOMEN UNDER 50 YEARS OF AGE BY EMPLOYMENT STATUS, BANGLADESH 1979, 1981, AND 1983<sup>a</sup>

Employment status	1	CPS <sup>1</sup> Year				
	1979	1981	1983			
Paid employment Unpaid employment	7.7 <sub>7.7</sub> b	8.7 ¦ 11.2	8.7 10.7			
Not employed	92.2	88.7	89.3			
Not stated/Not specified	0.1	0.1	0.1			
Total	100.0	100.0	100.1 <sup>c</sup>			

(The Eligible Woman Sample)

<sup>a</sup> Comparable data from 1975 BFS(Bangladesh Fertility Survey) were not available.
l

Source : CPS - Contraceptive Prevalence Survey.

С

<sup>b</sup> Includes paid employment and unpaid employment categories together.

Total is more than 100 percent due to rounding error.

### Table-3.17

### PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY RELIGION

### (The Eligible Woman Sample)

Religion	National	Rural	Urban
Muslim	88.6	88.6	89.3
Non-Muslim	11.4	11.4	10.7
Total	100.0	100.0	100.0
N	8523 <sup>a</sup>	7677	2440

<sup>a</sup> Weighted total of ever married women in the sample.

### PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY RELIGION, BANGLADESH 1975, 1979, 1981, AND 1983

Religion	prc <sup>1</sup> 1075	CPS <sup>1</sup> Year			
	Dr5 1975	1979	1981	1983	
Muslim	83.0	83.8	86.2	88.6	
Hindu	15.8;	15.7;			
Other	1.2, 17.0	0.4	13.8 <sup>ª</sup>	·11.4ª	
Total	100.0	99.9 <sup>b</sup>	100.0	100.0	

#### (The Eligible Woman Sample)

<sup>1</sup> Source : BFS - Bangladesh Fertility Survey.

<sup>a</sup> Includes Hindu and other as Non-muslims.

<sup>D</sup> Total is less than 100 percent due to rounding error.

### 3.10. Land ownership:

The percentage distribution of ever married women by land ownership is shown in table-3.19. One-third (33.9 percent) of the women reported that their family did not own any land.

Ownership of agricultural land varied between rural and urban areas. The proportion of women reporting ownership of agricultural land was higher in the rural areas (68.2 percent) than in the urban areas (46.4 percent). It thus became evident that whereas in the rural areas less than one-third (31.8 percent) of respondents were from families having no agricultural land, the corresponding figure for the urban areas was over a half (53.6 percent).

Urban population growth in Bangladesh has been in large part the result of rural to urban migration, and the scarcity of land in the villages has been documented as one of the most dominant factors inducing this migration (Chaudhury,1981). It is, therefore, expected that the proportion of landless families in the urban areas should be much higher than that of

### PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY LAND OWNERSHIP

#### Land ownership National Rural Urban Own land 66.1 68.2 46.4 Does not own land 33.9 31.8 53.6 Total 100.0 100.0 100.0 8518<sup>a</sup> 7673<sup>b</sup> N 2436<sup>b</sup>

<sup>a</sup> Weighted total of ever married women in the sample excluding Not Stated(NS) cases. There were 5 NS cases for National.

<sup>b</sup> Unweighted total of ever married women in the sample excluding NS cases. There were 4 NS cases for Rural and 4 NS cases for Urban.

However, a possibility of mis-reporting contributing to the observed striking difference cannot be totally dismissed. Living away from home, landholding urban dwellers do not have direct links with their landed property. Also, it may be that the landholding urban dwellers are not dependent on income from the agricultural land as they have other income sources. It is, therefore, possible that many landholding urban respondents failed or were reluctant to report the agricultural land that their families actually owned or would inherit in course of time.

#### 3.11. Children ever born and children currently living:

#### 3.11.1. Distribution by children ever born:

The percentage distribution of ever married women by number of children ever born is shown in table-3.20. About a half (48.5 percent) of the ever married women had 4 or more children ever born and a quarter (25.3 percent), 2-3 children ever born, while 13.9 percent had only one child ever born and 12.3 percent had no children ever born. There were no appreciable differ-

#### (The Eligible Woman Sample)

### PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY NUMBER OF CHILDREN EVER BORN

Children ever born	National	Rural	Urban
0	12.3	12.4	11.8
1	13.9	13.8	15.3
2	13.2	13.0	14.8
3	12.1	12.0	12.4
4	9.9	9.9	10.3
5	9.2	9.2	9.3
6	8.4	8.5	7.7
7	6.3	6.3	6.1
8	5.3	5.4	4.5
9	4.0	4.1	3.3
10	2.7	2.8	2.0
11	1.4	1.5	1.1
12 +	1.3	1.3	1.2
Not stated	-	-	-
Total <sup>1</sup>	100.0	100.2	99.8
N	8523 <sup>a</sup>	7677	2440

(The Eligible Woman Sample)

 $^{\rm 1}$  Totals are more or less than 100 percent due to rounding errors.

<sup>a</sup> Weighted total of ever married women in the sample.

As shown in table-3.21, the pattern of distribution of children ever born to currently married women was similar to that for ever married women. This result is expected since 89.9 percent of the ever married women were currently married (table-3.5).

### PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE BY NUMBER OF CHILDREN EVER BORN

Children ever born	National	Rural	Urban
0	11.7	11.8	11.3
1	13.7	13.5	15.2
2	13.4	13.2	15.1
3	12.3	12.3	12.7
4	10.0	10.0	10.7
5	9.3	9.3	9.5
6	8.3	8.4	7.3
7	6.3	6.3	6.1
8	5.3	5.4	4.3
9	4.0	4.1	3.2
10	2.8	2.9	2.1
11	1.5	1.5	1.2
12 +	1.3	1.3	1.3
Not stated	-	-	-
Total	99.9 <sup>a</sup>	100.0	100.0
N	7662 <sup>b</sup>	6911	2167

(The Eligible Woman Sample)

<sup>a</sup> Total is less than 100 percent due to rounding error. <sup>b</sup> Weighted total of currently married women in the sample.

## 3.11.2. Distribution by living children:

The percentage distribution of ever married women by number of living children is shown in table-3.22. As can be seen from the table, 37.6 percent of the ever married women had 4 or more living children, while more than a half (51.6 percent) had 3 or more living children. Thus, slightly less than a half (48.4 percent) of the ever married women had two or fewer living children. There were no pronounced variations between the rura! and urban areas.

### PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY NUMBER OF LIVING CHILDREN

Living children	National	Rural	Urban
0	14.8	14.9	13.7
1	17.5	17.3	19.1
2	16.1	16.0	17.1
3	14.0	14.0	13.9
4	11.6	11.6	11.7
5	9.9	10.0	8.6
6	6.9	6.9	6.7
7	4.7	4.7	4.9
8	2.8	2.8	2.5
9 +	1.7	1.7	1.9
Total <sup>1</sup>	100.0	99.9	J.00 <b>.</b> 1
N	8523 <sup>a</sup>	7677	2440

#### (The Eligible Woman Sample)

<sup>1</sup> Total is more or less than 100 percent due to rounding error.

<sup>a</sup> Weighted total of the ever married women in the sample.

As in the case of children ever born, there were no differences in the pattern of distribution of living children between currently married women and ever married women (table-3.23).

#### 3.12. Current pregnancy status:

The percentage distribution of currently married women by current pregnancy status is shown in table-3.24. In the national sample, 13.2 percent of the currently married women were pregnant at the time of interview. The pro-

### PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE BY NUMBER OF LIVING CHILDREN

Living children	National	Rural	Urban
0	13.9	14.1	12.7
1	17.1	17.0	18.9
2	16.4	16.2	17.6
3	14.6	14.6	14.5
4	11.8	11.8	11.9
5	9.9	10.1	8.8
6	6.9	6.9	6.5
7	4.7	4.7	4.6
8	2.8	2.9	2.4
9 +	1.9	1.8	2.1
Total	100.0	100.1 <sup>a</sup>	100.0
N	7662 <sup>b</sup>	6911	2167

(The Eligible Woman Sample)

<sup>a</sup> Total is more than 100 percent due to rounding error. <sup>b</sup> Weighted total of currently married women in the sample.

portion of women currently pregnant was higher in the rural areas (13.4 percent) than in the urban areas (11.2 percent). The reason for lower rate of current pregnancies in the urban areas may be because of higher use of contraception in the urban areas than in the rural areas.

Current pregnancy rate was 12.5 percent in the 1975 BFS, which was lower than the rate found in any of the CPSs (table-3.25). The rate for the 1983 CPS was exactly the same (13.2 percent) as that of 1979 CPS, but the rate for the 1981 CPS was higher, 14.1 percent. The fluctuations preclude drawing any conclusions about trends in the prevalence of pregnancy over the period,1975-1983.

### PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE BY CURRENT PREGNANCY STATUS

Current pregnancy status	National	Rural	Urban	
Drognant	12.0	12.4	11.0	
Pregnant	13.2	13.4	11.2	
Not currently pregnant	86.8	86.6	88.8	
Total	100.0	100.0	100.0	
N	7558 <sup>a</sup>	6818 <sup>b</sup>	2134 <sup>b</sup>	

(The Eligible Woman Sample)

<sup>a</sup> Weighted total of currently married women in the sample excluding the 'Don't know' (DK) cases. There were 104 DK cases.

<sup>b</sup> Total of currently married women excluding DK cases. There were 93 DK cases for Rural and 33 DK cases for Urban

#### Table-3.25

### PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE BY CURRENT PREGNANCY STATUS, BANGLADESH 1975, 1979, 1981, AND 1983

(The Eligible Woman Sample)

Current prograncy status	$\operatorname{ppc}^{1}$ 1075	CPS1 Year		
	BES 1975	1979	1981	1983
Pregnant	12.5	<b>13.</b> 2	14.1	13.2
Not currently pregnant	87.5	86.8	85.9	86.8
Total	100.0	100.0	100.0	100.0
<sup>1</sup> Source : BFS - Bangl CPS - Contr	adesh Fer.	tility evalence	Survey. Survey.	
a Theluder also Dealth in		•		

Includes also 'Don't know'(DX) cases.

#### Chapter-4

#### FERTILITY

#### 4.1. Introduction:

The term "fertility" refers to actual birth performances measured in terms of live-births. Fecundity, on the other hand, refers to the physiological capacity to bear children (R.Chander and V.T. Palan, 1977). Two types of fertility were measured in the 1983 CPS: cumulative fertility and current fertility. Cumulative fertility measures were obtained from data on children ever born and living children, while current fertility measures were derived from births during the last one year period from the interviewing date. Findings concerning the two measures are described below.

#### 4.2. Cumulative fertility:

## 4.2.1. Data on children ever born and children currently living:

Though free from time reference errors, data on the number of children ever born and still living are not completely error-free. Surveys and studies carried out in developing countries show that respondents often underreport the number of ever born children. Omission of children who have died or who are living away from home are the most common reasons. It has also been observed in different populations that omissions are selective. That is, they occur more in association with female than male children, more with dead than living children and more with children who died shortly after birth than those who survived longer (Brass and others, 1968). Underreporting of the number of children is also partly due to failure on the part of respondents to distinguish between what is a live-birth and what is not. Often a live-born child who dies immediately after the birth is excluded in their report of ever born children. Recognizing that data on children ever born and still living are subject to understatement in Bangladesh, a series of questions were asked in the 1983 CPS to guard against common sources of errors<sup>1</sup>. The first question was asked to ascertain if the respondent had ever given birth to any live baby. If the respondent had, she was then asked the other questions in the series which were to determine the respondent's number of still living children by sex, including even a child who was living elsewhere. After obtaining data about the number of living children, the respondent was asked about the number of her dead children including even a child who died immediately after birth.

It is claimed and research has also proven that data on the numbers of children ever born and still living are more accurate when they are obtained from women's pregnancy histories than when they are obtained by simple retrospective questions (Chander and Palan, 1977; Mukharjee, 1975). Since the major objective of CPSs is to estimate levels of family planning knowledge and practice and not fertility levels, the collection of detailed pregnancy histories in them is considered too costly in terms of time and other resources. Thus, the simplified approach described above was considered sufficient to generate data on children ever born and children living with sufficient accuracy for the purpose of the 1983 CPS.

### 4.2.2. Mean number of children ever born:

The mean numbers of ever born children among ever married women and currently married women are shown in table-4.1. Although currently married women would presumably have more exposure to pregnancy than ever married women, there were no discernible variations between them in any age group in the mean number of children ever torn. This becomes evident when one compares simply the overall means of the two categories of women, given at the bottom line of the table (table-4.1). The overall mean was about the same for the two categories-4.0 for ever married women and 3.9 for currently married women.

<sup>1</sup> See the survey questionnaire given in the Appendix-A.

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### MEAN NUMBER OF EVER BORN CHILDREN AMONG EVER MARRIED WOMEN AND CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE BY AGE GROUP

(The	Eligible	Woman	Sample)
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Age group	Ever married women	Currently married women
<u>/</u> 15	0.0 <sup>a</sup>	0.0 <sup>a</sup>
15 - 19	0.8	0.9
20 - 24	2.3	2.4
25 - 29	3.8	4.0
30 - 34	5.5	5.7
35 - 39	6.5	6.8
40 - 44	7.3	7.6
45 - 49	7.5	7.8
A11	3.9	4.0

<sup>a</sup> The figure is smaller than 0.1 percent but larger than 0.0 percent.

The mean number of children ever born increased as the age of women advanced. For example, while the mean number of children ever born was less than 1.0 for ever married women less than 20 years of age, it increased sharply to 5.5 for those in the age group 30-34 years, and then, more slowly to the maximum of 7.5 for those in the oldest age group, 45-49 years.

In almost every age group, the mean number of children ever born either among ever married women or currently married women was lower in urban areas than in rural areas (table-4.2). The differences were not remarkable,

### MEAN NUMBER OF EVER BORN CHILDREN AMONG EVER MARRIED WOMEN AND CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE BY AGE GROUP AND RURAL-URBAN AREA

	Ever marr	ied women	Currently man	rried women
	Rural	Urban	Rural	Jrban
/_ 15	0.0 <sup>a</sup>	0.1	0.0 <sup>a</sup>	0.2
15 - 19	0.9	0.9	0.9	0.9
20 - 24	2.3	2.0	2.4	2.1
25 - 29	3.9	3.6	4.0	3.7
30 - 34	5.5	5.1	5.7	5.2
35 - 39	6.6	6.0	6.8	6.3
40 - 44	7.3	7.1	7.7	7.4
45 - 49	7.5	7.5	7.8	7.7
A]]	4.0	3.7	4.0	3.7

(The Eligible Woman Sample)

<sup>a</sup> The figure is smaller than 0.1 percent but larger than 0.0 percent.

however, and previous studies in Bangladesh have also reported negligible differences in the cumulative fertility between the two areas. Absence of conventional urban-rural differences in cumulative fertility may be due to relatively more underreporting of births by rural than urban women (Ahmed,B. 1979).

The results of the 1975 BFS, the three CPSs are compared in tables-4.3 and 4.4, revealing trends in cumulative fertility. There are no discernible indications in the tables that a decline in fertility has begun. Absence of definite trends in fertility decline was also observed by Hong (1980).

### MEAN NUMBER OF CHILDREN EVER BORN TO EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY AGE GROUP, BANGLADESH 1975, 1979, 1981, AND 1983

Ago group	1 PEC 1075	1		CI	Sl Year	
	Br5 1975	1	1979	;	1981	1983
/ 15	0.1		0.1		0.1	0.0 <sup>a</sup>
15 - 19	0.8		0.7		0.7	0.8
20 - 24	2.4		2.1		2.1	2.3
25 - 29	4.2		3.6		3.7	3.8
30 - 34	5.7		5.0		5.4	5.5
35 - 39	6.7		6.0		6.4	6.5
40 - 44	7.1		6.5		7.3	7.3
45 - 49	6.7		6.6		7.6	7.5
All	4.0		3.7		4.0	3.9

(The Eligible Woman Sample)

<sup>1</sup> Source : BFS - Bangladesh Fertility Survey. CPS - Contraceptive Prevalence Survey.

<sup>a</sup> The figure is smaller than 0.1 percent but larger than 0.0 percent.

## 4.2.3. Mean number of living children:

The mean numbers of living children among ever married women and currently married women are shown in table-4.5. The difference between

### MEAN NUMBER OF CHILDREN EVER BORN TO CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE BY AGE GROUP, BANGLADESH 1975, 1979, 1981, AND 1983

Ade aroun	PFC <sup>1</sup> 1075		CPS <sup>1</sup> Year		
		1979	1981	1983	
/_ 15	0.1	0.1	0.1	0.0 <sup>a</sup>	
15 - 19	0.9	0.8	0.8	0.9	
20 - 24	2.5	2.1	2.2	2.4	
25 - 29	4.3	3.6	3.8	4.0	
30 -34	5.9	5.1	5.5	5.7.	
35 - 39	6.9	6.2	6.6	6.8	
40 -44	7.6	6.7	7.5	7.6	
45 - 49	7.3	6.8	8.0	7.8	
A11	4.0	3.7	4.0	4.0	

(The Eligible Woman Sample)

<sup>1</sup> Source : H

BFS - Bangladesh Fertility Survey.

CPS - Contraceptive Prevalence Survey.

<sup>a</sup> The figure is smaller than 0.1 percent but larger than 0.0 percent.

the mean number of living children and the mean number of ever born children reveals the effect of child mortality on fertility levels. In the 1983 CPS, as in the 1981 CPS, ever married women and currently married women had, on average, 3 living children; while the average number of children ever born to them was around 4. The difference indicates, on average, the death of one child per four children ever born.

### MEAN NUMBER OF LIVING CHILDREN AMONG EVER MARRIED WOMEN AND CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE BY AGE GROUP

(The Eligible Woman Sample)

Age group	Ever married women	Currently married women
<u>/</u> 15	0.0 <sup>a</sup>	0.0 <sup>a</sup>
15 - 19	0.7	0.7
20 - 24	1.8	1.9
25 - 29	3.0	3.1
30 - 34	.4.2	4.4
35 - 39	4.9	5.1
40 - 44	5.3	5.5
45 - 49	5.4	5.7
A11	3.0	3.0

<sup>a</sup> The figure is smaller than 0.1 percent but larger than 0.0 percent.

Both ever married and currently married women under 15 years had, on average, less than 0.1 living children. The mean number of living children was 0.7 among ever married women in the age group, 15-19 years. The mean rose sharply to 4.2 among those in the 30-34 year age group and then more slowly to a maximum of 5.4 among those in the oldest age group. A similar trend was also evident in the case of currently married women.

As for the number of children ever born, the variations in the mean number of living children between urban and rural areas was very negligible

### MEAN NUMBER OF LIVING CHILDREN AMONG EVER MARRIED WOMEN AND CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE BY AGE GROUP AND RURAL-URBAN AREA

Age group -	Ever marri	ied women	Currently married women		
	Rural	Urban	Rural	Urban	
/ 15	0.0 <sup>a</sup>	0.1	0.0 <sup>a</sup>	0.1	
15 - 19	0.7	0.7	0.7	0.8	
20 - 24	1.9	1.7	1.9	1.8	
25 - 29	3.1	2.9	3.2	3.0	
30 - 34	4.2	4.1	4.4	4.2	
35 - 39	4.9	4.8	5.1	5.0	
40 - 44	5.2	5.5	5.5	5.6	
45 - 49	5.4	5.5	5.7	5.7	
A11	3.0	3.0	3.0	3.0	

(The Eligible Woman Sample)

a The figure is smaller than 0.1 percent but larger than 0.0 percent.

(table-4.6) The mean numbers of living children obtained in the different surveys are compared in tables-4.7 and 4.8. As with the mean for ever born children, there was no discernible fertility decline in the mean of living children over the period 1975-83.

### 4.3. Current fertility:

## 4.3.1. Data on live-births during the last year:

Data on live-births during the last one year period preceding the interview date were collected by asking a series of questions. The questions

MEAN NUMBER OF LIVING CHILDREN AMONG EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY AGE GROUP, BANGLADESH 1975, 1979, 1981, AND 1983

Ade group	BES 1075	CPS <sup>1</sup> Year					
		1979	1981	1983			
/ 15	0.1	0.1	0.1	0.0 <sup>a</sup>			
15 - 19	0.6	0.6	0.6	0.7			
20 - 24	1.9	1.7	1.7	1.8			
25 - 29	3.3	2.9	2.9	3.0			
30 - 34	4.3	4.1	4.2	4.2			
35 - 39	5.0	4.9	4.9	4.9			
40 - 44	5.1	5.3	5.3	5.3			
45 - 49	4.7	5.1	5.3	5.4			
A11	3.0	3.0	3.0	3.0			

(The Eligible Woman Sample)

<sup>1</sup> Source : BFS - Bangladesh Fertility Survey. CPS - Contraceptive Prevalence Survey.

<sup>a</sup> The figure is smaller than 0.1 percent but larger than 0.0 percent.

asked can be seen from the female questionnaire given in appendix-A. The intention behind asking a series of questions rather than a simple question was to net all the defined live-birth events that occurred in the reference period by asking all respondents, whether past married or currently married.

#### 4.3.2. Age specific rates:

The age specific marital fertility rates obtained in the 1983 CPS for

### MEAN NUMBER OF LIVING CHILEREN AMONG CURRENTLY MARRYED WOMEN UNDER 50 YEARS OF AGE BY AGE GROUP, BANGLADESH 1975, 1979, 1981, AND 1983

		CPS1 Year				
		1979	1981	1983		
/_ 15	0.1	0.1	0.1	0.0 <sup>a</sup>		
15 - 19	0.7	0.6	0.6	0.7		
20 - 24	2.0	1.8	1.8	1.9		
25 - 29	3.3	2.9	3.0	3.1		
30 - 34	4.5	4.2	4.2	4.4		
35 - 39	5.3	5.0	5.1	5.1		
40 - 44	5.5	5.5	5.6	5.5		
45 - 49	5.1	5.3	5.7	5.7		
A11	3.0	3.0	3.1	3.0		

(The Eligible Woman Sample)

<sup>1</sup> Source : BFS - Bangladesh Fertility Survey. CPS - Contraceptive Prevalence Survey.

<sup>a</sup> The figure is smaller than 0.1 percent but larger than 0.0 percent.

ever married women and currently married women are shown, by rural and urban areas, in table-4.9. The age specific marital fertility rate was higher for currently married women than for ever married women in every age group. Thus, while the General Fertility Rate was 203 per 1000 currently married women, the rate was 184 per 1000 ever married women. In consequence, the TFR(Total Fertility Rate) varied from 6.0 births for currently married women to 5.6 for ever married women.

### AGE SPECIFIC MARITAL FERTILITY RATES<sup>1</sup> BANGLADESH, 1983 BY RURAL AND URBAN AREA3, AND BY EVER MARRIED WOMEN AND CURRENTLY MARRIED WOMEN

Age group	Ever	married	women	Currentl	y married	d women
l	National	Rural	Urban	, National	¦ Rural	Urban
< 19	26	26	28	28	27	32
15 - 19	239	238	207	256	256	265
20 - 24	267	266	270	284	283	290
25 - 29	229	233	199	246	250	213
30 - 34	187	189	165	200	202	187
35 - 39	108	109	104	124	125	122
40 - 44	49	52	21	60	63	26
45 - 49	6	7		8	9	
GFR <sup>2</sup>	184	185	179	203	204	199
TFR <sup>3</sup>	5.6	5.6	5.0	6.0	6.1	5.7

Age Specific Fertility Rate(ASFR) is the number of births per 1000 ever married women/currently married women in anage group that occurred during the one year period preceding the interview date.

<sup>2</sup> General Fertility Rate(GFR) is the number of births per 1000 ever married women/currently married women that occurred during the year preceding the interview date.

<sup>3</sup> Total Fertility Rate(TFR) is the number of births that would occur to a woman during her life time, if throughout her life she was exposed to the same ASFR schedule shown for her group in the table.

Urban-rural differentials were more pronounced in the case of current fertility than in the case of cumulative fertility. The General Fertility Rates and Total Fertility Rates, among ever married women and also among currently married women, were higher in the rural areas than in the urban areas. In the urban areas, the Total Fertility Rate for ever married women was 5.0, while the figure was 5.6 for ever married women in the rural areas.

Relatively more urban-rural variation in current fertility than in cumulative fertility might be due to the possibility that urban-rura!

differences in fertility are a recent phenemenon, or that the difference in underreporting between the two areas is much less in the case of births during the last one year period than it is in the case of total births.

Trends in current fertility over the period 1971-1983 are shown in table-4.10. While there was no indication of fertility decline in the case of cumulative fertility, the table clearly shows, with one exception, that current fertility is declining. The exception is the higher TFR in the BRSFM than in the BFS. This could be due either to over estimation of fertility in the BRSFM or to under estimation in the BFS. The BFS rates shown are the average for the period 1971-75. During the early part of that period, Bangladesh was engaged in or recovering from the "War of Liberation". The war probably had some depressing effect on fertility. The relative tranquility and stability that gradually returned later might have resulted in compensatory fertility, but it is doubtful that couples fully compensated for the reduced fertility of the earlier period. Another point is that birth events of the more distant past are generally less likely to be completely reported than those of the recent past. If this is so in Bangladesh, births occurring in the earlier part of the period 1971-75 might have been more underreported than those in the later part. Therefore, the average for the period 1971-75 obtained in BFS might be less representative of the actual situation in a one-year period during that time interval. For these reasons it is more likely that the 1971-75 average BFS rate is an underestimate than that the BRSFM is an overestimate (NJPORT, 1981).

#### 4.4. Desire for more children:

The desire for more children lends some insight into the process of changing family size norms. The desire for more children may largely depend on the current age, and the number of living children. Adding the number of

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### AGE SPECIFIC MARITAL FERTILITY RATES<sup>1</sup> BANGLADESH, 1971-75 BFS, 1974 BRSFM,1979 CPS,AND 1983 CPS

Age group	CPS 1983	CPS 1979	2 BRSFM 1974	BFS <sup>2</sup> 1971-75 (Average)
< 15	26	85	_a	18
15 - 19	239	221	282	155
20 - 24	267	252	353	302
25 - 29	229	239	314	294
30 - 34	187	203	263	251
35 - 39	108	153	198	186
40 - 44	49	68	96	108
45 - 49	6	17	14	35
GFR <sup>3</sup>	184	185	_a	_a
TFR <sup>4</sup>	5.6	6.2	7.5	6.7

<sup>1</sup>Age Specific Fertility Rate(ASFR) is the number of births per 1000 ever married women/currently married women in an age group that occurred during the one year period preceding the interview date.

<sup>3</sup>General Fertility Rate(GFR) is the number of births per 1000 ever married women/currently married women that occurred during the year preceding the interview date.

<sup>4</sup>Total Fertility Rate(TFR) is the number of births that would occur to a woman during her life time, if throughout her life she was exposed to the same ASFR schedule shown for her group in the table.

additional children desired to a woman's actual number of living children gives a surrogate measure of prevailing individual family size norms. Family size norms may have programmatic value since the decision to adopt contraception is likely to be, in part, influenced by individual family size norms (Kamnuansilpa and Chamratrithirong, 1982).

<sup>&</sup>lt;sup>2</sup>Source: BRSFM - Bangladesh Retrospective Survey of Fertility and Mortality. BFS - Bangladesh Fertility Survey.

The percentage distribution of currently married women under 50 years of age having desire for more children is shown in table-4.11. Data on the future fertility desires in 1983 CPS were obtained by asking the currently married women whether or not they wanted to have additional children and, if so, how many more they wanted to have. Slightly less than a half (48.4 percent) of the women desired no more children; also almost an equal proportion (47.1 percent) said that they desired to have more children, while there was another small proportion (4.6 percent) who said that they were uncertain about their future family size.

#### Table-4 11

### PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING DESIRE FOR MORE CHILDREN

Desire for more children	Percentage
Desired more children	47.1
Desired no more children	48.4
Undecided	4.6
Total N <sup>1</sup>	100.1 <sup>a</sup> 7659 <sup>b</sup>

<sup>1</sup> N in this table is the total number of currently married women excluding NS(Not Stated) cases, if any, for the question about desire for children in future.

<sup>a</sup> Total is more than 100 percent due to rounding error.

<sup>b</sup> The number of NS cases was 3.

Desire to have more children was closely related to the number of living children(table-4.12). A woman was more likely to desire more children if she had fewer living children. The proportion desiring more children was 96.5 percent among women who had no living children. It declined steadily to 37.0 percent among those who had three living children and to 21.8 percent among those having four living children. Only 2.1 percent among those having 9 or more living children desired more.

#### Table-4.12

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### PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING DESIRE FOR MORE CHILDREN BY NUMBER OF LIVING CHILDREN

No.of living children	No. of currently married women <sup>1</sup> (weighted)	Percentage desiring more children				
0	1066	96.5				
.1	1314	82.3				
2	1254	54.8				
3•	1113	37.0				
4	905	21.8				
5	761	14.2				
6	525	7.6				
7	362	9.9				
8	216	4.6				
9 +	143	2.1				
A11	7659 <sup>a</sup>	47.1				

Weighted total is 7659 instead of 7662 because of exclusion of
 3 NS(Not Stated) cases for the question about desire for more children in future.

Although the proportion desiring more children followed the expected trend by number of living children, it is note-worthy that more than a half of the women with two children and a one-third of those with three children stated that they want to increase their family size. Motivational efforts, therefore, seem necessary to develop a small family size norm of less than 3 children in the population.

Table-4.13 contains the distribution of currently married women under 50 years of age by their responses about the number of additional children desired. The responses are classified into two categories numerical and non-numerical. The numerical category includes women who mentioned a definite number in response to the question about how many more children they wanted. This category includes the women who did not desire to have any more children. The non-numerical category is made up of responses such as 'God knows' undecided' and 'infertile' in response to the question about the number of additional children. Women saying 'undecided' were included in the non-numerical category with the undecided group.

It is obvious from the table that the proportion giving non-numerical responses was negatively associated with the number of living children. A woman was more likely to give a non-numerical response (God knows/undecided) if she had fewer living children. Thus, while only 3.5 percent of the women having 9 or more living children said 'God knows'/'undecided' the percentage was 45.5 percent for those having no living children (including a very small 1.5 percent mentioning that they were infertile). This pattern may indicate that women with fewer children feel they have less personal control over family size.

About 57 percent of the women having 3 living children said specifically that they did not want any more children. This percentage rose to 81.7 percent among those with 5 living children, reaching 96.5 percent among those with 9 or more living children. In contrast, 37.6 percent of the women with no living child said that they wanted 2-3 children; 39.0 percent of those with one living child indicated an additional 1-2 children;

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### DISTRIBUTION OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE BY RESPONSES ABOUT THE NUMBER OF ADDITIONAL CHILDREN DESIRED, BY NUMBER OF LIVING CHILDREN<sup>1</sup>

No.of	No. of currently	Nume	erical r	esponses	(number	of child	dren desi	ired)	Non-	-numeric	al respo	nses
living children	married n women (Weighted)	0 <sup>a</sup>	1	2	3	4	5 +	Sub- Total	God knows	Un- deci- ded	In- fer- tile	Sub- Total
0	1060	1.5	4.0	25.4	12.2	8.9	2.6	54.5	23.6	20.5	1.5	45.5
1	1312	11.7	18.8	20.2	8.6	3.6	1.4	64.3	23.8	12.0	-	35.7
2	1253	39.5	16.5	12.8	1.4	1.0	0.6	71.9	18.0	10.1	-	28.1
3	1111	57.2	12.5	5.1	1.4	0.2	0.2	76.5	14.6	8.9	-	23.5
4	904	73.5	4.2	2.4	0.8	0.6	-	81.4	12.2	6.4	-	18.6
5	761	81.7	3.2	1.4	-	-	0.1	86.5	8.4	5.1	-	13.5
6	525	88.6	1.1	0.4	-	0.2	-	90.3	5.1	4.6	-	9.7
7	362	87.8	0.6	-	0.3	-	-	88.7	8.0	3.3	-	11.3
8	216	92.1	-	-	-	-	-	92.1	3.7	4.2	-	7.9
9 +	143	96.5	-	-	-	-	-	96.5	2.1	1.4	-	3.5
A11	7646 <sup>b</sup>	48.5	9.2	10.3	3.7	2.1	0.7	74.5	15.6	9.7	0.2	25.5

1

The row sub-total may not be exactly same as the sum of their row percentages due to rounding error.

<sup>a</sup> The complement of this percentage is the percentage having desire for more children plus the percentage undecided about whether or not to have any more children.

b

N in this table is the weighted number of currently married women excluding NS(Not Stated) cases, for the questions about desired number of additional children. The NS cases in the weighted national sample was 16 including 3 for the question about desire for more children and 13 for the question about the number of children desired.

and 56.0 percent of those with two children, indicated they either wanted no children or just one more child. It was thus indicated in the sample that a substantial proportion of women with fewer than 3 children wanted a family of 2-3 children, while a majority of those with 3 or more children wanted to limit their family size at the current level.

Table-4.14 shows the distribution of the mean number of additional children desired and the derived family size among currently married women by number of living children. The mean number of additional children was computed by considering only those who gave numerical responses (see table-4.13). The derived family size was computed by adding the mean number of additional children desired to the number of living children.

The mean number of additional children was zero among the women having 6 or more living children. It was also negligible among those who had 4 or 5 living children. Those who had no living child desired 2.6 more. Thus, the derived family size shows a trend towards smaller family among women with fewer children. Although this trend is usual because the derived family size included the number of living children, the measure for women with fewer than three children indicates that these women wanted a small family (on average 2.7 children). The derived family size measure for women fewer than three children is dependent to a large extent on the desire for more children. These women are also younger, representing the more recent situation. Thus, the findings in the table (table-4.14) should be viewed as encouraging for the population control program, although one need be cautious in relying upon women with fewer than three children as the data in a foregoing paragraph have indicated that women with fewer children were more likely to give nonnumerical responses to the question concerning the number of additional children they desired.
#### Table-4.14

## DISTRIBUTION OF THE MEAN NUMBER OF ADDITIONAL CHILDREN DESIRED<sup>1</sup> AND THE DERIVED<sup>2</sup> FAMILY SIZE AMONG CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE BY NUMBER OF LIVING CHILDREN

No. of	Mean No. of addi	Derived
living	tional children	family
<u>children</u>	desired	size
0	2.6	2.6
1	1.7	2.7
2	0.7	2.7
3	0.4	3.4
4	0.2	4.2
5	0.1	5.1
6	0.0	6.0
7	0.0	7.0
8	0.0	8.0
9 +	0.0	9.0 +
All	0.7	4.1 <sup>a</sup>

<sup>1</sup> The mean number of additional children desired was computed from table-4.13 by considering only those women who gave numerical responses about the number of additional children desired.

<sup>2</sup> The derived family size was computed by adding the number of living children to the mean number of additional children desired.

<sup>a</sup> The derived family size for 'All' were computed by adding the mean number of additional children for 'All' to the mean number of living children for 'All'. 'All' in the table includes only those who gave numerical responses in table-4.13.

#### Chapter-5

#### KNOWLEDGE OF FAMILY PLANNING METHODS

#### 5.1. Introduction:

There may be varying degrees of knowledge of family planning methods. For example, as pointed out in the Mysore Population Study, "... some person might be aware that pregnancy could be avoided without knowing any specified method of avoiding it, and others might have heard of a specific method without knowing how to use it"(UN, 1961). Thus, knowledge of family planning methods might be hearsay knowledge for some, while being knowledge of use or still more indepth knowledge for others (NIPORT, 1981).

As in the previous CPSs, the definition of knowledge used in the 1983 CPS was whether a respondent had heard of or knew of a family planning method or methods. This definition was consistent with the purpose of the survey to determine the number of eligible women who were aware of family planning and to identify the specific methods that they knew. It was, therefore, only the most rudimentary aspects of knowledge that were measured in the survey. Hence, reported knowledge of the respondent about a method should not be taken as an indication that she understood the contraceptive effect of a method or its proper use. It should be noted that the respondent, by having knowledge of a method, did not therefore indicate either her approval of the method or her intention to use the method.

#### 5.2. Measurement of knowledge:

Data on knowledge of family planning methods were collected through a series of questions, following what is popularly known as 'recall and prompting' procedures (WHS,1982). Thus, in the 1983 CPS, as in previous CPSs, two types of knowledge measures were derived: prompted knowledge and unprompted knowledge. Unprompted knowledge (also called spontaneous knowledge) was the knowledge specified without prompting on method names, while prompted knowledge was the knowledge specified with prompting on method names.

The following procedure was adopted to measure the knowledge level of a respondent: first, each respondent was asked to mention the names of the family planning methods she knew to assess her unprompted knowledge.

Second, the interviewer prompted on any of the following listed methods that the respondent failed to mention, asking questions in order to ascertain whether or not the respondent really had knowledge of any of these methods: oral pill, condom, vaginal method (such as emko,jelly, foam etc.), IUD, vasectomy, tubectomy, abortion/MR, injection, safe period, withdrawal, abstinence, and any other method. Prompting on methods was done even when the respondent said 'no' in reply to the first question. Prompted knowledge was thus knowledge that was assessed by prompting.

As in the 1981 CPS, prompting on methods in the 1983 CPS was done in three steps. First, the interviewer mentioned the proper name of the method; if the respondent did not know, the interviewer then used the colloquia! names of the method; and, if still no response, the interviewer gave a description of the method. Prompting interviewing techniques are applied in the collection of data on knowledge of family planning methods because some respondents may not be able to recall in the interviewing situation all the methods that they know. But, when these techniques are applied, it is likely that knowledge would be, to some extent, overstated. This is because the respondent, after being prompted on the method by the interviewer with the intention of helping the respondent recall the method, may provide affirmative answers either to please the interviewer or to avoid embarrassment of being less knowledgeable. Thus, the possibility of an overestimate of knowledge in the survey cannot be totally ignored because of the prompting techniques adopted. The procedures of data collection followed in those surveys were similar to

those used in the 1983 CPS, excepting that the 1975 BFS differed somewhat in its use of the prompting technique by giving the description of the method first without mentioning before either the proper name or colloquial names. However, experiences drawn from the Thailand WFS and CPSs (Suvanajata and Kamnuansilpa, 1979) suggest that differences in prompting techniques do not affect the results to an appreciable extent. The results of 1983 CPS are, therefore, directly comparable with those of the 1981 CPS, 1979 CPS, and 1975 BFS.

#### 5.3. Indices of knowledge:

As in the other surveys, the following indices of knowledge were computed from the data collected in the 1983 CPS:

- the percentage of ever married women under 50 years of age knowing at least one family planning method;
- (ii) the percentage distribution of ever married women under 50 years of age knowing a selected family planning method ; and
- (iii) the percentage distribution of number of methods known to ever married women under 50 years of age, as well as the mean number of methods known to them.

In computing the indices, the overall knowledge was taken into consideration by combining the prompted and unprompted knowledge. The same technique was followed in the 1975 BFS, 1979 CPS, and 1981 CPS without making any distinction between women who were considered aware of specific methods if they said they had heard of the method with or without prompting.

## 5.4. Levels of knowledge:

# 5.4.1. Knowledge of at least one method:

The percentage having knowledge of at least one method in the eligible women sample of the 1983 CPS is shown in table-5.1. The table clearly shows

## PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING KNOWLEDGE<sup>1</sup> OF: AT LEAST ONE METHOD; AT LEAST ONE MODERN METHOD<sup>2</sup>; AT LEAST ONE TRADITIONAL METHOD<sup>3</sup>

#### (The Eligible Woman Sample)

Having (nowledge of	National	Rural	Urban
At least one method	98.6	98.5	99.8
At least one modern method	98.4	98.3	99.7
At least one tradi- tional method	54.8	53.0	70.5
N	8523 <sup>a</sup>	7677	2440

<sup>1</sup> Unprompted or prompted knowledge.

<sup>2</sup> Modern methods: Oral pill,condom,vaginal method,injection,IUD, tubectomy, vasectomy, and induced abortion/MR.

<sup>3</sup> Traditional methods: Safe period, withdrawal, abstinence, and 'other methods'.

<sup>a</sup> Weighted total of ever married women in the sample.

that awareness about family planning is now universal in the target population. Almost every ever married woman in the sample reported that she had knowledge of at least one method and, interestingly, knowledge of at least one modern method (oral pill, condom, vaginal method, injection, IUD, tubectomy, vasectomy, and induced abortion/MR). The percentage having knowledge of at least one traditional method (safe period, withdrawal, abstinence, and other methods) was, however, comparatively low - only 54.8 percent, and was considerably lower in the rural areas (53.0 percent) than in the urban areas (70.5 percent). Traditional methods are not included in the organized family planning efforts. In addition, learning of these methods through informal channels is not easy in a society like Bangladesh where matters relating to sex are not discussed freely. This might partly explain the relatively low knowledge of traditional methods in the sample population.

Table-5.2 compares the 1983 CPS data on knowledge of at least one method to those of the earlier surveys to reveal trends in family planning awareness. The knowledge of at least one method steadily rose from 81.9 percent in the 1975 BFS to 98.2 percent in the 1981 CPS,to 98.6 percent in the 1983 CPS,indicating the almost universality of awareness that was achieved in 1981 was upheld in 1983 with even a slight increase.

# 5.4.2. Method specific knowledge:

Unprompted, prompted, and overall knowledge of selected family planning methods are presented in table-5.3. Overall knowledge is the sum of unprompted and prompted knowledge. The impact of prompting can be easily seen from the visual presentation of the difference between the knowledge levels with and without prompting given in figure-5.1. Prompting led to impressive increases in knowledge of all the methods except oral pill. This finding corroborates the findings of 1979 CPS and 1981 CPS and other contemporary subnational surveys such as the baseline research study on family planning motivational campaign-1983. Still low unprompted levels of knowledge for most methods seem to suggest that more vigorous efforts are needed in effective dissemination of information about family planning among the target population.

Almost every ever married woman interviewed in the 1983 CPS reported knowledge of tubectomy and oral pill. Vasectomy was next at 72.9 percent, followed by injection (61.8 percent), and condom (59.0 percent). Among

## PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING KNOWLEDGE<sup>1</sup> OF AT LEAST ONE METHOD, BANGLADESH 1975, 1979, 1981 AND 1983

(The Eligible Woman Sample)

Year	Source <sup>2</sup>	Percentage
1975	BFS	81.9
1979	CPS	94.8
1981	CPS	98.2
1983	CPS	98.5

<sup>1</sup> Unprompted and prompted knowledge.

<sup>2</sup> Source: BFS - Bangladesh Fertility Survey.

CPS - Contraceptive Prevalence Survey.

the other modern methods, induced abortion/MR was known to 45.1 percent and the IUD to 41.6 percent, while the knowledge of vaginal method was limited to only 19.4 percent of the ever married women. Knowledge of traditional methods was, in general, low. Proportions of ever married women reporting knowledge of these methods ranged from 18.5 percent for abstinence to 26.4 percent for safe period. Knowledge of a variety of other methods was reported by 33.5 percent of the respondents. There were differences between prompted and unprompted knowledge of oral pill and tubectomy. The unprompted knowledge, 50.5 percent, was remarkably low for tubectomy compared to 74.5 percent for oral pill. The difference could arise from the belief that tubectomy is viewed as a surgical operation to stop child birth rather than a family planning method in the ordinary sense. Another reason may be that information about ora! pill is more widely disseminated than about tubectomy. Or, perhaps oral pill is viewed as medicinal and women may be less shy in reporting knowledge of it.

Compared to oral pill and tubectomy, relatively lower knowledge of vasectomy and condom - the two male methods-is not a new phenomenon. This was also observed in the previous CPSs as well as in surveys done in other countries. The difference is often attributed to the belief that women are shy to discuss male contraceptive methods (Suvanajata and Kamnuansilpa,1979). This attribution appears justified in view of the higher knowledge of the two methods, reported by the husbands in both the husband and the couple sample, the other two samples of the 1983 CPS. The knowledge of condom and vasectomy reported by husbands in the husband sample was 79.2 percent and 85.4 percent, respectively, and in the couple sample, 78.7 percent and 85.2 percent, respectively.

