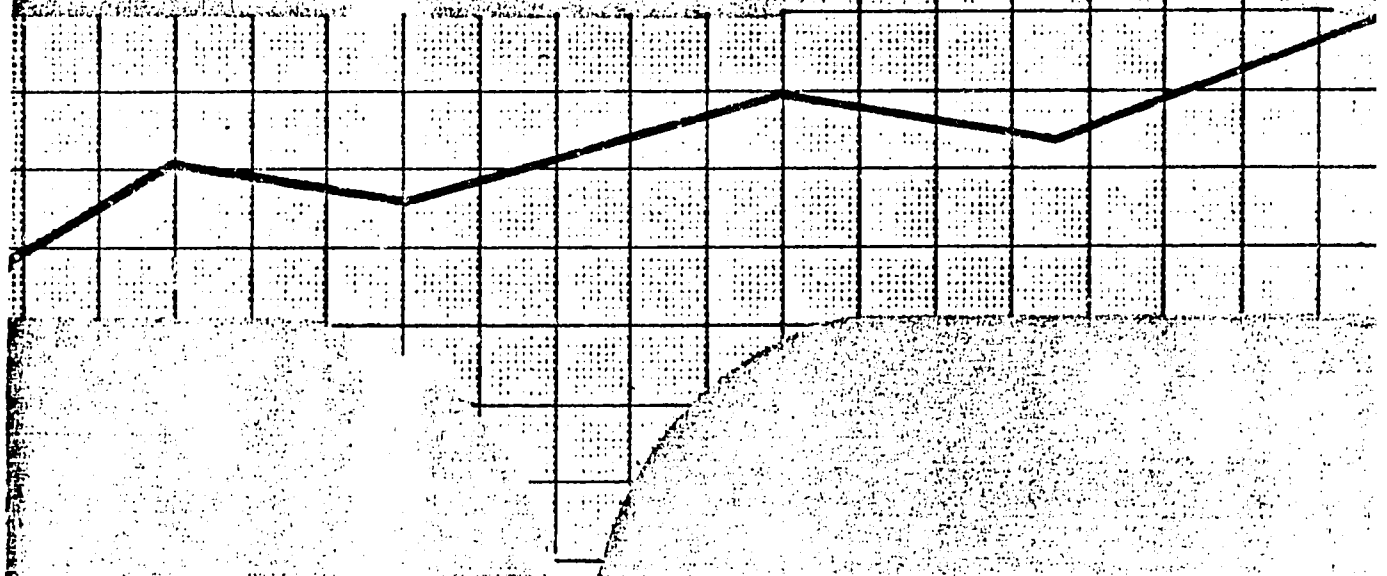
PN-AAP-340

BANGLADESH CONTRACEPTIVE PREVALENCE SURVEY-1979



NATIONAL
INSTITUTE OF POPULATION
RESEARCH AND TRAINING
DACCA, BANGLADESH

BANGLADESH CONTRACEPTIVE PREVALENCE SURVEY REPORT - 1979

PNAAP 340

National Institute For Population Research and Training

Ministry of Health and Population Control

Westinghouse Health Systems

Dacca Bangladesh

June 1981

FORWARD

Bangladesh, since the beginning of its official family planning programme in 1965, has, so far, conducted two surveys to determine contraceptive practice and fertility behavior at a given point of time. The first was the National Impact Survey of 1968-69, followed by the World Fertility Survey of 1975-76. These two studies were carried out under the auspices of the national family planning programme.

The Bangladesh Contraceptive Prevalence Survey, 1979, was again undertaken with a view to determine changes in the knowledge and practice of contraception, fertility behavior of eligible couples, and availability and source of contraceptives. The study also looked into fieldworkers' household visit patterns. This study is an improvement over past studies in respect to quality of content and geographical coverage.

The Bangladesh Government through its Population Control and Family Planning Division has undertaken the Bangladesh Contraceptive Prevalence Survey, 1979, the largest family planning study to date, under a contract signed with the Westinghouse Health Systems. The report has provided the Government and all concerned with much needed information on the status of the programme and factors that need serious attention for making the national programme viable.

Continued exercises of this kind, at regular intervals, will help the national Government monitor the family planning programme on an objective basis.

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Secretary,
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ACKNOWLEDGEMENTS

The Bangladesh Contraceptive Prevalence Survey (BCPS) was undertaken in late September, 1979, by the Population Control and Family Planning (PC & FP) Division of the Government of Bangladesh. This project was implemented under an agreement signed between the Government of Bangladesh and Westinghouse Health Systems, USA. The major fund for this project came through a large international technical support contract that Westinghouse had executed with the Office of Population of the United States Agency for International Development (USAID). The successful completion of the project is the result of the cooperation and support of many individuals and agencies. Thus, it is very difficult to write an adequate acknowledgement. Let me begin, with apologies to anyone whom I may have inadvertently omitted.

Under the initiative and guidance of Dr. M.A. Sattar, then Additional Secretary in charge of PC&FP Division, the project agreement was signed.

Mr. Sushil Kumar and Mr. Gary Lewis of Westinghouse Health Systems, as well as Mr. Laurie Lewis, World Bank consultant, all played a major role in the planning and implementation of this project.

Our colleagues, but for whose tenacity and alacrity this project would not have been completed in time, are Amin Amir Ali, Mrs. Tajnahar Chowdhury and Mrs. Feroza Akhter. The hard work put in by Mr. M.A. Rashid in implementing the sample design and in supervising the mapping and listing of samples is highly appreciated.

The training of the fieldworkers was carried out by Mr. G.M. Kamal and his associate, Mrs. Khodeja Khatoon. Special thanks are due to the female interviewers and their supervisors who demonstrated their endurance in fieldwork under difficult living conditions in remote areas of Bangladesh. Their work was compounded by the vicissitudes of flood, heavy monsoon and difficult terrain. Long distance walks were a daily routine. The cooperation and support of the Thana Health and Family Planning Officers and the Circle Officers in the sample areas are also greatly appreciated.

Other agencies and individuals who helped this project run smoothly are Dr. G. Rabbani and Mr. John Adams of the Bureau of Statistics, Government of Bangladesh. The Asian Institute of Technology (AIT), Bangkok, through the courtesy of Westinghouse Health Systems and the Dacca and Bangkok offices of USAID, carried out the computer editing to produce a clean tape and some programming to complete the tabulation. The AIT also trained the BCPS liaison officer in programming and editing. We are grateful to Dr. Sherif Newaz, President of AIT for his ready assistance and Dr. Kanchit Malaivongs for his technical and other assistance.

The analyses and report preparation benefited greatly from the contributions of Dr. N.K. Nair and Mr. Gary Lewis of Westinghouse Health Systems.

Our appreciation also goes to Dr. Andrew Fisher, then UNFPA consultant to the National Institute of Population Research and Training (NIPORT), for his comments on the draft report and his editorial help. We would also like to thank Dr. Carol E. Carpenter-Yaman of USAID, Dacca, for her valuable comments and technical editing.

In spite of all this generous help, if there remain any omissions and commissions in this report, I remain fully responsible.

S. Waliullah
Director, NIPORT
Project Director, BCPS

June, 1981

TABLE OF CONTENTS

		Page
Chapter 1.	INTRODUCTION	1
	1.1 Profile of Bangladesh	1
	1.2 Background of the Family Planning Programme in Bangladesh	2
	1.3 Background of the Contraceptive Prevalence Survey	3
Chapter II.	SURVEY DESIGN	6
	2.1 Organization of the Bangladesh Contraceptive Prevalence Survey	6
	2.2 Sample Design	7
	2.3 Listing and Mapping	13
	2.4 Household Enumeration	14
	2.5 Nonresponse Among Eligible Women	16
	2.6 Development of Questionnaire	17
	2.7 Pretesting of Questionnaire	19
	2.8 Recruitment and Training of Field Personnel	19
	2.9 Description of Field Work	20
	2.10 Quality Control	20
	2.11 Data Processing	21
Chapter III.	CHARACTERISTICS OF THE WOMEN INTERVIEWED IN BCPS	23
Chapter IV.	KNOWLEDGE OF FAMILY PLANNING METHODS	31
	4.1 Introduction	31
	4.2 Type and Level of Knowledge of Specific Methods	32
	4.3 Overall Level of Knowledge	33
	4.4 Differentials in Knowledge	37
	4.5 Summary	42
Chapter V.	USE OF FAMILY PLANNING METHODS	44
	5.1 Ever Use of Family Planning	44
	5.1.1 Level of Ever Use	44
	5.1.2 Differentials in Ever Use	46
	5.1.3 Methods Ever Used	50
	5.1.4 Differentials in Ever Use of Specific Methods	52
	5.2 Current Use of Family Planning Methods	58
	5.2.1 Overall Level of Current Use	58
	5.2.2 Differentials in Current Use	59
	5.2.3 Methods in Current Use and Differentials	75
	5.2.4 Types of Pill and Condom Currently Used	78
	5.2.5 Reasons for Non-use	79
	5.3 Summary	80

TABLE OF CONTENTS

		Page
Chapter VI.	FERTILITY	82
	6.1 Introduction	82
	6.2 Age-specific Fertility Rates	82
	6.3 Differentials in Age-specific Fertility	85
	6.4 General Fertility Rate	87
	6.5 Open Birth Interval	88
	6.6 Cumulative Fertility	90
	6.7 Future Fertility Desires	93
	6.8 Summary	99
Chapter VII.	SUMMARY AND CONCLUSIONS	101
	7.1 Summary	101
	7.2 Conclusions	102
Appendices		109

ABBREVIATIONS USED IN BCPS REPORT

AID - U. S. Agency for International Development

ASFR - Age Specific Fertility Rate

BCPS - Bangladesh Contraceptive Prevalence Survey (1979)

BFPA - Bangladesh Family Planning Association

BRSFM - Bangladesh Retrospective Survey of Fertility and Mortality

CM - Currently Married (women)

CMNP - Currently Married and Non-pregnant (women)

CMNPF - Currently Married, Non-pregnant and Fecund (women)

EM - Ever Married (women)

GFR - General Fertility Rate

ISU - Intermediate Sampling Unit

IUD - Intra Uterine Device

LE - Less Effective

ME - More Effective

OBI - Open Birth Interval

PPS - Probability Proportional to Size

PSU - Primary Sampling Unit

TFR - Total Fertility Rate

WFSB - World Fertility Survey, Bangladesh (1975)

WHS - Westinghouse Health Systems

CHAPTER I
INTRODUCTION

1.1 Profile of Bangladesh

Bangladesh is 143,998 square kilometers in area, sharing boundaries with India and Burma. More than 85 percent of the country is flat alluvial delta, traversed by large rivers. Annual temperature ranges between 14°C and 27°C and annual rainfall varies between 130 centimeters (50 inches) in the west to 500 centimeters (200 inches) in the north east.

The Moguls ruled the country from the 13th century till the 18th century, when the British took over and administered the subcontinent until 1947. In 1947, the independent states of Pakistan and India were created with the present Bangladesh territory as East Pakistan. Following the war of independence in 1971, East Pakistan seceded from Pakistan and became the sovereign Republic of Bangladesh.

Islam is the predominant religion; more than 85 percent of the population are Muslims; Hindus constitute 13 percent; the remaining 2 percent are Buddhists and Christians. Twenty-two percent of the population aged 5 years and over are literate. The male literacy rate is 30 percent as compared to 14 percent for females.

According to the 1974 census, the population was 76.2 million, with estimated crude birth and death rates of about 47 and 19, respectively. The annual rate of increase was approximately 2.8 percent. The population was estimated at 90.24 million in January 1980. The density of population is around 1,374 per square mile, one of the highest in the world. Ninety-two percent of the population are rural, and 80 percent are engaged in the agricultural sector. The per capita income in Bangladesh is around $110, one of the lowest in the world. About 80 percent of the population live in poverty.

If allowed to grow unchecked, at the current rate of growth (2.8 percent), Bangladesh is going to double its population by the year 2000.

The serious social and economic consequences of this phenomenal population growth prompted the Government to declare population growth as the number one national problem in January 1976. As a result, the Family Planning and Population Programme, which has been in existence since the sixties, was further strengthened and expanded.

1.2 Background of the Family Planning Programme in Bangladesh

In the early 40s, Mr. Abdul Hasanat's popular writing on sexology and birth control helped to educate Bengali, Urdu, and Hindi speaking populations on the need for family planning. As early as 1944, the educated middle class of eastern India were exposed to the idea of controlling their family size through birth spacing. Nearly a decade later, in 1953, a sensitized and concerned group of individuals organized an association to educate and motivate the people on the value of a small family. At the same time, contraceptives were made available at a nominal cost. The group called itself the Pakistan Family Planning Association, which after Independence became the Bangladesh Family Planning Association (BFPA). Over the years this group and the Family Planning Programme passed through various phases:

Phase I (1944-60) :	Sensitization of educated middle class in matters of family planning by the book of Mr. Abdul Hasanat.
Phase II (1953-60) :	Clinic based programme with little support from the Government, organized by the Pakistan Family Planning Association.
Phase III (1960-65) :	Government introduced family planning services in hospitals and urban clinics with an experimental rural family planning project at the Comilla Academy for Rural Development.
Phase IV (1965-70) :	Government programme with part-time male and female fieldworkers in rural areas and clinics in urban areas. The Family Planning Programme was taken out of health service to increase its impact.
Phase V (1970-75) :	Government integrated health and family planning programme.
Phase VI (1975-80) :	Government created a multisectoral, community based family planning and maternal and child health programme separate from Health, under the auspices of the Population Control and Family Planning Division.

Phase VII : (1980-)	Integrated Health and Population Control Programme was reintroduced.

The efforts of the Programme, especially since 1975, have led to a marked increase in the number of tubectomy and injectable acceptors, while at the same time there has been a decline in vasectomy and IUD acceptance. The period from 1975 through 1980 marked a phase of accelerated population activites in many different areas. The major emphasis of the programme was on improving the efficiency and effectiveness of the service delivery effort, but included a number of other activities:

- Influential community leaders were involved in family planning activities.
- Voluntary family planning agencies were promoted.
- Injectables, menstrual regulation, and voluntary sterilization were added to the list of methods available.
- Grassroots village field workers were recruited, trained, and placed throughout the country.
- Regular, institutionalized training programmes were established.
- Rapid population growth was identified as the nation's number one problem.
- Family Planning was separated from the Health Division.
- Every three months at the meeting of the National Population Control and National Economic Council the President took account of the family planning activities.
- Research and evaluation activities were increased.

1.3 Background of the Contraceptive Prevalence Survey

Each year since Independence in 1971, Bangladesh has devoted additional resources to the national Family Planning Programme. Between 1975 and 1979 nearly 18,000 field workers were recruited and trained to work towards increasing contraceptive acceptance.

Over the years, various small-scale evaluation studies as well as large national surveys have revealed that the Family Planning Programme has made slow but steady progress in terms of increasing knowledge and acceptance levels. The National Impact Survey[1] of 1968 showed the contraceptive prevalence rate was 4.0 percent among eligible couples. Seven years later the World Fertility Survey, Bangladesh[2] (WFSB) found that the prevalence rate had increased to 9.6 percent.

The Population Control and Family Planning Division of the Ministry of Health and Population Control has been concerned about the impact of the family planning programme in the country. In order to monitor the progress of the programme and to formulate service delivery plans, policy makers and programme administrators need country wide data on fertility patterns and contraceptive practices. Recognizing the need for this type of data, the Government of Bangladesh sought the assistance of the U. S. Agency for International Development (AID) for the purpose of conducting a national contraceptive prevalence survey. Late in 1978, AID arranged to have Westinghouse Health Systems (WHS) send an exploratory team to Dacca for discussions with the Population Control and Family Planning Division. A bilateral agreement was reached between the Government and WHS to conduct the Bangladesh Contraceptive Prevalence Survey (BCPS) in 1979. The objectives of the project are listed below:

Long Term Objective:

- To develop and institutionalize a contraceptive prevalence survey as an ongoing data collection procedure for evaluating the efficiency and efficacy of the family planning programme.

Immediate Objectives:

- To collect for Bangladesh a body of data to ascertain the knowledge and use of contraceptives and the availability of supplies.

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[1] Pakistan Population Planning Council, National Impact Survey Report, Lahore: Training, Research and Evaluation Center, 1974.

[2] World Fertility Survey, Bangladesh Fertility Survey 1975: First Report, Ministry of Health and Population Control, December 1978.

- To obtain information on the relationship between selected population characteristics and contraceptive practice.

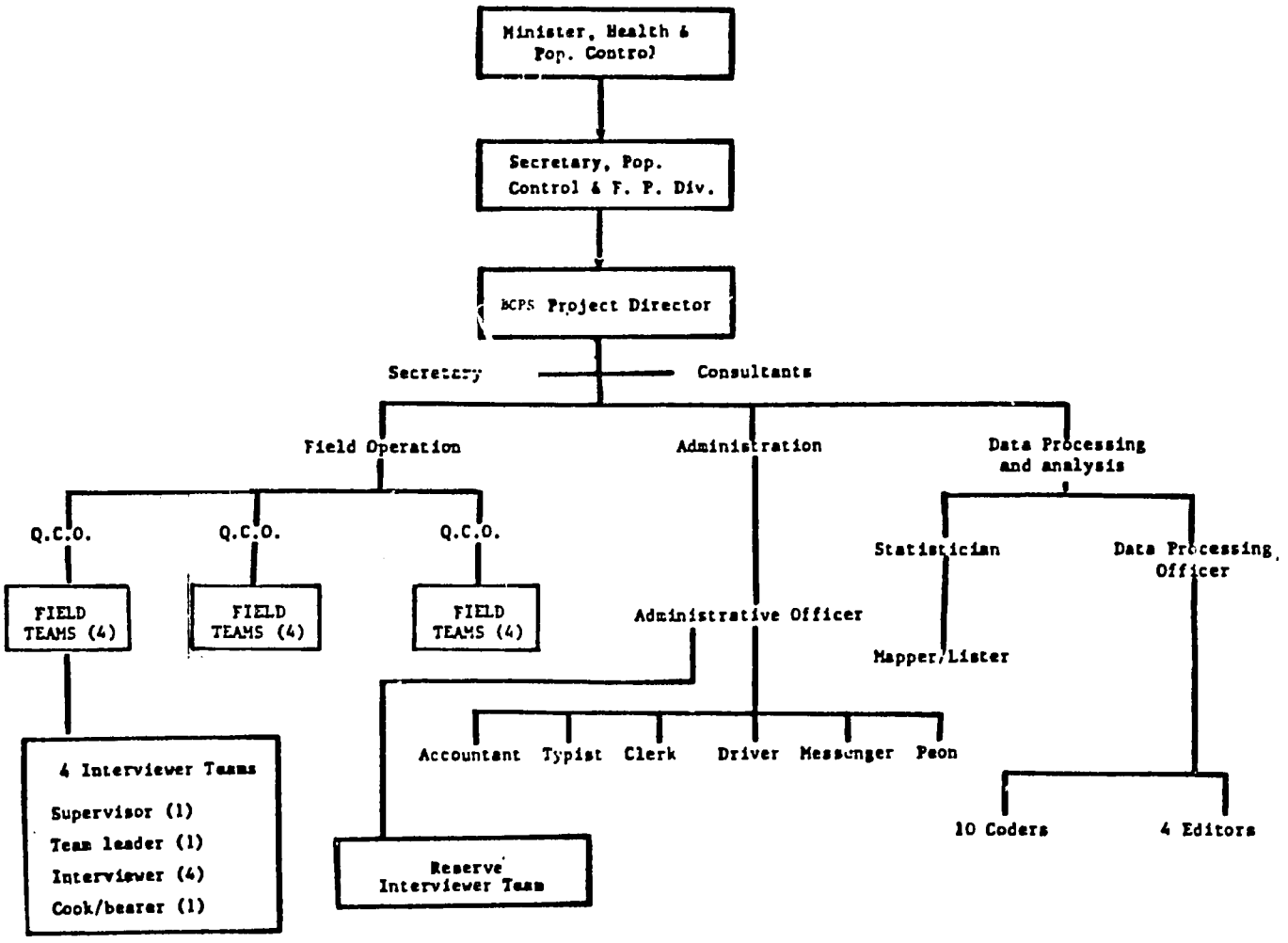
The Government agreed to provide the services of a full-time director, two senior research officers and the part-time services of a resident consultant for conducting the Bangladesh Contraceptive Prevalence Survey (BCPS). In addition, office accommodations, a vehicle, other support facilities, and additional funding were provided. Westinghouse Health Systems provided technical and major financial support for the BCPS.

CHAPTER 2
SURVEY DESIGN

2.1 Organization of the Bangladesh Contraceptive Prevalence Survey

The BCPS was carried out under the authority of the Ministry of Health and Population Control. The exact nature of the organization of the survey can be seen more easily in Figure 2.1.

FIGURE 2.1: ORGANIZATIONAL CHART OF BCPS - 79



Q.C.O. = Quality Control Officer

2.2 Sample Design

The BCPS required a nationally representative sample of ever-married women under 50 years of age to study levels of contraceptive knowledge and practice in Bangladesh.

For ease of survey operation, households were considered as the ultimate sampling units. Women who were ever married, under 50 years of age, and who slept in the household the previous night were considered eligible for interview in the BCPS.

Bangladesh is divided into 4,350 unions (local administrative units). The 4,949 census circles, which were used to draw the sample, usually follow the union boundaries. The BCPS adopted a three-stage sample design in both the rural and the urban strata. The first stage was the selection of census circles or primary sampling units (PSU). The second stage was the selection of one village or block, also called an intermediate sampling unit (ISU) in each selected PSU. The third stage was the selection of households from the selected ISUs.

In the first two stages, the selection was done with probability proportional to size (PPS), size being the number of households in the unit. In the urban area, the units selected in the first two stages for the WFSB were adopted for the BCPS. But in the rural area, half of the units chosen were selected from the units included in the WFSB, while the others were selected (PPS) from among the remaining units.

Due to the oversampling in urban areas and complete enumeration of certain units in rural areas, the sample finally obtained was not self-weighted (see Tables 2.1 and 2.2) Weighting was therefore necessary to obtain national and rural estimates.

Table 2.1: Selected and enumerated households (HH) in BCPS.

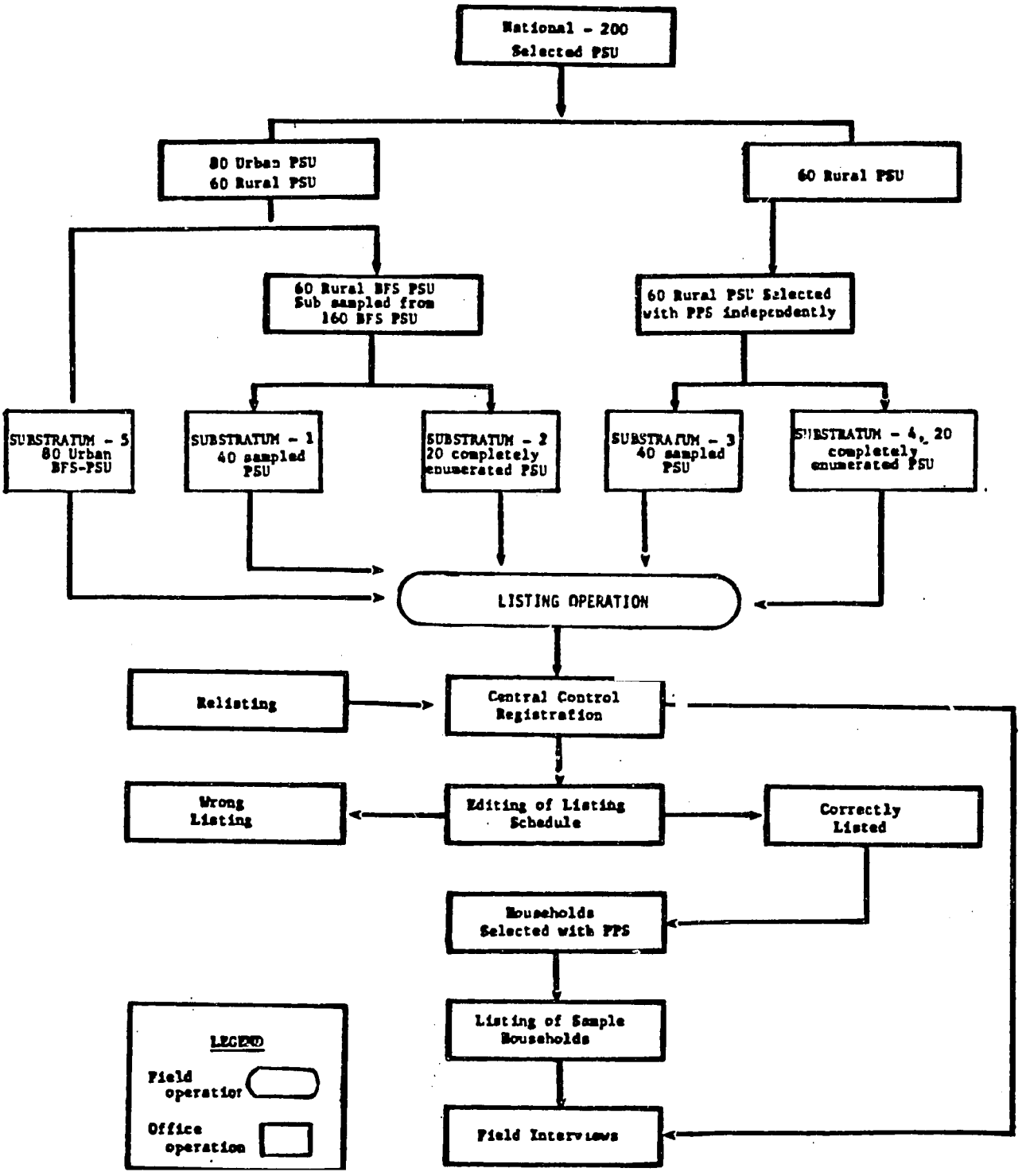
	No. of HH selected		No. of HH enumerated	
	Urban	Rural	Urban	Rural
Sampled areas	2,004	3,930	1,883	3,578
Complete enumeration areas	0	8,412	0	8,410
Total	14,346		13,874	

Table 2.2: Number of eligible respondents and number interviewed in BCPS

	No. of eligible respondents		No. interviewed	
	Urban	Rural	Urban	Rural
Sampled area	2,188	4,101	2,164	4,055
Complete enumeration areas	0	9,271	0	9,271
Total	15,560		15,490	

The Census Commission provided population and household data on census circles and ISU's. These data from the 1974 National Population Census were used to calculate the probability of selection for each PSU as well as each ISU. A graphic description of the PSU selection procedure is given in Figure 2.2.

