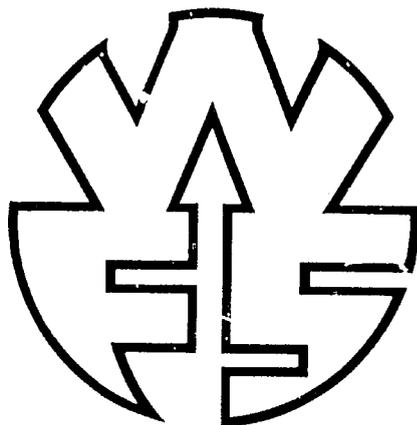


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WORLD FERTILITY SURVEY



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The Bangladesh Fertility Survey, 1975 **A Summary of Findings**

INTERNATIONAL STATISTICAL INSTITUTE
Permanent Office • Director: E. Lunenberg
425 Prinses Beatrixlaan
Voorburg, The Hague
Netherlands

WORLD FERTILITY SURVEY
Project Director:
Sir Maurice Kendall Sc. D., F.B.A.
35-37 Grosvenor Gardens
London SW1W 0BS, U.K.

The World Fertility Survey is an international research programme whose purpose is to assess the current state of human fertility throughout the world. This is being done principally through promoting and supporting nationally representative, internationally comparable, and scientifically designed and conducted sample surveys of fertility behaviour in as many countries as possible.

The WFS is being undertaken, with the collaboration of the United Nations, by the International Statistical Institute in cooperation with the International Union for the Scientific Study of Population. Financial Support is provided principally by the United Nations Fund for Population Activities and the United States Agency for International Development. Substantial support is also provided by the U.K. Ministry of Overseas Development (ODM).

This summary is one of a series containing the salient findings of the Country Reports No. 1 of the countries participating in the WFS programme. A copy of the report itself: *Bangladesh Fertility Survey, 1975 - First Report* is available for reference at all WFS depository libraries, or may be obtained from the International Statistical Institute, 428 Prinses Beatrixlaan, 2270 AZ Voorburg, Netherlands, on payment of U.S. \$ 10 postage.

For information on other Country Reports, WFS publications, or a list of depository libraries, write to the Information Office, International Statistical Institute, 428 Prinses Beatrixlaan, 2270 AZ Voorburg, Netherlands.

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THE BANGLADESH FERTILITY SURVEY 1975-1976:

A SUMMARY OF FINDINGS

1. THE SETTING

Bangladesh is a deltaic land 143,998 sq.km. in area, sharing boundaries with India on the East, North and West and with Burma on the South-East. More than 85 per cent of the country is flat, alluvial land traversed by the rivers Padma, Meghna, and Jamuna. Annual temperatures vary between 14°C. and 27°C. and annual rainfall varies between 130 cms. (50 ins.) in the West to 500 cms. (200 ins.) in the region of the Assam hills in the North.

The Moguls ruled the country from the 13th century till the 18th century when the British took over and administered the sub-continent until 1947. In 1947 the independent states of Pakistan and India were created. Following the War of Liberation, East Pakistan emerged as the independent Republic of Bangladesh on 16th December, 1971.

According to the 1974 Census of Bangladesh, the population was 76.2 million. With estimated crude birth and death rates of about 49 and 20, respectively, the annual rate of increase is thought to be approximately 2.9 and the population is estimated at 83 million. Density of population is one of the highest in the world, around 576 per sq.km. Ninety-two per cent of the population are rural and 80 per cent are engaged in the agricultural sector.

Islam is the predominant religion in Bangladesh; more than 85 per cent are Muslims. Hindus constitute 13 per cent and Buddhists and Christians the remaining 2 per cent. Twenty-two per cent of the population aged 5 and over are literate. Male literacy is 30 per cent as compared to a level of only 14 per cent for females.

In this demographic context, the Government of Bangladesh in January 1976 declared rapid population growth as the most serious problem for the country. As a result, the long-standing family planning and population programme was further strengthened and expanded to include such policy measures as the liberalization of abortion laws and encouragement of delayed marriage.