Induced abortion/MR(Menstrual Regulation) is neither socially nor legally approved of in Bangladesh, although, in 1975, the Bangladesh family planning program introduced the facility for doing MR. The procedure is permitted only up to 10 weeks of pregnancy, and only when a woman becomes accidentally pregnant while using contraceptives or when her normal cycle of menstruation is disturbed. MR is thus not promoted as a way of family planning by the Bangladesh family planning program. The reported low knowledge of MR may, therefore, be due to that women were reluctant to report that they knew of the method in view of its social and legal status or in view of the fact that it is not considered a FP method by the program.

## PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING KNOWLEDGE OF SELECTED FAMILY PLANNING METHODS<sup>1</sup>

	I I	Knowledge	······································
Methods	Unprompted	Prompted	Overall
(1)	(2)	(3)	(4) = (2) + (3)
Oral pill	74.5	19.6	94.1
Condom	23.0	35.9	59.0 <sup>a</sup>
Vaginal method	6.5	12.9	19.4
Injection	15.4	46.4	61.8
IUD	15.4	26.2	41.6
Tubectomy	50.5	45.0	95.5
Vasectomy	11.5	61.4	72.9
Induced abortion/MR	1.0	44.0	45.1 <sup>a</sup>
Safe period	0.7	25.7	26.4
Withdrawal	0.4	19.4	19.8
Abstinence	0.2	18.3	18.5
Other	2.1	31.4	33.5

(The Eligible Woman Sample)

Weighted total of ever married women in the sample is 8523. The percentage for a method has been computed using as N the weighted total of ever married women excluding NS (Not Stated) cases, if any, for the question about knowledge of the method. The number of NS cases was 1 for oral pill, 1 for vasectomy, 3 for safe period, 4 for abstinence, and 5 for other.

a Because of rounding errors, the sum of the prompted and unprompted knowledge for condom is 58.9 instead of 59.0 and for induced abortion/MR, 45.0 instead of 45.1. Injection, a relatively new method of family planning in Bangladesh, was introduced into the family planning program in 1975. Nevertheless, the 1983 CPS revealed that, after prompting, 61.8 percent of the respondents knew or had heard of injection. Such an impressive knowledge rate, gained over a span of only 7-8 years time, may indicate that this method has potential to be an attractive means of contraception for the survey population. The finding is, therefore, of considerable significance, suggesting that the family planning program could be greatly benefited by extending service facilities for injection throughout the country. However, as unprompted knowledge of the method was only 15.4 percent, no firm conclusion can be drawn that the respondents were referring to a hormonal contraceptive, such as depo provera, or to any injection which folk practitioners may offer for pregnancy prevention.

Vaginal methods (foam and foam tablets) were introduced into the national family planning program in its early stage (TREC, 1969). The survey revealed that level of knowledge of these methods remained very low. Overall, only 19.4 percent of the ever married women had knowledge of these methods, with only 6.5 percent naming these methods spontaneously.

The IUD was once the principle device of family planning offered by the family planning program at its early stage. It was also the most wellknown method then. For example, the 1968 National Impact Survey reported that it was the most frequently mentioned method (TREC, 1969). But, in the 1983 CPS, the proportion of women knowing this method was found to be much lower compared to all other modern methods except for vaginal method.

Traditional methods are, in general, not discussed by program workers. This might explain the low knowledge of these methods among the target population. Also, it may be true that many women did not view them as family planning methods. Significant improvement in knowledge after prompting provides credence to such an hypothesis.

#### Figure-5.1



#### KNOWLEDGE OF SELECTED FAMILY PLANNING METHOD'S WITH OR WITHOUT PROMPTING

#### 5.5. Trends:

Table-5.4 shows trends in the method specific knowledge of eligible women over the 1975-1983 period. Between 1981 and 1983 there was almost no appreciable growth in the knowledge of modern methods. On the other hand, between 1981 and 1983 there was general decline in the reported knowledge of all the traditional methods except those included in the 'other' category. The knowledge of the methods included in the 'other' category rose from 12.5 percent in 1981 to 33.5 percent in 1983.

#### 5.6. Differentials:

## 5.6.1. Current marital status:

Knowledge of family planning methods among ever married women differed by current marital status. Ever married women who were currently married were more likely to know of family planning methods than those who were not currently married (table-5.5). The mean number of methods known was 5.2 among ever married women who were not currently married and 6.0 among those who were currently married. Likewise, the proportion knowing at least five methods was higher among women who were not currently married (57.7 percent) than among those who were currently married (67.5 percent).

Even when knowledge was considered by individual methods, differentials by current marital status were evident. As it can be seen from table-5.6, knowledge of any modern method was higher among ever married women who were currently married than among those who were not currently married. This trend was true also in the case of knowledge about any traditional method (table-5.7).

#### 5.6.2. Age:

Knowledge of family planning methods varied by age group, following a curvilinear pattern. But, variations were usually not pronounced, except

## PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING KNOWLEDGE<sup>1</sup> OF SELECTED FAMILY PLANNING METHODS, BANGLADESH 1975, 1979, 1981 AND 1983

Methods	BFS <sup>2</sup>	CPS	2 Year	
	1975	1979	1981 ¦	1983
Oral pill	63.9	93.1	94.5	94.1
Condom	21.1	57.3	59.2	59.0
Vaginal method	_a	7.4	16.7	19.4
Injection	_a	40.9	59.9	61.8
IUD	40.1	31.8	41.7	41.6
Tubectomy	53.1	84.5	92.4	95.5
Vasectomy	51.4	71.1	71.5	72.9
Induced abortion/MR	_ <sup>a</sup>	21.7	53.2	45.1
Safe period	20.0	11.8	36.4	26.4
Withdrawal	15.1	2.3	22.4	19.8
Abstinence	11.4	6.6	29.5	18.5
Other	4.9	_b	12.5	33.5

(The Eligible Woman Sample)

<sup>1</sup> Unprompted plus prompted knowledge.

<sup>2</sup> Sources: BFS - Bangladesh Fertility Survey.

CPS - Contraceptive Prevalence Survey.

- a These methods were not given as a separate category in the 1975 BFS and might have been included in 'other'.
- <sup>b</sup> Knowledge of 'other' was not provided in the 1979 CPS report.

# PERCENTAGE DISTRIBUTION<sup>1</sup> OF NUMBER OF FAMILY PLANNING METHODS KNOWN TO EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY CURRENT MARITAL STATUS AND BY AGE GROUP

## (The Eligible Woman Sample)

Sub-group	No.of ever married	1 1 1 1	Nu	umber c	of meth	nods kr	iown	2
·	women (Weighted)	0	1	2	3	. 4	5+	Mean
<u>Marital status</u> :								
Currently marrie	ed 7662	1.2	2.8	6.5	9.8	12.2	67.5	6.0
Not currently married	861	3.1	5.5	8.8	11.8	13.2	57.6	5.2
Age group:								
<u>/</u> 15	168	3.6	7.5	11.7	19.2	11.7	46.4	4.5
15 - 19	1661	1.7	3.5	7.4	10.0	12.6	64.7	5.7
20 - 24	1723	0.9	2.4	5.5	8.8	11.4	70.9	6.2
25 - 29	1624	1.0	2.4	5.3	9.5	9.8	72.1	6.3
30 - 34	1083	1.6	2.9	6.5	9.7	12.1	67.1	5.9
35 - 39	913	0.8	3.3	6.3	9.4	12.4	67.8	6.3
40 - 44	704	2.0	3.6	7.9	11.5	14.4	60.7	5.4
45 - 49	646	2.2	3.8	10.2	12.0	17.9	54.0	5.1
A11	8523	1.4	3.1	6.7	10.0	12.3	66.5	5.9

Row percentage total may be more or less than 100 percent for some subgroups due to rounding error.

 $^{\rm 2}$  The mean is calculated from the complete distribution.

# PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING KNOWLEDGE<sup>1</sup> OF SELECTED MODERN FAMILY PLANNING METHODS BY CURRENT MARITAL STATUS AND BY AGE GROUP

(The Eligible Woman Sample)

Sub-group	No.of ever married women (Weighted)	Oral pill	Con- dom	Vaginal method	Injec- tion	IUD	Tubec- tomy	Vasec- tomy	Abor- <sup>2</sup> tion/ MR
<u>Marital statu</u>	<u>s</u> :								
Currently married	7662	94.6	60.0	20.2	62.5	42.2	95.9	73.4	45.8
Not currently married	861	89.0	50.4	13.8	55.0	36.3	82.2	68.2	39.0
Age group:									
/_ 15	168	85.3	47.3	12.1	48.1	25.3	92.7	55.0	31.8
15 - 19	1661	93.1	62.0	21.3	59.7	35.7	95.2	70.0	45.2
20 - 24	1723	95.7	66.4	24.7	67.2	46.9	96.3	73.8	48.2
25 <b>-</b> 29	1624	95.9	65.9	22.8	66.1	48.4	96.1	75.3	49.8
30 - 34	1083	94.4	56.9	18.2	62.9	42.0	95.1	73.5	43.8
35 - 39	913	94.3	53.5	15.7	60.9	42.8	96.7	77.1	43.2
40 - 44	704	92.0	46.3	10.9	54.3	36.3	93.6	72.6	42.3
45 - 49	646	90.7	42.2	10.2	53.0	33.5	95.1	70.1	35.3
A11	8523	94.1	59.0	19.4	61.8	41.5	95.5	72.9	45.1

1 Unprompted plus prompted knowledge.

<sup>2</sup> Abortion means induced abortion.

## PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING KNOWLEDGE<sup>1</sup> OF SELECTED TRADITIONAL FAMILY FLANNING METHODS BY CURRENT MARITAL STATUS AND BY AGE GROUP

(The Eligible Woman Sample)

Sub-group	No.of ever married women (Weighted)	Safe period	With- drawal	Absti- nence	Other
<u>Marital status</u> :					
Currently marrie	ed 7662	27.0	20.3	19.1	34.1
Not currently married	861	21.0	15.0	13.4	27.3
Age group:					
/_ 15	168	9.1	10.7	12.3	21.1
15 - 19	1661	21.7	17.2	16.4	31.9
20 - 24	1723	27.5	20.8	18.5	36.0
25 - 29	1624	31.8	23.7	22.0	36.5
30 - 34	1034	28.8	21.4	20.6	34.6
35 - 39	91 <u>3</u>	28.5	21.1	18.4	32.8
40 - 44	704	24.9	16.7	16.6	32.5
45 - 49	646	20.7	15.1	15.9	26.1
A11	8523	26.4	19.8	18.5	33.5

<sup>1</sup> Unprompted plus prompted knowledge.

a Weighted total adds to 8522 instead of 8523 due to rounding after weighting. from the youngest to the second youngest age group. The mean number of methods known rose sharplv from 4.5 among ever married women in the age group under 15 years, to 5.7 among those in the age group, 15-19, and then slowly to a peak of 6.3 among those in the age group, 25-29. Thereafter, it declined again slowly to a low of 5.1 among ever married women in the oldest age group, 45-49. The same pattern was also revealed by the proportion knowing at least five methods, rising from 46.4 percent in the youngest age group(under 15 years) to a peak of 67.8 percent in the age group, 35-39, and declining thereafter to a low of 54.0 percent in the oldest age group (45-49).

Knowledge of at least three methods was, however, independent of age influences. This knowledge was almost universal among women in every age group, except those in the youngest age group. Among the women in the youngest age group, only 77.3 percent reported that they had the knowledge of at least three methods.

Variations in knowledge of selected modern methods by age group are shown in table-5.5. Knowledge of any selected modern family planning method by age group followed approximately the same curvilinear pattern as did the overall knowledge by age group. There were, however, some differences in the magnitude of variations between the methods. Variations were usually very small in the case of knowledge of oral pill, tubectomy, and vasectomy, excluding the youngest age group. Among women in the youngest age group, the knowledge of vasectomy and oral pill was relatively low - 55.0 percent for vasectomy and 85.3 percent for oral pill.

But knowledge of other modern methods - condom, IUD, abortion/MR, injection, and vaginal method - had somewhat marked variations by age group. Even after exclusion of the youngest age group, the proportion knowing condom varied from 42.2 percent to 66.4 percent, the IUD from 33.5 percent to 48.4 percent, abortion/MR from 35.3 percent to 49.8 percent, injection from 53.0 percent to 67.2 percent and vaginal method from 10.2 percent to 24.7 percent.

Knowledge of traditional methods was related to age in the same manner as that of modern methods (table-5.7). Excluding the women in the youngest age group, the variations in the knowledge of these methods ranged from 21.7 percent to 31.8 percent for safe period, from 15.1 percent to 23.7 percent for withdrawal, from 15.9 percent to 22.0 percent for abstinence, and from 26.1 percent to 36.5 percent for 'other'. The knowledge of any traditional method, as of any modern method, remained lower in the youngest age group than in the other age groups.

#### 5.6.3. Children ever born:

There were no pronounced variations in overall knowledge of family planning methods by number of children ever born. The mean number of methods known varied only from 5.4 to 6.1 and the proportion knowing at least five methods from 61.0 percent to 69.8 percent(table-5.8).

Also in the case of knowledge about individual modern methods (table-5.9), oral pill and tubectomy were found almost universally known, irrespective of number of children ever born (except that tubectomy knowledge was somewhat less among women who had no child ever born). Knowledge of vasectomy, also, did not have any discernible variations by number of children ever born.

There were, however, some variations in the knowledge of other modern methods: condom, vaginal methods, abortion/MR, injection, and the IUD. The knowledge of condom, vaginal method, and abortion/MR was highest among women having fewer than three children ever born, intermediate among those having 3-7 children ever born and lowest among those who had 8 or more children. The knowledge of injection and the IUD was at the peak among women with 2-3 children ever born, while it was gradually and slowly declining among those having fewer or more children.

## PERCENTAGE DISTRIBUTION<sup>1</sup> OF NUMBER OF FAMILY PLANNING METHODS KNOWN TO EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY NUMBER OF CHILDREN EVER BORN

Cult	No.of ever married		2					
Sub-group	women (Weighted)	0	1	2	3	4	5+	Mean
<u>Children</u> ever born:								
0	1049	2.4	4.9	9.2	10.6	11.9	61.0	5.4
1	1137	1.5	3.0	5.8	10.2	11.8	67.6	6.0
2	1121	1.1	2.5	6.3	8.5	12.8	68.9	6.2
3	1029	1.7	3.0	5.3	9.8	10.4	69.8	6.1
4	844	1.1	3.2	7.2	9.6	9.3	69.8	6.1
5	785	1.1	2.9	6.7	11.1	11.7	66.5	5.9
6	716	1.1	2.1	6.4	10.0	12.3	68.3	5.0 ·
7	533	1.5	2.7	6.5	9.3	13.7	66.2	5.7
8	451	0.9	3.8	5.8	9.3	16.9.	63.4	5.6
9	339	1.2	2.4	7.2	12.0	15.8	61.4	5.5
10	233	1.7	2.1	6.9	13.5	15.3	60.1	5.2
11	123	0.8	3.3	6.0	14.4	9.0	65.0	5.7
12 +	112	0.9	1.8	11.6	4.5	19.4	60.4	5.6
A11	8523 <sup>a</sup>	1.4	3.1	6.7	10.0	12.3	66.5	5.9

(The Eligible Woman Sample)

Row percentage total may be more or less than 100 percent for some subgroups due to rounding error.

 $^2$  The mean is calculated frc. the complete distribution.

<sup>a</sup> Weighted total adds to 3522 instead of 8523 due to rounding after weigting.

## PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING KNOWLEDGE<sup>1</sup> OF SELECTED MODERN FAMILY PLANNING METHODS BY NUMBER OF CHILDREN EVER BORN

(The Eligible Woman Sample)

<u></u>	No.of ever	·····		1	1	 !		r 1	2
Sub-group	married women	Oral pill	Con- dom	Vaginal method	jec-	IUD	Tubec- tomy	Vasec- tomy	tion/
<u> </u>	(Weighted)			1 1	tion			 1	, MR
Children ever born:									
0	1049	90.9	58.2	20.8	57.8	35.0	83.8	67.0	42.4
Ĩ	1187	93.6	63.9	25.2	61.8	40.4	85.3	73.9	48.2
2	1121	95.9	65.8	23.5	63.8	44.8	96.3	72.3	49.1
3	1029	94.6	63.3	22.4	65.2	46.6	95.2	74.5	47.2
4	844	94.1	57.9	18.8	64.5	46.7	95.5	72.7	46.3
5	785	95.7	58.9	18.7	62.3	43.7	95.7	74.8	42.5
6	716	95.2	58.2	16.7	63.5	43.7	96.4	74.3	44.2
7	533	94.4	52.8	13.5	59.7	39.5	95.2	73.3	41.9
8	451	92.5	51.9	11.4	58.6	37.8	96.1	71.7	44.2
9	339	94.2	46.7	11.4	56.3	33.8	97.6	74.9	38.1
10	233	91.9	44.3	6.6	60.1	36.0	95.3	73.2	39.0
11	123	93.5	52.7	18.0	60.8	40.4	96.7	75.0	43.6
12 +	112	95.5	53.1	15.8	57.4	39.4	39.4	72.0	46.6
All	8523 <sup>a</sup>	94.1	59.0	19.4	61.8	41.6	95.5	72.9	45.1

1 Unprompted plus prompted knowledge.

<sup>2</sup> Abortion means induced abortion.

<sup>a</sup> Weighted total adds to 8522 instead of 8523 due to rounding after weighting.

The knowledge of any traditional method was at the peak among women with four children ever born, while declining gradually and slowly among those with fewer or more children (table-5.10).

#### 5.6.4. Living children:

As in number of children ever born, variations in knowledge were small by number of living children. The mean number of methods known to ever married women by number of living children varied only slightly from 5.4 to 6.1. Also, the proportion knowing at least 5 methods varied within the narrow range of 64.0 percent to 70.5 percent, excluding women who had no living child. Among women who had no living child, the proportion was 60.6 percent (table-5.11).

Tubectomy and oral pill were almost universally known by women regardless of number of living children. Also, knowledge of vasectomy did not vary appreciably by living children, ranging from 71.6 percent to 81.0 percent, excluding women who had no living children. Among women with no living child, knowledge of vasectomy was 67.2 percent. Knowledge of condom and vaginal method was highest among women having one living child or two, while it was only slightly lower among those having no living child. Knowledge of the IUD was lowest among women having no living child, and highest among those having 2-3 living children. From the highest level, the knowledge declined gradually with women having more living children. Knowledge of injection and induced abortion/MR followed more or less similar patterns by number of living children (table-5.12).

Knowledge of any traditional method was lower among women having no living child than among those having at least one living child. There were, however, no appreciable variations among women in the later group (table-5.13).

## 5.6.5. Education:

Knowledge of family planning methods was strongly associated with education. Among ever married women, knowledge increased steadily as education

## PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING KNOWLEDGE<sup>1</sup> OF SELECTED TRADITIONAL FAMILY PLANNING METHODS BY NUMBER OF CHILDREN EVER BORN

## (The Eligible Woman Sample)

Sub-group	No.of ever married women (Weighted)	Safe period	With- drawal	Absti- nence	Other
Children ever born:					
0	1049	19.0	16.3	14.0	28.9
1 •	1187	26.7	19.9	19.7	33.4
2	1121	27.2	21.8	19.2	34.3
3	1029	27.1	21.6	19.2	34.1
4	844	31.5	22.7	20.8	34.5
5	785	29.5	20.4	18.2	34.7
6	716	27.5	21.9	18.0	35.5
7	533	25.3	17.1	21.1	34.6
8	451	26.0	18.6	19.5	33.4
9	339	28.0	17.8	16.2	31.4
10	233	20.9	13.6	17.9	28.4
11	123	26.2	18.8	18.0	42.8
12 +	112	23.6	12.6	16.7	32.6
114	8523 <sup>a</sup>	26.4	19.8	18.5	33.5

<sup>1</sup> Unprompted plus prompted knowledge.

a Weighted total adds to 8522 instead of 8523 due to rounding after weighting.

## PERCENTAGE DISTRIBUTION<sup>1</sup> OF NUMBER OF FAMILY PLANNING METHODS KNOWN TO EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY NUMBER OF LIVING CHILDREN

#### No.of ever Number of methods known $_{\text{Mean}}^2$ married Sub-group women 0 1 2 3 4 5 + (Weighted) Living children: 0 1261 2.5 4.7 9.1 10.8 12.2 60.6 5.4 1 1491 1.5 5.9 3.2 6.0 10.6 11.8 66.9 2 1372 1.1 5.5 8.7 12.6 3.1 69.0 6.1 3 1194 1.0 2.8 7.0 9.6 9.8 69.9 6.1 4 989 1.3 2.2 6.6 10.8 12.1 66.9 6.0 5 843 1.1 3.0 6.1 9.7 12.9 67.3 5.9 6 589 2.0 2.6 8.7 8.8 13.5 64.5 5.8 7 399 0.8 2.1 4.4 11.5 15.8 65.4 5.8 8 236 0.4 3.0 5.5 11.6 14.6 64.0 5.6 9 + 149 ---0.7 6.5 8.0 14.3 70.5 6.1 A11 1.4 8523 3.1 6.7 10.0 12.3 66.5 5.9

(The Eligible Woman Sample)

Row percentage total may not add to 100 percent for some sub-groups due to rounding error.

<sup>2</sup> The mean is calculated from the complete distribution.

increased. The mean number of methods known was lowest, 5.2 among ever married women who never attended school; it rose sharply to 7.6 among those who had completed primary education. The mean rose further, reaching 10.0 among those who had completed SSC level or above. Also, the proportion knowing at least 5 methods revealed a strong association with education. The proportion steadily rose with education from 58.6 percent among women who had never attended school to almost 100.0 percent among those having completed class VIII level.

Knowledge of selected modern methods by education is shown in table-5.14. For every modern method, knowledge steadily increased with education. But the increases were usually not appreciable after the class VI-VII level of education. Knowledge of traditional methods also had a strong positive association with education. For every traditional method, knowledge was lowest for women who had never attended school, increasing steadily with every increase in education, reaching the highest level among those having education at degree level or above. The proportion mentioning the knowledge of a variety of other methods, however, showed a deviation from the trend, as there was a decline among women having a high level of education.

#### 5.6.6. Religion:

Differentials of knowledge of family planning by religion were examined using two religious subgroups: Muslims and Non-muslims. Non-muslims include Hindus, Christians, Buddhists, and other. Categorisation of all respondents other than Muslims as Non-muslims was done due to their small numbers in the sample. In the Non-muslim category, Hindus were, however, the vast majority.

Differentials in knowledge of family planning methods between Muslims and Non-muslims were almost absent. The number of methods known was virtually the same among the ever married women in both the Muslim (5.9) and the Nonmuslim (5.8) group. Also, the proportion knowing at least 5 methods varied only slightly from 66.7 percent among Muslims to 64.8 percent among Non-muslims.

In terms of method specific knowledge, also, there appeared no appreciable variations between the two religious groups. Among modern methods, the IUD was only slightly better known among Non-muslims than among Muslims, while the reverse was true for all the other modern methods except vasectomy and vaginal method. Variations in the knowledge for vaginal method and vasectomy were almost non-existent.

## PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING KNOWLEDGE<sup>1</sup> OF SELECTED MODERN FAMILY PLANNING METHODS BY NUMBER OF LIVING CHILDREN

## (The Eligible Woman Sample)

	No.of ever	. 1	1	1	1	!		!	2
Sub-group	married women	Oral pill	Con- dom	Vaginal method	Injec- tion	IUD	Tubec- tomy	Vasec- tomy	Abor- tion/ MR
	(Weighted)		. <u> </u>	,	1 1	1 1	I I	l 	1
Living children:									
0	1261	90.7	57.7	20.5	57.2	34.5	93.7	67.2	41.9
1	1491	93.8	62.4	22.6	61.1	39.3	95.5	72.9	48.5
2	1372	95.3	63.7	22.9	64.2	46.2	95.6	73.7	46.0
3	1194	95.4	60.6	19.8	64.6	45.1	95.7	74.7	46.7
4	989	94.0	57.8	16.8	63.2	43.6	95.7	72.5	45.7
5	843	95.0	57.0	16.3	62.5	41.9	96.4	75.5	43.0
6	589	93.3	51.2	16.5	60.0	41.1	94.5	71.6	45.0
7	399	96.4	53.2	13.5	58.6	46.3	97.3	76.6	39.1
8	236	91.9	53.7	10.6	62.1	37.4	98.3	73.8	40.8
9 +	149	96.7	54.3	18.9	64.4	37.3	98.7	81.0	47.1
A11	8523	94.1	59.0	19.4	61.8	41.6	95.5	72.9	45.1

<sup>1</sup> Unprompted plus prompted knowledge.

<sup>2</sup> Abortion means induced abortion.

## PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING KNOWLEDGE<sup>1</sup> OF SELECTED TRADITIONAL FAMILY PLANNING METHODS BY NUMBER OF LIVING CHILDREN

(The Eligible Woman Sample)

Sub-group	No.of ever married women (Weighted)	Safe period	With- drawal	Absti- nence	Other
Living children:					
0	1261	19.0	15.9	14.0	29.3
1	1491	25.6	19.1	19.5	32.5
2	1372	27.7	22.0	18.7	34.1
3	1194	29.7	21.4	19.1	34.2
4	989	28.0	21.7	20.6	35.9
5	843	28.8	18.9	18.7	34.4
6	589	26.2	19.6	20.2	34.8
7	399	26.1	19.2	18.1	35.1
8	236	30.2	20.8	18.1	33.1
9 +	149	28.0	18.9	22.4	37.0
A11	8523	26.4	19.8	18.5	33.5

<sup>1</sup> Unprompted plus prompted knowledge.

Religious variations in knowledge of traditional methods were somewhat appreciable. Safe period, withdrawal, and abstinence were relatively better known among Non-muslims than among Muslims. There was, however, no variation in the knowledge of the methods included in the other category.

## 5.6.7. Employment status:

Knowledge of family planning methods did not vary between women who were not employed and those who had paid employment. The mean number of methods known was exactly the same among the ever married women in both the groups (table-5.14). Variations between the two groups were also nonexistent with regard to knowledge about any selected method (modern or traditional) (tables-5.15 and 5.16).

Knowledge was, however, somewhat less among ever married women who had unpaid employment. Among ever married women having unpaid employment, the mean number of methods known was 5.2 and the proportion knowing at least five methods was 56.8 percent, while among those who had paid employment or no employment, the mean was 5.9 and the proportion knowing at least five methods was about 67.0 percent (table-5.14). The same trend was evident also in the knowledge about any selected method (modern or traditional), except abortion/ MR (table-5.15). The knowledge of abortion/MR was reported somewhat more frequently by women having unpaid employment than by those having paid employment or no employment.

#### 5.6.8. Division:

There were no appreciable variations in overall knowledge of family planning methods among ever married women between the administrative divisions of the country, except for Chittagong where knowledge was, in general, lower. Excluding Chittagong, the mean number of methods known by division varied from 6.0 to 6.4. In Chittagong, it was lower, 5.1. The proportion knowing at least five methods had, however, somewhat larger variability by division, declining sharply from 76.4 percent in Khulna to 67.9 percent in Dhaka, and 69.4 percent in Rajshahi, while remaining lower at 54.3 percent in Chittagong. (Table-5.17).

## PERCENTAGE DISTRIBUTION<sup>1</sup> OF NUMBER OF FAMILY PLANNING METHODS KNOWN TO EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY EDUCATION, BY RELIGION, AND BY EMPLOYMENT STATUS

(The Eligible Woman Sample)

	No.of ever	Number of methods known						
Sub-group	women (Weighted)	G	1	2	3	4	5 +	'Mean'
Educational level:								
Never attended school	5859	1.8	4.0	8.5	12.3	14.8	58.6	5.2
Less than primary level	1496	0.8	1.6	4.0	6.9	9.6	77.1	6.6
Completed primary level	562	0.2	1.1	1.7	4.0	3.5	89.3	7.6
Class VI-VII	242	0.4	0.4	1.0	1.5	4.2	92.6	8.3
Class VIII-IX	201	-	-	-	0.2	0.7	99.5	9.2
SSC and HSC	135	-	-	_	-	1.0	98.8	10.0
Degree and above	18	-	-	-	-	-	100.0	10.0
Not stated	9	-	-	-	-	27.0	70.7	5.3
Religion: <sup>3</sup>								
Muslim	7555	1.3	2.9	6.7	10.0	12.4	66.7	5.9
Non-muslim	969	2.6	4.5	6.7	10.0	10.9	64.8	5.8
Employment status	<u>.</u> :							
Paid employment	738	1.5	4.0	7.0	8.9	11.8	66.5	5.9
Unpaid employment	: 169	3.0	5.3	10.3	11.4	12.2	56.8	5.2
Not employed	7610	1.4	2.9	6.6	10.1	12.3	66.7	5.9
Not stated	6	-	15.8	-	15.8	31.5	33.3	4.7
A11	8523	1.4	3.1	6.7	10.0	12.3	66.5	5.9

Row percentage total may not add to 100 percent for some sub-groups due to rounding error.

 $^{\rm 2}$  The mean is calculated from the complete distribution.

<sup>3</sup> Weighted total for sub-groups under this category adds to 8522 and 8524 instead of 8523 due to rounding after weighting.

## PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING KNOWLEDGE<sup>1</sup> OF SELECTED MODERN FAMILY PLANNING METHODS BY EDUCATION, BY RELIGION, AND BY EMPLOYMENT STATUS

(The Eligible Woman Sample)

Sub-group	No.of eve married women (Weighted)	Oral pill	Con- dom	Vagina: method	l Injec- tion	IUD	Tubec- tomy	Vasec- tomy	Abor- <sup>2</sup> tion/ MR
Educational level:			<u></u>		<u></u>		<u></u>	<b>.</b>	
Never attended school	5859	92.4	49.8	10.5	54.9	32.5	94.4	68.7	38.2
Less than primary level	1496	96.4	70.2	23.5	70.1	50.8	97.3	78.0	52.8
Completed primary level	562	98.9	85.8	42.2	80.1	65.2	98.4	83.4	63.1
Class VI-VII	242	99.2	91.7	60.1	84.3	77.7	98.6	86.5	65.1
Class VIII-IX	201	100.0	98.8	79.8	93.1	88.4	100.0	91.4	75.2
SSC and HSC	135	100.0	98.5	91.1	97.8	94.8	100.0	97.8	92.6
Degree and above	e 18	100.0	100.0	94.4	100.0	98.1	100.0	100.0	98.1
Not stated	9	100.0	100.0	-	100.0	100.0	100.0	100.0	-
Religion: <sup>3</sup>									
Muslim	7555	94.6	59.4	19.4	62.8	41.0	95.7	72.7	45.5
Non-muslim	969	89.7	55.9	19.6	54.1	46.7	94.0	74.1	41.6
Employment stat	us:								
Paid employment	738	92.7	57.7	20.2	59.6	44.2	95.3	76.8	45.5
Unpaid employme	nt 169	88.9	46.1	11.6	50.6	36.4	94.7	63.4	48.2
Not employed	7610	94.3	59.4	19.5	62.3	41.5	95.6	72.7	45.0
Not stated	6	100.0	47.3	0.0	47.3	15.8	84.2	52.7	37.0
A11	8523	94.1	59.0	19.7	61.8	41.6	95.5	72.9	45.1

1 Unprompted plus prompted knowledge.

<sup>2</sup> Abortion means induced abortion.

<sup>3</sup> Weighted total for sub-groups under this category adds to 8524 instead of 8523 due to rounding after weighting.

# PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING KNOWLEDGE<sup>1</sup> OF SELECTED TRADITIONAL FAMILY PLANNING METHODS BY EDUCATION, BY RELIGION, AND BY EMPLOYMENT STATUS

# (The Eligible Woman Sample)

Sub-group	No.of ever married women (Weighted)	Safe period	With- drawal	Absti- nence	Other						
Educational level:	Educational level:										
Never attended school	5859	20.9	14.3	14.8	29.1						
Less than primary lev	vel 1496	31.5	23.4	22.3	39.4						
Completed primary lev	vel 562	37.9	34.9	27.7	45.3						
Class VI-VII	242	46.7	42.7	31.4	47.6						
Class VIII-IX	201	57.7	50.0	37.2	48.9						
SSC and HSC	135	68.3	64.4	43.0	55.6						
Degree and above	18	90.5	67.4	59.6	46.2						
Not stated	9	15.5	4.0	15.5	27.0						
Religion: <sup>2</sup>											
Muslim	7555	26.1	19.3	18.0	33.4						
Non-muslim	969	28.3	23.7	22.6	33.6						
Employment status:											
Paid employment	738	25.5	18.4	17.2	34.1						
Unpaid employment	169	21.0	16.5	22.2	32.5						
Not employed	7610	26.6	20.0	18.6	33.4						
Not stated	6	21.2	5.5	21.2	52.7						
A11	8523	26.4	19.8	18.5	33.5						

<sup>1</sup> Unprompted plus prompted knowledge.

Weighted total for sub-groups under this dategory adds to 8522 and 8524 instead of 8523 due to rounding after weighting. Knowledge of selected modern methods by division are shown in table-5.18. Oral pill and tubectomy were almost universally known. Even in Chittagong, the knowledge of these two methods were at a high of 91.4 percent for oral pill and 89.1 percent for tubectomy.

The knowledge of other modern methods - condom, vaginal method, the IUD, vasectomy, and abortion/MR, however, had some variations by division. Condom and the IUD were known most in Khulna,followed in order by Rajshahi, Dhaka, and Chittagong, while vasectomy was known most in Khulna and Rajshahi, followed (in order) by Dhaka and Chittagong. Abortion/MR, injection, and vaginal method were better known in Khulna and Dhaka than in Rajshahi and Chittagong.

Knowledge of traditional methods was, in general, low in each division. None of the traditional methods - safe period, withdrawal, and abstinence was known by more than 31.5 percent in any of the divisions. The proportion reporting the knowledge of a variety of other methods was, however, 31.8 percent or over in all the divisions excepting Chittagong. As with modern methods, knowledge of traditional methods was, in general, lower in Chittagong than in the other divisions.

#### 5.6.9. Rural-urban areas:

Knowledge of family planning methods varied between rural and urban areas. It was higher in the urban areas than in the rural areas. The mean number of methods known to ever married women was 5.7 percent in the rural areas and 7.6 percent in the urban areas, the proportion knowing at least five methods was 64.4 percent in the rural areas and 86.1 percent in the urban areas (table-5.17).

Knowledge of selected modern methods by rural- urban area is shown in table-5.13. Knowledge of oral pill and tubectomy was almost universal in

## PERCENTAGE DISTRIBUTION<sup>1</sup> OF NUMBER OF FAMILY PLANNING METHODS KNOWN TO EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY DIVISION AND BY RURAL-URBAN AREA

Sub-group	No.of ever	Number of methods known						2
	women (Weighted)	0	1	2	3	4	5 +	Mean
Division:								
Rajshahi	2248	1.5	2.3	5.0	9.7	12.0	69.4	6.0
Khulna	1608	0.5	2.3	4.0	6.9	9.8	76.4	6.4
Dhaka	2543	0.6.	1.7	6.7	10.8	12.3	67.9	6.1
Chittagong	2123	2.9	6.1	10.6	11.8	14.4	54.3	5.1
Area:								
Rural	7677 <sup>a</sup>	1.5	3.3	7.2	10.6	12.9	64.4	5.7
Urban	2440 <sup>a</sup>	0.2	0.7	2.4	4.3	6.3	86.1	7.6
All	8523	1.4	3.1	6.7	10.0	12.3	66.5	5.9

(The Eligible Woman Sample)

1
Row percentage total may not add to 100 percent for some sub-groups
due to rounding error.

 $^{\rm 2}$  The mean is calculated from the  $% ^{\rm 2}$  complete distribution.

<sup>a</sup> Unweighted total of ever married women in the sample.

both the rural and urban areas. Also the difference in knowledge of vasectomy between the two areas was not appreciable. However, knowledge was remarkably higher in the urban areas than in the rural areas for all other methods - condom, vaginal method, injection, and abortion/MR. The rural-

## PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING KNOWLEDGE<sup>1</sup> OF SELECTED MODERN FAMILY PLANNING METHODS BY DIVISION AND BY RURAL-URBAN AREA

(The	Eligible	e Woman	Sampl	le)	ł
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<u> </u>	No.of ever	1	;	1	1	1	l l	1 I I I	Abor <sup>2</sup>
Sub-group	married	Oral	Con-	Vaginal	Injec-	י סנוד י	Tubec-	Vasec-	tion/
J= E	women	pill	dom	method	tion	100	tomy	tomy	MR
	(Weighted)	i		.l	, 1	l	L		<u> </u>
Division:									
Rajshahi	2248	94.1	64.4	17.6	58.4	45.1	96.5	81.2	42.5
Khulna	1608	95.2	65.7	21.9	65.8	50.3	97.9	81.9	49.2
Dhaka	2543	95.5	60.4	22.6	66.0	40.5	98.5	70.0	48.1
Chittagong	2123	91.4	46.5	15.6	57.2	32.6	89.1	60.8	41.0
<u>Area</u> :									
Rural	7677 <sup>a</sup>	93.6	65.5	16.6	59.7	38.8	95.2	72.2	42.9
Urban	2440 <sup>a</sup>	98.3	81.7	44.5	80.9	67.1	98.4	79.5	64.6
A11	8523	94.1	59.0	19.4	61.4	41.6	95.5	72.9	45.1

<sup>1</sup> Unprompted plus prompted knowledge.

<sup>2</sup> Abortion means induced abortion.

<sup>a</sup> Unweighted total of ever married women in the sample.

urban differences were as follows: condom, 65.5 - 81.7 percent; vaginal method, 16.8 - 44.5 percent; injection, 59.7- 80.9 percent; and abortion/MR, 42.9 -64.6 percent.

#### Table- 519

## PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING KNOWLEDGE<sup>1</sup> OF SELECTED TRADITIONAL FAMILY PLANNING METHODS BY DIVISION AND BY RURAL-URBAN AREA

(The Eligible Woman Sample)

Sub-group	No.of ever married women (Weighted)	Safe period	With- drawal	Absti- nence	Other
Division:					
Rajshahi	2248	25.3	20.7	18.3	31.8
Khulna	1608	31.5	21.2	19.5	43.5
Dhaka	2543	28.9	19.9	19.9	39.2
Chittagong	2123	20.7	17.6	16.5	20.7
Area:					
Rural	7677 <sup>a</sup>	25.1	18.6	17.3	32.5
Urban	2440 <sup>a</sup>	37.9	30.9	29.8	42.3
A11	8523	26.4	19.8	18.5	33.5

<sup>1</sup> Unprompted plus prompted knowledge.

<sup>a</sup> Unweighted total of ever married women in the sample.

Knowledge of traditional methods was also remarkably higher in the urban areas (table-5.19). But, even in the urban area, knowledge of these methods was low, ranging from 29.8 percent for abstinence to 37.9 percent for safe period, while the rate for other methods was 42.3 percent.

#### Chapter-6

#### EVER USE OF FAMILY PLANNING METHODS

#### 6.1. Introduction:

As in the previous CPSs, ever use of family planning methods in 1983 CPS refers to the use of any method by the respondent at any time before the interview date without making distinction between past and current use. Any respondent reporting that (s)he or her/his spouse had ever used some form of contraceptive was counted as an ever user regardless of the time of use. Thus, a reported ever user might be a past or a current user. Also, an ever user might have used more than one method.

Collection and analysis of ever use data has special significance for the population control and family planning program. These data reveal the proportion of the target population having exposure to contraceptive use at least once, or conversely, the proportion having no such exposure at all. Therefore, the ever use rate suggests to what extent the program has been successful in spreading family planning use. Secondly, these data point out the relative importance of different contraceptive methods in diffusion of family planning use. Thirdly, they give an indirect indication of the frequency of method change among users of family planning. These data, together with the current use data, can also be used to study the rates of contraceptive persistence among users, providing indirect evidence as to the level of contraceptive continuation. For example, "in places where contraceptive continuation is high, the proportion of ever users currently using will be high" (Tsui et. al, 1981).

#### 6.2. Dota on ever use:

Data on ever use were collected in the same way in the 1983 CPS as in the 1981 CPS. The question on ever use was asked after ascertaining knowledge about family planning methods. Any respondent having either prompted

or unprompted knowledge of a method was asked if (s)he or her/his spouse had ever used that method. A respondent was not asked about ever use of a method if (s)he had no knowledge about the method.

Questions on ever use are largely retrospective and therefore, the responses depend upon the respondent's memory. As such, they are subject to omissions due to recall lapses. Conversely, reporting of ever use of certain family planning methods, especially the traditional methods might be subject to misreporting. As in the 1981 CPS, all out efforts were made to keep the data free from such biases. However, it cannot be ensured that the data were completely bias free.

#### 6.3. Indices of ever use:

Ever use of family planning method was described in terms of the following indices:

- the percentage of ever married women under 50 years of age having ever used at least one family planning method;
- (ii) the percentage having ever used a selected family planning method; and
- (iii) the percentage distribution of number of family planning methods ever used by ever users as well as the mean number of methods used by them.

Not only the definition of ever use adopted in the 1983 CPS was the same as in the 1981 CPS, 1979 CPS, and 1975 BFS, but also the procedure of data collection was almost identical. Thus, the results of the 1983 CPS are directly comparable with those of the other surveys, providing scope to study trends in ever use over the period from 1975 to 1983.

#### 6.4. Levels of ever use:

## 6.4.1. Ever use of at least one method:

Ever use of at least one method, at least one modern method, and at least one traditional method is shown in table-6.1. Ever use of family
### PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED: AT LEAST ONE FAMILY PLANNING METHOD; AT LEAST ONE MODERN METHOD<sup>1</sup>; AT LEAST ONE TRADITIONAL METHOD<sup>2</sup>

(The Eligible Woman Sample)

Having ever used	National	Rural	Urban
At least one method	33.4	31.3	52.1
At least one modern method	23.8	21.5	44.3
At least one tradi- tional method	17.3	16.6	23.4
N	8523 <sup>a</sup>	7677	2440

<sup>1</sup> Modern method: oral pill,condom,vaginal method,injection,IUD, tubectomy, vasectomy, and induced abortion/MR.

2 Traditional method: safe period, withdrawal, abstinence, and 'other methods'.

 $^a$  Weighted total of ever married women in the sample.

planning methods remains low in Bangladesh. Only one-third (33.4 percent) of the women interviewed in the 1983 CPS eligible woman sample reported having ever used at least one method, and 23.8 percent reported ever use of at least one modern method.

Whereas almost every ever married woman had knowledge of at least one method, the reporting of ever use by only one-third of them revealed a

large gap between knowledge and use. This could be because only the most rudimentary aspects of knowledge were assessed in the 1983 CPS, i.e., simply whether or not the respondent knew of or had heard of a method(s). Knowledge reported in the survey might be much less than the knowledge required to lead to use.

Trends in ever use rates over the period 1975-1983 are shown in table-6.2 and their graphical presentation is given in figure-6.1. The ever use rate of at least one modern method rose steadily from only 10.0 percent

#### Table-6.2

### PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED FAMILY PLANNING METHODS, BANGLADESH 1975, 1979, 1981, AND 1983

Year	Source <sup>1</sup>	Ever used any method	Ever used any modern/effective method <sup>2</sup>
1975	BFS	13.6	10.0
1979	CPS	19.6	15.8
1981	CPS	35.7	20.2
1983	CPS	33.4	23.8

(The Eligible Woman Sample)

<sup>1</sup> Source: BFS - Bangladesh Fertility Survey.

CPS - Contraceptive Prevalence Survey.

- 2 (i) Modern method: Oral pill, condom, vaginal method, injection, IUD, tubectomy, vasectomy, and induced abortion/MR.
  - (ii) Effective method: Includes all modern methods, except vaginal method.
  - (iii) In all the previous surveys -- the 1975 BFS, the 1979 CPS and the 1981 CPS, the rate was computed for effective methods while it was done for modern methods in the 1983 CPS. The difference is unlikely to affect the comparability, since the ever use rate for vaginal method was very negligible for all the surveys.