FIGURE 2.2: FLOWCHART OF BCPS SAMPLING OPERATIONS



As can be observed in Figure 2.2 the sample has been divided into five substrata:

Substratum 1 - WFSB, 40 rural PSUs (sampled)
Substratum 2 - WFSB, 20 rural PSUs (completely enumerated)
Substratum 3 - New, 30 rural PSUs (sampled)
Substratum 4 - New, 20 rural PSUs (completely enumerated)
Substratum 5 - WFSB, 80 urban PSUs (sampled).

The 60 rural PSUs from the WFSB were systematically selected equal chance of selection, and the 60 new rural PSU's were selected with probability proportional to size.

Each rural PSU consists of a few continguous villages. When a village had less than 80 households it was collapsed with the neighboring villages to make a unit of 80 or more households. As described before, villages served as the intermediate sampling unit (ISU), and only one ISU was selected from each PSU with probability proportional to size. From the rural PSUs common for the WFSB and the BCPS, the ISUs selected for the BCPS were the same as those selected for the WFSB. The selection of ISUs from the other (new) PSUs was done according to the specified procedure.

Selection of households was done from a complete list of households in the ISUs. The listing and mapping were done by specially trained BCPS staff. In order to get the required urban and rural representation, an average of 50 rural households and 25 urban households were to be selected from a rural or urban ISU. This does not include those rural ISUs that were fully enumerated. The household selection was done with probability inversely proportional to size used in the first two stages of selection. The number of households actually selected from an ISU varied from 18 to 78 in rural areas, and 11 to 51 in urban areas.

Table 2.3 and Figure 2.3 show the distribution of CPS sample spots (ISU) in Bangladesh. Also Table 2.4 shows the distributions of listed and selected households of the selected ISUs.

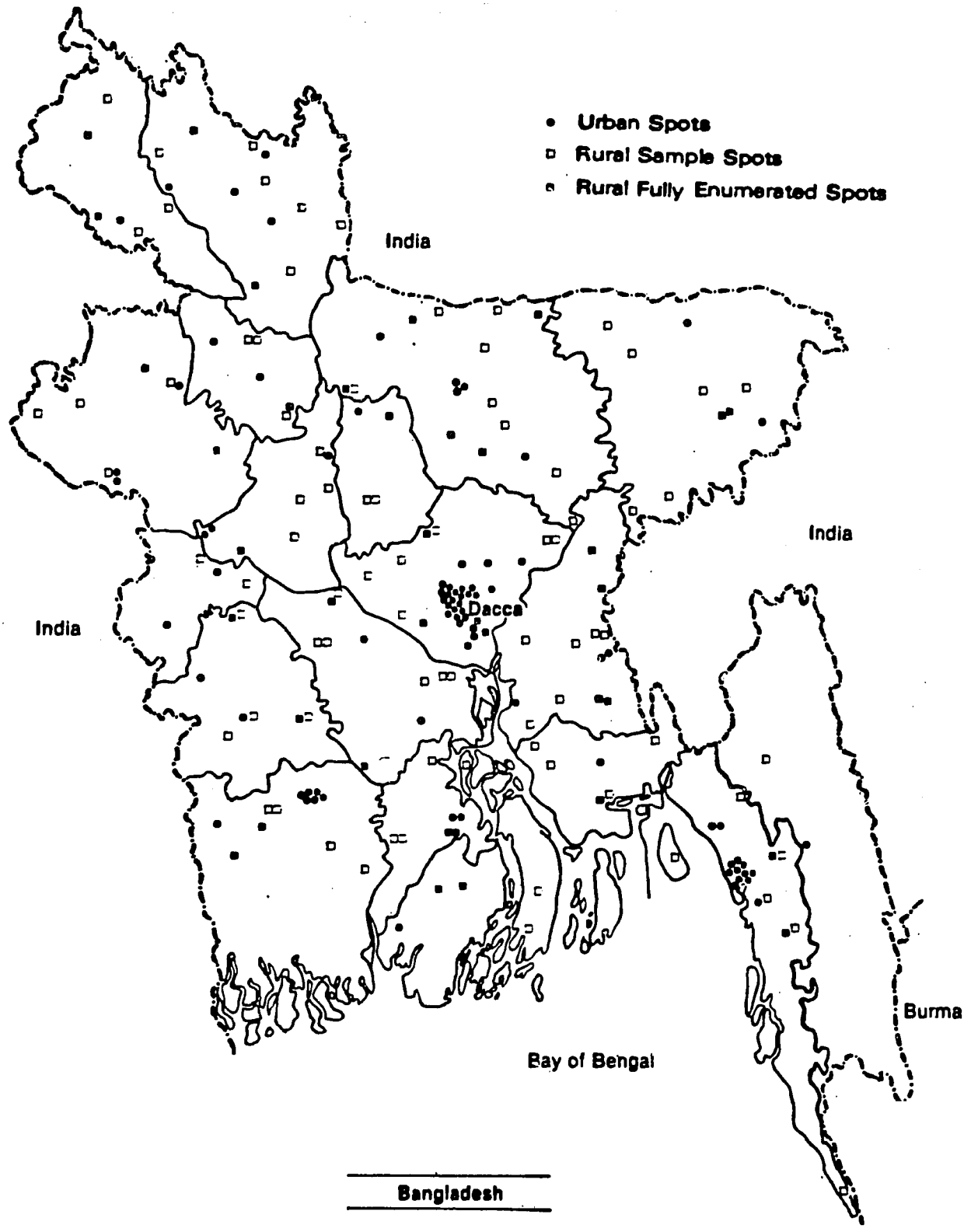
Table 2.3 Distribution of BCPS Sample Spots (ISU)

DIVISION	DISTRICT	No. of Urban ISU's		No. of Rural Sub-sample ISU's from BFS		No. of New Rural ISU's	
		*Total	Selected	*Total	Selected	*Total	Selected
Dacca	Dacca	446	27	53	5	81	5
	Mymensingh	46	5	101	6	151	7
	Tangail	22	1	37	2	20	1
	Faridpur	24	2	70	4	36	4
Chittagong	Ctg. H/L	--	--	--	--	1	1
	Chittagong	144	14	68	4	--	4
	Noakhali	8	1	32	3	22	3
	Comillah	35	3	74	5	60	5
	Sylhet	45	2	83	4	113	4
Khulna	Khulna	85	7	43	3	35	3
	Barisal	20	2	39	4	27	4
	Patuakhali	4	1	10	1	9	1
	Jessore	21	2	49	3	57	3
	Kushtia	21	2	15	1	9	1
Rajshahi	Rajshahi	28	3	63	3	48	3
	Pabna	25	3	46	3	46	2
	Bogra	8	1	24	2	25	2
	Rongpur	42	3	68	5	49	6
	Dinajpur	12	1	23	2	56	3
		1036	80	898	60	845	60

*Total ISU's of the selected PSU's

Bangladesh

BCPS-79 SAMPLE SPOTS



Bangladesh

Table 2.4: Distributions of listed and selected household by type of enumeration

Area and Enumeration	Listed	Selected
Rural, sampled	32,997	3,930
Rural, completely enumerated	8,358	8,412
Urban, sampled	23,860	2,004
Total	65,215	14,346

2.3 Listing and Mapping

In some areas the coverage and completeness of the census household listings were not adequate. Some of the lists showed abnormally low or high household totals. This was most common in Comilla, Noakhali and Sylhet. Some of the associated sketch maps, while colorful and impressive, were inadequate or misleading when verified in the field. The listings in those areas were checked by professional staff at headquarters and corrected as necessary. Erosion by rivers and shifting of households, and in one case the improper combination of two circles into one circle, accounted for most of these inaccuracies.

Due to the deficiencies in the listings, during fieldwork a household listing check was undertaken. A quality control follow-up survey was also undertaken. The follow-up survey found no serious errors in coverage with the modified listing procedure.

In Bangladesh most people have more than one name. The listers were instructed to write all names of the head of household, all names of his/her father, and his/her profession. In some cases, this was not done satisfactorily by the listers. A person may be recognized by his/her "dak nam" (nickname) in the locality. If this name was not recorded by the listers the interviewer sometimes had trouble identifying the household.

From the experience of the BCPS listing and mapping operation, the following are noted for future guidance:

- A lister's training for identifying the boundaries and mapping of the areas should consist of an adequate number of field tests.

- All names of the head of household, all names of his/her father, and his/her profession should be recorded on the household list.

- The name of bari (home) or the popular name such as Munshi bari, Kha bari, etc. should be written in the identification column. In urban areas the house number and street name should be entered.

- Detailed information about the sample area (such as: distance from the thana headquarters, mode of transport, accommodations and reasons for unusual household totals should be written on the information sheet.

- Adequate supervision of all listing and mapping operations is very important. Maps should be edited carefully.

- Household listing should start from a fixed point (say, northwest corner) in all ISUs. Before listing eligible respondents in the household, the following steps should be taken:

  1) edit maps and listing schedules

  2) if any households are omitted from the frame, rewrite the listing serial numbers, and

  3) select the households.

Listings and maps received from the field should be checked and, if necessary, sent back for verification or relisting. In the BCPS, a total of nine sample spots out of 200 were relisted.

2.4 Household Enumeration

Out of the 14,346 selected households, 13,871 households were successfully enumerated. The non-enumeration rate was thus 3.31 percent. The non-enumeration rates and reasons for non-enumeration are given in Tables 2.5 and 2.6, respectively.

TABLE 2.5 Non-enumeration rate for households

Division	No. of Rural Households Selected	Successfully Enumerated	Rural Non-Enumeration Rate(%)	No. of Urban Households Selected	Successfully Enumerated	Urban Non-Enumeration Rate(%)
Chittagong	3,020	2,922	3.25	535	510	4.67
Dacca	3,517	3,424	2.64	885	820	7.13
Khulna	2,613	2,506	4.09	332	311	6.33
Rajshahi	3,192	3,136	1.75	254	242	4.72
All	12,342	11,988	2.87	2,004	1,883	6.04

TABLE 2.6 Reasons for non-enumeration of households

Reasons	Rural	Percent	Urban	Percent
No competent respondent	6	1.70	10	8.26
Refused	4	1.12	3	2.48
Dwelling vacant	220	62.15	70	57.85
Address not found	20	5.65	19	15.70
Address not existing	49	13.84	12	9.92
Others	55	15.54	7	5.79
All	354	100.00	121	100.00

2.5 Nonresponse among Eligible Women

Out of a total of 15,560 eligible respondents, 15,490[1] were successfully interviewed, resulting in a non-response rate of about 0.5%. The non-response rate and reasons for non-response are given in Tables 2.5 through 2.8, respectively.

TABLE 2.7 No response rate of individual interviews

Division	Rural			Urban		
	Respondent Found	Respondent Completed	Non-response Rate	Respondent Found	Respondent Completed	Non-response Rate
Chittagong	3,012	2,998	0.46	598	597	0.17
Dacca	3,781	3,768	0.34	936	921	1.60
Khulna	2,776	2,766	0.36	356	348	2.25
Rajshahi	3,803	3,794	0.24	298	298	0.00
Total	13,372	13,326	0.34	2,188	2,164	1.10

Table 2.8 Reasons for non-response of eligible women

Reasons	Rural	Percent	Urban	Percent
Respondent not Available	38	62.61	24	100.00
Differed	1	2.17	-	-
Refused	2	4.35	-	-
Other	5	10.87	-	-
Total	46	100.00	24	100.00

[1]Nine cases were dropped from analysis because of coding problems.

2.6 Development of Questionnaire

Using the Model Questionnaire developed by Westinghouse Health Systems (WHS) as a base, a questionnaire for the Bangladesh Contraceptive Prevalence Survey was prepared (see Appendix). This questionnaire was designed to provide information that would assist family planning programme administrators in determining the progress of family planning efforts. The topics covered in the questionnaire and the rationale for inclusion of questions are discussed below.

Identification of Eligible Respondent. The survey universe for BCPS comprises all ever-married women under 50 years of age in the country. To identify these women a household schedule was devised. The names of women who usually reside in the household and of female visitors who spent the previous night there were recorded. For each of those women, information on age, marital status, and residential status was also obtained. The eligibility of each woman for interview was determined from this set of information.

Background Characteristics. A series of questions was asked of each eligible woman to obtain information on some basic background characteristics. The background characteristics covered and their rationale for inclusion are:

- Age of respondent: Two questions to ascertain age and date of birth were asked of each respondent. Age served as a control variable.
- Education and literacy: Four questions -- ever attended school, highest level, highest grade passed, and reading ability -- were asked. Education served as an explanatory variable for understanding the differential use of family planning.
- Religion: Religion is included to allow analysis of sub-populations.

- **Work status:** Two questions were asked to help identify women who were economically active. This variable was used as an independent variable in the analysis of fertility and contraceptive usage.

- **Land ownership:** Land ownership can be used as an independent variable in the analysis of fertility and prevalence data.

- **Marital status:** Marital status served as a surrogate measure of sexual activity. This question was asked to calculate the contraceptive prevalence rate of the currently married women. Also, this question serves as a prime determinant of eligibility for interview.

- **Education and literacy of husbands:** Four questions on husband's education -- ever attended school, highest level, highest grade passed, and reading ability -- were asked. Education of husband served as an explanatory variable for understanding the differential use of family planning.

Reproductive Behavior and Intention. A set of questions on past and future fertility were asked.

Knowledge and Ever Use of Contraception. Information on a respondent's knowledge (prompted and unprompted) and use of specified methods of contraception was obtained from her. The current pill and condom users were asked to give the brand names of the pill or condom they were using. Questions to measure perceived availability of specified methods were included here.

Visit Pattern of Village Level Female Worker. An extra section was included in the BCPS questionnaire to provide more detailed programme feedback on the visit patterns of the Family Welfare Assistant (FWA), a grassroots level female family planning worker, and the FWA's dissemination of family planning supplies and information. Respondents in 40 selected sample spots (i.e. all fully enumerated units) were asked the questions in this section.

2.7 Pretesting of Questionnaire

The interview schedule was mimeographed and pretested in the field by an experienced interviewing team. Some modifications in the questionnaire were proposed on the basis of this pretesting by a committee of local consultants to the BCPS. This committee and the Westinghouse team later discussed the proposed modifications and, on the basis of those discussions, the questionnaire for the BCPS was finalized.

2.8 Recruitment and Training of Field Personnel

In order to recruit field workers for the BCPS, the departments of economics, sociology, statistics, psychology and social welfare of different universities, the Institute for Social Research and Training of Dacca University, the Bangladesh Institute for Development Studies, and the Department of Social Work of Rajshahi University were requested to send names of suitable candidates. Openings for field workers were also published in three national dailies (The Bangladesh Observer, the Bangladesh Times, and The Dainic Bangla.) The minimum educational level set for interviewers was a bachelor degree.

The applicants for interviewer and supervisor positions were examined to ascertain their suitability to the positions. A total of 20 male candidates and 71 female candidates were then selected as trainees.

The training program was scheduled for three weeks. Core subjects related to the survey, such as family planning, the interviewing schedule, and interviewing techniques. Training was followed by actual field practice for two days. Then the field personnel began their work in Dacca under intensive supervision. Following this, interviewers went back to class to review their field experience. Supervisors and interviewers were selected from the trainees on the basis of their demonstrated ability and test scores.

Training of all field personnel took place simultaneously and then separately according to their job description.

Eleven additional male candidates were selected as mappers to map and list households in the BCPS sample areas. The selection was made from 70 candidates who had training in geography. These mappers underwent a one-week training program on mapping and listing techniques before they were sent to the field.

2.9 Description of Field Work

The interviewers were grouped into 13 teams, each consisting of four female interviewers, one male and one female supervisor. One team was kept in reserve while the others were sent to the field for data collection. Before data collection started, 11 mappers were sent to sample spots to map and to prepare household lists for use by the interviewing teams. The main fieldwork was done during September 1979 through January 1980. The fieldwork was originally scheduled to be completed in three months. The major reasons for this extension of the fieldwork period were:

- Some of the interviewers left the project during fieldwork.
- Some working days were lost, due to heavy rainfall.
- Some sample spots had to be revisited due to flooding.
- Disturbances in two border areas (Kalmakanda, Mymensingh) delayed data collection.
- Residents in one area in Dacca City and one area in Chittagong City did not allow mappers and interviewing teams to collect data. Later, interviews were completed with help from the Government.

The most consistent problem in interviewing was finding respondents at home. In Chittagong one segment of the population spoke a dialect that was not understood by the interviewers. Local government workers served as "translators".

2.10 Quality Control

Quality of data collected in the BCPS was checked at different phases of the survey. During the early stage of fieldwork, interviewing

teams were sent to spots near Dacca City so that the trainers and professional staff could provide additional assistance and supervision.

Throughout the fieldwork, supervisors remained with their respective teams to ensure correct completion of interview schedules by the interviewers. Moreover, supervisors randomly reinterviewed, or spot-checked, some interviews. Each of the schedules was checked at night by the supervisors so that errors could be amended before leaving the area.

Reinterview staff and quality control officers were based at the central office. Their function was to visit sample spots for checking the quality of field work and solving field problems as they arose. Central office supervisors (including the Project Director), personnel from the Ministry and the National Institute for Population Research and Training, and consultants visited the interviewing spots and supervised the fieldwork periodically.

After the completed interview schedules were collected from a sample spot, they were edited to detect irregularities. If the non-response rate was too high, or the number of eligible respondents differed too much in a spot, teams were sent to that spot to review the fieldwork.

After editing the interview schedules, the data were tranfered to transcription sheets, and from there to punch cards for computer processing.

2.11 Data Processing

Data processing work of the BCPS was completed in steps described below:

Registration of Schedules. After the completion of fieldwork, all interview schedules were returned to the central office for registration. The central office then assigned unique batch numbers and stratum numbers to each group of schedules. A unique household number was assigned to each schedule.

Editing of Schedule:

- All schedules were manually edited.
- After completing each interview every interviewer was instructed to review the whole schedule.
- Each schedule was edited by the field supervisor. If any inconsistencies or incorrect answers were found, the individual was reinterviewed.
- Office Editing: After the completion of registration, interview schedules were again edited at the office by a group of editors. During this editing, editors derived the number of children born, number of children alive, and number of children now dead from the pregnancy table. The values of these derived variables were entered on the schedules.

Coding of Data. To transfer data from interview schedules to transcription sheets, ten coders were appointed. They coded the data according to the Coding Instruction Manual. Code sheets were completely verified.

Punching and Verification. After punching the data onto punch cards, a complete verification of the punching was undertaken.

Computer Editing of Data File. Computer editing of the data file was done at the Asian Institute of Technology Bangkok, Thailand.

Generation of Tables. Tabulations were generated at Westinghouse Health Systems headquarters in Columbia, Maryland.

Chapter 3

CHARACTERISTICS OF THE WOMEN INTERVIEWED IN BCPS

In the CPS a total of 15,481 ever-married women were interviewed from 13,874 households, under the sample design adopted.[1] Selected characteristics of these women are presented in this chapter. Where appropriate and feasible, findings from the World Fertility Survey in Bangladesh (WFSB) are also presented for comparison. As may be seen from Table 3.1, the age distributions of the women interviewed in the two surveys are similar; the most notable difference, however, is in the proportion under 15 years - WFSB has twice as much as in BCPS. The median age of women in BCPS is about 28 years while that of women in WFSB is approximately 27 years, indicating, again, that the WFSB women were a little younger on the average. Another interesting difference is that in the BCPS, unlike in the WFSB, there are proportionately fewer women in the age group 40-44 than in 45-49. A probable reason for this is that there might be a tendency on the part of some to report 45 or over when they are, in fact, a little below 45. An examination of the single year age distribution has revealed that there is a noticeable deficit at age 44, accompanied by appreciable heaping at age 45 through 48. Another feature noted is that a substantial deficit at age 20 is accompanied by significant heaping at age 21.

Three-fourths of the women interviewed in BCPS have had no formal schooling, which is a little less than that for the women in the WFSB. On the whole the BCPS sample women have a slight edge in formal schooling over the women in the WFSB. This is possibly due to the provision of school facilities for women established by the Government since 1976. A small fraction (0.6%) of those who have had no formal schooling, however, have claimed

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[1]Note that all women were not currently married at the time of the interview.

Table 1: Selected characeteristics of the (ever-married) women interviewed in the BCPS and WFSB[3]

Age	BCPS Number	BCPS %	WFSB[4] %
<15	312	2.0	4.1
15-19	2,659	17.2	18.5
20-24	3,109	20.1	20.7
25-29	2,812	18.2	17.0
30-34	1,954	12.6	12.1
35-39	1,859	12.0	10.3
40-44	1,269	8.2	9.6
45-49	1,507	9.7	7.6
All	15,481	100.0	100.0

Educational Level Attained	BCPS	WFSB
None	75.7	77.6
Some primary school classes	17.9	17.9
Completed primary	4.8	4.1
Higher level	1.5	
Not Specified	0.1	0.3
All	100.0	100.0

Literacy	BCPS	WFSB
Able to read	22.2	19.5
Not able to read	77.7	80.4
Not specified	*	*
All	100.0	100.0

Religion	BCPS	WFSB
Moslem	83.8	83.0
Hindu	15.7	15.8
Other	0.4	1.2
All	100.0	100.0

Work Status	BCPS	
Not working	92.2	Not available
Working	7.7	
Not specified	0.1	
All	100.0	

Marital Status	BCPS	WFSB
Currently married	92.6	88.5
Divorced	1.5	2.0
Widowed	5.1	7.8
Separated	0.8	1.6
All	100.0	100.0

Husband's Education	BCPS	WFSB
None	53.0	56.6
Some primary	22.0	22.4
Completed primary	13.9	
Completed secondary	5.6	19.1
High school/higher	4.9	
Not specified	0.5	1.7
All	100.0	100.0

1) * indicates a value greater than 0 but less than 0.1
2) Due to rounding, the percentages may not add to 100.0
3) WFSB - World Fertility Survey, Bangladesh (1975-76), First Report, December 1978
4) The WFSB sample size was 6,515

ability to read (literacy criterion). On the other hand, a seventh (14%) of the women who have had some primary schooling have claimed inability to read. The women in the BCPS sample are on the whole less educated than their husbands, which was also the case with the WFSB sample.

To the question "Apart from housework, are you doing any work at all, in agriculture, making things, selling things or in any other way," an overwhelming majority of the BCPS women have responded in the negative. It is not clear, however, that in the absence of a time specification in the question, all women have responded with the same time reference; some may have reported their current work status while others their general work status. In any case, as may be seen from Table 3.1, the proportion having gainful employment is rather low. The WFSB (p.19) has reported 86.4 percent of the women as "unemployed."

The BCPS women and the WFSB women are nearly identical in religious composition -- predominantly Islam with Hinduism as the largest minority group.

While over 92 percent of the BCPS sample women have reported to be currently in marital union, a smaller percentage (88.5%) of the WFSB women had done so. This difference in the marital status composition of the two samples may be borne in mind when appraising differences in their fertility and current contraceptive use.

About ten percent of the women in the BCPS sample reside in urban areas, which is close to the urbanization level in the whole country.[2] The age compositions of the urban and rural women are shown in Table 3.2. Among the rural women, the proportion under 20 is higher than it is among the urban women. On the average, however, the urban and rural

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[2]Sawon Hong, Demographic Characteristics of Bangladesh 1980, p. 54, WFSB, p. 9.

Table 3.2: Age distribution of ever-married women in urban and rural areas, Bangladesh, 1979

Age		Urban	Rural
<15		0.9	2.1
15-19		13.2	17.6
20-24		22.3	19.9
25-29		21.1	17.8
30-34		12.3	12.7
35-39		12.0	12.0
40-44		9.4	8.1
45-49		8.8	9.8
All		100.0	100.0
	(N =)	(1,548)	(13,933)

age distributions scarcely differ - median age is approximately 28 years for both areas, and mean age is 29.9 and 29.4 years for urban and rural areas, respectively.

