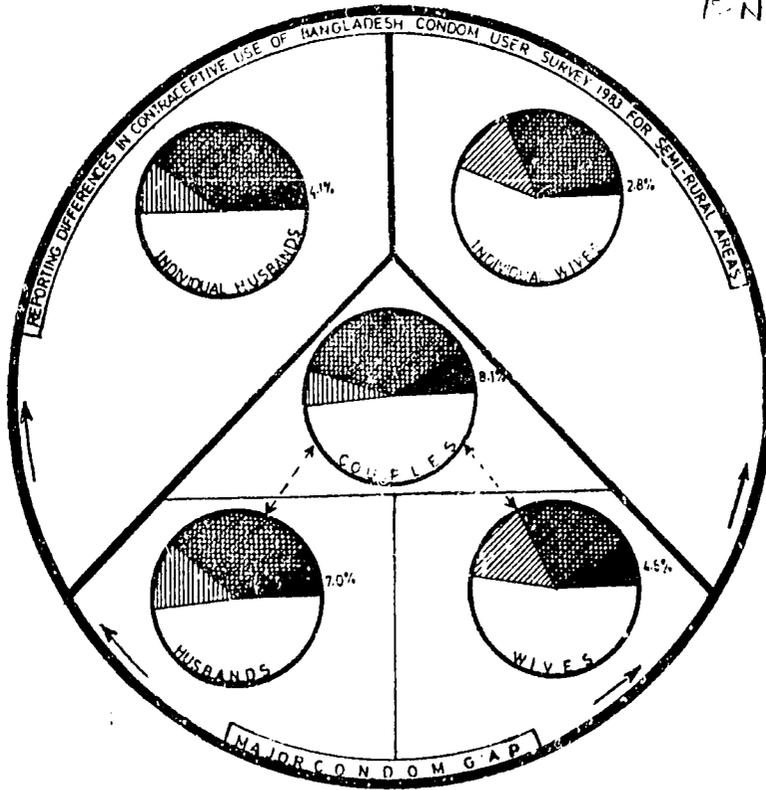
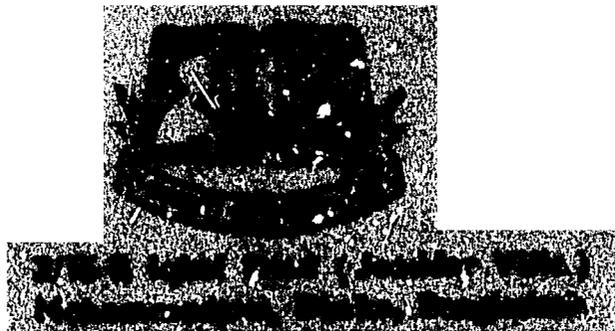


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BANGLADESH CONDOM USER SURVEY, 1983

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SOCIAL MARKETING PROJECT/POPULATION
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FUNDED BY THE USAID, BANGLADESH**

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EXECUTIVE SUMMARY OF THE BANGLADESH CONDOM USER SURVEY, 1983

This survey designed to collect information on five selected explanations of the Bangladesh "condom gap"—defined as that apparent discrepancy between high and increasing sales or distribution versus low reported use of condoms. The five explanations were: 1) that wives may underreport contraceptive use, especially of a male method like condoms, and hence the use figures that depend on women's reports may be too low; 2) that some couples may receive free condoms or may buy condoms but then fail to use them; 3) that the annual supplies needed by condom users are greater than the approximately 100 pieces assumed by the family planning social marketing program as the standard couple year of protection; (4) that some couples may use condoms so irregularly that they do not consider themselves to be "condom users" and hence do not report it's use; and 5) that significant number of condoms are used for non-contraceptive purposes (e. g. balloons).

The size of the condom gap has been variously estimated. But to give an example for 1981, the year in which a national Contraceptive Prevalence Survey (CPS) was conducted, the number of condoms sold was 50 million while the number distributed free was 43 million. In the same year, there were 90 million people living in Bangladesh and about 18 million married couples in the reproductive ages. If each couple purchasing their supplies from the Social Marketing Project (SMP) required on the average 96 condoms per year (eight per month) to provide a year's protection, this would imply 520,833 SMP condom users. Assuming a somewhat greater loss of the freely distributed government condoms, one can divide the 43 million distributed free by 150 per year. This implies 286,667 users of government condoms. If the two figures (520,833 + 286,667) are added, the total number of users in 1981 would be 807, 500. If this number is divided by the 18 million eligible couples, one gets a condom prevalence rate of 4.5%. However, the May 1981 CPS reported that only 1.6% of currently married women under age 50 were using condoms, roughly a third of the expected percentage. This means that about 1.6% divided by 4.5% of the 93 million condoms were accounted for in use (33 million), while the remainder (60 million) were "missing" in the sense that they were not reflected in reported use. Since 1981, the number of condoms sold or distributed have increased. When the final prevalence figures from the 1983 CPS are available, we will know whether the gap itself has increased.

There are other proposed explanations for the condom gap including the concern that condoms are smuggled to neighboring countries, that unmarried persons use significant numbers, and that there is overstocking throughout the distribution system. But the investigation of these was outside the scope of this survey.

In addition to collecting information on the five explanations of the condom gap, the survey also gathered data on problems encountered by condom users and information useful for marketing condoms.

Study Design and Sample

Previous research indicated that condom users in Bangladesh are younger, somewhat better educated, and more urban than general population of contraceptors.¹ Thus, if this

¹Of course, in Bangladesh, this still means that many of the condom users have very modest formal education and are not really part of the modern urban economy.

survey were to interview a sufficient number of past and current condom users, these segments of the population would have to be oversampled. There was no need for this survey to obtain a representative sample of the whole Bangladesh population, since this was the goal of the 1983 Contraceptive Prevalence Survey (CPS), which was obtaining information on the prevalence of all methods as well as on the socio-demographic characteristics of users.

The 1983 condom user survey interviewed relatively affluent urban respondents from Dhaka, Chittagong, Khulna and Rajshahi, as well as respondents from semi-rural areas in each of the four main divisions of the country. For the urban sample, affluent *mahal'as* (census tracts) were selected in each of the four metropolitan areas with sample sizes for each of the four in proportion to their size. Within the selected mahallas, households were screened to find eligible couples. If an eligible couple was home, both partners were interviewed. Otherwise one eligible partner, typically the wife, was interviewed. Individual were usually interviewed in later visits.

Rural sample were chosen by selecting the *subdivision*² in each of the four districts of the country that ranked highest in SMP condom sales and government condom distribution. Next, the *thana*³ with the highest government condom distribution (within the selected *subdivision*) was selected. Interviewing took place in union where the headquarters of the *thana* was located, more specifically, in the villages surrounding the *thana* headquarters. The same screening and selection procedures were used as in the urban areas. The final sample could be considered a quota sample.

Within the affluent urban and semi-rural areas, roughly equal numbers of husbands (with wife interviewed), wives (with husband interviewed), individual males (wife not interviewed) and individual females (husband not interviewed) were recruited into the sample. Over 5,000 married persons, with the wife between 18 and 37 years of age, were successfully interviewed: 2,747 in affluent urban areas and 2,527 in semi-rural areas. Condom users living in urban slums and remote rural areas had no chance of being interviewed. But previous research indicated that users are less numerous in these areas.

Data collection took place in mid-1983 with respondents interviewed by interviewers of their own sex. In interviewing couples, husbands and wives were interviewed simultaneously but in separate rooms.

Socio-Demographic Characteristics of Respondents

As expected, respondents from the two residential areas, affluent urban and semi-rural, had very different socio-demographic characteristics. But within residential areas, respondents were quite homogeneous. For example, wives in semi-rural areas whose husbands were interviewed had similar characteristics to wives whose husbands were not interviewed. The only exception was that rural *couples* who were interviewed had slightly more formal education than rural *individuals* interviewed. The basic similarity in the characteristics of respondent types within urban and rural areas means that any differences we find in reporting are likely to be due to the respondent's gender and whether his or her spouse was interviewed.

²With the reorganization of administrative structures this stage does not exist any more. Most of these have been upgraded into districts in 1984.

³The upgraded name of thana is upazila (sub-district) done under the administrative reorganization program of the present government.

FINDINGS ON CONDOM GAP

1. Extent of Underreporting by Wives

There is clear evidence that women in semi-rural areas substantially underreport condom use. Only 2.8% of individual females⁴ in the semi-rural areas reported that they and their husbands currently used condoms. This figure contrasts with 4.1% reported by individual males⁴; 4.5% by wives; and 7% by their husbands. If we consider only the couples in the semi-rural samples and count the couple as using condoms if one or both of the partners report current use of condoms, the prevalence rises to 8.1%. Similarly, for urban affluent couples the rate increases to 34 percent, from around 30 percent reported individually by couples which showed no apparent significant difference between the respondents of any group in urban affluent areas. This is a substantial increase over the original estimates.

The individual females are analogous to past CPS respondents (married women whose spouses were not interviewed). If we assume that husbands are not overreporting, the 2.8% prevalence rate reported by these women may be a third of the true rate. (Given the thickness of the interview schedule and the abundance of questions on condom use, it would be the bold man to assert that he was a user when he was not.) Underreporting appears to be a significant explanation of the condom gap in semi-rural areas.

For none of the other major methods (except the safe period, which shows a remarkably similar pattern to condoms) do we see this extent of underreporting by these semi-rural wives. They only slightly underreport pills and tubectomy. Underreporting by affluent urban women was less but was present for condoms, foam, and safe period. For methods such as vasectomy, injections, abstinence, and "other" methods, there were too few current users to get reliable estimates of underreporting. Overall, there was no simple pattern of husbands reporting more use of male methods and wives reporting more female methods.

For all methods together, for both residence areas, husbands reported more current contraceptive use than wives; and individual males reported more than individual females. Couples reported more than spouses whose partners were not interviewed, possibly because they were more inclined to be forthcoming if they knew their spouses were being asked the same questions in the next room. The most dramatic underreporting was by semi-rural wives for condoms (and the safe period).

Had we also interviewed condom users in slum areas and remote rural areas, we might have found even more underreporting than among semi-rural respondents. So, our estimate of underreporting for users outside affluent urban areas may be on the conservative side. But an overall estimate of underreporting would have to take into account the fact that affluent urban wives underreport only slightly (Figures 2 — 5).

2. Non-Use of Condoms Received or Purchased

Respondents who reported that they had never used condoms were asked whether family planning workers had ever given them free condoms or whether they had purchased

⁴In order to avoid confusion in respondent types they were referred to as individual females and males rather than individual wives and husbands,

condoms but never used them. In the affluent urban samples, five to six percent reported getting free condoms some time in the past, compared with 2-4% percent in the semi-rural areas (Appendix Table II, Main Report). Another 2-3% of urban and semi-rural never users could not remember receiving any. Even if these were added in with those who definitely remembered getting free supplies but not using them, the total would be under 10% of never users with fewer in the rural areas.

The percentages of never users purchasing condoms were about the same as those getting supplies free. For the few who could remember the numbers purchased, they rarely exceeded a dozen. As expected, the free condoms were usually the Tahiti (government) brand while purchased ones were Rajas.

It is also possible that some ever users of condoms may have neglected to use supplies received or purchased. But we did not collect comparable information from users. All we can say is that for the never users, we found little evidence that non use of condoms received free or purchased plays an important part in explaining the "condom gap".

3. Annual Supply Requirements for Condom Users

Getting reliable estimates of annual supply needs for condom users is not easy. Regular users were asked how many condoms they typically used in a week.

For regular ever-users of condoms, estimated annual requirements were obtained by residence and respondent type (wife with husband interviewed, individual husband and so on). Estimates ranged from 129 to 146 condoms needed annually for current regular users in affluent urban areas with fewer, 104 to 118, for semi-rural respondents. Men's estimates were generally higher than women's. Eliminating irregular users, the overall urban average was 140 (averaging the reports given by all urban current condom users, males and females). The comparable figure was 114 for the semi-rural areas. This averaged to 127 condoms needed per couple year in Bangladesh.

One may argue that by multiplying the weekly stated average use by 52 weeks, we have over-estimated the condom use since we have not considered the period of menstruation, sickness and possible "coital holidays". We would like to argue here that by considering constant under-reporters in these estimates those factors have been crossed out. Due to condom use the couple would have shorter period of abstinence during menstruation since "condoms help couples to stay clean" (some respondents stated this as an advantage of condom use). Furthermore, in providing a response on weekly average use of condoms per couple the respondents did not give a precise figure in that respect - rather they provided an approximate weekly estimate, which might have reflected their immediate past (few week's) experiences. In such a situation it is likely that those factors of sickness, menstrual cycle and coital holidays were considered by the respondents themselves while reporting.

The relatively high estimates for the affluent urban sample are probably higher than we would have found if we had sampled persons from remote rural areas or urban slums. Sexual frequency is probably higher for the affluent urban sample.

Condom users, being relatively young, may have higher sexual frequency than the general Bangladesh population. So there may be some justification for assuming higher supply needs than would be suggested by previous surveys.

In spite of the continued uncertainties about annual needs, we did establish that urban users report higher needs than rural users, that men give higher estimates than women,

and that regular users need more than irregular users. Although this survey suggests that the conventional figure of 100 may be too low, the definite answer is not yet in, though we have estimated that to be 127 (as reported before).

4. Regularity of Use of Condoms and Switching Between Methods

One explanation for underreporting is that many couples may use condoms irregularly, and hence do not consider themselves to be condom users. This is really a possible explanation for underreporting rather than an explanation of the condom gap in itself. But to test this, we need to know how many of those reporting no use of condoms were really using irregularly. During the course of the survey, in only a few instances did respondent initially say they were non-users and then it transpired that they were really irregular users.

There is no question that not all users use condoms regularly. About three-fifths (61-64%) of all urban current condom users reported that they used condoms every time while another 17-29% said they used them most of the time. Very irregular use was reported by 4-6%. More irregular use was reported by rural male respondents.

The most common reasons for using condoms irregularly were that the couple relied on the safe period, that the wife used another method, that the couple did not need to use a method, or that one of the partners disliked the method. Respondents mentioned the safe period in connection with condom use with surprising frequency although precise awareness of the fertile period was limited. A promising approach might be to promote condom use along with the safe period while providing simple fertility awareness information so that couples would know when to either abstain or be sure to use condoms.

On switching between methods, for those who ever used a method, over two-thirds of the urban respondents and 30-49% of the rural respondents had switched between methods. One-half to two-thirds of all ever users had begun their "contraceptive careers" with pills while condoms were the most common second method switched to. Third methods were more evenly spread out among the range of methods (including withdrawal, safe period, foam, IUDs, and sterilizations) with pills and condoms still important. Rural respondents were much more likely than urban respondents to adopt sterilization as their first method.

5. Non-Contraceptive Uses of Condoms

In Bangladesh, the mere mention of condoms usually elicits a joke about balloons. The difficulty lies in quantifying the extent of non-contraceptive use of condoms. All respondents were asked about whether they were aware of non-contraceptive uses of condoms. Two-thirds responded affirmatively. The only exceptions were urban wives who were much less aware of such uses.

Balloons were the most frequently reported non-contraceptive use mentioned by a half to two-thirds of respondents. The use of condoms in making toys was a poor second with up to a third mentioning this use. A few urban men mentioned that some young people used condoms illegally, presumably for contraceptive purposes. Surprisingly few other uses of condoms were mentioned.

To get a rough indication of the frequency of misuse, respondents were asked about instances of misuse observed in the previous month. In the urban samples, 6-8% of the women and 21-25% of the men reported seeing misuses that recently. This compared

with 24-30% in the rural samples. Since the interviews were highly clustered, a whole village could have seen a single balloon or many balloons. Unfortunately, a more precise figure on misuse cannot be obtained from this kind of survey.

We did establish that the varieties of misuse known to respondents are very limited (mainly balloons and in making toys) and that misuses are observed less in urban areas and still less by urban women. SMP salesmen and a previous point-of-purchase study support the view that misuse is on a fairly small scale. When the inevitable jokes are made about condoms as balloons, the implication is that virtually nobody uses them as contraceptives. This is clearly inaccurate.

Conclusion

Based on these survey findings, how do the five explanations of the "condom gap" rank in importance? Underreporting by wives, especially in semi-rural areas, appears to be the most significant. The explanation that many people use condoms irregularly and do not report such use is probably a partial explanation of the underreporting. It does not stand by itself.

The second most plausible explanation is that annual supply requirements are over 100, especially for the regular users and for the urban affluent users. The non-contraceptive uses (e. g. balloons) come next, while there seems to be little reason to worry about non-use of supplies received free or purchased.

No single explanation is adequate to explain the whole gap and this survey explored only five selected explanations. This survey is obviously not the last word on the subject.

OTHER FINDINGS

Problems of Condoms Use

A surprisingly high percentage of ever-users of condoms mentioned having problems with the method. In the urban samples, as many as 40% mentioned having one or more problems with 25-29% of the rural samples. Urban women were less likely to mention problems than urban men.

When asked about the nature of the problem, 48-80% of those having problems spontaneously mentioned condoms' breaking. The only exception was rural wives who mentioned this less often. Much less frequently respondents mentioned problems like lack of sexual satisfaction, uncomfortable sensations or odors, or dislike by the spouse. (Interestingly, nobody mentioned that disposing of condoms was a problem. This topic is often brought up by condom critics). Breaking condoms was clearly the major problem reported.

Ever users of condoms were also asked directly about whether they had a problem with breakage. Using this approach, 31-44% said "yes", with more reports by men than women. For those who had this happen, it typically occurred two to four times.

When asked whether the breakage led to pregnancy, 25-44% said "yes" with more women mentioning this than men. Overall, this amounts to about 17-31% of ever-users reporting conception while using condoms. This figure typically applied to two or three years of condom use.

Overall, user couples might expect one or two condoms (out of a hundred or more) to break with some risk of pregnancy. To put it another way the chances that it would occur to a couple was one in 127 condoms (estimated average annual supply requirement per couple); a very negligible failure rate. These analyses led us to conclude that condom is a very effective method of contraception. In this regard population reports (September-October 1982) noted similar conclusions.

Condoms can be highly effective method of contraception if they are used correctly at every coitus. Experienced and strongly motivated older couples have had pregnancy rates as low as one or two per 100 couple-years of condom use. More commonly, couples using condoms experience a pregnancy rate of about 10 to 20 percent in the first 12 months of use. Many couples do not use condoms for long, but start with condoms, because they are easy to obtain and then often shift to other methods for long term use.

However, we have found a slightly different result than the observations made in the last sentence above in that in Bangladesh majority or highest number of contraceptive users start with pills but then switch to other methods and from second method after 1st switch it is the condom which maintains its lead among users of a temporary modern method of contraception.

Marketing Information

Regarding brands of condoms, over three-quarters of the ever-users said they used Raja (SMP) condoms. Respondents were asked to indicate the brand by pointing to samples in a display box carried by the interviewers so that there would be no confusion about brands. The government brand, Tahiti, was used by 16-18% of urban and 21-34% of rural users. But 10-18% of urban users also reported using Panther condoms, a brand introduced by SMP in early 1983, and a rather high (16-28) percentage said they had used other brands. This use of other brands was some what surprising since one might have thought that other brands would not be easy to obtain in Bangladesh. In fact, more urban users reported using foreign brands than reported using Tahiti, the government brand. This may indicate a desire for novelty that could be built upon by introducing new brands. Rural respondents seldom mentioned brands other than Raja or Tahiti.

More than three-quarters of urban users and two-thirds of rural users said they usually purchased their supplies. About a quarter of rural users and fewer urban users typically got supplies free. A somewhat higher percentage had ever received free supplies from the government. Rather small percentages (urban, 12-16%; rural, 8-19%) used both free and purchased condoms.

Many more current than past users had supplies on hand at the time of the interview. Over three-quarters (76-78%) of current urban users and 47-55% of current rural users had stocks of condoms. Although a fair percentages (15-35%) could not remember how many condoms they had on hand. Those who could remember usually reported having one to six pieces (in 40-50% of cases) while the rest reported having more.

When current users were asked why they purchased condoms rather than getting them free, urban men emphasized that they did not have time to get free ones and that purchasing was easier. Furthermore, some did not know where to get free ones or felt shy in getting them. Some questioned whether free ones were even available in their locality. Urban women gave similar responses except that they were less concerned about the time required to get condoms (which is logical because women rarely obtain supplies themselves in Bangladesh) and were more likely to say they did not know where to get free ones.

In rural areas, men were concerned about the time involved in getting free ones and some did not think that free ones were available. Rural women said that it was easier to purchase them, less embarrassing, and they did not know where to get free ones.

In practice, husbands obtained most of the supplies. Family and health workers were mentioned as sources of condoms by a third of rural respondents.

When asked why they preferred condoms over other modern temporary methods, users emphasized convenience, safety, and lack of side effects. Almost no one mentioned that they used condoms because of their low cost, for prevention of sexually transmitted diseases, or on doctor's advice. Safety seems to be particularly a salient dimension in Bangladesh. This poses a marketing difficulty, however. If advertising campaigns dwell too much on the lack of side effects for a method such as condoms this might have the effect of discrediting other methods, such as pills, IUDs or sterilizations.

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FIGURE - 1: MAP SHOWING SAMPLE SPOTS OF URBAN AFFLUENT & SEMI-RURAL AREAS OF BANGLADESH CONDOM USER SURVEY - 1983.

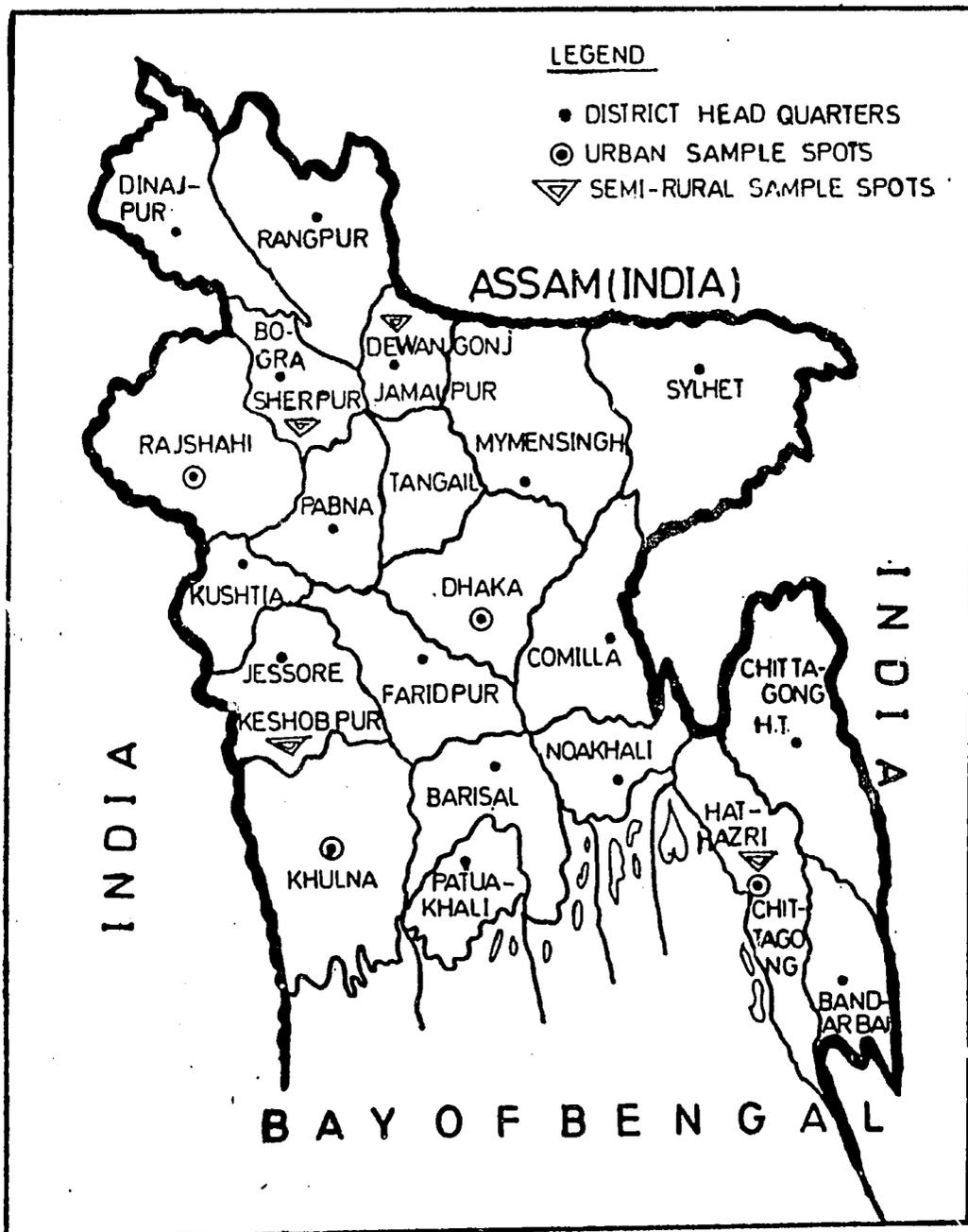


FIGURE-2: CURRENT CONTRACEPTIVE USE RATES BY METHODS AS REPORTED BY DIFFERENT GROUPS OF RESPONDENTS OF BANGLADESH CONDOM USER SURVEY, 1983 FOR SEMI-RURAL AREAS.