METHODS/YEARS

in 1975 to 23.8 percent in 1983. The ever use rate for any method shows similar trends up to 1981. After 1981 the rate for any method declined slightly, mainly due to the reported lower ever use of traditional methods in 1983 CPS than in 1981 CPS.

### 6.4.2. Number of methods ever used:

The percentage distribution of number of family planning methods ever used by ever users in the eligible woman sample is shown in table-6.3. The majority (57.6 percent) of the ever users reported that they had tried only one method, with the second largest group (23.9 percent) reporting two methods. There was, therefore, only a very small (7.6

#### Table-6.3

### PERCENTAGE DISTRIBUTION OF NUMBER OF FAMILY PLANNING METHODS EVER USED BY EVER MARRIED WOMEN UNDER 50 YEARS OF AGE WHO HAVE EVER USED FAMILY PLANNING

Number of methods ever used	Number of ever married ever users (Weighted)	Percentage
1	1639	57.6
2	679	23.9
3	310	10.9
4	139	4.9
5	45	1.5
6	24	0.8
7 +	9	0.3
All	2846 <sup>a</sup>	100.0

(The Eligible Woman Sample)

# $Mean^{1} = 1.7$

<sup>a</sup> Total number of ever married women adds to 2845 instead of 2846 due to rounding after weighting.

<sup>1</sup> The mean is calculated from the complete distribution.

percent) of the ever users having tried more than three methods. Thus, the mean number of methods ever used by ever users in the 1983 CPS eligible woman sample was found as only 1.7. Some researchers are of the opinion that the number of methods ever used might be positively associated with the duration of use. If it is true, then it is implied that, in Bangladesh not only the number of ever users is small but also their duration of use is, in general, short.

### 6.4.3. Method specific ever use:

Shown in table-6.4 are method specific ever use rates as found in the 1983 CPS eligible woman sample. Oral pill had the highest ever use rate, followed by safe period. The ever use of oral pill was reported by 14.1 percent of the ever married women, and that of safe period by 11.0 percent. The next most widely ever used methods were condom(7.1 percent), tubectomy(5.8 percent) and withdrawal (5.3 percent). For all the other remaining methods, the ever use rates were in the range of 1.0 percent for induced abortion/MR to 3.5 percent for 'other' including the indigenous methods such as herbal medicine.

### 6.5. Trend in ever use:

Table-6.4 also contains, for comparison, the method specific ever use rates from the 1979 CPS and the 1981 CPS. Between 1981 and 1983, the ever use rate increased for all the modern methods. But the increase appeared to be significant only for vasectomy, tubectomy, and IUD; for all other modern methods, the increase was generally very small.

In contrast to the above findings, there was general decline in the ever use rates for all the traditional methods except those categorised in 'other'. The rate for the 'other' traditional methods increased from 1.6 percent in the 1981 CPS to 3.5 percent in the 1983 CPS.

### 6.6. Differentials in ever use of at least one method:

#### 6.6.1. Marital status:

Ever use of at least one family planning method by current marital status is shown in table- 6.5. Among the ever married women the proportion

### PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED SELECTED FAMILY PLANNING METHODS, BANGLADESH<sup>1</sup> 1979, 1981, AND 1983

Methods	1 1	CPS <sup>2</sup> Year		
	1979	1981	¦ 1983 <sup>a</sup>	
Oral pill	11.0	13.4	14.1	
Condom	3.4	6.0	7.1	
Vaginal method	0.4	1.5	2.2	
Injection	0.5	0.9	1.2	
IUD	0.8	1.5	2.2	
Tubectomy	2.3	3.7	5.8	
Vasectomy	0.9	0.8	1.4	
Induced abortion/MR	0.1	0.6	1.0	
Safe period	4.1	16.8	11.0	
Withdrawal	0.6	7.1	5.3	
Abstinence	1.5	6.9	3.1	
Other	_p	1.6	3.5	

#### (The Eligible Woman Sample)

Comparable data from 1975 BFS (Bangladesh Fertility Survey) were not available.

<sup>2</sup> Source: CPS - Contraceptive Prevalence Survey.

<sup>a</sup> The percentage for a method has been computed using as N the weighted total of ever married women excluding NS(Not Stated) cases, if any, for the question about ever use of the method. The number of NS cases was 11 for oral pill, 10 for condom,4 for vaginal method, 11 for injection, 7 for IUD, 11 for tubectomy, 7 for vasectomy, 6 for MR, 11 for safe period, 5 for withdrawal,10 for abstinence, and 13 for 'other'.

<sup>b</sup> The ever use rate for 'other' was not provided by 1979 CPS data.

having ever used at least one method remarkably differed between those who were currently married and those who were not currently married. The ever use rate was 35.3 percent among ever married women who were currently married which was more than double the rate for those who were not currently married.

The difference between these two groups widened further when the ever use of only modern methods or only one effective method was considered. The proportion having used at least one modern method was 25.4 percent among the currently married women, while the rate was one-third (9.6 percent) for those who were not currently married. Similarly, the rate for at least one effective method differed from 25.2 percent to 9.4 percent.

#### 6.6.2. <u>Age</u>:

Ever use of at least one family planning method varied with current age of ever married women. The ever use rate was at the minimum,10.1 percent, among ever married women in the youngest age group, under 15 years of age. It rose strikingly to about 42.2 percent for those in the age group 25-29 years. The rate declined for older women, reaching to 23.2 percent among those who were in the oldest age group, 45-49 years. The ever use rate for modern or effective methods also followed the same battern. For example, the ever use rate for at least one modern method rose strikingly from 4.4 percent among women in the youngest age group to 32.5 percent among those in the age group 25-29 years and then gradually declined to 14.6 percent among those in the oldest age group. There were virtually no difference in the pattern between the modern methods and the effective methods.

Lower ever use rates among younger women were possibly due to their desire for more children (table-4.12), since their family size was smaller and since there was strong positive association between family planning use and the number of ever born or living children (table-3.20 and table-3.22). Another possibility might be the pronatalist socio-cultural background of the people in Bangladesh where young couples are expected to reward their

### PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED AT LEAST ONE FAMILY PLANNING METHOD BY CURRENT MARITAL STATUS AND BY AGE GROUP

(The Eligible Woman Sample)

Sub-group	No.of ever <sup>C</sup> married women (Weighted)	Used at least one method	Used at least one modernl method	Used at least one effective2 method
Marital status:				
Currently married	7662	35.3	25.4	25.2
Not currently married	861	16.8	9.6	9.4
Age group:				
<u>/</u> 15	168	10.1	4.4	4.4
15 - 19	1661	19.8	12.8	12.6
20 - 24	1723	34.7	25.0	24.8
25 - 29	1624	42.2	32.5	32.0
30 - 34	1083	41.6	32.3	32.0
35 - 39	913	41.7	29.3	29.3
40 - 44	704	33.2	19.6	19.6
45 - 49	646	23.2	14.6	14.4
All	8523 <sup>a</sup>	33.4	23.8	23.6

Modern method : Oral pill,condom,vaginal method,injection,IUD, tubectomy, vasectomy, abortion/MR.

a Weighted total of ever married women adds to 8522 instead of 8523 due to rounding after weighting. parents and in-laws with a baby, especially a grandson, soon after they are married(Bhatia and Others, 1982). If this is true, then it seems paradoxical that the ever use rate declined among women older than 39 years. It could be because older women were either more conservative and hence, less in favour of family planning or perhaps they were less knowledgeable about family planning methods during their younger years (Swee Hock, 1968). The other reason attributed to the decline as pointed out in the 1979 CPS, may be "given the recency of the organized family planning program in the country (started generally since 1965), most of these women have had little or no exposure to such program when they were younger" (NIPORT, 1981).

A comparison of the ever use rates between the years 1979, 1981, and 1983 are shown in figure 6.2(a). It is evident from this figure that ever use of at least one method was higher for every age group in 1981 than in 1983. This was due to reported higher ever users of traditional methods in the 1981 CPS than in the 1983 CPS. When the comparisons were done for modern methods (figure -6.2(b)), the ever use rate in the 1983 CPS far exceeded that of the 1981 CPS for each age group except for the 40-44 years age group.

Another interesting finding in figure-6.2(a) was the upward shift in the age at which the ever use begins declining between 1981 CPS (30-34 years) and 1983 (35-39 years). The upward shift, however, disappeared, when the ever use rate was considered only for modern methods.

#### 6.6.3. Children ever born:

Ever use of at least one family planning method by number of children ever born is shown in table-6.6. The percentage of ever married women having ever used at least one method was lowest (12.9 percent) for those who had no child ever born. The percentage rose sharply with women having one child ever born (23.7 percent), and rose further with every additional child ever born, reaching a peak of 42.5 percent among whose who had four children ever



### PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED AT LEAST ONE FAMILY PLANNING METHOD BY NUMBER OF CHILDREN EVER BORN

Sub-group	No.of ever married women (Weighted)	Used at least one method	Used at least one modernl method	Úsed at least one effective2 method
Children ever born:				
0	1049	12.9	8.3	7.9
1	1187	23.7	15.2	14.9
2	1121	35.3	25.4	25.2
3	1029	37.4	28.3	28.0
4	844	42.5	30.7	30.7
5	785	41.6	31.4	31.0
6	716	40.2	29.7	29.4
7	533	38.3	27.2	27.0
8	451	39.4	28.5	28.5
9	339	40.2	25.7	25.6
10	233	32.0	21.1	21.1
11	123	36.3	23.2	23.2
12 +	112	33.2	24.5	24.5
Not stated		-	-	-
A11	8523 <sup>a</sup>	33.4	23.8	23.6

(The Eligible Woman Sample)

Modern method : Gral pill,condom,vaginal method,injection,IUD, tubectomy, vasectomy, abortion/MR.

<sup>a</sup> Weighted total of ever married women adds to 8522 instead of 8523 due to rounding after weighting. born. From the peak it declined slowly and irregularly reaching a low of 33.2 percent with women having 12 or more children ever born.

Also, the percentage who had used at least one modern or one effective method followed similar patterns by number of children ever born except that it reached the peak with women having five instead of four children ever born.

### 6.6.4. Living children:

Ever use of at least one family planning method by number of living children is shown in table-6.7. As with the number of children ever born, ever use of at least one method rose with the number of living children, reaching to a peak among those having living five children and thereafter declined. Thus, the percentage of ever married women who had ever used at least one method was lowest 13.4 percent among those having no living child and was at the peak, 43.7 percent among those who had five living children, then declined gradually and slowly to 37.3 percent among those who had 9 or more living children. The percentage who had used at least one modern or effective method, also followed a similar pattern by number of living children.

The findings presented in the table indicate that the majority of women who want to use contraception do so after they have two living children. It is therefore necessary for the family planning program to strengthen its motivation campaign to enhance family planning use rates among those who have fewer than two children in order to encourage delaying of the first birth and adequate spacing between births.

#### 6.6.5. Education:

As can be seen from table-6.8, ever use of at least one family planning method had a strong positive relation to education. Ever use sharply increased as the education level rose. Whereas, among the ever married women who had never attended school, only 27.6 percent reported having

### PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED AT LEAST ONE FAMILY PLANNING METHOD BY NUMBER OF LIVING CHILDREN

Sub-group	No.of ever married women (Weighted)	Used at least one method	Used at least one modern <sup>1</sup> method	Used at least one effective <sup>2</sup> method
<u>Living</u> <u>children</u> :				
0	1261	13.4	8.5	8.2
1	1491	23.6	15.3	15.0
2	1372	37.4	26.8	26.6
3	1194	39.8	29.9	29.7
4	989	41.2	29.7	29.5
5	843	43.7	32.5	32.0
6	589	41.0	29.6	29.6
7	399	42.0	29.4	29.3
8	236	40.9	29.7	29.7
9 +	149	37.3	26.1	26.1
All	8523	33.4	23.8	23.6

(The Eligible Woman Sample)

1 Modern method : Oral pill,condom,vaginal method,injection,IUD, tubectomy, vasectomy, abortion/MR.

<sup>2</sup> Effective method : Includes all modern methods except vaginal method.

ever used at least one family planning method, the percentage rose sharply and steadily with increases in education, reaching 83.7 percent among those having SSC and HSC level of education. The percentage declined slightly to 81.4 percent among those having degree and above level of education. The decline seems to be spurious and might be the result of the small number of observations. Also, it may be that fewer women with higher levels of education use traditional methods since the declining trend disappears when ever use is considered only for modern methods.

#### 6.6.6. Religion:

Ever use of family planning methods by religion is also shown in table-6.8. The ever use rate of at least one method was higher for Nonmuslims than for Muslims. Whereas, 41.6 percent of the ever married Nonmuslim respondents reported that they had ever used at least one method, the corresponding rate for the ever married Muslim respondents was much lower at 32.3 percent. This was true also for at least one modern or effective method.

#### 6.6.7. Employment status:

Ever use of at least one family planning method by employment status is also shown in table-6.8. Ever use of at least one method varied slightly between ever married women who were on paid employment (38.4 percent) and those who were on unpaid employment (13.9 percent), but it was appreciably lower among those who were not employed (32.8 percent). Thus, even though knowledge of five methods or more was higher among the not employed ever married women compared to those who were on unpaid employment (table-5.15), the ever use rate was lower among those who were not employed. Knowledge of more methods of family planning may not, thus, always relate directly to ever use.

#### 6.6.8. Division:

Ever use of at least one family planning method by division is shown in table-6.9. Except for Chittagong division, the variation among divisions in ever use of at least one method was not pronounced, ranging from 35.0 percent in Dhaka division to 38.6 percent in Rajshahi division. For

### PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED AT LEAST ONE FAMILY PLANNING METHOD BY EDUCATION, BY RELIGION AND BY EMPLOYMENT STATUS

(The Eligible Woman Sample)

Sub-group	No.of ever married women (Weighted)	Used at least one method	Used at least one modern <sup>1</sup> method	Used at least one effective <sup>2</sup> method	
Educational level:					
Never attended school	5859	27.6	18.9	18.8	
Less than <u>p</u> rimary level	1496	36.8	25.1	24.9	
Completed primary level	562	47.7	36.9	36.4	
Class VI-VII	242	57.0	43.1	41.7	
Class VIII-IX	201	72.0	59.1	58.6	
SSC and HSC	135	83.7	75.0	73.2	
Degree and above	19	81.4	77.5	68.2	
Not stated	9	11.5	11.5	11.5	
Religion: <sup>3</sup>					
Muslim	7555	32.3	23.2	22.9	
Non-muslim	969	41.6	28.6	28.4	
Employment status:					
Paid employment	738	38.4	29.1	28.7	
Unpaid employment	169	39.0	28.4	28.2	
Not employed	7610	32.8	23.2	23.0	
Not stated	6	37.0	15.8	15.8	
A11	8523	33.4	23.8	23.6	
1					

Modern method : Oral pill,concom,vaginal method,injection,IUD, tubectomy, vasectomy, abortion/MR

<sup>3</sup> Weighted total of ever married women adds to 8524 instead of 8523 due to rounding after weighting.

Chittagong division, the rate was strikingly lower at 23.1 percent. Similar trends were shown by the ever use rates for at least one modern method and at least one effective method. Figure-6.3 clearly depicts the variations among the different divisions in the ever use of at least one method, at least one modern method, and at least one effective method.

### 6.6.9. Rural-urban areas:

The percentage of ever married women under 50 years of age having ever used at least one family planning method by rural-urban area is shown in table-6.9 and is presented with a bargraph in figure-6.4. Ever use rate of at least one method was significantly higher in the urban areas than in the rural areas. Whereas, 52.1 percent of the ever married women in the urban areas reported to have ever used at least one method, the corresponding rate for the rural areas was much lower at 31.3 percent. A similar pattern was also found in ever use of at least one modern method and one effective method.

Between 1981 and 1983, the rural-urban difference in ever use increased (figure-6.4). The family planning program must pay attention to reduce the urban-rural gap by improving program activities in the rural areas. As Bangladesh is a predominantly rural country, any improvement in family planning as in any other development program is dependent on improving programs for benefit of the rural populace.

# 6.7. Differentials in ever use of selected modern methods:

Differentials in ever use of selected modern family planning methods are shown in tables-6.10 to 6.12. The findings for different methods are discussed below.

### 6.7.1. Oral pill:

Oral pill was the most popular family planning method in each of the subgroups considered. Nevertheless, considerable variability appeared in

### PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED AT LEAST ONE FAMILY PLANNING METHOD BY DIVISION AND BY RURAL-URBAN AREA

(The Eligible Woman Sample)

Sub-group	No.of ever married women (Weighted)	Used at least one method	Used at least one modern <sup>1</sup> method	Used at least one effective <sup>2</sup> method
Division: <sup>3</sup>				
Rajshahi	2248	38.6	28.0	27.7
Khulna	1608	37.1	24.1	23.8
Dhaka	2543	35.0	26.0	25.9
Chittagong	2123	23.1	16.9	16.1
<u>Area</u> :				
Rural	7677 <sup>a</sup>	31.3	21.5	21.3
Urban	<b>24</b> 40 <sup>a</sup>	52.1	44.3	44.0
A11	8523	33.4	23.8	23.6

Modern wethod : Oral pill,condom,vaginal method,injection,IUD, tubectomy,vasectomy, abortion/MR.

<sup>2</sup> Effective method : Includes all modernmethods except vaginal method.

<sup>3</sup> Weighted total of ever married women adds to 8522 instead of 8523 due to rounding after weighting.

<sup>a</sup> Unweighted total of ever married women in the sample.

### Figure-6.3

### EVER USE OF AT LEAST ONE FAMILY PLANNING METHOD BY DIVISION



METHODS/DIVISIONS

1 Includes all modern methodsexcept vaginal method.

#### Figure-6.4

### EVER USE OF AT LEAST ONE FAMILY PLANNING METHOD, 1981 AND 1983, BY URBAN-RURAL AREA



METHODS/CPS YEARS/AREA

its ever use. Among the ever married women in differnt age groups, oral pill was ever used most by those in the age groups 25-29 years (19.8 percent) and 30-34 years (19.7 percent), (table-6.10). The rate declined to 17.6 percent in the age group 35-39 years and further to 15.3 percent in the age group 20-24 years, while it was considerably lower in the below 20 year - and above 39 year - age groups.

The rate of ever use of oral pill was strikingly lower among women who were not currently married (4.9 percent) than among those who were currently married (15.2 percent). The difference is consistent with the much lower ever use of family planning reported by ever married women than by currently married women (table-6.5).

The number of children ever born was strongly related to ever use of the pill up to two children; thereafter the influence was not pronounced. Among women with two children or fewer, the ever use rate was only 4.0 percent for those who had no child ever born, but 9.6 percent among those who had one child ever born and 14.7 percent among those who had two children ever born. In contrast, the rate varied between 16.7 percent and 19.2 percent among women having more than two children ever born. Likewise, differentials in the ever use of oral pill by living children followed a similar pattern.

Use of the pill was thus found to be remarkably low among ever married women having fewer than two children ever born or living. This indicates women's reluctance to use the method prior to having two children. This reluctance could be because women are afraid that the oral pill may have an adverse effect on fecundity.

There were very impressive differentials in the ever use of oral pill by educational level of ever married women. Among women who never attended school, the ever use rate of oral pill was lowest, 9.8 percent. It rose strikingly with every increase in the level of education, reaching a peak of 58.6 percent among those who had completed SSC or HSC level. The rate, however, declined to 51.1 percent among those who had completed degree

and above levels; this might be the result of their small numbers in the sample, or may be due to their greater reliance on other methods such as condom. Ever use of oral pill was slightly higher among Non-muslim women than among Muslim women. There were also very little differences in the ever use of oral pill by employment status. Divisional differentials in ever use of oral pill were small. Ever use was around 16.0 percent in Rajshahi and Dhaka divisions, 12.6 percent in Khulna division, and 10.9 percent in Chittagong division. Rural-urban differential in the ever use of oral pill was striking; while 31.4 percent of ever married women reported having ever used oral pill in the urban areas, the rate was only 12.2 percent for the rural areas.

#### 6.7.2. Condom:

Differentials in the ever use of condoms had similar patterns to those of oral pills. The ever use rate of condoms was higher among ever married women who were currently married than among those who were not currently married. It was higher among ever married women in 20-24 year age group than among those in the younger or older age groups.

There was, however, a remarkable difference in the age differentials between the condom and the oral pill. Whereas only 0.6 percent of the women in the youngest age group reported the ever use of the oral pill, the rate for condom was 4.0 percent. Condom was ever used more by women who had 1-6 children ever born than by those having no child ever born or by those having more than 6 children ever born (table-6.12) Differentials by number of living children followed a similar trend. As in the case of oral pill, there were significant variations in the ever use of condom by education, by rural-urban areas and by divisions. The proportion reporting ever use of condom was only 3.0 percent among women who never attended school, while the rate rose strikingly to a peak of 58.7 percent among those who had degree or higher level of education. The rate varied from 17.6 percent in the urban areas to only 6.0 percent in the rural areas. However, except for Chittagong division, the rate showed little variations among the divisions.

Differentials in the ever use of condom by religion and employment status had, however, patterns different from those of oral pill. Unlike oral pill, condom was ever used more among ever married women who were Muslims than among those who were Non-muslims; more among women who were on paid employment (8.1 percent) and were not employed (7.1 percent) than among those who were on unpaid employment (2.2 percent).

#### 6.7.3. Tubectomy:

Differentials in the ever use of tubectomy by marital status and age group is chown in table-6.10. Ever use of tubectomy was higher among those who were currently married than among those who were not currently married. The proportion tubectomized was 6.2 percent among currently married women but it was only 2.7 percent among those who were not currently married.

Ever use of tubectomy was totally nil among women who were below fifteen years of age. It was also insignificant among the age group 15-19 years (0.8 percent). The rate of ever use of tubectomy was also not significant among women in the age group 45-49 years (3.1 percent). But for the remaining age groups 20-24 years to 40-44 years the rate was considerably higher, ranging from 7.1 percent to 9.7 percent.

Ever use of tubectomy was quite rare among women who had less than two living children (table-6.12) or those who had less than 3 children

ever born (table-6.11). On the other hand, tubectomy acceptance was most frequent among women who had 2-6 living children (6.0 percent to 10.7 percent or among those who had 3-9 children ever born (7.1 percent to 10.1 percent).

Contrary to the findings for oral pill and condom, ever use of tubectomy seemed to be inversely related with education. The rate of ever use of tubectomy was highest among women who never attended school (6.6 percent). The rate ranged from 4.3 percent to 4.5 percent among those who had education between less than primary to class VI-VII. It declined to 1.9 percent among those who had degree or higher level of education.

Ever use of tubectomy varied strikingly by religion (table-6.13): 11.1 percent of ever married women who were Non-muslims were tubectomized versus only 5.2 percent of those who were Muslims.

Differentials in ever use of tubectomy by employment status were somewhat different from those of oral pill and condom. In cases of either oral pill or condom the ever use rate among those who were not employed was almost equal to that of those who were on paid employment, while in the case of tubectomy the rate was lowest among women who were not employed. Among the not employed women only 5.1 percent reported to have ever used tubectomy while the rate was at a high of 12.4 percent to 12.5 percent among women having paid or unpaid employment.

Differentials in the ever use of tubectomy by rural-urban areas and by divisions are shown in table-6.14. The ever use of tubectomy was lower in the rural areas (5.5 percent) than in the urban areas (8.7 percent), but the difference was less than the differences found in the cases of oral pill and condom (table-6.14). Differentials by division were very small, except for Chittagong division where only 3.4 percent of the women reported to have ever used tubectomy. In the remaining three divisions, the rate varied from 6.3 percent to 6.9 percent.

### PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED SELECTED MODERN FAMILY PLANNING METHODS BY CURRENT MARITAL STATUS AND BY AGE GROUP

(The Eligible Woman Sample)

Sub-group	No.of eve married women (Weighted	r Oral pill	Con- dom	Vaginal method	In- jec- tion	IUD	Tu- bec- tomy	Va- sec- tomy	Abor- <sup>1</sup> tion/ MR
Marital status:									
Currently married	7662	15.2	7.6	2.4	1.3	2.4	6.2	1.4	1.0
Not currently married	861	4.9	2.7	0.7	0.2	0.7	2.7	1.1	0.3
Age group: <sup>2</sup>									
<u>/</u> 15	168	0.6	4.0	1.4	-	-	-	-	-
15 - 19	1661	6.9	6.3	1.3	0.1	0.8	0.8	0.2	0.4
20 - 24	1723	15.3	8.9	2.6	0.8	2.4	4.8	1.0	1.1
25 - 29	1624	19.8	10.4	3.8	2.4	2.9	8.5	1.4	1.6
30 - 34	1083	19.7	7.3	2.8	2.1	2.6	9.7	2.4	1.5
35 - 39	913	17.6	5.5	1.8	1.4	2.6	9.7	2.6	1.2
40 - 44	704	11.2	3.2	0.7	0.6	2.7	7.1	1.8	0.4
45 - 49	646	7.7	3.2	0.9	0.7	2.2	3.1	1.9	0.5
A11	8523	14.1	7.1	2.2	1.2	2.2	5.9	1.4	1.0

1 Abortion means induced abortion.

<sup>2</sup> Weighted total of ever married women adds to 8522 instead of 8523 due to rounding after weighting.

### PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED SELECTED MODERN FAMILY PLANNING METHODS BY NUMBER OF CHILDREN EVER BORN

	No.of eve	r¦ 'Oral	¦ 'Con-	'Vaginal	In-	, , ,	Tu-	Va-	Abor-1
Sub-group	women (Weighted	pill	dom	method	jec- tion	IUD	bec- tomy	sec-  tomy	tion/ MR
<u>Children</u> ever born:		<b>I</b>	··		J	1	.1		-1
0	1049	4.0	4.7	1.3	-	0.2	0.1	0.3	0.1
1	1187	9.6	7.4	2.3	0.2	1.2	1.2	0.4	0.9
2	1121	14.7	9.6	2.9	1.2	2.6	4.3	1.4	1.5
3 .	1029	16.7	9.7	2.9	1.1	1.9	7.1	1.5	1.4
4	844	16.8	8.3	2.0	1.8	3.5	10.0	2.7	0.7
5	785	18.6	8.5	3.6	1.6	3.1	10.1	1.8	1.6
6	716	16.4	6.6	2.6	2.6	2.8	9.5	2.5	0.8
7	533	17.2	3.7	1.3	1.1	3.2	8.9	1.9	1.5
8	451	19.2	5.6	1.4	1.7	3.0	7.0	1.5	0.7
9	339	16.5	4.5	0.4	1.4	2.1	8.7	0.9	0.3
10	233	12.3	2.5	1.0	0.7	2.4	5.7	1.3	0.1
11	123	17.7	6.3	2.7	2.4	3.0	3.8	-	1.6
12 +	112	18.8	3.6	0.9	1.2	0.9	4.5	1.2	0.9
Not stated	-	-	-	-	-	-	-	-	-
A11	8523 <sup>a</sup>	14.1	7.1	2.2	1.2	2.2	5.9	1.4	1.0

### (The Eligible Woman Sample)

<sup>1</sup> Abortion means induced abortion.

<sup>a</sup> Weighted total of ever married women adds to 8522 instead of 8523 due to rounding after weighting.

### PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED SELECTED MODERN FAMILY PLANNING METHODS BY NUMBER OF LIVING CHILDREN

### (The Eligible Woman Sample)

Sub-group	No.of eve married women (Weighted)	r  Oral  pill 	Con- dom	Vaginal  method	In- jec- tion	IUD	Tu- bec- tomy	Va- sec- tomy	Abor- <sup>1</sup> tion/ MR
Living children:									
0	1261	4.1	4.4	1.3	-	0.2	0.4	0.4	0.1
1	1491	9.1	7.1	1.9	0.3	1.1	1.3	0.6	0.8
2	1372	16.0	9.5	3.0	1.2	2.7	6.0	1.7	1.3
3	1194	16.2	8.8	3.1	1.6	3.3	8.6	2.0	1.5
4	989	16.8	6.9	2.1	1.7	3.1	10.7	1.9	0.8
5	843	19.8	6.6	2.2	2.3	2.6	9.3	2.2	1.6
6	589	19.2	6.4	2.6	2.3	2.4	9.9	1.6	0.7
7	399	20.0	5.4	1.2	0.9	4.3	6.6	1.8	0.9
8	236	20.8	5.9	1.6	1.0	1.9	7.7	1.7	1.4
9 +	149	18.0	8.1	1.6	2.0	2.9	2.1	0.2	0.7
A11	8523	14.1	7.1	2.2	1.2	2.2	5.9	1.4	1.0

<sup>1</sup> Abortion means induced abortion.

### PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED SELECTED MODERN FAMILY PLANNING METHODS BY EDUCATION, BY RELIGION, AND BY EMPLOYMENT STATUS

Sub-group	No.of eve married women (Weighted	r  Oral  pill )	Con- dom	Vaginal method	In- jec- tion	IUD	Tu- bec- tomy	Va-  sec-  tomy	Abor- <sup>1</sup> tion/ MR
Educational leve	<u>el</u> :								
Never attended school	5859	9.8	3.0	0.5	0.9	1.4	6.6	1.7	0.5
Less than primary level	1496	16.3	10.0	2.8	1.0	2.8	4.3	1.0	0.6
Completed primary level	562	25.7	13.3	5.3	2.4	4.5	4.4	0.8	2.5
Class VI-VII	242	25.6	23.9	9.2	3.7	2.9	4.5	0.6	4.1
Class VIII-IX	201	45.2	33.7	13.9	2.4	5.6	3.0	0.2	2.6
SSC and HSC	135	58.6	52.6	21.6	3.6	12.3	2.0	-	8.6
Degree and above	e 19	51.1	58.7	28.2	3.8	9.5	1.9	-	15.3
Not stated	9	-	-	-	-	-	11.5	-	-
Religion: <sup>2</sup>									
Muslim	7555	13.9	7 <b>.</b> 3 '	2.3	1.2	1.9	5.2	1.5	1.0
Non-muslim	969	16.1	5.7	1.4	0.4	4.5	11.1	0.5	0.8
Employment statu	15:								
Paid employment	738	13.8	8.1	2.9	1.6	3.4	12.4	2.8	1.3
Unpaid employment	169	15.1	2.2	1.0	1.8	0.8	12.5	2.8	1.6
Not employed	7610	14.1	7.1	2.2	1.1	2.1	5.1	1.2	0.9
Not stated	6	-	-	-	-	-	15.8	-	-
A11	8523	14.1	7.1	2.2	1.2	2.2	5.9	1.4	1.0

(The Eligible Woman Sample)

<sup>1</sup> Abortion means induced abortion.

<sup>2</sup> Weighted total of ever married women adds to 8524 instead of 8523 due to rounding after weighting.

### PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED SELECTED MODERN FAMILY PLANNING METHODS BY DIVISION AND BY RURAL-URBAN AREA

	No.of even	c !	!	1	1	1	1	1	1
Sub-group	married women (Weighted)	Oral pill	Con- dom	Vaginal method	In- jec- tion	IUD	Tu- bec- tomy	Va- sec- tomy	Abor-1 tion/ MR
Division:							<u> </u>		
Rajshahi	2248	16.2	8.9	2.5	1.2	2.7	6.3	2.7	1.4
Khulna	1608	12.6	7.0	1.9	0.8	2.7	6.8	1.5	0.4
Dhaka	2543	15.9	7.9	2.5	2.0	2.0	6.9	1.0	1:1
Chittagong	2123	10.9	4.4	1.8	0.3	1.5	3.4	0.3	0.7
Area:									
Rural	7677 <sup>a</sup>	12.2	6.0	1.8	0.8	2.0	5.5	1.4	0.7
Urban	2440 <sup>a</sup>	31.4	17.6	5.5	4.7	4.3	8.7	0.8	3.6
A11	8523	14.1	7.1	2.2	1.2	2.2	5.9	1.4	1.0

(The Eligible Woman Sample)

1 Abortion means induced abortion.

<sup>a</sup> Unweighted total of ever married women in the sample.

### 6.7.4. Other modern methods:

The rates of ever use of other modern methods (vasectomy, IUD, injection, vaginal methods, and induced abortion/MR) were, in general, very low among ever married women in every subgroup and as such discussions on differentials were not considered meaningful.

Nevertheless, there were some interesting findings. Unlike oral pill, condom, and tubectomy - IUDs were ever used almost equally among women across all the age groups, except for those who were below 19 years, as well as among women having smaller or larger number of children ever born or number of living children. Also the differentials in the ever use of IUDs by education were not as pronounced as were those in case of the other methods.

Differentials in the ever use of vasectomy revealed some interesting phenomenon. While tubectomy was ever used more by Non-muslim women than by Muslim women and more in the urban areas than in the rural areas, the reverse was the case for vasectomy. Like tubectomy, however, vasectomy also showed an inverse relationship to education.

Among the remaining modern methods, injection followed the differential patterns similar to those of oral pill, while vaginal method had differential patterns similar to those of condom.

### 6.8. Differentials in ever use of selected traditional methods:

Differentials in the ever use of selected traditional methods are shown in tables-6.15 to 6.19.

As in the case of modern methods, the ever use of traditional methods was lower among women who were not currently married than among those who were currently married, lower among women in the rural areas than among those in the urban areas; lower among women in Chittagong division than among those in the other divisions; lower among women who were Muslims than among those who were Non-muslims.

Differentials in the ever use of traditional methods by education also followed similar patterns as those for the modern methods. The ever use of safe period, withdrawal, and abstinence increased with every increase in the level of education. Contrary to this pattern, the ever use of the 'other

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED SELECTED TRADITIONAL FAMILY PLANNING METHODS BY CURRENT MARITAL STATUS AND BY AGE GROUP

(The Eligible Woman Sample)

Sub-group	No.of ever married women (Weighted)	Safe period	With- drawal	Absti- nence	Other
<u>Marital status</u> :					
Currently married	7662	11.4	5.6	3.3	3.8
Not currently married	861	7.1	2.5	1.2	0.9
Age group:					
<u>/</u> 15	168	3.0	4.0	-	-
15 - 19	1661	7.7	3.7	1.8	1.0
20 - 24	1723	11.4	5.6	2.6	2.4
25 - 29	1624	12.6	6.6	3.1	4.8
30 - 34	1083	11.9	6.6	3.9	6.2
35 - 39	913	12.9	5.4	4.3	6.3
40 - 44	704	12.1	4.4	4.8	4.2
45 - 49	646	10.3	3.8	3.6	1.6
A11	8523 <sup>a</sup>	10.9	5.3	3.1	3.5

<sup>a</sup> Weighted total of ever married women adds to 8522 instead of 8523 due to rounding after weighting.

### PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED SELECTED TRADITIONAL FAMILY PLANNING METHODS BY NUMBER OF CHILDREN EVER BORN

### (The Eligible Woman Sample)

A11	8523	10.9	5.3	3.1	3.5
12 +	112	8.1	2.1	2.7	5.1
11	123	11.5	6.5	6.3	7.9
10	233	10.6	2.9	6.6	3.9
9	339	14.5	5.5	3.5	6.5
8	451	9.2	5.1	5.9	6.9
7	533	12.8	4.7	3.6	6.2
6	716	13.1	5.2	3.3	6.7
5	785	12.4	6.9	3.7	5.0
4	844	13.8	7.0	4.1	3.8
3	1029	11.7	5.2	3.2	2.8
2	1121	11.7	6.4	2.6	2.2
1	1187	10.0	4.8	2.1	0.8
0	1049	4.5	3.1	0.6	0.8
<u>Children</u> ever born:					
Sub-group	married women (Weighted)	Safe period	With- drawal	Absti- nence	Other
··	No.of even	- 1	l B		

<sup>a</sup> Weighted total of ever married women adds to 8522 instead of 8523 due to rounding after weighting.

### PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED SELECTED TRADITIONAL FAMILY PLANNING METHODS BY NUMBER OF LIVING CHILDREN

Sub-group	No.of ever married women (Weighted)	Safe period	With- drawal	Absti- nence	Other
Living children:					
0	1261	4.5	3.0	0.8	1.0
1	1491	9.5	4.5	2.0	0.8
2	1372	12.7	5.6	2.7	2.4
3	1194	12.6	6.8	4.0	2.9
4	989	11.9	6.4	4.1	5.3
5	843	13.9	5.6	4.0	6.2
Ģ	589	12.8	5.7	4.2	6.9
7	399	12.4	6.0	5.5	8.2
8	236	12.5	4.8	4.4	9.1
9 +	149	13.5	3.3	4.5	5.4
A11	8523	10.9	5.3	3.1	3.5

(The Eligible Woman Sample)

methods' was, however, more among women who never attended school or who had below primary education than among those who had a higher level of education.

The other differentials in the ever use of traditional methods, such as by age, by children ever born, by living children, and by employment status are discussed below for each method.

### PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED TRADITIONAL FAMILY PLANNING METHODS BY EDUCATION, BY RELIGION, AND BY EMPLOYMENT STATUS

(The	Eligible	Woman	Sample)
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Sub-group	No.of ever married women (Weighted)	Safe period	With- drawal	Absti- nence	Other
Educational level:					
Never attended school	<b>5</b> 859	8.2	3.1	2.5	3.4
Less than primary level	1496	13.4	7.4	3.7	4.2
Completed primary level	562	15.7	8.9	3.9	5.0
Class VI-VII	242	24.1	16.1	5.7	2.2
Class VIII-IX	201	27.5	15.1	5.4	1.5
SSC and HSC	135	29.6	22.6	8.8	1.8
Degree and above	19	50.8	24.4	7.6	-
Not stated	9	-	-	-	-
Religion:					
Muslim	7555	10.4	4.9	2.9	3.6
Non-muslim	969	15.0	7.7	4.4	3.2
Employment status:					
Paid employment	738	9.6	5.3	2.6	3.8
Unpaid employment	169	12.1	6.5	5.3	2.4
Not employed	7610	11.0	5.2	3.1	3.5
Not stated	б	21.2	-	5.5	-
A11	8523	10.9	5.3	3.1	3.5

Weighted total of ever married women adds to 8524 instead of 8523 due to rounding after weighting.

### PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED TRADITIONAL FAMILY PLANNING METHODS BY DIVISION AND BY RURAL-URBAN AREA

#### (The Eligible Woman Sample)

Sub-group	No.of ever married women (Weighted)	Safe period	With- drawal	Absti- nence	Other
Division:					
Rajshahi	2248	12.4	6.5	3.9	4.6
Khulna	1608	13.4	6.3	3.1	3.9
Dhaka	2543	10.7	4.5	3.1	4.2
Chittagong	2123	7.9	4.1	2.3	1.2
Area:					
Rural	7677 <sup>a</sup>	10.5	5.0	2.9	<b>3.</b> 5
Urban	2440 <sup>a</sup>	15.0	7.5	4.4	4.3
All	8523	10.9	5.3	3.1	3.5

<sup>a</sup> Unweighted total of ever married women in the sample.

#### 6.8.1. Safe period:

Excluding women under 19 years of age, there were negligible variations in the ever use of safe period by age. Among women in the age groups above 19 years, the ever use of safe period varied in the narrow range of 10.3 percent to 12.9 percent. But the rate was lower at 7.7 percent among those in the age group 15-19 years and only 3.0 percent among those under 15 years. There were also no appreciable variations by number of living children excluding women having fewer than two living children. This was also true in the case of the number of children ever born. Differentials in the ever use of safe period by employment status were significant; the differentials ranged from 9.6 percent among women who had paid employment to 12.1 percent among those who had unpaid employment.

### 6.8.2. Withdrawal:

Differentials in the ever use of withdrawal by age reflected that ever use of withdrawal increased, in general, with the increases in age reaching a peak with the age groups 25-29 and 30-34 years and then declined gradually and steadily; a pattern quite similar to that of condom. The percentage of women who reported ever use of withdrawal was lowest among those having no living child; the rate gradually increased with the increases in the number of living children and reached its peak among those having three living children and then declined gradually with a few minor deviations. The pattern of differentials in the case of children ever born tended to be in the same direction as those in the case of living children, excepting a few irregular fluctuations both in the processes of incline and decline. The variations by employment status were very negligible ranging from 5.2 percent among those who were not employed to 6.5 percent among those who were on unpaid employment.

### 6.8.3. Abstinence:

The ever use of abstinence showed a positive relationship with the age of women, except for a slight deviation for the oldest age group. The ever use of abstinence also had a positive relationship with the number of children ever born and the number of living children. Abstinence was ever used more among those who were either unemployed (3.1 percent) or on paid employment (2.6 percent).

# 6.9. Differentials in the number of methods ever used:

Differentials in the number of methods ever used are shown in tables-6.20 to 6.24.

The mean number of methods ever used irrespective of any differential count was 1.7 methods, a finding exactly the same as that of the 1981 CPS. Mean number of methods ever used was lower (1.5 methods) for those who were not currently married than those who were currently married (1.7 methods). Differentials in the mean number of methods ever used by age groups showed a curvilinear pattern; starting with 1.3 methods for those having age less than 15 years, increased gradually reaching a peak of 1.8 methods with those who were at the age group 25-29 years, remained at the same level for the age group 30-34 years, and then gradually declined to 1.6 methods for the age group 40-44 years. The oldest age group, however, showed again a slightly higher rate (1.7 methods) which might be the result of random fluctua ions due to a small number of observations.

The differentials in the mean number of methods ever used by the number of children ever born showed almost a similar pattern as those by age. The mean number of methods ever used was lower by those having fewer children ever born, reaching a peak of 1.8 methods among those having 4-6 children ever born, and then declining gradually (with only one exception) to 1.5 methods among those having 12 or more children ever born. The differential pattern found in the case of the number of living children was similar to that of the number of children ever born, yet it showed an irregular pattern for those having more than three living children.

The mean number of methods ever used was positively related to the level of education of women; it was lowest (1.5 methods) among those who never attended school and rose steadily to 3.0 methods among those who had degree and above level of education. There appeared to be no difference in the mean number of methods ever used by religion. Differentials by employment status were not large.

Although the percentage of ever married women having ever used any method was lowest in Chittagong division (table-6.9), the mean number of
# PERCENTAGE DISTRIBUTION<sup>1</sup> OF NUMBER OF FAMILY PLANNING METHODS EVER USED BY EVER MARRIED WOMEN UNDER 50 YEARS OF AGE WHO HAVE EVER USED FAMILY PLANNING BY CURRENT MARITAL STATUS AND BY AGE GROUP

	No.of ever	. ! ! !	Number of methods ever used								
	ever users (Weighted)	1	2	3	4	5	6	7+	+ Mean`		
<u>Marital statu</u>	<u>s</u> :										
Currently married	2701	57.0	24.1	11.0	5.0	1.7	0.9	0.3	1.7		
Not currently married	145	68.3	18.6	9.0	2.8	0.7	-	-	1.5		
Age group:											
<u>/</u> 15	17	76.5	17.6	5.9	_	-	-	-	1.3		
15 - 19	330	62.7	23.3	9.1	3.3	1.2	-	-	1.6		
20 - 24	599	57.4	25.4	9.7	5.7	1.3	0.3	0.2	1.7		
25 - 29	686	55.1	22.2	12.5	5.5	2.8	1.5	0.4	1.8		
30 - 34	451	53.2	25.5	12.0	5.8	2.2	0.4	0.7	1.8		
35 - 39	380	60.5	21.8	9.2	5.5	0.8	1.8	0.3	1.7		
40 - 44	233	59.2	26.6	12.0	1.7	-	0.4	0.4	1.6		
45 - 49	150	58.7	22.7	12.7	4.0	0.7	1.3	-	1.7		
A11	2846	57.6	23.9	10.9	4.9	1.6	0.8	0.3	1.7		

(The Eligible Woman Sample)

Row percentage total may not add to 100 percent for some sub-groups due to rounding error.

 $^2$  The mean is calculated from the complete distribution.