Except for very young women (less than 15 years of age), the younger women generally have higher levels of educational attainment (Table 3.3). Urban and rural residents differ substantially in this regard, with the urban women having higher levels of education (Table 3.4). There are generally better educational facilities in the urban areas in Bangladesh.

On the matter of work status, the proportion working generally increases with age (Table 3.5), although the increasing trend is slightly reversed at the oldest age group, 45-49. The proportion working decreases with increases in education, except for the highest level considered (above primary school) where the proportion working is higher than that at any other educational level (Table 3.6). This pattern of association between the two is found to persist even when urban and rural areas are considered separately (Table 3.7). The declines in proportion working that are noted for increases in education may be due in part to cultural values, which dictate greater restrictions on women as "social status" increases. Note also that the overall proportion working is

Table 3.3: Distribution of ever-married women by age and educational level attained, Bangladesh, 1979

	Educational Level Attained					
Age	None	Some primary eduction	completed primary	Higher	All	(N)
<15	73.4	22.1	4.5	0.0	100.0	(312)
15-19	69.7	21.3	7.7	1.3	100.0	(2,659)
20-24	69.7	20.2	7.2	2.9	100.0	(3,106)
25-29	72.1	20.5	4.9	2.5	100.0	(2,808)
30-34	77.8	18.4	3.2	0.6	100.0	(1,953)
35-39	82.7	14.2	2.7	0.4	100.0	(1,857)
40-44	82.3	14.5	2.8	0.4	100.0	(1,269)
45-49	90.2	8.0	1.5	0.3	100.0	(1,504)
All	75.8	17.9	4.8	1.5	100.0	(15,468)

Note: Cases with unspecified educational level are not included in the table.

nearly the same in urban and rural areas, although at each level of education it varies between urban and rural areas; the pattern of variation, however, is not consistent for the different educational levels. Urban residents with more than primary school education seem to have an appreciably greater chance to be working than their rural counterparts.

As mentioned before, an overwhelming majority of the BCPS women are currently in a marital union. But the proportion currently married declines in the age range 15 and above, with a somewhat parallel increase in the proportion widowed (Table 3.8). It may be noted that at the very young age group (less than 15), the proportion divorced is higher than at any of the other age groups. The same is true for the proportion separated. These findings seem to suggest that very young wives in the recent past have had a greater risk of dissolution of their marriages by divorce or separation.

Table 3.4: Distribution of ever-married women under 50 years of age by education and urban-rural residence, Bangladesh, 1979

Wife's Education	Urban	Rural
None	58.9	77.7
Some primary	20.9	17.6
Completed primary	13.3	3.9
Higher level	6.9	0.8
All	100.0	100.0
(N =)	(1,536)	(13,903)

In summary, the BCPS women are fairly similar to the WFSB women. Over three-fourths of them have had no formal schooling, while an overwhelming majority have no gainful employment. They are predominantly of the Islamic faith, while the second largest group is Hindu. Nearly 93 percent of these women are currently in marital unions, but the proportion in this status decreases with increasing age (from age 15). The husbands of these women are generally better educated than they are. Also, urban residents have had better education than rural residents. There is practically no difference in the proportion working between these two areas. Education up to "completed primary level" does not seem to promote work status among these women, but it seems to do the opposite, especially in the urban areas. At more than primary school education levels, proportionately more women are employed, more so in urban areas than in rural areas.

Table 3.5: Distribution of ever-married women by age and work status, Bangladesh, 1979

Age	Not working	Working	All	(N)
<15	96.0	4.0	100.0	(312)
15-19	94.1	5.9	100.0	(2,655)
20-24	94.2	5.8	100.0	(3,101)
25-29	91.9	8.1	100.0	(2,807)
30-34	90.8	9.2	100.0	(1,952)
35-39	90.8	9.2	100.0	(1,856)
40-44	89.9	10.1	100.0	(1,269)
45-49	91.2	8.8	100.0	(1,504)
All	92.3	7.7	100.0	(15,456)

Note: Cases with work status not specified are not included.

Table 3.6: Distribution of ever-married women under 50 years of age by educational level and work status, Bangladesh, 1979

Educational Level	Not working	Working	All	(N)
No education	91.6	8.4	100.0	(11,692)
Some primary school	94.7	5.3	100.0	(2,759)
Completed primary	96.9	3.1	100.0	(748)
Higher level	85.3	14.7	100.0	(225)

Note: Cases with educational level attained and/or work status not specified are not included here.

Table 3.7: Educational attainment and work status of ever-married women under 50 years of age for urban-rural areas, Bangladesh, 1979

Educational Attainment	Residence and Work Status			
	Urban		Rural	
	Working (%)	Not working (%)	working(%)	Not working (%)
None	9.5	90.5	8.3	91.7
Some primary	3.4	96.6	5.5	94.5
Completed primary	2.5	97.5	3.3	96.7
Higher levels	16.4	83.6	12.8	87.2
All	7.8	92.2	7.7	92.3

Table 3.8: Distribution of ever-married women by age and marital status, Bangladesh, 1979

Age	Married	Divorced	Widowed	Separated	All (N)
<15	93.5	3.4	0.7	2.4	100.0 (312)
15-19	96.0	1.9	0.6	1.5	100.0 (2,659)
20-24	95.4	2.1	1.1	1.4	100.0 (3,109)
25-29	96.3	0.8	2.1	0.8	100.0 (2,812)
30-34	94.5	0.8	4.5	0.2	100.0 (1,954)
35-39	90.1	1.4	8.4	0.1	100.0 (1,259)
40-44	85.9	1.4	12.1	0.6	100.0 (1,269)
45-49	79.9	1.0	18.9	0.2	100.0 (1,507)
All	92.6	1.5	5.1	0.8	100.0 (15,481)

Chapter 4
KNOWLEDGE OF FAMILY PLANNING METHODS

4.1 Introduction

Ascertaining the level of knowlege of specific family planning methods among women is one of the major objectives of BCPS. Contraceptive knowledge is conducive to use, although it does not necessarily entail use. The methods known to couples are determined to a large extent by the nature of family planning programs and services available to them. In the case of Bangladesh, where both governmental and nongovernmental programs have been in existence for nearly two decades, there has been differential promotion of methods, in part as a result of the availability of new methods. After the formal adoption by the government of a Family Planning Programme in 1965, the emphasis was on the IUD. A few years later male sterilization became a program method. In the post-liberation period (after 1971) pills and, more recently, female sterilization have had an important role in the Family Planning Programme.

There could be different definitions of knowledge of family planning methods. It could be, for some, hearsay knowledge, or knowledge of use, or still more in-depth knowledge (including the mechanism of operation). The method adopted in BCPS to measure knowledge is as follows: after telling the respondent that family planning is delaying a pregnancy or preventing the birth by choice, she is asked whether she has heard of any methods of family planning, and if she has heard of any, to mention them (see questionnaire). This method allows the respondent the opportunity to mention the methods she knows without help or prompting. If the respondent has failed to mention any of the listed methods (pill, IUD, female sterilization, male sterilization, abortion, injection, condom, vaginal methods, rhythm, withdrawal, abstinence, and other methods) she will be asked whether she has heard of each of those methods specifically. This step is done with the realization that some respondents may not be able to recall in an interview situation all methods that they really know, or that a respondent without real knowledge may give

an affirmative response to please or impress the interviewer or to avoid the embarrassment of being found less knowledgeable. The knowledge established by specifically mentioning the method is characterized here as "prompted knowledge" (only to distinguish it from the knowledge established without help or prompting). No questions have been asked in the BCPS to elicit depth of knowledge, although questions have been asked on use of each of the methods known. Because of shyness or cultural factors, there may be a tendency on the part of some women to report no knowledge of male methods.

After listing 11 methods, provision was made in the questionnaire to record "other methods." Less than one percent of the women reportedly have ever heard of such methods, and still less have ever used them. In the absence of information concerning the nature and effectiveness of these "other methods," they have not been treated in this analysis as family planning methods.

Among the methods listed, some are clearly more effective than others. In this analysis, pill, condom, IUD, sterilization, abortion, and injection are considered as more effective (ME) methods, while the others are considered as less effective (LE) methods. Vaginal methods are treated as less effective because the methods used in Bangladesh are almost entirely foam, cream, jelly, or some variations of them (and not diaphragm, cervical cap, or the like).

4.2 Type and Level of Knowledge of Specific Methods

For all methods except the pill, prompting increased the affirmative responses to the questions on contraceptive knowledge (Table 4.1). The pill is the most widely known (93.1%) method among those considered here. Among those women who know the pill about 85 percent have expressed so without prompting. Also, it is very widely known among women of all age groups, with the lowest level observed (a little less than 90%) for the oldest women (age 45-49) in the survey. The recent efforts to popularize the pill may be largely responsible for this phenomenon (although condom was also promoted, it is less widely known than

the pill). Younger women, ages 15-29, are ahead of others with regard to knowledge of condom. Although IUD has been included in the family planning programme since the 1960s, knowledge of IUD is relatively low; less than a third of the women surveyed know the method. While proportionately more women in the age range 20-29 know about condom, the knowledge level steadily decreases with increase in age. Also, the knowledge level is lower for ages less than 20. The high knowledge level for female sterilization (second only to that for the pill) is due, perhaps, to the recent efforts in promoting this method through the use of incentives. There is no systematic variation in knowledge of female sterilization by age, although women 35 and over appear to be slightly less knowledgeable of this method than women in the other age groups. After the pill and female sterilization, male sterilization is the most widely known method, with about 7 out of 10 women claiming knowledge of it. It should be noted that a very high proportion of those who admit knowledge of both these sterilization methods required prompting (more so for male sterilization than for female sterilization). About 4 out of 10 women in BCPS have heard about injection, and this is quite significant considering the fact that at the time of the WFSB (early 1976), this method was unknown (WFSB, p. 77). Prompting, again, has helped considerably in eliciting the knowledge of this method. The unprompted knowledge level of abortion[1] is very low (barely over one percent), but prompting seemed to have helped again in boosting the overall knowledge level (by an additional 20 percent). Somewhat unexpectedly, knowledge of the rhythm method is acknowledged by only a small proportion -- less than 12% -- even with prompting. Vaginal methods, abstinence, and withdrawal, in that order, are the least known methods among the women surveyed in BCPS.

4.3 Overall Level of Knowledge

Nearly 95 percent of the BCPS women know at least one method of family planning (Table 4.2). Recalling that the knowledge level for the

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[1]Unless otherwise specified abortion means induced abortion.

Table 4.1: Ever-married women by age and knowledge of selected family planning methods (percentages), Bangladesh, 1979

Family Planning Methods and Knowledge	Age < 15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	All
Pill Knowledge									
Unprompted	72.5	80.1	83.6	82.7	78.8	78.3	74.2	67.1	79.0
Prompted	22.5	13.9	10.8	12.1	13.7	13.7	16.7	21.7	14.1
No Knowledge	5.0	6.0	5.6	5.2	7.5	8.0	9.1	11.2	6.9
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Condom Knowledge									
Unprompted	19.5	26.8	28.3	26.5	18.7	16.3	15.4	13.2	22.4
Prompted	35.8	35.8	36.1	35.7	34.5	36.3	33.7	29.3	34.9
No Knowledge	44.7	37.4	35.5	37.8	46.8	47.4	50.9	57.5	42.7
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
IUD Knowledge									
Unprompted	2.7	6.2	9.2	9.0	8.5	6.7	8.5	5.0	7.7
Prompted	17.1	24.1	27.1	27.5	23.9	23.9	20.4	16.5	24.1
No Knowledge	80.2	69.7	63.7	63.5	67.6	69.4	71.0	78.5	68.2
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Female Sterilization Knowledge									
Unprompted	24.1	26.6	30.5	31.1	29.1	27.0	27.7	24.6	28.4
Prompted	60.5	60.0	54.2	55.9	55.7	54.7	53.6	57.5	56.1
No Knowledge	15.4	13.4	15.3	13.0	15.2	18.3	18.7	17.9	15.5
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Male Sterilization Knowledge									
Unprompted	12.4	14.2	16.8	17.6	14.0	13.4	14.7	12.6	15.1
Prompted	51.1	57.6	56.4	56.8	57.9	54.7	53.8	53.6	56.0
No Knowledge	36.5	28.3	26.8	25.6	28.1	31.9	31.5	33.8	28.9
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Abortion Knowledge									
Unprompted	1.2	1.2	1.4	1.6	1.1	1.0	1.3	1.5	1.3
Prompted	9.6	20.7	22.0	22.0	23.0	20.9	16.5	15.4	20.4
No Knowledge	89.2	78.1	76.6	76.4	75.9	78.1	82.2	83.1	78.3
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 4-1 continued

FP Methods and Knowledge	Age <15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	All
Injection Knowledge									
Unprompted	4.4	7.0	6.8	7.8	6.1	4.8	4.8	3.9	6.2
Prompted	25.1	35.2	37.4	36.8	36.4	33.6	30.6	29.0	34.7
No Knowledge	70.5	57.8	55.8	55.4	57.5	61.6	64.6	67.1	59.1
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Vaginal Methods Knowledge									
Unprompted	0.3	1.3	2.1	2.6	1.8	1.3	0.8	0.4	1.6
Prompted	3.8	5.6	7.7	6.8	5.1	5.4	3.8	3.5	5.8
No Knowledge	95.9	93.1	90.1	90.6	93.1	93.3	95.4	96.1	92.6
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Rhythm Knowledge									
Unprompted	0.1	0.8	1.3	1.5	1.1	1.2	1.6	0.3	1.1
Prompted	4.2	10.6	10.9	12.2	10.6	10.2	10.9	9.9	10.7
No Knowledge	95.7	88.6	87.8	86.3	88.3	88.6	87.5	89.8	88.2
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Withdrawal Knowledge									
Unprompted	0.0	0.2	0.4	0.4	0.2	0.0	0.3	0.2	0.2
Prompted	1.2	1.6	2.4	2.2	2.4	1.9	3.0	1.9	2.1
No Knowledge	98.8	98.2	97.2	97.4	97.4	98.1	96.7	97.9	97.7
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Abstinence Knowledge									
Unprompted	0.0	0.3	0.8	0.7	0.5	0.6	0.7	0.6	0.6
Prompted	4.7	5.6	6.4	6.3	5.0	6.5	7.0	5.5	6.0
No Knowledge	95.3	94.1	92.7	93.0	94.5	92.8	92.3	93.9	93.4
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note: Cases with unspecified knowledge status are not included here.

Table 4.2: Percentage of ever-married women knowing at least one method of family planning by age, Bangladesh, 1976 and 1979

Age	Percentage knowing at least one method: BCPS (1979)	WFSB (1976)*
<15	96.2	62.4
15-19	95.7	78.6
20-24	95.5	85.5
25-29	96.4	86.5
30-34	94.9	83.0
35-39	94.0	82.7
40-44	93.2	81.3
45-49	91.3	76.6
All	94.8	81.9

(N = 15,480)

*WFSB, p.76

Note: 1) The unprompted and prompted knowledge have been combined into one category here.

2) The age standardized rate for WFSB, considering BCPS age distribution as standard, is 82.2%.

pill is fairly close to this, almost all method knowledge can be accounted for by knowledge of the pill. The overall knowledge level found in WFSB for 1976, was only about 82 percent.[2] Thus, there is a 13 percentage point increase in the overall knowledge level for the three-year period from 1976 to 1979. It should be pointed out that, unlike this analysis, the WFSB had considered "other methods" in deriving the overall knowledge

[2]Adjustment for difference in age distribution made little difference in this overall rate; see footnote to Table 4.2.

level. However, this difference in procedure has very little effect.[3] The observed increase in knowledge level can plausibly be attributed to the efforts of the Family Planning Programme in recent years to educate women on methods of fertility control, especially pill and female sterilization. Since 1976, government programmes employed a large number (18,000) of family planning field workers for this purpose. Among those women who know at least one method, virtually all know at least one or more effective methods.

4.4 Differentials in Knowledge

The overall knowledge level varies very little by age among the BCPS women, but the corresponding variation observed in WFSB is not so small (see Table 4.2). The largest increases in overall knowledge level during 1976-79 has been for the youngest women (under 20 years) and for the oldest women (45-49). Variation by age in knowledge of specific methods can be seen in Table 4.1 (see also Section 4.1).

Since education could be a factor affecting knowledge, differences in knowledge by both wife's and husband's education have been examined. (Tables 4.3 and 4.4). The overall knowledge level steadily increases with increases in wife's education, which suggests the positive effect of education on contraceptive knowledge. The same pattern of variation in knowledge by education is observed for each of the methods considered here. Husband's education also seems to have a positive effect on knowledge of methods. For each method, however, wife's education seems to have a greater impact on her knowledge than husband's education, even for such male methods as condom, male sterilization, and withdrawal.[4]

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[3] Including "other methods," the overall knowledge level is 95.4 percent for BCPS women.

[4] Information on husband's education was obtained from wife in BCPS and, therefore, may not be very accurate, especially for cases currently not in matrimony.

Table 4.3: Percentage of ever-married women under 50 years of age knowing selected family planning methods by educational level attained, Bangladesh, 1979

Family Planning Method	None	Educational Level Attained: Some primary school	Completed primary	Higher level of schooling
Pill	91.8	96.0	99.4	100.0
Condom	50.5	74.2	89.6	99.7
IUD	23.8	49.4	73.9	92.5
F. Sterilization	82.2	90.3	94.8	98.8
M. Sterilization	67.7	78.6	88.8	97.7
Abortion	17.2	31.6	43.2	64.8
Injection	35.0	54.8	68.4	86.8
Vaginal Methods	3.1	15.8	27.4	59.6
Rhythm	8.8	17.3	27.3	54.3
Withdrawal	1.1	4.1	8.2	28.1
Abstinence	5.3	8.4	14.0	30.3
Know at least one method	93.9	97.3	99.4	100.0

Note: 1) Cases with unspecified educational level as well as knowledge status are not included.

2) Unprompted and prompted knowledge have been combined to derive the knowledge category here.

Wife's work status seems to have little effect on the overall knowledge level (Table 4.5). Working women are slightly more knowledgeable, on the average, of abortion and injection, but somewhat less knowledgeable of condom and IUD than non-working women.

The overall knowledge level for urban women is slightly higher than that for rural women (Table 4.6). For specific methods, urban women are on the whole more knowledgeable, strikingly so for condom, IUD, abortion, injection, vaginal methods and rhythm, probably because of their greater

Table 4.4: Percentage of ever-married women under 50 years of age knowing selected family planning methods by educational level of husband, Bangladesh, 1979

	Husband's education				
Family Planning Method	None	Some primary school	Completed primary	Completed secondary	High school or more
Pill	91.1	94.0	95.5	96.9	99.2
Condom	47.9	58.7	69.4	80.6	91.1
IUD	21.7	31.7	44.8	54.9	77.0
F. Sterilization	81.7	84.1	88.0	92.7	95.7
M. Sterilization	66.3	70.6	79.0	83.0	89.1
Abortion	16.4	22.3	25.7	34.4	50.6
Injection	33.2	42.2	50.3	56.8	73.1
Vaginal Methods	2.5	6.0	11.6	22.3	38.2
Rhythm	7.9	1.1	15.6	19.9	36.0
Withdrawal	1.1	1.6	3.3	5.9	13.3
Abstinence	5.1	5.8	6.5	11.5	19.6
Know at least one method	93.2	95.7	96.7	98.2	99.3

Note: Cases with husband's education not specified are not included here.

exposure to information. It should be noted that the difference in knowledge level between urban and rural women is considerably smaller for pill and sterilization than for most other methods.

In terms of overall knowledge level, Moslems scarcely differ from Hindus (Table 4.7). (The "other" religious group is too small for comparison). With regard to knowledge of specific methods, condom, IUD, and rhythm methods are appreciably more widely known among Hindus than among Moslems. There is very little difference between these two religious groups in terms of knowledge of the other family planning methods considered here.

Table 4.5: Percentage of ever-married women under 50 years of age knowing selected family planning methods by work status, Bangladesh, 1979.

Family Planning Method	Work Status: Not Working	Work Status: Working
Pill	93.1	93.5
Condom	57.6	55.0
IUD	31.9	29.5
F. Sterilization	84.4	86.0
M. Sterilization	71.0	71.6
Abortion	21.5	24.9
Injection	40.8	42.7
Vaginal Methods	7.4	7.8
Rhythm	11.9	11.9
Withdrawal	2.3	3.3
Abstinence	6.5	7.7
Know at least one method	94.8	95.9

Note: Cases with unspecified work status are not included.

Table 4.6: Percentage of ever-married women under 50 years of age knowing selected family planning methods by urban-rural residence, Bangladesh, 1979.

Family Planning Method	Residence: Urban	Residence: Rural
Pill	95.0	92.9
Condom	73.9	55.5
IUD	51.9	29.5
F. Sterilization	86.2	84.4
M. Sterilization	74.6	70.7
Abortion	33.7	20.4
Injection	55.8	39.3
Vaginal Methods	16.3	6.4
Rhythm	19.5	11.0
Withdrawal	6.0	2.0
Abstinence	9.1	6.4
Know at least one method	95.7	94.7

As a rough measure of the extent of knowledge of family planning methods, we have considered the number of methods known to a woman (from among the 11 listed). Classification of the number of methods known by selected characteristics of women is shown in Table 4.8. Among those who know any method, approximately 47 percent know five or more methods, while a little over a fifth (21.3%) know four methods. The mean number of methods known to BCPS women is 4.3. As may be seen from Table 4.8, the urban residents are better than the rural residents in terms of the number of methods known. Wife's education seems to have a positive effect on the number of methods known. Women 35 years of age and over know fewer methods on the average than all other women, while those between 20-34 are ahead of the younger and older women in terms of number of methods known. Work status does not seem to have any appreciable influence on number of methods known.

Table 4.7: Percentage of ever-married women knowing selected family planning methods by religion, Bangladesh, 1979.

Family Planning Method	Religion		
	Moslem	Hindu	Others
Pill	93.0	93.8	74.6
Condom	56.6	61.5	42.3
IUD	30.5	39.3	25.4
F. Sterilization	84.5	85.5	50.7
M. Sterilization	70.9	72.7	45.1
Abortion	22.1	20.7	8.5
Injection	41.2	40.2	21.1
Vaginal Methods	6.9	9.6	5.6
Rhythm	10.5	19.3	5.6
Withdrawal	2.3	2.9	2.8
Abstinence	6.4	8.0	2.7
Know at least one method	94.8	95.4	77.4

Note: Hindus constitute 15.7 percent and others constitute 0.4 of the total number of cases (15,481).

Table 4.8: Number of family planning methods known to ever-married women under 50 years of age by urban-rural residence, educational attainment, work status, and age, Bangladesh, 1979.

Characteristics	Number of Methods Known			
	None(%)	1-4(%)	5 or more(%)	All (%)
Residence				
Urban	4.3	33.7	62.0	100.0
Rural	5.3	51.8	42.9	100.0
All	5.2	50.1	44.7	100.0
Education				
None	6.1	57.0	36.9	100.0
Some primary	2.7	33.1	64.2	100.0
Completed primary	0.6	16.0	83.4	100.0
Higher levels	0.0	3.9	96.1	100.0
Work Status				
Not working	5.2	49.8	45.0	100.0
Working	4.2	52.2	43.6	100.0
Age				
<20	4.3	57.7	45.0	100.0
20-34	4.3	47.1	48.6	100.0
35 +	7.1	54.5	38.4	100.0

4.5 Summary

The knowledge of at least one method of family planning is nearly universal (95%) among ever-married women under 50 years of age in Bangladesh, and there was a substantial increase in the knowledge level during the three years prior to the BCPS in 1979. This increase in knowledge levels during 1976 to 1979 can be attributed, in part, to the employment of a large number of family planning field workers, who operate at the

ward level (the smallest administrative unit in Bangladesh). Women over 35 are less knowledgeable than those below that age. Education, both wife's and husband's, seems to have a positive effect on knowledge, while wife's work status, urban residence, and religion do not seem to have any appreciable effect on knowledge level. Pill is the most widely known method, followed by female sterilization and male sterilization, in that order. Some of the least widely known methods are: IUD, abortion, rhythm, vaginal methods, abstinence and withdrawal. Condom, IUD, abortion, injection, and vaginal methods are substantially less widely known in rural areas than in urban areas, while pill and sterilization are about equally well known in both areas. On the average, the BCPS women know a little over four methods of family planning, while among those who know at least one method, nearly half (47%) know five or more methods. Urban residence and wife's education seem to have a positive effect on the number of methods known, while wife's work status does not seem to have any appreciable effect on it. Women in the age group 20-34 lead others in terms of number of family planning methods known.

Chapter 5
USE OF FAMILY PLANNING METHODS

After ascertaining a respondent's knowledge of a specific family planning method, she is asked in BCPS whether she or her spouse has ever used that method. If the respondent claims ignorance of a method, even after prompting, she is not asked the question on ever use. This information is used to derive level of ever use of any of the methods. This question is intended to capture only the simple fact of use at any time including the present, with no distinction being drawn between past use and current use.

Women who are currently married and non-pregnant and who know at least one family planning method are further asked if they are currently using any method, and if so the name of the method being used. The information so obtained on ever use and current use is discussed in this chapter.