2. THE SURVEY

The Bangladesh Fertility Survey (BFS) was undertaken with the following objectives: to provide basic measures of the level and trend of fertility, to study fertility differentials, to collect data on knowledge and use of contraception, and further to develop national capabilities for conducting demographic surveys.

The BFS was conducted by the Population Control and Family Planning Division, Ministry of Health and Population Control. The survey was based on a three-stage sample design with over-sampling of the urban sector. One hundred and sixty rural and 80 urban Primary Sampling Units (PSU's) were selected with probability proportional to size. Within each selected

PSU, one Intermediate Sampling Unit (ISU), a census block of approximately 50 households, was selected with probability proportional to size. After complete listing in each selected ISU, households were selected with probability inversely proportional to the overall ISU selection probability used up to this point, yielding a sample take of 15 to 45 households in rural ISU's and 5 to 29 households in urban ISU's. Within urban and rural domains, the sample was self-weighting.

All ever-married women aged less than 50 years who slept in the household the night preceding the interview were eligible for interview. Of the 6,145 households selected, 5,855 were successfully enumerated, with a non-response rate of 4.7 per cent. Of the 6,648 eligible respondents identified in the enumerated households, 6,513 were successfully interviewed, with a non-response rate of 2.4 per cent.

The BFS employed three questionnaires all of which were translated into Bengali. The first was the household schedule on which all members of each selected household were listed, together with details concerning their residence, marital status, age, sex, and education. The second was the individual questionnaire for all ever-married women below the age of 50. This document, divided into 11 sections, covered not only the topics of the WFS Core Questionnaire but also material from the following WFS modules: Fertility Regulation, Economic, Abortion, and Factors Other than Contraception Affecting Fertility. In the third questionnaire, information was obtained by supervisors for each sample point about the accessibility of various facilities, the cropping pattern, and other environmental characteristics. This community level information has not yet been analysed.

Field staff training was conducted in November and December, 1975, at the Family Planning Training Institute, Dacca. Forty-four supervisors and 84 female interviewers were invited for training. Emphasis was placed on the difficult field conditions, role-playing and practice field interviews. Field work lasted from 18th December, 1975 to 31st March, 1976 and was carried out by 11 interviewing teams, each consisting of 1 male supervisor, 1 female supervisor, 5 interviewers, and a cook. One notable feature of the field operation was the emphasis on tape recording; a total of 329 interviews were recorded and these were later used to assess the quality of interviewing.

After the end of the main field work, re-interviews, using a shortened version of the questionnaire, were conducted with 424 households selected from 115 ISU's yielding 390 eligible respondents. The main aim was to obtain measures of reliability for certain key variables but the opportunity was also taken to check main survey procedures in those few areas which had proved problematic. It is expected that a detailed report on the results of the re-interviewed sub-sample will be issued in due course.

Manual editing, coding, machine editing and tabulations were undertaken at the Data Processing Unit, Bureau of Statistics, Dacca and further machine editing and tabulations were carried out at WFS London. The first report was published in January 1979 and this document is a summary of its principal findings.

3. FINDINGS

3.1 NUPTIALITY AND EXPOSURE TO CHILD-BEARING

3.1.1. AGE AT MARRIAGE

As child-betrothal is traditional in Bangladesh, currently married women were asked not only when their marriage had been contracted (using the word "bibaho" which means marriage with or without consummation) but also the interval between marriage and consummation. Age at marriage was then defined as age at consummation for the purposes of demographic analysis but, as the average reported interval was only 0.4 years, this distinction is only minor in practice*.

Despite this precaution, 16 per cent of the sample reported an age at first marriage below 10 and a further 18 per cent at ages 10 or 11. Most of these marriages would have occurred before puberty and though such consummation is not unknown in Bangladesh, it seems probable that substantial under-statement of age has occurred.