# PERCENTAGE DISTRIBUTION<sup>1</sup> OF NUMBER OF FAMILY PLANNING METHODS EVER USED BY EVER MARRIED WOMEN UNDER 50 YEARS OF AGE WHO HAVE EVER USED FAMILY PLANNING BY NUMBER OF CHILDREN EVER BORN

## (The Eligible Woman Sample)

Sub-group	No.of ever married	I # 1 I	Nun	mber of	metho	ds eve	r used	1	Mean <sup>2</sup>
	ever users (Weighted)	1	2	3	4	5	6	7+	Mean
Children ever born:									
0	135	65.9	22.2	7.4	4.4	0.7	-	-	1.5
1	282	56.7	24.5	12.4	3.9	2.1	-	0.4	1.7
2	396	57.1	24.7	8.6	7.3	1.5	0.3	0.3	1.7
3	385	57.1	23.9	10.9	5.7	1.6	0.8	-	1.7
4	358	58.9	23.2	10.3	3.4	2.0	1.8	0.3	1.8
5	327	58.2	25.1	13.1	4.6	1.8	1.2	0.9	1.8
6	288	57.3	22.2	10.8	5.6	2.4	1.0	0.3	1.8
7	204	53.9	27.9	12.3	4.9	1.0	-	-	1.7
8	177	59.3	24.9	7.3	5.1	1.1	2.3	-	1.7
9	137	59.9	21.2	16.1	2.9	-	-	-	1.6
10	74	68.9	16.2	12.2	1.4	1.4	1.4	-	1.6
11	45	48.9	22.2	17.8	8.9	-	2.2	-	2.0
12 +	37	64.9	27.0	5.4	-	-	2.7	-	1.5
Not stated	-	-	-	-	-	-	-	-	-
A11	2846 <sup>a</sup>	57.6	23.9	10.9	4.9	1.6	0.8	0.3	1.7

<sup>1</sup> Row percentage total may not add to 100 percent for some sub-groups due to rounding error.

 $^{2}\ _{\rm The mean is calculated from the complete distribution.}$ 

а Weighted total of ever married ever users adds to 2845 instead of 2846 due to rounding after weighting.

# PERCENTAGE DISTRIBUTION<sup>1</sup> OF NUMBER OF FAMILY PLANNING METHODS EVER USED BY EVER MARRIED WOMEN UNDER 50 YEARS OF AGE WHO HAVE EVER USED FAMILY PLANNING BY NUMBER OF LIVING CHILDREN

Sub-group	No.of eve married	r ¦	Number of methods ever used								
	¦ever user  (Weighted	s¦ 1	2	3	4	5	6	7+	, Mean		
Living children:											
0	170	66.5	20.6	7.6	4.7	0.6	-	-	1.5		
1	351	59.5	23.9	11.1	3.1	1.7	0.3	0.3	1.7		
2	513	57.1	24.0	9.9	6.8	1.6	0.4	0.2	1.7		
3	475	55.8	25.5	9.5	5.5	2.5	0.8	0.4	1.8		
4	407	56.3	25.6	11.8	3.7	1.0	1.2	0.5	1.7		
5	369	57.7	23.3	10.6	4.6	2.2	0.8	0.3	1.7		
6	242	53.3	24.4	13.2	5.4	2.1	0.8		1.8		
7	167	58.1	23.4	11.4	5.4	-	2.4	-	1.7		
8	97	56.7	19.6	16.5	3.1	1.0	2.1	-	1.8		
9 +	55	63.6	16.4	16.4	З.б	-	1.8	-	1.7		
A11	2846	57.6	23.9	10.9	4.9	1.6	0.8	0.3	1.7		

(The Eligible Woman Sample)

Row percentage total may not add to 100 percent for some sub-groups due to rounding error.

2 The mean is calculated from the complete distribution.

methods ever used in this division was found to be at the intermediate level (1.7 methods), compared to the other divisions. The rural-urban differentials in the mean number of methods showed that ever use rate was much higher in the urban areas (2.1 methods) than in the rural areas (1.7 methods).

# PERCENTAGE DISTRIBUTION<sup>1</sup> OF NUMBER OF FAMILY PLANNING METHODS EVER USED BY EVER MARRIED WOMEN UNDER 50 YEARS OF AGE WHO HAVE EVER USED FAMILY PLANNING BY EDUCATION, BY RELIGION AND BY EMPLOYMENT STATUS

### (The Eligible Woman Sample)

	No.of eve married	r	Number	r of m	ethods	ever u	ised		2
Sub-group	ever user (Weighted	s ) 1	2	3	4	5	6	7+	Mean <sup>-</sup>
Educational level:								•	<u> </u>
Never attended school	1616	66.6	21.2	8.4	2.8	0.4	0.4	0.1	1.5
Less than primary level	550	50.4	28.4	13.1	5.6	1.5	0.7	0.4	1.8
Completed primary level	268	52.2	23.9	11.2	6.3	4.1	1.9	0.3	1.9
Class VI-VII	138	40.6	29.0	16.7	8.0	2.9	2.9	0.5	2.0
Class VIII-IX	145	40.7	26.2	17.2	9.7	4.1	1.4	0.7	2.2
SSC and HSC	113	23.0	30.1	20.4	15.9	8.0	0.9	1.8	2.7
Degree and abo	ve 15	13.3	26.7	13.3	20.0	13.3	-	6.7	3.0
Not stated	1	100.0	-	-	-	-	-	-	1.0
Religion: <sup>3</sup>									
Muslim	2443	57.5	23.7	11.0	5.0	1.6	0.7	0.3	1.7
Non-muslim	404	58.2	24.5	10.4	4.0	1.2	. 1.2	0.2	1.7
Employment stat	tus:								
Paid employment	t 284	56.0	25.4	10.9	4.6	1.4	0.7	0.7	1.7
Unpaid employment	66	57.6	25.8	13.6	1.5	-	_	_	1.6
Not employed	2494	57.7	23.7	10.9	5.0	1.6	0.9	0.2	1.7
Not stated	2	100.0	-	-	-	-	-	-	1.0
A11	2846	57.6	23.9	10.9	4.9	1.6	0.8	0.3	1.7
1					····				

Row percentage total may not add to 100 percent for some sub-groups due to rounding error.

 $^{\rm 2}$  The mean is calculated from the complete distribution.

<sup>3</sup> Weighted total of ever married ever users adds to 2847 instead of 2846 due to rounding after weighting.

# PERCENTAGE DISTRIBUTION<sup>1</sup> OF NUMBER OF FAMILY PLANNING METHODS EVER USED BY EVER MARRIED WOMEN UNDER 55 YEARS OF AGE WHO HAVE EVER USED FAMILY PLANNING BY DIVISION AND BY RURAL-URBAN AREA

Sub-group	No.of ever	- 1 - 1 - 1 - 1 - 1 	Number of methods ever used								
	ever users (Weighted)		2	3	4	5	6	7+	меал		
Division:											
Rajshahi	868	54.8	24.0	13.1	5.3	1.7	0.8	0.3	1.8		
Khulna	596	60.7	24.7	9.2	3.0	1.3	5.0	0.2	1.6		
Dhaka	891	57.1	23.8	9.8	6.1	1.9	0.8	0.3	1.8		
Chittagong	490	59.6	23.1	11.0	4.3	1.0	1.0	0.2	1.7		
<u>Area</u> :											
Rural	2405 <sup>a</sup>	60.2	22.9	10.3	4.4	1.2	0.7	0.2	1.7		
Urban	1272 <sup>a</sup>	43.3	29.2	14.2	7.6	3.5	1.3	0.9	2.1		
۸11	2846 <sup>b</sup>	57.6	23.9	10.9	4.9	1.6	0.8	0.3	1.7		

(The Eligible Woman Sample)

Row percentage total may not add to 100 percent for some sub-groups due to rounding error.

<sup>2</sup> The mean is calculated from the complete distribution.

<sup>a</sup> Unweighted total of ever married ever users in the sample.

<sup>b</sup> Weighted total of ever married ever users adds to 2847 instead of 2846 due to rounding after weighting.

### Chapter-7

### CURRENT USE OF FAMILY PLANNING METHODS

### 7.1. Introduction:

Current use was defined as the 'now using' of a method. That is, any respondent who or whose spouse was using a family planning method at the time of the survey was counted as a current user. The same definition was used in the previous CPSs as well as in the 1975 BFS (MIS, 1983; NIPORT, 1981; PCFP Division, 1978). Two questions were asked on current use: "Are you or is your spouse now using any family planning method ?"; and (if yes), "Which method are you or is your spouse using ?". As in the 1981 CPS, no other data were collected or questions asked in the 1983 CPS to judge the validity of che responses.

# 7.2. Levels of use:

### 7.2.1. Overall level:

Shown in table-7.1 are the estimates of current use rates as obtained from the 1983 CPS eligible woman sample. Overall, 19.1 percent of the currently married women in the sample reported that they or their husbands were currently using some form of contraception at the time of the interview; 13.8 percent were using modern family planning methods and the remainder, 5.4 percent, were relying on traditional methods.

# 7.2.2. Method specific level:

Tubectomy had the highest current use rate in the sample, with 6.2 percent of the currently married women reporting that they were tubectomized. The next most widely used methods were oral pill and safe period. The oral pill was being used by 3.3 percent and safe period by 2.4 percent. The least used methods were abstinence (0.4 percent), vaginal method (0.3 percent), and injection (0.2 percent). For all the other remaining methods (condom, IUD, vasectomy, withdrawal, and 'other'), the rate was in the range of 1.0 percent to 1.5 percent.

# CURRENT USE OF CONTRACEPTION AMONG CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE, BY METHOD

### (The Eligible Woman Sample)

Contraception status	Number of currently married women <sup>1</sup> (Weighted)	Percentage <sup>2</sup>
Modern methods(total)	1655	13.8 <sup>a</sup>
Oral pill	255	3.3
Condom	117	1.5
Vaginal method	20	0.3
Injection	19	0.2
IUD	78	1.0
Tubectomy <sup>3</sup>	472	6.2
Vasectomy	95	1.2
Traditional methods(total)	413	5.4
Safe period	184	2.4
Withdrawal	98	1.3
Abstinence	27	0.4
Other	104	1.4
Any method	1467	19.1
No method	6195	90.9
Total	7662	100.0

Due to rounding after weighting, the sum of individual modern method users comes to 1056 instead of 1055; the sum of modern method users and traditional method users to 1468 instead of 1467. In consequence, the sum of all individual method users including no method users comes to 7664, and excluding no method users, to 1469; and that for modern method users, traditional method users, and no method users to 7663.

<sup>2</sup> All the rates have been computed directly from the actual number of users.

<sup>3</sup> There were 0.2 percent of the currently married women who reported that they and their husbands were both sterilized. These current users have been included under tubectomy.

<sup>a</sup> Because of rounding errors, the sum of individual rates for modern methods is 13.7 instead of 13.8 and for traditional methods is 5.5 instead of 5.4. For the same reason, the sum of the rates for modern methods (13.8) and traditional methods (5.4) comes to 19.2 instead of 19.1.

#### 7.3. Special service statistics rates:

The special service statistics (SS) system is an FP-MIS data source. Under the SS system, in 37 thanas method and source specific data on contraceptive use among eligible couples are collected on a continuous basis in a randomly selected sample of 40 unions representative of the whole national rural population. Data are collected by female family planning field workers who provide domiciliary contraceptive services/supplies and who refer clients for clinical methods. The system allows, among many other things, computation of current prevalence rates.

Table-7.2 shows a comparison of the 1983 CPS data with the special service statistics system data. The service statistics system is limited to the rural areas, collecting contraceptive use data relating to modern methods only. Rates for the national population and for traditional methods cannot, therefore, be obtained from this system. Thus, the comparison had to be done using only the rates for modern methods in the 1983 CPS rural sample.

The special service statistics system rates used in the comparison were taken from an MIS-paper presented at the 9th annual conference of the Bangladesh Fertility Research Program held at Dhaka, November 14-15, 1984 (Chowdhury and others, 1984). These rates, labelled as 1984 rates, were computed from the data collected during January 1984 to March 1984.

No meaningful data could be generated under the special service statistics system for the year 1983, as was mentioned in the above MIS paper. The given reasons were inadequate quality and inconsistency of the data, resulting from the shortage of trained manpower and lack of proper supervision. As a result, rates for the year 1983 could not be obtained. The 1984 service statistics rates, computed from the 1984 January-March data referred, on average, to the situation prevailing during

# COMPARISON OF 1983 CPS CURRENT USE RATES OF MODERN FP METHODS FOR RURAL AREAS WITH THOSE DERIVED FROM THE MIS SPECIAL SERVICE STATISTICS SYSTEM DATA FOR THE YEAR 1984<sup>1</sup>

Methods <sup>2</sup>	1	1983 CPS rates (Rural rates) <sup>a</sup>	Special	service statis-
				10162(1904)
Oral pill		2.6		5.4
Condom		1.1		1.5
Vagınal method		0.2		0.6
Injection		0.2		0.0 <sup>c</sup>
IUD		0.9		0.6
Tubectomy		5.8 ¦		
Vasectomy		1.3		6.7
Total		12.1	1	.4.8

Source: "Pattern of contraceptive use in the service statistics area"
(Chowdhury and others,1984).

- <sup>2</sup> Special service statistics data do not cover the use of traditional methods, hence rates for these methods cannot be derived from this data source. Because of this reason, the comparison had to be limited to modern methods only.
- <sup>a</sup> The special service statistics system covers only the rural areas; thus, the special service statistics rates could be compared only with the rural areas of the 1983 CPS.
- b Rates were based on reported use status of 9,059 eligible couples during their last contact with the family planning field workers.

<sup>&</sup>lt;sup>C</sup> Rate of injection was shown zero in the special service statistics data.

February 1984, while the 1983 CPS data, collected during October 1983 to January 1984 referred, on average, to the situation prevailing during December 1984. Thus, there was a lag of about three months in the average reference time between the two sets of rates in table-7.2. However, contraceptive prevalence is unlikely to change a large amount in such a short period.

Except for oral pill, there were no appreciable differences between service statistics rates and their comparable (rural) CPS rates. For oral pill, the difference ranged from 2.6 percent in the CPS rates to more than double (5.4 percent) in the service statistics rates. Data under the service statistics system are collected by female family planning field workers; one of their duties involves distribution of non-clinical methods (oral pill, condom, vaginal method) among eligible couples. Since the workers are female, they may be more likely to distribute oral pills than other methods. Moreover, the workers may document use in the service statistics records based on their given supplies of a method to a client rather on the actual use of method. This seems to suggest that pill use was overreported in the service statistics data.

# 7.4. Performance statistics rates:

Another FP-MIS data source is the monthly contraceptive performance reports. These reports sent each month by the district population control office to the MIS unit, contain statistics of contraceptive performance of the district during the previous month in terms of number of persons sterilized, number of IUDs inserted, quantities of contraceptives/reversible clinical methods (other than IUD) distributed/dispensed among users. The MIS unit consolidates all the district monthly reports to provide the national total level of contraceptive performance for the previous month. Although the primary purpose of the monthly performance reports is to monitor program achievement of monthly contraceptive targets and to reveal trends in contraceptive performance, they can also be employed to calculate method specific contraceptive prevalence rates by indirect methods (Wishik and Chen, 1973).

Table-7.3 shows the comparisons of current use rates of the eligible woman sample of the 1983 CPS and its suggested working rates<sup>1</sup> for condom and vasectomy, taken from the husband sample, with the rates derived from the monthly performance reports of the period, January,1983 to December, 1983. The performance rates were obtained from Population and Health Division/USAID(Dhaka) and the methodology of the computation can be found from their records (P&H Division, 1984).

Except for oral pill, vasectomy, and condom, there were little differences between the performance statistics rates and the 1983 CPS eligible woman sample rates. The use of oral pill, condom, and vasectomy was shown much higher in the performance statistics rates than in the 1983 CPS eligible woman sample rates. The proportions of condom, vasectomy, and oral pill users were shown as 7.1 percent, 2.2 percent, and 3.8 percent respectively in the performance statistics rates, while the 1983 CPS eligible woman sample showed the figures at 1.5 percent, 1.2 percent, and 3.3 percent respectively. It was, thus, observed that there were gaps between the CPS data and the performance data for condom (5.6 points), vasectomy (1.0 points), and oral pill (0.5 points).

Condom and vasectomy are two male methods, and there is a belief that women are shy to discuss these methods in societies like Bangladesh. The fact that the rates reported by husbands in the husband sample and by those in the couple sample were greater lend support to this hypothesis (see chapter-7). And in view of this, the rates reported in the husband sample were taken as the working rates for condom and vasectomy. But there is no reason to believe that women underreport the use of oral pill, since it is a female method.

<sup>&</sup>lt;sup>1</sup> The elaborate explanation of working rates can be seen in chapter-7, page-197.

#### STATISTICS DATA FOR THE YEAR 1983<sup>1</sup> $Methods^{\overline{2}}$ Performance Statistics 3 1983 CPS Rates Rates<sup>2</sup> 3.8<sup>a</sup> Oral pill 3.3 $\operatorname{Condom}^3$ 7.1<sup>a,c</sup>

1.5/2.7

1.0

6.2

1.2/2.5

0.3

0.2

13.8<sup>d</sup>/16.2

1.4<sup>b</sup>

6.0<sup>b</sup>

2.2<sup>b</sup>

0.4<sup>a</sup>

0.2<sup>a</sup>

21.1

COMPARISON OF '1983 CPS CURRENT USE RATES FOR MODERN FP METHODS WITH THOSE DERIVED FROM THE CONTRACEPTIVE PERFORMANCE

IUD

Tubectomy

Vasectomy<sup>3</sup>

Inject.able

Total

Vaginal method

L	Source:	Monthly	perf	ormance	report	s,	MIS	Unit	of	the	Dir	ectorate	of
	Populatio	on Contro	51, M	linistry	of	Неа	alth	and	Ρορι	ilati	ion	Control(	MOHPC)
	January-I	December	1983	(MIS.	1983).								

- 2 The monthly performance report does not cover the use of traditional methods. Therefore, the comparison in this table is limited to modern methods only.
- 3 Both the eligible woman sample CPS rate and the CPS working rate are presented in this table. The working rate for each method is the same as in the eligible woman sample, except for condom and vasectomy, where rates are based on the responses of the husband sample. In the table the eligible woman sample response is presented to the left of the "/" and the working rate to the right.
- Rates were derived using as the denominator the projected number of eligible couples in mid-year 1983, i.e., 18.1 million couples. CYP assumptions are: oral pill=13; condom=100; vaginal method=100; injectable=4.
- b Derived from decrement tables with December 1983 as the end of the reference period. For sterilization (tubectomy and vasectomy), 5 percent of the total acceptors for each year are deducted in each subsequent year. For IUD, 60 percent retention is assumed the first year, 50 percent the second, 40 percent the third, and so forth. Rates were derived using as denominator the projected number of eligible couples at the end of December 1983, i.e., 18.3 million couples.
- С To estimate condom prevalence, 100 condoms were used as one CYP. Rates using various other CYP assumptions are: 125 condoms per CYP=5.6 percent; 150 condoms per CYP=4.7 percent; 200 condoms per CYP=3.5 percent; 250 condoms for CYP=2.8 percent.
- d Because of rounding errors, the sum of individual rates for modern methods is 13.7 instead of 13.8.

When the working rates were considered, the gap for vasectomy between the 1983 CPS data and the performance data almost disappeared. But the gap for condom (the condom gap) still remained remarkably high, with the working rate for condom being only 2.7 percent compared to 7.1 percent shown in the performance data. It is thus seen that the condom gap was not only due to the lower reporting by women but also due to some other factors including, possibly, overreporting in performance statistics. The performance statistics are derived from reports about distribution/supplies of non-clinical methods (oral pill, condom, and vaginal methods) rather than on their actual use. It is not certain whether all the supplied oral pills and condoms are actually used. Moreover, FP workers reporting the performance statistics might have a tendency to inflate the supply figures of condom and oral pill in the monthly report to fulfil or exceed assigned targets.

The condom gap may also be due to the CYP assumptions. The compared performance rate (7.1 percent) of condom was derived by assuming 100 condoms per CYP. Rates using various other assumptions are given in footnote-c of table-7.3. The rate was 5.6 percent for 125 condoms per CYP, 4.7 percent for 150 condoms per CYP, 3.5 percent for 200 condoms per CYP, while it was 2.8 percent for 250 condoms per CYP, which was in full agreement with the reported working rate (2.7). Thus, an investigation into the CYP assumptions seem necessary to understand the condom gap.

### 7.5. Trends in use:

#### 7.5.1. Overall trend:

In table-7.4, the results of the 1983 CPS eligible woman sample are compared with those of the earlier surveys, revealing trends in current use of contraception over the period, 1975-1983. The current use of modern methods increased steadily from 4.7 to 13.8 percent over the period, 1975-1983. This trend is encouraging, although the increases are far below what is needed to achieve the desired level of family planning practice in this country.

# PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE USING CONTRACEPTION BY METHOD, BANGLADESH 1975, 1979, 1981, AND 1983

		t	2	
Methods	BFS 1975	1979	CPS Year	10010
Modern methods(total)	4.7	8.9	10.9	13.8
Oral pill	2.7	3.6	3.5	3.3
Condom	0.7	1.5	1.6	1.5
Vaginal method	_b	0.1	0.3	0.3
Injection	_b	0.2	0.4	0.2
IUD	0.5	0.2	0.4	1.0
Tubectomy	0.3	2.4	4.0	6.2
Vasectomy	0.5	0.9	0.8	1.2
Traditional methods(total)	3.0	3.8	7.7	5.4
Safe period	1.0	2.2	3.9	2.4
Withdrawal	0.6	0.2	1.8	1.3
Abstinence	1.1	0.8	1.2	0.4
Other	0.3	0.6	0.7	1.4
Total use rate	7.7	12.7	18.6	19.1

## (Tne Eligible Woman Sample)

<sup>1</sup> Source: BFS - Bangladesh Fertility Survey (data derived from table-2.4.5 and table-4.4.1).

<sup>2</sup> Source: CPS - Contraceptive Prevalence Survey.

<sup>a</sup> The sum of individual rates may not, in some cases, be equal to their relevant total. The difference is due to rounding error.

<sup>b</sup> These methods were not given as a separate category in the 1975 BFS and may be included in 'other'.

Between 1981 and 1983, current use of modern methods rose by 2.9 percentage points - from 10.9 percent to 13.8 percent. Yet, there was no noticeable change in the overall use rate. The overall rate in the 1983 CPS eligible woman sample was only 0.5 points higher than the 1981 rate of 18.6 percent. The small overall increase was due to lower reported use of traditional methods in the 1983 CPS eligible woman sample than in the 1981 CPS sample. In the 1981 CPS, 7.7 percent of currently married women reported using traditional methods, while the rate in the eligible woman sample of the 1983 CPS was 5.4 percent. It may be that traditional methods were overreported in the 1981 CPS or that the high unmet demand for modern contraception was starting to be met in the 1981-1983 period, with many couples switching from traditional to modern methods.

# 7.5.2. Method specific trend:

Between 1981 and 1983, tubectomy increased by 2.2 percentage points from 4.0 percent, vasectomy by 0.4 points from 0.8 percent, and the IUD by 0.6 points from 0.4 percent. There were no discernible changes in the use rate for any of the other modern methods.

# 7.5.3. Trend in method mix:

Contraceptive method mix indicates the shares of different family planning methods in the overall use rate. The mix is measured in terms of the proportion of current users relying on a particular method. Trends in the method mix over the period from 1975 to 1983 are shown in figure-7.1.

Around two-fifths (38.5 percent) of the total current users in the 1983 CPS were relying on sterilization - 32.3 percent on tubectomy and 6.2 percent on vasectomy. Oral pill was the next most popular method, constituting 17.2 percent of the current users. The shares of the remaining modern methods in the mix were small. Over a quarter of the users (28.7 percent) reported their reliance on traditional methods.



TRENDS IN THE METHOD MIX, BANGLADESH 1975, 1979, 1981, AND 1983



Current use rates for vaginal method and for injection were not provided by 1975 BFS.

Changes in the contraceptive method mix over the period between 1975 and 1983 were due mainly to tubectomy and oral pill. Oral pill constituted 35.1 percent of current users in 1975, while the percentage became 17.2 percent in 1983, following a gradual declining trend. In contrast, the percentage for tubectomy steadily increased from only 3.9 percent in 1975 to 32.3 percent in 1983. Shifts in the shares of the remaining modern methods did not appear to be important.

The share of traditional methods showed fluctuating trends. The percentage of users relying on traditional methods was 39.0 percent in 1975 and declined to 29.9 percent in 1979. Again it rose to 41.0 percent in 1981 and declined to 28.7 percent in 1983.

# 7.5.4. Age specific trends in current use:

Shown in table-7.5 are the age specific comparisons of current use of contraception among the three CPSs, 1979 CPS, 1981 CPS, and 1983 CPS. Also, the comparisons have been shown graphically in figure-7.2.

For each age group, there were considerable increases in age specific current use between 1979 CPS and 1981 CPS. But there were no appreciable changes between 1981 CPS and 1983 CPS, except for the following three age groups, <15 years, 35-39 years, and 40-44 years.

For the 40-44 year's age group, the current use recorded a decrease between 1981 and 1983 by 4.4 percentage points, from 23.4 percent to 19.0 percent. This considerable decrease was due to much lower reported use of traditional methods by women in that age group in the 1983 CPS than in the 1981 CPS. On the contrary, between 1981 and 1983 the contraceptive use recorded an increase of 6.3 percentage points for the 35-39 years age group and an increase of 3.2 percentage points for the age group, <15 years.

## PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE USING CONTRACEPTION BY AGE GROUP IN 1979, 1981, AND 1983

(The Eligible Woman Sample)

	1979 CPS <sup>1</sup>	1981 CPS <sup>1</sup>	1983 CPS <sup>1</sup>	Difference		
Age group	Percent- age	Percent- age	Percent- age	in percent- age between 1983 and 1981		
< 15	2.6	2.9	6.1	+ 3.2		
15 - 19	5.2	9.5	9.0	- 0.5		
20 - 24	11.1	17.6	18.1	+ 0.5		
25 - 29	13.8	23.8	24.2	+ 0.4		
30 - 34	17.0	25.3	26.7	+ 1.4		
35 - 39	17.1	23.2	29.5	+ 6.3		
40 - 44	15.9	23.4	19.0	- 4.4		
45 - 49	9.2	12.5	11.5	- 1.0		
All	12.1	18.6	19.1	+ 0.5		

<sup>1</sup> Source: CPS - Contraceptive Prevalence Survey.

The increase for the 35-39 years age group was due to more reported use of traditional methods as well as higher acceptance of sterilization by women in that age group in the 1983 CPS than in the 1981 CPS. Though the difference for women in the age group <15 years was pronounced, it is of little significance because of the small proportion of this age group currently using contraception in the population.

# Figure-7.2



AGE SPECIFIC COMPARISONS OF CURRENT USE OF

AGE GROUPS

## 7.5.5. Age and method mix:

The relationship between age and method mix is shown in figure-7.3. Current use of modern temporary methods like oral pill and condom, and traditional methods like safe period and withdrawal declined as the age of women advanced. In contrast, the use of modern permanent method (sterilization) increased as the age increased. The contrasting trends by age between the permanent and non-permanent methods is as expected (Special Topic, 1981): Older women whose family size is complete should be more willing to use terminal methods, while younger women whose family size is yet to be completed should be more in favour of using reversible methods.

### 7.6. Differentials:

### 7.6.1. Age:

The relationship of current use with age is shown in table-7.6. 'The relationship followed the same curvilinear pattern as for the ever use. The proportion of currently married women using contraception increased with age, until reaching a peak in the age group, 35-39 years. Thereafter, it declined with every subsequent age group. Thus, the rate of current use of contraception was lowest, 6.1 percent in the age group, <15 years and was highest, 24.2 - 29.4 percent in the age groups between 25 and 39 years; it was at an intermediate level, 9.1 - 19.0 percent, in the age groups between 15 and 24 years, and between 40 and 49 years.

Low use of contraception (11.4 percent) among women in the oldest (45-49 years) age group may be partly due to the fact that many of those women had passed the reproductive life (Fisek, 1974) or considered themselves to be infecund.

# Figure-7.3

## RELATIONSHIP BETWEEN AGE AND METHOD MIX



# PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE USING CONTRACEPTION BY BROAD CATEGORIES OF METHODS AND BY AGE GROUP

Age group	No.of currently married women (Weighted)	Users b Modern Perma- nent	y catego methods methods Tempor- ary	Tradi- tional	Total users	Non- users
/_ 15	158	0.0	1.9	4.2	6.1	93.9
15 - 19	1538	0.9	5.0	3.2	9.1	91.0
20 - 24	1608	5.6	7.7	4.8	18.1	81.9
25 - 29	1505	10.4	8.8	5.0	24.2	75.8
30 - 34	987	12.5	7.0	7.2	26.7	73.3
35 - 39	794	12.8	6.5	10.1	29.4	70.5
40 - 44	576	9.6	3.2	6.2	19.0	81.0
45 - 49	497	5.3	2.7	3.4	11.4	88.5
All	7662 <sup>a</sup>	7.4	6.4	5.4	19.1	80.9

(The Eligible Woman Sample)

<sup>a</sup> Weighted total of currently married women adds to 7663 instead of 7662 due to rounding after weighting.

Current users of modern permanent methods (tubectomy and vasectomy) were, on average, older than those of modern temporary methods. This trend is expected, since older women are more likely to choose permanently limiting fertility than to choose spacing of births. Also, acceptance of modern permanent methods virtually began with women in the 20-24 years age group, while that for modern temporary methods began with those in the 15-19 years age group. The use rate for modern permanent methods (tubectomy and vasectomy) was highest (9.6 - 12.8 percent) for women in the age groups between 25 and 44 years. In contrast, the highest use rate for modern temporary methods spread over the narrower and younger age range covering women in the age groups between 20 and 34 years.

Age variations in the case of traditional methods were less pronounced. Except for the 35-39 yearsage group, the variation for traditional method ranged between 3.2 percent and 7.2 percent; the rate of 10.1 percent for the 35-39 yearsage group may be a spurious result. The highest use rate for traditional methods was located among women in the age range between 30 and 44 years.

### 7.6.2. Children ever born:

The number of children ever born to a woman is a measure of pure fertility, as it is not affected by mortality of the children (Thomlinson, 1965). Its relationship with current use of contraception indicates the influence of actual fertility on contraceptive use and vice-versa.

The relationship between number of children ever born and current use is shown in table-7.7. The percentage of currently married women using any method of contraception rose with every child ever born upto five. After five children were ever born this increasing trend reversed. The reversal might be a result associated with the decreasing fecundity. Women with more children are older. Older women have lower fecundity and are also more traditional.

The percentage of currently married women using any contraceptive was 5.9 percent among those having no children ever born, while it sharply rose to 11.6 percent among those having one child ever born, to 19.2 percent among those having two children ever born and then slowly to a peak of 26.2 percent among those having five children ever born. Thereafter, it declined following almost a regular trend to arrive at a low of 11.6 percent among those having 12 or more children ever born. The rate of 26.1 percent among women having 11 children ever born was a large deviation from the expected trend; this was possibly the result of random fluctuations due to small number of observations.

# PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE USING CONTRACEPTION BY BROAD CATEGORIES<sup>1</sup>OF METHODS AND BY NUMBER OF CHILDREN EVER BORN

## (The Eligible Woman Sample)

	1	Users	by categ	ories of		
Children	No.of currently	• •	method	<u>s</u> ]	- Total	Non-
ever born	married women	Modern	methods	Tradi-	users	users
	(Weighted)	Perma-	Tempor-	tional		
	, 	nent	ary	methods		, 
0	899	0.4	2.9	2.6	5.9	94.1
1	1048	1.2	6.9	3.5	11.6	88.4
2	1026	5.9	8.3	5.0	19.2	80 <b>.8</b>
3	942	8.5	8.3	5.3	22.1	77.8
4	770	12.6	7.4	6.0	26.0	74.0
5	713	12.1	7.7	6.4	26.2	73.8
6	638	12.9	6.4	<b>6.</b> 6	<b>2</b> 5.9	74.2
7	479	10.9	4.0	6.7	21.6	78.4
8	406	8.6	5.0	7.6	21.2	78.9
9	309	9.9	4.8	8,8	23.5	76.6
10	218	7.1	4.0	4.3	15.4	84.6
11	113	4.2	6.8	15.1	26.1	73.9
12	101	6.3	3.0	2.3	11.6	88.3
Not stated	-	-	-	-	-	-
A11	7662	7.4	6.4	5.4	19.1	80.9

<sup>1</sup> Tubectomy and vasectomy are included in modern permanent category; all other modern methods in modern temporary category; and all traditional methods in traditional method category.

The current use - children ever born relationship, when analysed by modern permanent method use, followed a pattern similar to the case of But, the use of modern any method. permanent methods was a rare phenomenon among women having less than two children ever born. This is expected, since a woman or her husband is unlikely to accept permanent methods until she has had at least two children. Also, the principle of voluntary sterilization, adopted by Bangladesh government, does not permit a person undergoing sterilization operation until (s)he has had two children (PCFPD, 1981). Contrary to the trend for modern permanent methods, temporary methods were used more by women having fewer children ever born. Variations in the current use of traditional methods by children ever born showed altogether a different picture; current use of traditional methods continued to rise with every increase in the number of children ever born, levelling off after five children were ever born.

### 7.6.3. Living children:

The number of living child or in other words, the current size of family is an index of actual reproductive behaviour (Thomlinson, 1965). Thus the relationship between the current size of family and current use provides a direct indication of the influence of actual reproductive behaviour of couples on current use (MIS, 1983).

Table-7.8 shows that the current use of any form of contraception demonstrated a curvilinear relationship with the number of living children. The proportion using any contraceptive method started at a low of 5.5 percent among currently married women having no living children and sharply rose to 11.3 percent among those having one living child, to 21.1 percent among those having two living children. Thereafter, it increased slowly and reached a peak of 26.6 percent among those having five living children. From there the rate showed a slow and gradual decline, reaching 19.4 percent among those having nine or more children. Thus, it appears that couples tended to use contraceptives mostly after having two living children.

# PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE USING CONTRACEPTION BY BROAD CATEGORIES<sup>1</sup> OF METHODS AND BY NUMBER OF LIVING CHILDREN

	1 1 1 1	Users b	y catego	1		
Living	No.of currently		methods <sup>1</sup>	Total '	Non-	
children	married women	Modern n	nethods	Tradi-	ucour '	USARS
	(Weighted)	Perma-¦	users,	users		
	1 1 11	nent ;	ary	methods		
0	1066	0.5	2.6	2.3	5.5	94.7
1	1314	1.8	6.3	3.2	11.3	88.7
2	1254	7.4	8.4	5.3	21.1	78.9
3	1115	10.8	7.9	5.7	24.4	75.5
4	905	12.5	6.5	6.8	25.8	74.1
5	761	11.9	6.8	7.9	26.6	73.4
6	525	11.9	6.1	7.6	25.6	74.4
7	362	8.5	6.4	7.3	22.2	77.8
8	216	10.2	3.0	7.5	20.7	79.4
9	143	2.4	8.3	8.7	19.4	80.7
All	7652 <sup>a</sup>	7.4	6.4	5.4	19.1	80.9

(The Eligible Woman Sample)

<sup>1</sup> Tubectomy and vasectomy are included in modern permanent category; and other modern methods in modern temporary category; and all traditional methods in traditional method category.

<sup>a</sup> Weighted total of currently married women adds to 7661 instead of 7662 due to rounding after weighting.

Current use of modern permanent methods followed almost a similar pattern as that of any method. But, the use of these methods was rare among those having less than two living children, as expected for the reasons stated in the foregoing section. Use of modern permanent methods virtually started with women having two living children (7.4 percent). It increased to a peak (12.5 percent) among those having four living children. From the peak the use declined gradually to 10.2 percent among women having eight living children, following almost a regular trend. The rate observed among those having nine or more children was, however, strikingly low at 2.4 percent.

For modern temporary methods, variations by number of living children fluctuated irregularly ranging between 6.1 percent to 8.4 percent, except for women having no living children and those having eight living children. Among those having no living children, the rate was 2.3 percent and among those having eight living children, 3.0 percent.

Current use of traditional methods was 2.3 percent among women having no living children; it gradually increased with increases in the number of living children up to five (7.9 percent) and thereafter declined with few irregular variations. The rate among those having nine or more living children was, strikingly high, 8.7 percent which seems to be spurious and might be due to small number of observations.

### 7.6.4. Education:

Differentials in current use of contraception by education is shown in table-7.9. It is clearly evident from the data that current use of any family planning method had strong relationship with education, the higher was the level of education the higher was the current use of contraception.

The proportion of currently married women currently using any method was only 16.0 percent for those who had never attended school, while the rate was at a high of 57.8 percent for those who had degree and above level of education, rising sharply with every increase in the level of education. Similar trends existed even when the analysis was done considering only the modern temporary methods or only traditional methods.

# PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YFARS OF AGE USING CONTRACEPTION BY BROAD CATEGORIES<sup>1</sup> OF METHODS AND BY EDUCATION

	1	Users	by categ	ories of	f 1	l r
Educational	No.of currently	'! <u></u>	methods	1 Imotal	Non-	
level	married women	Moderr	n methods	Tradi-	lucare	lucore
10001	(Weighted)	Perma-	-¦Tempor-	tional	102613	1 43613
	۱ 	nent	ary	methods	l t	l 
Never attended						
school	5189	8.5	3.3	4.2	16.0	84.0
Less than						
primary level	1376	5.5	7.1	6.5	19.1	81.0
Completed						
primary level	529	5.5	12.5	7.8	25.8	74.2
Class VI-VII	225	4.8	13.5	13.1	31.4	68,5
Class VIII-IX	190	3.2	30.9	9.3	43.4	56.6
SSC and HSC	128	2.1	44.5	10.1	56.7	43.2
Degree and above	18	1.9	42.3	13.6	57.8	42.1
Not stated	8	13.0	-	-	13.0	87.0
All	7662 <sup>a</sup>	7.4	6.4	5.4	19.1	80.9

(The Eligible Woman Sample)

<sup>1</sup> Tubectomy and vasectomy are included in modern permanent category; and other modern methods in modern temporary category; and all traditional methods in traditional method category.

<sup>a</sup> Weighted total of currently married women adds to 7663 instead of 7662 due to rounding after weighting.

But contrary to the modern temporary and traditional methods, modern permanent methods showed an inverse relationship between current use and education. The use rate of the modern permanent method (tubectomy and vasectomy) was the highest (8.5 percent) for women who had never attended school; while it was the lowest (1.9 percent) for those who had degree and above level of education.

## 7.6.5. Education and method mix:

The relationship of education with method mix by broad categories (modern permanent, modern temporary, and traditional) is shown in figure-7.4. As it can be seen from the figure, the share for modern permanent methods in the mix declined with education, while the reverse was true for the modern temporary methods. The share for traditional methods showed, however, a different pattern; it was highest for women having intermediate level of education (primary and above but less than SSC), while it was slightly lower among those having less than primary education, and lower still among those having SSC and above level of education.

#### 7.6.6. Employment status:

Current use of contraception by employment status is shown in table-7.10. There existed virtually no differences in the current use of any method of contraception between women who had paid employment (29.4 percent) and those who had unpaid employment (28.5 percent). For the unemployed, however, the rate was strikingly lower (18.2 percent).

Similar patterns of differentials emerged when the analysis was doneonly for modern permanent methods. But, there emerged different patterns when the analysis was done for the other two categories - modern temporary methods and traditional methods. For modern temporary methods, the use rate was lower among women who had unpaid employment than among those who were not employed or who had paid employment; while the reverse was true for the traditional methods.

#### 7.6.7. Religion:

Religious differentials of current use are shown in table-7.10. Current use of contraception was much higher among Non-muslim women than Muslim women. Whereas the current use rate of contraception was at a high of 28.1 percent for the Non-muslim women, it was only 18.0 percent for the Muslim women. The large difference was mainly due to use of modern permanent methods. The current



RELATIONSHIP OF EDUCATION WITH METHOD MIX BY BROAD CATEGORIES OF METHODS



EDUCATION

# PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE USING CONTRACEPTION BY BROAD CATEGORIES<sup>1</sup> OF METHOLS AND BY EMPLOYMENT STATUS AND BY RELIGION

(The Eligible Woman Sample)

	t I	Users	of categ	ories of		1	
	No.of currently	t t	methods	'Total	Non-		
Sub-group	married women	Modern	methods	Tradi-	lusers	lusers	
	(Weighted)	Perma-	Tempor-	tional	, users I	,users	
····	1 1	nent	ary	methods	1 L	<u> </u>	
Employment status	<u>5</u> :						
Paid employment	561	16.4	8.2	4.8	29.4	70.6	
Unpaid	110	10.0	3 0	7 5	20 E	71 5	
emptoyment	112	10.0	3.0	1.5	20.0	11.5	
Not employed	6987	6.5	6.3	5.4	18.2	81.8	
Not stated	3	29.9	-	-	29.9	70.1	
Religion:							
Muslim	6786	6.7	6.3	5.0	18.0	82.0	
Non-muslim	876	12.4	7.1	8.6	28.1	71.9	
All	7662 <sup>a</sup>	7.4	6.4	5.4	19.1	80.9	

<sup>1</sup> Tubectomy and vasectomy are included in modern permanent category; and other modern methods in modern temporary category; and all traditional methods in traditional method category.

<sup>a</sup> Weighted total of currently married women adds to 7663 instead of 7662 due to rounding after weighting.

use rate (12.4 percent) for the modern permanent method among the Non-muslim women was almost double the rate (6.7 percent) for the Muslim women; also for traditional methods, there was a notable difference of 8.6 percent for Non-muslims to 5.0 percent for Muslim. For modern temporary methods the difference was only 7.1 percent to 6.3 percent.

## 7.6.8. Number of methods known:

Differentials in current use of contraception by number of methods known are shown in table-7.11. Current use of family planning had a positive relationship with the number of methods known. The proportion currently using contraception was only 4.6 percent among currently married women who knew only one method; from there the percentage increased steadily with every increase in the number of methods known reaching the highest 45.3 - 47.2 porcent among those who knew 11-12 methods. Similar trends by number of methods known were evident even when the analysis was done by each category of methods. A few exceptions noted in the case of modern permanent methods were possibly, the result of random fluctuations.

The observed use-knowledge relationship obtained corroborates the findings of the 1979 CPS and the 1981 CPS. Thus it may be reaffirmed that greater knowledge of contraceptive methods may influence the ultimate use of contraception.

### 7.6.9. Land ownership:

Shown in table-7.12 are the differentials in current use of contraception by land ownership. Current use of contraception was slightly lower among women owning land (18.7 percent) than among those owning no land (20.1 percent). This was true also for the rural areas. But in the urban areas, there was much higher use reported there by women owning land than by those not owning land.

1.2

# PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE USING CONTRACEPTION BY BROAD CATEGORIES<sup>1</sup>OF METHODS AND BY NUMBER OF METHODS KNOWN

(The Eligible Woman Sample)

Number of methods known	No.of currently married women (Weighted)	Total users	Non- users			
0	93	-	-	-	_	100.0
1	215	3.7	-	0.9	4.6	95.4
2	497	3.7	0.2	0.6	4.5	95.5
3	752	4.5	0.4	0.5	5.4	94.6
4	933	4.8	1.9	1.4	8.1	91.9
5	1027	8.6	2.9	3.1	14.6	85.4
6	1002	7.7	3.8	5.0	16.5	83.5
7	<b>89</b> 9	9.7	7.4	5.9	23.0	77.0
8	738	9.3	9.4	9.4	27.8	72.2
9	609	9.3	13.2	11.5	34.0	66.0
10	460	10.0	16.9	12.4	39.3	60.7
11	284	Э.1	23.1	15 <b>.0</b>	47.2	52.8
12	154	8.8	25.8	10.7	45.3	54.7
All	7662 <sup>a</sup>	7.4	6.4	5.4	19.1	80.9

<sup>1</sup> Tubectomy and vasectomy are included in modern permanent category; all other modern methods in modern temporary category; and all traditional methods in traditional method category.