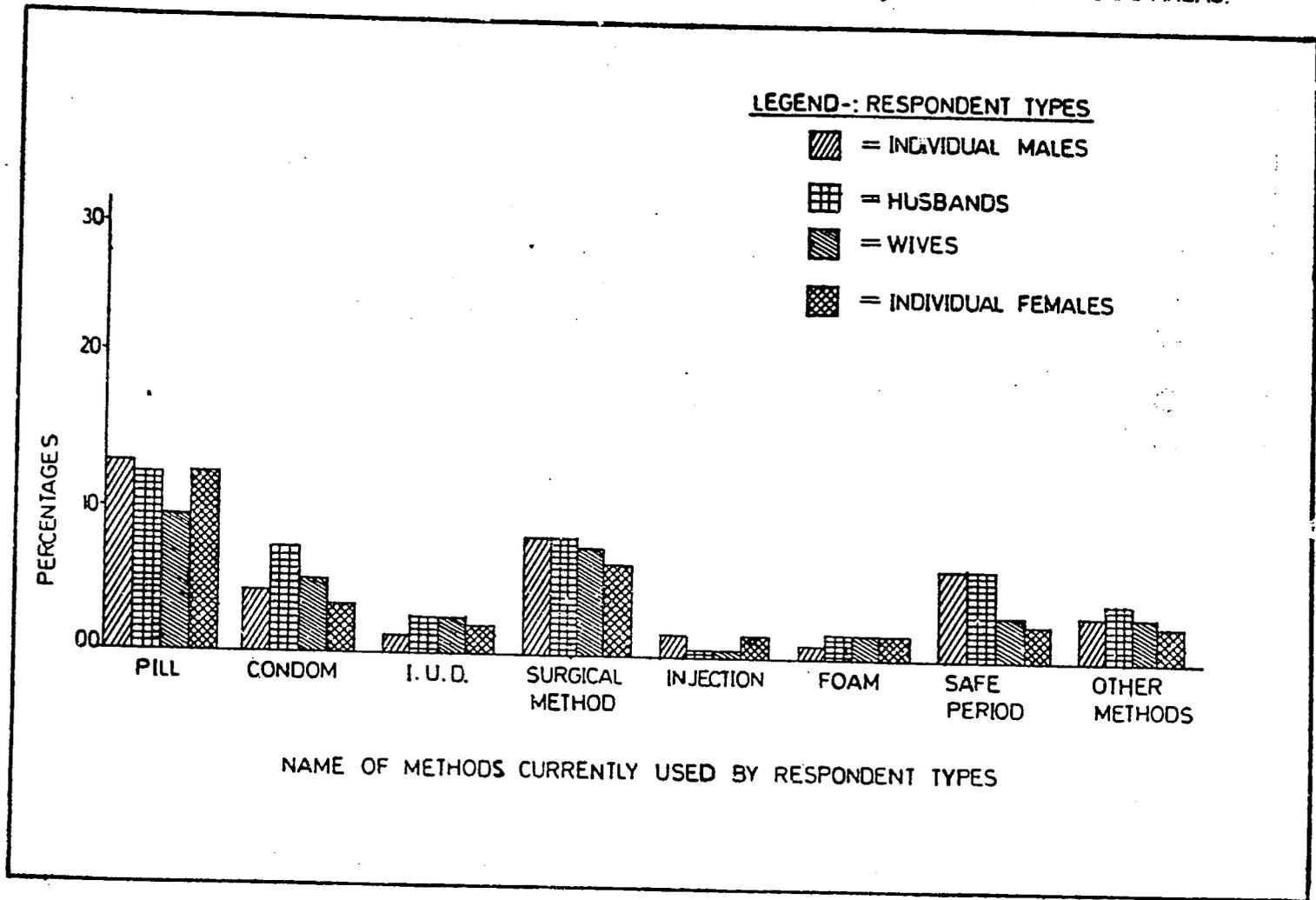


FIGURE-3: CURRENT CONTRACEPTIVE USE RATES BY METHODS AS REPORTED BY DIFFERENT GROUPS OF RESPONDENTS OF BANGLADESH CONDOM USER SURVEY, 1983 FOR URBAN AFFLUENT AREAS.

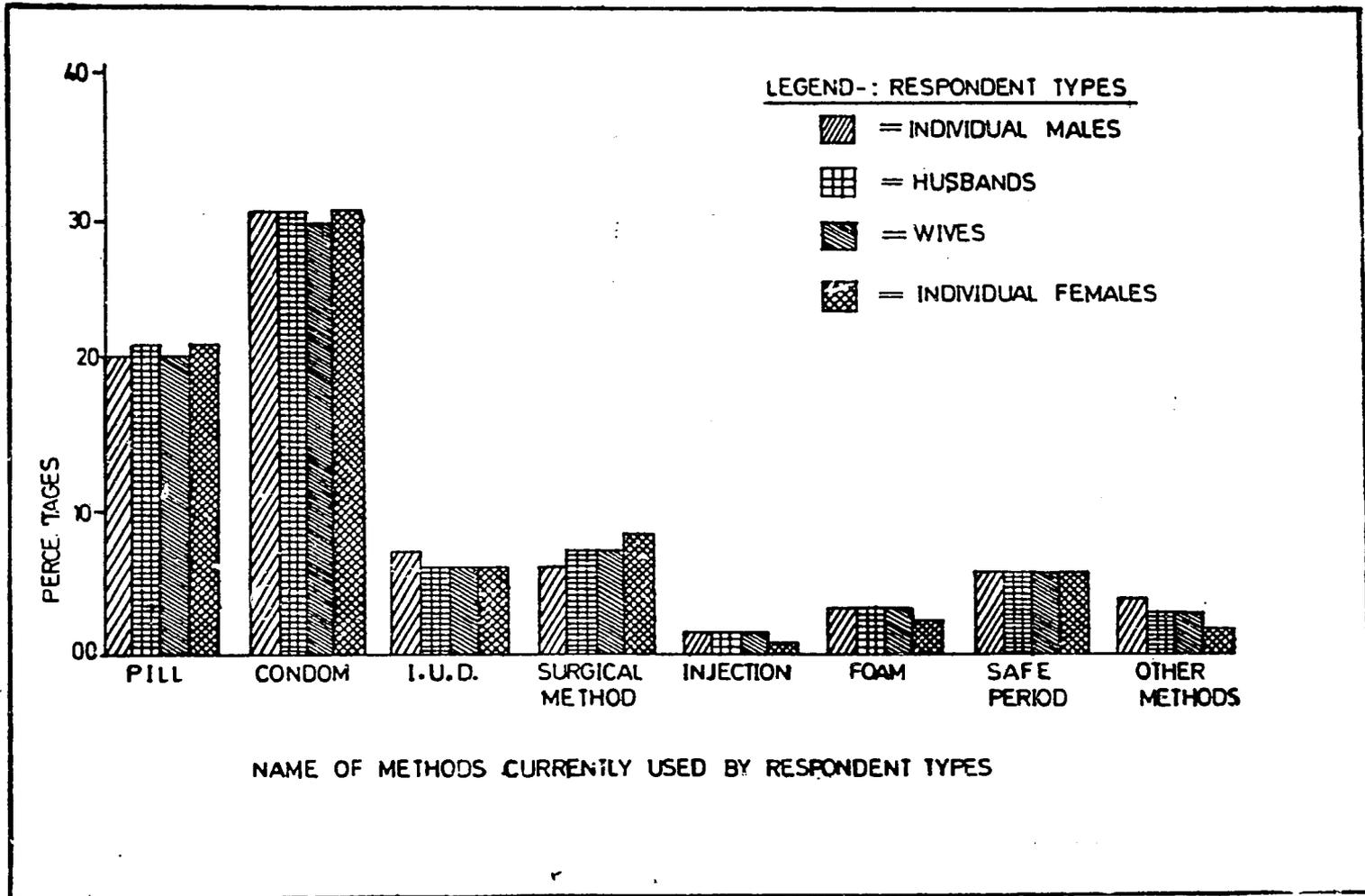


FIGURE -3a: OVERALL REPORTING DIFFERENCE IN CONTRACEPTIVE USE STATUS BY FOUR GROUPS OF RESPONDENTS OF BANGLADESH CONDOM USER SURVEY, 1983 BY RESIDENCE.

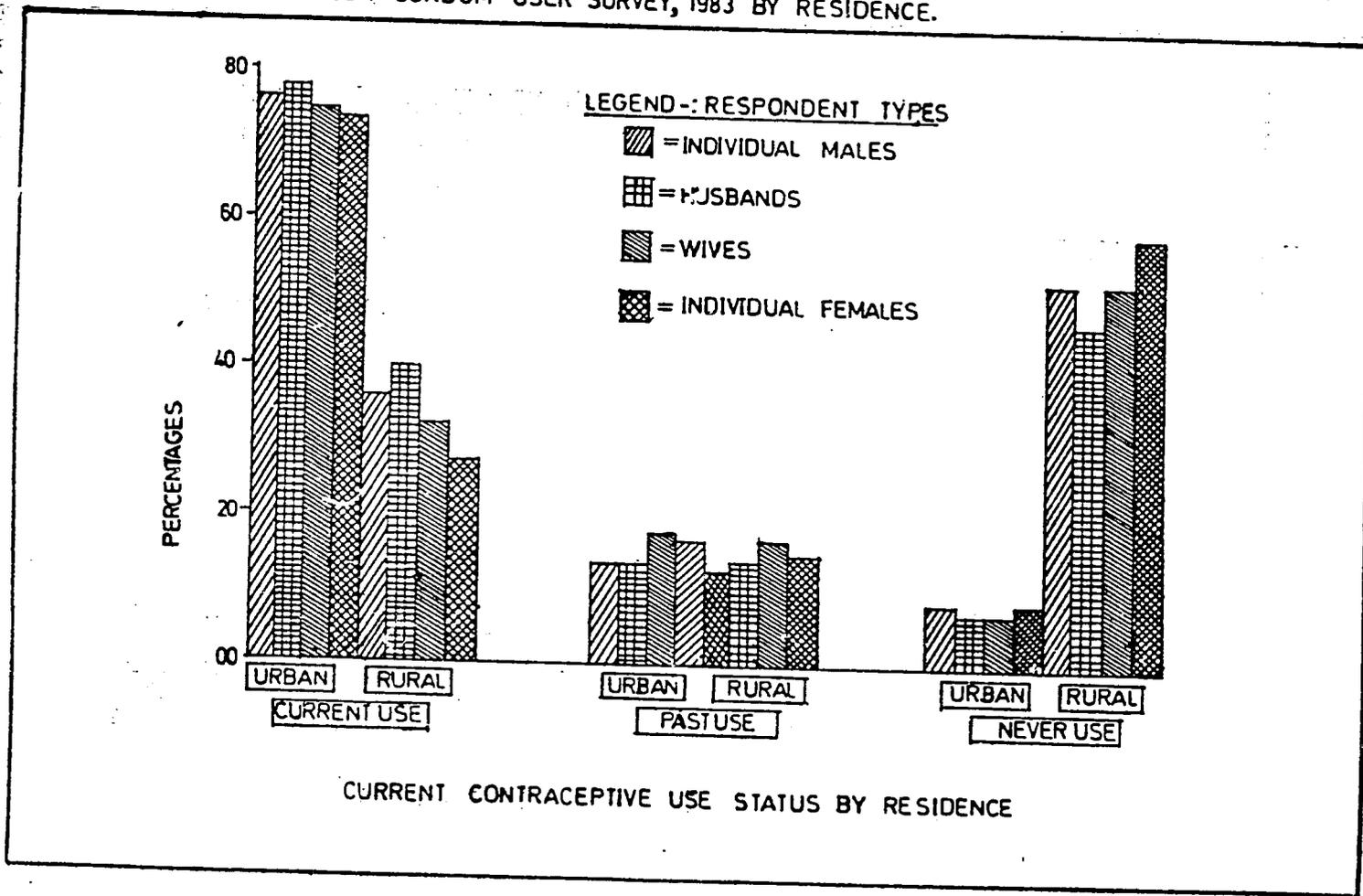


FIGURE-4: REPORTING DIFFERENCE IN CONTRACEPTIVE USE RATES OF BANGLADESH CONDOM USER SURVEY, 1983 FOR SEMI-RURAL AREAS.

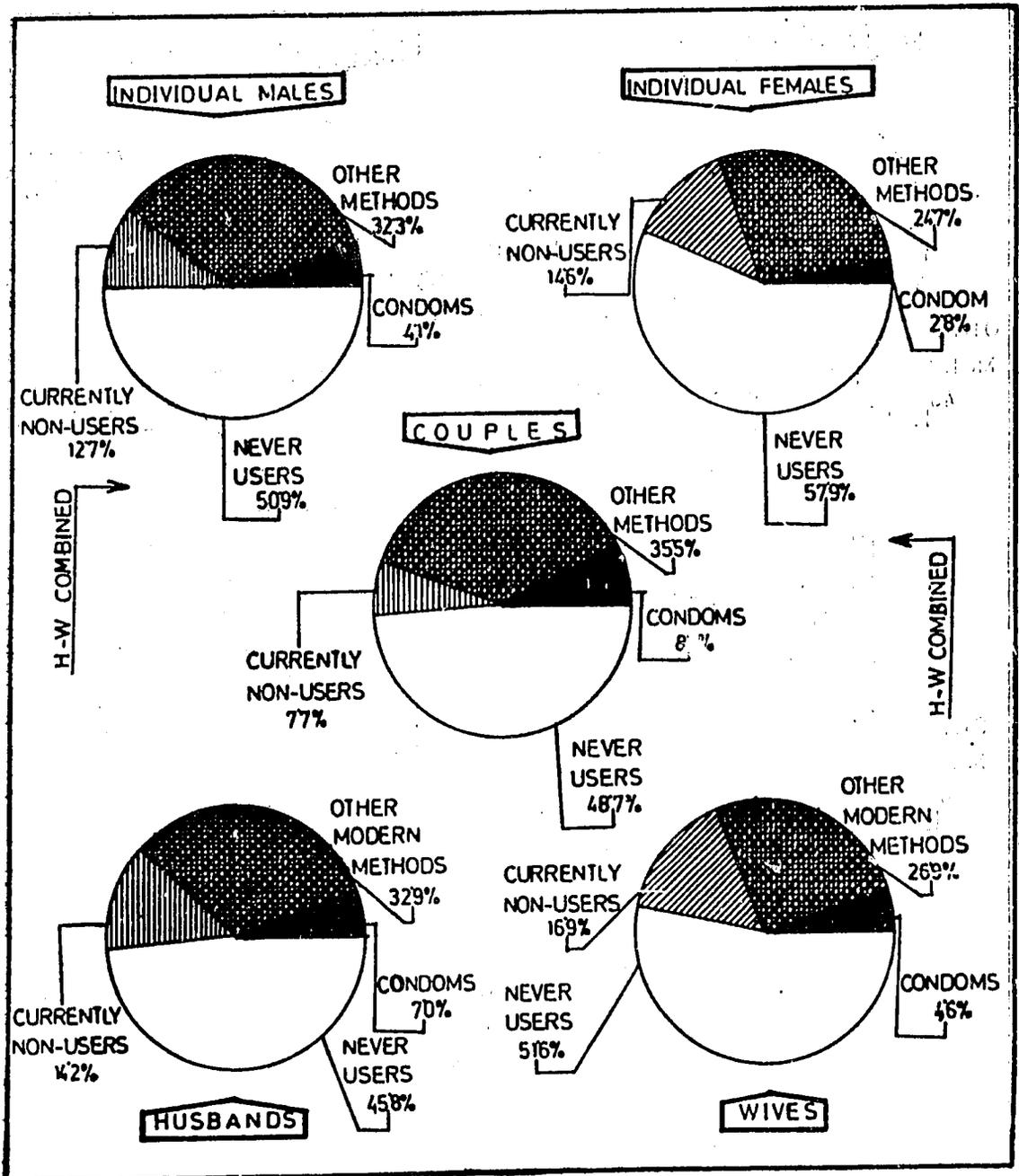


FIGURE 5: REPORTING DIFFERENCES IN CONTRACEPTIVE USE RATES OF BANGLADESH CONDOM USER SURVEY 1983, FOR URBAN AFFLUENT AREAS.

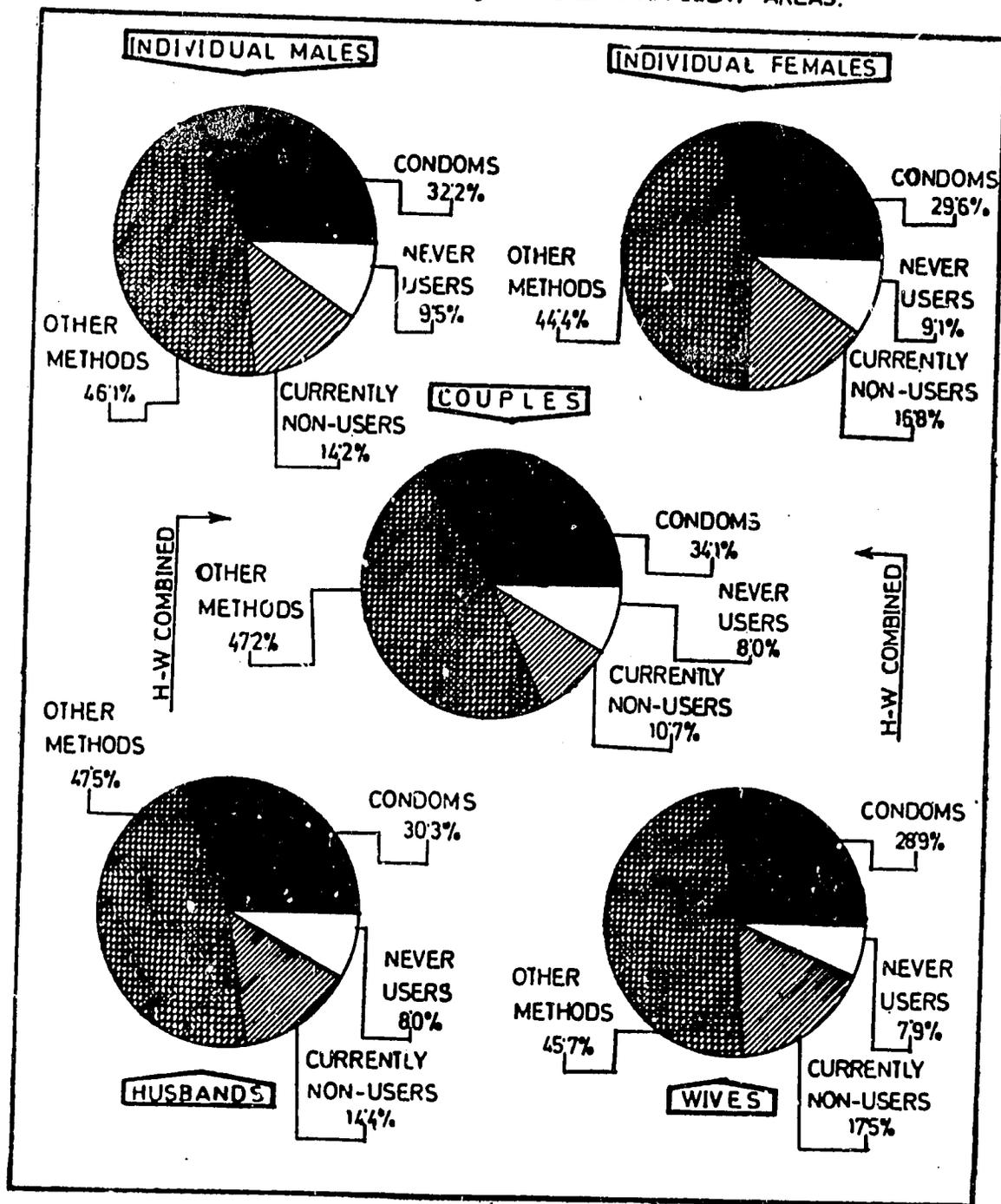


FIGURE -6 : FOUR ESTIMATES OF ANNUAL CONDOM REQUIREMENT PER COUPLE BY MEN AND WOMEN AND RESIDENT TYPES OF THE CONDOM USERS SURVEY, 1983 FOR PAST (IRREGULAR) AND CURRENT (REGULAR) USERS.