Nevertheless, it is clear from data on marital status recorded in the household schedule, whose reliability depends only on accuracy of reporting of current age, that marriages in Bangladesh begin at a very early age and are concentrated within a short range of ages. As can be seen from the (table) below, nearly half of the 15-year old girls enumerated in the household schedule had been married and this proportion rises to 90 per cent for 19-year olds. Only 5 per cent of women in the 20-24 age group were still single and thereafter marriage is almost universal. Men marry much later than women; only 7 per cent and 38 per cent of men in age groups 15 to 19 and 20 to 24, respectively, were recorded as ever-married.

Current Age	12	13	14	15	16	17	18	19	20
Per Cent Females Ever-Married	7	14	25	47	60	76	85	90	93

Nuptiality patterns in Bangladesh are not static. There is convincing evidence both from comparisons of the 1975 BFS data with earlier censuses and surveys and from internal comparisons within the BFS data from the individual interviews that female age at marriage is rising. The median age at marriage for sample women aged 30 or more is about 12.5 but rises to 13.2, 13.5, and 15.0 for age groups 25-29, 20-24, and 15-19 respectively. Part of this increase can be attributed to an apparent decline of child-marriages, though this trend may be exaggerated by improved reporting among younger women; the per cent married by age 12 falls from over 40 per cent for older women in the sample to 15 per cent for those currently

* By an oversight, a question on age at consummation of first marriage was not asked of all women in the sample. Thus for the 22 per cent of all women whose first marriage had dissolved, the adjustment for delayed consummation was not possible. However, it is unlikely that this omission has a serious effect on the data.

aged 15-19. But the proportion married before age 15 also shows a steep decline from over 80 per cent to 50 per cent. The overall pattern suggests that the pace of change is quickening and that future increases in age at marriage can be expected.

Differentials in age at marriage were studied on a sub-sample of women who were aged over 20 and had been married by age 20. To allow for reporting error, mean ages at marriage were computed both excluding and including child-marriages before age 10. Under either alternative, the direction of differences remains the same and their magnitude is little affected. The figures quoted below exclude these very early marriages, and the overall mean for this group of 4,064 women is 13.5 years*.

The sharpest differences occur when the data are broken down by woman's educational level. This is not surprising in view of the general incompatibility between very early marriage and prolonged formal education. The mean ages at marriage for women with no schooling, primary schooling, and secondary or higher schooling are 13.3, 14.1, and 15.2 respectively. Much smaller differences are apparent when husband's educational level is examined.

Urban women marry later than their rural counterparts, though the difference is one of only 0.7 years and is partly attributable to the more educated nature of the urban population. The contrast increases to 1 year when the rural-urban distinction is re-defined in terms of childhood rather than current place of residence. There is also a small difference between Muslims (13.5) and non-Muslims (13.8).

All these differentials persist across age groups which suggests that they represent long-standing divergencies in behaviour, rather than recent phenomena.

3.1.2 MARITAL DISSOLUTION

Just over one in five of all ever-married women reported that their first marriage had dissolved by death of husband (10 per cent), by divorce (10 per cent), or by separation (1 per cent). Among younger women, divorce accounted for most dissolutions, but at older ages widowhood assumes greater importance: over a quarter of women aged 40 to 49 stated that their first marriage had been terminated by the husband's death. The probability of divorce is much higher for women experiencing child-marriages than for others.

Twenty-nine per cent of women reporting a first marriage before age 10 had been divorced from their first husbands compared to only 7 per cent for those first marrying at age 10 or more. Women who marry very young are also more likely to report dissolution of their marriage by widowhood. Whether this finding reflects a genuine difference (caused, for instance, by a greater age discrepancy between spouses or some other factor) or reflects reporting error cannot be established until further analysis of the data is undertaken.

* In the main report, mean ages calculated from data on age at marriage in complete years and are thus under-estimated by half a year. In this summary, the upward adjustment has been made.

Rural-urban levels of marital dissolution are similar, but major differences exist with respect to education and religion. Uneducated compared to educated women and Muslims compared to non-Muslims are twice as likely to report dissolution of first marriage. In the former case, differences in age at marriage and life expectancy are perhaps partly responsible, but in the latter case the explanation is probably cultural.

Of the 1,400 women in the sample experiencing dissolution of their first marriage, 60 per cent had remarried. The groups in which marital dissolution is relatively high also have a greater tendency to remarry.