<sup>a</sup> Weighted total of currently married women adds to 7663 instead of 7662 due to rounding after weighting.

## PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE USING CONTRACEPTION BY BROAD CATEGORIES<sup>1</sup> OF METHODS AND BY LAND OWNERSHIP

(The	Eligible	Woman	Sample)	ļ
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	No.of cu	rrently	Users by categories of				· · · · · · · · · · · · · · · · · · ·	
Land ownership			methods*			Total	Non-	
Dana Ownership	weight='	Weight-	Borma- Temporaltional			users	users	
1	ed '	ed	'nent	arv	'methods			
L	i			1417		! <u></u>		
National:								
Own land	5844	5165	5.4	7.4	6.1	18.7	81.4	
Do not own land	3227	2492	11.5	4.6	4.0	20.1	79.8	
A11	9071 <sup>a</sup>	7657 <sup>a</sup>	7.4	6.4	5.4	19.1	80.9	
<u>Rural</u> :								
Own land	4805	-	5.2	6.0	5.9	17.1	83.0	
Do not own land	2102	-	11.5	2.8	3.8	18.1	81.9	
A11	6907 <sup>a</sup>		7.1	5.0	5.2	17.3	82.7	
<u>Urban</u> :								
Own land	1039	-	8.0	23.6	8.8	40.4	59.7	
Do not own land	1125	-	11.8	14.6	5.2	31.6	58.4	
A11	2164 <sup>a</sup>		10.0	18.9	6.9	35.8	64.2	

<sup>1</sup> Tubectomy and vasectomy are included in modern permanent category; and other modern methods in modern temporary category; and all traditional methods in traditional method category.

a N in this table is the total number of currently married women who were owning land, excluding NS(Not Stated) cases, if any, for the question about owning of land. The number of NS cases was 5 for national (weighted), 7 for national (unweighted), 4 for rural, and 3 for urban. While the variations were considered by different categories of methods it was observed that the use of modern permanent methods (sterilizations) was much higher if women had no land than if they had land. And this was true irrespective of the rural and urban areas.

### 7.6.10. Divisions:

Differentials in current use of contraception by division are shown in table-7.13. Among the four divisions the current use rate was lower in Chittagong division with only 12.6 percent of currently married women reporting use of some form of contraception. Variations among the remaining three divisions were not appreciable. The rate in those divisions ranged from 20.5 percent in Khulna division to 22.6 percent in Rajshahi division.

The above divisional pattern remained almost unchanged, even when the analysis was done by any category of methods - modern permanent, modern temporary, and traditional methods.

# 7.6.11. Rural-urban areas:

Differentials in current use by rural-urban areas are shown in table-6.13. The rate of current use in the urban areas was more than double the rate for the rural areas. In the rural areas, only 17.3 percent of the currently married women reported using family planning, while the percentage was at a high of 35.8 percent for the urban areas. The striking gap between the rural and the urban areas was largely due to modern methods; there were no appreciable differences in the rate for traditional methods. Interestingly, the use rate for vasectomy was higher in the rural areas than in the urban areas. While 0.7 percent of the currently married women in the urban areas was almost double, 1.3 percent.

# PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE CURRENTLY USING CONTRACEPTION BY BROAD CATEGORIES<sup>1</sup>OF METHODS AND BY DIVISION AND BY RURAL-URBAN AREA

(The Eligible Woman Sample)

Sub-group	No.of currently married women (Weighted)	Users Modern Perma- nent	by categ methods methods Tempor- ary	ories of 1 Tradi- tional methods	Total users	Non- users
Division:						
Rajshahi	2027	9.2	6.9	6.5	22.6	77.4
Khulna	1459	8.5	5.7	6.5	20.7	79.3
Dhaka	2286	7.9	7.6	5.0	20.5	79.4
Chittagong	1889	3.9	4.8	3.9	12.6	87.5
Area:						
Rural	6911 <sup>a</sup>	7.1	5.0	5.2	17.3	82.7
Urban	2167 <sup>a</sup>	10.0	18.9	6.9	35.8	64.3
A11	7662 <sup>b</sup>	7.4	6.4	5.4	19.1	80.9

<sup>1</sup> Tubectomy and vasectomy are included in modern permanent category; and other modern methods in modern temporary category; and all traditional methods in traditional method category.

<sup>a</sup> Unweighted total of currently married women.

<sup>b</sup> Weighted total of currently married women adds to 7661 instead of 7662 due to rounding after weighting.
# 7.7. <u>Standard errors and confidence limits of estimates of current use</u> rates:

Since the major focus of the 1983 CPS was on measuring current use rates of family planning, and since the major focus of this report is on data from the eligible woman sample of the survey, it was considered useful to devote a section to presenting standard errors and confidence limits of current use rates obtained from the eligible woman sample. Given below are the standard errors and confidence limits of the methods comprising the current use rate(CUR) derived from the eligible woman sample of the 1983 CPS.

Since the eligible woman sample was a two-stage stratified cluster sample, the following procedures were adopted for calculation of standard errors (Kish, 1965).

First, the variance for an estimate,  $CUR_i$  [or V(CUR\_i)] was calculated using the following formula:

$$V(CUR_{i}) = \frac{1}{\sum_{h} (W_{h}CM_{h})^{2}} \left[ \sum_{h} W_{h}^{2} V(CU_{hi}) + (CUR_{i})^{2} \sum_{h} W_{h}^{2} V(CM_{h}) - 2 (CUR_{i}) \sum_{h} W_{h}^{2} Cov (CU_{hi} CM_{h}) + (CUR_{i})^{2} \sum_{h} W_{h}^{2} Cov (CU_{hi} CM_{h}) - 2 (CUR_{i}) \sum_{h} W_{h}^{2} Cov (CUR_{i}) - 2 (CUR_{i}) - 2$$

Where, CUR = The estimate of the current use rate for the ith method. The estimate was derived as

$$CUR_{i} = \frac{\sum W_{h} CU_{hi}}{\sum (W_{h} CM_{h})}$$

 $W_{h}$  = The assigned weight for the hth stratum.

- CU<sub>hi</sub> = The number of current users of the ith method in the hth stratum.
- CM<sub>h</sub> = The number of currently married women in the hth stratum.

The values of V(CU ), V(CM ) and Cov (CU , CM ) in the formula were computed as

(A) 
$$V(CU_{hi}) = \frac{(1 - f_{h})}{a_{h} - 1} (a_{h} \sum_{x} CU_{hix}^{2} - CU_{hi}^{2})$$

(B) 
$$V(CM_{h}) = -\frac{(1 - f_{h})}{a_{h} - 1} (a_{h} \sum_{\alpha} CM_{h}^{2} - CM_{h}^{2})$$

(C) 
$$Cov(CU_{hi}, CM_{h}) = \frac{(1 - f_{h})}{a_{h} - 1} \begin{pmatrix} a_{h} \\ a_{h} \end{pmatrix} CU_{hi\alpha} \begin{pmatrix} CM_{h\alpha} \\ h\alpha \end{pmatrix} CU_{hi} \begin{pmatrix} CM_{h\alpha} \\ h\alpha$$

Where,

 $f_{h}$  = The sampling fraction in the hth stratum.

- a = The number of sample areas in the hth
   stratum.
- CU<sub>hi</sub> = The number of current users of the ith method in the *a*(th sampling area of the hth stratum.
- CM<sub>h</sub> = The number of currently married women in the Kth sample area of the hth stratum.

Calculating the variance using the above formula, the standard error of the estimate for the ith method was then derived as  $\sqrt{V(CUR_i)}$ 

Shown in table-7.14 are the calculated standard error and ninety five percent confidence limits for each estimate of current use obtained from the eligible woman sample. In the last column of the table, the width of the ninety five percent confidence interval, expressed as a percentage of the estimate, is reported for all methods as a whole; modern methods, traditional methods and individual methods. The current use rate for any method falls in the range of 19.1  $\pm$  9.4 percent with ninety five percent confidence. The modern method use rate falls in the range of 13.8  $\pm$  9.4 percent at the same confidence level. The comparable confidence interval for traditional methods is 5.4  $\pm$  11.1.

In considering individual methods, the confidence interval was more than ± 20 percent for every traditional mothod and was at least ± 30 percent of the estimate for every modern method except tubectomy, oral pill, and condom. It can be seen from the table that the modern methods having confidence intervals of ± 30 percent or wider have low observed prevalence (no higher than 1.2 percent). Because the widest confidence intervals were associated with very low frequency methods, it is unlikely that they would distort the overall estimate of prevalence.

### Table-7.14

### STANDARD ERRORS AND CONFIDENCE LIMITS OF ESTIMATES OF CURRENT USE RATES OF CONTRACEPTION AMONG CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE, BY METHOD

#### (The Eligible Woman Sample)

			Ninety fi	ve percent	Width of
Contraception status	Rate	Standard	Confiden	ce limits	confidence
			Lower	Upper	interval <sup>1</sup>
Modern methods(total)	13.8	0.00685	12.5	15.1	<u>+</u> 9.4
Oral pill	3.3	0.00223	2.9	3.7	+ 12.1
Condom	1.5	0.00141	1.2	1.8	<u>+</u> 20.0
Vaginal method	0.3	0.00054	0.2	0.4	<u>+</u> 33.3
Injection	0.2	0.00044	0.1	0.3	<u>+</u> 50.0
IUD	1.0	0.00144	0.7	1.3	+ 30.0
Tubectomy	6.2	0.00447	5.3	1.1	+ 14.5
Vasectomy	1.2	0.00204	0.8	1.6	+ 33.3
Traditional methods(total)	5.4	0.00316	4.8	6.0	+ 11.1
Safe period	2.4	0.00256	1.9	2.9	<u>+</u> 20.8
Withdrawal	1.3	0.00151	1.0	1.6	<u>+</u> 23.1
Abstinence	0.4	0.00070	0.3	0.5	<u>+</u> 25.0
Other	1.4	0.00173	1.1	1.7	+ 21.4
Any method	19.1	0.00921	17.3	20.9	+ 9.4

 $^{1}$  The width of confidence interval is given as a percentage of the estimate.

#### <u>Chapter-8</u>

### CURRENT USE RATES IN THE DIFFERENT SAMPLES

There were variations in reported current use levels of family planning among the three samples of the 1983 CPS - the eligible woman sample, the husband sample, and the couple sample. This chapter presents a comparative analysis of the current use rates obtained from among the different samples. Data on knowledge and ever use are excluded from the comparative analysis, since they are not directly comparable across all the samples. In the eligible woman sample, knowledge and ever use rates pertained to all ever married women under 50 years of age, whereas in the husband and couple samples the rates apply to only currently married women.

Estimates of rates of current use among currently married women under 50 years of age, as obtained from the different samples of the 1983 CPS, are shown in table-8.1. The couple sample was made up of both partners of a couple with wife under 50 years of age. Thus, there were two sets of estimates computed from the couple sample; one set was obtained from the responses of the wives and the other set from those of the husbands.

The table clearly shows that there were differences in the rates found in each of the three samples, ranging from 19.1 percent to 29.5 percent for current use of any method, from 13.8 percent to 18.0 percent for modern methods, and from 5.4 percent to 11.8 percent for traditional methods. It was, thus, found that there were large differentials in reporting the use of family planning methods among different subgroups. This finding confirms the results of the two subnational studies referenced earlier in chapter-1 of this report.

### Table-8.1

### CURRENT USE<sup>1</sup> OF CONTRACEPTION IN THE ELIGIBLE WOMAN SAMPLE, THE HUSBAND SAMPLE, AND THE COUPLE SAMPLE, BY METHOD

Methods	The eligible ;	The husband	The cou	ple sample
	woman sample <sup>2</sup>	sample <sup>3</sup>	Wives <sup>4</sup>	Husbands <sup>5</sup>
Modern methods(total)	13.8	18.0	16.3	17.6
Oral pill	3.3	5.4	3.6	3.8
Condom	1.5	2.7	1.8	2.7
Vaginal method	0.3	0.6	C.2	0.4
Injection	0.2	0.1	0.1	0.2
IUD	1.0	1.0	1.1	0.9
Tubectomy	6.2	5.8	7.2	7.3
Vasectomy	1.2	2.5	2.4	2.3
Traditional methods(total)	5.4	9.2	7.8	11.8
Safe period	2.4	5.9	3.4	6.0
Withdrawal	1.3	0.9	1.0	1.3
Abstinence	0.4	1.1	0.8	1.9
Other	1.4	1.3	2.5	2.7
Any method	19.1	27.2	24.1	29.5
No method	80.9	72.7	75.9	70.5
Total	100.0	99.9	100.0	100.0
7 N	7562	1723	1622	1622

<sup>1</sup> All the rates have been computed directly from the actual number of users.

<sup>2</sup> Because of rounding errors, the sum of individual rates for modern methods is 13.7 instead of 13.8 and for traditional methods is 5.5 instead of 5.4. For the same reason, the sum of the rates for modern methods(13.8) and traditional methods(5.4) comes to 19.2 instead of 19.1.

<sup>3</sup> Because of rounding errors, the sum of individual rates for modern methods is 18.1 instead of 18.0 and for any methods is 27.3 instead of 27.2.

<sup>4</sup> Because of rounding errors, the sum of individual rates for modern methods is 16.4 instead of 16.3 and that for traditional methods is 7.7 instead of 7.8.

The general pattern of differentials was the higher use rate reported by the male respondent than by the female respondent, and the higher use rate reported by a respondent when interviewed with spouse than when interviewed without spouse. Existence of the differentials clearly shows that there are biases associated with the reporting of family planning uses. But it cannot be specified from the general pattern:

- (i) whether the respondent overreported the use of family planning when interviewed simultaneously but separately with the spouse, or underreported the use when the spouse was not interviewed; or
- (ii) whether respondents in general - either male or female - overreported the use of family planning or underreported the use; or
- (iii) whether female respondents underreported the use and/or male respondents overreported the use.

When method specific rates were considered, reporting differentials were found to vary by method. This indicates that the methods were not subjected to uniform reporting biases in any group of respondents. That is, no group of respondents was likely to report reliably every method; neither were they likely to over - or underreport all the methods.

### Foot-notes continued from the last page

Because of rounding errors, the sum of individual rates for traditional methods is 11.9 instead of 11.8. For the same reason, the sum of the rates for modern methods (17.6) and traditional methods (11.8) comes to 29.4 instead of 29.5. 6

The proportion reporting both the husband and the wife as sterilized were included under tubectomy. The proportion was 0.2 percent for the eligible woman sample, and 0.3 percent in the couple sample for both the wives and the husbands.

N in this table is the weighted total of the eligible respondents in a sample.

In view of this situation. it was very difficult to specify which of the reported rates for a method or methods in the 1983 CPS was reliable. Thus no definite conclusion can be drawn as to the true level of family planning use in the 1983 CPS.

However, considering that policy makers and program managers would need definite measures of use rates, a set of working rates (or synthetic rates) is suggested in table-8.2. These rates were obtained in two steps. First, the working rate for modern methods was'obtained. It was assumed that female methods were subjected to less reporting biases among females and male methods among males. Under this assumption, the working rate for modern methods was formed by including the use data from the eligible woman sample for oral pill,tubectomy, injection, IUD, vaginal method, and from the husband sample for condom and vasectomy. The working rate for modern methods, thus estimated, came to 16.2 percent.

It can be seen from table-8.1 that the difference in the rates for female modern methods between the eligible woman sample and the other samples were either non-existent or insignificant; the oral pill use rate of 5.4 percent in the husband sample appears to be a spurious finding, while in all the other samples the rate was within 3.3 -3.8 percent. Hence, it may be concluded that biases, if any, introduced in the modern method working use rate by inclusion of the female method rate from the eligible woman sample were small.

The rate for condom was reported as 2.7 percent by husbands interviewed in the husband sample as well as by those in the couple sample, while the rate was reported as 1.5 percent by women in the eligible woman sample and as 1.8 percent by those in the couple sample. The rate for vasectomy was 2.5 percent in the husband sample and 2.3 - 2.4 percent in the couple sample, while in the eligible woman sample it was lower, 1.2 percent.

Looking at the above differentials, it may be argued that the estimated working rate (16.2 percent) for modern methods has had a possibility of being biased towards the high side, depending on the husband sample for the condom and vasectomy use rates. Vasectomy and condom are two male methods of contraception, and there is a belief that women are shy to discuss these methods in societies like Bangla-desh (MIS, 1983). In view of this, it is plausible that the true use rate of condom was close to 2.7 percent rather than to 1.5 or 1.8 percent and that for vasectomy close to 2.5 percent rather than to 1.2 percent.

The relative degree of variation was more pronounced in the case of traditional methods than in the case of modern methods.Whereas for modern methods, the highest use rate was higher than the lowest rate by 30.4 percent, the difference for traditional methods ran to as high as 118.5 percent. This indicates that traditional methods were more subjected to biases than were modern methods. In addition, it is not possible to specify any traditional methods including even withdrawal<sup>1</sup> by sex such as male traditional methods and female traditional methods, since their practices involve almost equal cooperation of both the partners of a couple. This precludes developing a working rate for traditional methods following the procedure adopted in the case for modern methods.

Great caution should, therefore, be exercised in deciding the true level of traditional method use among the survey population. For program management and policy purposes, it is safer to avoid overestimation of any rates. It is, therefore, suggested that the rates

Withdrawal is generally considered a male method, but this report assumes that its use requires wife's cooperation.

### Table-8.2

### WORKING RATES OF CURRENT USE BY METHOD

Methods	Rates
Modern methods(total)	16.2
Oral pill	3.3
Condom	2.7
Vaginal method	0.3
Injection	0.2
IUD	1.0
Tubectomy	6.2
Vasectomy	2.5
Traditional methods(total)	5.5
Safe period	2.4
Withdrawal	1.3
Abstinence	0.4
Other	1.4
Any method	21.7
No method	78.3
Fotal	100.0

for traditional methods reported in the eligible woman sample should be used as the working rate for those methods for all practical purposes. Even if there was any upward bias associated with the reporting of traditional methods, it was least present among respondents in the eligible woman sample. Thus, the overall working rate for current use, estimated on a conservative basis, was 21.7 percent, with the rate for modern methods 16.2 percent and for traditional methods 5.5 percent (table-8.2). It should be emphasized that the 1983 CPS, with evidence from the husband and couple samples, underscores the complexity of estimating contraceptive prevalence in Bangladesh. Given the variations noted among the four data sets, it may be that the actual rate is higher than the proposed working rate.

#### Chapter-9

#### SOURCE OF AND ACCESSIBILITY TO SUPPLY/SERVICE

#### 9.1. Introduction:

In Bangladesh, the major emphasis of the population control program has been to disseminate family planning services and supplies to ensure their widespread availability. To this end, many different agencies and organizations have been involved in the provision of services and supplies (PCFP Division,1980). Since contraceptive availability is a prerequisite to promote effective family planning practices based on modern methods, the emphasis placed on making contraceptive services and supplies available is considered justified (Suvanajata and Kamnuansilpa, 1979; CPS project,1978).

In order to measure the relative contribution of different service providers, the 1983 CPS collected a wide range of information about sources of and accessibility to supplies/services for current users of modern family planning methods. It is expected that the findings presented from this information will be of considerable value to those engaged in improving the service delivery aspects of the family planning program.

#### 9.2. Sources:

### 9.2.1. Method specific sources:

Clinical family planning methods (injection, IUD, tubectomy, and vasectomy) cannot be provided by other than trained health personnel, doctors, and paramedics and in most cases, without clinical facilities. On the other hand, non-clinical methods such as (oral pill, condom, and vaginal methods) can be dispensed through any source, with or without institutional facilities. Thus, the relative contribution of different sources vary widely by method type. In view of this, source data, were analysed separately by clinical and non-clinical methods.

#### 9.2.1.1. Non-clinical method:

1

Shown in table-9.1 are reported sources of supplies for current users of non-clinical family planning methods - oral pill, condom, and vaginal method. Pharmacies and government field workers appeared as the largest suppliers of these methods. In reply to the question, "From where do (did) you/your husband usually obtain the supply/service ?", pharmacies were mentioned by 38.5 percent of the current users of non-clinical methods; and government field workers by 28.4 percent. Supplies by government field workers were found to be delivered, in most cases, at home, with 23.9 percent of the current users mentioning receipt of their supplies at home. Only 4.5 percent of the users said that they obtained their supplies from the worker's house. Nongovernment field workers or unspecified workers were mentioned by a negligible 1.1 percent of the users. After pharmacies and government field workers, the next two important sources of non-clinical methods were government clinics/ hospitals (7.5 percent) and general stores (6.0 percent). About 14 percent of the current users of non-clinical methods said that they did not know the sources; this was possibily because their husbands obtained the supplies.

Sources of supplies varied by urban-rural areas. Pharmacies were the single most important source in urban areas, with 54.4 percent of current users there using that source. Government field workers were the second largest source for the urban women, with 16.4 percent of the respondents reporting them. Large urban centres such as Dhaka city, Chittagong city are covered by only non-government field workers. Government workers are not posted in these centres. It has been documented in the introductory chapter that the large urban centres (having a population of over 1,00,000) constituted about 73.0 percent of the 1981 urban census population (BBS, 1984). Under this situation, the data in table-9.1 showing only less than 2.0 percent as non-government workers in the urban sample seems to indicate that many non-government workers were coded as government workers in the urban sample spots<sup>2</sup>.

<sup>&</sup>lt;sup>1</sup> Unspecified workers were those who could not be categorised as government or non-government.

<sup>&</sup>lt;sup>4</sup> The procedures followed in coding the category of workers in the 1983 CPS have been described in detail in section-10.<sup>5</sup> of chapter-10 (page-235).

### Table-9.1

### PERCENTAGE DISTRIBUTION OF CURRENT USERS OF NON-CLINICAL<sup>1</sup> FAMILY PLANNING METHODS BY REPORTED SOURCE OF SUPPLY

(The Eliaible	Woman	Sampl	P	)
---------------	-------	-------	---	---

Source of supply	National	Rural	Urban
Pharmacy	38.5	31.2	54.4
General stores	6.0	6.3	5.4
Pan/Cigarette shop	2.1	1.9	2.5
Village doctor	0.8	1.1	-
Qualified doctor	0.6	0.7	0.3
Govt. clinic/hospital	7.5	9.3	3.4
Voluntary/private clinic/ hospital	0.7	-	2.3
Collect from Govt. field worker's house	4.5	5.9	1.4
Home delivery by Govt. field worker	23.9	27.9	15.0
Home delivery by non-Govt./ unspecific field worker	1.1	0.7	2.0
Other	0.8	0.4	1.7
Don't know	13.6	14.5	11.6
Total	100.1 <sup>a</sup>	99.9 <sup>a</sup>	100.0
N <sup>2</sup>	391 <sup>b</sup>	269	353

1 Non-clinical methods: oral pill, condom, and vaginal methods.

2 N in this table is the total number of current users of non-clinical family planning methods, excluding NS(Not Stated) cases, if any, for the question about source.

<sup>a</sup> Total is more or less than 100 percent due to rounding errors.

b Weighted total of the current users of non-clinical family methods, excluding NS cases.

In the rural areas, both pharmacies and government workers were almost equally mentioned as sources of supply. Among the rural current users, 31.2 percent mentioned that they obtained their supplies from pharmacies, and 33.8 percent said they received from government field workers (either delivered at home or collected from the worker's house).

Government clinics/hospitals were used much less as a source for nonclinical methods in the urban areas than in the rural areas. Whereas, in the rural areas, 9.3 percent of the current users depended on government clinics/hospitals, it was only 3.4 percent in the urban areas.In contrast,while 2.3 percent of the urban users depended on the voluntary/private clinics/ hospitals, none of the rural users in the sample mentioned having obtained their supplies from voluntary/private clinics/hospitals. The difference is expected, since voluntary/private clinics/hospitals are usually located in urban areas.

Pan/cigarette shops are small wayside shops selling mostly betel leaves and cigarettes. Although their contributions to contraceptive supply was not appreciable, they were found relatively more popular in the urban areas than in the rural areas. In contrast, the reverse was true in the case of general stores.

There were differences in the relative contributions of different sources by methods (table-9.2). For the supply of oral pills, pharmacies were the largest contributors followed by government field workers; 45.7 percent of the oral pill users reported that the source of supply of their method was a pharmacy and 32.7 percent government field workers. For condom users, there were, however, no differences between the government field workers (21.9 percent) and pharmacies (21.0 percent). General stores appeared also an important source of supply for condom, being mentioned by 14.7 percent of its users. A large number, 26.2 percent, of users depending on condom could not report the source. This was possibly due again to the fact that condom supplies were procured in most cases by husband. For vaginal methods, pharmacies were the most important

### Table-9.2

### PERCENTAGE DISTRIBUTION OF CURRENT USERS OF A NON-CLINICAL<sup>1</sup> FAMILY PLANNING METHOD BY REPORTED SOURCE OF SUPPLY

### (The Eligible Woman Sample)

Source of supply	Oral pill	Condom	Vaginal method
Pharmacy	45.7	21.0	48.4
General stores	1.8	14.7	8.7
Pan/Cigarette shop	0.5	5.8	-
Quack (village doctor)	1.2	-	_
Qualified doctor	0.8	0.3	-
Govt. clinic/hospital	6.1	7.7	24.0
Voluntary/private clinic/ hospital	0.5	1.2	-
Collect from Govt. field worker's house	7.0	-	-
Home delivery by Govt. field worker	25.7	21.9	12.0
Home delivery by non-Govt./ unspecified field worker	1.6	0.3	-
Other	0.8	0.9	-
Don't know	8.3	26.2	6.9
Total	100.0	100.0	100.0
N <sup>2</sup>	255	117	20

<sup>1</sup> Non-clinical methods: oral pill, condom, and vaginal methods.

Weighted total of current users of non-clinical family planning methods. source. Nearly half (48.4 percent) of the women using vaginal method was relying on pharmacy. Government clinics/hospitals were the second largest source however, for vaginal methods. The percentages for vaginal methods should be treated with caution since they were derived from a small number of users in the sample.

### 9.2.1.2. Clinical method:

Government clinics/hospitals were the most important source for clinical methods; 83.6 percent of current users of clinical methods reported that they obtained their services from government clinics in the national sample, 84.7 percent in the rural sample, and slightly lower, 76.8 percent, in the urban sample. The difference between the rural and urban samples was because a substantial proportion of users in urban areas procured clinical methods from voluntary clinics/hospitals. As many as 17.6 percent of the current users of clinical methods in the urban sample mentioned that they obtained their methods from voluntary clinics compared to only 3.7 percent in the rural sample (Table-9.3).

Relative contributions of different sources varied by methods (table-9.4). For tubectomy, government clinics/hospitals were the single most important source. Among tubectomized women, 88.5 percent reported that they had the operation at government clinics/hospitals, and 6.7 percent at voluntary/private clinics/hospitals. The source pattern for vasectomy was similar to that for tubectomy. There was, however, a large percentage (15.1 percent) of respondents who did not know the source of service of their husband's vasectomy. For the IUD, also, government clinics/hospitals were the largest sources; 71.6 percent of the IUD acceptors said that they had received the IUD from this source. Interestingly, 15.4 percent of the IUD acceptors said that they had received the method from field workers (probably Family Welfare Visitors). FWVs are paramedics trained for insertion of the IUD. Another 7.7 percent said they obtained the IUD from a mobile clinic. The contribution of voluntary/private clinics/ hospitals was very low, 3.1 percent, while that of the qualified doctors was only 1.7 percent.

### Table-9.3

### PERCENTAGE DISTRIBUTION OF CURRENT USERS OF CLINICAL<sup>1</sup> FAMILY PLANNING METHODS BY REPORTED SOURCE OF SERVICE

### (The Eligible Woman Sample)

Source of service	National	Rural	Urban	
Pharmacy	0.2	0.2	0.4	
General stores	-	-	-	
Pan/cigarette shop	-	-	-	
Quack (village doctor)	0.5	0.5	-	
Qualified doctor	0.6	0.5	0.7	
Mobile camp	4.1	4.7	0.4	
Govt. clinic/hospital	83.6	84.7	76.8	
Voluntary/private ¢linic/hospital	5.7	3.7	17.6	
Clinic/hospital (unspecified)	0.5	0.5	0.4	
Home delivery by Govt. field worker	1.9	2.1	0.4	
Other	0.2	0.2	0.4	
Don't know	2.8	2.8	2.9	
Total	100.1 <sup>a</sup>	99.9 <sup>a</sup>	100.0	_
N <sup>2</sup>	664	570	272	

<sup>1</sup> Clinical methods: injection; IUD, tubectomy, and vasectomy.

N in this table is the total number of current users excluding NS (Not Stated) cases, if any, for the question about source.

<sup>a</sup> Total is more or less than 100 percent due to rounding errors.

### Table-9.4

### PERCENTAGE DISTRIBUTION OF CURRENT USERS OF A CLINICAL<sup>1</sup> FAMILY PLANNING METHOD BY REPORTED SOURCE OF SERVICE

Source of service	Injection	IUD	Tubectomy	Vasectomy
Pharmacy	7.3	_	-	۰
General stores	-	-	-	-
Pan/cigarette shop	-	-	-	-
Quack (village doctor)	16.2	-	-	-
Qualified doctor	5.4	1.7	0.3	-
Mobile camp	5.4	7.7	3.5	4.2
Govt. clinic/hospital	43.8	71.6	88.5	76.8
Voluntary/private clinic/hospital	12.9	3.1	6.7	1.4
Clinic/nospital (unspecified)	-	-	0.2	2.5
Home delivery by Govt. field worker	1.9	15.4	-	-
Other	-	-	0.3	-
Don't know	7.3	0.4	0.6	15.1
Total <sup>2</sup>	100.2	99.9	100.1	99.9
N <sup>3</sup>	19	78	472	95

(The Eligible Woman Sample)

<sup>1</sup> Clinical methods: injection, IUD, tubectomy, and vasectomy.

 $^2$  Total is more or less than 100 percent due to rounding errors.

<sup>3</sup> Weighted total of current users of clinical family planning methods excluding NS(Not Stated) cases, if any, for the question about source.

For injection, government clinics/hospitals were the largest source (43.8 percent). But, compared to the other clinical methods, recipients of injection were less dependent on government clinics/hospitals. Quacks were the second largest source (16.2 percent) for injections; voluntary/ private clinics/hospitals (12.9 percent) were the third, and pharmacies the fourth (7.3 percent). Mobile camps and qualified doctors served a very small proportion of injection users, only 5.4 percent each.

#### 9.2.2. Distribution of the workers by sex:

Users mentioning that they obtained their supplies from the field worker at home were asked whether the worker was male or female. The responses were analysed separately for government and non-government workers<sup>1</sup>. The number of non-government workers in the sample was extremely small. Only one out of the 110 users interviewed reported obtaining supplies from non-government worker, compared to the vast majority (106 or 96.4 percent) mentioning government worker. (Three users could not specify the category of workers.) The lone non-government worker was a female. Among the 3 unspecified workers, two were male and one was female.

Nearly 97.0 percent of the reported government workers were female. This result is expected, since Family Welfare Assistants(FWAs) providing domiciliary services under the government family planning program are all female. The small percentage of the workers reported as male might include Family Planning Assistants(FPAs) of the population control wing, and Family Welfare Workers(FWWs) of the health wing. FPA's main responsibility is to supervise the work of FWAs; nevertheless, they sometime provide supplies of contraceptives directly to the users. FWWs are multipurpose health workers employed at the field level. These male workers have been assigned with the additional responsibility of family planning (PCFP Division, 1980).

The procedure of coding government/non-government category of the workers in the 1983 CPS sample have been described in detail in chapter-10, section-10.5 (page-235).

## 9.2.3. Physical verifications of oral pill and condom brands:

In Bangladesh, supplies of oral pills are made available through three principal sources: the Bangladesh Government(BDG) program, the Social Marketing Project(SMP) (subsidized private sector), and private manufacturers, while condoms are available only from the former two sources. In this country, as yet, condoms are not manufactured and sold by private companies. Supplies are available free of cost from the BDG program and at subsidized prices from the SMP. In contrast, private manufacturers sell oral pills at profitable prices. In 1983 CPS, a special effort was made to measure the relative contributions of the different supply systems to overall pill and condom use among the FP target population.

Brands of the products (oral pills and condoms) supplied by the different sources are specified below:

### Table-9.5

Products	BDG program	SMP	Private manufacturers <sup>1</sup>
Condoms	Tahiti Circle Rubber	Raja Panther Majestic <sup>1</sup>	_2
Oral pills	Noriday Combination-5	Maya Ovacon	Ovostat Lyndiol Ovral

### BRAND NAMES OF ORAL PILLS AND CONDOMS BY SUPPLY SOURCES

<sup>1</sup> Majestic brand was introduced after the 1983 CPS. So the use of this brand is unlikely to appear in the data.

<sup>2</sup> Condoms are not manufactured at private level in Bangladesh.

The physical verification was conducted by asking current users of ora! pills/condoms a series of questions in the following order:

"Do you have any oral pills/condoms in your house now ?"

If yes: "Can you show them to me ?"

If unable to show: "What is the reason that you are unable to show the method, although you have told me that you have the method in the house ?" (PROBE)

If the method was not in the house: "Why do you not have the method in the house ?"

For those who were unable to show the method: The interviewer displayed samples of all the brands of oral pills or condoms, as the case suggested, and asked, "Is it one of these ?"

As can be seen from table-9.5(a), 82.3 percent of the pill users could show the method to the interviewer. The comparable figure for the condom users was considerably lower — only 59.0 percent.

Among the 17.7 percent of the pill users who failed to show the method, 15.3 percentage points were due to unavailability of the method in the house and 2.7 percentage points were due to other unavoidable reasons. For the condom users the corresponding figures were 41.0 percent for those unable to show the method, with 30.8 percentage points due to method not available in the house and 10.2 percentage points due to other unavoidable reasons. The most frequently mentioned other unavoidable reason was'senior family members/ guests were in the house' (table-9.5(b)). However, where the method could not be physically seen,the interviewer determined the brand name by displaying all the brands of oral pills or condoms as the case suggested.

### Table-9.5(a)

### PERCENTAGE DISTRIBUTION OF CURRENT USERS OF ORAL PILLS AND CONDOMS BY ABILITY TO SHOW THE METHOD

(The Eligible Wo	man Sample)	
Ability to show	Oral pills	Condoms
Able to show the method	82.3	59.0
Unable to show the method		
Did not have the method in the house	15.3	30.8
Other reasons	2.7	10.2
Tota!	100.0	100.0
N <sup>1</sup>	255	117

] N in this table is the weighted total of current users of oral pills/ condoms.

### Table-9.5(b)

### OTHER REASONS INHIBITING THE SHOWING OF ORAL PILLS/CONDOMS<sup>2</sup>

Other reasons	Oral pills	Condoms
Guests/elders in the house	3	5
Key is with the spouse	1	2
Method kept by spouse who is not in the house	0	3
Respondent is a guest, method left in her own house	1	1
Other	1	1
N <sup>3</sup>	6	12

<sup>]</sup> Other reasons were the reasons reported other than the unavailability of the method in the house.

 $^{\rm 2}$  The percentage % 1 is not calculated because of small number of cases.

 $^3$  N in this table is the weighted total of current users of oral pills/condoms.

Shown in table-9.6 are the percentage distributions of current users of oral pills and condoms by physically verified brand names. Among oral pills, Noriday and Ovostat were the two most frequently used brands. These two brands together accounted for 71.1 percent of the pill users, with 37.6 percent depending on Noriday and 33.5 percent on Ovostat. The next most used brand of oral pills was Maya (12.8 percent) followed by Ovacon (6.5 percent), and Lyndiol (6.1 percent). The use of Combination-5 (1.9 percent) and Ovral (1.0 percent) was extremely low. Among condoms, Raja was the most frequently used brand, followed by Tahiti. Raja alone accounted for over 55.0 percent of the condom users, and Tahiti another 27.7 percent. The use of Panther (8.4 percent) and Circle Rubber (5.7 percent) were relatively much less observed.

Thus, it appears from the above findings that BDG and private pharmaceutical companies were the two most important sources for oral pills. Thirty nine percent of the pill users indicated BDG brands and another 40.6 percent indicated brands of private manufacturers. The remaining 19.3 percent indicated SMP brands. In contrast, the SMP was the most important provider of condoms. Almost two-thirds (64.0 percent) of the condom users indicated they were using SMP brands, while the remaining one-third (33.4 percent) indicated use of BDG brands.

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### Table-9.6

### PERCENTAGE DISTRIBUTION OF CURRENT USERS OF ORAL PILLS AND CONDOMS BY PHYSICALLY VERIFIED BRAND NAMES

(The	Eligible	Woman	Sample)
, <b>-</b>		noniun	Dumpic,

Brand names	Percentage
<u>Oral pi</u>	<u>lls</u>
BDG Brands:	39.0
Noriday	37.6
Comination-5	1.4
SMP Brands:	<u>19.3</u>
Мауа	12.8
Ovacon	6.5
Private Manufacturers:	40.6
Ovostat	33.5
Lyndiol	6.1
Ovral	1.0
Other:	0.7
Not Stated:	0.4
Total	100.0
N <sup>1</sup>	255
Condom	<u>s</u>
BGD Brands:	<u>33.4</u>
Tahiti	27.7
Circle Rubber	5.7
SMP Brands:	64.0
Raja	55.6
Panther	8.4
Other:	0.9
Not Stated:	1.7
Fotal	100.0
N <sup>1</sup>	117

<sup>1</sup> N in this table is the weighted total of current users of oral pills/condoms.

#### 9.3. Accessibility:

1

### 9.3.1. Mode of transport to source:

Current users were asked about the mode of transport to their usual source of supply/service. Responses obtained are shown in the form of the percentage distribution of current users in table-9.7 (a). The distribution does not include those who said they did not know the source. Also excluded from the distribution are those who said that their supplies/services were delivered/ given at their home by the field worker'.

The majority of users could reach most sources by walking. Three-fourths of the current users except those relying on pharmacies, graduate doctors, clinics/ hospitals reported that they could reach their source of supply by walking. This finding seems to suggest that contraceptives are now available within walking distance of most users.

But for the majority of the users relying on pharmacies, government clinics/hospitals, and graduate doctors (about 60.0 percent) some means of transportation was necessary to reach their sources. This is not unusual, since the facilities are limited, and located only in selected places. Nevertheless, over half of the users depending on pharmacies and graduate doctors said that they could reach those by walking.

Compared to other sources, voluntary/private clinics/hospitals were fewer and were located mostly in large urban centers not below district towns. It is, therefore, likely that these centers would be beyond walking distance for most users. Thus, only 15.0 percent of the users said that they could. reach voluntary/private clinics/hospitals by walking, while as high as 85.0 percent needed some means of transportation to reach them.

A small proportion of current users did not know or were uncertain as to how to reach the source they were depending upon. The proportion was 29.9 percent for unspecified clinics/hospitals and 16.6 percent for graduate doctors. For the other sources, the proportion nowhere exceeded 4.3 percent.

The number of current users mentioning home delivery were 10.4 percent of the current users in the sample.

### Table-9.7(a)

### PERCENTAGE DISTRIBUTION OF CURRENT USERS BY REPORTED MODE OF TRANSPORT TO SPECIFIC SOURCE OF SUPPLY/SERVICE

#### (The Eligible Woman Sample)

2	No.of current <sup>1</sup> users having	Mode of transport				
Source <sup>-</sup>	reported source of supply	Walking	By transport	Uncertain/ Don't know		
Pharmacy	152	53.4	43.7	2.9		
General stores	24	74.4	21.4	4.2		
Pan/cigarette shop	8	74.4	21.3	4.3		
Village doctor	6	100.0	-	-		
Graduate doctor	6	55.4	28.0	16.6		
Mobile camp	26 <sup>a,b</sup>	84.6	11.5	3.8		
Government clinic/hospita	l 585	39.2	60.1	0.7		
Voluntary/private clinic/ hospital	40	15.0	85.0	-		
Unspecified clinic/ Nospital	3	40.2	29.9	29.9		
Collection from field worker's house	18	94.4	5.6	-		
Other	4	47.0	53.0	-		
All	873	44.9	53.6	1.5		

N in this table is the total number of current users, excluding NS (Not Stated) cases, if any, for the question about mode of transport to specific source of supply/service and also excluding those who mentioned home delivery or could not mention the source. The number mentioning home delivery were 10.4 percent of the total sample of current users.

Weighted total for sources adds to 872 instead of 873 due to rounding after weighting.

<sup>a</sup> The number of NS cases was 1 for mobile camp.

<sup>b</sup> Row percentage total is less than 100 percent due to rounding errors.

#### 9.3.2. Travel time to source:

Current users were asked about the time needed to reach the source of supply/service they mentioned for their method. Shown in table-9.7(b) is the percentage distribution of reported required time of travelling to sources of supply/service. As in the earlier table (table-9.7(a)), current users who were ignorant of their source were excluded from table-9.7(b), as well as those who had contráceptives delivered to their home.

It is obvious from table-9.7(b) that for the majority of the current users, the required time to reach the sources like pan/cigarette shop, graduate doctor, general stores, field worker's house, and pharmacy was less than 30 minutes. The proportion mentioning less than the 30 minutes travelling time for these sources ranged between 50.7 percent and 74.9 percent.

In contrast, only 12.7 percent of the users reported that they could reach Government clinics/hospitals in less than 30 minutes. Likewise, the proportion for mobile camps was at a low of 11.4 percent. Thus, the mean travelling time was found to be 1.7 hours for government clinics/hospitals and 1.5 hours for mobile camps, while the mean time nonded for the other sources was much lower 0.6 hour for pharmacy, 0.3 hour for general stores.

### 9.3.3. Difficulties about getting to source:

Current users having knowledge of their source were asked about whether it was difficult or not difficult to get to the source. The percentage distribution of current users by the reported responses is shown in table-9.7(c). For most of the current users, it was not difficult to get to the source. The proportion of current users reporting 'it was not difficult to get to the source' ranged between 66.9 percent and 90.1 percent except for those relying on unspecified or government clinics/hospitals and mobile camps. For unspecified or government clinics/hospitals and mobile camps, the proportion was, however, considerably lower - 59.8 percent for unspecified clinics/hospitals, 55.5 percent for government clinics/hospitals, and 50.0 percent for mobile camps.

#### Table-9.7(b)

### PERCENTAGE DISTRIBUTION OF CURRENT USERS BY REPORTED TRAVELLING TIME REQUIRED TO REACH SPECIFIC SOURCE OF SUPPLY/SERVICE

#### (The Eligible Woman Sample)

	No. of Travelling time required								
-	user1,2 by	Less	10 to	120 40	;30 minu-	1 hour	2		Mean <sup>3</sup>
Source	reported	than	19 mi-	20 10	tes less	to less	hours	Don't	No. of
	source of	10	nutes	29 m1-	than 1	than 2	and	know	hours
	supply	minutes	! !	nutes	hour	hours	above		required
Pharmacy	152	26.3	15.2	9.2	15.0	10.1	6.0	18.2	0.6
General store	24	37.5	19.9	4.2	18.4	4.2	-	15.7	0.3
Pan/cigarette shop	8	49.8	12.8	1.2.3	-	12.3	4.3	8.5	0.3
Village doctor	6	16.7	16.7	-	50.0	-	-	16.7	0.5
Graduate doctor	6	16.6	28.0	22.3	-	-	-	33.1	0.2
Mobile camp	26 <sup>a</sup>	3.8	3.8	3.8	7.7	38.5	19.2	23.1	1.5
Government clinic/hospital	585	4.8	4.6	3.3	10.1	19.5	37.0	20.6	1.7
Voluntary/priva clinic/hospital	te 40	15.0	10.0	7.5	12.5	7.5	27.5	20.0	1.2
Clinic/hospital (unspecified)	3	-	_	-	29.9	-	40.2	29.9	1.6
Collection from field worker's	18 house	41.7	18.9	-	-	11.3	5.6	22.6	0.5
Other	4	39.2	7.8	7.8	-	22.6	22.6	-	1.0
All <sup>4</sup>	873	11.3	7.7	4.8	11.1	16.9	28.2	20.0	1.4

1 Row percentage total may not add to 100 percent for subgroup due to rounding errors.

2 Weighted total for individual sources adds to 872 instead of 873 due to rounding "fter weighting.

3 The mean was calculated from incomplete distribution for the duration 2 hours and above putting the value at 2 to 3 hours for this duration and excluding 'don't know' cases.