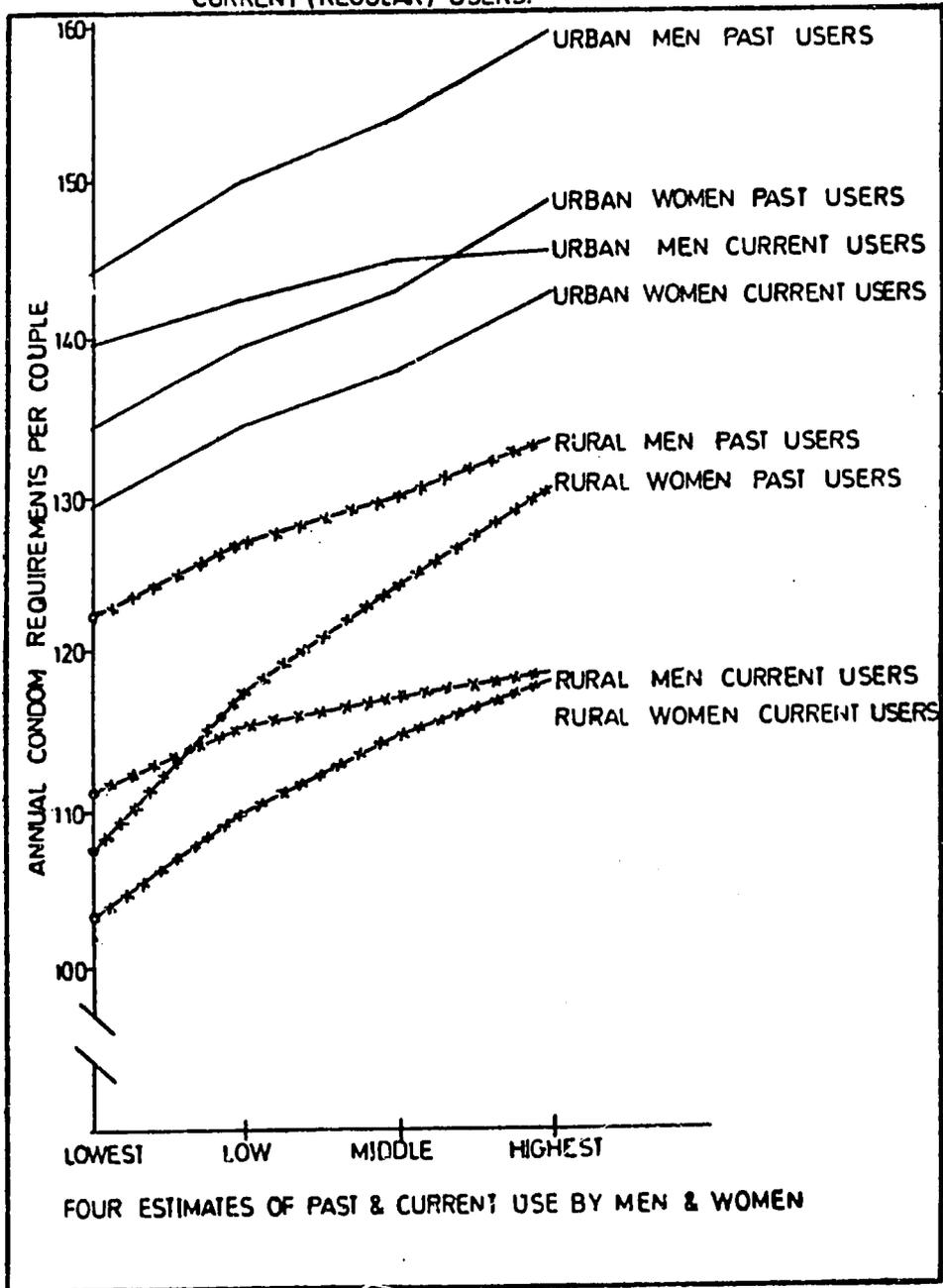
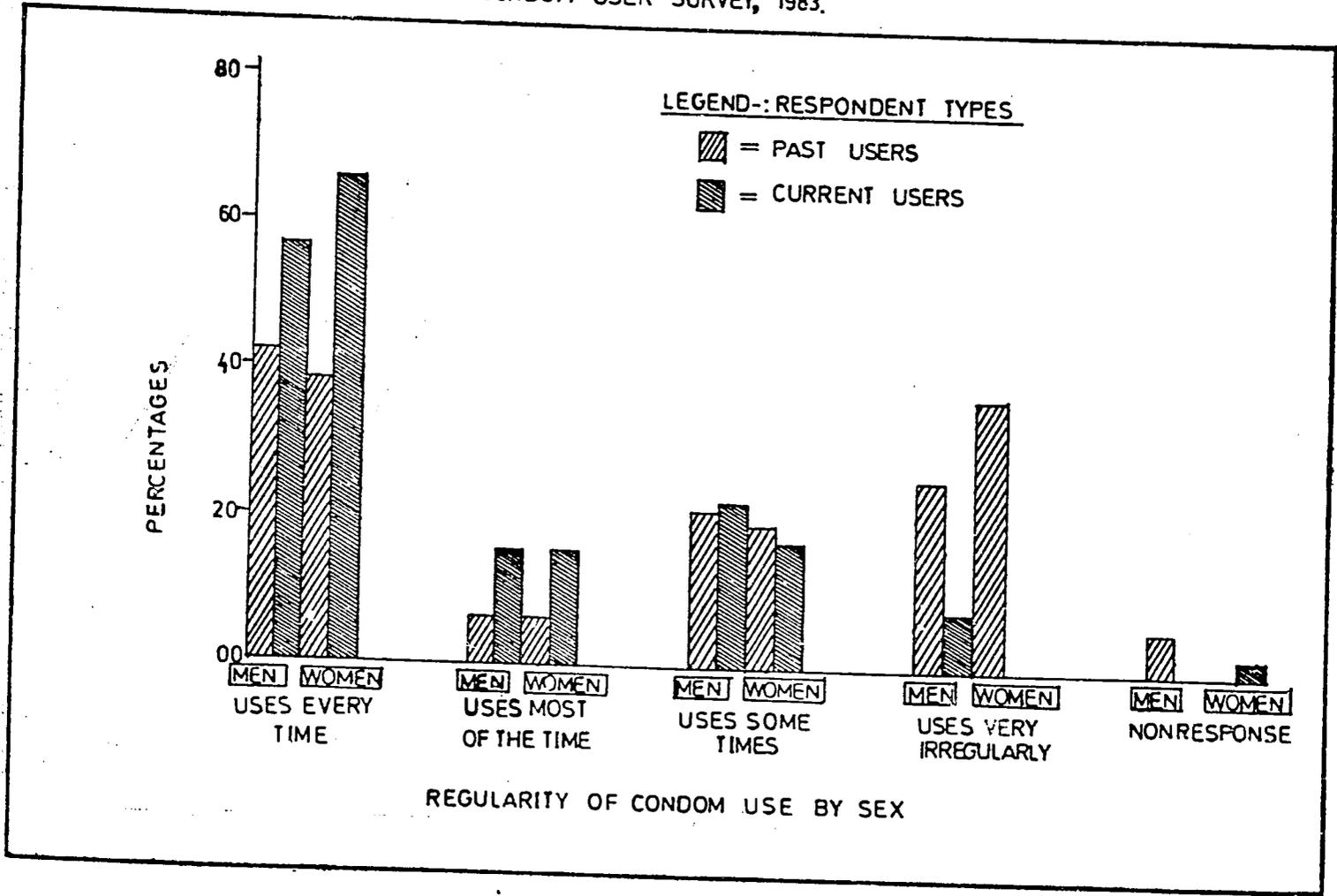


FIGURE-7: REGULARITY OF CONDOM USE BY TYPE OF USERS FOR SEMI - RURAL RESPONDENTS OF BANGLADESH CONDOM USER SURVEY, 1983.



BANGLADESH CONDOM USER STUDY, 1983

CHAPTER—I

Introduction

There is general agreement that Bangladesh has one of the worst population problems in the world. Over the past several decades the government, private organizations, and external funding agencies have all been trying to encourage married couples to use various forms of contraception. Contraceptive prevalence has gradually increased, although it is still fairly low (currently estimated to be 24 percent but as per 1981 CPS it was 19 percent).

The condom is one of the many contraceptive methods currently in use in Bangladesh. Many research findings are available on all methods but very few are available on condoms.

There is a dearth of literature on condom use throughout the world. Population reports (1982) on "Update on Condoms" states, "In the past, condoms were often ignored by the medical community and frowned on by society because they were linked in people's minds with prostitution and venereal disease. Today condoms are receiving new attention from health personnel and family planning programs". The reasons cited for this revived interest are :

1. Recognition in family planning to offer a simple, effective, and reversible method of male contraception,
2. Side-effects of other methods,
3. Avoid sexually transmitted diseases and out-of-wedlock pregnancy,
4. Successful commercial marketing of a wide range of high quality condoms in many countries, particularly Japan and Sweden,
5. Innovative social marketing projects that have increased both awareness of condoms and use in a number of developing countries.

Hence, research on condoms are of particular interest to us because while the figures of free condom distribution and sales are high and increasing, the reported use in national surveys remains quite low. The large discrepancy between sales/distribution and reported use has been termed here as the "condom gap."

In 1981, the year of the most recently published national prevalence survey* only 1.6% of eligible women (married women under age 50) reported that they and their husbands were currently using condoms. In the same year, roughly 93 million condoms were sold or distributed. Using 1981 census figures to estimate the number of eligible couples and assuming that couples using condoms need approximately 96 a year, the prevalence of condom use should be about 4.5% rather than the reported 1.6%. The gap has probably widened as condom distribution has continued to increase since 1981.

In Bangladesh, the two major sources of condoms are the Social Marketing Project (SMP) which sells condoms at a subsidized price and the Government which distributes condoms free through its national family planning programs. There are also non-government organizations (NGOs) which distribute condoms but on a fairly small scale.

*Another Contraceptive Prevalence Survey (CPS) was fielded in late 1983.

The following table, prepared by a consultant to the Bangladesh Social Marketing Project (Williamson, 1982) lists the explanations which have been put forth for the condom gap. The list in the table subjectively ranks the explanations (1=very likely; 2=some what likely; 3=rather; and 4=very unlikely) for both the SMP and the Government condoms which account for most of the condom distribution in the country.

Table 1 : Possible Explanations of Condom Gap with Ranks of Likelihood of Occurance.

Possible Explanations	SMP Condoms	Government Condoms
1. Significant numbers of condoms are being used for non-contraceptive purposes (balloons, melted down for rubber, food and spice containers, parts of toys, etc.).	3	3
2. Significant numbers of condoms are being used outside marriage. This use would not appear in official prevalence figures which refer only to condom use in marriage.	2	2
3. Significant numbers of condoms are being smuggled to neighboring countries (India & Burma).	3 (Supplies must be bought)	2 (Supplies are free)
4. Women survey respondents underreported condom use in the CPS (compared to if husbands has been interviewed).	1	1
5. Condoms are being over stocked at retail level (Note : condoms are considered to be "sold" if they are purchased by retailers—not by consumers) for the SMP or at the field worker level by the government program.	3	1
6. Surveys have not been recent enough to capture recent increases in condom use. The biggest condom sales have been since the last CPS (May 1981). Furthermore, there is some delay between retail sale and actual use (a "pipeline" effect). If these factors prevail, next CPS should show greater condom use.	2	Not (applicable)
7. Some people accept condoms from government workers but do not use them (i. e. the courtesy bias).	Not (applicable)	1
8. Government distribution figures above the fieldworker level are inflated.	Not (applicable)	2
9. SMP sales figures are not completely accurate.	4	Not (applicable)
10. Condom users need more condoms per year than has been calculated by the SMP (96) or the Government (150).	2	2
11. Condoms are being used irregularly and hence are not being reported as "currently used".	1	1

Source : Williamson Nancy. Evaluation Needs of the Bangladesh Social Marketing Project. Dhaka, December, 4, 1982 (Mimeograph Report).

The purpose of this study was to obtain information on as many of the condom explanations as feasible in a population survey and without duplication of ongoing planned research. Several of the explanations refer to the distribution system. A previous study (Noor, USAID, 1982) explored explanations No. 5 and No. 8 and found evidence of overstocking at the field workers' level. Explanation No. 6 will be examined by the 1983 CPS. Explanation No. 2 was considered by researchers to be too sensitive to study through a large survey. Explanation No. 3 will be monitored through periodic border surveys (in India and in Burma). Explanation No. 9 was not thought to be very plausible one. This left explanation Nos. 1,4,7,10 and 11 as ones which might be profitably explored.

OBJECTIVES

Primary objectives

1. To measure the extent of differential reporting of contraceptive use by husbands and wives for each method – for both ever use and current use, (Explanation 4 – Chapter III).
2. To find out whether respondents received or purchased condoms but did not use them. (Explanation 7 – Chapter IV).
3. To see whether couples using condoms require more supplies per year than has been assumed by the SMP (96) or the Government (150). (Explanation 10 – Chapter V).
4. To discover how many couples use condoms irregularly and hence do not report that they are “current users”. (Explanation 11 – Chapter VI).
5. To obtain estimates of condom use for non-contraceptive purposes (i. e. balloons or melted down for rubber).

Secondary Objectives

1. To determine whether condom users encounter problems in using the method such as rupturing or some unknown problems (Chapter VIII).
2. To obtain information on marketing of condoms (Chapter IX).

Review of literature

Pertinent to one of the major objectives of the study, underreporting by wives, Green et al. (1968) reported that in general wives under-report knowledge and use more than their husbands. Additionally both males and females were noted to under-report their use of contraceptives more than they under-report their knowledge. In terms of proportion of under-reporting the study concluded that among couples who were known, with varying degrees of certainty, to have used contraceptives, 13 to 22 percent of husbands and 25 to 35 percent of the wives denied ever using any contraceptive. The Green et al. study dealt with general contraceptive use and not specifically condom use which is the focus of this present survey, nevertheless it provides very useful background for this study.

In spite of increased interest and use of condoms as a modern contraceptive method, there is real scarcity of research papers on this particular method. Mention of condoms as a method is found in most family planning surveys but very few are available specifically on this particular method. We have found three papers particularly on this method, and one of which had been referred under introduction and more discussion will follow of this particular literature on “Update on condom”. The second one is, “An Evaluation of Male Contraceptive Acceptance in Rural Ghana” (Nicholas, et al. 1978) and the third, is a consumer study done in Bangladesh on behalf of the Social Marketing Project (Mimeograph Report, February 1982). We will briefly discuss these here.

The "Update on Condoms" estimated (in 1982 that a total of 40 million couples throughout the world depend on condoms and about one-half of those belonged to Japan and China. Condoms is considered a highly effective contraceptive method if used correctly during every coitus. The pregnancy rates, as calculated for highly motivated and experienced older couples, are one to two per 100 couple-years of condom use. However, for casual users the pregnancy rates have been estimated to be 10 to 20 percent in the first 12 months of use. It further reported that many couples did not use condoms over extended periods, but started with condoms because they were easy to obtain and often shifted to other methods for long-terms use.

The Ghana study (Lampthey et al. 1978) reports that one-half of their respondents accepted condoms while the other half foam. The continuation rate was observed to be 69 percent at 12 months and use-effectiveness rate was 80 percent during the same period. Men acceptors reported higher rates than women acceptors indicating under-reporting of continuation and use-effective rates of condoms. The accidental pregnancy rate of condoms and foam combined was estimated to be 9 per 100 couple years of use.

A study on consumers of Raja condoms was conducted by P & M Consultants Ltd. (Feb. 1982) on behalf of Social Marketing Project, Dhaka. The objectives of this study were: 1) to determine the primary use of condoms, 2) to examine the socio-economic profile of the condom buyers and 3) to discover any trend in retail sales. The primary units were ten district towns, ten sub-divisional towns and ten thana headquarters. A total of 120 retailers were selected randomly - 5 from each selected district and subdivision and 2 from each thana. The retailers were classified into two groups-pharmacy and non-pharmacy. Through the retail outlets 600 buyers of condoms were selected for interview. The buyers were interviewed after they had completed their transactions.

The study found that the respondents were aware that condoms were for family planning. About 98 percent of the respondents were buying condoms for birth control. A very small proportion (2.35%) stated that they bought condoms to prevent sexually transmitted diseases or as a plaything. Regarding the socio-economic status of the condom buyers, most of them were literate, had small families and came from a wide range of social and economic levels. The study also found that nearly one-half of the buyers were young and the average duration of their marriage was 1 to 5 years. At increasing durations of marriage there were fewer condom buyers. The estimated yearly requirement of condoms was observed to be 142 which is significantly higher than the usual estimate of 96 condoms per year by SMP.

According to retailers statements, most of the buyers preferred packets containing three condoms. Very few consumers (1.7%) preferred to purchase condoms one at a time. The literature reviewed above dealt specifically with condom as a method.

Some other studies in the country provide use rates of condoms. The over-all contraceptive use rates have been increasing over the years in Bangladesh. In 1975 the rate was nearly eight percent. This increased to nearly 13 percent in 1979 and to 19 percent in 1981. This means that in four years from 1975 to 1979, contraceptive use rate increased by about six percent. During the subsequent two years, between 1979 to 1981, an increase of another six percent in contraceptive use had been recorded. This clearly shows a more rapid increase of contraceptive use during the recent past. But we need to wait for the results of 1983 contraceptive prevalence survey (CPS) to see whether the pace of increased use has been maintained during the following two years.

When we analyze changes in contraceptive use by method, we find that there is a drastic increase of tubectomy (among modern methods) and safe period (among traditional

methods) between 1975 to 1981. Among the modern conventional methods, the increase rate of oral pill use was quite slow between 1975 to 1979 (from 1.7 to 3.6 percent) and is slightly declined by one-tenth of a percent between 1979 to 1981. However, the rate of condom use doubled between 1975 to 1979 (from 0.7 to 1.5 percent) and then rose by only a tenth of a percentage during the next two year period (Table 2). The above findings from different time periods indicate that most increases in contraceptive use rates between 1975 to 1981 were due to tubectomy and safe periods. Apparently, the condom has accounted for little increase in contraceptive use rates during the period under review.

Table 2 : Percentage of Currently Married Women Under 50 Years of Age Using Contraception by Method, Bangladesh 1975 to 1981.

Name of Method	BFS	CPS	Year
	1975	1979	1981
Oral Pills	2.7	3.6	3.5
Condoms	0.7	1.5	1.6
IUD	0.5	0.2	0.4
Tubectomy	0.3	2.4	4.0
Vasectomy	0.5	0.9	0.8
Injection	-	0.2	0.4
Vaginal Method	a	0.1	0.3
Abstinence	1.1	0.8	1.2
Safe Period	1.0	2.2	3.9
Withdrawal	0.6	0.2	3.9
Other	0.3	0.6	0.7
Total Use Rate	7.7	12.7	18.6

Source : Bangladesh Contraceptive Prevalence Survey, 1981 (Tables). Table No 5.2 page 85 (Mimeograph). MIS Unit, PC & FP Division, Ministry of Health and Population Control, Dhaka, December 1981.

All national studies referred to above (BFS, CPS 1979 and 1981) collected data from female respondents only. Therefore, we cannot say for sure whether these rates were correct or were over or under-reported. We might hypothesize that condom use was under-reported in these surveys since it is a male method and females may under-report its use. The present study was designed to find out whether or not females in Bangladesh were under-reporting contraceptive use in general a condom use in particular.

DEFINITION OF TERMS USED IN THIS STUDY

Respondents : Those husbands & wives who were interviewed are referred to as "respondents". They were classified into four groups : (1) Husbands whose wives were not interviewed, called "individual males" (2) Wives whose husbands were not interviewed, termed as "individual females" (3) Husbands and (4) Wives. The couple sample were interviewed simultaneously without the partners given the opportunity to interact either during or prior to interview.

Affluent urban sample : The four divisional headquarters (Dhaka, Chittagong, Khulna and Rajshahi) were represented in the urban sample. Within each city, only the more affluent census tracts (Mohallas) were sampled. These mohallas were identified

from personal knowledge. Within the selected mohallas, screening, selection of eligible respondents, and interviewing were done. The urban sample represents only the affluent population in those Statistical Metropolitan Areas (SMAs).

Semi-Rural Sample : From each of the four divisions one sub-division was selected on the basis of the highest annual condom sales/distribution for 1972, according to SMP and Government sources. Within each sub-division the thana with the highest government condom distribution was selected. Finally, the thana headquarters' union was selected for interviewing eligible couples. The semi-rural sample areas were the villages surrounding the headquarters of the thana. They were not remote or isolated villages.

Eligible couples : In order to find the maximum number of condom users, screening of couples was carried out. To be selected into the sample, the wife had to be between the ages of 20-35 years and living with the husband during most days of the month. A two years' plus-minus of this range was allowed since the screening was done by asking any adult member of the family and if after selection, at the time of interview, it was revealed that the wife's age was lower or higher by two years than the given range, the interviewers were instructed to continue with the interviewing process. Otherwise they discontinued the interviewing. Therefore, eligible couples fell between 18-37 years of age for the female partner.

Men Women & Respondents :

In the report these two terms were used to mean the combined "husbands" and "individual males" as men; and "wives" and "individual females" as "Women" respondents, respectively.

Topics Considered in This Study

1. Three groups of respondents - Couples, Only Husbands and Only Wives and Their Past and Current Contraceptive Use Status (Chapter III)

It was hypothesized that wives may under-report condom use. Therefore, husbands were to be interviewed in this study. Later on it was thought that the husband might also misreport contraceptive use and hence, couples would also be interviewed so as to find the reporting differences between these groups. Each of the three groups of respondents were asked questions on ever and current use status of contraception.

In individual males group, only husbands were interviewed; similarly, for individual females, only wives were interviewed. Though three different types of respondents were interviewed, they belonged to the same communities.

2. If respondents received or purchased condoms but did not use them (Chapter IV)

Condoms are distributed free of cost by Government of Bangladesh family planning workers. These workers are under pressure to meet their targets for recruiting contraceptive users. Therefore, they might possibly distribute condoms to couples who may not use them. In this way, some condoms might be wasted or unused.

The price of condoms is very low in Bangladesh, therefore, some husbands may buy condoms but not use them. In this country wives are not likely to buy condoms from local supply sources because of social norms and traditions.

3. Supply and Use pattern of condoms (Chapter V and VI)

- 1) Supply sources of condoms as identified by ever users of the method.
- 2) Weekly/monthly use pattern of condoms.
- 3) Amount of condoms purchased/received free.
- 4) Regularity in use of condoms and under different circumstances respondents take chances.
- 5) Reasons and frequency of taking chances in contraceptive use.
- 6) Switching between methods and the reasons for such changes,

4. Problems relating to condom use (asked of ever users of condoms : Chapter VIII)

- 1) If respondent faced any problem while using condoms.
- 2) Types of problems experienced.
- 3) Whether condoms ever ruptured during use.
- 4) No. of times the same was ruptured.
- 5) Outcome of such rupture.

5. Non-Contraceptive uses of condoms (asked of all respondents : Chapter VII)

- 1) Knowledge about non-contraceptive uses of condoms.
- 2) Types of non-contraceptive use of condoms.
- 3) Whether respondent has seen such use during the last one month.
- 4) Whether respondents received free condoms from family planning workers.

6. Socio-demographic variables (appendix)

- 1) Age of the respondent and spouse.
- 2) Duration of conjugal life of the couple.
- 3) Education of respondent.
- 4) Occupation of the respondent and spouse.
- 5) Religious affiliation of the respondents.
- 6) Monthly average family expenditure. (It was presumed that respondents would hesitate to report their actual incomes. Therefore, it was decided to collect the monthly family expenditure rather than income, to get a better picture of the economic status of the family).
- 7) Number of living children by sex.
- 8) Desire for additional children by sex.

7. Marketing information on condoms (Chapter IX)

- 1) Knowledge of never users of condoms about places where the method could be obtained/bought.
- 2) For ever user of condoms, whether the method was received free of cost or purchased.
- 3) If respondents bought, why he or she did not get them from Government (free) sources.
- 4) Reasons for choosing condoms among modern family planning methods.
- 5) Brand name of condoms bought or obtained free.
- 6) Time elapsed since condoms were bought or obtained free and their quantity and price, if bought.
- 7) Time elapsed since condoms were bought or obtained free before last time and their quantity and price, if bought.
- 8) Whether any condoms were left from the last purchase and their quantity.
- 9) Usual time interval of procurement/collection of condoms.
- 10) How many condoms are usually bought/obtained free at a time.
- 11) Sources of first information about condoms.