At the time of the survey, 88.5 per cent of the total sample were currently married. This proportion is about 90 per cent for women up to age 34 and then declines steadily to 69 per cent for those aged 45-49.

3.1.3 FECUNDITY

Only 7 per cent of all currently married women considered themselves unable to bear any more children for physiological reasons, and this figure is less than 3 per cent for women under age 30. More objective confirmation that primary infertility, at least, is rare comes from the observation that among older age groups, over 97 per cent of currently married women have experienced at least one live birth.

3.1.4 BREAST-FEEDING

The length of breast-feeding was studied in the BFS report in-relation to the penultimate live birth. In an attempt to overcome the effect of involuntary cessation of lactation due to child-death or conception, the relevant data were restricted to women whose penultimate child survived at least 24 months and who did not conceive their next (i.e., last) child for at least 24 months.

For this restricted sub-sample of 2,219 women, prolonged lactation is the norm. Only 2 per cent did not breast-feed at all and about three-quarters reported durations of two years or more. The close similarity of results for different age groups implies no historical change in behaviour, nor is there much difference between educational or religious groups. Breast-feeding among urban women tends to be slightly shorter on average than among rural women. The general conclusion is that lactation undoubtedly acts as a constraint on fertility in Bangladesh by prolonging post partum amenorrhoea, but the magnitude of the effect has not been established. However, any variations in fertility between sub-groups cannot be explained by reference to breast-feeding because of the apparent uniformity of breast-feeding customs in the country.

3.2 FERTILITY

The BFS collected fertility data through an integrated pregnancy history, probing for pregnancies not resulting in live births in each interval: marriage to first birth, first birth to second birth, and so on until the open interval. There is reason to believe that this approach resulted in relatively complete coverage of births compared to some earlier surveys employing a less exhaustive questioning technique.

3.2.1 CUMULATIVE FERTILITY BY AGE GROUP

The high fertility of Bangladeshi women is evident in all age groups, as can be seen in Table 1. At ages 20-24, nearly half have experienced 3 or more births and in the next age group, 25-29, over half report 5 or more births. The mean number of births increases from 4.2 for the 25-29 age group to 7.1 for women aged 40-44; in the latter group, there is considerable dispersion in fertility performance with 18 per cent having 4 or fewer births and an equal proportion with 10 or more births. The fertility reported by the oldest women in the sample, aged 45-49, is slightly lower than for the preceding group and this is probably caused by omission of births. It may be concluded with reasonable confidence that the completed fertility of Bangladeshi women reaching the end of their reproductive careers in the mid-seventies is at least 7.1 births.

TABLE 1
PER CENT DISTRIBUTION OF THE EVER-MARRIED WOMEN
ACCORDING TO NUMBER OF CHILDREN EVER BORN, BY CURRENT AGE

Current Age	Number of Children Ever Born											Total	Mean No. of Ever Born Children	Mean No. of Living Children	Number of Women		
	0	1	2	3	4	5	6	7	8	9	10					11+	
PER CENT																	
<15	92	8	0	-	-	-	-	-	-	-	-	-	-	100	0.1	0.1	271
15-19	40	40	16	3	1	-	-	-	-	-	-	-	-	100	0.8	0.6	1205
20-24	8	18	28	22	15	6	2	0	0	-	-	-	-	100	2.4	1.9	1347
25-29	3	4	9	18	21	22	13	7	6	1	0	0	100	4.2	3.3	1108	
30-34	3	2	4	7	11	17	21	14	10	8	3	1	100	5.7	4.3	791	
35-39	2	1	3	4	9	9	15	19	17	9	7	6	100	6.7	5.0	672	
40-44	3	2	4	5	4	9	11	14	14	16	8	11	100	7.1	5.1	626	
45-49	3	3	5	7	6	9	12	17	10	9	10	10	100	6.7	4.7	495	
All Ages	14	13	12	11	10	10	9	7	6	4	3	3	100	4.0	3.0	6515	