4 N in this table is the total number of current users.excluding NS(Not Stated) cases, if any, for the question about travelling time required to reach specific source of supply/service and also excluding those who mentioned home delivery or could not mention the source. The number mentioning home delivery were 10.4 percent of the total sample of current users.

а The number of NS cases was 1 for mobile camp.

#### Table-9.7(c)

### PERCENTAGE DISTRIBUTION OF CURRENT USERS CONSIDERING THE MODE OF TRANSPORTATION EASY OR NOT BY SPECIFIC SOURCE OF SUPPLY/SERVICE

(The Eligible Woman Sample)

Source <sup>2</sup>	Nc.of current users <sup>1</sup> reported source of suppl	Difficult/ some what y difficult	Easy	Uncertain/ don't know
Pharmacy	152	18.5	78.4	3.1
General store	24	1.5	90.1	8.5
Pan/cigarette shop	8	12.3	87.7	-
Village doctor	6	16.7	83.3	-
Graduate doctor	6	16.6	66.9	16.5
Mobile camp	26 <sup>a</sup>	42.3	50.0	7.7
Government clinic/ hospital	585	41.4	55.5	3.1
Voluntary/private clinic/hospital	40	20.0	78.0	1.2
Clinic/hospital unspecified	3 <sup>b</sup>	10.4	59.8	29.9
Collection from field worker's house	18	22.6	71.8	5.6
Other	4	-	100.0	-
All <sup>2</sup>	873 <sup>b</sup>	34.1	62.5	3.5

<sup>1</sup> Weighted total for sources adds to 872 instead of 873 due to rounding errors.

N in this table is the total number of current users excluding NS(Not Stated) cases, if any, for the question about mode of transportation easy or not by specific source of supply/service, and alco excluding those who mentioned home delivery or could not mention the source. The number mentioning home delivery was 10.4 percent of the total sample of current users.

<sup>a</sup> The number of NS cases was 1 for mobile camp.

<sup>b</sup> Row percentage total is more than 100 percent due to rounding errors.

### Chapter-10

#### AVAILABILITY OF CONTRACEPTIVES

#### 10.1. Introduction:

Family planning programs are intended to make contraception widely available to couples in the reproductive age groups. Thus, assessing availability of contraceptives is often included as an objective of contraceptive prevalence surveys. In 1983 CPS, a wide range of information was collected to obtain measures of contraceptive availability in Bangladesh, which included knowledge of method specific source, travel time to source, mode of transport to source, and convenience of stated source. Only a descriptive analysis of these data have been presented in this report; a more indepth study of the data will be part of the secondary analysis of the 1983 CPS.

There are two measures of contraceptive availability - perceived availability and actual availability. The perceived measure reflects respondent's perception about the availability of family planning services; the measures should not, therefore, be construed to be the same as actual availability which is usually defined as the number and location of services and supply sources (Lewis and Novak, 1981). The availability experience of current users of specific methods is a surrogate measure of actual availability which has been presented and described in chapter-9 of this report. Thus, this chapter deals only with the perceived availability among the respondents. It is expected that the information presented shall be of great value to program policy makers and managers in strengthening the service delivery system of the population control and family planning program.

### 10.2. Knowledge of source:

Under the perceived availability, knowledge of a source was assessed by asking a respondent, knowing a method but not currently using the method,

whether she knew of the source of the method. The question used was, "From where would you obtain the method-'x'  $?"^1$  Method specific knowledge of source, thus assessed, is shown in table-10.1.

As can be seen from the table, a substantial proportion of ever married women having knowledge of a method did not know its source of supply/service. For injection, excluding its current users, the proportion was at a high of 49.9 percent and for vaginal method at a high of 44.4 percent. It was appreciable also for IUDs, condom, MR, oral pill, and vasectomy, ranging between 38.3 percent and 32.4 percent. The proportion was, however, only 20.9 percent for tubectomy, revealing that the knowledge of tubectomy source was impressively high among the target population. Method specific knowledge is discussed below separately for each method.

### 10.2.1. Oral pill:

'Home delivery by government field workers' was the best known source of supply for oral pill; 41.0 percent of the women having knowledge of oral pill and not currently using the method reported that they would get the method from the field worker who would come to their house to give the supply. The next most known source was 'government clinics/hospitals' (13.8 percent). The knowledge of any other sources for the method, including even pharmacy, was extremely low, nowhere exceeding 5.7 percent.

#### 10.2.2. Condom:

As in the case of oral pill, "Home delivery by government field workers" (28.3 percent) was the best known source for condom, followed by government clinics/hospitals (11.4 percent). The next known sources for condoms were general stores and pharmacies. But nowhere in the table were these sources mentioned by more than 10.5 percent and 7.7 percent, respectively.

<sup>&</sup>lt;sup>1</sup> The respondent mentioned only one source for a method. This could be due to the style the question was phrased in Bengali. It is possible that some respondents knew more than one source.

#### Table-10.1

### PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING KNOWLEDGE OF SPECIFIC FAMILY PLANNING METHODS BY KNOWLEDGE OF SOURCE OF SUPPLY AND BY SPECIFIC METHODS

-	Family planning methods								
Source	Oral	Con-	Vagina	l'Injec-		Tubec-	Vasec-		
	pill	dom	method	tion		tomy	tomy	MR	
Pharmacy	5.7	7.7	18.8	0.8	0.1	_	-	_	
General store	1.0	10.5	2.7	-	-	-	-	-	
Pan/cigarette shop	0.3	3.6	0.2	-	-	-	-	_	
Village doctor	0.2	0.2	0.4	0.7	0.1	_	_	1.0	
Graduate doctor	0.2	0.1	0.7	1.6	0.2	0.1	_	1.2	
Mobile camp	-	-	-	-	0.3	1.6	1.1	0.1	
Government clinic/ hospital	13.8	11.4	16.7	43.0	55.4	75.6	65.3	58.0	
Voluntary/private clinic/hospital	0.3	0.2	0.4	1.2	0.9	0.6	0.4	1.0	
Clinic/hospital (Unspecified)	0.1	0.1	0.1	0.8	0.4	1.1	0.7	0.5	
Collection from Govt. field worker's house	1.7	1.4	1.1	0.3	0.5	-		-	
Home delivery by Govt. field worker	40.6	28.3	14.3	1.4	3.7	-	-	0.4	
Home delivery by non-govt./unspeci- fied field worker	0.4	0.2	0.2	0.1	-	-	-	0.1	
Other	0.1	0.2		0.1	0.1		_	2.1	
Don't know any source	35.4	36.2	44.4	49.9	38.3	20.9	32.4	35.6	
Total	99.8 <sup>a</sup>	100.1 <sup>a</sup>	100.0	99.9 <sup>a</sup>	100.0	99.9 <sup>a</sup>	99.9 <sup>a</sup>	100.0	
N <sup>1</sup>	7756 <sup>b</sup>	4904	1632 <sup>b</sup>	5242 <sup>b</sup>	3461 <sup>b</sup>	7663 <sup>b</sup>	6110 <sup>b</sup>	3833 <sup>b</sup>	
1		· <u> </u>					······································		

N in this table is the total number of ever married women, having knowledge of specific family planning methods and source of supply/service, excluding current users of the specific method and NS(Not Stated) cases, if any, for the question about knowledge on source of supply/service of specific methods.

a Total is more or less than 100 percent due to rounding errors.

<sup>b</sup> The number of NS cases was 1 for oral pill, 2 for vaginal method, 5 for injection, 8 for IUD, 7 for tubectomy, 4 for vasectomy, and 8 for MR.

#### 10.2.3. Vaginal method:

For vaginal method, the most known sources were pharmacy' (18.8 percent), 'government clinics/hospitals' (16.7 percent) and 'home delivery by government field workers' (14.3 percent).

#### 10.2.4. Clinical method:

'Government clinics/hospitals'were most frequently mentioned as the source of services for all the clinical methods - tubectomy, vasectomy, MR, injection, and the IUD. This result is not unexpected, as the vast majority of the family planning field workers are government employees, who work as referral agents for clinical methods. For tubectomy, the source was mentioned by 75.6 percent and for vasectomy by 65.3 percent. The knowledge of the source was relatively less frequently reported for the remaining clinical methods.

# 10.3. Travel time required to reach specific source of supply/service:

Perceived time of travelling to a source was assessed by asking respondents having knowledge of the source the question, "You have mentioned the 'x' source; How long would it take to get there ?" A respondent was not asked the question pertaining to a source if she/her husband did obtain or were getting their current method from it. Thus, the reported travel time for a source, presented in table-10.2, refers only to those who were not using the source.

It is obvious in the table that, for almost every source of supply/ service, a substantial proportion of women who knew the source were unable to estimate the time of travelling to reach the source. The proportion able to estimate was 20.0 percent or less only for the following three sources: pharmacy (16.1 percent), general stores (18.8 percent), and pan/cigarette shop (20.2 percent).

#### 10.3.1. Pharmacy:

The reported travel time to reach the pharmacy was less than an hour for more than half of the women (55.9 percent) having knowledge of the source, with 36.2 percent reporting less than 20 minutes. There was, however, a sizeable proportion mentioning 1 to 2 hour travel time for the pharmacy. Thus, the mean reported travel time for the pharmacy stood at 0.8 hour.

#### 10.3.2. General stores and cigarette shop:

General stores and cigarette shops appear to be relatively nearer sources than the pharmacy. The mean reported travel time for both general stores and pan/cigarette shops was 0.7 hour. The reported travel time to reach these two sources was less than 20 minutes for around 41.0 percent of the women having knowledge of them, while the percentage was around 60.0 percent for less than an hour.

#### 10.3.3. Clinic/hospital:

Although government clinics/hospitals were the best known source of supply/service, over one-third (39.0 percent) of the women having knowledge of them were unable to report the required travel time. This indicates that the women knew of the source only by hearsay from others. Among the remaining women, nearly half (44.5 percent) reported the travelling time to be over 1 hour. The mean travel time was 1.6 hours. Thus, it appears that the government clinics/hospitals were not within close proximity of the vast majority.

#### 10.3.4. Collection from field worker:

Although the number of women mentioning collection of contraceptives from field worker's house was very small, the source was within the closest proximity of the target population. The mean reported travel time to reach the source was the lowest, 0.5 hour. This finding seems to be justified, since the workers are from the locality.

### Table-10.2

### PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY REPORTED TRAVELLING TIME REQUIRED TO REACH SPECIFIC SOURCE OF SUPPLY/SERVICE

	INC of and								
	No.of ever married women1,2 having knowledge of source of supply	Travelling time required							
Source		Less than 10 minutes	l0 to 19 minu- tes	20 to 29 minu- tes	30 minu- tes less than 1 hour	1 hour less than 2 hours	2 hours and above	Don't know	Mean <sup>3</sup> No. of hours required
Pharmacy	609 <sup>a</sup>	15.3	20.9	3.9	15.8	19.9	8.2	16.1	0.8
General store	543	23.9	16.9	4.1	14.9	15.1	6.3	18.8	0.7
Pan/cigarette shop	183	24.9	16.9	2.2	14.8	15.8	5.5	20.2	0.7
Village doctor	92 <sup>a</sup>	15.2	6.5	1.1	20.7	22.8	8.7	25.0	1.0
Graduate doctor	c 147 <sup>a</sup>	2.7	5.4	2.7	10.9	23.8	24.5	29.9	1.5
Mobile camp	136	2.9	8.1	5.1	16.2	29.4	8.8	29.4	1.2
Govt. clinic/ hospital	5824 <sup>a</sup>	2.2	3.6	1.3	9.4	20.2	24.3	39.0	1.6
Voluntary/priva clinic/hospital	l 125 <sup>a</sup>	7.2	12.0	9.6	19.2	16.0	10.4	25.6	1.0
Clinic/hospital (unspecified)	141	0.7	1.4	-	2.8	11.3	17.0	66.7	1.9
Collection from Govt. field worker's house	n .165 <sup>a</sup>	24.8	8.5	4.2	13.3	20.0	6.1	23.0	0.8
Collection from non-Govt./unspe fied field work	aci- 4 ker's	-	25.0	25.0	25.0	-	-	25.0	0.5
Other	93 <sup>a</sup>	12.9	6.5	-	12.9	15.1	9.7	43.0	1.0

Row percentage total may not add to 100 percent for some sources due to rounding
errors.
2

N in this table is the total number of ever married women having knowledge of source of supply/service, excluding NS(Not Stated) cases, if any, for the question about the travelling time required to reach specific source of supply/service, and also excluding those who received home delivery by field workers.

<sup>3</sup> The mean was calculated from incomplete distribution, counting 2 hours for all answers mentioning 2 hours or above, and excluding don't know cases.

<sup>a</sup> The number of NS cases was 1 for pharmacy, 1 for village doctor, 1 for graduate doctor, I1 for govt. clinic/hospital, 1 for voluntary/private clinic/hospital, 4 for collection from govt. field worker, and 3 for others.
#### 10.3.5. Graduate doctor/village doctor:

Graduate doctors were the furthest source of supply/service. Nearly half (48.3 percent) of the women reported that they would require 1 hour or more to reach a graduate doctor. Only 10.8 percent of the women reported the travel time below 30 minutes for graduate doctors, while the mean reported travel time for them was 1.5 hours. Even the village doctor was not within close reach, requiring, on average, 1 hour to reach him.

#### 10.3.6. Mobile camp:

Mobile camps are organized to bring sterilization and IUD services closer to the people. However, the data did not indicate that it was the closest source, since the mean reported travel time to mobile camps was 1.2 hours. Only one-third (32.3 percent) of the women having knowledge of the source reported the travel time below 1 hour.

# 10.4. Mode of transport to the source:

Any respondents reporting knowledge of a source were asked about the mode of transport to reach the source as follows: "Would you walk there or use some means of transportation ?" The respondent was not asked the question if she/her husband obtained or were getting the method they were currently using. Reported mode of transport to a specific source is shown in table-10.3.

'Walking' appeared to be the usual mode of transport to sources like general stores, pan/cigarette shops, village doctors, and mobile camps. Around 80.0 percent of the women reporting knowledge of general stores and village doctors mentioned 'by walking' in reply to the question about the mode of transport to those sources, while the percentage was even higher 87.9 percent for pan/cigarette shops. The percentage was, slightly lower, 71.9 percent, for mobile camps. Even for pharamacies and the workers' house the proportion mentioning 'by walking' was around 59.4 percent and 67.9 percent respectively. In contrast, however, most women (60.0 percent) reported that they would require some means of transport to reach a clinic/hospital.

# PERCENTAGE DISTRIBUTION<sup>1</sup> OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY REPORTED MODE OF TRANSPORT TO SPECIFIC SOURCE OF SUPPLY/SERVICE

	No.of ever married <sup>2</sup> women	Mode of transportation				
Source	having know- ledge of source of supply	Walking	By transport	·Uncertain/ Don't know		
Pharmacy	609 <sup>a</sup>	59.4	37.1	3.4		
General store	542 <sup>a</sup>	80.1	17.3	2.6		
Pan/cigarette shop	183	87.4	9.3	3.3		
Village doctor	91 <sup>a</sup>	79.1	14.3	6.6		
Graduate doctor	149	34.2	60.4	5.4		
Mobile camp	135	71.9	24.4	3.7		
Government clinic/ hospital	5829 <sup>a</sup>	31.6	62.1	6.3		
Voluntary/private clinic/hospital	124	35.5	61.3	3.2		
Clinic/hospital (unspecified)	142	16.9	62.0	21.1		
Collection from Govt. field worker's house	168 <sup>a</sup>	67.9	26.8	5.4		
Collection from non- govt./unspecified field worker's house	4	50.0	25.0	25.0		
Other	94 <sup>a</sup>	76.6	6.4	17.1		

Row percentage total may not add to 100 percent for some sources due to rounding errors.

N in this table is the total number of ever married women having knowledge of specific source of supply/service, excluding NS(Not Stated) cases, if any, for the question about mode of transport to specific source of supply/service and also excluding cases who mentioned home delivery by field worker.

<sup>a</sup> The number of NS cases was 2 for pharmacy, 1 for general store, 2 for village doctor, 6 for government clinic/hospital, 1 for voluntary/private clinic/ hospital, 4 for collection from govt. field worker, and 2 for other.

# 10.4.1. Difficulties to get to the source:

Respondents having knowledge of a source were asked whether it was difficult or not difficult to get to the source. A respondent was not asked the question if she/her husband obtained or were obtaining the method they were currently using from the source. The percentage distribution of the reported responses by specific source is shown in table-10.4.

The majority of the women having knowledge of a source said that it was not difficult to get to that source. The proportion mentioning 'it was not difficult to get there' was between 81.0 percent and 85.2 percent for sources like pharmacies, general stores, and pan/cigarette shops. Even for the village doctor and worker's house, the proportion was 76.1 to 77.0 percent. The proportion was, however, relatively lower (60.1 percent) for government clinics/hospitals. Thus,more than a quarter (28.5 percent) of the women said it was difficult to get to a government clinic/hospital. Also, the proportion finding it difficult to reach a voluntary/private clinic/hospital and graduate to octor was relatively large at 22.4 percent and 26.8 percent respectively.

#### 10.4.2. Reasons behind considering it difficult to get to the source:

Respondents who considered it difficult to get to the source were asked to state the reasons why they considered it difficult. Stated reasons by sources are shown in table-10.5. Since the number considering it difficult to reach a source was usually small, no meaningful conclusion can be drawn. However, it is obvious in the table that, for any source, the single most important reason was either that the source was far away or that it was difficult to walk to the source.

# 10.4.3. Whether there is any reason why persons interested in family planning would not want to use the source:

Respondents having knowledge of a source were asked if there was any reason why persons interested in family planning would not want to obtain services from the source. A respondent was, however, not asked this about

# PERCENTAGE DISTRIBUTION<sup>1</sup> OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE CONSIDERING THE MODE OF TRANSPORT EASY OR NOT BY SOURCE OF SUPPLY/ SERVICE

Source	No.of ever married <sup>2</sup> women having knowledge of source:of supply	Difficult/ somewhat difficult	Easy	Uncertain/ don't know
Pharmacy	611 <sup>a</sup>	14.2	81.0	4.7
General store	542 <sup>a</sup>	11.4	85 2	3.3
Pan/cigarette shop	183	13.1	82.0	4.9
Village doctor	92 <sup>a</sup>	17.4	76.1	6.5
Graduate doctor	149	26.8	65.1	8.1
Mobile camp	133 <sup>a</sup>	21.1	72.9	6.0
Government clinic/hospital	5816 <sup>a</sup>	28.5	60.1	11.4
Voluntary/private clinic/hospital	125	22.4	71.2	6.4
Clinic/hospital (unspecified)	141	29.8	43.3	27.0
Collection from Government field worker's house	165 <sup>a</sup>	18.8	77.0	4.2
Collect from non- government/unspecifie field worker's house	d 4	-	75.0	25.0
Other	91 <sup>a</sup>	16.5	67.0	16.5

Row percentage total may not add to 100 percent for some sources due to rounding errors.

- N in this table is the total number of ever married women having knowledge of specific source of supply/service, excluding NS(Not Stated) cases, if any, for the question about mode of transport to specific source of supply/service and also excluding cases who mentioned home delivery by field worker.
- <sup>a</sup> The number of NS cases was 1 for pharmacy, 9 for general store, 1 for village doctor, 2 for mobile camp, 18 for government clinic/hospital, 6 for collection from government field worker, and 5 for other.

# PERCENTAGE DISTRIBUTION<sup>1</sup>OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE SHOWING THE REASON WHY THEY CONSIDER THE MODE OF TRANSPORT DIFFICULT, BY SPECIFIC SOURCE OF SUPPLY/SERVICE

	No.of ever	t t 1			Reason	s			·	
	women <sup>2</sup>	Far	Public	Bad	Expen	1		(Inclusion	1	1
Source	having	away/	transport	com-	sive	Want	Work	time	Don't	
	of source	cult	ilable	nica-	, to . get	time	nam- pers	in	know	Other
	of supply	to walk	difficult	tion	there	1		cue	1 1 1	1 1 7
Pharmacy	86 <sup>a</sup>	68.6	8.1	18.6	3.5	-	-	_	_	1.2
General store	59 <sup>a</sup>	69.5	1.7	23.7	1.7	-	1.7	1.7	-	-
Pan/cigarette :	shop 23 <sup>a</sup>	73.9	-	17.4	8.7	-	-		-	_
Village doctor	16 <sup>a</sup>	87.5	6.3	-	6.3	-	-	-	-	-
Graduate doctor	: 39 <sup>a</sup>	56.4	10.3	20.5	2.6	2.6	2.6	-	-	5.1
Mobile camp	27 <sup>a</sup>	63.0	7.4	25.9	-	-	-	3.7		-
Govt. clinic/ hospital	1644 <sup>a</sup>	64.8	7.9	20.1	5.2	0.7	0.7	0.2	0.1	0.2
Voluntary/priva clinic/hospital	ate 28	82.1	10.7	7.1	-	-	-	-	-	-
Clinic/hospital (unspecified)	L 42	40.5	21.4	38.1	-	-	-	-	-	-
Collection from field worker's	n Govt <sub>30</sub> a house	76.7	3.3	10.0	-	-	3.3	3.3	-	3.3
Other	15 <sup>a</sup>	80.0	6.7	6.7	-	-	-	6.7	-	-

1 Row percentage total may not add to 100 percent for some sources due to rounding errors.

<sup>2</sup> N in this table is the total number of ever married women having knowledge of specific source of supply/service and considering the mode of transport difficult to reach the source of supply, excluding NS (Not Stated) cases, if any, for the question about why do they consider the mode of transport to specific sources as difficult and also excluding cases who mentioned home delivery by field worker.

<sup>a</sup> The number of NS cases was 1 for pharmacy, 3 for general store, 1 for pan/cigarette shop, 1 for village doctor, 1 for qualified doctor, 3 for mobile camp, 23 for government clinic/hospital, 3 for collection from government field worker, and 1 for other. a source if she/her husband obtained, or was obtaining the method they were currently using from that source. Responses obtained are shown in table-10.6 separately for each source.

For any source, the majority of the women reported that there was no reason why persons interested in family planning would not obtain services from the source. There was, however, a sizeable proportion for every source, who said that they were unable to provide any definite answer about whether there was any reason that might deter people from using the source. The sizeable proportion usually ranged from 20.0 to 26.0 percent.

# 10.4.4. Reasons for not taking of supply/service:

Respondents reporting that people would not like to have supply/service from a specific source were asked about the main reason why people would not be interested in taking supplies/services from that source. Stated main reasons by sources are presented in table-10.7. Since the number of respondents in the table were very small, no meaningful conclusion could be drawn from their responses. It was, however, apparent in the table that main reasons for not using a source, generally, were misbehaviour of staff, mismanagement of clinics/hospitals, fear of criticism, side-effects, fear of clinics, religious reasons, irregularity of workers and disliking of treatment by male staff.

# 10.4.5. Obtaining of information/supply/service from the source:

Respondents knowing a source were asked if they had ever obtained any family planning information/supply/services from there. Responses obtained are shown in table-10.8 For any source, there was a small proportion who said that they had ever obtained family planning information/supply/services from the source. The proportion in any category was not more than 16.8 percent except for government worker's house (31.5 percent), pharmacy (27.0 percent) and voluntary/private clinics/hospitals (23.0 percent).

# PERCENTAGE DISTRIBUTION<sup>1</sup> OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE SHOWING WHETHER THERE IS ANY REASON WHY PERSONS INTERESTED IN FAMILY PLANNING WOULD NOT WANT TO OBTAIN SERVICES FROM A SOURCE

Source	No. of ever married women <sup>2</sup> having knowledge	Whether th obtaining	Whether there is any reason for obtaining services at this sour				
	of source of supply	No	Yes	Uncertain/ don't know			
Pharmacy	609 <sup>a</sup>	74.4	3.0	22.7			
General store	542	67.7	2.0	30.3			
Pan/cigarette shop	183 <sup>a</sup>	73.2	1.6	25.1			
Village doctor	92 <sup>a</sup>	63.0	4.3	32.6			
Graduate doctor	148 <sup>a</sup>	75.7	4.1	20.3			
Mobile camp	136	70.6	2.2	27.2			
Govt. clinic/hospital	5827 <sup>a</sup>	61.9	5.6	32.4			
Voluntary/private clinic/hospital	125 <sup>a</sup>	68.0	6.4	25.6			
Clinic/hospital (unspecified)	142	39.4	2.1	58.5			
Collection from Govt. field worker's house	167 <sup>a</sup>	68.3	8.4	23.4			
Collection from non- govt./unspecified field worker's house	4	75.0	-	25.0			
Home delivery by field worker	3281 <sup>ª</sup>	71.5	3.2	25.3			
Other	96	63.5	10.4	26.0			

Row percentage total may not add to 100 percent for some sources due to rounding errors.

N in this table is the total number of ever married women having knowledge of specific source of supply/service, excluding NS(Not Stated) cases, if any, for the question about whether they consider that people would like to have the supply/service from specific source of supply/service.

<sup>a</sup> The number of NS cases was 3 for pharmacy, 1 for pan/cigarette shop, 1 for village doctor,1 for graduate doctor, 7 for govt. clinic/hospital, 1 for voluntary/private clinic/hospital, 4 for collection from govt. field worker and 22 for home delivery by field worker.

# DISTRIBUTION<sup>1</sup> OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE SHOWING THE MAIN REASON WHY PERSONS INTERESTED IN FAMILY PLANNING WOULD NOT WANT TO OBTAIN SERVICES FROM A SOURCE

Source	No. of ever married <sup>2</sup>	women considering	that people would	not like to have the	Misbehaviour of	Micmanarcement of	clinic/hospital	Fear of criticism	Require money	Side-effects	Fear of clinic	Religious reasons	Irregularity of worker	Ineffectiveness of the method	Far away bad com- munication	Non-availability of the method	Lack of publicity	Treatment by males not liked	Other
Pharmacy			16	a	2		-	8	2	1	-	2	-	-	-	-	-	-	1
General store			8	a	2		-	3	2	-	1	-	-	-	_	-	-	-	-
Pan/cigarette sho	р		2				-	1	-	-	-	-	-	-	-	1	-	-	-
Village doctor			4	a	1		-	-	2	-	-	-	-	-	1	-	-	-	-
Graduate doctor			6	a	2		-	-	2	-	2	-	-	-	-	-	-	-	-
Mobile camp			2	a	2		-	-	-	-	-	-	-	-	-	-	-	-	-
Govt. clinic/ hospital		3	16	a	114		54	10	5	18	47	13	1	9	8	1	-	26	10
Voluntary/private clinic/hospital			6	a	2		1	-	3	. –	-	-	-	-	-	-	-	-	-
Clinic/hospital (unspecified)			2		1		-	1	-	-	-	-	-	-	-	-	-	-	-
Collection from G field worker's ho	ov vus	t.	14	a	2		-	-	-	3	1	-	7	-	-	-	-	-	1
Home delivery by field worker		1	03	a	10		-	7	3	32	4	5	35	3	-	1	-	-	3
Other			10		1		-	-	2	1	3	-	-	1	-	-	-	-	2
field worker's ho Home delivery by field worker Other	ous	e 1	03 10	a	10 1		_	7	3 2	32 1	4	5	35 -	3	-	1	-	-	3

The figures in this table are the actual numbers of responses under each category. The percentages were not calculated because of the small numbers of responses in most cases.

<sup>2</sup> N in this table is the total number of ever married women having knowledge of source of supply/service and considering that people would not like to have the supply/ service, excluding NS(Not Stated) cases, if any, for the question about the reasons for non-taking of the supply/service from specific source.

<sup>a</sup> The number of NS cases was 5 for pharmacy, 2 for general store, 1 for village doctor, 1 for graduate doctor, 1 for mobile camp, 16 for govt. clinic/hospital, 1 for voluntary/private clinic/hospital, 2 for collection from govt. field worker, and 18 for home delivery by field worker.

# PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE SHOWING WHETHER THEY HAD EVER OBTAINED ANY INFORMATION/ SUPPLY/SERVICE BY SPECIFIC SOURCE

Source	No. of ever married women having knowledge of source of supply	Yes	No
Pharmacy	610 <sup>a</sup>	27.2	72.8
General store	540 <sup>a</sup>	13.7	86.3
Pan/cigarette shop	183 <sup>a</sup>	12.6	87.4
Village doctor	91 <sup>a</sup>	9.9	90.1
Graduate doctor	148 <sup>a</sup>	14.9	85.1
Mobile camp	136	3.7	96.3
Govt. clinic/hospital	5827 <sup>a</sup>	4.1	95.9
Voluntary/private clinic/hospital	126	23.0	77.0
Clinic/hospital (unspecified)	140 <sup>a</sup>	2.1	97.9
Collection from Govt. field worker's house	168 <sup>a</sup>	31.5	68.5
Collection from non- Govt./unspecified field worker's house	4	-	100.0
Home delivery by field worker	3278 <sup>a</sup>	16.8	83.2
Other	95 <sup>a</sup>	15.8	84.2

1

N in this table is the total number of ever married women, excluding NS (Not Stated) cases, if any, for the question about whether they obtained any information/supply/service to specific source.

<sup>a</sup> The number of NS cases was 1 for pharmacy, 2 for general store, 1 for pan/cigarette shop, 2 for village doctor, 1 graduate doctor, 8 for govt. clinic/hospital, 1 for clinic/hospital (unspecified), 4 for collection from Govt. field worker,24 for home delivery by field worker, and 1 for other.

#### 10.5. Visit by field worker:

Table-10.9 shows the percentage distribution of currently married women by reported visits of field workers during the last six months. Slightly over a quarter (30.1 percent) of the women reported that they were visited by someone in their home in the last six months preceding the interview date either to talk to them about family planning or to give them some family planning method. It is obvious in the table that, among those who made the visit, almost every one was the family planning field worker.

#### Table-10.9

# PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE SHOWING VISITS TO THEM DURING LAST SIX MONTHS BY ANYONE FOR DISCUSSION ON FAMILY PLANNING, BY TYPE OF WORKER

Status of visit/ type of worker	Percentage
Yes (Net)	30.1
Field worker	30.0
Others	0.1
No (Net)	69.9
Total N <sup>1</sup>	100.0 7656 <sup>a</sup>

N in this table is the total number of currently married women, excluding NS(Not Stated) cases, if any, for the question about visits to them during last six months by anyone for discussion on family planning and by type of worker.

<sup>a</sup> The number of NS cases was 6 for visits to them during last six months and 2 for type of field worker. Table-10.10 shows the distribution of the field workers by whether they were government worker or non-government worker. While conceiving the plan to collect this information, it was assumed that most of the respondents would not know the category of the worker - whether government or non-government. In view of this, each interviewing team was instructed to identify all the family planning field workers (government or non-government) covering the sample spot they were assigned to, before starting the data collection from the spot, so that an interviewer herself could determine the category of a reported worker by collecting the reported worker's particulars such as name, sex, age, address, etc. from the respondent, in case the respondent was unable to report the category or in case the interviewer was in doubt that the respondent reported the category correctly.

While recording the category of the worker, the interviewer did not keep any note in the schedule indicating whether the category was directly written from the report of the respondent, or whether it was ascertained by the interviewer by further questioning of the respondent. Hence, it was not possible to know from the survey data the proportion of workers where respondents directly reported the category. But subsequent discussions with the interviewing team members revealed that the category had to be ascertained in most cases by the interviewer.

The number of family planning field workers assigned to work in a locality are limited. Thus, it was not a difficult task for the interviewing team to identify all the field workers covering a sample spot. On the other hand, respondents were likely to know at least the name of the worker who had visited them. As such, it may be assumed that the coded category in the 1983 CPS was more or less reliable.

However, the data for the urban areas should be treated with some caution since it was not an easy task to identify all the workers for the sample spots falling in the big urban centres such as Dhaka City, Chittagong City, where so many non-government organizations with many employees are involved in the provisions of family planning services. Thus, 97.0 percent of field workers reportedly having visited the currently married women in the last six months were found to be the government worker in the national sample, 97.6 percent in the rural sample and 90.8 percent in the urban sample, while the corresponding proportions for the non-government workers were 0.6 percent, 0.2 percent, and 4.3 percent respectively.

The figures for the non-government workers need to be carefully evaluated before they are taken as indices of the true situation. As in the previous CPSs, the interviewing team in the 1983 CPS collected data taking help and assistance from the government family planning field personnel. As a result, the team members personally knew almost all the government field workers covering their sample population. As such, the chance that any government field worker would go unspecified in the sample should be extremely low. Hence, it would not be unreasonable to believe that most of the unspecified workers in the table were non-government workers. This is also supported by the data showing a much higher proportion of unspecified workers (don't know category) for the urban areas where much larger numbers of NGO workers are employed than in the rural areas. The proportion (4.9 percent) of unspecified workers for the urban areas is more than twice (2.2 percent) that of the rural areas. Also data in chapter-9 (section-9.2.1.1, page 201) indicated a possibility of some non-government workers being coded erroneously as government workers.

Table-10.11 shows the sex distribution of field workers who made the visits in the last six months. Nearly 98.0 percent of the field workers were female. The frontline government family planning workers who are assigned the responsibility of providing domiciliary services are females (Family Welfare Assistants). This finding seems to indicate the female FWAs are the main providers of family planning services, not the male grass-root workers of the health side.

# 10.5.1. Time of the last visit by field worker:

Shown in table-10.12 is the distribution of the time since the last visit of the field workers. Almost half(49.2 percent) of the women reporting visits by

## PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE WHO WERE VISITED BY FIELD WORKER IN THE LAST SIX MONTHS BY CATEGORY OF WORKER

Category of field worker	National	Rural	Urban
Government worker	97.0	97.6	90.8
Non-government worker	0.6	0.2	4.3
Don't know	2.4	2.2	4.9
Total N <sup>1</sup>	100.0 2295 <sup>a</sup>	100.0 2085 <sup>a</sup>	100.0 607 <sup>a</sup>

N in this table is the total number of currently married women who reported that they were visited by field worker in the last six months, excluding NS(Not Stated) cases, if any, for the question about whether anyone visited the respondent in the last six months.

"The number of NS cases was 12 in the national sample, 10 for the rural sample, and 5 for the urban sample. The difference between the number of NS cases in the national sample, and the sum of those in the rural and urban samples was due to weighting.

#### Table-10.11

PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE WHO WERE VISITED BY FIELD WORKER IN THE LAST SIX MONTHS, BY SEX OF WORKER

Sex of field worker	Percentage
Male	2.4
Female	97.6
Total N <sup>1</sup>	100.0 2294 <sup>a</sup>

N in this table is the total number of currently married women who reported that they were visited by field worker in the last six months, excluding NS(Not Stated) cases, if any, for the question about sex of the field worker.

The number of NS cases was 13.

a

### PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE WHO WERE VISITED BY FIELD WORKERS IN LAST SIX MONTHS SHOWING THE TIME SINCE THE LAST VISIT OF A FIELD WORKER

Last visit by the field worker was within	Percentage
< 1 month	49.2
l to < 2 months	17.6
2 to < 3 months	12.8
3 to < 4 months	6.6
4 to < 5 months	4.9
5 to < 6 months	6.9
Don't know	2.1
Total	100.0
N <sup>+</sup>	2104 <sup>a</sup>

N in this table is the total number of currently married women who reported that they were visited by any field worker during last six months excluding NS(Not Stated) cases, if any, for the question about duration of the last visit by the field worker.

a The number of NS cases was 203

field workers in the last six months said that they were visited last in the last month from the date of interview, while for 80.0 percent the last visit took place in the last three months. It thus appears, women who are visited by the field workers are visited almost every three months. In contrast, this seems to suggest that workers restrict their visits to a small selected group of their assigned target population and almost never visit the others. The small group may comprise those who are located in the neighbourhood of the worker or those who can be reached or approached without any difficulty. Further details about the fieldworkers'visit are given in table-10.13. As can be seen from this table, the fielworkers' visit varied by the current use status of the target population. A fieldworker was more likely to visit a current user than a non-user. Whereas 40.0 percent of the current users reported that they were visited by the fieldworker in the last six months, the corresponding percentage for the non-users was only 27.8 percent. There were also differentials in the fieldworkers' visit by the type of method being used. Current users relying on temporary modern methods (52.5 percent) were much more likely to be visited than were those relying on permanent modern methods (34.0 percent) or traditional methods (33.5 percent). This pattern of the fieldworkers' visit remained uniform regardless of months since last visited.

Table-10.13 provides further evidence that the fieldworkers keep their visits restricted to those who are located in the neighbourhood of the worker or those who can be reached or approached without difficulty. As in the total sample, the majority of those visited in every subgroup including permanent method users reported that they were visited in the last month since the date of interview.

# PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE WHO WERE VISITED BY FIELD WORKERS, BY BROAD CATEGORIES OF METHODS BEING CURRENTLY USED AND BY MONTHS SINCE THE LAST VISIT

1		Curre	ent users		8	) 
Months since	A11	Temporary	/ Permanent	Tradi-	Non-	11ه
last visited	methods	modern	modern	tional	users	
I	i.	methods	methods	methods	1 1	
Visited <sup>1</sup>	40.0	52.5	34.0	33.5	27.8	30.1
< 1	19.8	26.8	15.0	18.2	12.0	13.5
1 - 2	6.3	8.2	6.0	4.6	4.5	4.8
2 - 3	4.7	7.0	3.3	3.9	3.2	3.5
3 - 4	2.0	2.0	2.1	1.9	1.7	1.8
4 - 5	1.8	1.4	2.1	1.9	1.2	1.3
5 - 6	2.7	3.7	2.6	1.7	1.7	1.9
Don't know	0.7	1.0	0.9	0.2	0.5	0.6
Not stated	1.8	2.3	1.9	1.0	2.9	2.7
Not visited	60.0	47.4	66.0	66.6	72.2	69.9
Total <sup>2</sup>	100.0	99.9	100.0	100.1	100.0	100.0
N <sup>3</sup>	1467	488	567	412	6189	7656 <sup>a</sup>

1
Differences, if any, between the total percentage visited and the sum
of the corresponding monthly percentages are due to rounding errors.
2

Total is more or less than 100 percent due to rounding errors.

<sup>3</sup> N in this table is the number of currently married women excluding NS(Not Stated) cases, if any, for the question about visits to them during the last six months.

<sup>a</sup> The number of NS cases was 6 for visits to them during the last six months.

#### Chapter-11

# REASONS FOR NON-USE AND INTENTION TO USE CONTRACEPTION IN THE FUTURE

#### 11.1. Introduction:

Unlike the previous CPSs, the 1983 CPS gathered data from non-users of family planning to examine: 1) their reasons for not using contraception; 2)their intention to use contraception; and 3) if having the intention to use, their preference for specific contraceptive methods and expected time of starting use. These data were considered useful in identifying the obstacles in the way of promoting contraceptive use and in assessing the future demand for family planning services in the country.

# 11.2. Reasons for non-use of contraception:

Non-current users in the sample were asked about the main reasons of their not using any contraception. The main reasons reported are presented in table-11.1. For one-third (36.2 percent) of the non-users, the main reason was 'desire for additional children'. Among the other important reasons were 'post amenorrhoea' mentioned by 12.5 percent, and belief that the women were unable to have children 'mentioned by 14.4 percent. 'Religious barriers' was mentioned by 8.4 percent - a figure which seems to suggest that family planning is still not free from religious taboos. Interestingly, 6.4 percent said 'don't know/ no reason' in reply to the question about the main reason.

There were no pronounced variations between rural and urban areas in the main reasons for non-use of contraception. After the main reason was answered, each respondent was asked a second question to ascertain if she had any other reason for the non-use. 'No other reason' was the reply given by 86.4 percent of the respondents. The additional reasons given by the small proportion who answered were identical with the main reasons already listed. Thus a table of additional reasons is not presented in this report.

#### Table-11.1

# PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE NOT CURRENTLY USING CONTRACEPTIVES BY THE MAIN REASONS FOR NON-USE

#### (The Eligible Woman Sample)

Main reasons for non- use of contraceptives	National	Rural	Urban
Desire for additional children	36.2	36.4	33.1
Objections by husband	4.7	4.5	6.2
Health reasons	4.1	3.9	7.0
Fear for side-effects	4.4	4.5	4.2
Religious reasons	8.4	8.8	4.2
Wife believed she was unable to have children	14.4	14.4	14.4
Non-availbility of methods	2.2	2.3	1.0
Breast-feeding	1.4	1.4	1.7
Post amenorrhoea	12.5	12.3	15.4
Other	5.2	5.0	7.3
Don't know/no reason	6.4	6.5	5.5
Total	99.9 <sup>a</sup>	99.9 <sup>a</sup>	100.0
N <sup>+</sup>	5204 <sup>b.c</sup>	4804 <sup>b</sup>	1153

<sup>1</sup> N in this table is the total number of currently married women, excluding those who were currently pregnant, current users, and the NS(Not Stated) cases, if any, for the question about the main reasons for non-use of contraceptives.

<sup>a</sup> Totals are less than 100 percent due to rounding errors.

<sup>b</sup> The number of NS cases was 1 for national and 1 for rural.

<sup>c</sup> Weighted total.

Table-11.1a presents further analysis of the percentage reporting desire for additional children as the main reason for non-use by number of living children. The proportion had a strong inverse relationship with number of living children, ranging from 82.7 percent among those who had no living child to less than 4.0 percent among those who had 6 or more living children. It was thus clearly reflected in the data that desire for additional children was the principal factor in non-use, largely, for women who had fewer than 3 children. Further calculations derived from the figures in table-11.1a showed that 82.5 percent of the women mentioning desire for additional children were those who had fewer than 3 children compared to only 17.5 percent for those who had 3 or more children.

#### Table-11.1a

5 6	502 350	8.3 2.3
5	502	8.3
3 4	713 573	26.7 13.2
2	808	41.7
0	776 941	82.7
No. of living chil <b>ðr</b> en	No. of non-pregnant currently married women not currently using	Desire for additional children

# PERCENTAGE MENTIONING 'DESIRE FOR ADDITIONAL CHILDREN' AS THE MAIN REASON FOR NON-USE BY NUMBER OF LIVING CHILDREN

<sup>a</sup> Weighted total of non-pregnant currently married women in the sample, who were not current users excluding the NS(Not Stated) cases, if any, for the question about the main reasons for non-use of contraceptives.

<sup>b</sup> The number of NS case was 1 in the weighted sample.

#### 11.3. Intention to use contraception in the future:

The intention of non-users to use contraception in the future is shown in table-11.2. Overall, a little more than one-third (37.6 percent) of the women expressed their intention to use contraceptives in future. On the contrary, over 44.0 percent said, 'no intention to use in future' while there was another 18.1 percent who said 'don't know/uncertain'.

Intention to use contraception varied between urban and rural areas. The proportion intending to use contraception was higher in urban areas than in rural areas. For example, while the proportion was 53.3 percent in the urban sample, it was only 36.3 percent in the rural sample. On the contrary, the proportion uncertain was lower for the urban areas (14.4 percent) than for the rural areas (18.4 percent). Thus in the rural areas, about 65.0 percent of non-current users were found either undecided or having no intention to use in the future, while the comparable proportion was below 50.0 percent in the urban areas. The family planning program should, therefore, give more emphasis to improve the level of motivation among the rural population. Also more demand creation activities must be planned.

# 11.3.1. Reasons for non-intention/uncertainty to use contraception:

Shown in table-11.3 are the main reasons for non-intention or uncertainty to use contraception in the future. The most important reasons for non-intention to use were 'desire for additional children', 'belief that the woman was unable to have children' and 'religious taboos'. Overall, 21.2 percent of the respondents mentioned, as their main reason for non-intention or uncertainty to use, that they desired additional children; 19.5 percent that they believe they were unable to have children; and 18.7 percent that they did not intend to use contraception on religious grounds. 'Objections by husband' also was mentioned by 8.6 percent of the respondents. A large proportion (18.8 percent) of the respondents said 'don't know'in reply to the question.