5.1 Ever Use of Family Planning Methods

5.1.1 Level of Ever Use

About a fifth (19.6%) of the ever-married women under 50 years of age interviewed in BCPS have ever used any of the family planning methods considered. About one in six (15.8%) have ever used a more effective method (see Table 5.1 for the definitions of more and less effective methods). These overall levels of ever use obtained in BCPS are significantly higher than the corresponding levels obtained in WFSB (13.6% and 10.0%, respectively),[1] indicating clearly the progress made in the country in this regard during 1976 to 1979.[2] According to the

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[1] WFSB, p. 76

[2] If, as in WFSB, 'other methods' are also included in this analysis, the ever use rate for BCPS will be 20.1 percent.

Table 5.1: Percentage ever used family planning methods by age among ever-married women, Bangladesh, 1975-76 and 1979

	Percentage Ever Used			
	BCPS (1979)		WFSB (1975/6)	
Age	Any method	Any ME method	Any method	Any efficient method
<15	3.6	2.0	2.5	1.0
15-19	9.4	6.7	6.9	4.5
20-24	18.9	15.4	14.9	11.1
25-29	25.8	21.1	15.4	12.1
30-34	26.9	23.3	19.4	14.8
35-39	24.9	20.0	20.0	15.1
40-44	22.1	20.0	14.4	10.6
45-49	13.0	9.0	8.7	4.6
All	19.6	15.8	13.6	10.0
Age Standardized Rate*			13.9	11.2

*The age distribution of BCPS women is taken as standard.

Note: For differences between the BCPS and WFSB definition of methods see text, (Section 4.3). The more effective (ME) methods are: pill, condom, IUD, sterilization, injection, and abortion. The WFSB has used the nomenclature "efficient" for these methods. In this report the term efficient will be used only when presenting the WFSB data.

National Impact Survey conducted in 1968-69 in the country, the proportion ever using any method among ever-married women was 6.4%.[3] Although a direct comparison of this figure with the corresponding WFSB result may not be valid, because of differences in methodology and data quality[4], these figures suggest a steady improvement in the adoption of family planning in the country during the last decade.

[3]Pakistan Population Planning Council National Impact Survey Report, 1974.

[4]WFSB, p.77.

The above rates are for all ever-married women. Considering only those who are currently married, the ever use rate for any method is 21.2 percent and for any more effective method, 17.0 percent. The WFSB has reported that among currently married "fecund" women (note the distinction), the proportion that ever used any method was 15.3 percent and any efficient method 11.3 percent (WFSB, Table 4.3.1.B, p. A276).[5]

5.1.2 Differentials in Ever Use

Age

As may be seen from Table 5.1, the ever use rate varies considerably by age, for any method or any more effective method. The pattern of variation by age for both these groups of methods is the same -- steadily increases up to age 35 and then gradually, but steadily, declines as age increases to 50. Except for a small upward shift in the age at which the use rates peaked, the WFSB findings in this regard were essentially the same. As would be expected, the ever use rate among very young women (age less than 15) is the lowest compared to the rates among women in the other age groups, only a small fraction of very young women have ever used any effective methods. Given the finding that nearly all these women are knowledgeable of at least one family planning method (see Table 4.2), this unusually low level of use among them can only be accounted for by other factors -- desire to have a child as soon as possible, lack of availability of methods or lack of concern, to mention a few. (Reported reasons for not currently using a method are presented later in this chapter). The declining ever use rate from age 35 on is an interesting phenomenon. Given the recency of organized family planning programs in the country (started generally since 1965), most of these women might have had little or no exposure to such programmes when they were younger,

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[5]If, as in WFSB, all methods (including "other methods") are considered, the proportion ever using any method in BCPS will be 21.4 percent.

Table 5.2: Percent ever used family planning methods among ever-married women by selected characteristics and by type of method used, Bangladesh, 1979

Characteristics	Type of Method Used: Any more effective method	Type of Method Used: Any method
All	15.8	19.6
Age		
<20	6.2	8.8
20-34	19.4	23.4
35-49	15.7	20.3
Education		
None	12.1	15.5
Some primary	22.2	26.6
Completed primary	38.0	45.2
Higher level	56.7	65.7
Residence		
Urban	29.2	32.8
Rural	14.3	18.2
Work Status		
Not working	15.7	19.6
Working	17.6	20.8
Religion		
Moslem	15.0	18.0
Hindu	20.4	28.9
Others	9.3	12.8
Husband's Education		
None	10.5	13.4
Some primary	15.4	19.6
Completed primary	22.1	26.9
Completed secondary	26.1	31.5
High school or more	45.3	52.1

Table 5.2 Cont'n.

Characteristics	Type of Method Used: Any more efficient method	Type of Method Used: Any method
Number Of Living Children		
0	3.7	5.2
1-2	13.2	17.1
3-4	19.5	24.6
5-6	23.4	27.4
7 or more	20.5	24.2

Note: More effective (ME) methods are: pill, condom, IUD, sterilization, abortion, and injection. The other methods considered are: abstinence, rhythm, withdrawal and vaginal methods.

unlike the women who followed them. When the programmes became more intense and pervasive later, most of these women would have reached their mid or late forties, when contraceptive use might have been deemed largely unnecessary, assuming minimal risk of conception.

Education

Wife's educational attainment seems to have a positive effect on ever use (Table 5.2) of any method or any more effective method. One would expect that differences in age distributions of each educational group must also have had some influence in bringing about the observed variation in ever use rates by educational attainment; women 35 and over and women under 15 are generally less educated than women in other age groups (see Table 3.3). But the positive association between education and ever use remains even when age is controlled (see last two rows of Table 5.5).

Husband's education is also found to have a significant positive association with ever use of both any method and any more effective method.

Urban-Rural Residence

Urban residents are nearly twice as likely as rural residents to have ever used any method[6] or any more effective method. The difference between the urban and rural residents persists even when age is controlled, (see Table 5.6), although with increases in age the urban-rural difference becomes smaller. Table 5.3 shows rates specific for five-year age groups in the two areas. The persistent difference between urban and rural residents suggests the differential incentives and, perhaps, facilities available to them for adopting family planning, a matter that should concern program organizers and administrators.

Table 5.3: Percentage ever used family planning method among ever-married women by age and urban-rural residence, Bangladesh, 1979

	Rural		Urban	
Age	Any method	Any ME method	Any method	Any ME method
<15	3.1	1.9	15.0	5.0
15-19	8.8	6.1	16.8	14.0
20-24	16.9	13.5	34.4	31.1
25-29	23.9	19.0	40.4	37.1
30-34	25.0	21.5	44.5	40.8
35-39	23.6	18.4	36.5	34.2
40-44	22.0	17.3	23.2	18.7
45-49	11.8	8.1	24.7	18.9
All	18.2	14.3	32.8	29.2
Age Standardized Rate (Standard = Urban)	19.0	15.0		

[6]See WFSB, p.80 for a similar finding.

Work Status

Working women seem to differ very little from non-working women in the matter of ever use of any method or of any more effective method.

Religion

The proportion that ever used any method among Hindus is substantially higher than that among Moslems. The same is also true if we consider ever use of a more effective method. Because of the small number of cases available in the "other" religious group, comparison of with Moslems and Hindus is not advisable.

Number of Living Children

The relationship, if any, between number of living children and ever use of family planning methods is conceivably reciprocal. On the one hand, the larger the number of children, the greater the tendency to avoid additional children and hence to adopt family planning. On the other hand, adoption of family planning leads to fewer children. Our data here show that the proportion of women who ever used any method steadily increases as number of children reaches six, and then it declines; the increase is much sharper at initial stages of childbearing than at later stages. A similar phenomenon is also observed in the case of ever use of any more effective method.

5.1.3 Methods Ever Used

In this section we discuss the ever use of each of the eleven family planning methods mentioned before. Among the ever-married women, pill is the most widely used method, (11%) as shown in Table 5.4. In terms of ever use, rhythm, condom, female sterilization, and abstinence, in that order, follow pill, but none of them has a 5 percent ever use level. Less than one percent of the women surveyed have ever used any of the other methods considered. It may be noted that despite the relative

surgical simplicity and general availability, male sterilization is less widely used than female sterilization. Cultural factors may have some role in bringing about this phenomenon. IUD is about as widely used as male sterilization. Both were promoted in early family planning campaigns in Bangladesh. The relatively recent introduction of injection in the country might, in part, account for the low level of ever use. In addition, injection is available only in major hospitals and large cities. None of the women in WFSB had reported ever using it (WFSB, Table 4.3.1A, p. A275).

Of particular interest is the reported low level use of abortion. Underreporting of abortion is a commonly observed phenomenon, especially in countries where it is culturally and/or legally prohibited. In Bangladesh, abortion is permitted only to save the life of the mother; in all other situations it is a criminal offence. In addition, strong social stigma is attached to it. The legal and social proscription against abortion does not, however, seem to prevent it entirely, as observed in many countries, and Bangladesh is no exception (WFSB pp.81-82). The reported level of abortion use in the BCPS should be evaluated in light of the above.

Table 5.4: Percent ever used selected family planning methods among ever-married women by age Bangladesh, 1979

Family Planning Methods		Age of Women							
	All	15	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Pill	11.0	0.4	5.0	11.4	15.5	16.6	12.9	11.0	4.7
Condom	3.4	1.7	2.8	4.5	5.6	3.8	3.2	1.2	0.4
IUD	0.8	0.0	0.0	0.4	0.5	1.0	1.9	1.7	1.2
F. Sterilization	2.3	0.0	0.1	1.2	2.4	4.8	3.7	3.7	2.2
M. Sterilization	0.9	0.0	0.1	0.6	0.9	0.9	1.5	1.9	1.3
Abortion	0.1	0.0	0.0	0.1	0.2	0.2	0.3	0.1	0.1
Injection	0.5	0.0	0.1	0.5	0.9	0.6	0.7	0.3	0.2
Vaginal Methods	0.4	0.0	0.2	0.3	1.0	0.4	0.6	0.3	0.0
Rhythm	4.1	1.5	2.7	3.8	5.5	4.7	5.4	4.8	2.5
Withdrawal	0.6	0.1	0.3	0.7	1.1	0.6	0.6	0.3	0.5
Abstinence	1.5	0.0	0.6	1.4	1.4	1.5	1.6	2.2	2.7

Note: Cases with use status not specified are not included here.

5.1.4 Differentials in Ever Use of Specific Methods

Although the overall level of ever use for each of the methods considered here is rather low, it is seen to vary by certain characteristics of the women (or couples). In this section this variation is discussed in some detail.

Age

Ever use of pill varies by age, the highest rates being observed for the age group 25-34 (Table 5.4). The use of pill for the preceding five-year age group (20-24) and for the succeeding two five-year age groups (35-44) are also rather high, given the overall level of use, but the use levels among those under 20 and those over 44 are substantially lower. IUD is more popular among women 30 and above than among women less than 30. Presumably these older women might have had greater exposure to IUD than other methods because of the special programme emphasis on IUD in the mid 1960s. Aside from that, these women may have a preference for a method, such as IUD, which needs little continued attention. Typically, sterilization is resorted to by older women or couples who have achieved their reproductive goals, and this is also somewhat evident from the BCPS data. Injection, recently introduced in Bangladesh, is seen to be more popular among women 20-39 than among women in other age groups. Condom use is more common among the 20-39 year old women than among the others. It should be recalled that a woman might have used more than one method. The age variation in ever use of specific methods seems to suggest that different age cohorts of women have had different exposure to methods, incentives, and possibly facilities influencing their choice of method. Rhythm, condom, and to a lesser extent, pill have greater acceptance across all age groups than the other methods.

Education

Wife's educational attainment seems to have some influence on the ever use of specific methods (Table 5.5). In the case of pill, ever use increases with increase in education. A similar pattern of change is observed for condom, vaginal methods, rhythm, abortion, and withdrawal. The above pattern generally holds true when age is controlled. For IUD, female sterilization, and injection, the pattern is increasing ever use up through completed primary school and a slight decline thereafter. A similar pattern generally holds true in the different age groups considered with two notable exceptions: for age group 35-49, the use of IUD and sterilization steadily increases with increase in education. This finding suggests that, at this age level, higher education promotes higher acceptance of these two methods (which require little or no regular efforts to maintain). Younger women with better education may opt for other available methods, which are not so permanent.

Urban-Rural Residence

Urban residents seem to have used the pill more than rural residents, and this is also the case at each age level considered (Table 5.6). The same is generally true for all but one method -- male sterilization -- although the urban-rural difference in ever use rates varies by method. In both areas, pill is the most commonly used method, but the order of methods that follow pill in level of ever use is not the same in the two areas. For example, condom, rhythm, female sterilization, injection, abstinence, vaginal methods, and IUD, in that order, follow pill in urban areas, while rhythm, condom, female sterilization, abstinence, male sterilization, and IUD, in that order, follow pill in rural areas (injection and vaginal methods are about equally widely used in rural areas). However, the above is not strictly the case at each age group considered; note in Table 5.6, for example, that female sterilization is the second most popular method for urban women aged 35-49, and rhythm is the second most popular method for women under 20 years of age. Thus the level of use of the different family planning methods considered here is jointly influenced by residence and age.

Table 5.5 Percent Ever-Used Selected Family Planning Methods Among Ever-Married Women by Age and Educational Attainment, Bangladesh, 1979

Family Planning Methods	Age and Education															
	<20				20 - 34				35 - 49				All			
	No education	Some primary school	Completed primary	Higher level	No education	Some primary school	Completed primary	Higher level	No education	Some primary school	Completed primary	Higher level	No education	Some primary school	Completed primary	Higher level
Pill	2.6	5.5	14.6	37.4	10.6	18.8	34.0	41.4	8.0	18.1	20.2	29.4	8.3	15.6	26.3	40.4
Condom	1.1	3.1	13.2	18.7	1.6	6.8	17.6	40.8	0.9	4.8	9.2	29.4	1.6	5.5	15.2	36.3
I.U.D.	-	-	-	-	0.3	1.3	1.2	1.1	1.1	3.5	9.2	11.8	0.5	1.5	1.9	1.3
F. Sterilization	-	-	-	-	2.1	3.8	1.4	0.6	2.5	5.8	15.6	17.6	1.9	3.3	4.1	1.8
M. Sterilization	0.2	-	-	-	0.9	0.3	-	-	1.5	1.6	1.8	-	1.0	0.5	0.3	-
Abortion	-	-	-	-	0.1	0.3	0.2	2.9	0.2	0.2	0.8	-	0.1	0.2	0.2	[illegible]
In' ction	-	0.2	-	-	0.4	1.0	3.3	1.1	0.3	0.7	2.2	-	0.3	0.7	2.2	0.8
Vaginal Methods	-	0.3	1.4	-	0.1	1.4	2.4	4.6	0.1	0.8	2.8	11.8	0.1	1.1	2.1	4.3
Rhythm	1.4	4.1	8.7	9.7	3.3	6.3	10.2	18.4	3.7	6.7	8.3	17.6	3.1	5.8	9.5	16.8
Withdrawal	-	0.2	0.9	3.0	0.4	1.3	1.7	7.5	0.3	1.1	2.8	-	0.3	1.0	1.6	6.4
Abst ences	0.5	0.4	0.9	0.0	1.0	2.3	2.9	4.1	2.2	1.2	6.5	0.0	1.3	1.6	2.9	3.1
Ever used any of the above	5.2	10.9	30.3	47.1	17.8	31.1	50.3	68.2	17.4	32.1	53.6	76.6	15.5	26.6	45.2	65.7
Ever used any of the ME methods	3.5	7.4	20.3	41.7	14.6	26.2	43.7	58.4	13.0	27.7	45.3	68.2	12.1	22.2	38.0	56.7

Note: 1) - indicates a value less than 0.1 after rounding to the nearest value

2) The ME methods are: Pill, Condom, I.U.D., Sterilization, Abortion, and Injection

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Table 5.6: Percent ever used selected family planning methods among ever-married women by age and by urban-rural residence, Bangladesh, 1979.

Family Planning Methods	Age and Residence							
	<20		20-34		35-49		All	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Pill	11.5	3.9	27.3	12.5	15.4	9.0	21.5	9.8
Condom	3.7	2.5	13.0	3.7	4.5	1.4	9.1	2.8
IUD	*	*	1.2	0.5	2.6	1.5	1.4	0.7
F. Sterilization	0.5	*	3.9	2.3	7.1	2.8	4.4	2.0
M. Sterilization	*	0.1	0.3	0.8	1.1	1.6	0.5	0.9
Abortion	*	*	0.7	0.1	0.4	0.2	0.5	0.1
Injection	0.5	*	2.0	0.5	1.9	0.3	1.8	0.3
Vaginal Methods	0.5	0.2	2.1	0.4	0.9	0.3	1.5	0.3
Rhythm	4.6	2.4	7.0	4.3	4.5	4.2	5.9	3.9
Withdrawal	0.5	0.2	1.3	0.7	0.6	0.4	1.1	0.5
Abstinence	0.3	0.5	1.6	1.4	2.6	2.1	1.7	1.4
Ever used any of the above	16.7	8.1	38.9	21.4	28.9	19.3	32.8	18.2
Ever used any ME method above	13.4	5.7	35.5	17.5	25.0	14.7	29.2	14.3

Note: 1) The ME methods are: pill, condom, IUD, sterilization, abortion and injection.

2) * indicates a value less than 0.1 after rounding to the nearest value.

Husband's Education

Although the pill is the most commonly used method in all categories of husband's education, the proportion who have ever used it increases steadily with increase in education (Table 5.7). For those with completed primary school education or more, condom is the next most commonly used method, while for the less educated it is rhythm. The use of both methods, incidentally, increases with increase in education.

The use of female sterilization is also seen to increase with husband's education (although not steadily), but a reverse pattern is observed for male sterilization. Husband's education is also seen to be directly associated with the use levels of injection, vaginal methods, and withdrawal, and less systematically, but directly, with those of IUD, abortion, and abstinence.

Table 5.7 Percent ever used selected Family Planning methods among ever married women under 50 years of age by husband's education, Bangladesh, 1979.

Family Planning Methods	Husband's Education				
	None	Some primary	Completed primary	Completed secondary	High school or more
Pill	6.9	11.1	15.1	18.2	33.4
Condom	1.2	1.9	6.2	8.7	21.2
I.U.D.	0.5	1.0	1.3	1.8	1.2
F. Sterilization	1.7	2.5	3.4	2.5	3.8
M. Sterilization	1.1	0.7	0.6	0.4	0.1
Abortion	0.1	0.1	-	0.6	0.8
Injection	0.2	0.5	0.9	1.1	1.2
Vaginal Methods	0.1	0.2	0.8	1.8	2.8
Rhythm	2.6	4.2	5.5	6.9	11.8
Withdrawal	0.2	0.6	1.0	1.6	2.2
Abstinence	1.3	1.1	1.6	2.6	2.7

Note: - indicates a value less than .1.

Table 5.8 Percent ever used selected Family Planning methods among ever married women under 50 years of age by religion, Bangladesh, 1979.

Family Planning Methods	Religion		
	Islam	Hindu	Other
Pill	10.6	13.2	4.2
Condom	3.5	3.1	1.4
I.U.D.	0.7	1.0	2.8
F. Sterilization	1.9	4.2	2.8
M. Sterilization	0.8	1.2	-
Abortion	0.2	0.1	-
Injection	0.5	0.5	-
Vaginal Methods	0.4	0.3	1.4
Rhythm	3.2	9.1	2.8
Withdrawal	0.6	0.8	-
Abstinence	1.3	2.2	0.7

Note: - indicates a value less than .1.

Religion

Among the two dominant religious groups in the country, pill, again, is the most widely used method, with a larger proportion of Hindus having ever used the pill. Female sterilization and rhythm use are more common among Hindus than among Moslems. The differences between the two religious groups in the use levels of other methods are relatively small.

5.2 Current Use of Family Planning Methods

In this section levels of current use and differentials, with some emphasis on methods being used, are discussed. As noted earlier, information on current use was obtained only from currently married, non-pregnant women who know at least one method of family planning (current use is defined as use at anytime in the month prior to the interview). The rationale behind this approach is that only currently married women can normally be considered to be sexually active in Bangladesh and, therefore, exposed to the risk of conception; pregnant women will not (currently) be using any method; and finally, women who do not know any method can not be expected to answer question on current use. As before, (other methods) will not be included when deriving current use rates.

5.2.1 Overall Level of Current Use

A little over 11 percent of the ever-married women are currently using some method of family planning (Table 5.9). Nearly three-fourths of the current users among the ever-married women are using a more effective method.

The current use rates among the currently married (CM) women, the currently married, non-pregnant (CMNP) women, and among the currently married, non-pregnant and fecund (CMNPF) women[7] are shown in Tables 5.10 through 5.12. In the WFSB, the proportion currently using any method among currently married, non-pregnant and fecund women was 9.6 percent, and any "efficient" method, 5.9 percent (WFSB, Table 4.4.1, A290). [For the difference in the methods considered in WFSB and BCPS, see section 5.1.1.]. The comparable figures from BCPS (~~16.1%~~ 15.0% indicate that there has been considerable improvement in current use level in the country during the period 1976 to 1979.

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[7]As noted before, no direct question was asked in the BCPS to ascertain fecundity status of a respondent. However, those women who gave the reason for not currently using contraception as "menopause" or other responses that indicated they were unable to have more children are treated as infecund.

Table 5.9: Percent currently using family planning among ever-married women by age, Bangladesh, 1979

Age	Percent using any method	Percent using a ME method
<15	2.4	1.8
15-19	5.0	3.5
20-24	10.6	7.9
25-29	13.3	10.0
30-34	16.0	12.9
35-39	15.4	10.7
40-44	13.7	9.2
45-49	7.3	5.1
All	11.2	8.2

(N = 15,431)

Notes: 1) The ME methods are: pill, condom, IUD, male and female sterilization and injection.

2) Three cases with method not specified are not included in the above table.

3) Current use is defined as use at anytime during the month prior to interview.

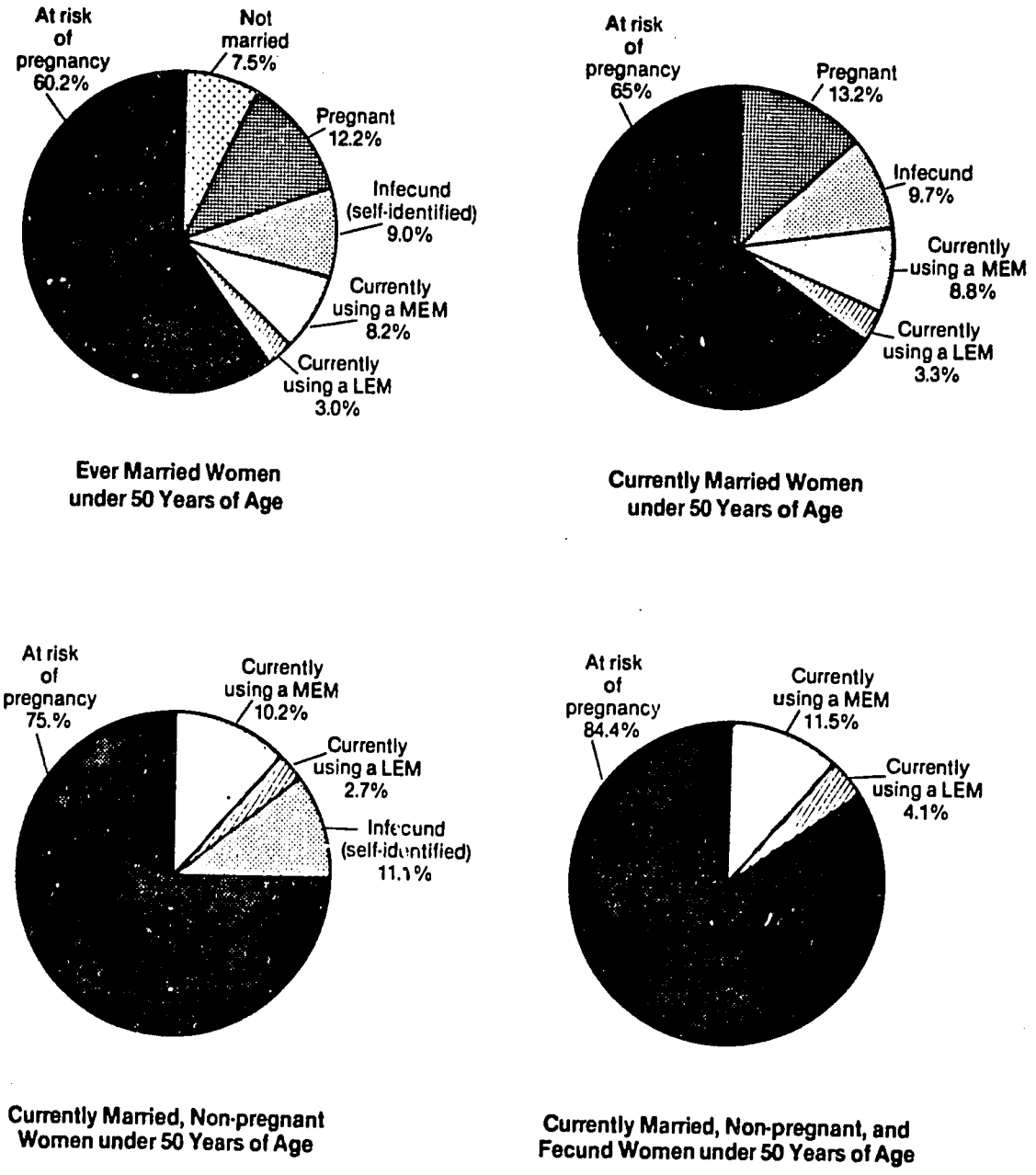
5.2.2 Differentials in Current Use

In this section the differentials in current use among the BCPS sample women are discussed. The discussion is mainly of the differentials among the currently married, non-pregnant women. Relevant data for the other groups of women are also presented. (Tables 5.13 through 5.17).