3.2.2 FERTILITY AND AGE AT MARRIAGE

In non-contracepting societies where child-bearing before marriage is negligible, a strong association between age at marriage and fertility can be expected. In Bangladesh, however, female marriage is concentrated at such low ages that the effect of variations within this narrow range is largely offset by considerations of adolescent sub-fecundity. Over half of the women marrying before the age of 12 are still childless after 5 years of marriage, compared to only 13 per cent childless for women marrying in their late teens. The net effect of these two opposing influences, early marriage versus adolescent sub-fecundity, may be seen in Table 2. It is clear that below age 15, precise age at marriage has no effect on cumulative fertility; those marrying between ages 15 and 17 have lower cumulative fertility by age 20 to 24 but this difference is not apparent for the age

group 40-44. Only for the small minority of women marrying at age 18 or after is there a persistent association between fertility and age at marriage across all age groups. These results suggest that the upward trend in age at marriage over the last 10 years has had little effect so far on fertility and that there will have to be a radical shift in nuptiality patterns before any marked effect is likely.

TABLE 2
MEAN NUMBER OF CHILDREN EVER BORN
TO CURRENT AGES 20-24 AND 40-44,
BY AGE AT FIRST MARRIAGE

Age at First Marriage	Current Age	
	20-24	40-44
<10	2.6	7.0
10-11	2.8	6.9
12-14	2.7	7.3
15-17	1.9	7.2
18 AND OVER	0.8	6.3
ALL	2.4	7.1

3.2.3 SOCIO-ECONOMIC DIFFERENTIALS IN FERTILITY

Evidence from other countries suggests that major national declines in fertility are usually preceded by the emergence of marked fertility differentials as certain sectors of the community modify their behaviour earlier than others. For this reason the study of differentials is of particular interest in Bangladesh.

Considering education first, the survey yields no evidence that women with no education differ in fertility from those with primary schooling. Nor is there much difference at older ages between the small minority of women with secondary school or higher education (less than 5 per cent of the total sample) and the less well-educated; but at ages 20-24 and 25-29 there is a substantial difference - about half a birth and about one birth respectively. This lower fertility at young ages of the well-educated largely reflects their later age at marriage; when this factor is controlled, the differences diminish substantially.

When fertility is examined in relation to the educational attainment of the husband, no analogous difference between secondary school and lower levels emerges, but wives of husbands with tertiary education exhibit lower fertility (the greater number of educated husbands than wives in the sample allowed a finer grouping for the husband). The results indicate that differences in cumulative fertility according to educational status are minor and confined to a very small well-educated minority. As yet their impact on fertility at the national level is negligible.

Fertility was examined against three other variables, broadly socio-economic in character - occupation of husband, ownership of household assets such as a boat or radio, and wife's experience of employment outside the home.

In terms of occupation, both cultivators owning their land and share-croppers have higher than average fertility, while all other groups - white collar, skilled and semi-skilled manual, unskilled manual labourers, and landless agricultural workers - have slightly lower than average fertility. Women in households with at least one asset report higher fertility than those with no assets, through this difference is confined to ages 25 and over. Finally, women with work experience outside the home have considerably lower fertility across all age groups than those without such experience. Interpretation of these differentials must await full multivariate analysis though these preliminary data do suggest that female characteristics, especially work experience, may be more important determinants of fertility than the husband's characteristics.

Rural-urban and religious differentials were also examined. While no difference according to type of place of residence is found, a slight divergence between Muslims and non-Muslims is apparent; when standardized for age, Muslims have an average of 4.0 births, compared to 3.8 for others.

3.2.4 CURRENT FERTILITY

The total fertility rate* averaged for the five-year period preceding the survey (1971-75) is 6.3 births. This figure implies a fall of at least 10 per cent from historic levels of completed fertility in Bangladesh of over seven births and may reflect the effect of temporary disruption and severe hardship caused by the 1971 War of Liberation and more recent natural disasters. However, there is evidence from analysis of birth histories undertaken since the drafting of the first report that women may have tended to overstate the age of their young children, with the result that recent fertility rates are artificially depressed and rates for the 1960's artificially inflated, giving the false impression of a decline in fertility. Under these circumstances, the current level of fertility must remain somewhat uncertain, pending further evaluation of the data. The WFS, in collaboration with the Population Control and Family Planning Division of the Ministry of Health and Population Control plans to undertake such evaluation as another analysis project of high priority.