#### Table-11.2

# PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE NOT CURRENTLY USING CONTRACEPTIVES BY FUTURE INTENTION TO USE

Future intention to use contraceptives	National	Rural	Urban
Intend to use	37.6	36.3	53.3
Do not intend to use	44.3	45.3	32.3
Uncertain	18.1	18.4	14.4
Total N <sup>1</sup>	100.0 6191 <sup>a,b</sup>	100.0 5708 <sup>a</sup>	100.0 1392 <sup>a</sup>

(The Eligible Woman Sample)

N in this table is the total number of currently married women, excluding the current users and NS(Not Stated) cases, if any, for the question about intention to use contraceptives in future.

<sup>a</sup> The number of NS cases was 1 for national,1 for rural, and 1 for urban.

b Weighted total.

Between the rural and urban areas, there were no pronounced variations in the reported reason of non-intention or uncertainty to use contraception in future, except for the religious reason and for the belief that she was unable to have children. Religious reason was mentioned by a greater proportion in the rural areas (19.2 percent) chan in the urban areas (10.9 percent). The belief of not being able to have children was mentioned more in the urban areas than rural.

A second question was asked of the respondents to ascertain if they had any other reason for non-intention or uncertainty to use family planning in future. Around 95.0 percent of the respondents said, 'no' in reply to ques-

#### Table-11.3

# PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE NOT CURRENTLY USING CONTRACEPTIVES BY THE MAIN REASONS FOR NON-INTENTION/UNCERTAINTY TO USE CONTRACEPTIVES IN FUTURE

#### (The Eligible Woman Sample)

Main reasons for non-intention/uncer- tainty to use contraceptives in future	National	Rural	Urban
Desire for additional children	21,2	21.2	19.8
Objections by husband	8.6	8.5	10.3
Health reasons	2.8	2.7	4.3
Fear for side-effects	3.3	3.4	1.8
Religious reasons	18.7	19.2	10.9
Wife believed she was unable to have children	19.5	19.1	25.8
Methods not available	0.1	0.1	0.2
Others	7.0	6.9	9.2
Don't know	18.8	18.9	17.5
Total N <sup>1</sup>	100.0 3858 <sup>b,c</sup>	100.0 3633 <sup>b</sup>	99.8 <sup>a</sup> 650 <sup>b</sup>

<sup>1</sup> N in this table is the total number of currently married women, excluding the current users having intention to use contraceptives in future and the NS(Not Stated) cases, if any, for the question about the main reasons for non-intention/uncertainty to use contraceptives in future.

<sup>a</sup> Total is less than 100 percent due to rounding errors.

<sup>b</sup> The number of NS cases was 4 for national, 4 for rural, and 1 for urban.

<sup>c</sup> Weighted total.

tion. Since the additional reasons were given by a very small number and were not very different from the main reasons, they are not included in this report.

The percentage mentioning 'desire for children' as the main reason for non-intention/uncertainty to use is examined in table-11.3a by the number of living children. As for non-use, 'desire for additional children' was a main reason for non-intention/uncertainty to use, largely,among those who had fewer than 3 children. The proportion reporting desire for additional children was the highest 44.6 percent among women who had no living child. It sharply declined to 14.7 percent among those who had 3 living children, reaching a low of less than 5.0 percent among those who had 5 or more living children.

# 11.3.2. Preferred methods:

The methods preferred to be used in the future are shown in table-11.4. Oral pill, injection and female sterilization were among the most mentioned methods. Among women having intention to use contraception in future, the proportion preferring to use oral pill was 28.5 percent; injection, 16.3 percent; and female sterilization, 11.4 percent. Condom was mentioned by only 2.2 percent and the IUD by 2.1 percent. One-third of the women (33.7 percent) did not know or were uncertain in reply to the question about what method they would prefer to use. There was no pronounced variation between the rural and urban areas.

#### 11.3.3. Expected time to start using contraceptives:

Shown in table-11.5 is the expected time when respondents having intention to use would start using contraception. A quarter of the respondents (26.7 percent) mentioned that they would start using a method within one year from the interviewing date; while 9.5 percent mentioned the time between one year and two years, and 6.8 percent after two years. But more than half of the women (57.0 percent) reported that they were uncertain about time. This finding may indicate that the women were not really very committed to use in the future.

# Table-11.3a

# PERCENTAGE MENTIONING DESIRE FOR ADDITIONAL CHILDREN AS THE MAIN REASON FOR NON-INTENTION/ UNCERTAINTY TO USE BY NUMBER OF LIVING CHILDREN

No.of living children	No.of currently married women not currently using and not intending to use	Desire for additional children	
0	610	44.6	
1	657	38.0	
2	534	27.2	
3	493	14.7	
4	439	9.7	
5	377	4.8	
6	293	1.3	
7	223	3.8	
8	136	3.2	
9 +	97	-	
A11	3858 <sup>a</sup> , <sup>b</sup>	21.2	

<sup>a</sup> Weighted total of currently married women in the sample, who were not current users and were not intending to use excluding the NS (Not Stated) cases, if any, for the question about the main reasons for non-intention/uncertainty to use.

<sup>b</sup> The number of NS cases was 4 in the weighted sample.

The proportion mentioning the starting time within a year was slightly higher in the urban areas (30.6 percent) than in the rural areas (26.2 percent), while the reverse was true for the proportion mentioning the time between one year and two years. Between the two areas, there was, however, no difference in the case of those giving the starting time after two years.

# Table-11.4

#### PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE NOT CURRENTLY USING CONTRACEPTIVES HAVING INTENTION TO USE IN FUTURE BY METHOD INTENDING TO USE

Methods	National	Rural	Urban
Oral pill	28.5	28.3	30.1
Condom	2.2	2.1	2.6
Vaginal method	0.3	0.3	0.3
Injection	16.3	16.6	14.6
IUD	2.1	1.9	3.5
Female sterilization	11.4	11.2	12.8
Male sterilization	0.2	0.1	0.3
M.R.	0.2	0.1	0.3
Safe period	1.2	1.2	1.5
Withdrawal	0.6	0.7	0.3
Abstinence	0.1	0.0	0.1
Other	3.4	3.6	2.0
Uncertain/none of the above methods/don't know	33.7	33.9	31.8
Total	100.0	100.0	100.2 <sup>a</sup>
N <sup>1</sup>	2329 <sup>b</sup>	2072	742 <sup>°</sup>

(The Eligible Woman Sample)

<sup>1</sup> N in this table is the total number of currently married women having intention to use contraceptives in future, excluding, the current users and the NS(Not Stated) cases, if any, for the question about the methods intended to use in future.

<sup>a</sup> Total is more than 100 percent due to rounding errors.

<sup>b</sup> Weighted total.

<sup>C</sup> The number of NS cases was 1 for urban.

# Table-11.5

# PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE NOT CURRENTLY USING CONTRACEPTIVES HAVING INTENTION TO USE A SPECIFIC METHOD OF CONTRACEPTION BY TIME EXPECTED TO START USING THE METHOD

# (The Eligible Woman Sample)

Expected time to start using contraceptives	National	Rural	Urban
Within a year	26.7	26.2	30.6
Between one year and two years	9.5	9.8	7.1
After two years	6.8	6.8	6.8
Don't know/uncertain	57.0	57.2	55.8
Total N <sup>1</sup>	100.0 1537 <sup>a</sup>	100.0 1362 <sup>a</sup>	100.0 504 <sup>a</sup>

<sup>1</sup> N in this table is the total number of currently married women, having intention to use a specific method of contraception in the future, excluding the current users and NS(Not Stated) cases, if any, for the question about the expected time to start using the method.

<sup>a</sup> The number of NS cases was 9 for national, 8 for rural, and 3 for urban.

#### Chapter-12

#### SUMMARY AND CONCLUSION

#### 12.1. Introduction and methodology:

The Contraceptive Prevalence Survey(CPS) - 1983 was the third CPS conducted in Bangladesh to monitor progress of the family planning programs. The first CPS was done in 1979 (NJPORT, 1981) and the second in 1981 (MIS, 1983).

Data for the 1983 CPS were collected during October 10,1983 to January 31,1984, interviewing three samples — the eligible woman sample, the husband sample, and the couple sample. The reason for interviewing three samples instead of only the eligible woman sample as in the 1979 and 1981 CPSs was to examine with national level data whether there were response differentials by sex with respect to contraceptive use. In the eligible woman sample, 10,117 ever married women under 50 years of age were interviewed; in the nusband sample 2,007 husbands of currently married women under 50 years of age who were not included in the eligible woman sample were interviewed; and in the couple sample, 1,896 couples were interviewed. Interviews in the couple sample were conducted simultaneously but separately for the husband and the wife of the same couple.

Although the 1933 CPS data were collected from the three samples, this analysis focused on findings from the eligible woman sample only, since trends in prevalence can be examined by comparing the results of the 1983 CPS eligible woman sample with those of the previous surveys.

#### 12.2. Characteristics of the eligible woman sample:

Data on the household schedule indicated that 44.3 percent of the women were under 15 years of age, 44.8 percent between ages 15 and 49 years,

and 10.9 percent 50 years and above. Among the women aged 15-49, 98.1 percent were ever married.

Educational attainment among the ever married women interviewed was low. Over two-thirds (68.8 percent) had never attended school. Almost ninety percent of the women were not employed. Among those employed, most had paid employment. Nearly 89 percent of the ever married women were Muslim. A large number (33.1 percent) of the women were from families having no agricultural land.

#### 12.3. Fertility:

Although accurate fertility data is extremely difficult to collect in countries like Bangladesh, particular attention was paid in development of questions designed to collect information on births during the past year and on cumulative fertility.

There were no discernible variations in the mean numbers of children ever born and living children between ever married women and currently married women. Both the groups had on average 3 living children and about 4 children ever born per woman. The differences between the rural and urban areas were not very pronounced.

There were no indications of any definite fertility trends in mean numbers of children ever born and living children between the 1975 BFS and the 1983 CPS. But there was clear evidence of fertility decline in the Total Fertility Rates(TFRs) between the surveys. Whereas the BFS estimated that between 1971 and 1975 the TFR averaged 6.7, the 1983 CPS estimated TFR was 5.6.

In the 1983 CPS, the TFR was higher in the rural areas than in the urban areas. For example, whereas in the urban areas the TFR for ever married women was 5.0, the figure for the rural areas was 5.6.

Relatively more pronounced urban - rural variation in the TFR than in the mean numbers of children might result from recent changes in urban and rural fertility or from the fact that the difference in underreporting between the two areas is much less in the case of births during the last one year period than in the case of total births.

Data on desire for more children indicated that the majority of the women with 3 or more children did not want to have any more children. The proportion was 57.6 percent for women who had 3 living children and rose to over 80.0 percent for those who had 5 children or more. The 1983 CPS data thus suggest that many women in Bangladesh now want to limit their family size.

Prevailing individual family size norms among the sample women were examined by computing 'derived family size'. Derived family size was calculated in the following manner: the mean number of desired additional children was first calculated by number of living children; the calculated mean was then added to the number of living children. The derived family size measure showed a trend toward a smaller desired family size among women with fewer children. Although this trend is usual because the derived measure included the number of living children, the data indicated that women with two or fewer children wanted a total of 2.7 children on the average. The derived measure for women with two or fewer children is largely dependent on their stated desire for additional children. Since a large proportion of the women in this category said 'Undecided/ God knows' in response to the question about future desire, caution should be used in interpreting these results.

#### 12.4. Knowledge:

Awareness of family planning was universal in the target population. Almost every ever married woman in the sample had prompted or unprompted

knowledge of at least one modern method (oral pill, condom, vaginal methods, injection, IUD, tubectomy, vasectomy, and induced abortion/MR). Data on the combined unprompted and prompted method specific knowledge of family planning revealed that oral pill and tubectomy were the only two methods almost universally known. There was no appreciable growth in the knowledge of modern methods between 1981 and 1983. The knowledge of traditional methods was low, ranging from 18.5 percent for abstinence to 26.4 percent for safe period.

#### 12.5. Ever use:

Ever use of family planning methods was still low in Bangladesh. Only one-third (33.4 percent) of the women interviewed in the 1983 CPS eligible woman sample reported having ever used at least one method and 23.8 percent at least one modern method. Thus, the 1983 eligible woman sample revealed that there was still a large proportion of ever married women under 50 years of age who had never used contraception.

Method specific ever use rates were highest for oral pill followed by safe period. The proportion of ever married women having ever used oral pill was 14.1 percent, while that for safe period was 11.0 percent. The next most widely ever used methods were condom (7.1 percent), tubectomy (5.8 percent) and withdrawal (5.3 percent).

#### 12.6. Current use:

The overall current use rate of family planning among currently married women under 50 years of age was 19.1 percent; 13.8 percent of the women were using some form of modern family planning methods and the remaining 5.4 percent were relying on traditional methods. Tubectomy had the highest current use rate, with 6.2 percent of the currently married women reporting that they were tubectomized. The next most widely used methods were oral pill (3.3 percent) and safe period (2.4 percent).

Between 1981 and 1983 the current use of modern methods rose by 2.9 percentage points — from 10.9 percent to 13.8 percent. But the overall use

rate in 1983 was only 0.5 percentage points higher than the 1981 rate of 18.6 percent. The small increase in the overall use rate was due to lower reported use of traditional methods in 1983 than in 1981. Between 1981 and 1983 the number of women who had had a tubectomy increased by 2.2 percentage points from 4.0 percent to 6.2 percent, vasectomy by 0.4 points from 0.8 percent to 1.2 percent, and the IUD by 0.6 points from 0.4 percent to 1.0 percent. Except for these three methods, there were no discernible changes in the use rate for any of the other modern methods.

#### 12.7. Working rates:

There were variations in reported current use levels of family planning among the three samples of the 1983 CPS - the eligible woman sample, the husband sample, and the couple sample. The general pattern was that male respondents reported a higher use rate than female respondents. When a respondent was interviewed with spouse, the use rate was higher than when interviewed without spouse. Existence of these differentials clearly shows that there are biases associated with the reporting of family planning use. Although the differentials make it impossible to state the precise current use rate with absolute certainty, a set of working rates was suggested in the 'Key Results of the 1983 CPS' for policy makers and program managers. The working rates were developed assuming that, in general, female methods were subject to less reporting bias among females and male methods were subject to less reporting bias among males. Thus estimated, the overall working rate came to 21.7 percent, 16.2 percent for modern methods and 5.5 percent for traditional methods.

#### 12.8. Source of supply/service:

For non-clinical family planning methods, pharmacies and government field workers were the largest suppliers, while for clinical methods, government clinics/hospitals were the most important source of services. Physical verification of the brand of oral pills/condoms among the current users

revealed that thirtynine percent of the pill users were dependent on BDG brands and another 40.6 percent on the private manufacturers' brands. The remaining 19.1 percent were dependent on brands supplied by the SMP (Social Marketing Project). In contrast, the SMP was the most important provider of condoms. Almost two-thirds (64.0 percent) of the condom users were using SMP brands, while the remaining one-third (33.4 percent) used BDG brands.

#### 12.9. Availability of contraceptives:

Among non-users, home delivery by government field workers was the best known source for oral pills and condoms, and government clinics/hospitals for clinical methods. A substantial proportion of ever married women, having knowledge of a method but not currently using the method, did not know its source of supply/service. Slightly over 30 percent of the eligible women (both users and ion-users) reported that they were visited by the family planning workers in their home in the last six months preceding the date of interview. This implies, increased emphasis should be paid to field workers' coverage and frequency of visits, since over two-thirds of the target population for family planning services had not been contacted within one-half year. More than 9 out of every 10 of the workers were reported to be government workers. Nearly 98 percent of them were female. Current users were relatively more visited by field workers than were the non-current users. Among the current users, those using temporary methods were relatively more visited than the permanent methods users.

# 12.10.Reasons for non-use and non-intention to use family planning in the future:

The main reasons for non-use was 'desire for additional children' reported by one-third (36.2 percent) of the non-users. Among the other two-thirds, important reasons reported were post amenorrhoea (12.5 percent), 'belief that the woman was unable to have children' (14.4 percent) and 'religious barriers' (8.4 percent). Desire for additional children was reported largely by women with 2 children or fewer.

A little more than one-third (37.6 percent) of the currently married women not currently using any method expressed their intention to use contraception in future. The most important reasons for non-intention to use were 'desire for additional children','belief that the woman was unable to have children', and 'religious taboos'. As for non-use, desire for additional children was reported largely by women with 2 children or fewer. Among women having intention to use contraception in future, oral pill, injection, and female sterilization were the most preferred methods.

#### 12.11.Conclusion:

The results of the 1983 CPS have clearly documented an increase in the current use of modern family planning methods in the eligible woman sample — from 10.9 percent in 1981 to 13.8 percent in 1983. This trend is encouraging, although the increase is far below what is needed to achieve the desired level of family planning practice in the country. Ever use of family planning is still low despite universal awareness of family planning among the target population. The program should try to minimise this large gap by intensifying both motivational and service delivery efforts. Moreover, as a substantial portion of ever married women having knowledge of a method reported that they did not know the source of supply/service.This also indicates more efforts are needed to increase awareness of service availability.

The 1983 CPS found evidence of a declining trend in TFR. The TFR in 1983 was 5.6 compared to 6.7 shown in the 1975 BFS. Although the specific reason(s) for this declining trend are not definitively known, family planning appears to have made a substantial contribution from the comparison of prevalence rates of modern family planning methods between 1975 (4.7 percent) and 1983 (13.8 percent).

Reasons for non-use and desire to use in the future were examined in detail. Women were less likely to accept family planning until they had at least two children. The main reason for non-use was the desire for more children. Efforts should be made to promote use of methods among women with fewer than 2 children by motivating them to space childbirth. The findings have shown that overall more than one-third (37.6 percent) of the respondents not currently using a family planning method expressed their desire to use contraceptives in future, while another 18.1 percent were uncertain. This indicates that there exists a high unmet need for family planning in the population. The unmet need is much higher in the urban areas than in the rural.

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# Appendix-A

KEY TABLES

OF

THE HUSBAND SAMPLE

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#### DISTRIBUTION OF SAMPLE AREAS BY DIVISION AND DISTRICT<sup>1</sup>

Division	District	Total	Rural	Urban
	Rajshahi	3	2	1
	Rangpur	3	2	1
RAJSHAHI	Dinajpur	1	1	-
	Bogra	1	1	-
	Pabna	2	1	1
	Sub-total	10	7	3
	Khulna	3	2	1
	Barisal	2	1	1
KHULNA	Kushtia	1	1	-
	Jessore	2	1	1
	Patuakhali	1	1	-
	Sub-total	9	6	3
	Dhaka	11	3	8
	Mymensingh	3	2	1
DHAKA	Jamalpur	1	1	-
	Tangail	1	1	
	Faridpur	2	2	-
	Sub-total	18	9	9
	Chittagong	5	2	3
CHITTAGONG	Comilla	3	3	-
	Noakhali	2	1	1
	Sylhet	3	2	1
	Sub-total	13	8	5
	Total	50	30	20

(The Husband Sample)

<sup>1</sup> The distribution is based upon the district administrative structure of the country, prevailing prior to the recent reorganization introduced by the government since early 1984.

# NUMBER OF HOUSEHOLDS AND NUMBER OF ELIGIBLE RESPONDENTS SELECTED AND INTERVIEWED, BY STRATUM

Stratum	Number of	households	Number of eligible respondents			
	Selected	Interviewed	Selected	Interviewed		
Rural	1998	1908	1607	1559		
	6.0.0					
Urban	622	584	478	448		
		2402				
	2020	2492	2085	2007		

#### NON-RESPONSE RATE FOR HOUSEHOLD INTERVIEWS BY DIVISION

	Number	of Rural	1 1	Number	of Urban	
-	House	eholds	Rural Non-	Hous	eholds	Urban Non-
Division	1	Success-	response	1 1	Success-	response
51010101	Selec-	fully	Rate	Selec-	fully	Rate
	ted	Inter-	(Percentage)	ted	Inter-	(Percentage)
	l	viewed	I L	I 1	viewed	l L
Rajshahi	493	487	1.2	101	98	3.0
Khulna	402	351	12.7 <sup>a</sup>	97	87	10.3
Dhaka	610	592	3.0	286	270	5.6
Chittagong	493	478	3.0	138	129	6.5
Total	1998	1908	4.5	622	584	6.1

(The Husband Sample)

<sup>a</sup> The unusually high rate of non-response in Khulna was due to non-completion of one sample spot in this division, which was Betagi of Patuakha District. For lack of safety, the interviewing team had to leave the spot completing only 27 out of 67 selected households.

#### Table-1.4

#### REASONS FOR HOUSEHOLD NON-RESPONSE

Reasons	Ri	ıral	Urban	
	Number	Percentage	Number	Percentage
No competent respondent	3	3.3	3	7.9
Deferred	-	-	-	-
Refused	-	-	2	5.3
Dwelling vacant	37	41.1	25	65.8
Address not found	1	1.1	6	15.8
Address not existing	6	6.7	1	2.6
Other	43	47.8	1	2.6
Total	90	100.0	38	100.0

# NON-RESPONSE RATE FOR INDIVIDUAL INTERVIEWS BY DIVISION

	Number	of Rural	1 1	Number	of Urban	1
	Resp	ondents	Rural Non-	Resp	ondents	Urban Non-
Division	1	Success.	response	1	Suc ess-	response
	Found	fully	Rate	I Found	fully	Rate
	i ouna	Inter-	(Percentage)		Inter-	(Percentage)
		viewed	۱ ۱	t I	viewed	r I
Rajshahi	437	429	1.8	74	71	4.1
Khulna	300	294	2.0	72	71	1.4
Dhaka	495	482	2.6	227	- 209	7.9
Chittagong	375	354	5.6	105	97	7.6
Total	1607	1559	3.0	478	448	6.3

### (The Husband Sample)

# Table-1.6

# REASONS FOR INDIVIDUAL INTERVIEW NON-RESPONSE

Beasons	1	Rural :	Urban	
	Number	Percentage	Number	Percentage
Incomplete	-	-	-	-
Respondent not available	40	83.3	29	96.7
Deferred	1	2.1	-	-
Refused	4	8.3	-	-
Other	3	6.3	1	3.3
Total	48	100.0	30	100.0

# WEIGHTED NUMBER OF HOUSEHOLDS AND HUSBANDS OF CURRENTLY MARRIED WOMEN IN THE OBTAINED SAMPLE

• • • • • •	Numbe	Number of households			Number of husbands			
Areas	Un- weighte	Weights	Weighted	Un- weighted	Weights	Weighted		
Rural	1908	1.00000	1908	1559	1.00000	1559		
Urban	584	0.35321	206	448	0.36560	164		
Total	2492	_	2114	2007	_	1723		

# PERCENTAGE OF HUSBANDS OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE, HAVING KNOWLEDGE<sup>1</sup> OF: AT LEAST ONE METHOD; AT LEAST ONE MODERN METHOD<sup>2</sup>; AT LEAST ONE TRADITIONAL METHOD<sup>3</sup>

Having knowledge of	National	Rural	Urban
At least one method	99.5	99.4	100.0
At least one modern method	99.4	99.4	100.0
At least one tradi- tional method	63.7	62.5	75.0
N	1723 <sup>a</sup>	1559	448

(The Husband Sample)

<sup>1</sup> Unprompted or prompted knowledge.

<sup>2</sup> Modern methods: Oral pill,condom,vaginal method,injection,IUD tubectomy, vasectomy and induced abortion/MR
<sup>3</sup> Traditional methods: Safe period, withdrawal, abstinence, and

'other methods'

a Weighted total of husbands in the sample.

# PERCENTAGE OF HUSBANDS OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE, HAVING KNOWLEDGE OF SELECTED FAMILY PLANNING METHODS<sup>1</sup>

	Knowledge			
Methods (1)	Unprompted (2)	Prompted (3)	Overall <sup>2</sup> (4) = (2) + (3)	
Oral pill	73.0	20.1	93.1	
Condom	42.9	36.2	79.2	
Vaginal method	8.8	16.3	25.1	
Injection	12.9	47.9	60.8	
IUD	6.5	19.4	25.8	
Tubectomy	47.1	47.6	94.7	
Vasectomy	30.9	54.5	85.4	
Induced abortion/MR	0.7	28.4	29.2	
Safe period	4.9	39.9	44.8	
Withdrawal	0.9	19.1	19.9	
Abstinence	0.7	30.9	31.6	
Other	1.4	21.7	23.1	

#### (The Husband Sample)

Weighted total of husbands in the sample is 1723. The percentage for a method has been computed using as N the weighted total of husbands excluding NS (Not Stated) cases, if any, for the question about knowledge of the method. The number of NS cases was 1 for abstinence.

<sup>2</sup> The overall rate has been computed directly, counting the number of respondents having any knowledge, unprompted or prompted. Thus for some methods, the overall rate may be slightly different from the sum of the prompted and unprompted rates, due to rounding error.

# PERCENTAGE OF HUSBANDS OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE, HAVING KNOWLEDGE OF SELECTED FAMILY PLANNING METHODS BY RURAL-URBAN AREA<sup>1</sup>

Methods	National	Rural	Urban
Oral pill	93.1	92.5	98.9
Condom	79.2	77.5	94.6
Vaginal method	25.1	21.6	58.0
Injection	60.8	59.7	71.2
IUD	25.8	23.5	48.4
Tubectomy	94.7	94.4	97.8
Vasectomy	85.4	84.8	91.1
Induced abortion/MR	29.2	27.2	47.8
Safe period	44.8	43.2	59.4
Withdrawal	19.9	19.0	29.0
Abstinence	31.6	30.3	44.2
Other	23.1	23.6	18.1
N	1723	1559	448

(The Husband Sample)

<sup>1</sup> The percentage for a method has been computed using as N the total number of husbands excluding NS(Not Stated) cases, if any, for the question about knowledge of the method. The number of NS cases for rural area was 1 for abstinence.

# Table-3.1

# PERCENTAGE OF HUSBANDS OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE, HAVING EVER USED: AT LEAST ONE FAMILY PLANNING METHOD; AT LEAST ONE MODERN METHOD<sup>1</sup>; AT LEAST ONE TRADITIONAL METHOD<sup>2</sup>

(The Husband Sample)

Having ever used	National	Rural	Urban
At least one method	51.8	49.5	73.7
At least one modern method	35.4	32.2	66.1
At least one tradi- tional method	32.5	31.8	39.5
N	1723	1559	448

<sup>1</sup> Modern methods: Oral pill,condom,vaginal method,injection,IUD, tubectomy, vasectomy, and induced abortion/MR.

<sup>a</sup> Weighted total of husbands in the sample.

#### Table-3.2

# PERCENTAGE OF HUSBANDS OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE, HAVING EVER USED SELECTED FAMILY PLANNING METHODS<sup>1</sup>

Methods	National	Rural	Urban	
Oral pill	22.0	19.2	47.8	
Condom	16.5	13.9	41.3	
Vaginal method	5.0	3.9	15.6	
Injection	1.5	1.1	5.6	
IUD	2.4	1.9	6.7	
Tubectomy	5.8	5.5	8.5	
Vasectomy	2.8	3.0	1.8	
Induced abortion/MR	1.8	1.2	7.8	
Safe period	25.1	24.5	30.8	
Withdrawal	6.0	5.6	9.6	
Abstinence	12.0	11.5	16.3	
Other	3.9	4.0	2.2	
N	1723 <sup>a</sup>	1559	448	

#### (The Husband Sample)

1 The percentage for a method has been computed using as N the total number of husbands excluding NS (Not Stated) cases, if any, for the question about ever use of the method. The number of NS cases for rural was 2 for injection. 1 for IUD, 1 for MR, 1 for safe period, 4 for abstinence.

a Weighted total of husbands in the sample.

#### Table-4.1

# CURRENT USE OF CONTRACEPTION AMONG HUSBANDS OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE, BY METHOD

Number of husbands (Weighted) <sup>1</sup>	Percentage <sup>2,3</sup>
310	18.0
93	5.4
46	2.7
10	0.6
2	0.1
17	1.0
100	5.8
43	2.5
159	9.2
102	5.9
16	0.9
19	1.1
23	1.3
469	27.2
1253	72.7
1723	99.9
	Number of husbands (Weighted) <sup>1</sup> 310 93 46 10 2 17 100 43 159 102 16 19 23 469 1253 1723

(The Husband Sample)

2

<sup>1</sup> Due to rounding after weighting the sum of individual modern method users comes to 311 instead of 310; and the sum of individual traditional method users to 160 instead of 159. In consequence, the sum of all individual method users including no method users comes to 1724 instead of 1723 and excluding no method users, to 471; and that for modern method users, traditional method users, and no method users to 1722.

All the rates have been computed directly from the actual number of users.

3 Because of rounding errors, the sum of individual rates for modern methods is 18.1 instead of 18.0 and for any methods is 27.3 instead of 27.2.

4 There were 0.3 percent of the husbands who reported that they and their wives were both sterilized. These current users have been included under tubectomy.

#### Table-4.2

# CURRENT USE OF CONTRACEPTION AMONG HUSBANDS OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE, BY METHOD AND BY RURAL-URBAN AREA

#### (The Husband Sample)

Contracention status	Percentage		
	Rural	Urban	
Modern methods(total)	15.8	39.3	
Oral pill	4.4	15.2	
Condom	1.9	9.6	
Vaginal method	0.5	1.1	
Injection	0.1	0.4	
IUD	0.8	2.7	
Tubectomy <sup>2</sup>	5.5	8.5	
Vasectomy	2.6	1.8	
Traditional methods(total)	9.5	6.7	
Safe period	6.1	4.0	
Withdrawal	0.8	2.2	
Abstinence	1.2	0.4	
Other	1.5	-	
Any method	25.3	46.0	
No method	74.7	54.0	
Total	100.0	100.0	
N	1559	448	

<sup>1</sup> Due to rounding errors, the sum of rural individual rates for traditional methods is 9.6 instead of 9.5 and consequently for any methods is 25.4 instead of 25.3. For the same reason, the sum of urban individual rates for traditional methods is 6.6 instead of 6.7 and consequently for any methods is 45.9 instead of 46.0.

<sup>2</sup> In the rural area, 0.4 percent of the husbands reported that they and their wives were both sterilized. These current users have been included under tubectomy.

# PERCENTAGE DISTRIBUTION OF CURRENT USERS OF NON-CLINICAL<sup>1</sup> FAMILY PLANNING METHODS BY REPORTED SOURCE OF SUPPLY

# (The Husband Sample)

Source of supply	National	Rural	Urban
Pharmacy	28.7	16.0	60.3
General stores	13.0	15.1	7.8
Pan/Cigarette shop	3.9	3.8	4.3
Quack	0.7	0.9	-
Qualified Doctor	0.7	0.9	· <b>-</b>
Mobile camp	-	-	-
Clinic/Hospital	9.8	11.3	6.0
Field worker	41.8	50.9	19.0
Other	1.2	0.9	1.7
Don't know	0.2	-	0.9
Total	100.0	99.8 <sup>a</sup>	100.0
N	148 <sup>b</sup>	106	116

<sup>1</sup> Non-clinical methods: Oral pill, condom, and vaginal method. <sup>a</sup> Total is smaller than 100.0 percent due to rounding error.

<sup>b</sup> Weighted total of current users of non-clinical family planning methods.

# PERCENTAGE DISTRIBUTION OF CURRENT USERS OF A NON-CLINICAL<sup>1</sup> FAMILY PLANNING METHOD BY REPORTED SOURCE OF SUPPLY

Source of supply	Oral pill	Condom	Vaginal method
Pharmacy	32.1	20.4	35.2
General stores	-	40.0	10.2
Pan/Cigarette shop	-	12.8	-
Quack	_	-	10.2
Qualified Doctor	-	-	10.2
Mobile camp	_		-
Clinic/Hospital	9.9	6.6	24.1
Field worker	55.7	20.3	. 10.2
Other	1.9	-	-
Don't know	0.4	-	-
Total	100.0	100.1 <sup>a</sup>	100.1 <sup>a</sup>
N <sup>2</sup>	93	46	10

#### (The Husband Sample)

<sup>1</sup> Non-clinical methods: Oral pill, condom, and vaginal method.

<sup>2</sup> Weighted total of current users of non-clinical family planning methods. The sum of individual NS is 149 instead of 148 due to rounding after weighting.

<sup>a</sup> Total is larger than 100.0 percent due to rounding error.

# PERCENTAGE DISTRIBUTION OF CURRENT USERS OF CLINICAL<sup>1</sup> FAMILY PLANNING METHODS BY REPORTED SOURCE OF SERVICE

# (The Husband Sample)

Source of service	National	Rural	Urban
Pharmacy	-	-	-
General stores	-	-	-
Pan/Cigarette shop	-	-	-
Quack	-	4 <b></b>	-
Qualified Doctor	0.8	0.7	1.7
Mobile camp	4.3	5.0	-
Clinic/Hospital	88.0	87.1	93.3
Field worker	5.6	6.4	-
Other	0.2	-	1.7
Don't know	1.1	0.7	3.3
Total	100.0	<u>9</u> 9.9 <sup>a</sup>	100.0
N	162 <sup>b</sup>	140	60

<sup>1</sup> Clinical methods: Injection, IUD, tubectomy, and vasectomy. <sup>a</sup> Total is smaller than 100.0 percent due to rounding error.

b Weighted total of current users of clinical family planning methods.

# PERCENTAGE DISTRIBUTION OF CURRENT USERS OF A CLINICAL<sup>1</sup> FAMILY PLANNING METHOD BY REPORTED SOURCE OF SERVICE

# (The Husband Sample)

Source of service	Injection	IUD	Tubectomy	Vasectomy
Pharmacy	_	-		_
General stores	-	-	-	-
Pan/Cigarette shop	-	-	_	-
Quack	-	-	-	_
Qualified Doctor	-	5.8	_	0.9
Mobile camp	-	5.8	5.0	2.3
Clinic/Hospital	100.0	34.6	93.3	96.8
Field worker	-	51.8	-	_
Other	-	2.1	-	-
Don't know	-	-	1.7	-
Total	100.0	100.1 <sup>a</sup>	100.0	100.0
N <sup>2</sup>	2	17	100	43

<sup>1</sup> Clinical methods: Injection, IUD, tubectomy, and vasectomy.

Weighted total of current users of clinical family planning methods.

<sup>a</sup> Total is larger than 100.0 percent due to rounding error.

<u>Appendix-B</u>

# KEY TABLES

OF

THE COUPLE SAMPLE

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# DISTRIBUTION OF SAMPLE AREAS BY DIVISION AND DISTRICT<sup>1</sup>

# (The Couple Sample)

Division	District	Total	Rural	Urban
	Rajshahi	3	2.	1
	Rangpur	3	2	1
RAJSHAHI	Dinajpur	1	1	-
	Bogra	1	1	-
	Pabna	2	1	1
	Sub-total	10	7	3
	Khulna	3	2	1
	Barisal	2	1	1
KHULNA	Kushtia	1	1	-
	Jessore	2	1	1
	Patuakhali	1	1	-
	Sub-total	9	6	3
	Dhaka	11	3	8
	Mymensingh	3	2	1
DHAKA	Jamalpur	1	1	-
	Tangail	1	1	-
	Faridpur	2	2	-
	Sub-total	18	9	9
	Chittagong	5	2	3
CHITTAGONG	Comilla	3	3	-
	Noakhali	2	1	1
	Sylhet	3	2	1
	Sub-total	13	8	5
	Total	50	30	20

<sup>1</sup> The distribution is based upon the district administrative structure of the country, prevailing prior to the recent reorganization introduced by the government since early 1984.

# NUMBER OF HOUSEHOLDS AND NUMBER OF ELIGIBLE COUPLES<sup>1</sup> SELECTED AND INTERVIEWED, BY STRATUM

#### (The Couple Sample)

Stratum	Number of	households	Number of Eligible Couple				
	Selected	Interviewed	Selected	Interviewed <sup>2</sup>			
Rural	1998	1894	1513	1467			
Urban	622	592	462	429			
Total	2620	2486	1975	1896			

1

Eligible couples are couples with wife under 50 years of age.

2 A couple was considered interviewed only when its both partners (husband and wife) were successfully interviewed.

#### NON-RESPONSE RATE FOR HOUSEHOLD INTERVIEWS BY DIVISION

# (The Couple Sample)

Division	Selec-	fully	response Rate	Selec-	Success-	response Rate
	ted	Inter-	(Percentage)	ted	Inter-	(Percentage)
		Viewed	I		viewed	I I
Rajshahi	493	482	2.2	101	97	4.0
Khulna	402	344	14.4 <sup>a</sup>	97	89	8.2
Dhaka	610	590	3.3	286	274	4.2
Chittagong	493	478	3.0	138	132	4.3
Total	1998	1894	5.2	622	592	4.8

<sup>a</sup> The unusually high rate of non-response in Khulna was due to non-completion of one sample spot in this division, which was Betagi of Patuakhali District. For lack of safety, the interviewing team had to leave the spot completing only 25 out of 67 selected households.

### Table-1.4

# REASONS FOR HOUSEHOLD NON-RESPONSE

Reasons		Rural	Url	ban
	Number	Percentage	Number	Percentage
No competent respondent	1	1.0	_	_
Deferred	-	-	-	_
Refused	1	1.0	-	_
Dwelling vacant	43	41.3	24	80.0
Address not found	-	-	4	13.3
Address not existing	11	10.6	1	3.3
Other	48	46.2	1	3.3
Total	104	100.1 <sup>a</sup>	30	99.9 <sup>a</sup>

#### (The Couple Sample)

<sup>a</sup> Total is larger or smaller than 100.0 percent due to rounding error.

# NON-RESPONSE RATE FOR INDIVIDUAL INTERVJEWS BY DIVISION

#### (The Couple Sample)

	Number	of Rural	1	Number	of Urban	,
	Cou	ples	Rural Non-	Cou	ples	Urban Non-
Division	Found	Success- fully Inter-	response Rate (Percentage)	Found	Success- fully Inter-	response Rate (Percentage)
	· · · · · · · · · · · · · · · · · · ·	Viewed.	L		viewed <sup>1</sup>	
Rajshahi	405	393	3.0	75	73	2.7
Khulna	276	273	1.1	69	67	2.9
Dhaka	487	472	3.1	216	199	7.9
Chittagong	345	329	4.6	102	90	11.8
Total	1513	1467	3.0	462	429	7.1

1 A couple was considered interviewed only when its both partners
 (husband and wife) were successfully interviewed.

# Table-1.6

# REASONS FOR INDIVIDUAL INTERVIEW NON-RESPONSE

# (The Couple Sample)

Reasons	Ri	ıral	t U	Irban
	Number	Percentage	Number	Percentage
Either spouse not available	5	10.9	1	3.0
Neither spouse available	32	69.6	32	97.0
Both spouses or either refused	2	4.3	-	-
Other	7	15.2	-	-
Total	46	100.0	33	100.0

# WEIGHTED NUMBER OF HOUSEHOLDS AND ELIGIBLE COUPLES<sup>1</sup> IN THE OBTAINED SAMPLE

(The Couple Sample)

	Num	ber of hou	Number of eligible Couples			
Areas	Un- weighted	Weights	Weighted	Un- weighted	Weights	Weighted
Rural	1894	1.00000	1894	1467	1.00000	1467
Urban	592	0.34588	205	429	0.36116	155
Total	2486		2099	1896		1622

<sup>1</sup> Eligible couples are couples with wife under 50 years of age.

# PERCENTAGES OF WIVES AND HUSBANDS HAVING KNOWLEDGE<sup>1</sup> OF: AT LEAST ONE METHOD; AT LEAST ONE MODERN METHOD<sup>2</sup>; AT LEAST ONE TRADITIONAL METHOD<sup>3</sup>

(The Couple Sample)

Nat	ional	Rural		Urban	
Wives	Husbands	Wives	Husbands	Wives	Husbands
98.5	99.3	98.4	99.2	100.0	100.0
98.3	99.2	98.2	99.1	100.0	99.8
61.1	65.4	60.1	64.6	70.9	73.0
1622 <sup>a</sup>	1622 <sup>8</sup>	1467	1467	429	429
	Nat Wives 98.5 98.3 61.1 1622 <sup>a</sup>	National           Wives         Husbands           98.5         99.3           98.3         99.2           61.1         65.4           1622 <sup>a</sup> 1622 <sup>a</sup>	National         F           Wives         Husbands         Wives           98.5         99.3         98.4           98.3         99.2         98.2           61.1         65.4         60.1           1622 <sup>a</sup> 1622 <sup>a</sup> 1467	National         Rural           Wives         Husbands         Wives         Husbands           98.5         99.3         98.4         99.2           98.3         99.2         98.2         99.1           61.1         65.4         60.1         54.6           1622 <sup>a</sup> 1622 <sup>a</sup> 1467         1467	National         Rural         U           Wives         Husbands         Wives         Husbands         Wives           98.5         99.3         98.4         99.2         100.0           98.3         99.2         98.2         99.1         100.0           61.1         65.4         60.1         54.6         70.9           1622 <sup>a</sup> 1622 <sup>a</sup> 1467         1467         429

<sup>1</sup> Unprompted or prompted knowledge

<sup>2</sup> Modern methods: Oral pill,condom,vaginal method,injection,IUD, tubectomy, vasectomy, and induced abortion/MR.

<sup>3</sup> Traditional methods: Safe period withdrawal, abstinence, and 'other methods'

<sup>4</sup> Weighted total of couples or of wives/husbands in the sample.

# PERCENTAGES OF WIVES AND HUSBANDS HAVING KNOWLEDGE OF SELECTED FAMILY PLANNING METHODS<sup>1</sup>

#### (The Couple Sample)

1			Kno	wledge		
Methods	Unpro	ompted	Pro	ompted	Ov	verall
ا البر <u>ہ ہے اور اور اور اور اور اور اور اور اور اور</u>	Wives	Husbands	Wives	Husbands	Wives	Husbands
Oral pill	74.0	75.6	19.9	18.1	94.0	93.7
Condom	23.1	43.8	37.2	34.9	60.4	78.7
Vaginal method	5.5	10.3	10.8	18.1	16.3	28.4
Injection	13.4	14.2	47.3	46.7	60.8	60.9
IUD	14.0	9.3	27.6	22.1	41.6	31.4
Tubectomy	50.8	48.3	45.7	46.7	96.5	95.0
Vasectomy	10.5	30.9	64.1	54.3	74.6	85.2
Induced abortion/ MR	0.8	0.8	49.0	31.4	49.8	32.2
Safe period	1.0	4.9	34.8	42.5	35.8	47.4
Withdrawal	0.3	1.1	21.5	20.4	21.7	21.5
Abstinence	0.1	0.4	21.8	33.1	21.8	33.5
Other	2.9	1.9	31.9	22.8	34.8	24.7

Weighted total of couples or of wives/husbands is 1622 in the sample. The percentage for a method has been computed using as N the weighted total excluding NS(Not Stated) cases, if any, for the question about knowledge of the method. The number of NS cases for wives was 1 for abstinence.

# PERCENTAGES OF WIVES AND HUSBANDS HAVING KNOWLEDGE OF SELECTED FAMILY PLANNING METHODS BY RURAL-URBAN AREA<sup>1</sup>

Methods	Nati	onal	Ru	Rural		Urban	
-	Wives	Husbands	Wives	'Husbands	Wives	Husbands	
Oral pill	94.0	93.7	93.4	93.1	99.3	98.8	
Condom	60.4	78.7	57.6	77.1	86.5	94.2	
Vaginal method	16.3	28.4	12.9	24.9	48.7	61.5	
Injection	60.8	60.9	58.2	59.9	84.8	70.6	
IUD	41.6	31.4	38.0	28.6	75.5	58.0	
Tubectomy	96.5	95.0	96.3	94.8	98.8	96.3	
Vasectomy	74.6	85.2	73.8	84.5	82.8	91.8	
Induced abortion/MR	49.8	32.2	47.6	29.9	71.3	53.4	
Safe period	35.8	47.4	35.0	46.3	43.6	57.6	
Withdrawal	21.7	21.5	21.0	20.2	28.4	33.3	
Abstinence	21.8	33.5	21.4	32.8	26.4	39.9	
Other	34.8	24.7	33.9	25.3	42.9	19.6	
N	1622 <sup>a</sup>	1622 <sup>a</sup>	1467	1467	429	429	

# (The Couple Sample)

<sup>1</sup> The percentage for a method has been computed using as N the total in the sample of couples or wives/husbands, excluding NS(Not stated) cases, if any, for the question about knowledge of the method. The number of NS cases for rural wives was 1 for abstinence and that for urban wives was 1 for injection and 1 for abstinence: while that for urban husbands was 1 for 'other'.