Age

Among the CMNP women, the current use of any method increases with age up to age 35, and then it gradually declines (Table 5.12). The same

FIGURE 5.1. Exposure to the Risk of Pregnancy, Bangladesh—1979



MEM = **More Effecive Methods**—pill, condom, IUD, sterilization, abortion, and injection

LEM = **Less Effective Methods**—rhythm, withdrawal, vaginal methods, and abstinence

Table 5.10: Percent currently using family planning among currently married women by age, Bangladesh, 1979

Age	Total number of women	Percentage currently using any method	Percentage currently using a ME method
<15	292	2.6	1.9
15-19	2,554	5.2	3.6
20-24	2,964	11.1	8.3
25-29	2,706	13.8	10.4
30-34	1,845	17.0	13.6
35-39	1,672	17.1	11.8
40-44	1,089	15.9	10.8
45-49	1,204	9.2	6.4
All	14,326	12.1	8.8

Table 5.11: Percentage currently using family planning among currently married, non-pregnant women by age, Bangladesh, 1979

Age	Total number of Women	Percentage currently using any method	Percentage currently using a ME method
<15	268	2.8	2.1
15-19	2,078	6.4	4.4
20-24	2,409	13.7	10.2
25-29	2,308	16.2	12.2
30-34	1,620	19.3	15.5
35-39	1,517	18.8	13.1
40-44	1,052	16.5	11.1
45-49	1,188	9.3	6.5
All	12,440	13.9	10.2

Table 5.12: Percentage currently using family planning among currently married, non-pregnant and fecund women by age, Bangladesh, 1979

Age	Total number of women	Percentage currently using any method	Percentage currently using a ME method
<15	268	2.8	2.1
15-19	2,072	6.4	4.5
20-24	2,397	13.7	10.2
25-29	2,294	16.3	12.2
30-34	1,564	20.0	16.01
40-44	674	25.7	17.5
45-49	432	25.6	17.9
All	11,053	15.6	11.3

Note: The identication of fecund women was through indirect means and therefore, cannot be deemed precise.

is the case with the ever-married women, also (Table 5.9). The use level of any ME method also shows the same pattern of variation for both these groups of women. Note that the level of current use among women under 20 is the lowest.

Religion

Among the CMNP women, the current use level among Hindus is nearly twice as high as that of Moslems (Table 5.14). The difference in this regard between these two religious groups is essentially maintained when age is controlled.

Urban-Rural Residence

The current use level among the urban CMNP women is substantially higher than it is among the rural CMNP women, and this difference is maintained at nearly all age levels considered (Table 5.14).

Table 5.13: Percentage currently using any family planning method by age and urban-rural residence, Bangladesh, 1979

	Currently married non-pregnant		Currently married women		Currently married non-pregnant, and fecund women	
Age	Urban	Rural	Urban	Rural	Urban	Rural
<15	5.3	2.7	5.0	2.5	5.3	2.7
15-19	10.3	6.1	8.1	5.0	10.3	6.1
20-24	24.9	12.2	20.9	9.9	24.9	12.3
25-29	27.8	14.7	24.2	12.5	27.9	14.8
30-34	32.6	17.8	30.4	15.5	33.9	18.4
35-39	28.1	17.8	25.8	16.1	31.8	19.9
40-44	15.5	16.6	15.0	16.0	24.3	25.9
45-49	15.9	8.6	15.9	8.5	41.3	23.8
All	23.2	12.8	20.6	11.1	26.1	14.4
N =	(1,277)	(11,164)	(1,443)	(12,884)	(1,135)	(9,919)
Age Standardized Rate (Standard = Urban)		12.5		10.9		15.1

Table 5.14: Percentage currently using family planning among currently married, non-pregnant women by selected characteristics and age, Bangladesh, 1979

Characteristics	Age <20	20-34	35-49	All (N)
Religion				
Moslem	5.5	14.0	12.9	12.1 (10,364)
Hindu	9.4	26.4	26.2	23.7 (2,005)
Other	*	4.9	11.3	7.1 (57)
Residence				
Urban	9.9	27.8	20.6	23.2 (1,277)
Rural	5.7	14.6	14.5	12.8 (11,148)
Education				
None	3.3	11.6	12.9	10.6 (9,321)
Some primary	6.8	21.9	23.0	18.7 (2,280)
Completed primary	24.2	35.8	40.8	33.4 (627)
Higher levels	38.8	54.5	59.6	52.6 (193)
Work Status				
Not working	6.0	15.9	15.3	13.8 (11,574)
Working	6.0	18.6	13.7	15.2 (850)
Husband's Education				
None	3.5	10.3	11.5	9.5 (6,376)
Some primary	4.7	13.2	15.1	12.3 (2,826)
Completed primary	5.9	23.9	19.7	18.8 (1,806)
Completed secondary	15.2	25.3	31.5	24.9 (716)
High school or more	21.8	43.1	41.2	38.0 (640)
Number of living Children				
0	2.9	4.1	0.0	3.0 (1,674)
1-2	9.4	14.1	10.3	12.4 (3,911)
3-4	1.3	18.0	16.9	17.5 (3,344)
5-6	*	21.5	16.6	18.7 (2,235)
7 or more	*	14.9	14.6	14.6 (1,277)

Table 5.14: Con't

Characteristics	Age <20	20-34	35-49	All (N)
Number of Children Died				
0	6.0	16.9	15.3	13.6 (7,589)
1	7.0	15.6	15.7	15.0 (2,576)
2	0.0	14.1	17.0	15.3 (1,285)
3 or more	-	11.3	12.4	12.0 (980)
Desired Timing For Next Child				
As soon as possible	1.8	1.9	0.9	1.7 (1,235)
Later/uncertain time	6.6	9.1	4.9	8.0 (4,914)
Does not desire any more children	21.8	26.1	16.5	20.9 (6,279)
Number of Methods Known				
0	0.0	0.0	0.0	0.0 (570)
1-4	1.9	7.1	8.3	6.5 (6,121)
5 or more	11.0	25.6	26.6	23.2 (5,749)

Note: 1) * indicates less than 6 cases in all in the base.

2) Cases with the required information not specified are not included in the table.

3) Percentage currently using any family planning method by age and urban-rural residence, Bangladesh, 1979

Table 5.15 Percentage currently using family planning among currently married women by selected characteristics and age, Bangladesh, 1979.

Characteristics	Age <20	20-34	35-49	All	(N)
Religion					
Moslem	4.5	11.8	12.2	10.4	(12,004)
Hindu	7.7	23.2	25.1	21.2	(2,243)
Other	—	4.4	10.9	6.6	(62)
Residence					
Urban	7.8	24.2	19.7	20.6	(1,443)
Rural	4.7	12.2	13.7	11.1	(12,865)
Education					
None	2.8	9.8	12.2	9.2	(10,694)
Some Primary	5.5	18.5	21.7	16.1	(2,657)
Completed Primary	19.3	30.6	40.4	28.7	(731)
Higher levels	31.9	48.3	56.8	46.4	(218)
Work Status					
Not working	5.0	13.4	14.5	12.0	(13,346)
Working	4.8	16.2	12.9	13.5	(961)
Husband's Education					
None	2.9	8.6	10.9	8.9	(7,353)
Some primary	3.8	11.1	14.3	10.6	(3,257)
Completed primary	5.0	20.5	18.8	16.5	(2,058)
Completed secondary	12.0	21.9	30.1	21.7	(822)
High school or more	17.7	36.3	39.6	32.3	(752)
Number of living children					
0	2.2	3.1	0.0	2.4	(2,168)
1-2	8.3	11.3	9.8	10.4	(4,680)
3-4	1.1	15.9	16.0	15.8	(3,719)
5-6	—	19.5	15.5	17.3	(2,426)
7 or more	—	13.7	14.1	14.0	(1,333)
Number of children died					
0	5.0	14.3	14.4	11.6	(8,834)
1	5.5	13.0	14.7	12.9	(2,980)
2	0.0	12.0	16.2	13.7	(1,433)
3 or more	—	9.5	11.9	11.0	(1,067)
Desired timing for next child					
As soon as possible	1.6	1.7	0.8	1.6	(1,361)
Later/uncertain time	5.3	7.5	4.2	6.5	(6,001)
Does not desire any more children	14.8	22.4	15.7	18.9	(6,944)

Table 5.15 (Continued)

Characteristics	Age			
	< 20	20-34	35-49	All (N)
Number of methods known				
0	0.0	0.0	0.0	0.0 (676)
1-4	1.6	5.8	7.9	5.6 (7,070)
5 or more	9.1	22.0	25.1	20.2 (6,581)

Note: 1) — indicates less than 10 cases in the base.

2) Cases with the required information not specified are not included in the Table.

Table 5.16 Percentage currently using family planning among currently married, non-pregnant, and fecund women by selected characteristics and age; Bangladesh, 1979

Characteristics	Age				
	< 20	20-34	35-49	All	(N)
Religion					
Moslem	5.5	14.2	19.9	13.6	(9,206)
Hindu	9.4	26.8	38.6	26.6	(1,783)
Other	—	4.9	14.9	7.9	(52)
Residence					
Urban	9.9	28.1	31.2	26.1	(1,135)
Rural	5.7	14.8	22.2	14.5	(9,905)
Education					
None	3.3	11.8	19.9	12.1	(8,130)
Some primary	6.8	22.0	33.3	20.2	(2,118)
Completed primary	24.2	35.9	55.7	35.0	(598)
Higher levels	38.8	54.5	74.4	53.4	(190)
Work Status					
Not working	6.0	16.1	23.4	15.5	(10,289)
Working	6.0	18.9	20.2	17.2	(750)
Husband's Education					
None	3.5	10.4	17.9	10.8	(5,589)
Some primary	4.7	13.5	23.7	14.0	(2,480)
Completed primary	6.0	24.2	29.0	20.7	(1,636)
Completed Secondary	15.4	25.3	44.7	27.0	(661)
High school or more	21.8	43.2	52.0	39.1	(621)
Number of living children					
0	2.9	4.3	0.0	3.1	(1,632)
1-2	9.4	14.2	18.4	12.9	(3,750)
3-4	1.3	18.2	26.3	19.8	(2,966)
5-6	—	21.8	25.3	23.4	(1,787)
7 or more	—	15.6	21.3	20.3	(918)
Number of children died					
0	6.0	17.1	22.6	14.6	(7,049)
1	7.0	15.8	23.0	17.0	(2,267)
2	0.0	14.4	27.1	18.9	(1,035)
3 or more	—	11.7	21.0	16.9	(694)
Desired timing for next child					
As soon as possible	1.8	1.9	0.9	1.8	(1,223)
Later/uncertain time	6.6	9.2	5.0	8.0	(4,388)
Does not desire any more children	21.8	26.7	26.7	26.6	(4,935)

Table 5.16 (Continued)

Characteristics	Age				
	<20	20-34	35-49	All	(N)
Number of methods known					
0	0.0	0.0	0.0	0.0	(570)
1-4	1.9	7.2	14.0	7.5	(5,249)
5 or more	11.1	25.8	39.0	25.4	(5,233)

Note: 1) — indicates less than 6 cases in all in the base.

2) Cases with the required information not specified are not included in the Table.

Table 5.17: Percentage currently using family planning among ever-married women under 50 years of age by selected characteristics and age, Bangladesh, 1979,

Characteristics	Age			
	<20	20-34	35-49	All
Residence				
Urban	7.5	23.1	17.3	19.2
Rural	4.5	11.7	11.7	10.3
Education				
None	2.6	9.2	10.3	8.4
Some primary	5.4	17.9	19.9	15.5
completed primary	19.0	29.8	38.8	28.0
Higher levels	31.9	47.1	50.8	45.1
Work Status				
Not working	4.8	12.8	12.6	11.2
Working	4.1	14.1	9.2	10.9
Husband's Education				
None	2.7	8.1	8.9	7.4
Some primary	3.8	10.8	13.0	10.1
Completed primary	4.9	19.8	17.0	15.8
Completed secondary	11.7	21.1	26.9	20.6
High school or more	17.7	35.9	38.7	31.9
No. of Living Children				
None	2.1	2.6	0.0	2.1
1-2	8.1	10.7	7.0	9.7
3-4	1.1	15.4	12.9	14.5
5-6	*	19.2	13.7	16.0
7 or More	*	13.5	13.2	13.2
Desire Timing of Next Child				
As soon as possible	1.6	1.7	0.8	1.6
Later/undecided	5.1	7.3	4.1	6.3
Does not want any more children	11.9	20.9	13.3	16.7

Note: * denotes less than three cases in the base.

Education

The current use level increases with increase in wife's education for CMNP women. The same pattern of variation in current use level is observed at each broad age group considered. Also, the observed positive relationship between wife's education and use level is statistically significant within each of these age groups.

Husband's education has a similar positive relationship with current use among the CMNP women.

Work Status

Working CMNP women have a slightly higher current use rate than non-working women, but the association between work status and current use level is not significant within each of the broad age groups considered.

Number of Living Children

The nature of the relationship between number of living children and current use is easy to comprehend; women with more living children are generally more likely to be currently using family planning. However, as a qualification to the above statement, those with a very large number of living children are likely to do without contraception, assuming that they are only minimally exposed to the risk of conception; they may in fact be very near the end of their reproductive period. The findings from BCPS seem to largely support the above formulation. The current use level steadily increases with increase in number of living children up to 7 children and then it declines somewhat sharply, even when controlling for age.

Number of Children Died

It seems plausible to hypothesize that, other things being equal, the higher the loss of children through death, the lower the chance that

a woman will be using family planning, so that she may eventually have at least the desired number of children. Clearly many factors may intervene in this relationship -- desired number of children, total number of children ever born, etc. The BCPS data show that current use varies very little in the aggregate between those who have lost one child and those who have lost two children. Among those who have lost more than two children, the use level is relatively low. Note that the use level among those who have lost no children is also somewhat low in the aggregate; this is probably due to the inclusion of those couples having no children at all. At age 20 and above, those who have lost no children are not very different from women who have lost any children with regard to current use.

Desired Timing of Next Child

The women interviewed in BCPS have been asked if they intend to have (more) children and if so when they want to have the next child. Approximately 5 percent of the women have not given a definite 'yes' or 'no' answer to the first question. The desired timing of the next child has been reported non-specifically (in terms of time) by 30 percent of those who said that they intend to have more children. Using this information, we have classified the women into the following three groups: 1) those who desire the next child as soon as possible, 2) those who desire the next child later or who are uncertain about the time, and 3) those who do not want any more children. This classification might adequately differentiate women in terms of their desire and timing of future births, and therefore, could explain variations in current use of family planning.

Only a small fraction of the women who desire to have the next child as soon as possible are using a method,[8] and a considerably higher proportion of those who desire the next child later (or time uncertain) are using a method. Quite understandably, the proportion using a method

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[8]Recall that current use is defined as use at any time during the month prior to the interview.

among those who do not desire any more children is much higher than the other two categories for each broad age group. The association between desired timing of next child and current use is statistically significant in every broad age group and for all ages. Note in particular that the proportion using a method among those who do not desire any more children is not very high, especially for the age group 35-49, a matter which should receive the attention of family planning program administrators.

Number of Methods Known

The number of methods known can be considered as a rough index of the extent of knowledge of family planning methods. Those who know five or more methods are strikingly more likely to be current users than those who know only 1 to 4 methods. This difference persists even when age is controlled. The differentials in current use among the other groups of women can be seen in Tables 5.14 to 5.17.

Having seen the changes in current use level with variations in characteristics of the women, it would be useful to examine how some of these factors together account for variations in current use and the relative role of each in the presence of the other factors. To this end, a stepwise multiple regression analysis with current use as the dependent variable and selected factors as independent variables has been performed. The results are shown in Table 5.18.

Of the nine factors considered, "number of methods known" emerged (in the stepwise regression analysis) as the leading one in terms of explanatory power of variations in current use. The sign of the multiple regression coefficient of this factor clearly suggests its positive association with current use when the other factors are statistically controlled.

Next in importance is the factor "desired timing of next child." The scoring procedure adopted for this is as follows: those desiring the next child as soon as possible have been given the lowest score, those desiring the next child later or at uncertain time have been given the next higher score, and those desiring no more children have been

given the highest score. Note that the addition of this variable to the leading one (number of methods known) led to a considerable increase in the explanatory power (in regard to variations in current use).

The two education variables (the higher the education, the higher the score) and urban residence have also significantly contributed to the explanation of variations in current use and were positively associated with current use. The factors "number of living children" and "work status" do not significantly account for variations in current use, given the presence of the other variables.

These nine independent variables together, as may be seen, have accounted for less than 15 percent of the variation in current use (given the multiple correlation coefficient of 0.38485). This result clearly suggests that there are factors other than those considered in BCPS -- some of which may be even more important -- that accounts for variations in current use.

Table 5.18 Multiple regression analysis of current use for selected characteristic factors of women, Bangladesh, 1979

Factors	Regression Coefficient	R^2
Number of methods known	.0381	.09596
Desired timing of next child	.1139	.13197
Education	.0435	.14485
Husband's education	.0168	.14679
Age	-.0035	.14732
Urban residence	.0254	.14781
Number of children died	-.0056	.14800
Work status	.0111	.14807
Number of living children	-.0021	.14811
constant term	.6632	

Note:

1) Multiple correlation coefficient (R) = .38485 is statistically significant ($p < .001$)

2) Variables are listed in order of their explanatory power, as determined by a stepwise regression analysis procedure.

3) The analysis is for currently married, non-pregnant women under 50 years of age.

5.2.3 Methods in Current Use and Differentials

In this section the variations in use of specific methods are examined in the context of selected background characteristics.

Table 5.19: Percentage of current users among currently married, non-pregnant women under 50 years of age choosing specific methods by selected characteristics, Bangladesh, 1979.

	Methods										
Characteristics	Pill	Condom	IUD	F. ster.	M. ster.	Injection	Vaginal method	Rhythm	Withdrawal	Abstinence	All (100%) (N =)
Age											
<20	33.3	31.5	0.3	1.5	2.7	0.0	0.3	26.1	1.5	2.8	(141)
20-34	33.6	13.8	1.5	19.2	5.7	2.4	0.9	16.2	1.1	4.4	(1,017)
35-49	22.3	3.9	3.7	25.7	11.1	2.2	1.1	21.4	0.4	10.5	(570)
All	29.9	12.0	2.2	19.9	7.2	2.1	0.9	17.9	1.5	6.3	(1,728)
Wife's Education											
None	26.3	6.6	2.4	22.0	11.3	2.1	0.5	19.8	0.6	8.4	(986)
Some primary	35.6	13.8	2.3	21.5	2.6	2.2	0.7	16.2	2.1	2.8	(428)
Completed primary	32.8	24.6	1.5	14.8	1.1	2.2	3.3	12.8	2.7	4.3	(209)
Higher	35.0	31.3	0.7	3.9	0.0	1.4	0.7	16.6	5.2	5.1	(101)
Work Status											
Not working	30.4	12.1	2.1	19.4	6.7	2.1	1.0	18.3	1.6	6.2	(1,599)
Working	22.9	11.4	2.4	25.6	13.5	2.3	0.0	13.9	0.5	7.5	(129)
Husband's Education											
None	26.9	6.4	1.8	22.2	14.3	1.8	0.7	16.2	0.8	9.4	(605)
Some primary	25.9	5.3	4.4	23.9	5.9	2.3	0.0	24.8	0.9	6.5	(346)
Completed primary	34.1	13.5	2.2	21.7	4.1	3.0	1.4	14.6	2.3	3.1	(339)
Secondary	34.6	21.3	0.6	12.3	1.9	3.0	2.2	16.6	3.3	3.9	(178)
High school or more	35.0	27.3	1.1	11.7	0.3	0.9	1.8	16.2	2.1	3.6	(243)

Characteristics	Methods: Pill	Condom	IUD	F. Ster.	M. Ster.	Injection	Vaginal Method	Rhythm	Withdrawal	Abstinence	All (100%) (N =)
Number of Living Children											
0	17.3	34.9	0.0	0.0	17.1	0.0	0.0	27.8	2.1	0.9	(51)
1-2	36.6	20.0	0.9	8.2	4.7	1.0	1.0	19.7	1.6	5.9	(485)
3-4	27.8	9.6	2.7	20.5	8.2	2.3	0.3	20.5	2.4	5.6	(587)
5-6	27.5	5.5	2.9	30.9	7.7	2.5	1.8	13.7	0.2	7.3	(419)
7 +	27.7	7.3	2.7	29.2	6.8	3.8	0.3	12.2	0.9	9.0	(187)
Desired Timing for Next Child											
As soon as possible	14.8	26.0	0.0	0.0	4.8	0.0	2.5	51.9	0.0	0.0	(22)
Later/uncertain	44.2	21.9	0.3	0.0	1.3	1.4	0.5	22.3	2.5	5.3	(393)
Does not desire any more children	25.8	8.9	2.7	26.2	9.0	2.3	1.0	16.1	1.2	6.7	(1,314)

Pill

The most popular method currently being used is the pill, with nearly 30 percent of the current users relying on it (Table 5.19). It is less widely used by those in the oldest age group (35-49) than those in the two younger age groups considered.

Pill is more often the method of choice among all current users, regardless of educational status. However, it is selected more by users with some formal schooling than by those with no schooling. The exact same pattern is observed when husband's education is the control variable instead of wife's education. When work status is considered, more non-working users use the pill than working users (who prefer to use female sterilization.) Pill use is far less common among the current users who have no living children than among those who have one or more living children. It is at its peak level (37%) among those users who have 1-2 living children, but it is substantially below that level (about 28%) among those who have larger numbers of children, with very little variation as number of

children increases. Pill is the most common method (44%) among those users who desire to have the next child later or at an unspecified time. It is, however, far less common (26%) among those who do not desire any more children.

Female Sterilization

Female sterilization, adopted by one-fifth of current users, is the second most popular method in overall current use. Understandably, preference for female sterilization increases with age, with only a small fraction (a little over one percent) of the users under 20 years of age choosing sterilization. It is the most common method for women 35-49 years old. It is less frequently used by women who have attained higher education. To some extent, this is a function of age, as the younger women are generally better educated than the older women. A similar pattern of variation exists when husband's education is considered. Current users who are working seem to prefer female sterilization more than those who are not working. Those who have more living children are generally more likely to adopt female sterilization. As would be expected, no one among the current users who desires to have an additional child has chosen female sterilization. For those current users who do not desire any more children, female sterilization is the dominant method of choice; it is closely followed, however, by pill.

Rhythm

About 18 percent of the current users are relying on the rhythm method, which is one of the least effective methods. The use of this method is generally greater among younger users than older users. Users with no formal education (wife's) rely on the rhythm method more than those with higher levels of education. Also, users who are not working seem to use rhythm a little more than those who are working. With increase in number of living children, users seem to rely progressively less on the rhythm method. Among the users with no living children it is the second most commonly adopted method (first being condom). Rhythm

is used relatively less frequently by those who do not desire any additional children compared to those who desire additional children. The former, as we have seen before, choose sterilization and pill more than any other method. This pattern suggests that women in Bangladesh, once they have made the decision to terminate their childbearing through the use of family planning opt for the method that most suits their circumstances.

Condom

Condom is the fourth most popular method, having been adopted by roughly one in eight current users. It is more popular among younger than older users. Also, its acceptance seems to increase with increase in wife's as well as husband's education. Working and non-working users differ little in their adoption level of condom. Condom is generally less widely adopted by the current users when they have larger numbers of living children. It is also far less preferred by users who do not desire any more children than by those who desire additional children.

Other Methods

The share of each of the other methods considered -- male sterilization, IUD, injection, withdrawal, abstinence, and vaginal methods -- in terms of adoption by the current users is too small to permit valid inferences concerning differentials.

5.2.4 Types of pill and condom currently used

The following brands of pill are reportedly being used in Bangladesh by women using the pill:

Type of pill	Relative frequency (%)
Noriday PC & FP	70
Noriday Maya	3
Ovral	9
Combination PC & FP	2
Other pill	14
Not specified	2
All	100
	(N = 516)

The types of condom being used are as follows:

Type of Condom	Relative Frequency (%)
Condom PC & FP	66
Raja	32
Other/not known	2
All	100
	(N = 208)

5.2.5 Reasons for non-use

As we have seen before, about 87 percent of the CMNP women are currently not using any method. The main reason for their non-use has been obtained in the BCPS. The reasons reported are presented below in Table 5.20.

Table 5.20: Reason for not currently using family planning for currently married, non-pregnant women, Bangladesh, 1979.