3.2.5 CHILD SURVIVORSHIP

The mean numbers of children ever born and surviving for the whole sample were 4.0 and 3.0, respectively. Thus, an average of exactly one child per woman had died by the time of the survey. Older women have lost an average of 2 children. The widespread experience of child-death is amply illustrated by the following figures: among women with 3 live births,

* The total fertility rate is the sum of the age-specific rates and represents the average number of births that a woman could have by the end of her reproductive life, if the current age-specific rates remain unchanged.

nearly hal. have had at least 1 loss; among women with 5 live births the proportion rises to two-thirds and among those with 8 live births to nearly nine-tenths.

The current level of infant mortality estimated directly from the survey is 150 deaths per 1,000 live births. Of those surviving to their first birthday, an additional 45 per 1,000 die in the second year of life. Thus, in all, 20 per cent of the children die in the first 2 years.

3.3 DESIRED FAMILY SIZE

A number of questions on fertility preferences were included in the BFS, but the pattern of response to some of them is implausible and consequently great caution should be exercised in the interpretation of these data. One measure that has some face validity is total desired family size, which is derived from answers to the question "If you could choose exactly the number of children to have in your whole life, how many children would that be?". About one-third of all currently married women gave a non-numerical answer such as "up to God", or were unable to give any answer. For the remaining two-thirds, the mean desired size was 4.1 children. As shown in Table 3, the mean number desired rises in step with the number of living children, indicating a tendency to rationalize past performance. For this reason, the data for women with smaller families, most of whom are still at the beginning of marital careers, are easier to interpret. For this group, about two-thirds desire 3 or 4 children, while the remaining third are split evenly between those who want less than 3 or more than 4 children. Whether or not these preferences will be realized in practice, there appears to be a preference for a 3 or 4-child family among younger women who were prepared to give a numerical answer.

TABLE 3

THE MEAN DESIRED FAMILY SIZE OF CURRENTLY MARRIED
WOMEN WHO GAVE A NUMERICAL ANSWER AND PER CENT
OF ALL CURRENTLY MARRIED WOMEN WHO STATED A
DESIRED SIZE LESS THAN ACHIEVED SIZE

	Number of Living Children										
	0	1	2	3	4	5	6	7	8	9+	ALL
Mean Desired Size	3.5	3.6	3.8	3.9	4.2	4.7	4.9	5.0	5.5	6.4	4.1
Per Cent Whose Size is Less Than Achieved Size	-	0	1	4	14	26	38	41	43	42	10

Though statements by older women on desired family size are in part rationalizations, the second row of Table 3 above indicates a willingness to state desired sizes which are lower than the actual number of surviving children. A quarter of all married women with 5 living children reported a desired family size smaller than their number of surviving children, and the corresponding figure for women with 7 or more children is over 40 per cent. To the extent that desired sizes assume an ideal sex composition of children and ignore survivorship considerations, these figures give an inflated view of "unwelcome" or "excess" fertility. Conversely, to the extent that women rationalize their existing family size, "excess" fertility is underestimated. For these reasons, no precise interpretation can be drawn from these findings, but they do appear to indicate that many women regard their child-bearing as too prolific.

The topic of preference for the sex of children was also examined, and the data reveal a strong preference for sons. Of women wanting another child, 62 per cent would prefer a boy, 8 per cent a girl and 30 per cent were undecided or would not mind. There is also evidence that women without a living son are less ready to contemplate family limitation than those with at least one son.

3.4 KNOWLEDGE AND USE OF CONTRACEPTION

3.4.1 KNOWLEDGE

Knowledge of contraception is now widespread in Bangladesh. Eighty per cent of all ever-married women had heard of at least one modern method while an additional 2 per cent had heard of a traditional method only. Knowledge is unrelated to age but is higher among the urban and educated sectors of the community than among uneducated and rural women.