CHAPTER--II

METHODOLOGY

Introduction

With less than two percent of eligible women in Bangladesh reporting use of condoms as a method of contraception, it was not easy to come up with an appropriate design to study condom use. One would need to visit a very large number of households to find a sufficient number of condom users in order to make generalizations about their characteristics. This situation made the study a most difficult one from methodological point of view. Before a final decision could be made on choosing a method, two pilot studies were conducted to test the proposed approach of investigation.

Two previous studies (CPS 1981 and the point-of-purchase study of the SMP Conducted by P & M Consultants, 1982) suggested that condom users tended to be relatively young. The 1981 CPS also found that condom users were more likely to live in urban areas, compared with users of most other methods, and tended to be better educated than users of other modern contraceptive methods. (See Table-3). Thus, if this new study was to obtain sufficient number of condom users, it would need to over sample younger, more educated (or more affluent) couples in more urbanized areas of the country. This would mean that the less numerous condom users in remote rural and in urban slum or poorer areas would not be included in the study because the cost of including these users would be prohibitive.

In order to test the hypothesis further that condom users are relatively urban affluent and young, a pilot survey was conducted in three different Mahallas (Census tracts) of Dhaka city, representing high, middle and low income areas with a very small sample. The findings of that survey clearly supported the hypothesis in that, the current use of condoms in high income area was found to be the highest (21 percent); followed by middle income area (16 percent). In the slum area no current condom users were found, though the current contraceptive use rate was found to be around 10 percent in that area. These trends between areas could not be taken as representative since the sample size was too small.

As has been indicated elsewhere in somewhat greater detail, the original plan was to interview only individual male and female respondents but considering that by interviewing couples simultaneously, the reporting differences might provide a better indication than taking the two groups originally proposed.

After a modified research design was developed, a second pilot survey to test the design as conducted in an urban affluent area and in a nearby thana headquarters unions. On the basis of these pilot surveys, the study design was finalised.

SAMPLING DESIGN AND SAMPLE SIZE

Urban Affluent Areas

One of our objectives was to interview as many ever users of condom as possible. Previous research and the pilot surveys indicated that condom use was more common in urban areas. Thus, the four Statistical Metropolitan Areas (SMAs) of the country were selected as the urban sample areas in this study. From each selected urban area, affluent

Table 3 : Socio-Demographic Characteristics of Contraceptive Users (among married women up to age 49) : 1981 CPS.

Sub-Group	Oral Pills	Condoms	I. U. D.	Tubec- tomy	Vasec- tomy	Injec- tions	Vaginal Methods	Absti- nence	Safe period	With- drawal	Other	Total
I. Age												
20	12.3	19.0	0.0	1.6	3.9	0.0	23.5	3.8	13.2	18.2	4.2	9.7
20-34	68.2	66.0	52.2	63.9	33.3	65.4	52.9	50.0	61.1	67.0	53.2	61.6
35-49	19.5	14.0	47.8	34.5	62.8	34.6	23.6	46.2	25.9	14.8	42.6	28.7
N	100.0 220	100.0 98	100.0 23	100.0 252	100.0 51	100.0 26	100.0 17	100.0 78	100.0 247	100.0 115	100.0 47	100.0 1174
II. Educational Level												
Never												
Attended School	42.0	35.7	59.1	69.3	72.6	55.6	16.7	73.1	57.6	34.8	66.0	54.5
Less than Primary level	22.2	23.5	22.7	15.5	17.6	29.6	33.3	19.2	17.5	25.2	17.0	19.9
Completed Primary level	10.0	13.3	4.5	8.4	5.9	7.4	16.7	2.6	10.6	13.0	10.6	9.6
Higher	25.3	27.5	13.7	6.8	3.9	7.4	33.3	5.1	13.5	26.0	6.4	15.7
Not stated	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.9	0.0	0.3
N	100.0 221	100.0 98	100.0 22	100.0 251	100.0 51	100.0 27	100.0 18	100.0 78	100.0 245	100.0 115	100.0 47	100.0 1175
III. Residence												
Urban	48.6	52.6	47.0	36.7	7.5	57.7	50.0	25.3	25.9	26.2	23.2	36.7
Rural	51.4	47.4	53.0	63.3	92.5	42.3	50.0	74.7	74.1	73.8	76.8	63.3
N	100.0 335	100.0 156	100.0 34	100.0 338	100.0 53	100.0 45	100.0 28	100.0 95	100.0 301	100.0 141	100.0 56	100.0 1582

Part I & II based on weighted and part III unweighted sample.
Source : CPS 1981-Tables-Adopted.

localities were identified by consulting people having knowledge of such areas. The listed mahallas were more than the required number and hence, the selection was done by applying a random sampling procedure after listing all such areas.

In the study proposal, 2,400 urban respondents were to be interviewed from 1,800 eligible households. In selecting the sample, it was decided that the number of respondents per SMA would be on a probability proportion to size (PPS) basis (based on the preliminary Census Report of 1981). It was assumed that a total of 4,000 households would need to be screened in order to find the desired sample size. When the actual screening was done, 30 percent more screening was needed than we had expected.

No. of urban Households Screened, Attempted and Successfully Interviewed

We had estimated that nearly a 100 percent more sample households would need to be screened for both urban and rural areas. In actual field situation, an additional thirty percent more households were needed to be screened in urban areas while in rural areas six percent less than the expected number of households were screened. The number of eligible couples found and successfully interviewed are shown in Tables 4a & b for urban and Tables 5a & b for rural areas.

Table 4a : Number of Urban Households Screened, Eligible Couple Households Found and Eligible Couple Households Successfully Interviewed.

Name of Urban Area	No. of Mohallas selected	No. of Households Screened	No. of Eligible H/Hs. Found	Percent of Eligible H/Hs.	No. of Eligible H/Hs, Successfully Interviewed	Percent of Successful Interview
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Dhaka ¹	6	3243	1,737	53.6	1,217	70.1
Chittagong ²	3	1089	554	50.9	466	84.1
Khulna ³	2	557	327	58.7	248	75.8
Rajshahi ⁴	1	328	197	60.1	122	61.9
Total	12	5217	2,815	54.0	2,053	72.9

The percentage of eligible couple households in the urban areas ranged between 51 to 60 percent averaging to 54 percent (Col. 5, Table-4a). In the most highly urbanized areas, there were relatively fewer eligible couple households. In highly urban areas young couples tend to live separately from their parents compared to less urbanized areas. Thus, the interviewers had to screen proportionately more households in the two highly urbanized SMAs of Dhaka and Chittagong.

¹Dhaka urban Mahallas are : Dhanmondi R/A, Eskaton, Lalbagh, Malibagh, Pallabi of Mirpur and Wari

²Areas are : Jamal Khan Road, Nalapara and Nasirabad

³Hazi Mohsin Road & surrounding areas, Maulvi para and Tut para.

⁴Greater Road & nearby areas.

The percentage of eligible couple households successfully interviewed was the highest in Chittagong (84 percent) and the lowest (62 percent) in Rajshahi with proportion of (successful interviews in Dhaka (70 percent) and Khulna (76 percent) in-between. Responses to interviewing differed among people of those areas. Some people were very cooperative while a few were extremely hostile. Many affluent people also provided their suggestions to conduct survey among poorer section of the population while others advised our interviewers to go to rural areas. It is interesting to note that such respondents felt that they should not be the subject matter of any survey. Our interviewers reported that affluent respondents were the most difficult to interview. They had many questions about the survey and needed more time for the interview to be scheduled. Many respondents, especially the males, wanted to be excused because of time constraints.

Most differences between the number of eligible couples and the number of successful interviews were due to non-availability of either or both partners when the interviewers visited the households rather than to refusals.

The numbers of respondents interviewed by their type and by areas are presented in Table 4b. For each urban area, almost same number of respondents were interviewed in each category (husbands, wives ; individual males ; and individual females).

In order to find the required number of couples and husbands, interviewers worked at odd hours, either early mornings ; evenings or weekends to fill the target number of interviews. In many cases more than one visit was necessary to successfully interview the respondents.

Interviewers continued interviewing in the selected cluster until they completed the required number of interviews of couples, individual females and individual males.

Table 4b : Number of Respondents Interviewed by Type for Urban Areas.

Name of Urban Areas	No. of Successful Interviews by respondent Type			
	Couples Sample		Individual Sample	
	Husband	Wife	Male	Female
Dhaka	400	400	396	421
Chittagong	151	151	150	165
Khulna	83	83	85	80
Rajshahi	40	40	42	40
Total	674	674	673	706

In interviewing the "couples" special care was taken so that neither partner could know the subject matter of interview before they were actually exposed to interview situation nor could they communicate during the interviewing process. Male interviewers usually interviewed the husbands in their living (drawing) rooms while female interviewers interviewed the wives simultaneously in the bed room or elsewhere within the household. Occasionally, one of the partners wanted to check with other partner but they were not

¹Both couples represented one single eligible couple household in the preceding table (No. 4a).

Selection of Semi-Rural Sample Areas

Selection of the semi-rural sample was a bit more complex. For each of the four divisions of the country sub-divisions (no longer exist after administrative reorganization) outside the major urban areas were ranked both by SMP condom sales and government distribution figures for 1982. The sub-division with lowest sum or highest condom sales/distribution was selected, one from each geographic division. The thana (now known as Upazilla) with the highest condom distribution was then selected from each selected sub-division on the basis of government condom distribution figures from the Management Information Systems (MIS). Within that thana, the union was selected that served as the thana headquarters. Within the union, interviews were conducted in the neighboring villages until the required sample size was obtained.

No. of Rural Households Screened and Successfully Interviewed

Unlike urban areas, less number of households were needed to be screened than targeted for rural areas. The proportion of eligible couple household was almost similar in all rural areas, which ranged between 61.4 to 63.6 percentages (Col. 4, Table 5a). However, in terms of proportion of eligible couple households that could be successfully interviewed, the distribution varied significantly between 72 to 97 percent (Col. 6, Table 5a)

Table 5a : Number of Rural Households Screened, Eligible Couple Households Found and Eligible Couple Households Successfully Interviewed by Divisions.

Administrative Divisions*	Total No. of Households screened	No. of Eligible Households Found	Percentage of Eligible Households Found	No. of Eligible Households Successfully Interviewed	Percentage of Eligible Households Successfully Interviewed
(1)	(2)	(3)	(4)	(5)	(-)
Dhaka ¹	896	560	62.5	467	83.4
Chittagong ²	817	517	63.3	501	96.9
Khulna ³	1007	640	63.6	471	73.6
Kajshahi ⁴	1022	628	61.4	450	71.6
Total	3742	2345	62.7	1889	80.6

Chittagong rural area had the highest proportion of successful interviews while Rajshahi had the lowest. The Dhaka rural area had 84 percent successful interviews and Kuulna 74 percent. The numbers of rural successful interviews by respondent type are presented in Table 5b. Other than in the Chittagong rural area, all other rural areas had about 150 successful interviews in each category. Chittagong rural area had 160 to 180 successful interviews in each group of respondents.

*The selected Upazilas (thanas) are :

¹Dewanganj of Jamalpur District ; ²Hathazari of Ctg. District ; ³Keshabpur of Jessore District ; & ⁴Sherpur of Bogra District.

Table 5b : Number of Successful Interviews by Respondent Type for Rural Areas

Areas	Type of Respondents			
	Couple Sample		Individual Sample	
	Husband	Wife	Male	Female
Dhaka	156	156	156	155
Chittagong	165	165	156	180
Khulna	155	155	155	161
Rajshahi	150	150	150	150
Total	626	626	617	646

Since the union of the thana headquarters was selected, the rural sample is termed as "semi-rural" in this study. The number of semi-rural sample sizes and areas were equal to that of urban areas (i. e. per division). But unlike urban areas, the sample sizes for each of the four rural areas were equal rather than on PPS basis. The selected rural sample spots were: (1) Dewanganj of Jamalpur district in the Dhaka division; (2) Hathazari of Chittagong district in the Chittagong division; (3) Keshabpur of Jessore district in the Khulna division and (4) Sherpur of Bogra district in the Rajshahi division respectively.

Methods of Selection of Urban Affluent Respondents

After a mahallah was selected, the interviewers were instructed to do a census of the area and screen for households with eligible couples (i. e. those who are married and couple with the wife between age 20-35 years of age). Screening and interviewing went on simultaneously. We anticipated that it is difficult to find males in the households during working hours. Thus, the interviewers were instructed to attempt to interview the couple first, if the husband was available at the time of the interview. When the husband was not available an attempt was made to interview the wife. When the required number of interviews were conducted with couples and with individual females a final attempt was made to interview individual males. The selection by respondent type was done on quota basis.

Rural Respondents Selection Procedure

The same procedure was followed for rural respondent selection. However, finding husbands proved not to be as difficult as in the urban areas.

Methods of Data Collection

Data were collected through a face-to-face interview schedule by 12 male and 12 female interviewers, using a structured schedule. The interview schedule had four modules; (1) socio-demographic and economic characteristics; (2) ever and current use status for any contraceptive method and information on future intention to use contraception; (3) information on contraceptive use patterns for all methods; and (4) information on ever use of condoms.

The interview schedule was pretested several times before its finalization. The interview schedule was first developed in English by the principal Investigator, his associates and an International Consultant from Family Health International, U. S. A.

working for the Social Marketing Project of Bangladesh. It was then translated into Bengali and then retranslated into English by a person not involved in family planning research, to find whether the Bengali translation reflected the English meanings of each question. Where the Bengali translation was found to be inaccurate changes were made.

Three teams of field workers were formed and sent to three geographic divisions outside Dhaka. The data collection of Dhaka rural and urban areas were done last. All interviewers were involved in Dhaka urban data collection. Each divisional team was sub-divided into groups of one male and one female interviewers and four such groups were assigned to a supervisor. The initial work was started with twenty-four interviewers (12 men and 12 women); four supervisors, two Quality Control Officers, Two Research Assistants and one Associate. All of them had defined roles in data collection, cleaning of the data and making data ready for computer processing. With the passage of time there was attrition of interviewers and supervisors because of the temporary nature of the work. The vacant positions were filled from interviewers, waiting list which was prepared after intensive training of field workers for two weeks.

Data Processing

After data collection the questionnaires were checked and edited for consistency. Edit plans were prepared and fifty percent of field workers and supervisors were retained and redesignated as editors and coders. Every interview schedule was edited by one editor and verified by another. The data were then transferred to computer transcription sheets by coders according to coding instructions prepared for this purpose. A 100% verification of data transfer was also done by a different coder before sending data to Bangladesh University of Engineering & Technology (BUET) computer center. At each stage, senior officers closely supervised these activities. One outside programmer was hired to speed up data processing.

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Chapter III

REPORTING DIFFERENCES IN CONTRACEPTIVE USE

This chapter explores whether wives, typically the respondents in prevalence surveys, report factually the use of contraceptive methods, especially condoms. Respondents were classified as: (1) Husbands (whose wives were interviewed); (2) Wives (whose husbands were interviewed); (3) Individual husbands, whose wives were not interviewed and (4) Individual wives, whose husbands were not interviewed. The husbands and wives were interviewed simultaneously but separately, by male and female interviewers without any chance of interaction between either partner prior to or during the interviewing process. In order to avoid confusion between categories of respondents referred to above, individual husbands and wives were termed as individual males and females throughout the report.

Reporting Differences in Contraceptive Use Patterns

The findings (Figure-2) clearly show the tendency by semi-rural women respondents to report less current contraceptive use in general and condom use in particular. Urban affluent women reported only slightly lower use. In fact, the data on use of different types of contraceptive methods seemed to be quite consistent for all groups of affluent respondents of urban areas.

The semi-rural respondents were responsible for the majority of the difference in reported overall current contraceptive use rate (Figure-2). The individual females, the usual respondents in national population surveys, reported least use of overall contraceptive methods (27.4%), while the husbands group reported the highest proportion of overall use (39.9%) in that residential area and the difference is statistically significant ($P < .001$). The difference in reporting overall current use between individual males (36.3%) and females (27.4%) is also, statistically significant ($P < .001$). However, the reported difference between the wives (31.5%) and individual females (27.4%) is not statistically significant. The reported difference between overall contraceptive use by husbands (39.9%) and wives (31.5%) is also found to be statistically significant ($P < .001$) in semi-rural areas.

The significant differences in reporting in contraceptive use indicate: (1) Individual females report lower current use of contraception than any other type of respondents; (2) Though simultaneous interviewing increased the reported contraceptive use rate by wives still reported less than their husbands or the individual male respondents; (3) the simultaneous interview of husbands and wives produced the highest reported prevalence of contraceptive use for husbands group; (4) the individual male groups reported in-between husbands' and wives' use rates, which means that individually the male partner reports higher than either individual female or the wives of the couple in semi-rural areas. The differences in reporting current contraceptive methods have also been reflected in reported ever use status of semi-rural population.

Reporting Differences in Condom Use

Like the reporting pattern in the overall contraceptive use rate there was no significant difference in the reported current condom use among the four groups of urban affluent respondents but the reported use rates varied significantly among

semi-rural respondents (See Figures 2 & 3). The reported current use of condoms differed by type of semi-rural respondents. Current condom use reported by semi-rural husbands was the highest (7.0 percent) while the lowest (2.8 percent) was reported by individual females of the same area (semi-rural). The net difference is more than four percentage points between these two groups, a difference which is statistically significant ($P < .01$). The semi-rural wives reported (4.5%) lower current use of condom by 2.5 percentage points compared with their husbands (7.0). This difference is statistically significant ($P < .05$).

When we look at the difference between individual males and husbands in reported current use of condoms we find that individual males reported less condom use by a 2.9 percentage points. If we presume for a moment that the semi-rural husband's reported condom use rate to be true then one has to believe that individual males also reported less use of condoms when interviewed without their wives. The data clearly show here as to how condom use rates could vary under different interviewing situations.

The reported current use of condoms does not differ significantly between wives and individual males in either urban or semi-rural groups. In contrast, taking into consideration the reported condom use rate by individual females and wives reported higher use of condoms in both areas. Compared to their husbands' reports, however, the wives also report less use of condoms in the semi-rural areas.

An area of consistency in reporting that could be seen in the data (See Figures 2 & 3) is the proportion of current use of traditional methods in urban and semi-rural areas. Semi-rural wives and individual females reported lower current use of traditional methods than any of the other categories. The urban individual females also reported lower use of traditional methods than other three groups of respondents but the difference was slight and not statistically significant.

There appeared to be very little variation in the proportions of the population who reported that they stopped using (referred to as past users in Figures 2-3) contraception, except the wives groups in both the residential areas, who reported higher past use. The percentage varied between a lower 12.8 percent in semi-rural to a higher 17.5 percent in urban areas.

The percentages of never users of any method ranged between 7.9 and 9.5 percent among affluent urban respondents and between 45.8 to 57.9 percent among semi-rural respondents, indicating that approximately one-half of the semi-rural population have never used any method of contraception.

The urban-rural differences, observed in overall current use rates of contraceptive methods including condoms, have also been observed in the use of other modern methods¹. Within each group, urban affluent or semi-rural, there is very little difference in the use of other modern methods of contraception among the four types of respondents. The reported current use rates of those other modern methods are between 36.6 and 38.3 percent among urban affluent respondents and between 20.0 to 23.7 percent among semi-rural respondents and are not statistically significant within each residence.

In short, similarities were observed in the reported use of contraceptives when classified broadly, their non-use and past use status among all groups of affluent urban population. In the semi-rural areas, similarities in reported use has also been observed for other modern methods and past use status. The differences in reported use have been observed mainly for condom, and traditional methods and finally in turn, in total current use pattern by respondents of semi-rural areas.

¹Other modern methods include: Pill, Foam, IUD, Sterilization, Menstrual Regulation and Injection.

Another note-worthy finding is the fact that individual females, whether urban or semi-rural, reported the lowest current use of all methods. Two exceptions (1) urban condoms where wives reported slightly less use and (2) other modern methods in both urban and semi-rural areas where wives reported slightly higher use but neither was statistically significant.

In reported overall current use, individual females clearly reported lower than any of the other respondents (Significant at $P < .01$ level). On the other hand husbands tended to report highest use of all methods in all categories, both urban and semi-rural with the individual males reporting equally higher for condoms in urban areas and other modern methods in both urban and semi-rural areas.

Husband-Wife Matched Responses on Ever Use of Condoms

The agreement on ever use and non-use status of condom was 80.3 percent among urban affluent couples and 86.9 percent among semi-rural couples, though the proportion of ever users are much higher among the affluent urban than semi-rural samples (Table 6, Section I). The agreed percentage of never users of condoms was 26.5 percent

Table 6: Husband-Wife Matched Responses on Ever Use Status for Condoms by Residences.

I. Matching

Husband-Wife Agreement/ Disagreement in Condom Use	Residences			
	Affluent Urban		Semi-Rural	
	N	%	N	%
Areas of Agreement	541	80.3	544	86.9
— Both Never Use	179	26.5	462	73.8
— Both Ever Use	362	53.7	82	13.1
Areas of Disagreement on Condom Use	133	19.7	82	13.1
— Husband Stated Ever Use — Wife Never Use	67	9.9	65	10.4
— Husband Stated Never Use — Wife Ever Use	66	9.8	17	2.7
Grand Total	674	100.0	626	100.0
II. Couple's Individual Statement on Ever Use of Condom (from Table 8)				
No. & Proportion of Husband Stated Ever Use	429	63.6	147	23.5
No. & Proportion of Wife Stated Ever Use	428	63.5	99	15.8
III. By considering either couple's positive response as use rate (other couple's negative response as mis-reporting) we find an Ever Use of Condom Rate		73.4		26.2

among the urban affluent and 73.8 percent among semi-rural respondents, respectively. The absolute agreed ever use rates for these areas are 54 and 13 percentages in both areas respectively. These rates are lower than the one calculated from either couples individually stated ever use rates, which were found to be about 64 percent each for husbands and wives groups in urban affluent and 23.5 percent for husbands and 15.8 percent for wives in semi-rural areas (Table 6, Section II). The ever use rates of condoms become still higher, if we subtract the agreed never use from 100 percent. Thus, the couples' ever use rates of condoms become 73.4 percent for urban affluent and 26.2 percent for semi-rural respondents (Table 6, Section III). In ever use status one may accept a higher rate because there is the question of memory lapse over time. One partner of the couple might have recollected better while the other failed to do so during the interview.

Husband-Wife Matched Responses on Current Contraceptive Use

Matching responses on reported contraceptive method currently in use gives an important understanding of husband-wife response variations within urban affluent and semi-rural respondents. Nearly ninety percent of the affluent urban couples agreed on current use non-use status of contraceptive methods. The comparable percentage in semi-rural areas was 84 percent (Table 7a, section I).

In terms of agreement that they were currently using a method of contraception, 71 percent of the urban couples agreed while 28 percent of the rural couples agreed on their use status. Comparable agreement on ever use status of condoms were 54 and 13 percentages respectively (Table 6, Section I). This difference between current and past use is perhaps, due to less accurate recall regarding past use. In current use, the difference in individual couples' statements on use also narrowed down, as may be seen in Table 7a (Section I vs. II). In the proportion of disagreement, husbands reported more use individually than did wives in both affluent urban and semi-rural samples. However, rural husbands reported more use than their wives by little over eight percent, while compared to three percentage difference for affluent urban couples' individual reports. From these discussions we conclude that urban affluent couples are more consistent in their reporting on current contraceptive use than semi-rural respondents. This is perhaps, a reflection of better interspouse communication among urban affluent couples - a positive indicator of affluency.