Reason	Relative Frequency
Menopause/unable to have more children	12.8
Breast feeding/not resumed sexual union/post partum amenorrhea	10.5
Side effect of method	9.0
Wants children	32.5
Wife's/husband's dislike	7.0
Religious reason	7.2
Lack of supplies/irregularity in supplies	2.8
Other reasons	10.9
Does not know of any method or reason not specified	7.3
All	100.0
	(N = 10,822)

5.3 Summary

There are clear indications that there has been considerable improvement in the use of family planning in Bangladesh during 1976-79. Roughly a fifth of the currently married women in BCPS have ever used any method, but only about a sixth of them have ever used an effective method. Ever use rates vary by women's characteristics. Notable among these characteristics are: age, wife's and husband's education, urban-rural residence, religion, number of methods known, and number of living children. Ever rates are generally low among very young women (less than 20 years of age) and the oldest women (45-49 years of age). Education (wife's and husband's) seems to have a positive effect on ever use. The urban residents surpass the rural residents in ever use of contraception by nearly a two-to-one margin. Hindus have a higher ever use rate than Moslems. There is a direct association between number of living children and ever use, although it is not exactly a linear relationship.

Pill ranks first in terms acceptance (11%) among the methods ever used, with rhythm, condom, female sterilization, and abstinence following in that order, (all below 5 percent). Less than one percent of the women in BCPS have used any of the other family planning methods. Choice of method varies by selected characteristics of these women.

Roughly a tenth of the ever-married women in BCPS have reported that they were currently using any method of family planning. Approximately three-fourths of these current users are using a more effective method. Among the currently married, non-pregnant (CMNP) women, the current use level is about 14 percent, again, with about three-fourths of the users using a more effective method. The corresponding state for currently married women is 12 percent.

Current use level among the CMNP women is found to vary by some of their characteristics. It increases with age up to age 35, then it declines gradually. The current use level among Hindus is about twice as high as it is among Moslems. Urban residents are substantially more

likely to be current users than rural residents. Wife's education, as well as husband's education, seems to have a positive relationship with current use. The current use rate steadily increases with increase in number of living children up to seven children, and then it declines somewhat sharply. Those who do not desire additional children are considerably more likely to be current users than those who desire additional children. Number of methods known also seems to be positively associated with current use.

The most commonly adopted method by the current users among the CMNP women is the pill. Female sterilization, rhythm, and condom are the next three most popular methods. The choice of method seems to be influenced by some characteristics of these women. Older women seem more likely to use a permanent method, such as female sterilization, than the younger women.

Desire for additional children is the single most common (33%) reason given for current non-use by these CMNP women. Significantly, less than three percent of these women have attributed their non-use to lack of supplies or irregularity in supplies, while nearly ten percent have attributed non-use to adverse side effects.

Chapter 6
FERTILITY

6.1 Introduction

The BCPS has gathered information on the pregnancy experience of the respondents in the survey. This has included type of termination of each pregnancy, and as applicable, sex of child, and whether or not the child is living, but not the date of termination of pregnancy or mother's age at that time. All respondents who have ever had a live birth were further asked the interval since last live births (in terms of completed years and months). This last item of information has been used to identify births in the year preceding the date of interview, for calculation of period fertility rates.

Although an attempt was made to obtain accurate information on pregnancies during field operations, it is not certain whether these data are complete and accurate. However, while an appraisal is being undertaken, it may be useful to present data on the most recent fertility experience of these women. Although the fertility data may be fairly accurate, by virtue of its recency, it is preferable to qualify it as provisional, pending the evaluation of the quality of the entire fertility data set. Some data on cumulative fertility have also been presented, but, again, they should be viewed with caution.

6.2 Age-specific fertility rates

Since the BCPS interviewed only ever-married women, the rates presented here are, strictly speaking marital fertility rates. However, in Bangladesh virtually all fertility takes place in marital unions, so that marital rates would differ very little from general fertility rates.

The age-specific fertility rates obtained for the BCPS women and for the WFSB women are presented in Table 6.1. A word about the WFSB rates may be in order here. They, as noted in the table, are the average

for the period 1971-75. During the early part of that period, Bangladesh was either carrying on its "War of Liberation" (WFSB, p. 4) or had just emerged from it. The disruption of normal family life that would be expected during that period should have had some depressing effect on the fertility behavior of the people in the country. 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 greatly under-reported than those in the later part. Therefore, the average for the period 1971-75 obtained in WFSB might be less representative of the actual situation in a one-year period during that time interval. For these reasons it would seem that the 1971-75 average rates given in WFSB are probably under estimates. The 1974 estimates, based on data from the Bangladesh Retrospective Survey of Fertility and Mortality (BRSFM), may be closer to the actual situation than the average for the 1971-75. However, this is a moot point, in the absence of concrete supporting evidence.

The fertility data obtained in BCPS probably has some flaws. There is a tendency on the part of respondents to report the interval since last live birth in whole year terms--one year, two years, three years, etc.--rather than in the exact number of years and months. In the BCPS data, there is considerable heaping at 12 months, 24 months, 36 months, 48 months, 60 months, etc. in the distribution of the interval since last live birth. Notwithstanding this, only those births that occurred within the twelve-month period prior to interview were considered -- i.e. those with an interval of eleven or fewer completed months by the time of interview. It is likely that, because of mis-reporting by the respondents, the fertility rates shown below are under estimated to a certain degree. This qualification should be borne in mind when examining the BCPS findings and comparing them with the corresponding findings from other surveys.

Table 6.1: Age-Specific Marital Fertility Rates, Bangladesh 1971-1979

Age	1979 (BCPS)	1974 (BRSFM)	1971-75 (Average) (WFSB)
<15	85	NA	18
15-19	221	282	155
20-24	252	353	302
25-29	239	314	294
30-34	203	263	251
35-39	153	198	186
40-44	68	96	108
45-49	17	14	35
GFR	185	NA	NA
TFR	6.190	7.600	6.745

NA= Not available

NOTE: The age-specific rates (expressed per 1000 women) are based on all ever married women at specific age group. The WFSB rates have been derived from the age specific rates (reported on WFSB p. 73) by applying the proportion married at each age group (reported on p.49). The BRSFM rates have been derived from the age specific rates obtained in the Bangladesh Retrospective Survey of Fertility and Mortality (quoted in SAWAN HONG, p.22), by applying the same proportion married at each age group, assuming that the changes in these proportions during the period under consideration are negligible.

The TFR (Total Fertility Rate) shown is per ever married women, while the GFR (General Fertility Rate) is per 1000 ever married women.

As seen in Table 6.1 the peak fertility age group is 20-24 for the time period considered. Comparing the 1979 rates with the rates obtained for 1974, there was a decline in fertility for ages 15-44 during this period. This finding suggests that some women in Bangladesh have been successfully regulating their fertility in the recent past. The small increase noted for the age group 45-49 may be due to factors other than an increase in fertility (sampling variation, for example). Note that the WFSB estimates (average for 1971-75) are lower than the BRSFM estimates (for 1974) for all but the last two age groups. It should also be noted

that the TFR (the number of children that would be born to a married woman under the prevailing age schedule of fertility by the time she reaches the end of her reproductive life) declined appreciably during the period 1974-1979 -- a decline of 1.4 children per married woman. By examining the age-specific rates it can be seen that a Bangladeshi woman bears roughly two-thirds of her children before she reaches age 30 (roughly the mid-point of her reproductive life), but her childbearing continues the last few years of her reproductive life.

The age specific fertility rates for currently married women in BCPS are shown in Table 6.2, last column. The variations in these rates by age are similar to those observed for ever married women.

Table 6.2: Age-specific marital fertility rates by urban-rural residence, Bangladesh, 1979

	Ever-Married Women			Currently Married Women		
Age	Rural	Urban	All	Rural	Urban	All
<15	86	50*	85	84	50*	43
15-19	219	239	221	225	249	227
20-24	249	278	252	258	291	262
25-29	240	230	239	247	237	246
30-34	203	200	203	213	208	213
35-39	157	115	153	173	127	168
40-44	65	84	68	76	98	78
45-49	16	26	17	18	30	19
GFR	184	191	185	197	204	197
TFR	6.175	6.110	6.190	6.470	6.450	6.480

*Very few cases in the group

6.3 Differentials in age-specific fertility

The urban-rural differentials in age-specific fertility rates (ASFR) of both ever-married women and currently married women in BCPS may be seen in Table 6.2. The age-specific rates for ever-married women

differ very little between urban and rural areas. The difference between urban and rural rates is not statistically significant (at p=.05 level) in any of the age groups, or for all ages. The same is also true for currently married women. The difference in TFRs is also small for both ever-married and currently married women.

Variations in ASFR by variations in educational attainment can be seen in Table 6.3 and Table 6.4. For ever-married women of all ages combined, variations in fertility by educational attainment is statistically significant (at p=.05 level), but it is not significant for most of the individual age groups, the exceptions being age groups 25-29 and 30-34 (note that some of the cell frequencies are very small). The same phenomenon is also observed for currently married women (Table. 6.4).

Table 6.3: Age-specific fertility rates by education, for ever-married women, Bangladesh, 1979

	Education			
Age	None	Some primary	Completed primary	Higher
<15	82	113	*	*
15-19	217	234	227	169
20-24	251	252	271	234
25-29	228	277	313	106
30-34	217	162	89	192
35-39	155	159	62	*
40-44	71	53	41	*
45-49	17	28	*	*
GFR	178	206	213	166

Note: * Indicates less than 25 women in the group.

Fertility rates specific for broad age groups by selected other characteristics of both ever-married and currently married women are shown in Table 6.5. The religious differentials are significant for the two older age groups (20-34 and 35-49) but not for the youngest age group (less than 20). This result should be accepted with caution because of the small number of cases available in the religious category

"others". Work status differentials are significant, except for the oldest age group (35-49). Differences in husband's education do not bring about significant differences in fertility level.

Table 6.4: Age-specific fertility rates by education for currently married women, Bangladesh, 1979

	Education			
Age	None	Some primary	Completed primary	Higher
<15	88	83	*	*
15-19	224	239	230	169
20-24	264	255	276	236
25-29	236	281	324	112
30-34	229	168	91	*
35-39	173	167	64	*
40-44	83	63	42	*
45-49	19	29	*	*
GFR	193	213	218	171

Note: * Indicates a very small number (including zero) of cases.

6.4 General Fertility Rate

The general fertility rate (GFR) for ever-married women under 50 years of age in BCPS is 185 (per 1000 women), and for currently married women of the same age it is 197. As noted before, although the urban and rural rates apparently differ from each other (for both ever-married and currently married women) the difference is small and not statistically significant. Variation in GFR by educational attainment is significant for ever-married women but not for currently married women. Religions and work status differentials are also significant (Table 6.5). But differences in husband's education do not bring about significant differences in GFR for these women.

Table 6.5: Age-specific marital fertility - rates and general fertility rates by selected characteristics of women, Bangladesh, 1979.

Characteristics	Ever-Married Women				Currently Married Women			
	Age				Age			
Religion	<20	20-34	35-49	GFR	20	20-34	35-49	GFR
Islam	213	239	93	191	219	248	106	204
Hindu	166	221	46	155	171	228	55	167
Others	*	*	*	97	*	*	*	111
Work Status								
Not working	211	241	85	190	217	249	96	201
Working	126	163	88	130	131	180	124	155
Husband's Education								
None	187	226	85	173	195	239	101	190
Some primary	233	253	95	201	236	258	104	209
Completed primary	222	240	89	196	224	246	97	204
Completed secondary	243	240	60	198	249	244	67	205
Higher level	182	221	51	191	182	223	52	193

Note: * indicates very few cases in the group.

6.5 Open birth interval

The period between the last live birth and the interview will be referred to as the open birth interval (OBI).[1] The variations in the OBI by selected characteristics have been investigated. The median interval after the last live birth for the women considered here, as may be seen Table 6.6, is about 31 months. As one would expect, there is considerable variation in the OBI by age, with the median OBI increasing steadily with age. The variations in this median OBI by selected character-

[1]Only those women who ever had a live birth have been asked (in the BCPS) about the period after their last live births. No data on age at marriage or on duration of marriage were collected in the BCPS.

istics are shown in Table 6.7. At the aggregate level, the median OBI increases with increase in number of living children, but in specific age groups, a reverse pattern seems to exist. A plausible explanation for this finding may be that the higher the number of living children, the higher the age and, therefore, the larger the median OBI. But at specific age levels (or when age is controlled) the larger the number of living children, the more prolific is the woman and consequently the shorter her birth intervals. At each broad age group considered, the association between number of living children and OBI is found to be statistically significant. The median OBI of rural residents scarcely differs from that of urban residents at each age group considered. But the association between urban-rural residence and OBI is significant at each of the two older age groups and at the aggregate level. Differences in wife's level of education do not seem to make any significant difference in the OBI when age is controlled (Table 6.7) except at the oldest age group.

Table 6.6: Distribution of ever-married women by age and interval after last live births Bangladesh, 1979

Interval after last live birth (months)	Age								
	<15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	All
0-11	77.8	41.4	28.5	24.9	20.9	15.7	7.0	1.8	21.5
12-23	22.2	30.2	27.0	23.5	19.1	12.6	8.3	2.4	19.1
24-35	*	17.6	22.2	19.1	17.8	12.4	8.7	3.6	15.8
36-47	*	8.1	11.2	12.5	13.7	13.4	8.7	4.1	10.8
48-59	*	1.6	4.9	7.0	7.3	8.5	5.9	3.7	5.8
60+	*	1.1	6.2	13.0	21.2	37.4	61.4	84.4	27.0
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N=)	(34)	(1,418)	(2,751)	(2,703)	(1,898)	(1,811)	(1,228)	(1,465)	(13,308)
Median Interval	7.7	15.4	21.6	25.0	30.7	44.3	82.1	108.3	31.1

Note: * Indicates very few cases in the group.

Table 6.7: Median interval after last live birth by age and selected characteristics for ever married women, Bangladesh, 1979

Characteristics	Age			
	<20	20-34	35-49	All
Number of Living Children				
0	11.6	29.2	*	23.0
1-2	15.5	27.7	125.7	25.9
3-4	*	22.9	98.8	32.2
5-6	*	21.7	67.2	40.1
7+	*	16.2	51.0	43.6
Residence				
Rural	15.1	24.6	77.4	30.9
Urban	14.3	24.9	82.9	34.5
Education				
None	15.4	24.6	78.7	32.3
Some primary	12.9	24.6	68.6	27.8
Completed primary	15.2	25.7	100.8	27.4
Higher	*	26.3	*	26.5

Note: * Indicates very few cases in the group.

6.6 Cumulative Fertility

In this section the mean number of live births (cumulative fertility) per (ever-married) woman and variations in it by selected characteristics are discussed. As may be seen from Table 6.8, a BCPS woman has had, on the average, a little under four live births, of whom three are currently surviving.

Variations by age in mean number of live births can be easily discerned from Table 6.8. By the time an ever-married woman reaches the end of her reproductive period she will have given birth to roughly 6.57 children.[2]

[2] Note that since this is the average for age 45-49, the mean number of live births a woman will have by the time she reaches 50 years of age may be, strictly speaking, a little higher. But because of near zero fertility at ages close to 50, the figure 6.57 is a reasonable approximation.

It should be noted that older women are generally more likely to forget to report some of their live births (especially those occurring in the more distant past and dying later) than the younger women. In all likelihood, the 6.57 may be an underestimate of the actual mean number of live births for an ever-married woman as she reaches age 50. (See also the corresponding statistics for currently married women shown in Table 6.8). A Bangladeshi woman seems to bear roughly half of her children before she reaches age 30, and advancing age does not seem to abate her childbearing behavior appreciably until she reaches age 40. A comparison of the mean number of live births with mean number of living children reveals the degree of loss of children on account of mortality. The WFSB findings in this regard are generally similar to the BCPS findings (see WFSB, p. 63).

Table 6.8: Mean number of live births and mean number of living children by age for ever-married and currently married women, Bangladesh, 1979

	Ever-Married		Currently Married	
Age	Live births	Living children	Live births	Living children
<15	0.12	0.11	0.12	0.11
15-19	0.74	0.61	0.76	0.62
20-24	2.05	1.70	2.09	1.75
25-29	3.55	2.90	3.59	2.94
30-34	5.00	4.09	5.07	4.16
35-39	5.99	4.88	6.15	5.02
40-44	6.50	5.25	6.74	5.50
45-49	6.57	5.09	6.80	5.32
All	3.71	3.00	3.70	3.02

Pending a thorough appraisal of the quality of the fertility data here, it is not worthwhile to attempt an extensive investigation of differentials in cumulative fertility. Accordingly, only one more characteristic, urban-rural residence is considered here. As may be seen from Table 6.9, an urban woman has had, on the average, slightly more live births than a rural woman, but this difference is not statistically significant (at p=.05 level). When examining the differences

between the urban and rural residents in this matter, one should consider the possibility of differential under-reporting of births as well as differential pregnancy wastage. Although there are no specific data on these factors, it seems plausible that the under-reporting and fetal loss may be greater among the rural residents. It may be recalled in this context (see Section 5.1.2) that the urban residents exceed the rural residents by a 2 to 1 margin in ever use of any method or any efficient method. Yet the cumulative fertility of urban residents as obtained here does not reflect that difference.

In each of the age groups considered (except the youngest age group), the urban-rural difference is small and not significant. The WFSB had similar findings (WFSB p. 68) on this relationship.

Similarly, urban women have, on the average, slightly more living children than the rural women. Apart from the differential under-reporting, differential mortality may also have played a role in bringing about this observed urban-rural difference. The differences observed in the various five-year age groups are not significant, with the exceptions of age less than 15, and 30-34.

Table 6.9: Mean number of live births and mean number of living children for ever-married women by age and urban-rural residence, Bangladesh, 1979

Age	Live births			Living children		
	Rural	Urban	All	Rural	Urban	All
< 15	0.10	0.43*	0.12	0.10	0.29*	0.11
15-19	0.74	0.76	0.74	0.61	0.63	0.61
20-24	2.06	1.99	2.05	1.70	1.69	1.70
25-29	3.59	3.35	3.55	2.91	2.84	2.90
30-34	4.99	5.14	5.00	4.06	4.48	4.09
35-39	6.00	5.88	5.99	4.89	4.81	4.88
40-44	6.51	6.31	6.50	5.25	5.21	5.25
45-49	6.52	7.02	6.57	5.04	5.55	5.09
All	3.70	3.81	3.71	2.99	3.17	3.00

* There were only 14 women in this group.

6.7 Future Fertility Desires

The BCPS gathered information on the future fertility desires of each respondent by asking whether or not she wants to have additional children and, if so, how many more she wants to have. All but 14 percent of these women have given specific numerical responses to this question (Table 6.10). Over one-half of the BCPS women desire no more additional children. The proportion desiring no more children is, as might be expected, lower at younger ages than at older ages. [This should be a function of number of living children, which we will examine later in this section]. It should be noted that roughly three-fourths of the women 30-34 years of age do not desire any more children, and this proportion steadily increases with age to reach a level that is only slightly below 100 percent by age 50. It may also be noted that proportionately less of the older women have given non-numerical[3] responses to this question; it seems that as women grow older, their future fertility desires become more firm, and they tend to desire no additional births.

Table 6.10: Additional children desired by age for ever married women, Bangladesh, 1979

	Additional Children Desired							
Age	0	1	2	3	4 or more	Non-numerical answer	All (N=)	
<15	8.8	1.4	16.5	22.2	16.4	34.7	100.0	(312)
15-19	9.4	9.1	25.0	20.1	11.4	25.0	100.0	(2,659)
20-24	30.6	15.6	18.9	8.4	5.0	21.5	100.0	(3,109)
25-29	57.5	11.3	11.3	3.5	1.9	14.5	100.0	(2,812)
30-34	76.6	7.1	5.1	1.5	0.6	9.2	100.0	(1,954)
35-39	87.0	4.0	2.3	0.8	0.6	5.3	100.0	(1,859)
40-44	94.8	0.9	1.1	0.5	0.3	2.4	100.0	(1,269)
45-49	97.8	0.5	0.8	0.3	0.2	0.6	100.0	(1,507)
All	55.8	8.3	11.6	6.6	3.7	14.0	100.0	(15,481)

[3] Two of the major non-numerical responses given are "up to God" (11.5%) and "don't know" (1.8%).

For all ages and for each of the individual broad age groups considered, there is a significant association between number of living children and number of additional children desired (Table 6.11). As the number of living children increases, fewer additional children are desired. At all ages, roughly three-fourths of the women who have 3 to 4 children do not desire any more children, as opposed to less than one-third (30 percent) who have 1 to 2 living children, suggesting that 3 to 4 children is generally the preferred number of children for Bangladeshi women.

The age of the woman also seems to have some impact on desire for additional children. At younger ages,proportionately fewer women who who have 3 to 4 living children desire no additional children. It should also be noted that at higher numbers of living children, fewer women have given non-numerical responses to the question on future fertility desires, indicating the firming of attitudes about additional children as a woman acquires higher number of living children. The decisive influence of age on future fertility desires is perhaps evident from the variation in future fertility desires by number of living children for women who are 35-49 years of age. More than half (58%) of the women in this age group who have no living children desire no more children, while the corresponding proportions at younger ages are considerably smaller. Again, the proportion desiring no additional children at each of the higher levels of living children for this oldest age group (35-49) is higher than the corresponding proportion for the younger age groups.

Table 6.11: Additional children desired by number of living children and age for ever-married women, Bangladesh, 1979

Number of Living Children	Additional children desired						
	0	1	2	3	4 or more	Non-numerical Answer	All
				All ages			
0	10.9	1.8	19.6	23.5	14.8	29.4	100.0
1-2	30.4	15.8	22.5	8.5	3.9	18.9	100.0
3-4	75.9	9.6	4.0	0.7	0.9	8.9	100.0
5-6	92.3	2.0	1.0	0.1	0.2	4.4	100.0
7+	96.1	0.3	0.4	0.2	0.0	3.0	100.0
				Age: Less than 20			
0	5.9	1.1	19.8	26.5	17.0	29.7	100.0
1-2	12.9	16.4	29.8	13.2	5.7	22.0	100.0
3-4	44.6	41.4	4.3	0.0	3.0	6.7	100.0
5-6	*	*	*	*	*	*	*
7+	*	*	*	*	*	*	*
				Age: 20-34			
0	14.7	3.8	20.0	19.0	10.7	31.8	100.0
1-2	29.5	17.4	22.1	7.5	3.6	20.0	100.0
3-4	69.4	11.6	5.2	0.9	1.2	11.8	100.0
5-6	87.4	3.4	1.9	0.2	0.4	6.6	100.0
7+	91.4	0.6	1.9	0.0	0.0	6.1	100.0
				Age: 35-49			
0	57.7	1.3	14.3	7.6	5.9	13.1	100.0
1-2	84.6	3.2	5.2	2.0	1.3	3.5	100.0
3-4	90.9	4.5	1.3	0.3	0.3	2.8	100.0
5-6	95.8	1.0	0.4	0.1	0.0	2.7	100.0
7+	96.8	0.3	0.2	0.2	0.0	2.5	100.0

Note: * Indicates very few cases in the group.

Table 6.12 shows that urban women are more likely than rural women in BCPS to desire no more children (60% vs 55%) when number of living children is controlled. For both rural and urban women with 3 to 4 children, the proportion desiring no more children is quite high -- over 75 percent. It is interesting to note also that relatively fewer urban women have given non-numerical responses to the question on additional fertility desires, which, too, suggests that urban women might be more definite about their future desires than rural women.

The observed variation in additional number of children desired by educational attainment is perhaps more apparent than real because of differences in the age distribution of women at different levels of education. Younger women are generally better educated than older women (Chapter 3). Simultaneous control of age, number of living children, and educational attainment would entail too small cell frequencies to permit meaningful comparisons.

At the aggregate level, a larger proportion of working women desire no more children than non-working women. The same is true at each level of number of living children (except for the level 7+, where the proportion is the same for both the working and the non-working women). It is also interesting to note that working and non-working women did not differ appreciably in the frequency of women non-numerical responses to the question on future fertility desires at different levels of number of living children.