In terms of methods, the pill is most widely known (64 per cent reported having heard of it) followed by female sterilization (53 per cent), vasectomy (51 per cent) and the loop (40 per cent). Only 21 per cent reported knowledge of the condom. Of the traditional methods, douche (31 per cent), rhythm (28 per cent) and withdrawal (15 per cent) are the most commonly known.

3.4.2 USE

Despite widespread knowledge of methods, only 14 per cent of the whole sample reported having ever used any method, of which 10 per cent had used a modern method and 4 per cent a traditional method but never a modern one. These figures compare with 6 per cent ever-use of any method found in the 1969 National Impact Survey and appear to imply an increase in contraceptive use over the period 1969-1975.

Estimates of the prevalence of current use in the First Country Report are based on the sub-sample of women who, at the time of the survey, were currently married and non-pregnant and considered themselves fecund. Of these 4,646 "exposed" women, 10 per cent reported use at the time of the survey. If recalculated on the base of all currently married women, or of the whole sample, the per cent currently using any method falls to 7 per cent and 8 per cent respectively. As shown in Table 4, contraceptive practice rises steadily with age to reach a peak of 17 per cent at ages 35-39 but thereafter declines. The relationship between use and number

of living children is linear, rather than curvilinear as for age. Current use rises from 3 per cent for those with no children to over 18 per cent for those with 8 or more children. This strong link between family size and use, of course, is largely attributable to a more common desire to limit family size among those with large families. Whereas only 2 per cent of women wanting more children are classified as current users, the proportion is 14 per cent for those stating that they want no more children.

TABLE 4
LEVELS OF CONTRACEPTIVE KNOWLEDGE AND USE, BY CURRENT AGE

Current Age	Per Cent of All Ever-Married Women Who Have Heard of Any Method	Per Cent of All Ever-Married Women Who Have Ever Used Any Method	Per Cent of Exposed Women Who are Currently Using Any Method
<15	62	3	2
15-19	79	7	5
20-24	86	15	9
25-29	86	15	10
30-34	83	19	14
35-39	83	20	17
40-44	81	14	11
45-49	77	9	8
ALL	82	14	10

Socio-economic and rural-urban differentials in current use are pronounced, as can be seen in Table 5. The well-educated minority has a level of use over three times as high as those with no education, while the urban level is over twice as high as the rural. By comparison, the difference between Muslims and non-Muslims is small.

TABLE 5
PER CENT OF "EXPOSED" WOMEN CURRENTLY USING ANY
METHOD OF CONTRACEPTION, BY VARIOUS BACKGROUND CHARACTERISTICS

Respondent's Education	Per Cent	Husband's Education	Per Cent	Place of Residence	Per Cent	Religion	Per Cent
None	7	None	8	Rural	9	Muslim	9
Primary	14	Primary	8	Urban	23	Non-Muslim	13
Secondary or Higher	27	Secondary or Higher	15 26				

A breakdown of current users by method indicates that the pill occupies a predominant position, accounting for 35 per cent of current users. Two traditional methods, abstinence (14 per cent) and rhythm (12 per cent) are next in popularity, followed by male or female sterilization (10 per cent), condom (9 per cent) and loop (6 per cent). Overall, 39 per cent of all current users rely on a traditional method, a high figure which suggests problems of accessibility or acceptability concerning modern methods, which are actively promoted in the Government programme.

CONCLUDING COMMENTS

Considered as a whole, the survey findings suggest that fertility in Bangladesh continues at a high level though a fall in the early 1970's might have been precipitated by the ravages of war and natural disaster. Certainly contraceptive practice, though increasing, still remains too uncommon to influence fertility in a substantial manner. However, two important pre-conditions for a fertility decline exist: knowledge of contraception is widespread and family size preferences of many women appear lower than their actual fertility, even after allowing for the losses due to child mortality. And one further encouraging sign exists: age at marriage is increasing, albeit from an exceptionally low base, and in many other Asian countries this phenomenon has been the precursor of a major fall in marital fertility.