If one accepts either partner's statement of current contraceptive use as correct and considers the other partners' negative response to be misreporting, the current contraceptive use rate is increased to 43.6 percent among semi-rural and 81.3 percent among urban affluent couples (Figures 4 & 5 or Table 7a, Section III). We really do not know which rates should be accepted but this clearly illustrates how reported contraceptive use rates could vary by husband/wife reporting. From this data (Table 7a) we find three different rates for current use of contraceptive methods. First, 71.1 percent of the urban affluent and 27.8 percent of the semi-rural couples agreed that they were currently

using a method. Second, 81.3 percent of the urban affluent couples and 43.6 percent of the semi-rural couples had one or both partners reporting current use of a method². Third, independently, 77.7 percent of the affluent urban husbands reported that they were currently contracepting compared to 74.7 percent of their wives. Comparable figures for semi-rural areas were 39.9 percent and 31.5 percent (Table 7a, Section II).

Table 7a : Husband-Wife Matched Responses on Current Contraceptive Use by Residence

Husband Wife Agreement/ Disagreement Status	Residences			
	Affluent Urban		Semi-Rural	
	N	%	N	%
I. Matched				
Areas of Agreement	605	89.8	527	84.2
—Both Stated Using No Method Currentiy	126	18.7	353	56.4
—Both Stated Using a Method	479	71.1	174	27.8
Areas of Disagreement	69	10.3	99	15.8
—Husband Yes, Wife No	45	6.7	76	12.1
—Husband No, Wife Yes	24	3.6	23	3.7
Grand Total	674	100.0	626	100.0
II. Couple's Individual Statement on Contraceptive Use (From Table 9)				
No. & Proportion of Husbands Stating Use	524	77.7	250	39.9
No. and Proportion of Wives Stating Use	504	74.7	197	31.5
III. By considering either partner's positive response as use rate (other couples negative response as misreporting) we find a current contraceptive use rate of :		81.3		43.6

The question remains as to which of these rates should be accepted as the most accurate reflection of use status. It can be safely stated that by interviewing both couples a sounder rate of contraceptive use can be found. This seem especially true in semi rural areas. There were significant differences in reporting among the different types of respondents in semi-rural areas while there were only small differences for respondents of the urban affluent areas. Considering that there is 84-90 percent agreement by couples in contraceptive use status, it is logical to accept the contraceptive use rates of the couple to be more accurate than those reported by individual males or females.

²By considering either couple's positive response as use rate (other couple's negative response as mis-reporting) we found a higher current contraceptive use rate.

Matched Responses on Condom Use

For the 64.7 percent of the urban affluent couples who agreed on their current use of a contraceptive device, the methods reported were : 25.2 percent condoms, and 39.5 other methods (Table 7b, Section I). Individually, the husbands group reported 30.3 percent condom use and 47.5 percent other methods (modern and traditional) use, while the comparable figures for wives were 28.9 and 45.7 (Figures 2-5). It is apparent that the condom is the largest single method currently in use by the largest proportion of the urban affluent sample. Couples reported the use of condoms between four to five percentage points and other methods by six to eight percentage points higher than the rates based on the individual responses.

The 24.9 percent of the semi-rural couples who agreed on current use of the same method are distributed as follows ; condoms 3.7 percent and other methods, 21.3 percent. Condom use is clearly lower in the semi-rural sample from the affluent urban sample.

The findings clearly indicated the women reporting in less proportion the use of contraceptive methods in semi-rural areas. The differences in reporting by the respondents in that residential area has been found to be statistically significant. However, there was little differential reporting among affluent urban men and women in contraceptive use in general and condom use in particular.

If we look at the data based on responses from the semi-rural wives, whose spouses were not interviewed, as the current use of condoms, we would conclude that the prevalence rate of the method to be 2.8 percent. If, on the other hand, we look at the responses of individual husbands, whose wives were not interviewed; the rate would be 4.1%. If instead, we calculated rates based on couple reports, the prevalence rate would be 4.6%, for wives and 7.0% for husbands. Finally, if we added in, as current use for any couple whose husband or wife or both reported current condom use, we would get a prevalence rate of 8.1% (Figures 2 & 4, & Table 7b, Section III). Since it is unlikely that semi-rural couples would say they were using condoms if they were not, it seems reasonable to accept the higher figures as more accurate. Hence, the real prevalence rate in semi-rural areas may be higher than the one reported by individual females. This under-reporting may also be conservative estimate for all condom users in the country since we excluded condom users from remote rural areas (and also from urban non-affluent areas) who might be expected to under-report at least as much as the semi-rural respondents. On the other hand, those estimates are subject to sampling errors, and will need to be confirmed by future studies. It is also likely that some of the 8.1 percent estimated condom users use the method only irregularly. This may account for some of the reporting differences.

It is often said by critics who tend to disbelieve a higher contraceptive use rate for the country that because family planning program has strong backing of the Government,

Table 7b : Husband-Wife Matched Response on Current Contraceptive Use by Broad Method and by Residence

I. Matched

Husband-Wife Agreement/ Disagreement	Residence			
	Affluent Urban		Semi-Rural	
	N	%	N	%
AREAS OF AGREEMENT	562	83.4	517	82.6
—Both Stated No Use	126	18.7	353	56.4
—Both Stated Current Use	436	64.7	162	26.2
— Condoms	170	25.2	23	3.5
— Other Methods	266	39.5	141	22.5
AREAS OF DISAGREEMENT	112	16.7	109	17.4
Husband Stated Condom Use				
—Wife Stated Using None	10	1.5	16	2.6
—Wife Stated Using Other Methods	24	3.6	6	1.0
Husband Stated Other Methods				
—Wife Stated Using None	35	5.2	61	9.7
—Wife Stated Using Condom	19	2.8	3	0.5
Husband Stated None				
—Wife Stated Using Condoms	6	1.0	3	0.5
—Wife Stated Using other Methods	18	2.7	20	3.2
II. Individual Responses				
Husband Reports :—Condom	204	30.3	44	7.0
—Other Methods	320	47.5	206	32.9
Wife Reports : Condom	198	28.9	28	4.5
—Other Methods	308	45.7	168	27.0
III. By Considering either couple's positive response as use rate (other couples' negative response as misreporting) we find an ever use of condom rate		34.1		8.1

more men than women may overreport the use of any method to show their approval of the Government Program. If that is so, then all men should do this equally. But the data presented here show that husbands reported more use than the individual males. It may be the effect of couples' interview, that respondents are more likely to report accurately their contraceptive use status if they know the other partners are being interviewed simultaneously. Furthermore, under-reporting of contraceptive use is not a new phenomenon in this country. Green et al. (1968) back in the sixties found that even men under-report contraceptive use in this country.

Reported rates for urban affluent couples looked to be quite consistent (30.3 : 28.9 reported by Husbands and Wives). But 25 of the 30 percent condom use rate reported separately by couples are agreed upon by them (Table 7b). From these data it can be safely stated that condom use rate among contracepting urban affluent couples is at least 25 percent and possibly as high as 34 percent ($P < .001$), if we count use mentioned by either partner or both partners compared to 8.1 percent or less in the semi-rural areas, a four-fold difference by residences. The husband-wife matching provides more clues to the reporting differences, even among urban affluent respondents whose responses looked consistent to each other but when matched they were found to be significantly different (Figure 5). From the individual responses it is observed that there was no statistical difference in the current use rate of condoms between the four groups of respondents in urban affluent areas (which ranged between 28.9 to 30.3 percent) but when the two partners' responses are matched, we find significant differences ($P < .05$) in either couples stated use status of condoms (30.3 & 28.9 vs. 25.2 agreed) and of other methods (38.3 & 36.6 vs. 39.5³ agreed). This will perhaps, be the case if we would interview the individual males (and females) spouses in urban affluent areas, even though individually there appears no significant difference in their stated use rates. This hidden difference among the responses of urban affluent couples provide more indepth knowledge of reporting differences even in urban affluent areas.

As has been indicated in one of the preceding paragraphs that Green et al. in the early sixties observed that, with varied degrees of certainty, in actual use of a contraceptive method, between 13-22 percent of husbands compared for 25-35 percent of wives under-reported the use of contraception. Our findings discussed above substantiate the findings reported when the family planning program in Bangladesh was in its early infancy. Thus, it can be stated that under-reporting of contraceptive use is not a recent phenomenon in this part of the sub-continent.

DIFFERENTIAL REPORTING IN USE OF "OTHER CONTRACEPTIVE METHODS"

Ever Use Status of "Other Methods"⁴

In the preceding sections, we have discussed the reporting differentials of ever and current use of combined other modern and traditional methods. In this section, we have broken down the category "Other Modern and Traditional Methods" by specific methods.

We will first discuss the reporting differences of ever use for all different methods of contraception and then their current use status.

³Normally it should not exceed the individual reported highest figure (i. e. 38.3) on "other Methods" in use but here it exceeded perhaps, due to less agreement on condom use.

⁴Here other contraceptive methods excludes "Condoms".

Ever use of the pill was reported by about two-thirds of urban affluent respondents and by a little over one-fourth of the semi-rural respondents. The reporting differences by respondents and categories are not statistically significant within each residential area.

In the ever use status of the IUD, (Table 8) women respondents reported more ever use of the method than men in the affluent urban areas. In the semi-rural areas husbands and wives reported more ever use of the IUD than the other two groups, the individual males and females. This is perhaps, an indication that when both partners are interviewed simultaneously, they report past use status more accurately than any one partner interviewed individually. The reported ever use of IUD by couples (about four percent) and males (1.8 percent) and females (1.7 percent) are indicative of underreporting by individual partners. This is statistically significant ($P < .01$ & $P < .05$). When the IUD was introduced in the sixties, it was found that many women used the method without their husbands' knowledge. It was noted during that period that the husbands would object to their wives using any contraceptive methods. This was based on personal field experiences of the senior author, who was one of the field supervisors of the National IUD Retention Survey, 1967. Also, it was observed in another study by Ahmed, et al. (1970a & b) that 15% vasectomized wives were using IUDs without their husbands' knowledge, while a 26 percent husbands did not at all reveal to wives of their acceptance of male sterilization and another 29 percent informed their wives of the occurrence after they (husbands) actually underwent vasectomy. The data found in these studies and reported above indicate that some women (as well as men) are continuing the use of method without their spouses' knowledge.

The proportion of the population who have adopted a permanent surgical method of contraception is almost equal for respondents in each residential area. The acceptance rates ranged from 6.5 percent among females of semi rural areas to 8.6 percent for male respondents of the same area. This is worthwhile to note that though the ever use of contraception differs considerably between urban and rural populations, the proportion of sterilization acceptors is almost the same for both areas. Also virtually there was no difference in the reporting by husbands and wives.

On the other hand, differences in reporting has been observed in the ever practice of abortion/M.R. Termination of pregnancy was reported more by urban affluent respondents than the semi-rural population. Among the urban affluent sample, the husbands group reported the least use of the method while individual male respondents reported the highest use of the procedure. The reported variation between husbands and wives was 5.0 and 7.3%, which is statistically significant at $p < .05$ (Table 8).

Rural couples reported more use of abortion/M.R. than individual males and females of the same area. The reported use rate of this method varied between 0.2 and 1.3 percent among the respondents of rural areas. Differences in reporting

on abortion/M.R. is very much expected depending on their perception on legal issues. Therefore, under-reporting of this method by any group of respondents cannot be ruled out.

Reporting differences of other methods like foam in semi-rural; abstinence in both urban and semi-rural; safe period and withdrawal in semi-rural and other methods in urban affluent areas have also been observed. The rest of the methods have similarities in their reported use within their localities. It should be pointed out that the pattern of reporting of the rhythm method (especially for semi rural women) is very similar to that of condoms.

Proportions of ever users of the safe period method and also of foam are quite high among the urban affluent population. However, compared to the total ever use of contraceptive methods, the use of safe period is also quite high in the semi-rural areas. Within the urban samples the individual females reported the least ever use of foam (13 percent), while nearly 20 percent individual males in the same areas reported ever use of the same method. Semi-rural wives also reported less ever use of this method compared to their husbands. Abstinence was reported

Table 8: Ever Use Status of F.P. Method by Residence and Respondent Type.

Method	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv.	Couple		Indiv.	Indiv.	Couple		Indiv.
	Male	Hus.	Wife	Female	Male	Hus.	Wife	Female
	N = 673	N = 674	N = 674	N = 706	N = 617	N = 626	N = 626	N = 646
Pills	65.2	66.9	72.4	69.4	29.0	28.9	32.6	27.9
Condoms	59.0	63.6	63.5	56.7	18.6	23.5	15.8	9.1
I.U.D.	9.8	8.5	10.2	10.6	1.8	4.2	4.0	1.7
Tubectomy	5.2	6.5	6.5	7.6	7.8	7.7	7.2	5.7
Vesectomy	0.6	0.7	0.7	0.3	0.6	0.2	0.3	0.3
M.R.	8.3	5.0	7.3	6.7	0.3	1.3	1.1	0.2
Injections	2.7	2.2	3.9	3.1	1.3	1.4	1.9	1.9
Foams	19.5	17.7	17.8	13.2	1.6	5.4	3.2	1.5
Abstinence	5.1	3.3	1.9	2.4	1.8	3.0	1.4	0.6
Safe Period	22.9	21.5	24.6	21.7	11.0	12.8	9.4	6.3
Withdrawal	8.5	7.9	11.4	8.1	1.0	3.4	3.2	2.9
Others	0.7	0.9	0.4	0.1	2.3	2.9	2.7	2.0

Percentages may exceed 100 because many respondents used more than one method of contraception.

to be practised more by men of both the areas. Contrary to this, more wives of urban areas reported ever use of withdrawal as a method of contraception than any other group. The semi-rural individual males and females groups also reported less use of withdrawal (Table 8).

From all these discussions, we come to the conclusion that there is no uniform reporting of ever use of contraceptive methods by any group of respondents. There is no single pattern such as underreporting of male methods by females. But it is clear that ever use of contraceptives seems to be more accurately reported when both partners of the couple are interviewed

Current Use Status of Other Methods (Other than Condoms)

Reporting differences for current contraceptive methods, other than condoms, are similar to the distribution of ever use pattern of contraceptive methods excepting that current use rates are lower. Among other methods pill use accounts for most of the modern methods. The modern contraceptive methods currently in use in the affluent urban areas are: the pill (20 to 21 percent), the IUD (6.1 to 7.0 percent), male and female sterilization (5.8 to 7.9 percent), safe period (5.7 to 6.4 percent), and foam (2.0 to 3.0 percent) (Table 9).

In the semi-rural areas, pills (9.1 to 13.1%) and female sterilizations (5.1 to 7.9%) account for the highest proportions of current use of other contraceptive methods. Though the current contraceptive use rates are more than double in most cases among urban affluent samples compared to wives of semi-rural population, the proportion who accepted sterilization is almost the same in both residential areas.

Table 9 : Current Use of Contraceptive Methods by Residence and Respondent Type.

Name of Methods	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv. Male	Couple		Indiv. Female	Indiv. Male	Couple		Indiv. Female
		Hus	Wife			Hus	Wife	
	N = 673	N = 674	N = 674	N = 706	N = 617	N = 620	N = 626	N = 646
Pills	20.2	21.2	20.0	20.8	13.1	11.8	9.4	11.9
Condoms	30.2	30.3	28.9	29.6	4.1	7.0	4.6	2.8
IUD	7.0	6.2	6.1	6.0	1.0	2.1	2.1	1.5
Tubectomy	5.2	6.5	6.5	7.6	7.8	7.7	7.2 ^a	5.7
Vasectomy	0.6	0.7	0.7	0.3	0.6	0.2	0.3	0.3
Injections	0.6	0.6	0.6	0.4	0.8	0.3	0.3	0.6
Foams	2.7	3.0	2.7	2.0	0.3	1.0	0.6	0.9
Abstinence	1.2	0.6	0.6	0.6	1.5	0.8	0.8	0.2
Safe Period	5.8	6.4	5.8	5.7	5.5	6.4	2.7	1.7
Withdrawal	2.2	1.6	2.2	1.0	0.3	1.0	1.0	1.1
Others	0.1	0.6	0.4	0.0	1.3	1.8	1.4	0.6
Percentage of Current Use	76.2	77.7	74.6	74.1	36.3	39.9	31.5	27.4

There were 46 acceptors of tubectomy, but one failure case was found in current use.

Note: Percentage were based on the total sample population for each group of respondents

Foam use was reported by two to three percent of the urban affluent population while the same is practiced by a maximum of one percent of the semi-rural population. There is no significant difference between reported uses within urban and semi-rural areas.

Among the traditional methods reported by couples, the safe period method accounts for most use in both residential areas. Among urban affluent population 5.7 to 6.4 percent reported using the safe period, compared with 1.7 to 6.4 percent in the semi-rural areas. The individual females reported the least use of the method, as they did in case of condoms and several other methods. Though a large number of respondents reported to have been using the safe period method, very few could provide the correct definition of the safe period (respondents various definitions of safe period is annexed in this reports. Appendix Table XV).

Withdrawal as a method of contraception is used by 0.3 to 2.2 percent respondents, with the urban population reporting a slightly higher use of the method than the semi rural population. But within each residential areas, the reporting did not vary significantly between groups of respondents. It is interesting that women did not consistently report lower use of withdrawal. In fact, more urban wives mentioned it than did husbands. We have observed few cases where differences in reporting in current use of other methods was statistically significant. Nevertheless, there is a consistent tendency by both wives and female respondents in both the areas to report lower overall contraceptive use compared to their male counterparts.

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CHAPTER IV

**USE STATUS OF CONDOMS RECEIVED/PURCHASED
BY NEVER USERS OF THE METHOD**

It has been suggested that some couples in Bangladesh may receive or buy condoms but then not use them. Condoms are distributed free of cost through government family planning channels. Even purchasing costs through SMP are so small (about a penny per condom in U.S. currency) that one might buy condoms just for curiosity. Also, family planning and health workers are under pressure to meet their targets and hence, might distribute the method among eligible couples in order to show a higher acceptance rate. Improperly motivated or uninterested couples might accept condoms from field workers, as a courtesy, but not use them.

In this chapter, the mode of presentation is different. A very small proportion of all never users of condoms, reported receiving free condoms or purchasing the method. Therefore, the categories are merged by residence and two questions on free receipt and purchase status are also merged in one table. Similarly the question on brand names of condoms and their quantity have also been merged into two from few tables on the subject.

Condoms Received and/or Purched by Never Users of the Method

All "never users" of condoms were asked whether they ever received free condoms from family planning or health workers. Among the urban affluent never users, 5.2 percent said they received free condoms from family planning health workers. Added to these, could be the respondents who did not remember whether they ever received free condoms, which is 0.5 among urban affluent (Table 10) population

Table 10: Whether Received and/or Purchased Condoms by Never Users of the Method by Residence.

Whether Received and/ or Purchased	Received and/or Purchased by Residence			
	Urban Affluent		Semi Rural	
	Received	Purchased	Received	Purchased
	n = 1,061	n = 1,056	n = 2,079	n = 2,068
	N = 2,727	N = 2,727	N = 2,515	N = 2,515
Yes	5.2	6.4	2.5	3.1
	2.0 (55)	2.5 (68)	2.1 (53)	2.5 (64)
No	94.3	93.3	97.3	96.8
	36.7 (1,001)	36.1 (985)	80.5 (2,024)	79.6 (2,001)
Does not Remember	0.5	0.3	0.1	0.1
	0.2 (5)	0.1 (3)	0.1 (2)	0.1 (3)

Note ; (1) n = Never users of condoms
 (2) N = Total sample population
 (3) Percentages at the top of each cell was calculated from 'n' and that at the middle from 'N' sizes.

compared to these, 6.4 percent never users of condoms stated that they ever purchased condoms and 0.3 percent stated not remembering as to whether purchased or not.

In the semi-rural areas, 2.5 percent never users of condoms reported receiving free condoms from field workers. It is apparent that twice as many urban affluent samples said they had received condoms than their rural counterparts from family planning/health workers sometime during their marriage. We did not find out whether "ever users" of condoms may also have received free (or purchased condoms) but did not use them. So the total sample which reported receiving free condoms may be low.

The above rates have been shown from total never users of condoms. But if we consider the percentages from total sample who received/purchased condoms and have not used them, the same become very small. Between 2.0 to 2.5 percent of total samples received or purchased condoms and have not used them in most cases.

The average use rate of condoms, as found in the 1981 CPS, is more than the lowest reported receipt rate of free condoms (1.5%). But these two cannot be equated with each other because the reported proportion of free receipt of condoms was, perhaps, for the whole married life of the couple. Furthermore, most regular condom users have used the method for a while and it can be assumed that they consumed more condoms than those who received a few free of cost once in a while. Hence it cannot be said that this kind of free distribution of condoms goes very far in accounting for the condom gap. However some wastage of condoms is indicated in the data presented above.

Brand Name of Condoms Received/Purchased

The interviewers carried a box representing each available brand of condoms in the country. This assisted in identifying the brand name of condoms used by the respondent and reduced the possibility of errors. Of the small proportion of never users of the method stating they had received free condoms, the Government brand (Tahiti) was most frequently reported, though some stated they had received Raja or Panther free of cost. Normally these latter two brands are not available free, nevertheless it appears that some urban affluent eligible couples received them free of cost (Table 11).

There are two possible ways through which Raja and Panther could be received free of cost. First, the Non-Government Organizations (NGO's) might buy the supply from the local market and distribute them among their clients. Second, some friends might present condoms during the couples' marriage ceremony. Although the former has the greater plausibility, neither appear to be very widespread.

The brand name of condoms purchased was "Raja" in most cases, though a very negligible number of them said they purchased the Government brand too. The proportion of "Panther" buyers was small (Panther brand was introduced few months before the study was fielded. (Table 11).

Table 11: Brand Name of Condoms Received and/or Purchased by Never Users of the Method by Residence.

Brand Name of Condoms	Received and/or Purchased by Residence			
	Urban Affluent		Semi-Rural	
	Received	Purchased	Received	Purchased
	N = 54	N = 68*	N = 53	N = 65*
Raja	27.8 (15)	72.1 (49)	24.5 (13)	69.2 (45)
Panther	11.1 (6)	7.3 (5)	0.0 (0)	0.0 (0)
Tahiti	48.1 (26)	2.9 (2)	67.9 (36)	7.7 (5)
Other Brands	0.0 (0)	10.3 (7)	0.0 (0)	6.2 (4)
Did not Remember	13.0 (7)	11.8 (8)	7.5 (4)	20.0 (13)

*Purchased group bought more than one brand and hence, no. & p.c. exceed sample size and 100.

Quantity of Condoms Received/Purchased

When asked to state the number of condoms received free of cost, most never users of the method stated that they could not remember the number (Table 12). Respondents who received free condoms were not asked whether they received them

Table 12: Quantity of Condoms Received and/or Purchased by Never Users of Method by Residence.

Quantity of Condoms Received or Purchased	Received and/or Purchased by Residence			
	Urban Affluent		Semi-Rural	
	Received	Purchased	Received	Purchased
	N = 55	N = 68	N = 53	N = 64
1-4	3.6 (2)	29.4 (20)	5.7 (3)	29.7 (19)
5-9	7.3 (4)	10.3 (7)	17.0 (9)	14.1 (9)
10+	21.8 (12)	17.6 (12)	26.4 (14)	28.1 (18)
Does not Remember	65.4 (36)	42.6 (29)	45.3 (24)	28.1 (18)
N.R.	1.8 (1)	0.0 (0)	5.7 (3)	0.0 (0)

regularly or at certain intervals. However, it is presumed that condoms were not distributed over time to those who did not use them. Of those identified as never users who stated receiving free condoms, only one urban affluent couple and one each semi-rural individual male and husband stated using the same (data not shown).