Table 6.12: Additional children desired by number of living children and Selected characteristics for ever married women under 50 years of age Bangladesh, 1979

Number of living children	Additional number of children desired						
	0	1	2	3	4 or more	Non numerical answer	All
Residence: Urban							
0	9.3	3.3	31.8	22.5	14.2	18.9	100.0
1-2	37.4	19.4	20.7	5.7	3.3	13.4	100.0
3-4	79.0	10.6	4.1	0.2	0.0	6.1	100.0
5-6	95.0	1.6	0.5	0.0	0.0	2.9	100.0
7+	95.5	1.4	0.5	0.0	0.0	2.7	100.0
All	60.3	9.9	12.4	5.0	3.1	9.3	100.0
Rural							
0	11.1	1.7	18.4	23.6	14.8	30.4	100.0
1-2	29.7	15.4	22.7	8.8	4.0	19.5	100.0
3-4	75.5	9.5	4.0	0.7	1.0	9.2	100.0
5-6	91.9	2.1	1.1	0.1	0.2	4.6	100.0
7+	96.2	0.2	0.4	0.2	0.0	3.0	100.0
All	55.3	8.1	11.5	6.8	3.9	14.5	100.0
Education: No schooling							
0	13.5	1.6	15.8	21.1	15.6	32.4	100.0
1-2	31.9	13.3	21.8	8.1	4.1	20.8	100.0
3-4	75.8	8.9	4.1	0.7	1.0	9.4	100.0
5-6	91.7	1.9	1.1	0.2	0.2	4.9	100.0
7+	95.9	0.2	0.4	0.2	0.0	3.2	100.0
All	57.8	7.1	10.4	5.9	3.9	15.0	100.0
Some primary							
0	5.1	1.7	27.9	28.0	12.7	24.7	100.0
1-2	25.8	19.6	24.6	9.7	3.4	17.0	100.0
3-4	76.1	11.6	4.0	0.6	0.6	7.2	100.0
5-6	93.7	2.8	0.7	0.0	0.2	2.7	100.0
7+	97.0	0.7	0.0	0.0	0.0	2.3	100.0
All	51.7	10.2	14.1	8.2	3.5	12.3	100.0

Table 6.12 Continued

			Completed primary				
0	2.4	3.8	28.8	37.7	15.8	11.4	100.0
1-2	27.7	24.4	24.5	9.7	3.3	10.4	100.0
3-4	76.1	10.5	3.8	0.0	0.0	9.7	100.0
5-6	97.5	1.6	0.0	0.0	0.0	0.8	100.0
7+	96.8	1.6	1.6	0.0	0.0	0.0	100.0
All	44.5	14.0	17.1	11.2	4.4	8.7	100.0
			Higher level				
0	0.0	5.5	49.2	28.0	0.9	16.4	100.0
1-2	28.4	38.2	21.3	7.2	3.8	1.1	100.0
3-4	73.3	26.7	0.0	0.0	0.0	0.0	100.0
5-6	*	*	*	*	*	*	*
7+	*	*	*	*	*	*	*
All	34.8	27.1	22.0	9.8	2.3	4.0	100.0
			Work Status: Not working				
0	9.8	1.9	19.7	23.7	15.4	29.5	100.0
1-2	29.6	15.4	22.7	9.0	4.1	19.1	100.0
3-4	75.5	9.4	4.1	0.7	1.0	9.4	100.0
5-6	91.9	2.1	1.1	0.1	0.2	4.6	100.0
7+	96.1	0.4	0.4	0.2	0.0	2.9	100.0
All	55.0	8.1	11.7	6.8	4.0	14.3	100.0
			Working				
0	25.1	1.0	18.0	21.8	6.3	27.7	100.0
1-2	40.9	21.0	19.0	1.2	1.7	16.2	100.0
3-4	80.1	11.8	2.8	0.6	0.0	4.6	100.0
5-6	97.1	0.7	0.4	0.0	0.0	1.9	100.0
7+	96.1	0.0	0.0	0.0	0.0	3.9	100.0
All	64.4	10.2	9.3	3.7	1.4	10.9	100.0

* indicates that there are only very few cases in the group.

6.8 Summary

According to the BCPS, the general marital fertility rate in Bangladesh (for roughly the year 1979) is 185 per 1,000 ever-married women. The age-specific fertility rates (ASFR) derived from reported births (which occurred in the year period prior to the interview) show that the age group corresponding to peak fertility is 20-24 for Bangladeshi women. Under the prevailing age schedule of fertility, an ever-married woman will give birth to 6.2 children (TFR) on the average when she reaches age 50. There is some indication of a slightly declining trend in fertility in Bangladesh since 1974, although this cannot be categorically established with the available data. There is no significant difference between urban and rural age-specific fertility in Bangladesh. Differences in educational attainment seem to make a significant difference in fertility at the aggregate level, but seldom for individual five-year age groups. Moslems, the major religious group, seem to have higher fertility than Hindus, the largest minority group. Working women generally have lower fertility than non-working women, except at ages above 35, where they have about the same level of fertility.

The median open birth interval (OBI), i.e., the interval after the last live birth, for the BCPS women is 31 months, and it ranges from 15 months for women 15-19 years of age to 108 months for women 45-49 years of age. At specific age groups (or when age is controlled), the median OBI generally decreases with increases in number of living children. The median OBI of the rural residents differs very little from that of the urban residents for ages below 35, but it differs appreciably at higher ages, with urban residents having a longer median OBI. Again, at ages below 35, differences in wife's educational attainment make little difference in median OBI, but at higher ages, those with completed primary school education have an appreciably longer median OBI than those with less education.

A BCPS woman has had, on the average, about four live births, with three currently surviving. According to the BCPS data, the mean number

of live births to an ever-married woman when she reaches 45-49 years of age is 6.57. There is reason to think that this number is an underestimate, but it is not known to what degree. A Bangladeshi woman bears more than half of her total number of children before she reaches 30 years of age, but her childbearing behavior continues virtually unabated until she reaches 40 years of age. The difference in mean number of live births per woman between the urban and rural residents in BCPS is negligible -- both have had an average of nearly 4 live births per woman -- despite the difference in their ever use rate of family planning; differential underreporting may, in part, be responsible for this finding, however.

Over one-half of the BCPS women desire no more children, while roughly a seventh of these women have given non-numerical responses to the question on additional number of children desired. Both age and number of living children seem to influence these women's future fertility desires. Over three-fourths of the women 30 years of age or older do not desire any more children, and overall about the same proportion want no more when they have 3 to 4 living children. However, the proportion desiring no more children at the level of 3 to 4 living children varies by age; it is 45 percent for ages less than 20 years, 69 percent at age 20-34, and 91 percent at age 35-49. These results suggest that with advancing age, and higher numbers of living children, the attitude of BCPS women towards additional fertility becomes more firm, tending towards zero additional fertility.

CHAPTER 7
SUMMARY AND CONCLUSIONS

7.1 Summary

The Population and Family Planning Division of the Ministry of Health and Population Control in Bangladesh conducted a Contraceptive Prevalence Survey (BCPS) in 1978 to 1979 with financial assistance from AID and with technical assistance from Westinghouse Health Systems (WHS). The financial assistance from AID was, as per AID procedure, channeled through WHS.

A probability sample was drawn, and 15,481 ever-married women under 50 years of age were interviewed in BCPS. The major findings from this survey are presented below with comparable findings from the World Fertility Survey in Bangladesh (WFSB) conducted during 1975-76.

Nearly 95 percent of the BCPS women know at least one method of family planning (the methods considered in BCPS are: pill, condom, IUD, male and female sterilization, abortion, injection, vaginal methods, rhythm, withdrawal, and abstinence). This finding represents an appreciable increase in the knowledge level obtained by the WFSB for 1975-76. The difference between these two overall levels of knowledge indicates the progress made in Bangladesh in disseminating information on family planning.

Women over 35 years of age are less knowledgeable of family planning methods than those below that age. Higher levels of contraceptive knowledge are generally found among those with higher levels of education (both wife's and husband's). Urban residents are only slightly more knowledgeable of family planning methods than rural residents.

Among the methods considered in BCPS, pill is the most widely known (93%). Female sterilization (84%) and male sterilization (71%) are the next most widely known methods, followed by condom (57%), injection (41%), IUD (32%), and abortion (22%). The other methods are less widely known (each less than 12%) among the women interviewed.

Condom, IUD, abortion, injection, and vaginal methods are substantially less widely known in rural areas, but pill and sterilization are known about equally in both urban and rural areas.

On the average, the BCPS women know a little over four methods, and about 45 percent know five or more methods. The proportion knowing five or more methods is higher in urban than in rural areas. Women with better education generally know a larger number of methods.

About a fifth (19.6%) of the ever-married women under 50 years of age have ever used any of the family planning methods, and about a sixth (15.8%) have ever used a more effective (ME) method. (The more effective methods are: pill, condom, IUD, sterilization, abortion, and injection.) The corresponding findings in WFSB were 13.6% and 10% respectively, which indicate an increasing trend in the adoption of family planning in Bangladesh. For currently married women, the ever use rate of any method is 21.2 percent and of an ME method, 17 percent.

The ever use rate varies by age. Less than 10 percent of the ever-married women under 20 years of age have ever used any method. The proportion ever using increases steadily with age, up to age 35, and then steadily declines. This pattern may be due in part to variations in exposure to family planning programmes. The maximum ever use level observed is about 27% for ages 30-34.

The proportion that ever used any method is higher among women with higher levels of formal education; nearly two-thirds of the women with more than a primary school education have ever used any method, compared to only about a sixth of the women with no formal education. A similar pattern in ever use rate is observed with changes in husband's educational level.

Ever use of family planning also varies by other background characteristics. A larger proportion of the urban than rural residents has ever used any method (32.8% vs. 18.2%). When religion is controlled for, the

proportion ever using any method among the Hindus (28.9%) is substantially higher than that observed for Moslems (18.0%).

Women who know a greater number of methods are more likely to have ever used any family planning method. Nearly a third (32.8%) of the women who know five or more methods have ever used any method, as opposed to a tenth (9.9%) of the women who know only one to four methods.

The proportion who have ever used any family planning method is generally higher among women with larger numbers of living children.

Pill is the most commonly ever used (11%) method among ever-married women, followed by rhythm (4.1%), condom (3.4%), female sterilization (2.3%), and abstinence (1.5%). Less than one percent of ever-married women have ever used any of the other methods. Among these women, method ever used varies by certain characteristics, notably age, education, and urban rural residence.

A little over 11 percent of the ever-married women are currently using a family planning method. Among the currently married women 12.1% are currently using a method; among currently married and non-pregnant women (CMNP), 13.9%; and among currently married, non-pregnant and fecund women (CMNPF), 15.6%.

The current use level varies by some characteristics of these women. Among the CMNP women, the current use rate increases with age up to age 35, and then declines. Twice as many Hindus as Moslems are current users (of any method). Urban residents have a higher current use rate than rural residents. With increases in education (wife's as well as husband's), the current use level is also seen to increase.

Current use varies on other fertility-related factors. As would be expected, the current use rate generally increases with an increase in number of living children. Current use is directly related to desire for additional children. About a fifth (20.9%) of the CMNP women who do not desire any more children are currently using a method. Women who

know five or more methods of family planning are substantially more likely to be current users than those who know only one to four methods (23.2% vs. 6.1%).

The most commonly adopted method by the current users is pill, followed by female sterilization, rhythm, and condoms. The choice of method seems to be influenced by some of the women's characteristics. For example, older women, seeking to terminate their fertility, are more likely to prefer female sterilization to other methods.

Desire for additional children is the single most widely given reason (32.5%) for non-use by current non-users among the CMNP women. Less than 3 percent have attributed their non-use to lack of supplies or irregularities in supplies.

According to the BCPS, the general marital fertility rate in Bangladesh is 185 per 1,000 ever-married women (for roughly the year 1979). Under the prevailing age schedule of fertility, a Bangladeshi woman would give birth to an average of 6.2 children (total fertility rate) by the time she attains 50 years of age. Two-thirds of her completed fertility will be attained before she reaches age 30. The age group of peak fertility for the BCPS women is 20-34. There are indications that some Bangladeshi women at ages 20 and above are regulating their fertility to some degree, and as a result, there is a slight declining trend in fertility in recent years. But this decline should be viewed with caution, due to possible inaccuracies in the fertility data from surveys such as BCPS.

The urban residents scarcely differ from the rural residents in terms of age-specific fertility. Educational differences are seldom accompanied by significant differences in fertility. Hindus appear to have lower fertility than Moslems. Working women generally have lower fertility than non-working women.

Considering all live births, a woman 45-49 years of age in BCPS has had 6.57 live births. For these women, half of all births occurred before she reached 30 years of age, and her childbearing continued, virtually unchanged, until she reached 40 years of age.

Over one-half of the BCPS women do not desire any more children. Three-fourths of the women 30 years of age or older do not desire any more children. For all ages about the same proportion desire no more when they have more than three or four living children. But the proportion desiring no more children at the level of three to four living children varies by age; it is 45 percent at ages less than 20 years, 69 percent at ages 20-34 and 91 percent at ages 35-49.

7.2 Conclusions

- Bangladesh is beginning to develop rich sources of family planning information. While data from the various surveys are useful, it also proves that quality survey research is possible in Bangladesh. With increased experience, new data processing equipment, increased use of data in programme planning, and continued support from the Government, survey research should increase its contribution to all aspects of economic and social development requiring a sound data base for decision making.

- There has been significant increase in knowledge of contraception. Knowledge has increased to the point where in Bangladesh almost every woman has a basic awareness of at least one modern method of contraception. This result suggests that there is now a basic awareness of the ability to limit fertility. However, this basic awareness does not imply any real understanding of the methods. The Programme should focus future informational efforts on increasing understanding or in-depth knowledge of contraception.

- Knowledge of specific contraceptive methods that have been "heavily" promoted by the Programme is especially high, suggesting that the Programme can and does have some impact.

- Knowledge of female methods is higher than male methods despite relatively equal promotion of both (particularly condom and pill). In Bangladesh, as in all other countries, women bear the burden of fertility and are more interested and therefore more aware of

contraception. It is reasonable to assume that female methods will continue to be more acceptable to the people of Bangladesh and that the programme should take this factor into account when doing both long and short-term planning.

- Acceptor incentives associated with certain methods do not seem to influence levels of knowledge. Pill has no monetary incentive attached to it, and yet is very widely known. Female and male sterilization have incentives but are less widely known. The role of acceptor incentives in promoting family planning in Bangladesh is not clear at this time and needs further examination.

- Injectable contraceptives have only recently been introduced in small quantities and in urban areas. Despite their newness to Bangladesh, injectable contraceptives are relatively well known. It may be that "good news travels fast" and that there would be considerable demand for injection if it were more widely available.

- Contraceptive use among currently married women has increased since it was measured in 1976 by the Bangladesh Fertility Survey. Although the changes have not been enough to have any significant demographic impact, they do imply that change is occurring, that it is possible to generate change, and that the speed of change is increasing.

- Contraceptive use among younger women is increasing. It is this group of women who must alter their fertility practices (through the use of contraception) for there to be any change in the dangerous population spiral being experienced by Bangladesh. All efforts to support contraceptive use by this group should be made. Since pill is the most popular method among younger age groups, any efforts to increase effective use of this method will probably have a more significant demographic impact.

- There continue to be significant differences in urban and rural levels of contraceptive knowledge and use that cannot be totally explained by standard socioeconomic differentials. It is likely

that higher contraceptive use rates in urban areas are a function of an environment that is more conducive to family planning acceptance and greater accessibility of methods. Rural areas clearly need more efforts aimed at producing a more conducive environment for reducing desired family size and increasing availability of a variety of methods.

- The proportion of contraceptive users using more effective methods has increased significantly since measured by WFSB in 1976. Although the improvement is heartening, all efforts should be made to encourage the acceptance and use of more effective methods.

- There appears to be a gap in the method mix currently being used in Bangladesh. Women in Bangladesh seem to use permanent female sterilization, or pill, condom, and other temporary methods. There is little use of methods that offer long-term, non-permanent protection from unwanted pregnancy. In most countries IUD, and increasingly injectable contraceptives, serve the population of women who want no more children but are not yet ready to accept permanent methods. Even though this transitional population may never be the largest segment of the potential user population, they are too important in terms of future contraceptive use and demographic impact to ignore. When a woman says she does not want more children but will not be sterilized, or she says she does not <u>think</u> she wants more children, the Programme should be able to offer her a method that suits her situation.

- The number of women who indicate discontinued use of contraception and the proportion who say they want no more children indicate there is a tremendous latent demand for family planning services. Non-use of contracep[illegible] in Bangladesh is a function of insufficient motivation to terminate childbearing, inadequate or incorrect information on family planning, lack of access to appropriate methods, general lack of accessibility, inconsistency of supply for resupply methods, and inadequate follow-up of acceptors to ensure continued use of the method or a shift to another more appropriate method.

- It appears that the Family Planning Social Marketing Project has had some impact on levels of knowledge, and more limited success in the provision of supplies. More research is required to identify possible modifications and areas of expansion of the current scope of the Project.

- As the use of less effective methods or improper use of more effective methods increases, and as small family norms become more common it can be expected that demand for abortion will increase.

APPENDICES

Appendix I - FORMULATION OF SAMPLING PROBABILITIES

Appendix II - BANGLADESH QUESTIONNAIRE

Appendix III - SELECTED FINDINGS FROM: BANGLADESH CONTRACEPTIVE PREVALENCE SURVEY, 1979

APPENDIX I

FORMULATION OF SAMPLING PROBABILITIES

The multistage area sampling was based on a common sampling plan in each stratum.

Such a plan yields a separated self-weighted sample in each stratum, except in those secondary units with complete enumeration. The probability that any household unit to be included in the sample can be expressed as the product of probabilities at each stage.

If A_i represents the size (in terms of households) of the ith census circle, and m is the number of census circles to be selected in a particular stratum, then the probability P_i of selection of the ith census circle is

$$P_i = K A_i$$

where K is a constant factor and is given by $K = m/\Sigma A_i$ substituting for K in the equation for P_i,

$$P_i = mA_i/\Sigma A_i$$

The m census circles have been selected with probability proportional to size and adopting a systematic sampling procedure. From each of the m first stage units (census circles) selected, one ISU is selected with probability proportional to size. If A_{ij} represents the size of the jth ISU the ith census circle, then its probability of selection is given by:

$$P_{ij} = \frac{A_{ij}}{A_i}$$

After completion of these two stages, every selected ISU was completely listed, and from that list a certain number of households were selected. If b_{ij} represents that number of households while A_{ij*} represents the number of listed

households in the jth ISU of the ith census circle, then b_{ij} is given by:

$$P_i \times P_{ij} \times \frac{b_{ij}}{A_{ij*}} = f$$

where f is the specified (prefixed) overall sampling fraction in the stratum. This expression can be rewritten as:

$$\frac{mA_i}{\Sigma A_i} \times \frac{A_{ij}}{A_i} \times \frac{b_{ij}}{A^*_{ij}} = \frac{n}{N}$$

where n is the sample size from a stratum and N is the total size of that stratum. Since ΣA_i is equal to N, the above expression can be simplified as:

$$b_{ij} = \frac{n}{m} \times \frac{A^*_{ij}}{A_{ij}}$$

It may be noted that n/m represents the number of households per ISU, which was specified to be 50 in rural areas and 25 in urban areas. The household selection was carried out by calculating an interval I_{ij} inside each ISU given by:

$$I_{ij} = \frac{A^*_{ih}}{b_{ij}} = \frac{A_{ij}}{(n/m)}$$

and then proceeding by systematic selection using this interval.

APPENDIX II

CONTRACEPTIVE PREVALENCE SURVEY

BANGLADESH

MINISTRY OF HEALTH, POPULATION CONTROL
AND FAMILY PLANNING

POPULATION CONTROL AND FAMILY PLANNING DIVISION

PEOPLES REPUBLIC OF BANGLADESH

QUESTIONNAIRE

BANGLADESH CONTRACEPTIVE PREVALENCE SURVEY—1979

Household Questionnaire

1 [ ] [ ] [ ] [ ] [ ]
1 2

SAMPLE IDENTIFICATION

NAME OF HOUSEHOLD HEAD _____

OCCUPATION OF HOUSEHOLD HEAD _____

SAMPLE H. H. NO. [ ][ ][ ] CONVERTED H. H. NO. [ ][ ][ ][ ][ ]

DISTRICT _____ THANA _____

UNION _____ VILLAGE/BLOCK _____

STRATUM [ ][ ][ ] PSU NO. [ ][ ] ISU NO. [ ][ ]

[ ] 7 [ ][ ][ ] 9 [ ][ ] 11 [ ][ ] 13 [ ][ ] 15 [ ][ ] 17 [ ][ ][ ] 19

INTERVIEW INFORMATION

INTERVIEW CALL	1	2	3	4
DATE				
RESULT CODE*				

INTERVIEWER CODE [ ][ ][ ] NO. OF ER'S _____

[ ] 22 [ ][ ] 23 [ ] 25 [ ][ ][ ] 26

*RESULT CODES:

Completed	1	Dwelling Vacant	5
No competent Respondent	2	Address not found	6
Deferred	3	Address not existing	7
Refused	4	Other (Specify)	8

Scrutinized [ ]

By [ ][ ][ ]

Date _____

Reinterviewed or spot checked [ ]

By [ ][ ][ ]

Date _____

BATCH NO. _____

[ ][ ][ ] 29

113

Now, I would like you to tell me about all the women and girls who usually live in your household, or are staying with you now.

Name	How old is she	Marital Status	Residential Status		Eligibility
Please give me the names of all the women who usually live here or slept here last night	In years completed	Has she ever been married? Yes ☐ No ☐	Does she usually live here? Yes ☐ No ☐	Did she sleep here last night? Yes ☐ No ☐	Tick if eligible for individual interview Yes ☐ No ☐

LINE NUMBER

01	37	38	39
02	40	41	42
03	40	42	43
04	44	46	47
05	48	50	51
06	52	54	55
07	56	58	59
08	60	62	63
09	64	66	67
10	68	70	71

BANGLADESH CONTRACEPTIVE PREVALENCE SURVEY–1979

INDIVIDUAL QUESTIONNAIRE

2 (1) ☐☐ (2) ☐☐☐☐☐ (4)

VILLAGE OR BLOCK _____

LINE NO. OF RESPONDENT ☐☐

CONVERTED HH SERIAL NUMBER ☐☐☐☐☐

INTERVIEW INFORMATION

Interview Call	1	2	3	4
Date				
Result Code*				
Interviewer Code	☐☐☐	☐☐☐	☐☐☐	☐☐☐

☐ (9)

☐☐ (10) ☐☐ (12)

☐ (14)

☐☐☐ (16)

*INTERVIEWER: For each call enter the appropriate result code as follows:

Completed	1
Incomplete	2
Respondent Not Available	3
Deferred	4
Refused	5
Other (Specify)	6

Scrutinized ☐	Reinterviewed or spot checked ☐	Edited ☐	Coded ☐
By ☐☐☐	By ☐☐☐	By ☐☐☐	By ☐☐☐
Date _____	Date _____	Date _____	Date _____

115

INDIVIDUAL QUESTIONNAIRE

SECTION I. ELIGIBILITY AND BACKGROUND

101. How old are you? (RECORD IN COMPLETED YEARS)?

_____ Years

18

102. In what month and year were you born?

English		Bengali	
Month	Year	Month	Year

(PROBE IF 101 AND 102 ARE INCONSISTENT)

20

103. Have you ever attended school?

YES [1] NO [2]

(SKIP TO 107)

21

104. What was the highest level of school attended?

PRIMARY [1] MADRASHA [2]

HIGH SCHOOL [3] COLLEGE [4]

UNIVERSITY [5] OTHER _____ (Specify)

22

105. What was the highest class you passed at that level?

_____ (Class)

23

106. INTERVIEWER: TICK APPROPRIATE BOX

Less than class V [1] Class V or above [2]

(SKIP TO 108)

107. Can you read - say a letter, a newspaper or a book?

YES [1] NO [2]

24

108. What is your religion?

ISLAM [1]

HINDU [2]

CHRISTIAN [3]

BUDDHIST [4]

OTHER _____ [5]
(Specify)

[ ] 25

109. Apart from housework, are you doing any work at all, either in agriculture or making things or by selling things or in any other way?

YES [1] NO [2]
(SKIP TO 111)

[ ] 26

110. Did you earn money from this work during the past year?

YES [1] NO [2]

111. Do you or your husband own any agricultural land?

YES [1] NO [2]

[ ] 27

112. What is your marital status? Are you married, divorced, widowed or separated?

Married [1] Divorced [2] Widowed [3] Separated [4]

[ ] 28

117

113. Did your husband ever attended school?

YES [1] NO [2]

29

114. What was the highest level of school husband attended?

PRIMARY [1] MADRASHA [2]

HIGH SCHOOL [3] COLLEGE [4]

UNIVERSITY [5] Other_____
(Specify)

30

115. What was the highest class your husband passed at school?

_____
(Class)

31

116. INTERVIEWER: TICK APPROPRIATE BOX

Less than Class V [1] Class V or above [2]
(SKIP TO 201)

117. Can your husband read - say a letter, a newspaper or a book?

YES [1] NO [2]

32

SECTION II: PREGNANCY HISTORY

201. Now I would like to ask you some questions about your family life.

Have you ever given birth to a baby?

YES [1] (SKIP TO 203) NO [2]

[ ] 33

202. Have you ever been pregnant?

YES [1] (SKIP TO 212) NO [2] (SKIP TO 213)

[ ] 34

203. ASK ABOUT PAST PREGNANCY AND RECORD IN THE PREGNANCY TABLE USING ONE ROW FOR EACH PREGNANCY.

Start the history with the first child, and ask:

What was the name of your first baby?

[ ] 35 [ ] 36 [ ] 37 [ ] 38

ENTER NAME IN COLUMN 1 OF PREGNANCY TABLE, AND ASK 204 - 205.

204. What was the baby's sex?

ENTER THE RESPONSE IN COLUMN 4 OF PREGNANCY TABLE.

205. Is _____ still alive?
(baby's name)

ENTER RESPONSE IN COLUMN 5 OF PREGNANCY TABLE.