<sup>a</sup> Weighted total of couples or of wives/husbands in the sample.

#### Table-3.1

# PERCENTAGES OF WIVES AND HUSBANDS HAVING EVER USED: AT LEAST ONE METHOD; AT LEAST ONE MODERN METHOD<sup>1</sup>; AT LEAST ONE TRADITIONAL METHOD<sup>2</sup>

#### (The Couple Sample)

Having ever used	Nat	ional	R	lural	Urban	
	Wives	Husbands	Wives	Husbands	Wives	Husbands
At least one method	44.1	56.1	41.9	54.1	65.5	74.8
At least one modern method	28.9	38.1	25.9	35.4	57.1	64.1
At least one traditional method	26.0	37.3	25.6	36.6	29.1	43.6
N	1622 <sup>a</sup>	1622 <sup>a</sup>	1467	1467	429	429
1						

<sup>1</sup> Modern methods: Oral pill,condom,vaginal method.injection,IUD, tubectomy, vasectomy, and induced abortion/MR.

<sup>2</sup> Traditional methods: Safe period, withdrawal, abstinance, and 'other methods'.

<sup>a</sup> Weighted total of couples or of wives/husbands in the sample.

#### Table-3.2

### PERCENTAGES OF WIVES AND HUSBANDS HAVING EVER USED SELECTED FAMILY PLANNING METHODS<sup>1</sup>

Methods	Nat	ional	F	Rural	Uı	ban
	Wives	'Husbands'	Wives	Husbands	Wives	Husbands
Oral pill	15.8	22.3	13.1	19.9	41.3	44.6
Condom	9.2	18.5	7.6	16.2	23.8	40.1
Vaginal method	2.1	5.0	1.4	3.8	8.6	15.9
Injection	1.6	1.6	1.2	1.3	5.4	4.2
IUD	2.4	2.3	2.0	2.0	5.4	5.4
Tubectomy	7.3	7.3	6.8	6.8	11.4	12.1
Vasectomy	2.8	2.8	2.9	2.9	2.3	1.9
Induced abortion/MR	1.5	2.1	1.0	1.4	6.3	8.4
Safe period	19.0	28.3	18.9	27.7	19.8	33.6
Withdrawal	5.8	7.2	5.5	6.7	9.3	12.1
Abstinence	5.8	13.9	5.9	14.1	4.0	12.1
Other	4.4	5.5	4.4	5.7	4.2	4.2
N	1622 <sup>a</sup>	1622 <sup>a</sup>	1467	1467	429	429

#### (The Couple Sample)

<sup>1</sup> The percentage for a method has been computed using as N the total in the sample of couples or wives/husbands, excluding NS(Not Stated) cases, if any, for the question about ever use of the method. The number of NS cases for rural husbands was 2 for MR, 2 for abstinence and that for rural wives was 1 for oral pill,1 for condom, 2 for injection, 2 for abstinence. The number for urban husbands was 1 for oral pill, 1 for 'other' and that for urban wives was 1 for IUD and 2 for abstinence.

<sup>a</sup> Weighted total of couples or of wives/husbands in the sample.
#### Table-4.1

#### CURRENT USE OF CONTRACEPTION AMONG WIVES AND HUSBANDS, BY METHOD

1		Wives	Husbands		
Contraception status	Weighted; Number <sup>1</sup>	Percentage <sup>2,3</sup>	Weighted Number	Percentage <sup>2,4</sup>	
Modern methods(total)	265	16.3	286	17.6	
Oral pill	58	3.6	61	3.8	
Condom	29	1.8	44	2.7	
Vaginal method	4	0.2	6	0.4	
Injection	1	0.1	3	0.2	
IUD	18	1.1	15	0.9	
Tubectomy <sup>5</sup>	117	7.2	119	7.3	
Vasectomy	39	2.4	38	2.3	
Traditional methods(total)	126	7.8	192	11.8	
Safe period	55	3.4	97	6.0	
Withdrawal	17	1.0	21	1.3	
Abstinence	13	0.8	31	1.9	
Other	41	2.5	43	. 2.7	
Any method	391	24.1	478	29.5	
No method	1231	75.9	1144	70.5	
[ota]	1622	100.0	1622	100.0	

(The Couple Sample)

Due to rounding after weighting the sum of individual modern method users comes to 266 instead of 265 and therefore that for any method users to 392 instead of 391.

1

4

- <sup>2</sup> All the rates have been computed directly from the actual number of users.
- Because of rounding errors, the sum of individual rates for modern methods is 16.4 instead of 16.3 and that for traditional methods is 7.7 instead of 7.8
- <sup>4</sup> Because of rounding errors, the sum of individual rates for traditional methods is 11.9 instead of 11.8. For the same reason the sum of the rates for modern methods (17.6) and traditional methods (11.8) comes to 29.4 instead of 29.5.

In either of the groups, 'wives' or 'husbands' respondents reporting both themselves and their spouses as sterilized were counted under tubectomy. Among the husbands,0.3 percent reported that they and their wives were both sterilized. Also among the wives; an equal proportion reported that they and their husbands were both sterilized.

#### Table-4.2

#### CURRENT USE OF CONTRACEPTION AMONG WIVES AND HUSBANDS, BY METHOD AND BY RURAL-URBAN AREA<sup>1</sup>

Contracontion status	R	iral	Urban		
	, Wives	Husbands2	Wives	Husbands <sup>3</sup>	
Modern methods(total)	14.3	15.4	35.7	38.9	
Oral pill	2.6	2.8	12.8	13.1	
Condom	1.3	2.1	6.3	8.6	
Vaginal method	0.2	0.3	0.7	0.9	
Injection	-	0.1	0.7	0.7	
IUD	1.0	0.8	1.9	1.9	
Tubectomy <sup>4</sup>	6.7	6.8	11.4	12.1	
Vasectomy	2.5	2.4	1.9	1.6	
Traditional methods(total)	7.8	11.9	7.7	10.7	
Safe period	3.5	5.9	2.6	6.8	
Withdrawal	ï.o	1.2	2.1	1.9	
Abstinence	0.8	2.0	0.7	0.5	
Other	2.5	2.7	2.3	1.6	
Any method	22.1	27.3	43.4	49.7	
No method	77.9	72.7	56.6	50.3	
Total	100.0	100.0	100.0	100.0	
N	1467	1467	429	429	

(The	Couple	Sample)
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All the rates have been computed directly from the actual number of users.

<sup>2</sup> Because of rounding errors, the sum of individual rates for modern methods is 15.3 instead of 15.4 and for traditional methods is 11.8 instead of 11.9; and in consequence, that for any method comes to 27.1 instead of 27.3.

<sup>3</sup> Because of rounding errors, the sum of individual rates for traditional methods is 10.8 instead of 10.7. For the same reason, the sum of the rates for modern methods (38.9) and traditional methods (10.7) comes to 49.6 instead of 49.7.

' In any subgroup, the proportion of respondents reporting both themselves and their spouses as sterilized was included under tubectomy. This proportion was as follows for the different subgroups: rural husbands, 0.3 percent; rural wives, 0.3 percent; urban husbands,0.2 percent; urban wives, 0.5 percent.

#### PERCENTAGE DISTRIBUTION OF CURRENT USERS OF NON-CLINICAL<sup>1</sup> FAMILY PLANNING METHODS BY REPORTED SOURCE OF SUPPLY<sup>2</sup>

(The	Couple	Sample)
1110	coupre	Jampier

Source of supply	Na	tional	Rı	Rural		Urban	
	Wives	Husbands	Wives	Husbands	Wives	Husbands	
Pharmacy	29.3	39.9	16.9	29.9	52.9	61.9	
General stores	9.0	17.2	11.9	20.8	3.5	9.3	
Pan/Cigarette shop	2.6	1.9	3.4	1.3	1.2	3.1	
Quack		-	-	-	-	-	
Qualified Doctor	1.5	0.3	1.7	-	1.2	1.0	
Mobile camp	-	-	-	-	-	-	
Clinic/Hospital	4.5	4.6	5.1	3.9	3.5	6.2	
Field worker	33.7	35.5	39.0	44.2	23.5	16.5	
Other	0.4	-	-	-	-	-	
Don't know	18.9	0.6	22.0	-	12.9	2.1	
Total	99.9 <sup>a</sup>	100.0	100.0	100.1 <sup>a</sup>	99.9 <sup>a</sup>	100.1 <sup>a</sup>	
N	90 <sup>b,c</sup>	112 <sup>b</sup>	59 <sup>°</sup>	77	85	97	

<sup>1</sup> Non-clinical methods: Oral pill, condom, and vaginal method.

<sup>2</sup> The percentage for a source has been computed using as N the total number of current users excluding NS(Not Stated) cases, if any, for the question about source.

<sup>a</sup> Total is larger or smaller than 100.0 percent due to rounding error.
 <sup>b</sup> Weighted total of current users of non-clinical family planning methods, excluding NS cases.

<sup>C</sup> The number of NS cases for wives was 1 for national and 1 for rural.

#### PERCENTAGE DISTRIBUTION OF CURRENT USERS OF A NON-CLINICAL<sup>1</sup> FAMILY PLANNING METHOD BY REPORTED SOURCE OF SUPPLY<sup>2</sup>

Source of supply	Ora	al pill	Condom		Vaginal method	
Source of supply	Wives	'Husbands'	Wives	Husbands	Wives	Husbands
Pharmacy	33.7	50.2	20.5	23.7	26.5	53.4
General stores	-	-	29.1	43.4	-	-
Pan/Cigarette shop	0.6	-	7.2	4.7	-	-
Quack	-	-	-	-	-	-
Qualified Doctor	1.7	-	1.3	0.8	-	-
Mobile camp	-	-	-	-	-	-
Clinic/Hospital	5.8	5.0	2.6	4.7	-	-
Field worker	40.0	43.6	21.9	22.7	24.5	46.6
Other	-	-	1.3	-	-	-
Don't know	18.2	1.2	16.0	-	-	-
Total	100.0	100.0	99.9 <sup>a</sup>	100.0	100.0	100.0
N <sup>3</sup>	58	61	28 <sup>b</sup>	44	4	6

(The Couple Sample)

<sup>1</sup> Non-clinical methods: Oral pill, condom, and vaginal method.

<sup>2</sup> The percentage for a source has been computed using as N the weighted total number of current users, excluding NS (Not Stated) cases, if any, for the question about source.

<sup>3</sup> Weighted total of current users of non-clinical family planning methods, excluding NS cases.

<sup>a</sup> Total is larger or smaller than 100.0 percent due to rounding error.

<sup>b</sup> The number of NS cases for wives was 1 for condom.

#### PERCENTAGE DISTRIBUTION OF CURRENT USERS OF CLINICAL<sup>1</sup> FAMILY PLANNING METHODS BY REPORTED SOURCE OF SERVICE<sup>2</sup>

Source of sorvice	Ná	ational	Rı	ural	Ū	Urban	
	Wives	Husbands	Wives	Husbands	Wives	Husbands	
Pharmacy	_	1.1	_	1.3	-	-	
General stores	-	-	-	-	-	-	
Pan/Cigarette shop	-	-	-	-	-	-	
Quack	0.2	-	-	-	1.5	-	
Qualified Doctor	-	0.6	-	0.7	-	-	
Mobile camp	4.2	4.8	4.7	5.4	1.5	1.4	
Clinic/Hospital	87.1	87.9	86.0	86.6	94.1	95.7	
Field worker	4.2	3.1	4.7	3.4	1.5	1.4	
Other	-	-	-	-	-	-	
Don't know	4.2	2.5	4.7	2.7	1.5	1.4	
Total	99.9 <sup>a</sup>	100.0	100.1 <sup>a</sup>	100.1 <sup>a</sup>	100.1 <sup>a</sup>	99.9 <sup>a</sup>	
N	175 <sup>b</sup>	174 <sup>b</sup>	150	149	68	70	

#### (The Couple Sample)

 $^{\rm l}$  Clinical methods: Injection, IUD, tubectomy, and vasectomy.

<sup>2</sup> The percentage for a source has been computed using as N the weighted total number of current users, excluding NS(Not Stated) cases, if any, for the question about source.

<sup>a</sup> Total is larger or smaller than 100.0 percent due to rounding error.

<sup>b</sup> Weighted total of current users of clinical family planning methods.

# PERCENTAGE DISTRIBUTION OF CURRENT USERS OF A CLINICAL<sup>1</sup> FAMILY PLANNING METHOD BY REPORTED SOURCE OF SERVICE

	Inje	ection	I I	UD	Tubec	Lomy	Vasec	tomy
Source of service	Wives	Hus- bands	Wives	Hus- bands	Wives	Hus- bands	Wives	Hus- bands
Pharmacy	-	64.9	-	-	_	_	_	_
General stores	-	-	_	-	-	_	-	-
Pan/Cigarette shop	-	-	-	-	-	-		-
Quack	33.3	-	-	_	_	-	_	-
Qualified Doctor	-	-	-	-	_	_	_	2.7
Mobile camp	-	-	7.6	9.1	4.3	4.2	2.6	5.3
Clinic/Hospital	66.7	35.1	51.3	54.9	94.0	92.1	83.6	92.0
Field worker	-	-	41.1	36.0	_		_	-
Other	-	-	-	-	-	_	_	_
Don't know	-	-	-	-	1.7	3.7	13.8	-
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N <sup>2</sup>	1	3	18	15	117	119	39	38

#### (The Couple Sample)

<sup>1</sup> Clinical methods: Injection, IUD,tubectomy, and vasectomy.

<sup>2</sup> Weighted total of current users of clinical family planning methods.

# BANGLADESH CONTRACEPTIVE PREVALENCE SURVEY-1983

INTERVIEW SCHEDULE FOR ELIGIBLE WOMEN

MITRA AND ASSOCIATES 2/17, Iqbal Road Mohammadpur, Dhaka-7

# BANGLADESH CON 'RACEPTIVE PREVALENCE SURVEY-1983 HOUSEHOLD QUESTIONNAIRE

\_\_\_\_\_

SAMPLE	IDENTIFICATION
NAME OF HOUSEHOLD HEAD	
OCCUPATION OF HOUSEHOLD HEAD	
SAMPLE H.H. NO.	CONVERTED H.H. NO.
DISTRICT	THANA
UNION	VILLAGE/ MOHALLAH/BLOCK
STRATUM PSU NO.	TS W H C

INTERVIEW INFORMATION						
INTERVIEW CALL	1	2	3	L4		
DATE						
RESULT CODE*						
INTERVIEWER CODE * <u>RESULT CODES</u>						
Completed	1	Dwelling v	acant	5		
No competen Respondent	t 2	Address no	t found	6		
Deferred	3	Address no	t existing	7		
Refused	4	Other 8 (specify)				
Scrutinized Reinterviewed or spot checked						
By	y By					
Date		Date				

BATCH NO.

#### HOUSEHOLD FEMALE MEMBERS

Please tell the names of all females (including very young babies) who spent <u>last night</u> in this household

Line No.of women	Name of women	How old is she (completed year)	Has she ever been married Yes/No	Applicable cc Is she currently married Yes/No	e only for hus ouple sample What is her husband's name	band/ Can he be con- tacted?	Interview eligibi- lity (Please tick)	Identi- fication No. of husbands
01								
02								
03								
04								
05								
06								
07								

NUMBER OF ELIGIBLE WOMEN \_\_\_\_\_ NUMBER OF COUPLES \_\_\_\_\_ NUMBER OF HUSBANDS \_\_\_\_\_

# BANGLADESH CONTRACEPTIVE PREVALENCE SURVEY-1983

INDIVIDUAL QUESTIONNAIRE

\_\_\_\_\_

VILLAGE/MOHALLAH/BLOCK	 TIME STARTED
LINE NO.OF ELIGIBLE WOMEN	ID NO.OF RESPONDENT
CONVERTED H.H. SERIAL NO.	TS W H C

INTERVIEW INFORMATIO N					
INTERVIEW CALL	1	2	3	4	
DATE					
RESULT CODE*					
INTERVIEWER CODE					
INTERVIEWER :	INTERVIEWER : FOR EACH CALL ENTER THE APPROPRIATE RESULT CODE AS FOLLOWS :				
	Completed	1			
	Incomplete	2			
	Respondent no available	t 3			
	Deferred	4			
	Refused	5			
	Other (specify	y) 8			

Scrutinized	Reinterviewed or spot checked	Edited	Coded
Ву	By	By	Ву
Date	Date	Date	Date



101. How old are you ? (PROBE)	
Age (completed year)	
102. Did you ever attend school ?	
Yes No 1	
(SKIP TO 105)	
103. Was it a Primary school, Madrasa, Secondary school or higher that you attended last ?	
Primary school 2 High school 3	
College/ University 4 Madrasa 5	
Others (specify) 8	
104. What was the highest class you passed at that level ? class	
105. What is your religion ?	
Islam 1 Christianity 3	
Hinduism 2 Buddhism 4	
Other (specify) 8	

<pre>106. Aside from doing normal housework, do you do any other work (for cash or kind) on a regular basis such asricultural work, making things (for sale), selling things in the market, or anything else ? Yes 1 No 2 (SKIP TO 108) 107. Did you earn any money from this work during the last year ? Yes 1 No 2 108. Does your family own any agricultural land ? Yes 1 No 2 109. Did your husband ever attend school ? Yes No 1 (SKIP TO 201) 110. Was it a Primary school, Madrasa, Secondary school or higher that he attended last ? Primary 2 High school 1 College/University 4 Madrasa 5 Don't know 6 Other 8 (SKIP TO 201) 111. What was the highest class that he passed at that level? class</pre>		
Yes 1 No 2 (SKIP TO 108) 107. Did you earn any money from this work during the last year ? Yes 1 No 2 108. Does your family own any agricultural land ? Yes 1 No 2 109. Did your husband ever attend school ? Yes No 1 (SKIP TO 201) 110. Was it a Primary school, Madrasa, Secondary school or higher that he attended last ? Primary school 2 High school 3 College/ University 4 Madrasa 5 Don't know 6 Other (SKIP TO 201) 111. What was the highest class that he passed at that level? class	106. Aside from doing normal housework, do you do any other work (for cash or kind) on a regular basis such as gricultural work, making things (for sale), selling things in the market, or anything else ?	
(SKIP TO 108) 107. Did you earn any money from this work during the last year ? Yes 1 No 2 108. Does your family own any agricultural land ? Yes 1 No 2 109. Did your husband ever attend school ? Yes No 1 (SKIP TO 201) 110. Was it a Primary school, Madrasa, Secondary school or higher that he attended last ? Primary 2 High school 3 College/ University 4 Madrasa 5 Don't know 6 Other 8 (SKIP TO 201) 111. What was the highest class that he passed at that level? class	Yes 1 No 2	
<pre>107. Did you earn any money from this work during the last year ? Yes 1 No 2 108. Does your family own any agricultural land ? Yes 1 No 2 109. Did your husband ever attend school 7 Yes No 1 (SKIP TO 201) 110. Was it a Primary school, Madrasa, Secondary school or higher that he attended last ? Primary 2 High school 3 College/University 4 Madrasa 5 Don't know 6 Other (specify) 8 (SKIP TO 201) 111. What was the highest class that he passed at that level? class</pre>	(SKIP TO 108)	
Yes 1 No 2 108. Does your family own any agricultural land ? Yes 1 No 2 109. Did your husband ever attend school ? Yes No 1 (SKIP TO 201) 110. Was it a Primary school, Madrasa, Secondary school or higher that he attended last ? Primary 2 High school 3 College/ University 4 Madrasa 5 Don't know 6 Other 8 (SKIP TO 201) 111. What was the highest class that he passed at that level? class	107. Did you earn any money from this work during the last year ?	
<pre>108. Does your family own any agricultural land ? Yes 1 No 2 109. Did your husband ever attend school ? Yes No 1 (SKIP TO 201) 110. Was it a Primary school, Madrasa, Secondary school or higher that he attended last ? Primary 2 High school 3 College/ 4 Madrasa 5 Don't know 6 Other 8 (SKIP TO 201) 111. What was the highest class that he passed at that level? class</pre>	Yes 1 No 2	
Yes 1 No 2 109. Did your husband ever attend school ? Yes No 1 (SKIP TO 201) 110. Was it a Primary school, Madrasa, Secondary school or higher that he attended last ? Primary 2 High school 3 College/ University 4 Madrasa 5 Don't know 6 Other 8 (SKIP TO 201) 111. What was the highest class that he passed at that level? class	108. Does your family own any agricultural land ?	
109. Did your husband ever attend school ? Yes No 1 (SKIP TO 201) 110. Was it a Primary school, Madrasa, Secondary school or higher that he attended last ? Primary 2 High school 3 College/ 4 Madrasa 5 Don't know 6 Other 8 (SKIP TO 201) 111. What was the highest class that he passed at that level? class	Yes 1 No 2	
Yes No 1 (SKIP TO 201) 110. Was it a Primary school, Madrasa, Secondary school or higher that he attended last ? Primary school 2 High school 3 College/ University 4 Madrasa 5 Don't know 6 Other (Specify) 8 (SKIP TO 201) 111. What was the highest class that he passed at that level? class	109. Did your husband ever attend school ?	
(SKIP TO 201) 110. Was it a Primary school, Madrasa, Secondary school or higher that he attended last ? Primary school 2 High school 3 College/ University 4 Madrasa 5 Don't know 6 Other (SKIP TO 201) 111. What was the highest class that he passed at that level? class	Yes No 1	
<pre>110. Was it a Primary school, Madrasa, Secondary school or higher that he attended last ? Primary school 2 High school 3 College/ University 4 Madrasa 5 Don't know 6 Other (specify) 8 (SKIP TO 201) 111. What was the highest class that he passed at that level? class</pre>	(SKIP TO 201)	
Primary school 2 High school 3 College/ University 4 Madrasa 5 Don't know 6 Other (specify) 8 (SKIP TO 201) 111. What was the highest class that he passed at that level? class	110. Was it a Primary school, Madrasa, Secondary school or higher that he attended last ?	
College/ University 4 Madrasa 5 Don't know 6 Other (specify) 8 (SKIP TO 201) 111. What was the highest class that he passed at that level? class	Primary school 2 High school 3	
Don't know 6 Other 8 (SKIP TO 201) 111. What was the highest class that he passed at that level? class	College/ University 4 Madrasa 5	
111. What was the highest class that he passed at that level? class	Don't know 6 Other (SKIP TO 201) 8	
	111. What was the highest class that he passed at that level? class	

C /	
SECTION -	II
FERTILIT	Y

201. Now I would like to ask you some questions about childbearing. Have you ever given birth to a child ? (Interviewer: If the response is 'No' read out the following statement I mean even a child who died immediately after its birth)	
Yes 1 No 2	
(ASK 208 THEN SKIP TO 215)	
202. How many of your children are living with you ? (Interviewer: be sure that the respondent includes her own children only) (Number)	
203. How many of your children do not live with you now ? (Interviewer: be sure that the respondent includes her own children only) (Number)	
INTERVIEWER: TOTAL THE NUMBER OF CHILDREN IN 202 AND 203 AND WRITE THE TOTAL IN 204 IF TOTAL IS ZERO SKIP TO 205	
20 <sup>1</sup> . Thus, you now have living children; (Total) how many are boys and how many are girls ?	
Boys Girls	
205. Have you ever given birth to a boy or a girl who later died, including those children who died immediately after their birth ?	
Yes 1 No 2	
(Write Zero in the space kept for response to 206 and then SKIP TO 207a)	

٢

206. How many of your children have died?\_ (Number) INTERVIEWER: TOTAL THE NUMBER OF CHILDREN 207a. IN 204 AND 206, AND WRITE THE TOTAL IN 2070 207 b.I find from your responses that so far you have had \_\_\_\_\_ live births. Is it the correct information ? Yes No 2 1 (Correct answers with assistance of the respondent) 208. Now I want to know about your current marital status. Are you now married, widowed, divorced or separated ? Currently Widowed 1 married 2 (SKIP TO 213) Divorced Separated 3 4 209. How long ago did you become widowed/divorced/ separated ? 2 years ago or More than 2 less than 2 1 2 years ago ýears ago (SKIP TO 301) 210. Were you pregnant at the time you became widowed/divorced/separated ? Yes No 2 (SKIP TO 301)

211. Did you given birth to any (live) child out of this pregnancy ? (Interviewer: If the response is 'No' read out the following statement. I mean even a child who immedi- ately died after birth)	
Yes 1 No 2	
(SKIP TO 301)	
212. Was the child born in the last one year period, i.e., in between month and (Beginning month) now ?	i
Last year 1 Earlier than 2 (SKIP TO 214a) (SKIP TO 215)	
213. Did you give birth to a child in the last one year period, i.e. in between (Beginning month) month and now ? ( Interviewer: If the response is 'No' read out the following statement: I mean even a child who immediately died after birth.)	
Last year 1 Earlier than the 2	
(SKIP TO 215)	
214a. In what month, was the child born ?	
Month	

2146.	Interviewer: If the date of birth falls in the fourth quarter, ask the following question; other- wise SKIP TO 214c. A woman may give childbirth twice in a year; therefore, I want to know if you had given birth to any other (live) child in the period between month and now ? (Beginning month)	
	Yes 1 No 2	
	(SKIP TO 214d) (SKIP TO 215)	
214c.	Interviewer: If the respondent is currently married and if the date of birth falls in the first quarter, ask the following question; otherwise SKIP TO 215. A woman may give childbirth twice in a year; there- fore, I want to know if you had given birth to any other (live) child in the period between (Beginning month and now ?	
	Yes 1 No 2	
	(SKIP TO 215)	
214d.	In what month, was the child born ?	

215. INTERVIEWER: CHECK 208 AND TICK THE APPROPRIATE BOX Currently Not currently 1 2 married married (SKIP TO 301) 216. Are you pregnant now ? Don't Yes 1 No 2 3 know 217a. Would you like to 217b. Interviewers: have more children in Check 204. If the resthe future in addition pondent has no living to the one you are now children SKIP TO 218. expecting Otherwise ask the following question. Would you like to have more children in future ? Not Yes No 1 2 3 decided (SKIP TO 301) (SKIP TO 301)

218. How many (more) children would you like to have in future ? (Number)	
SECTION - III	
FERTILITY REGULATION	
301. You may know that there are various ways a couple can delay the next pregnancy or avoid having children if they do not want them . Do you know or have you heard of any of these family planning methods ?	
Yes 1 No 2	
(SKIP TO 303)	
RECORD RESPONSES TO 302-304 IN TABLE I BELOW	
302. What family planning methods do you know ? PROBE any other ?	
CIRCLE CODE 1 (YES) IN COLUMN (A) FOR EACH METHOD THE RESPONDENT HAS MENTIONED	
FOR EACH METHOD NOT CIRCLED IN COLUMN(A), ASK:	
303. Just to be sure, have you ever heard of ? (Method)	
CIRCLE RESPONSE IN COLUMN B	

	······································		
	TABLI	E I	
Methods	A Knowledge (Unpromp- ted) 302	B Knowledge (Prompted) 303	C Ever Use 304
O1 Pill	1 Yes	2 Yes 3 No	1 Yes 2 No
02 *Condom	1 Yes	2 Yes 3 No	1 Yes 2 No
Foam tablet/ Jelly/Emko/ Cream/Diaph- ragm	1 Yes	2 Yes 3 No	1 Yes 2 No
04 Injection	1 Yes	2 Yes 3 No	1 Yes 2 No
05 I.U.D.	1 Yes	2 Yes 3 No	1 Yes 2 No
06 Female sterilization	1 Yes	2 Yes 3 No	1 Yes 2 No
07 *Male sterilization	1 Yes	2 Yes 3 No	1 Yes 2 No
08 M.R.	1 Yes	2 Yes 3 No	1 Yes 2 No
09 Safe period	1 Yes	2 Yes 3 No	1 Yes 2 No
10 *Withdrawal	1 Yes	2 Yes 3 No	1 Yes 2 No
11 Abstinence	1 Yes	2 Yes 3 No	1 Yes 2 No
12 Other	1 Yes	2 Yes 3 No	1 Yes 2 No
304. FOR FACH MI A OR COLU Have you (*ha CIRCI	THOD CIRCL MN B ASK s your spou E RESPONSE	ED 'YES' IN CO : ise) ever used IN COLUMN [C]	LUMN (Method)?



······································	
01 Pill 7	
02 Condom	
03 Vaginal methods <sup>a</sup> (SKIP TO 313)	
04 Injection	
05 I.U.D.	
06 Femaler sterilization (CVTD TO 401)	
07 Male sterilization	
09 Safe period	
10 Withdrawal	
11 Abstinence	
12 Other	
(specify)	
309. Do you (or does your husband) use any other method except the one your have mentioned ?	
Ies 1 No. 2	
(SKIP TO 312)	
310. What is that method ?	
311.	
INTERVIEWER: TICK THE APPROPRIATE BOX ACCORDING TO THE RESPONSE IN 310	
Modern methodTraditional 2	
(SKIP TO 313)	
312. Why are you not using any modern family planning method ?	
(PROBE)	

313. If it were entirely up to you, what would you prefer to use now: your present method or some other method ?	
Present method 1 (SKIP TO 401) No method 2	
Some other method 3	
314. What method would you rather use ?	
01 Pill	
02 Condom	
03 Vaginal methods <sup>a</sup>	
04 Injection	
05 I.U.D.	
06 Female Sterilization	
07 Male sterilization	
08 M.R.	
09 Safe period	
10 Withdrawal	
11 Abstinence	
12 Other (specify)	
315. Why are you not using that method now ?	
(PROBE)	

## SECTION - IV

# SOURCE OF SUPPLIES/SERVICES

(Only for current users)

401. Check 308 and 310 and Tick the appropriate code below, then follow the skip instructions.	
01 Pill 02 Condom 03 Vaginal methods <sup>a</sup> 04 Injection 05 I.U.D. 06 Female sterilization 07 Male sterilization 09 Safe period 10 Withdrawal 11 Abstinence 12 Other(specify) (SKIP TO 408) (SKIP TO 409) (SKIP TO 601)	
402. Have you any in your house now ? method	
Yes 1 No 2	
(SKIP TO 405)	
403. Can you show them to me ?	
Able to show 1 Unable to show 2	
(SKIP TO 407)	

404.	What is the reason that you are unable to show the method, although you have told me that you have the method in your house ? (PROBE)	
405.	(SKIP TO 406) Why do you not have any in your house now ? (PROBE) method	
406.	INTERVIEWER: Show samples and then ask this question; is it one of these ? (PROBE)	
407.	INTERVIEWER: Write down the brand name below	
408.	Who usually obtains the method that you are (or your husband is) currently using ?	
	01 Wife 02 Husband 03 Other	

409.	Now I would like to ask you some qu the source of your family planning where do (did) you (your husband) obtain the supply/service ?	uestions about method. From (usually)	
	Pharmacy Shop (specify the type below)		
	Quack Qualified doctor	(SKIP TO 416)	
	Mobile camp Other source		
	(specify) Clinic/hospital() Name		
	Field worker	(SKIP TO 413)	
	Don't know	(SKIP TO 601)	
410.	You may know that there are three c clinic/hospital in our country - go voluntary, and private. Was it a pr tary or government clinic/hospital, you (your husband) obtain(s)/obtain supply service ?	ategories of vernment, ivate, volun- from where ed the	
	Private		
	Voluntary		
	Government	(SKIP TO 416)	
[	Don't know		

411. Where is the	clinic/hospital located	?	
Knows 1	Don't	know 2	
		(SKIP TC 416)	
INTERVIEWER:	Write the location identification here		
412. INTERVIEWER:	If possible, try to asc any available local FP the category of the cli and if ascertained, wri category here	certain from personnel, .nic/hospital .te the	
	(SKIP TO 416)		
413. Was the fi government em	eld worker a government ployee ?	or non-	
Government	1 Non-govern- 2	Don't know 3	
414. Was the worke:	r male or female ?		
Male 1	Female 2	Don't know 3	

415. Do you (your husband) collect the supply from the worker's house or does this worker come to your house to give you the supply ?	
The supply is a ted from the worker 2	
(SKIP TO 601)	
416. How would you(your husband) get to (by (source) walking or using some means of transportation) ?	
Walking	
Using some means of transportation	
Don't know/not sure	
417. How much time does it take to get there ?	
Less than 10 minutes	
10 minutes - 19 minutes	
20 minutes - 29 minutes	
30 minutes - less than 1 hour	
1 hour - less than 2 hours	
2 hours and more	
Not sure/don't know	

418. Do you think, this place is difficult or not difficult to get to ? Not difficult Difficult Don't know (SKIP TO 601) SECTION - V REASONS FOR NON-USE AND FUTURE INTENTION TO USE (only for not current users) 501. What is the main reason that you are not using any family planning method now ? 01 Want additional children 02 Husband objects 03 Health reasons 04 Fear of side-effects 05 Religious reasons 06 Wife believes she is unable to have children 07 Methods not available 08 Breast-feeding 09 Post amennorhoea 10 Other (specify; 11 Don't know/no reason (SKIP TO 502) PROBE: Are there any other reasons in addition to the first one ?

502.	Do thi	you think, you or your husband will do some- .ng in the future to avoid getting pregnant ?
	Yes	No 2 Don't know/ 3
	(	SKIP TO 504)
503.	Wha try fut	t is the principal reason that you will not to use any family planning method in the ure ?
	1	Want additional children
	2	Husband objects
	3	Health reasons
	4	Fear of side-effects
	5	Religious reasons
	6	Wife believes she is unable to have children
	7	Methods not available
	8	Other
		(specify)
	9	Don't know/no reason (SKIP TO 601)
	PROE	BE: Are there any other reasons in addition
		to the first one ?
		(SKIP TO 601)

```
504. If you were to use family planning some
     day in the future, what methods would you choose ?
     01
         Pill
     02
        Condom
     03 Vaginal methods <sup>a</sup>
     04
        Injection
     05
        I.U.D.
     06
        Female sterilization
     07 Male sterilization
     08
        M.R.
     09 Safe period
     10 Withdrawal
     11 Abstinence
     12 Other
                (specify)
        Undecided/it depends
     97
     98
        None
                                 (SKIP TO 601)
        Don't know
    99
505. When will you begin using it ?
    1 Within one year
    2 From one to two years
    3 After two years
    4 Don't know/not sure
```

SECTION - VI AVAILABILITY

	<b></b>	
601.	CROSS OUT (X) THE METHOD CODE IN THE FIRST ROW OF TABLE II-PAGE	
	1. IF A CODE 3 IS CIRCLED FOR THAT METHOD IN COLUMN B OF TABLE 1 (SEE PAGE)	
	2. IF THE CODE FOR THAT METHOD IS CIRCLED IN 308 OR IS THE METHOD MENTIONED IN 310	
	IF ALL METHODS ARE CROSSED OUT, GO TO 617 PAGE	
602.	FOR EACH METHOD NOT CROSSED OUT ASK :	
	From where would you obtain ? method	
	Field worker Clinic/hospital	
	(SKIP TO 603) (SKIP TO 605)	
	Any other source Don't know	
	CIRCLE THE RESPONSE IN TABLE II. IF THE QUES- TION FOR EACH METHOD NOT CROSSED OUT, HAS BEEN ASKED, SKIP TO 606; OTHERWISE ASK THE QUESTION 602 FOR THE NEXT METHOD NOT CROSSED OUT	

	•
603. Is the field worker a government or non-govern- ment employes ?	
Government Non- Don't Don't know	
604. Would you have to collect the supply from the worker's house or would the worker come to your house to give you the supply ?	
The supply would be given at home (home delivery) The supply would be collected from the worker (field worker)	
CIRCLE THE RESPONSE OF 603 UNDER 'HOME DELI- VERY' IN TABLE-II WORKER'IN TABLE-II	
IF THE QUESTION FOR EACH METHOD NOT CROSSED OUT, HAS BEEN ASKED, SKIP TO 606; OTHERWISE ASK THE QUESTION 602 FOR THE NEXT METHOD NOT CROSSED OUT	
605. Is it a government, private or voluntary clinic ?	
Government Voluntary	
Private Don't know	
CIRCLE THE RESPONSE IN TABLE-II. IF THE QUESTION FOR EACH METHOD NOT CROSSED OUT, HAS BEEN ASKED, SKIP TO 606; OTHERWISE ASK THE QUESTION 602 FOR THE NEXT METHOD NOT CROSSED OUT	

		TABLE	II						
Method	111	Condom	Foam tablet Jelly/Emko/ Cream etc.	[njection	c.v.b.	remale Steriliza- tion	dale Steriliza- tion	1.R.	
	01	02 (	60	C 40	05 ]	06 S	07 SO	80	
Pharmacy General store	1	1	1	1	1	1	1	1	
Pan/cigarette shop	2	2	2	2	2	2	2	2	
Quack	ר ו,			ر		3	3	3	
Qualified doctor	5	5	5	5	4 5	4 5	4 5	4 E	
Mobile camp	6	6	6	6	6	6	6	6	
Clinic/hospital			-	Ū		Ű	Ũ	Ű	
Government	7	7	7	7	7	7	7	7	
Voluntary	8	8	8	8	8	8	8	8	
Private	9	9	9	9	9	9	9	9	
Don't know	10	10	10	10	10	10	10	10	
Would be collected from <u>field worker</u>									
Government	11	11	11	11	11	11	11	11	
Non-government	12	12	12	12	12	12	12	12	
Don't know	13	13	13	13	13	13	13	13	
Home delivery by field worker									
Government	14	14	14	14	14.	14	14	14	
Non-government	15	15	15	15	15	15	15	15	
Don't know	16	16	16	16	16	16	16	16	
Other source (specify)	17	17	17	17	17	17	17	17	
Don't know any source	18	18	18	18	18	18	18	18	

606.	IF NO SOURCE IS CIRCLED IN TABLE II SKIP TO 617	
607.	CIRCLE AT THE TOP OF TABLE III EACH SOURCE MENTIONED IN TABLE II	
608.	CHECK 409, CROSS OUT (X) IN TABLE III (>) THE SOURCE MARKED IN 409. THE SOURCE MARKED IS IF CLINIC/HOSPITAL, CHECK 410 AND IF FIELD WORKER, CHECK 413 AND 415 IF NO OTHER SOURCE IS CIRCLED IN TABLE III SKIP TG 617	
609.	ASK 610-616 FOR EACH SOURCE CIRCLED BUT NOT CROSSED OUT AT TOP OF TABLE III(►)	

		<u> </u>			TABL	E III										- <u></u>
		a	e		ctor		Cli	nic/h	ospit	al	Would coll field	d be ected d wor	from ker		by	~
	Dharmacy	General stor	Pan/Cigaratt shop	Quack	Qualified do	Mobile camp	Government	Voluntary	Private	Don't know	Government	Non- government	Don't know	0 Other source	Home delivery	Don't know an source
610. You mention																
(source) How long would it take to get there ? (WRITE HRS. AND MINUTES)	Hrs. Mins	Hrs. Mins	Hrs. Mins	Hrs.	Hrs. Mins	Hrs.	Hrs. Mins	Hrs. Mins	Hrs. Mins	Hrs. Mins	Hrs. Mins	Hrs. Mins	Hrs. Mins	Hrs. Mins	KIP TO 614	KIP TO 617
611. Would you walk there or use a means of trans- portation	D.K	D.K	D.K.	D.K.	D.K.	D.K.	D.K.	D.K.	D.K.	D.K.	D.K.	D.K.	D.K.	D.K.	S	S
1 Walk	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
2 Use transpor- tation	2	2	2	2	2	2	2	Ś	2	2	2	2	2	2		
8 Not sure/don't know	8	8	8	8	8	8	8	8	8	8	8	8	8	8		

																	1
612.	Is it difficult or easy to get there ?																
	1 Difficult/some times difficult	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
	2 Easy ]*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*		
	8 Not sure/ don't know *(SKIP TO 614)	8*	8*	8*	8*	8*	8×	8*	8×	8*	8*	8*	8*	8*	• 8 <b>*</b>		
613.	Why is it difficult ?																
614.	Do you think that there is any reason why persons inter- ested in family planning would not want to obtain services at this source ?																
	1 Yes	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	2 No *	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	
	Not sure/does	8*	8*	8*	8*	8*	8*	8*	8*	8*	8*	8*	8*	8*	8 <b>*</b>	8 <b>*</b>	
																	1
515. What they	reason would have ?																
--	---	--------	--------	--------	--------	--------	----------	--------	-------------	--------	--------	--------	--------	--------	--------	--------	--
616. Have obtai plann tion there	you ever ned family ing informa- or service ?																
1 Ye 2 No	5	1 2	1 2	1 2	1 2	1 2	1	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
	L	GC	) ТО	610	FOR	NEXI	1 SOU	RCE	 A F T E	CR LA	.ST S	OUR	CE G	0 Т(	0 61	7	

617.	INTERVIEWER: CHECK 208 AND TICK THE APPROPRIATE BOX
	Currently Not currently 2 married 1 married 2
	(SKIP TO 627)
618.	INTERVIEWER: CHECK 307 AND TICK THE APPROPRIATE BOX
	Currently Not currently using family 1 using family 2 planning planning 2
	(SKIP TO 620)
619.	INTERVIEWER: CHECK 415 AND TICK THE APPROFRIATE BOX
	Mentioned Home de- livery by 1 Others 2 field worker
	(SKIP TO 626)
620. D v a f	uring the last six months, has any one isited you in your home to talk to you bout family planning or to give you any. amily planning methods ?
	Yes 1 No 2
	(SKIP TO 622)

621. Who was this person ? (PROBE)	
01 Field worker (SKIP TO 624)	
02 Others(specify)	
622. Do you know any one who works for family planning in your locality ?	
Yes 1 No 2	
(SKIP TO 627)	
623. I want to know, specifically, if the family planning worker had visited you in your home anytime in the last six months.	
Visited 1 Not 2	
(SKIP TO 627)	
624. Do you know if this worker is a government worker or non-government worker ?	
Government Non-govern- worker 1 ment worker 2	
Don't know 3	
625. Is the worker male or female ?	
Male 1 Female 2	

626.	INTERVIEWER: READ OUT THE STATEMENT WITHIN BRACKETS, ONLY IF THE RESPON- DENT IS A CURRENT USER, AND HAS MENTIONED HOME DELIVERY BY FAMILY PLANNING WORKERS	
	(You have mentioned that family planning worker comes to your home to give supply of your method.) When was the last time the worker visited you in your home ? (PROBE)	
	1 Last 1 month	
	2 Last 1-2 month	
	3 Last 2-3 month	
	4 Last 3-4 month	
	5 Last 4-5 month	
	6 Last 5-6 month	
	8 Don't know	
••••••••••••••••••••••••••••••••••••••		

627.	TERMINATE THE INTERVIEW. WHEN YOU TERMINATE THE INTERVIEW (AND BEFORE YOU LEAVE THE RESPONDENT):		
	CHECK BACK OVER THE SCHEDULE AND MAKE SURE THERE IS AN ANSWER TO ALL APPLICABLE QUESTIONS, SKIP INSTRUCTIONS ARE CORRECTLY FOLLOWED AND THAT THE RESPONSES ARE ENTERED LEGIBLY AND IN THE CORRECT FORM.		
	THANK THE RESPONDENT FOR HER TIME AND COOPERATION.		
	TIME ENDED		
	INTERVIEWER'S COMMENTS:		
	SUPERVISOR'S COMMENTS:		

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