Of the ever users of condoms who purchased them a large proportion in both residential areas could not remember the quantity of condoms purchased. Of those who remembered, the number usually did not exceed more than a dozen.

On the basis of the data presented in this chapter, we have concluded that free distribution of condoms to non-users or non-use by some couples who buy condoms is very negligible. This behavior can explain little, if any of the condom gap, since the proportions who received free condoms and the numbers purchased by never users of the method were very small.

CHAPTER V

NUMBER OF CONDOMS USED PER WEEK AND ESTIMATED ANNUAL SUPPLY REQUIREMENTS PER COUPLE

An important aspect of this study was to determine the supply requirements of condom users. The determination of yearly requirement of condoms per couple is complicated and a single figure may not be a sound basis for the determination of requirements of condom for all socio-economic groups of the population in Bangladesh. It is complicated because we have found reporting differences in condom use rate in semi-rural areas. Furthermore, condom use is quite infrequent among common population of the country (1.6 percent as found in CPS 1981). But when target population was searched from "dense condom use areas" the rate was found to be much higher and reporting differences insignificant in urban affluent areas. The use rate of condom was found to be around 30 in urban affluent and between 2.8 to 7.0 percent in semi-rural populations in this study (Figures 2 & 3).

In this chapter the findings on average weekly use of condoms are discussed and an estimate is made of the annual supply requirements on the basis of average weekly use. The number of condoms needed depends on coital frequency. In turn the frequency of sexual intercourse is dependent on several factors such as age, health, socio economic status, cultural norms, taboos and traditions. If we take these into considerations, it is likely that the frequency of sexual relations is greater among urban affluent couples than semi-rural respondents because they are less likely to respond to the norms and taboos although we did not collect data to examine this hypothesis.

Another factor that makes it difficult to accurately calculate the requirement of condoms is the fact that between 20.7-28.2 percent of the urban affluent ever users and 34.0-40.7 percent of the semi-rural ever users reported taking chances in condom use Table IV of APPENDIX-B. Because a large proportion of ever users of condoms reported that they were irregular in the use of condoms, four calculations of weekly average use or annual supply requirements have been made.

Average Weekly Use of Condoms by Past and Current Users and by Sex

The number of condoms weekly used on an average by original respondent type for ever users of condom is shown in Table 13. There were no significant differences among different groups of respondents within or between the resident areas, which ranged from 2.4 to 3.0 per week on an average. This estimation was done for stated regular users only (excluding the categories of irregular users & non-responses). When these data were regrouped into past and current users and by sex, we find slightly higher use for past than current users. The weekly average use for current urban affluent men and women users ranged between 2.7 to 2.8 while the same for past

users 2.8 to 3.1. As usual, women reported slightly less than men both in urban affluent and semi-rural areas. Interestingly, semi-rural men and women regular current users reported the use exactly in same numbers (1.3) of condoms per week, on an average while there is a very slight variation among past users in rural areas (Table 14).

Table 13 : No. of Condoms Usually Used Per Week by Residence & Respondent Type and Annual Requirements for Regular Ever Users.

No. of Condoms Usually Used per Week.	Resident and Respondent Type							
	Affluent Urban				Semi-Rural			
	Indiv. Male	Couple		Indiv. Female	Indiv. Male	Couple		Indiv. Female
		Hus.	Wife			Hus.	Wife	
	N = 397	N = 429	N = 428	N = 400	N = 115	N = 145	N = 99	N = 59
1	10.1	9.3	12.4	10.2	13.0	12.2	11.1	16.9
2	20.7	24.0	22.9	18.7	30.4	33.3	25.3	18.6
3	25.9	23.3	17.8	21.5	22.6	14.3	17.2	13.6
4	6.5	11.0	10.0	11.8	3.5	6.1	4.0	10.2
5	5.5	6.3	3.3	2.8	0.9	2.0	3.0	0.0
6	1.5	2.1	1.4	0.7	0.9	2.0	0.0	1.7
7	3.8	1.2	1.6	2.8	1.7	2.0	1.0	0.0
Irregular	7.8	8.6	12.4	11.0	10.4	12.9	22.2	23.7
N. R.	18.1	14.2	18.2	20.5	16.5	15.0	16.2	15.2
Weekly average use	3.0	2.9	2.7	2.9	2.4	2.5	2.4	2.4
Standard deviation	1.49	1.32	1.36	1.39	1.19	1.36	1.18	1.23

Weekly average condom use has been calculated excluding the irregular users.

The regrouping of individual respondent types into men and women provided a better picture of condom use per week. If we look at Table 13 (by respondent type), we find more irregular users and a lot of users who provided no response to this very personal question on the number of condoms used per week. These ranged between 7.8 to 23.7 percent as irregular users and between 14.2 to 20.5 percent who were non-responders to this question. This situation changed when respondents were regrouped according to sex and as past or current users (Table 14). Among current users the less irregulars were fewer than past users in most cases, except for urban affluent women who provided a slightly higher response of irregularity. Non response was higher among original respondent types than among current users of condoms (Table 13 vs 14). Thus, this later regrouping provided us weekly average use of condoms and in turn a reliable estimate of annual supply requirements. While calculating

Table 14 : Number of Condoms Usually Used Per Week by Residence and Sex for Past and Current Regular Users of the Method.

No. of Condoms Usually Used Per Week	Residence and Sex							
	Affluent Urban				Semi-Rural			
	Men		Women		Men		Women	
	Past User	Current User	Past User	Current User	Past User	Current User	Past User	Current User
	N=419	N=407	N=424	N=404	N=193	N=69	N=111	N=47
1	5.3	14.3	10.6	12.1	12.4	13.0	10.8	19.1
2	20.5	24.3	16.3	25.7	28.5	42.0	22.5	23.4
3	21.7	27.5	17.7	21.5	17.6	18.8	13.5	21.3
4	6.9	10.8	10.1	11.6	5.7	2.9	7.2	4.3
5	5.5	6.4	1.7	4.5	1.6	1.4	2.7	0.0
6	1.4	2.2	1.2	1.0	1.6	1.4	0.0	2.1
7	3.3	1.5	2.8	1.5	2.6	0.0	0.9	0.0
Irregular	10.7	5.6	10.4	13.1	12.4	10.1	24.3	19.1
Non-Response	24.6	7.4	29.2	8.9	17.6	10.1	18.0	10.6
Weekly average Use	3.1	2.8	2.8	2.7	2.6	2.3	2.5	2.3
Standard deviation	1.45	1.35	1.47	1.30	1.38	0.97	1.20	1.15

average use (highest use rate in Table 15) we have excluded the irregular users and those who did not provide a reply to this question. The relatively more irregular users and non-response among past user groups may be indicative of poor recall or lesser commitment to use the method and in turn became past users.

The weekly average condom use presented so far only reflected the number of condoms used by regular users per week. In order to estimate reliable annual supply requirements we need to consider irregular users, such as aged and young couples as well as couples staying in remote areas. But we have only considered relatively younger couples in areas where condom uses are known to be high. Now the question remains as to how we could handle the aged and couples in remote areas. We have the following strategy in this regard.

Table 15 : Estimated Highest to Lowest Average Use of Condoms Per Couple Per Week by Past and Current Users and by Sex.

Level of Weekly Use of Condoms	Estimated No. of Average Weekly Condom Use by Residence and by Sex									
	Urban Affluent				Semi-Rural				Total Average	
	Men		Women		Men		Women			
	Past Users	Current Users	Past Users	Current Users	Past Users	Current Users	Past Users	Current Users	Past Users	Current Users
Highest	3.08	2.81	2.85	2.73	2.58	2.27	2.52	2.27	2.76	2.52
Middle	2.96	2.77	2.75	2.65	2.50	2.25	2.38	2.21	2.65	2.47
Low	2.88	2.75	2.67	2.58	2.44	2.21	2.27	2.12	2.57	2.41
Lowest	2.77	2.69	2.58	2.48	2.35	2.13	2.06	2.00	2.44	2.32
Average	2.92	2.76	2.71	2.61	2.47	2.22	2.31	2.15	2.61	2.43

The calculation was done on the following basis :

- (1) Weekly reported use was averaged from table 14.
- (2) Non-Response category was excluded from all calculations.
- (3) In calculating the highest weekly requirements the irregular users were excluded.
- (4) In calculating the middle average weekly use the irregulars were split into into 1-3 times weekly use on PPS basis.
- (5) In estimating low average use the irregulars were spread into 1-2 times weekly use on PPS basis.
- (6) While estimating the lowest weekly supply requirements the Irregular users were merged into one time use per week.

First, based on our findings in preceding chapters we presumed that since we have covered with the highest prevalence of condom usage areas plus other population groups in our study, we have given coverage to the majority of condom users in this sample. Second, we have found that women respondents reported consistently a lower condom use rate which we have considered as under-reporting. Since under-reporting is not an uncommon phenomenon in Bangladesh considering a lower reported use as under-reporting is not unjustified. We have indicated that some past studies in Bangladesh (Green et al. 1968 & Ahmed et al. 1970) showed under-reporting of contraceptive use by males also. Hence, we cannot be sure whether males, who consistently reported higher use of contraceptives than females, reported accurately or over or under-reported. Considering that social customs and norms do not change

rapidly we continue to think that some under-reporting is still done by both males and females. In this study it was clearly demonstrated that females really under-reported contraceptive use in general and condom use in particular. Therefore, we would like to consider that men have at least provided a reliable estimates of contraceptive use, if not under-reported the use rates. Third, by considering the constant under-reporters of condoms into our estimated figures we have in a way considered the aged and other couples from areas whom we have not considered in this study but presumed that they would provide relatively lower figure than the one considered in this study.

Based on these arguments we have averaged all urban affluent and semi-rural respondents' weekly average use into the estimated weekly use and in turn fitted that for annual supply requirements per couple (Table 15). We have also included the irregular users of condoms in three different estimates of "middle", "low" and "lowest" level in the following manner. When irregular users were merged into first three times use per week group, on PPS basis, we called that as "middle" estimate while they (irregulars) were distributed into one and two times use, again on PPS basis, we termed that as "low" estimates and when they were merged into only one time use per week we referred that as "lowest" use rates, respectively. This way we first derived the four estimated weekly condoms use (Table 15) and then multiplied that by 52 weeks to estimate the annual supply requirements of condoms per couple per year.

One may argue that by multiplying by 52 weeks, we have over-estimated the condom use since we have not considered the period of menstruation, sickness and possible "coital holidays". We would like to argue here that by considering constant under-reporters in these estimates those factors have balanced out. Due to condom use the couple would have shorter period of abstinence during menstruation since "condoms help couples to stay clean" (some respondents stated this as an advantage of condom use). Furthermore, in providing a response on weekly average use of condoms per couple the respondents did not give a precise figure in that respect — rather they provided an approximate weekly estimate, which may have reflected their immediate past (few weeks') experiences. In such a situation it is likely that those factors of sickness, menstrual cycle and coital holidays were considered by the respondents themselves while reporting.

Annual Supply Requirements of Condoms

Table 16 provides all different calculations of annual supply requirements and finally an estimated average requirements for the total population by past and current users. As has been indicated before, the past users reported a higher use than current

users. For past users the highest estimated annual supply requirement was 160 (calculated for urban men) and the lowest 107 (calculated for rural women). For current users the highest was 146 as calculated for urban men and the lowest 104 as estimated for rural women.

Table 16 : Four Estimated Annual Supply Requirements of Condoms (Highest to Lowest) Per Couple for Past and Current Users by Sex and Residence.

Level of Estimated Annual Supply Requirements	Annual Average Supply Requirements by Residence & by Sex									
	Affluent Urban				Semi-Rural				Total Average use	
	Men		Women		Men		Women			
	Past User	Current User	Past User	Current User	Past User	Current User	Past User	Current User	Past User	Current User
Highest Estimate	160	146	148	142	134	118	131	118	143	131
Middle Estimate	154	144	143	138	130	117	124	115	138	129
Low Estimate	150	142	139	134	127	115	118	110	134	125
Lowest Estimate	144	140	134	129	122	111	107	104	127	121
Average	152	143	141	136	128	115	120	112	136	127

Yearly supply figures were calculated from weekly average coital frequency of condom use by respondents (Table 15).

Given these different estimated use rates we have calculated that the annual supply requirements for a couple currently using condoms to be 127.

CHAPTER—VI

Regularity in Contraceptive Use and Switching Between Methods

In order to understand the condom gap, questions were asked about regularity of condom use as well as the use of other contraceptives, switching between contraceptive methods and reasons for switching. These questions were addressed to ever users of condoms only. In the preceding chapter we noted some indications of irregular condom use from the responses on the number of condoms used per week. In this chapter we are going to deal the irregularity phenomenon from questions directed towards respondents on contraceptive use in general and condom use in particular.

Regularity of Contraceptive Use by Past and Current Users of Condoms

We have argued in the preceding chapter that distribution of original respondent type would not clarify the question on average number of condoms used per week because a large number of respondents stated that they used the method irregularly and also a substantial number were non responders to that question. We have also seen that from reports of past and current users of condoms, a more reliable estimate of weekly average use and annual supply requirements of condoms was found. In the data on the regularity of use question by grouping the data into past and current users of condoms, as we did in the preceding chapter. Data however, by respondent types are presented in the Appendix B. But the section on switching between methods the data have been discussed by original respondent types.

As has been indicated above, the question on regularity in contraceptive use in general and condom use in particular is more meaningful for current users. This is because past users may under-report this question due to poor recall. Because cell frequencies became too small the original respondent types have also been regrouped into men and women categories and tables in this section are arranged that way.

When this has been done we have a clearer picture on regularity of contraceptive use in general and condom use in particular (Tables 17-20) This could be judged by comparing the above tables with those shown in the Appendix B (Tables IV-VII).

Table 17: Past and Current Users of Condoms by Whether or Not They Took Chances in Contraceptive Use by Residence and Sex.

Whether Take Chances in Contraceptive Use	Urban Affluent				Semi-Rural			
	Men		Women		Men		Women	
	Past User	Current User	Past User	Current User	Past User	Current User	Past* User	Current User
	n = 419	n = 407	n = 424	n = 404	n = 193	n = 69	n = 111	n = 47
Take Chance	30.3	18.2	29.2	19.6	40.9	18.8	48.6	14.9
Do Not Take Chance	64.7	80.8	66.3	79.5	56.0	79.7	50.5	85.1
N.R.	5.0	1.0	4.5	1.0	3.1	1.4	0.9	0.0

*Many of these past condom users are currently using another contraceptive method. Table 15 deals exclusively on condom users.

In terms of taking chances, around four-fifths or more (80-85 percent) current users of condoms irrespective of their residences, as against 50 to 66 percent past users stated that they did not take chance in contraceptive use. This was a general question on contraceptive use which means that other than current users of condoms, many past users of the method were currently using or have used another contraceptive method. Table 17 and 18 deals with this aspect and Tables 19 and 20 deals specifically with condom users.

A question was asked to all ever users of condoms as to whether they usually take chances in contraceptive use and another question was asked to find the frequency of taking such chances. Stated frequencies were higher among past than current users and more prominent in semi-rural than in urban areas. The urban affluent couples took chances more during their perceived "safe period" whereas more semi rural respondent stated that they took chances "sometimes" without specifying any period. The semi-rural women who were current users took least chances in contraceptive use (Table 18).

Table 18 : Past and Current Users of Condoms by Frequency of Taking Chances in Using Contraception by Residence and Sex.

Frequency of Taking Chances	Urban Affluent				Semi-Rural			
	Men		Women		Men		Women	
	Past User	Current User	Past User	Current User	Past User	Current User	Past User	Current User
$n^1 =$	419	407	424	404	193	69	111	47
$n^2 =$	292	333	299	326	114	56	58	39
Sometimes	9.3 30.1	5.2 28.4	10.1 34.4	6.9 35.9	19.7 48.1	13.0 69.2	16.2 34.0	8.5 50.0
During safe Period	8.6 28.3	7.9 43.2	7.1 24.0	7.7 39.4	5.2 12.7	1.4 7.7	9.9 20.7	6.4 37.5
Usually take chances but no definite time	7.2 23.6	2.5 13.5	6.1 20.8	2.2 11.5	12.4 30.4	2.9 15.4	11.7 24.5	0.0 0.0
Others	5.0 16.5	1.7 9.5	4.7 16.0	2.0 10.5	2.6 6.3	1.4 7.7	9.0 18.0	2.1 12.5
N.R.	0.2 0.8	1.0 5.4	1.4 4.8	0.5 2.6	1.0 2.5	0.0 0.0	0.9 1.9	0.0 0.0
Did not Take Chance	69.7	81.8	70.5	80.7	59.1	81.2	52.2	83.0

n^1 = Total past and current users of condoms. n^2 = Total respondents who took chances in condom use.
Note : The percentages at the top were calculated from total past and current users of condoms and those at the bottom from those who reported having taken chances.

Between none to 2.5 percent current users of condoms stated that they "usually took chances". This proportion was quite high among past users who usually take chances as compared to current users, which ranged between 6.1 to 12.4 percent among ever user of condoms, irrespective of residences. However, within residences they are not statistically significant.

A small proportion of ever users of condoms provided all different reasons like "not needed every time" or "wife used other methods".

In a more direct question on regularity of condom use, it was revealed that between 67 to 66 percent current users as against 36 to 46 percent past users of condoms, irrespective of their residences used the method every time i.e. at every coitus (Table 19). The trend is similar for users who stated that they used the method "most of the time"; that is, current user rates were higher in condom use. The proportion of users who used most of the time ranged between 15 to 20 percent for current and between 6 to 12 percent for past users respectively. Combined with "most of the time" and "every

Table 19 : Past and Current Users of Condoms by Regularity of Condom Use and by Residence and Sex.

I. Single Items

Regularity of Condom Use During Coitus	Urban Affluent				Semi-Rural			
	Men		Women		Men		Women	
	Past User	Current User	Past User	Current User	Past User	Current User	Past User	Current User
	n = 419	n = 407	n = 424	n = 404	n = 193	n = 69	n = 111	n = 47
Uses every time	46.3	61.2	36.3	64.4	41.5	56.5	37.8	66.0
Use most of the time	11.2	20.4	12.0	16.6	6.2	14.5	6.5	14.9
Use sometimes	17.4	13.8	21.9	12.6	21.2	21.7	18.9	17.0
Use very irregularly	18.4	4.4	26.7	5.7	25.9	7.2	36.9	0.0
Non-Response	6.7	0.2	3.1	0.7	5.2	0.0	0.0	2.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
II. Regular Users of Condoms	57.5	81.6	48.3	81.0	47.7	71.0	44.1	80.9

*Combined "every time" and "most of the time use" are termed as regular uses here.

time use" the regular condom use rates come to 71-82 percent for current condom users. Among the past users of condom "every time" and "most of the time" users become 44 to 57 percent. Thus, we have clear evidence that regularity of condoms use was less among past users. The data on this variable clearly suggest that most current users of condoms were using the method "very regularly" and "regularly". However, every time current users' (very regulars') rates were between 56 to 66 — semi-rural men reported the lowest range while women of the same area reported the highest and urban affluent respondent reported in-between (61 & 64 percent).

Reasons for irregularity such as "did not need every time" and "depended on safe period" were stated by nearly forty to sixty percent users of condom who identified themselves as irregular users. This was true irrespective of urban affluent and semi-rural affiliations. More past than current users stated that either "self" or "spouse" disliked the method and hence, they became irregular in using the method. More women than men respondents stated a dislike of condom (Table 20). A substantial

Table 20 : Past and Current Users of Condoms by Reasons for Irregular Use by Residence and Sex.

Reasons for Irregular Use	Urban Affluent				Semi Rural			
	Men		Women		Men		Women	
	Past User	Current User	Past User	Current User	Past User	Current User	Past User	Current User
	N = 197	n = 157	n = 257	n = 141	n = 103	n = 30	n = 69	n = 16
Don't need every time	18.3	14.0	13.0	22.0	27.2	30.0	23.2	25.0
Depends on safe period	25.4	45.2	26.5	43.3	12.6	33.3	17.4	37.5
Wife uses another method	30.5	16.1	28.4	26.2	14.6	13.3	5.8	6.3
Self, spouse dislikes	12.7	8.3	13.4	13.5	11.7	6.7	21.7	12.5
Considers condoms un safe	4.7	1.9	6.2	2.8	1.9	0.0	5.8	0.0
Not available every time	1.0	1.3	1.2	0.7	6.8	0.0	1.9	6.3
Desires a child	4.1	2.5	5.1	0.0	8.7	6.7	7.2	0.0
Concerned about sideeffects of the method	2.5	1.9	5.8	2.1	1.9	6.7	2.9	0.0
Don't know/ Don't remember	2.5	1.9	0.8	0.0	9.7	6.7	13.0	6.3
Others	4.1	8.9	0.0	1.8	4.9	3.3	0.0	6.3

The respondents were allowed to give more than one reasons; hence percentages may exceed 100.

proportion of those who did not use the method every time stated that their wives were using other methods which ranged between 16.1 percent for urban men to 26.2 percent for urban women current users, as against 6.3 to 13.3 percent for semi-rural women and men respondents respectively. The data here indicate many possibilities. First, a good proportion of current condom users were using another method when condoms were not used. Second, the fact that the highest proportion depended on safe period is indicative that such users have confidence on rhythm method whether or not they really know accurately what is "safe period". Third, more urban women than men reported, "wife using another method" in contrast to semi-rural men than women reporting the use of the same. Another method here may be the foam. Fourth, this is also indicative that most respondents somehow take protective measures in an attempt to prevent conception, regardless of how reliable the method may be. Fifth, though the condom users used the method, a good number of them do not want to use it every time.

Switching Between Methods

So far no contraceptive method has been accepted universally as a perfect or ideal method which could be used without any problem or with complete satisfaction of both partners. Therefore, couples accept one method and then change to another and then to another to find a suitable method for them. To determine which different methods have been accepted and changed, two questions were asked to ever users of more than one contraceptive methods. First, they were asked to state, sequentially, the different methods practiced by them from the beginning to the final one (the last or the current method). The ever users of family planning methods were allowed to state upto five switches. Second, the respondents were asked to state the reasons for each switch. The findings on these questions are presented in this section.

Of the total ever users of any method of contraception, a little over two-thirds of all urban affluent class, irrespective of respondent types, switched at least to a second method while percentages of switching vary between 30 to 49 percent among semi-rural ever users of family planning methods. The difference in reported switching of semi-rural ever users of family planning methods between the percentages of husbands and wives ($P < .05$); wives and individual females ($P < .05$); individual males and females ($P < .01$); husbands and individual females ($P < .01$) are significantly different. Though, there is no significant variation between any two groups of ever users of family planning methods among urban affluent class, there is a tendency, on the part of urban individual females to report less switching (Table 21).

Table 21 : Ever Users of Contraceptive Methods by Their Switching Status, Residence and Respondent Type.