206. After you were married and before_____ (name of first child) was born did you have any other pregnancy?

YES [1] ↓ NO [2] (SKIP TO 208)

207. FOR EACH PREGNANCY ASK:

Did this pregnancy result in the birth of a baby that breathed or cried or showed other signs of life?

TICK (✓) IN COLUMN 2 & ENTER RESPONSE IN COLUMN -3 OF PREGNANCY TABLE, IF YES ASK 204

208. What was the name of your next baby?

ENTER RESPONSE IN COLUMN -1 OF PREGNANCY TABLE AND ASK 204 AND 205.

209. After_____(name of previous child) was born and before_____(name of this child) was born did you have any other pregnancies?

FOR EACH PREGNANCY ASK 207. THEN REPEAT 208 & 209 AND ALL OTHER RELEVANT QUESTIONS FOR ALL SUBSEQUENT PREGNANCIES. WHEN YOU HAVE COMPLETED THE PREGNANCY TABLE FOR ALL PREGNANCIES UP TO THE END INCLUDING THE LAST LIVE BIRTH ASK 210 AND 211.

210. How long ago was _____(name of last live born baby) born?

Years ago _____Months ago_____

[ ][ ] 39 [ ][ ] 41

211. After_____(name of 1st live born baby) was born did you have any other pregnancies?

YES [1] ↓ NO [2] (SKIP TO 213)

212. FOR EACH PREGNANCY ASK:

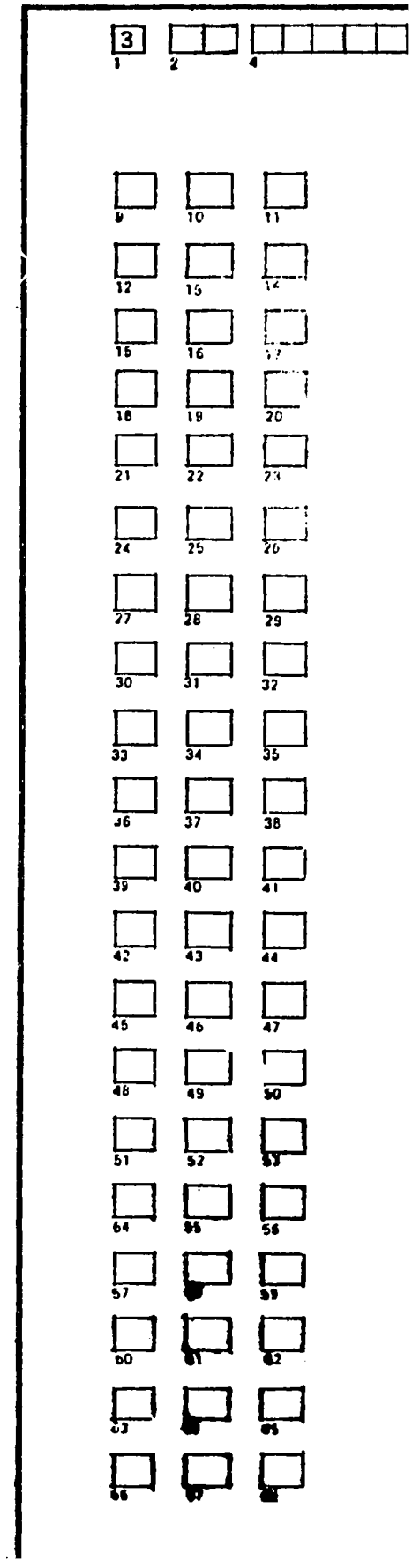
Did this pregnancy result in the birth of a baby that breathed or cried or showed signs of life?

ENTER RESPONSE IN COLUMN -3 OF PREGNANCY TABLE. IF ANSWER IS "YES" ASK 204.

8

PREGNANCY TABLE

	LIVE BIRTH NAME)	OTHER PREG. (TICK)	SIGN OF LIFE	SEX	STILL ALIVE
	(1)	(2)	(3)	(4)	(5)
01			YES 1 NO 2	M 1 F 2	YES 1 NO 2
02			YES 1 NO 2	M 1 F 2	YES 1 NO 2
03			YES 1 NO 2	M 1 F 2	YES 1 NO 2
04			YES 1 NO 2	M 1 F 2	YES 1 NO 2
05			YES 1 NO 2	M 1 F 2	YES 1 NO 2
06			YES 1 NO 2	M 1 F 2	YES 1 NO 2
07			YES 1 NO 2	M 1 F 2	YES 1 NO 2
08			YES 1 NO 2	M 1 F 2	YES 1 NO 2
09			YES 1 NO 2	M 1 F 2	YES 1 NO 2
10			YES 1 NO 2	M 1 F 2	YES 1 NO 2
11			YES 1 NO 2	M 1 F 2	YES 1 NO 2
12			YES 1 NO 2	M 1 F 2	YES 1 NO 2
13			YES 1 NO 2	M 1 F 2	YES 1 NO 2
14			YES 1 NO 2	M 1 F 2	YES 1 NO 2
15			YES 1 NO 2	M 1 F 2	YES 1 NO 2
16			YES 1 NO 2	M 1 F 2	YES 1 NO 2
17			YES 1 NO 2	M 1 F 2	YES 1 NO 2
18			YES 1 NO 2	M 1 F 2	YES 1 NO 2
19			YES 1 NO 2	M 1 F 2	YES 1 NO 2
20			YES 1 NO 2	M 1 F 2	YES 1 NO 2



213. Are you pregnant now?

YES [1] NO [2] DON'T KNOW [3]

69

214. Do you intend to (get pregnant again and) have (more) children some day?

YES [1] NO [2] DON'T KNOW [3]

(SKIP TO 301)

70

215. If it were entirely up to you, when would you like to have your next (first) child?

As soon as possible	1
In the next year	2
In 2 years	3
In 3 years	4
In more than 3 years	5
Depends on God	6
If I remarry	7
Do not know	8
Other answer _____ (Specify)	9

71

216. How many (more) children do you want?

_____ (Number)

72

SECTION III. KNOWLEDGE AND USE OF CONTRACEPTION

4 (1) (2) (4)

301. Sometimes a couple can do things to delay their next pregnancy or to avoid the birth of a baby if they do not want one. This is called Family Planning. Have your heard about any Family Planning, medicine or method?

YES [1] NO [2] (9)

(SKIP TO 304)

302. What Family Planning medicine or methods have you heard about?

CIRCLE 1 IN COLUMN (1)OF CONTRACEPTION TABLE FOR EACH METHOD MENTIONED:

303. FOR EACH METHOD CIRCLED IN COLUMN (1) ASK:

Do you or your spouse ever used _____(Name of method)

CIRCLE 1 OR 2 IN COLUMN (3) FOR EACH METHOD.

304. FOR EACH METHOD NOT CIRCLED IN COLUMN 1 ASK:

Just to be sure, have you ever heard of (Name of method)?

CIRCLE 2 OR 3 IN COLUMN (2). IF "YES" ASK 305 BEFORE PROCEEDING TO NEXT METHOD.

305. Have your or your spouse ever used _____(Name of method)?

CIRCLE 1 OR 2 IN COLUMN (3)

CONTRACEPTION TABLE

METHOD	1 KNOWLEDGE (UNPROMPTED)	2 KNOWLEDGE PROMPTED	3 EVER USED		
01 PILL	1 YES	2 YES 3 NO	1 YES 2 NO	10	11
02 CONDOM	1 YES	2 YES 3 NO	1 YES 2 NO	12	13
03 IUD	1 YES	2 YES 3 NO	1 YES 2 NO	14	15
04 FEMALE STERILIZATION	1 YES	2 YES 3 NO	1 YES 2 NO	16	17
05 MALE OPERATION	1 YES	2 YES 3 NO	1 YES 2 NO	18	19
06 ABORTION	1 YES	2 YES 3 NO	1 YES 2 NO	20	21
07 INJECTION	1 YES	2 YES 3 NO	1 YES 2 NO	22	23
08 VAGINAL METHODS	1 YES	2 YES 3 NO	1 YES 2 NO	24	25
09 ABSTINENCE	1 YES	2 YES 3 NO	1 YES 2 NO	26	27
10 RHYTHM	1 YES	2 YES 3 NO	1 YES 2 NO	28	29
11 WITHDRAWAL	1 YES	2 YES 3 NO	1 YES 2 NO	30	31
12 OTHER	1 YES	2 YES 3 NO	1 YES 2 NO	32	33

306. TICK APPROPRIATE BOX FROM Q.112:

Currently married [1] ↓ Not currently married [2] (SKIP TO Q.401 OR END INTERVIEW)

307. TICK APPROPRIATE BOX FROM Q.213

Not currently pregnant [1] ↓ Currently pregnant [2] (SKIP TO 321)

308. TICK APPROPRIATE BOX FROM CONTRACEPTIVE TABLE:

Heard of at least one method [1] ↓ Heard of no method [2] (SKIP TO 401)

309. Are you or your spouse now using or have you used during the past month any of these methods to avoid pregnancy or to prevent the birth of a baby? [ ] 34

YES [1] (SKIP TO 311)

NO [2] ↓

310. What is your main reason for not using a family planning method? [ ] 35

_____

_____

_____

SKIP TO 321 AND ASK 321-327 FOR ALL METHODS LISTED IN ACCESS TABLE ABOUT WHICH RESPONDENT HAS KNOWLEDGE

311. What is that method (CIRCLE METHOD)? [ ][ ] 36

01 PILL
02 CONDOM
(ASK 312)

03 IUD
04 FEMALE STER.
05 MALE STER.
06 ABORTION
(SKIP TO 316)

07 INJECTION
08 VAGINAL METHOD
09 ABSTINENCE
10 RHYTHM
11 WITHDRAWAL
12 OTHER_____ (Specify)

ASK 321-327 FOR ALL METHODS IN ACCESS TABLE RESPONDENT HAS KNOWLEDGE OF, IF CURRENTLY NOT USING THAT METHOD.

312. Have you any _____(method) in your house now?

YES [1] NO [2]

(SKIP TO 314)

38

313. Can you show them to me?

ABLE TO SHOW [1] UNABLE TO SHOW [2]

(SKIP TO 315)

39

314. Why do you not have any _____ _____(method)in your house now?

_____

_____

_____

40

315. Which brand of _____ are you now using?
(method)

SHOW DISPLAY AND IF NECESSARY PROBE: Is it one of these? FOR NORIDAY ASK TO SEE OUTER PACKAGE AS WELL AS PILL CARD

Pill Brand

[1] Noriday—PC&FP (Blue lady outer package or obtained Noriday pill card with no package)

Lot No. _____

[2] Noriday—MAYA (obtained pill card or from MAYA package)

Lot No. _____

[3] Ovral—PC&FP (Blue lady on card and package)

[4] Ovral—Commercial (No blue lady)

[5] Combination-5—PC&FP (Blue lady on card and package)

[6] Other (Anovlar, Minovlar, Lyndiol, Nordeth, Bisecurin, etc.)

[7] Brand not known

41

Condom Brand

[8] PC&FP (Tahiti coloured, contour plain, Rostex or other.....)
(Specify)

[9] RAJA (Raja name and king on strip of condom and box)

[10] Brand not Known.

N

316. Where do (did) you (or your spouse) get (supplies of) _____(method)?

- [1] FWA
- [2] FPA
- [3] CLINIC/HOSPITAL
- [4] PHARMACY
- [5] SHOP
- [6] MOBILE CAMP
- [7] DAI
- [8] OTHER FIELD WORKERS
- [9] OTHER SOURCES

[ ] 43

317. PLEASE TICK APPROPRIATE BOX

STERI-LIZATION [1]

A) How much money and other things were you (your husband) given when you (he) went there for the operation?

Taka [ ][ ] Paisa [ ][ ]

Other things_____

OTHER METHOD [2]

B. How much did it cost to get_____(method)? (RECORD PRICE OF PILLS PER CYCLE OR CONDOMS PER DOZEN)

TAKA [ ][ ] PAISA [ ][ ]

[ ][ ] 44 [ ][ ] 46

318. How do you (your spouse) get to _____? (Place)

- WALK [1]
- PRIVATE TRANSPORT [2]
- PUBLIC TRANSPORT [3]
- NOT APPLICABLE [4]

[ ] 48

319. How long does it take you (your spouse) to get _____(Place)?

Hours [ ][ ] Minutes [ ][ ]

[ ][ ] 49 [ ][ ] 51

320. Do you consider this place convenient or inconvenient?

- Convenient [1]
- Inconvenient [2]
- Don't know/not sure [3]
- Not Applicable [4]

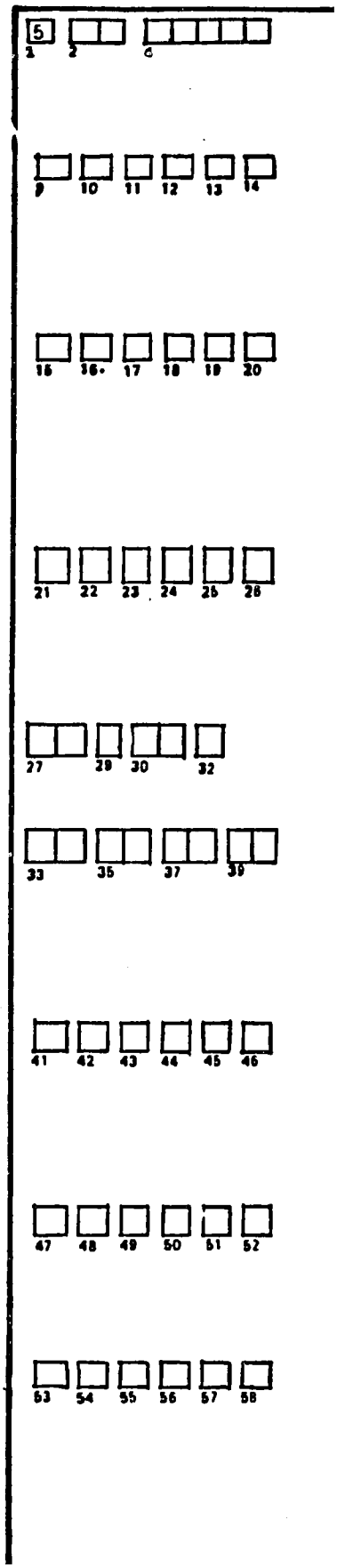
[ ] 53

ASK 321-327 FOR ALL OTHER METHODS IN TABLE ABOUT WHICH RESPONDENT HAS KNOWLEDGE

ACCESS TO TABLE

	01	02	03	04	05	06
Interviewer: Tick all methods heard of but not currently used.						
	Pill	Condom	IUD	Fem. Str.	Male Str.	Abortion
321. Do you know where you or your spouse can get (method)?	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
322. If you or your spouse wanted to use (method) were would you get supplies? 1 FWA 2 FPA 3 Clinic/Hospital 4 Pharmacy 5 Shop 6 Mobile Camp 7 Dai 8 Other field worker 9 Other sources	1 2 3 4 5 6 7 8 9 SKIP TO 324	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 ASK 323	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 Skip to 324
(FOR STERILIZATION ONLY) 323. How much money and other things would you be given if you went there for method?				Taka Other SKIP TO 325	Taka Other	
(FOR OTHER METHODS ONLY) 324. How much do (method) cost there? (WRITE COST) NO COST DON'T KNOW	Per Cycle 0 9	Per Dozen 0 9	00			0 9
325. How could you get to the (place) you mentioned? 1 Walk 2 Private transport 3 Public transport 4 Not Applicable	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
326. How long would it take you to get there? 1 Less than 15 min. 2 15-29 minutes 3 30-44 " 4 45-59 " 5 1 hour or more 6 Don't know/Not sure 7 Not applicable	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
327. Would you consider this place convenient or inconvenient? 1 Convenient 2 Inconvenient 3 Do not know/Not sure 4 Not applicable	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

INTERVIEWER: WHEN TABLE COMPLETED END INTERVIEW OR IF SUPPLEMENTARY VILLAGE PROCEED TO 401.



128

SECION IV. FIELD WORKER'S VISIT PATTERNS

401. What is the name of your Para? _____ [6] 1 [ ][ ] 2 [ ][ ][ ][ ] 4

402. What is the name of your Madbar in your Para (locality)? _____ [ ][ ] 9

403. In your area, there are female government workers called FWA's. These workers visit women in their homes to talk to them about Family Planning. Have you ever been visited by an FWA? [ ] 11

YES [1] NO [2] (SKIP TO 423) [ ] 12

404. How many times in the past year have you been visited by one of these Family Planning workers? [ ] 13

Once	1
Twice	2
Three times	3
Four times	4
Five or more times	5
Not visited in the past year	6
Don't know	7

405. When was the last time you were visited by a Family Planning worker? [ ] 14

During last week	1	More than one year ago	6
During past month	2	Never visited	7
2 or 3 months ago	3	Don't know or can't remember	9
4-6 months ago	4	(SKIP TO 423)	
7-12 months ago	5		

406. Did she explain to you why you should use contraceptives? [ ] 15

YES [1] NO [2]

407. Did she explain to you about how to use contraceptives? [ ] 16

YES [1] NO [2]

17

408. Did she ever leave you any supplies of contraceptives?

YES [1] NO [2] → 17

409. Do you get contraceptives from some other place? 18

Yes [1] (SKIP TO 422) NO [2] (SKIP TO 421)

410. What contraceptives did she last give you?

Pill [1] Condom [2] Other _____ [3] 19
(specify)

411. What quantity of _____ did she leave? 20
(method)

_____

412. Did you want the contraceptives that the Family Planning Worker gave you?

YES [1] NO [2] 21

413. Did you use method(s) you were given?

YES [1] NO [2] 22
(SKIP TO 423)

414. Are you still using the method that she gave you?

YES [1] NO [2] 23
(SKIP TO 423)

415. What quantity of the method do you use every month? 24

_____

416. Did you ever experience problems in using the method?

YES [1] NO [2] 25
(SKIP TO 420)

417. What kind of problems did you experience?

Medical side effects _____ [1]
(specify)

Discomfort [2]

Forget to use [3]

Difficult to use [4]

Other _____ [5]
(specify)

[ ] 25

418. Have you discussed these problems with anyone?

YES [1] NO [2]
(SKIP TO 420)

419. With whom did you discuss these problems?

Spouse [1]

Other relative [2]

Friends [3]

Family Planning Worker [4]

Medical personnel (doctor, nurse, et.) [5]

Other _____ [6]
(specify)

[ ] 26

420. Do you ever have problems obtaining supplies of _____?
(Method)

YES [1] NO [2]

[ ] 27

421. Would you like the Family Planning Worker to visit you less often, more often or about the same as now?

Less often [1]

More often [2]

About the same [3]

Don't know/no opinion [9]
(SKIP TO 423)

[ ] 28

422. Did you want to use the contraceptives available from the FWA?

YES [1] NO [2]

[ ] 29

423. Do you ever discuss family planning with other people?

YES [1] NO [2]
(SKIP TO 426)

424. With whom do you normally discuss Family Planning? Probe: Would you normally discuss Family Planning with anyone else?

CIRCLE 1 FOR EACH PERSON MENTIONED BY THE RESPONDENT IN COLUMN (1) OF THE GRID BELOW.

425.

FOR EACH PERSON NOT NAMED BY THE RESPONDENT IN ANSWER TO QUESTION 424, ASK:

Would you discuss Family Planning with_____?

CIRCLE IN COLUMN (2) OF THE GRID BELOW FOR EACH PERSON NOT CIRCLED IN COLUMN (1).

426.

FOR ANY PERSON FOR WHOM "1" IS CIRCLED IN COLUMN (1) OR (2) IN COLUMN (2) OF THE GRID BELOW, ASK:

Would you discuss Family Planning frequently or seldonly with_____?

CIRCLE 1 OR 2 IN COLUMN 3 OF THE GRID BELOW

PERSON	(1)	(2)	(3)
Husband	1 Yes	2 Yes 3 No	1 Freq. 2 Seldom
Father	1 Yes	2 Yes 3 No	1 freq. 2 Seldom
Mother	1 Yes	2 Yes 3 No	1 Freq. 2 Seldom
Mother in Law	1 Yes	2 Yes 3 No	1 Freq. 2 Seldom
Sister	1 Yes	2 Yes 3 No	1 Freq. 2 Seldom
Other Relative	1 Yes	2 Yes 3 No	1 Freq. 2 Seldom
FWA	1 Yes	2 Yes 3 No	1 Freq. 2 Seldom
DAI	1 Yes	2 Yes 3 No	1 Freq. 2 Seldom
Doctor	1 Yes	2 Yes 3 No	1 Freq. 2 Seldom
Friend/Neighbor	1 Yes	2 Yes 3 No	1 Freq. 2 Seldom
Female Council Member	1 Yes	2 Yes 3 No	1 Freq. 2 Seldom
Other_____ (Specify)	1 Yes	2 Yes 3 No	1 Freq. 2 Seldom

30 ☐ 31 ☐
32 ☐ 33 ☐
34 ☐ 35 ☐
36 ☐ 37 ☐
38 ☐ 39 ☐
40 ☐ 41 ☐
42 ☐ 43 ☐
44 ☐ 45 ☐
46 ☐ 47 ☐
48 ☐ 49 ☐
50 ☐ 51 ☐
52 ☐ 53 ☐

427. Have you any card in your house given to you by the Family Planning worker?

YES [1] NO [2] (END INTERVIEW)

54 ☐

428. Can you show it to me?
(INTERVIEWER:) CARD TYPE_____
DATE ISSUED_____
No. OF SUBSEQUENT VISITS_____
CONTRACEPTIVE HISTORY_____

55 ☐
56 ☐☐ 58 ☐☐
60 ☐☐
62 ☐ 63 ☐

132

APPENDIX III

SELECTED FINDINGS FROM:

BANGLADESH CONTRACEPTIVE PREVALENCE SURVEY, 1979

Total Sample Size (national sample of ever married women under 50 years of age)	15,481
Literacy rate (able to read)	22.2%
Percent currently married	92.6%
Percent currently widowed	5.1%

Knowledge of Family Planning Methods

Percent knowing at least one method of family planning (among methods considered)	94.8%

Percentage knowing specified methods:

Pill	93.1
Condom	57.3
IUD	31.8
F. Sterilization	84.5
M. Sterilization	71.1
Abortion (Induced)	21.7
Injection	40.9
Vaginal Methods	7.4
Rhythm	11.8
Withdrawal	2.3
Abstinence	6.6

Percent knowing at least one method in:

Urban area	95.7
Rural area	94.7

Percent knowing:

no method	5.2
1 - 4 methods	50.1
5 or more methods	44.7

Mean number of methods known: 4.3

Use of Family Planning Methods

Percentage ever used any method and any more effective (ME) method by age:

Age	Any method	Any ME method
less than 15	3.6	2.0
15 - 19	9.4	6.7
20 - 24	18.9	15.4
25 - 29	25.8	21.1
30 - 34	26.9	23.3
35 - 39	24.9	20.0
40 - 44	22.1	17.5
45 - 49	13.0	9.0
All	19.6	15.8

(The More Effective methods are: pill, condom, IUD, sterilization, abortion and injection.)

Percent ever used by selected characteristics:

Wife's education	Any method	Any ME method
None	15.5	12.1
Some primary	26.6	22.2
Completed primary	45.2	38.0
Higher levels	65.7	56.7
Residence		
Urban	32.8	29.2
Rural	18.2	14.3
Religion		
Moslem	18.0	15.0
Hindu	28.9	20.4
Others	12.0	9.3
Number of methods known		
None	0.0	0.0
1 - 4	9.9	8.2
5 or more	32.8	26.0

Percent ever used specified methods:

Pill	11.0
Condom	3.4
IUD	0.8
F. Sterilization	2.3
M. Sterilization	0.9
Abortion	0.1
Injection	0.5
Vaginal Methods	0.4
Rhythm	4.1
Withdrawal	0.6
Abstinence	1.5

Percent currently using any method by selected characteristics:

Characteristic	Ever Married	Currently Married	Currently married and non-pregnant	Currently married, non-pregnant and fecund
Age				
Less than 15	2.4	2.6	2.8	2.8
15 - 19	5.0	5.2	6.4	6.4
20 - 24	10.6	11.1	13.7	13.7
25 - 29	13.3	13.8	16.2	16.3
30 - 34	16.0	17.0	19.3	20.0
35 - 39	15.4	17.1	18.8	21.1
40 - 44	13.7	15.9	16.5	25.7
45 - 49	7.3	9.2	9.3	25.6
All	11.2	12.1	13.9	15.6
Residence				
Urban	19.2	20.6	23.2	26.1
Rural	10.3	11.1	12.8	14.5
Number of living children				
0	2.1	2.4	3.0	3.1
1 - 2	9.7	10.4	12.4	12.9
3 - 4	14.5	15.8	17.5	19.8
5 - 6	16.0	17.3	18.7	23.4
7 or more	13.2	14.0	14.6	20.3
Desire for next child by time				
As soon as possible	1.6	1.6	1.7	1.8
Later/uncertain time	6.3	6.5	8.0	8.0
Does not want any more	16.7	18.9	20.9	26.6

Marital Fertility Rates (ever married women)

General fertility rate	185/1000 EM women
Total fertility rate	6.190/woman

Percent not desiring additional children by number of living children:

Number of living children	
0	10.9
1 - 2	30.4
3 - 4	75.9
5 - 6	92.3
7 or more	96.1