Whether Switched Between Methods	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv.	Couple		Indiv.	Indiv.	Couple		Indiv.
	Male	Hus.	Wife	Female	Male	Hus.	Wife	Female
n=609	n=620	n=621	n=642	n=303	n=339	n=303	n=272	
Switched	67.0	68.9	71.2	66.2	41.6	48.7	39.6	29.8
Did not switch	33.0	31.1	28.8	33.8	58.4	51.3	60.4	70.2

The response to switching between methods show interesting results. It has been indicated before that this question was asked to all over users of any contraceptive methods who stated using more than one method. They were asked to state all methods that have been used by them till the date of interview in order of their uses, from first to the last or the current method.

The proportion of switchers of contraceptive methods, who started with pills was the highest in both urban and semi-rural areas – they ranged between 57 to 65 percent in urban and 49 to 69 percent in semi-rural areas. The second highest proportion, irrespective of residential affiliations, was the condom (Table 22). In urban areas, those who started to have switched at least to a second method, between 13.2 to 21.8 percent started with condoms. In the semi-rural areas the variability is still higher i.e. from 5.5 to 14.9 started with condoms as the first method and then switched to others. Pills and condoms account for over 85 percent in urban and over 75 percent in semi-rural areas as the beginning method of contraception of those who switched to a second method (Table 22).

Individual males, wives and individual females of urban affluent ever users of family planning methods reported more pill use as the beginning method than husbands of the same area and the same trend was also present in semi rural areas. Pills being a female method was perhaps, reported more by women of both the residential areas who switched to atleast another method. About condoms, urban affluent husbands and semi-rural individual males' groups reported highest proportion of use as the beginning method of switchers. In other words, a small number of women of semi-rural area stated condoms as the beginning method and they reported the highest proportions of pill use. Here too we find an indication of under-reporting of a method used by the opposite sex.

The use of other contraceptives as a beginning method of switchers were negligible. Of those started with other methods foam, IUD and safe period are most prominent.

Table 22 : Beginning Contraceptive Methods of Those Respondents Who Switched to Atleast One or More Methods by Respondents & Residences.

Name of Beginning Methods	Residence & Respondent Type								
	Urban Affluent				Semi-Rural				
	Indiv.		Couple		Indiv.		Couple		Indiv.
	Male	Hus.	Wife	Female	Male	Hus.	Wife	Female	
Pills	57.5	56.9	66.1	64.9	52.4	49.1	59.7	69.1	
	40.7	39.7	47.3	45.0	21.8	24.2	23.4	20.6	
	248	246	294	289	66	82	71	56	
Condoms	22.7	31.3	21.3	19.1	35.7	27.5	22.7	18.5	
	16.1	21.8	15.3	13.2	14.9	13.6	8.9	5.5	
	98	135	95	85	45	46	27	15	
I. U. D.	0.5	1.2	1.3	2.2	1.6	2.4	2.5	1.2	
	0.3	0.8	1.0	1.6	0.7	1.2	1.0	0.4	
	2	5	6	10	2	4	3	1	
Foams	5.3	4.4	3.4	3.4	3.2	3.6	3.4	0.0	
	3.8	3.1	2.4	2.3	1.3	1.8	1.3	0.0	
	23	19	15	15	4	6	4	0	
Injections	0.9	0.2	1.1	0.4	0.8	0.0	1.7	0.0	
	0.7	0.2	0.8	0.3	0.3	0.0	0.7	0.0	
	4	1	5	2	1	0	2	0	
Safe Period	3.9	3.0	3.4	3.1	4.8	9.0	4.2	7.4	
	2.8	2.1	2.4	2.2	2.0	4.4	1.7	2.2	
	17	13	15	14	6	15	5	6	
Others	2.1	1.4	1.8	1.3	0.0	3.0	3.4	1.2	
	1.5	1.0	1.3	0.9	0.0	1.5	1.3	0.4	
	9	6	8	6	0	5	4	1	
N.R.	7.0	1.6	1.6	5.4	1.6	5.4	2.5	2.5	
	4.9	1.1	1.1	3.7	0.7	2.7	1.0	0.7	
	30	7	7	24	2	9	3	2	
No. of Switchers	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
	70.8	69.7	69.3	69.3	41.6	49.3	39.3	29.8	
	431	432	445	445	126	167	119	81	
Non-Switcher	29.2	30.3	28.3	30.7	58.4	50.7	60.7	70.2	
	178	188	176	197	177	172	184	191	
Ever Users	609	620	621	642	303	339	303	272	

Note: The percentages at the top of each cell were calculated from total switchers of each respondent type and those at the middle from total ever users of contraception.

The second method used included all contraceptives. This distribution has been shown in two ways - by sex and by individual respondent type (Tables 23a & 23b). The second method most frequently chosen was the condoms. Irrespective of residential affiliations pills remained in second position after condoms. The switch to form, I. U. D., sterilization and safe period were also substantial.

Table 23a : Switching from Beginning to Second Methods by Residence and by Sex of the Respondent.

Name of Methods	Residence and Sex				
	Urban Affluent		Semi-Rural		
	Men	Women	Men	Women	
	N=826	N=859	N=282	N=195	
From	To				
Pills					
	Condoms	40.6	47.1	30.9	31.3
	I.U.D	3.4	3.5	3.2	4.1
	Foams	6.4	4.0	3.9	4.1
	Sterilizations	1.8	3.5	5.7	6.6
	Injections	1.6	2.0	2.5	6.6
	Safe Period	4.0	5.5	5.7	8.7
	Others	1.9	2.3	0.7	3.1
Condoms					
	Pills	16.6	11.2	18.4	11.8
	I.U.D	1.2	1.0	1.1	1.5
	Foams	3.9	3.3	3.2	1.5
	Sterilizations	0.8	0.3	1.8	2.5
	Injections	0.5	0.2	0.3	0.0
	Safe Period	3.7	4.1	3.9	2.1
	Others	1.5	0.8	3.5	2.1
Others Methods					
	Condoms	3.6	4.0	4.9	5.1
	Fills	5.6	5.2	6.0	5.1
	Others	2.8	2.0	4.3	3.5

Reporting differences were observed among husbands and individual females ($P < .01$); and husbands and wives ($P < .01$) of urban affluent area and among individual males and females ($P < .05$) of semi-rural areas who switched to pills from beginning methods. Among the switcheas to condoms a one and five percent level of significant differences

are observed between individual males and wives, and between husbands and wives of urban affluent areas. In the semi-rural area no significant differences were observed between any groups of respondents who switched to condoms (Table 23b).

Table 23b : Second Contraceptive Methods Switched to by Ever Switchers by Residence and Respondent Types.

Name of Second Methods Switched to :	Residence & Respondent Types							
	Urban Affluent				Semi-Rural			
	Indiv. Male	Couple		Indiv. Female	Indiv. Male	Couple		Indiv. Female
Pills	19.0	23.4	16.2	15.5	25.4	22.2	15.1	18.6
	13.5	16.3	11.6	10.7	10.6	10.9	5.9	5.5
	82	101	72	69	32	37	18	15
Condoms	40.4	44.4	52.6	46.3	36.5	32.9	38.7	30.9
	28.6	31.0	37.7	32.1	15.2	16.2	15.2	9.2
	174	192	234	206	46	55	46	25
I. U. D.	5.1	3.7	4.3	4.7	3.2	6.0	5.9	4.9
	3.6	2.6	3.1	3.3	1.3	2.9	2.3	1.5
	22	16	19	21	4	10	7	4
Forms	11.4	9.7	8.5	5.8	4.8	8.4	6.7	3.7
	8.0	6.8	6.1	4.0	2.0	4.1	2.6	1.1
	49	42	38	26	6	14	8	3
Sterilizations	3.2	3.2	3.4	5.2	9.5	6.6	9.2	9.9
	2.3	2.2	2.4	3.6	4.0	3.2	3.6	2.9
	14	14	15	23	12	11	11	8
Injections	2.1	1.9	1.8	2.5	1.6	4.2	5.0	8.6
	1.5	1.3	1.3	1.7	0.7	2.1	2.0	2.6
	9	8	8	11	2	7	6	7
Safe period	8.4	8.1	8.5	10.8	13.5	7.0	10.9	12.3
	5.9	5.6	6.1	7.5	5.6	3.8	4.3	3.7
	36	35	38	48	17	13	13	10
Others	3.5	2.9	3.4	3.6	4.0	6.6	5.9	8.6
	2.5	2.7	2.4	2.5	1.6	3.2	2.3	2.6
	15	17	15	16	5	11	7	7
N. R.	7.0	1.6	1.3	5.6	1.6	5.4	2.5	2.5
	4.9	1.1	1.0	3.9	0.7	2.7	1.0	0.7
	30	7	6	25	2	9	3	2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	70.8	69.7	69.3	69.3	41.6	49.7	39.3	29.8
	431	432	445	445	126	167	119	81
Total Ever user	609	620	621	642	303	339	303	272

Note : The Percentages at the top of each cell were calculated from total ever Switchers and those in the middle from total ever users of contraception.

Proportionately, more semi-rural than urban affluent population accepted a terminal method as a second and final method. It ranged from 3.2 to 5.2 in urban affluent and 6.6 to 9.9 in semi-rural areas (Table 23b). Sterilization as the beginning and final method was accepted by respondents in variable proportions from 0.7 to 2.2 percent in urban affluent and 3.7 to 5.8 percent in semi-rural total sample population (Table 24). The differences are not statistically significant. This reflects that more semi-rural than urban affluent population accepted a permanent method as the beginning and final contraception.

Table 24: Respondents Who Accepted Sterilization as a Beginning Method and After Switching from Other Methods by Residence and Respondent Type.

Sterilization As the Beginn- ing Method and After Switch	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv.	Couple		Indiv.	Indiv.	Couple		Indiv.
	Male	Hus.	Wife	Female	Male	Hus.	Wife	Female
n ¹ →	42	49	49	56	52	49	47	39
n ² →	397	429	428	400	115	147	99	59
As beginning and final Method	21.4 1.3	30.6 2.2	10.2 0.7	23.2 1.8	69.2 5.8	53.1 4.2	63.8 4.8	61.5 3.7
After switching from other methods	78.6 4.9	69.4 5.0	89.8 6.5	76.8 6.1	30.8 2.6	46.9 3.7	36.2 2.7	38.5 2.3
Total sterilization acceptors	100.0 6.2	100.0 7.2	100.0 7.2	100.0 7.9	100.0 8.4	100.0 7.9	100.0 7.5	100.0 6.0

n¹=Total acceptors of surgical methods. n²=Total ever users of contraception

Significant reporting differences were found in the reported switch to 3rd method in pills, among individual males and females, among husbands and individual females and among wives and individual females of urban areas. In condom use differences were observed among individual males and wives; individual males and females; husbands and wives and wives and individual females respectively (at $p < .01$ & $p < .05$ levels) for urban affluent population (Table VIII, Appendix B). In the semi rural areas the differences are not significant in most cases from 2nd to 3rd switches. These variations in reporting are perhaps, due to poor recall of events which might have taken place over past few years. The reason that there were few differences in reporting among semi-rural population may be due to the fact that their numbers are small, of which still fewer reported to have switched to different methods of contraception. Actual distribution of switch from 2nd to 3rd, 3rd to 4th and 4th to 5th methods by men and women respondent are shown in Table 25a-c.

In the use of third method (after 2nd switch) reporting differences have not been looked into because the number of switchers came down to such a small size that some cells, specially in semi-rural area became almost empty (Table VIII XI in Appendix B). There were fewer people who stated to have switched even to the two main methods of contraception — the pills and the condoms. Among the 3rd. switchers (4th method users) of urban affluent area there was no apparent variation among users of pills, condoms and safe period, which account for most switchers. After the beginning method, condoms maintained the highest proportion in use among switchers upto fifth switch. Safe period, steadily increased upto 3rd switch (fourth method) after which it starts declining. All those are clear indications that condom is a contraceptive method on which most of the affluent young population heavily depend upon (Table 25a-25c).

Table 25a : Switching from Second to Third Contraceptive Methods by Residence and by Sex.

Name of Methods	Residence and Sex			
	Urban Affluent		Semi-Rural	
	Men	Women	Men	Women
	N=477	N=507	N=132	N=87
From	To			
Pills				
Condoms	13.0	8.8	12.1	7.0
I.U.D.	1.9	2.2	2.3	2.3
Foams	5.2	2.4	2.3	1.2
Sterilizations	1.7	0.6	3.0	1.2
Injections	0.2	0.8	0.8	0.0
Safe Period	2.9	2.4	0.8	2.3
Others	1.7	0.6	1.5	1.2
Condoms				
Pills	10.3	17.8	22.0	15.1
I.U.D.	4.8	5.5	2.3	4.7
Foams	10.7	9.3	7.6	4.7
Sterilizations	2.1	3.6	3.8	4.7
Injections	1.0	0.8	0.8	1.2
Safe Period	8.4	11.6	4.5	6.9
Others	2.7	3.6	3.8	8.1
Others Methods				
Condoms	14.8	12.4	7.6	4.7
Pills	6.3	7.7	12.1	10.4
Others	11.7	9.1	9.8	24.4

Table 25b : Switching from 3rd to 4th Contraceptive Methods by Residence and by Sex.

Name of the Methods	Residence and Sex			
	Urban Affluent		Semi-Rural	
	Men	Women	Men	Women
	N = 187	N = 213	N = 37	N = 28
From To				
Pills				
Condoms	7.0	10.5	8.1	3.8
I.U.D.	1.6	3.3	0.0	0.0
Foams	1.6	2.4	0.0	3.8
Sterilizations	1.1	1.4	5.4	3.8
Injections	0.0	0.5	2.7	0.0
Safe Period	1.1	1.9	5.4	0.0
Others	1.1	1.9	0.0	3.8
Condoms				
Pills	9.6	6.2	8.1	3.8
I.U.D.	1.6	2.4	0.0	0.0
Foams	4.3	1.9	5.4	0.0
Sterilizations	0.5	0.9	2.7	3.8
Injections	0.0	0.5	0.0	0.0
Safe Period	8.0	4.8	2.7	3.8
Others	4.8	1.9	5.4	0.0
Others Methods				
Pills	18.2	17.1	8.1	15.4
Condoms	12.3	14.3	35.1	30.8
Others	27.3	28.1	10.8	26.9

Table 25c : Switching from 4th to 5th Contraceptive Method by Residence and Sex.

Name of Methods	Residence and Sex			
	Urban Affluent		Semi-Rural	
	Men N = 51	Women N = 77	Men N = 5	Women N = 4
Pills to :				
Condoms	5.9	5.1	20.0	25.0
I.U.D.	0.0	3.8	20.0	0.0
Foams	0.0	1.3	0.0	0.0
Sterilizations	0.0	1.3	0.0	0.0
Injections	0.0	0.0	0.0	0.0
Safe Period	2.0	2.5	0.0	0.0
Withdrawal	2.0	3.8	0.0	0.0
Condoms to :				
Pills	4.0	5.1	20.0	25.0
I.U.D.	4.0	2.5	0.0	0.0
Foams	5.9	5.1	20.0	0.0
Sterilizations	0.0	0.0	0.0	0.0
Injections	0.0	0.0	0.0	0.0
Safe Period	2.0	5.1	0.0	0.0
Withdrawal	4.0	2.5	0.6	0.0
Others Methods to :				
Pills	23.5	32.0	20.0	25.0
Condoms	15.7	9.0	0.0	0.0
Others	31.4	20.5	0.0	25.0

Reasons for Switching Between Methods

Side-effects and complications are the major reasons stated by the majority of respondents. Fear of side-effects and complications are also stated frequently as reasons for switches. It was seen in the switching between methods that couples switched from pills to condoms and back and forth in a majority cases (Tables 25a 25c). It is apparent from the reasons given for switching, regardless of method switched to, the same did not vary its pattern i. e. side-effects, complications or fear of complications remained the major reasons for switch.

Many of the respondents of this study used condoms as first method of contraception and also at subsequent switches as discussed above. The data indicate that many condom users also have had problems in using the method. Thus they switched to other methods. The nature of side-effects and complications of methods like pills, I. U. D., injections and surgical methods are well documented but little is known about users' fear of side-effects or complications that one could suffer from a barrier method like condoms. We will be able to answer this question when we examine the more direct question on the types of problems faced by condom users, which is considered in another chapter (VIII). Reasons like non-availability of the method, desire for (additional) child, the other spouse don't like are stated by a very few respondent as the reasons for switch from condoms. A good number for respondents stated that previous method was less effective. Inconvenient to use was stated by a small number of respondents as the reason for switch. As stated earlier a similar trend in the reasons for switch are also observed at every change regardless of method in use. Because of similarities in reasons for switches and also because there are fewer people who switched from third to fourth method and so on (those tables are not shown here). The same are annexed in this report (Appendix 'B' - Tables XII - XIV).

CHAPTER - VII

NON-CONTRACEPTIVE USES OF CONDOMS

Currently any mention of condoms in public in Bangladesh would elicit jokes of their misuses, e. g. balloons, as if no one uses them as a contraceptive method in this country. To the critics of condoms many condoms are considered to be misused as in a variety of ways. This was an item of investigation in this study although it is very difficult to find the magnitude of such presumed misuses in a study of this nature. However, with known limitations, an attempt was made to study this phenomenon as far as possible.

Other Use of Condoms

Three questions on awareness of other use of condoms, types of other use and whether seen during the one month preceding the date of interview were asked of all respondents in this study. More men than women of urban affluent area reported to be aware of other use of condoms. Within men's or women's groups the awareness does not vary significantly but between the two groups (men and women respondents) in urban areas the difference is statistically significant ($P < .001$), the range being 46 to 66 percent among urban affluent respondents (Table 29).

In the semi-rural area there is no significant difference in reported awareness between men and women groups of respondents or within their own groups. The range of reported awareness in semi-rural area are 66 to 71 percent among the four groups of respondents.

From this table we observe that other than urban affluent women the other two and all respondent groups in semi rural areas reported similarly regarding their their awareness on non-contraceptive use of condom by a large majority of respondents

Table 26 : Respondents' Awareness on Non-contraceptive Use of Condoms by Residence and Respondent Type

Awareness of Other Use of Condoms	Residence and Respondent Type														
	Urban Affluent				Semi Rural										
	Indiv.		Couple		Indiv.		Couple								
	Male	Hus.	Wife	Female	Male	Hus.	Wife	Female							
N = 673		N = 674		N = 674		N = 706		N = 617		N = 626		N = 626		N = 646	
Yes	65.7	65.0	45.8	43.8	66.0	68.2	67.6	71.2							
No	32.1	32.8	52.7	53.4	32.4	30.0	31.0	28.1							
Don't know	2.1	2.2	1.2	2.7	1.5	1.6	1.1	0.5							
N. R.	0.1	0.0	0.3	0.1	0.2	0.2	0.0	0.2							

It is generally accepted that rural women are more conservative and are less mobile than urban women. In spite of that more semi-rural than urban affluent women stated their awareness in the use of condoms for other purposes

The next question asked to those who stated to be aware of other uses of condoms was, "what types of other uses are known to you". From 39 percent to two-thirds respondents irrespective of their residences, stated that condoms were used as balloons, while a sizeable proportions (between 13 to 34 percent) stated that they were used in making toys. A very few stated other reasons like illegal use (meaning pre-marital or extramarital use) among young people or seen in a neighboring country⁵ or some other kind of use (Table 27).

Table 27 : Non-Contraceptive Uses of Condoms by Residence and Respondent Type.

Types of Other Use of Condoms	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv.	Couple		Indiv.	Indiv.	Couple		Indiv.
	Male	Hus.	Wife	Female	Male	Hus.	Wife	Female
	N=673	N=674	N=674	N=706	N=617	N=626	N=626	N=646
	n=442	n=438	n=309	n=309	n=407	n=427	n=423	n=460
As balloons	51.4 78.3	51.0 78.5	40.8 89.0	38.5 88.0	55.4 84.0	57.7 84.5	63.4 93.9	67.6 95.0
In making toys	28.8 43.9	34.0 52.3	13.4 29.1	15.0 34.3	26.3 39.8	25.4 37.2	29.1 43.0	29.3 41.1
Illegal use among young people	4.9 7.5	2.1 3.2	0.1 0.3	0.3 0.6	1.0 1.5	1.0 1.4	0.0 0.0	0.0 0.0
Seen Raja in India	0.4 0.7	1.3 2.0	0.0 0.0	0.1 0.3	0.2 0.2	0.0 0.0	0.0 0.0	0.0 0.0
Others	1.2 1.8	0.4 0.7	0.7 1.6	0.6 1.3	0.2 0.2	0.0 0.0	0.0 0.0	0.0 0.0

--Percentages at the top of each cell are calculated from total sample and those below from respondents who reported having knowledge about other uses of condoms.

--Many respondents gave more than one response in this question

Like in the previous question, the urban affluent women reported the least knowledge of use of condoms as toys more than any other groups, irrespective of residential areas. Perhaps, the use of condoms as balloons or toys or both are as frequent as in semi-rural areas or not frequent in the areas where the affluent urban population live. Reporting differences by men and women of urban area is statistically significant ($P < .001$).

Two plausible explanations may be provided for less reporting of non-contraceptive uses of condoms by women respondents of urban affluent area. First, there may be fewer "other uses" of condoms in urban areas. Second, in the affluent area of the city, such uses of condoms are less likely because people in affluent areas will not allow their children to buy and play with toys made of condoms and hence, not frequently seen in such areas.

⁵Some of our affluent respondents, who visited India or Burma, reported that they have Bangladeshi condoms in those countries when visited.

CHAPTER -VIII

PROBLEMS OF CONDOM USE

The condom is a barrier method and hence is unlikely to be associated with side-effects like other modern methods (pills, injectables, IUDs or sterilizations). But the bursting of condoms is apparently not uncommon. In order to know whether condom users ever experienced problems using the method two indirect questions were asked first. Subsequently, a more direct question was asked as to whether the condom ever bursted accidentally. Two question followed for those who reported condom bursting : (1) the number of times it happend ; and (2) the outcome of such bursting for the duration of their use of the method. These questions were asked of all ever users of condoms.

In reply to the first question on problems of condom use, between 25 to 40 percent of the respondents in the urban affluent area said that they had experienced problems in using this method (Table 29). A significantly larger percentage of men than women in urban affluent areas reported problems ($P < .01$). But no difference in reporting between sexes existed in semi-rural areas. Among the respondents of the rural area ; between 25 to 30 percent (25.2 percent individual males ; 29.3 percent husbands ; 29.3 percent wives and 25.4 individual females respectively) said they faced some kind of problem in using the method.

Table 29 : Problems in Condom Use by Residence and Resporndent Type.

Problems	Residence and Resident Type							
	Urban Affluent				Semi-Rural			
	Indiv.	Couple		Indiv.	Indiv.	Couple		Indiv.
	Male	Hus.	Wife	Male	Male	Hus.	Wife	Famle
N = 397	N = 429	N = 428	N = 400	N = 115	N = 147	N = 99	N = 59	
No Problem faced	57.9	60.8	69.2	72.0	73.0	68.0	70.7	74.6
Non response	2.5	1.6	1.4	2.0	1.7	1.7	0.0	0.0
Problem faced	39.5	37.5	29.4	26.0	25.2	29.3	29.3	25.4

Nature of Problem Experienced in Condom Use

An open ended question about the nature of the problem was put to those ever users of condoms who said they experienced some problems. The single most frequent problem reported was bursting of condoms, both for urban affluent and semi rural respondents. The proportions of respondents ranged from 27 to 79 percent of those who reported of bursting in semi-rural areas. This large variation is perhaps, due to small samples (Ns = 15 43) in semi-rural areas who ever used condoms and stated to have faced problems in use. However, there were similarities in reporting of condom bursting by all categories of respondents in both urban and rural areas areas. The bulk of those mentioning that they had a problem spontaneously said that condom bursting was a problem. Among urban

CHAPTER – VIII

PROBLEMS OF CONDOM USE

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Problems	Residence and Resident Type							
	Urban Affluent				Semi-Rural			
	Indiv. Male	Couple		Indiv. Male	Indiv. Male	Couple		Indiv. Female
N = 397	Hus.	Wife	N = 400	N = 115	Hus.	Wife	N = 59	
No Problem faced	57.9	60.8	69.2	72.0	73.0	68.9	70.7	74.6
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affluent respondents, the reported proportions ranged from 48 to 60 percent. The difference between proportions of these two groups (wives and individual males and individual males and females respondents) were statistically significant ($P < .01$ & $P < .05$). The reported incidence of condom bursting of two groups (husband and individual males) did not vary significantly (Table 30). Other major problems were reported in different proportions: (1) feel uncomfortable in condom use; (2) one or both partners do not get full sexual satisfaction; (3) the other partners dislike the method (without specifying reasons for dislike); (4) one partner feels of burning sensation; (5) condom slips and (6) respondent experienced an allergic reaction or another side effect (Table 26). In each stated type of problem, there were differences in reported frequencies as 1.3 percent individual males; 1.9 percent husbands; 12.9 wives and 7.7 percent individual females respectively of urban area reported burning sensation. Significant differences in

Table 30 : Nature of Problem Faced in Condom Use by Residence & Respondent Type.

Nature of Problems	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv. Male	Couple		Indiv. Female	Indiv. Male	Couple		Indiv. Female
	n = 157	Hus. n = 161	Wife n = 126	n = 104	n = 29	Hus. n = 43	Wife n = 29	n = 15
Bursting	59.5 22.9	55.6 20.7	47.6 13.8	51.9 13.5	79.3 20.0	65.1 19.0	55.2 16.2	26.7 6.8
Lack of sexual satisfaction	14.4 5.5	9.4 3.5	8.9 2.6	1.0 0.3	3.4 0.9	14.0 4.1	0.0 0.0	0.0 0.0
Uncomfortable/rough/unpleasant odor	9.8 3.8	10.6 4.0	12.1 3.5	11.5 3.5	6.9 1.7	9.3 2.7	17.2 5.1	33.3 8.5
Spouse dislikes	5.2 2.0	9.4 3.5	6.5 1.9	7.7 2.0	3.4 0.9	2.3 0.7	3.4 1.0	6.7 1.7
Often slips	2.0 0.7	1.2 0.5	0.8 0.2	0.0 0.0	6.9 1.7	2.3 0.7	6.9 2.0	0.0 0.0
Burning sensation	1.3 0.5	1.9 0.7	12.9 3.7	7.7 2.0	0.0 0.0	2.3 0.7	6.9 2.0	6.7 2.7
Allergic Condition	0.7 0.3	1.9 0.7	5.6 1.6	16.3 4.3	0.0 0.0	2.3 0.7	3.4 1.0	13.3 3.4
Others	7.0 2.8	9.9 4.4	5.6 1.6	3.8 1.0	0.0 0.0	2.3 0.7	6.9 2.0	13.3 3.4
N. R.	2.5 1.0	0.6 0.2	1.6 0.0	0.0 0.0	0.0 0.0	0.0 0.0	0.0 0.0	0.0 0.0

Note : 1. More than one response was allowed and hence total of percentages exceed 100.

2. Two percentages were calculated in the portion "Nature of Problem Faced". The percentage at the top represents those who faced problem and the one at the bottom from total users of condom in each column.

reporting was also observed between men and women ($P \leq .001$) respectively for urban affluent respondents who stated burning sensation as a problem. In contrast; no individual male; 2.3 percent husbands; 6.9 percent wives and 6.7 percent individual females respectively of semi-rural area reported a burning sensation. It is observed that more women than men in both residential area reported this particular aspect while no significant difference in reporting the problem existed between men and women within each residential area.

The respondent who stated that they felt the condom was rough and uncomfortable or noted an unpleasant odor associated with its uses were: 9.8 percent individual males; 10.6 percent husbands; 12.1 percent wives and 11.5 percent individual females respectively in urban affluent areas. There is no significant in these data. Like-wise 6.9 percent males; 9.3 percent husbands; 17.2 percent wives and 33.3 percent females respectively in the semi-rural areas stated to have experienced the same problem. In the case of semi-rural respondents no difference in reporting existed within men or women groups but significant ($P \leq .001$) differences existed between individual males and women groups of respondents.

Proportionately, more women than men for both residential areas reported allergic reactions on side-effects of condoms. No variation in reporting this problem existed between men but difference existed between the two groups of women respondents of urban affluent area ($P \leq .001$).

There was no major inconsistency in respect to the answer, "husband/wife dislikes" either among urban affluent and semi-rural ever users of condoms. No significant reporting variation existed in this particular answer between any two types of respondents.

No women in the semi-rural area said "don't get full satisfaction with the device" whereas, proportionately more men of both the areas reported the same problem in condom use. Proportions of any two groups (males; husbands and wives) of urban respondents do not differ significantly in response to this question but the same proportion differ significantly if they are compared with the proportion of individual females who stated that they do not get full sexual satisfaction with the condom. In contrast, proportion of men and wives of urban affluent and husbands of rural areas do not differ significantly.

Negligible proportions of both urban affluent and semi-rural respondents stated, "condom very often slips" and also some stated, "other" reasons. These proportions do not differ significantly both for urban and rural samples.

In conclusion, it could be said that there was no uniform experience in reported problem related to condom use but it is clear that of those who experienced such a problem condom bursting was the major one. Problems like unpleasant odor, disliking

the method or troublesome and does not get full (sexual) satisfaction are primarily psychological in nature. But the problem like bursting, burning sensation and allergic manifestation are somatic problems that should be considered by the producers of condoms. The problem like "very often slips" was perhaps a problem of careless or inexperience uses or may be due to condom size. The users of condom need to be educated on how to use the same. Leaflets describing step by step approach to use of the method, also testing of the same before use may be helpful. A leaflet might be kept with sellers/retailers with announcements in mass media about its availability.

Complaints of Condom Bursting

Through the more direct question on bursting of condoms, it was revealed that between 29 to 44 percent (Table 31) of respondents complained of such bursting at least once during the period of their use. Many reported more than one bursting of a condom during the entire period of their use, which ranged from the most recent period to many years in the past.

Table 31 : Complaints of Condom Bursting During Use by Residence and Respondent Type.

If Condom Broke	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv.	Couple		Indiv.	Indiv.	Couple		Indiv.
	Males	Hus.	Wife	Female	Males	Hus.	Wife	Female
n = 397	n = 429	n = 428	n = 400	n = 115	n = 147	n = 99	n = 59	
Yes	43.1	42.4	29.9	28.8	43.5	42.9	32.3	30.5
No	54.2	55.9	69.2	59.5	54.8	54.4	66.7	69.5
N. R.	2.7	1.6	0.9	1.7	1.7	1.7	1.0	0.0

In the reported proportions of men and women reporting bursting of condoms, there was uniformity in reporting within each sex for both the residential areas. But between sexes, the range of variations was 12 to 14 percent for rural and urban areas respectively. This suggests that women reported less bursting of condom than men. In spite of this difference in reporting it is clear that bursting of condoms, is a quite frequent phenomenon among users. Between one in every three, to more than two in every five women and men respondents reported of least one condom bursting during the use of this method. In the unprompted question reported earlier, between one-eighth of men and women reported condom bursting. But in the prompted question, the proportion of bursting increased quite substantially. This was perhaps, due to poor recall and the leading question might have stimulated their memory or the respondents might have ignored condom bursting as a problem in a non-leading question.

Number of Times Condom Bursting Occurred

On an average between two and four episodes of a condom breaking occurred among semi-rural and urban affluent ever users of condoms. Table 28 shows that some respondents experienced more than 10 bursting of condoms during their period of use. Also, a large number of respondents stated that they did not remember the number of times the condom bursted. Differences in reporting the number of times the condom bursted between men and women respondents has been noted above. In the urban affluent areas, the number of times bursting took place, was found to be insignificant. From 3 times bursting or more, some significant as well as insignificant differences can be found. In the semi-rural area we found most startling differences in 10 or more times of bursting (Table 32). Rural women reported the lowest average number of condom bursting, possibly indicating under-reporting by this group of respondents as found in other variables.

Outcome of Condom Bursting

Although a substantial proportion of respondents reported that condom bursted during use, a majority stated that nothing happened or there was no conception due to such bursting. But there was a large difference in responses on this variable (Table 33). There was no significant difference between the proportions of respondents of the same sex of both the areas who stated, "nothing happened" due to bursting of condoms. But between sexes, there did exist significant differences (at $P < .01$ & $P < .05$) when proportions of husbands and wives and also proportion of husbands and individual females of urban areas were compared.

Almost twice as many women as men, stated that they/their wives were currently pregnant due to condom bursting. This was true both for urban affluent and semi-rural areas. No significant differences in reporting existed between any two types of urban respondents with opposite sex (at $P < .05$ level of significance for males/husbands with wives and at $P < .01$ level of significance for males and husbands with females). No significant differences existed between any two groups of rural respondents who stated that the wife conceived due to condom bursting. Small proportions of urban respondents stated that they had an M. R. after conception as a result of condom bursting. The proportions who stated to have had an M. R. were: 5.8 percent males ; 6.1 percent husbands ; 6.4 percent wives and 6.9 percent females respectively among urban affluent population. No significant difference in reporting existed between any two types of urban affluent respondents who stated that an M. R. was carried out after conception due to condom breakages. It may be mentioned here that the actual M. R. incidence may be more than the one reported here. This was very likely to have been under-reported due to social, legal and religious constraints on abortions. No respondent of semi-rural area reported to have had an M. R.

Table 32 : Number of Condoms Reported to Have Bursted by Residence and Respondent Type.

No. of Times Condoms Broke	Residence by Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv.	Couple		Indiv.	Indiv.	Couple		Indiv.
	Male	Hus.	Wife	Female	Male	Hus.	Wife	Female
N=397	N=429	N=428	N=400	N=115	N=147	N=99	N=59	
n=171	n=181	n=126	n=115	n=49	n=63	n=32	n=18	
1	28.2 12.1	32.6 13.7	43.6 12.8	38.2 11.0	36.7 15.7	36.5 15.6	53.1 17.1	33.3 10.1
2	23.4 10.1	20.4 8.6	19.1 5.8	27.8 8.0	8.2 3.5	23.8 10.2	12.5 4.0	50.0 15.2
3	11.1 4.8	13.3 5.6	14.3 4.2	8.7 2.5	12.2 5.2	12.7 5.4	18.7 6.0	5.6 1.7
4	5.3 2.3	7.7 3.3	2.4 0.7	6.0 1.8	6.1 2.6	1.6 0.7	0.0 0.0	0.0 0.0
5	4.1 1.8	6.1 2.6	2.4 0.7	2.6 0.8	8.2 4.5	1.6 0.7	3.1 1.0	0.0 0.0
6	2.9 1.2	2.8 1.2	1.6 0.5	2.6 0.8	6.1 2.6	0.0 0.0	3.1 1.0	0.0 0.0
7	4.7 2.0	2.2 0.9	2.4 0.7	1.7 0.5	0.0 0.0	0.0 0.0	3.1 1.0	5.6 1.7
8	1.2 0.5	2.2 0.9	1.6 0.5	1.7 0.5	2.0 0.9	0.0 0.0	0.0 0.0	0.0 0.0
9	0.6 0.3	0.0 0.0						
10+	5.8 2.5	5.0 2.1	4.0 1.2	5.2 1.5	8.2 4.5	9.5 4.1	5.9 2.0	0.0 0.0
Don't know/ Don't remember	12.8 5.5	7.7 3.3	7.9 2.3	5.2 1.5	6.1 5.2	14.3 6.1	0.0 0.0	5.6 1.7
Mean/ Standard deviation	4.12 7.34	3.13 3.13	2.53 2.56	3.12 5.26	3.84 4.40	3.02 3.65	2.97 4.06	2.00 1.41

Note: 1. Mean and standard deviation were calculated from ungrouped data. In calculating the mean the category "Don't know/Remember" was excluded.

2. Two percentages were calculated — the upper one in the cell represents those who stated about condom bursting while the lower one represents the ever users of the method in each column.

Among the respondents of urban affluent area, 16.8 percent males 7.8 percent husbands; 8.8 percent wives and 11.2 percent females reported that their wives/they conceived and gave birth to a child before the interview. Of rural respondents 18.0 percent males; 17.6 percent husbands; 15.2 percent wives and 16.1 percent females respectively stated that their wives/they gave birth to a child which was the outcome of condom bursting. The difference ($P < .05$) in reporting has been observed between individual males and between husbands and wives of urban affluent areas. But no such significant difference exist between any two types of rural respondents who stated to have conceive due to condom bursting.

Table 33 : Outcome of Condom Bursting by Residence and Respondent Type.

Outcome of Condom Bursting	Residence & Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv. Male	Couple		Indiv. Female	Indiv. Male	Couple		Indiv. Female
	n = 127 N = 397	n = 179 N = 429	n = 125 N = 428	n = 116 N = 400	n = 50 N = 115	n = 63 N = 147	n = 33 N = 99	n = 18 N = 59
Nothing happened	66.8 29.0	74.8 31.2	63.2 18.5	57.7 16.8	72.0 31.3	68.2 19.3	60.6 20.2	55.5 16.9
Conceived	33.1 14.4	25.1 10.5	36.8 10.7	42.2 12.3	28.0 12.2	31.7 13.6	39.4 13.1	44.4 13.6
OUTCOME OF CONCEPTION								
	n = 57	n = 45	n = 46	n = 49	n = 41	n = 20	n = 13	n = 48
Pregnant at the time of interview	10.5 4.5	11.2 4.7	21.6 6.3	24.1 7.0	10.0 4.3	14.3 6.1	24.2 8.1	27.7 8.5
M.R. done	5.8 2.5	6.1 2.6	6.4 2.9	6.9 2.0	0.0 0.0	0.0 0.0	0.0 0.0	0.0 0.0
Gave birth before Interview	16.8 7.3	7.8 3.3	8.8 2.6	11.2 3.3	18.0 7.8	17.6 7.5	15.2 5.1	16.7 5.1

The percentage at the top was calculated from column totals while those below it from total ever users of condom.

From these data we are now perhaps, in a position to indicate the failure rate of condoms. During a two to three years of continuous average use of contraception (the average duration of condom use), an average of over-forty percent of condom users experienced on an average between two to four condoms breaking. In each year a one to two broken condoms could be expected for those who experienced this problem. The pregnancy rate is still lower. Of the little over 40 percent men and 30 percent women of

both the residential areas reporting condom bursting, between 10 to 14 percent become pregnant in two to three years of use. This means that on an average, the absolute failure of condoms due to bursting during use was roughly 3-5 per 100 couple years of condom use.

To put it another way, the chances that it would occur to a couple was one in 127 condoms (estimated average annual supply requirement per couple) a very negligible failure rate. These analyses led us conclude that condom is a very effective method of contraception. In this regard population reports (September-October 1982) noted similar conclusions

Condoms can be highly effective method of contraception if they are used correctly at every coitus. Experienced and strongly motivated older couples have had pregnancy rates as low as one or two per 100 couple-years of condom use. More commonly, couples using condoms experience a pregnancy rate of about 10 to 20 percent in the first 12 months of use. Many couples do not use condoms for long, but start with condoms because they are easy to obtain and then often shift to other methods for long term use.

However, we have found a slightly different result than the observations made in the last sentence above in that in Bangladesh majority or highest number of contraceptive users start with pills but then switch to other methods and from second method after 1st switch it is the condom which maintains its lead among users of a temporary modern method of contraception (Chapter VI).

CHAPTER—IX

MARKETING INFORMATION

In Bangladesh, contraceptives such as condoms, pills and foams are available from markets in addition to government distribution channels. Since this study was done on behalf of the Social Marketing Project, data on marketing were collected. Any producer or distributor needs to assess the extent of success or failure of their products in marketing. The responses reported in this chapter are limited to the ever users of condoms.

Brand Name of Condoms Ever Used

The ever users of condoms were asked to state the brand names of their method. In reply to this question, 80.9 to 84.3 percent ever users of condom of urban affluent class stated that they used Raja brand. No significant difference existed between any two proportions of ever users of the Raja brand among the urban affluent class. In the semi rural areas; 78.0 to 90.9 percent of ever users stated that they used Raja (Table 34). However, significant differences ($P < .05$) were observed between the proportions of the wives with all other categories in semi-rural areas. Significant differences ($P < .01$)

Table 34 : Brand Names of Condoms Ever Used by Residence and Respondent Type.

Brand Name of Condoms	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv. Male	Couple		Indiv. Female	Indiv. Male	Couple		Indiv. Female
	n = 397 N = 673	Hus. n = 429 N = 674	Wife n = 428 N = 674	n = 400 N = 706	n = 115 N = 617	Hus. n = 147 N = 626	Wife n = 99 N = 626	n = 59 N = 646
Raja	80.9 47.7	81.4 51.8	82.0 56.3	84.3 47.7	78.3 14.6	78.9 18.5	90.9 14.4	78.0 7.1
Panther	15.1 8.9	14.0 8.9	18.5 7.2	10.5 5.9	0.9 0.2	1.4 0.3	0.0 0.0	0.7 0.2
Tahiti	16.9 10.0	15.9 10.1	17.5 12.0	18.0 10.2	29.6 5.5	23.1 5.4	21.2 3.4	33.1 3.1
Other Condoms	21.4 12.6	27.7 17.7	17.8 12.2	16.5 9.3	3.5 0.6	2.0 0.5	1.0 0.2	3.4 0.3

Note : 1. Some respondents used more than one brand of condom and hence, the percentages add up to more than one hundred in the columns.

2. n=Number of ever users of condoms.

3. N=Total sample population in each category.

were also observed between the proportions of wives and individual females of urban affluent class who stated to have ever used panther irrespective of residential areas. Among the urban affluent class between 15.9 to 18.0 percent ever users of condom stated that they had ever used Tahiti, whereas between 21.2 to 33.9 percent ever users of semi-rural areas reported that they used the same brand. However, no significant differences have been observed between any two proportions of ever users of Tahiti within each residential areas. In other words use of Tahiti brand condom by different groups of respondents within each residential area does not differ significantly. Among the ever users, there were significant differences between the proportions of individual males and husbands ($p < .05$); husbands and wives ($p < .01$); and husbands and individual females ($p < .01$); groups but no significant differences was observed in semi-rural area.

The above findings also indicate that respondents used more than one brand of condoms. Availability and suitability of different kinds of products are some of the factors in choosing any brand of consumer products including condom.

Whether Usually Purchase or Receive Condom Free of Cost

A question on the sources of collection of condom was asked. Among the urban affluent ever users, 73.0 to 77.8 percent stated to have purchased condoms as against 57.6 to 70.7 percent of semi-rural areas (Table 35). However, no significant difference exists between the proportions of any two types of ever users of condom within each residential area. No significant difference was observed between any two proportions of ever

Table 35 : Whether User Usually Purchased or Received Condoms Free by Residence and Respondent Type.

Whether Purchased or Received Free	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv. Male n = 397	Couple Hus. n = 429	Wife n = 428	Indiv. Female n = 400	Indiv. Male n = 115	Couple Hus. n = 147	Wife n = 99	Indiv. Female n = 59
Purchased	73.0	76.5	75.7	77.8	66.1	69.4	70.7	57.6
Free	8.6	8.2	11.2	7.0	26.1	17.7	18.2	23.7
Both	15.9	14.0	12.1	13.0	7.8	12.2	10.1	18.6
Don't know	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.0
Non-Response	2.5	1.4	0.5	2.3	0.0	0.7	1.0	0.0

n = ever users of condoms.

users of condoms who collected the same free of cost within each residential area except between the proportions of individual males and husbands ($p < .05$) group in semi-rural areas. Negligible proportions of ever users of condoms did not make any reply in response to this question. In conclusion it can be safely stated that more than three-fourths ever users of condoms of urban affluent class and around two-thirds of semi-rural areas respectively purchased condoms from open markets. These observations reflect that large number of condom users depend on sale sources rather than free distribution channels, although many use both.

Brand Name of Condoms Usually Buy/Receive

In response to the question asked to ever users of condoms on the brand name of condoms bought or received, 52 to 62 percent urban affluent and 63 to 79 percent semi-rural respondents stated that they purchased Raja. However, no significant difference existed between the proportions of ever users of condoms in the use of the same brand in urban affluent area. However, significant difference ($p < .05$) was observed between women group who stated to have purchased/received the same brand of condoms in semi-rural areas (Table 36). A maximum of ten percent urban affluent ever users stated that they used foreign brand of condoms whereas a maximum

Table 36 : Brand Name of Condoms Purchased or Received Free by Residence and Respondent Type

Brand Name of Condoms	Residence and Respondent Type								
	Indiv. Male n=397	Urban Affluent			Indiv. Female n=400	Semi-Rural			Indiv. Female n=59
		Couple		Indiv.		Couple		Indiv.	
		Hus.	Wife			Hus.	Wife		
Raja	53.4	52.4	60.0	62.8	65.2	74.1	78.8	62.7	
Foreign Brand	7.3	10.3	8.2	6.0	1.7	2.0	0.0	1.7	
Combination of Foreign Brands	12.8	11.7	7.0	8.0	1.7	0.0	0.0	0.0	
Raja & Panther	9.1	11.2	8.2	7.0	0.9	0.7	0.0	5.1	
Raja & Tahiti	6.8	7.5	6.8	8.3	7.8	12.2	11.1	11.9	
Tahiti	6.5	6.1	7.7	3.8	22.6	10.9	10.1	18.6	
Panther	3.0	0.5	1.4	1.5	0.0	0.0	0.0	0.0	
Tahiti and Panther	0.3	0.2	0.2	0.5	0.0	0.0	0.0	0.0	
Raja, Tahiti and Panther	0.5	0.2	0.5	1.0	0.0	0.0	0.0	0.0	
Non-Response	0.3	0.0	0.0	1.3	0.0	0.0	0.0	0.0	

of two percent ever users of semi-rural area fall under this category. Among the ever users of condoms in urban affluent population, between 7.0 to 12.8 percent stated that they used combination of foreign and local brands. However, no significant difference exists between the respondents of the same sex in that area who used foreign brands. Similarly, no significant difference in reporting was observed among the ever users of condoms, who stated that they used Raja and Panther; Raja and Tahiti within their residential areas. Proportionately, more semi-rural ever users of condoms stated that they purchased Tahiti than urban affluent class; which seems to be quite logical. It is expected that semi-rural or rural population depend on brands which are more easily available. It is interesting to note that substantial proportion of condom users buy the brand which is supposed to be distributed free of cost. In semi-rural area proportionately more individual males and females reported that they purchased Tahiti in comparison with couple groups of the same area. Very small proportions of ever users of condom of urban affluent class reported that they purchased Panther. This is perhaps, because Panther was introduced a few months before the data collection of this study and proportionally fewer people reported to have purchased the same. However, no significant difference exists between the proportions of any two types of ever users of condoms, who reported to have purchased the same brand.

Whether Any Condoms Were Available from Last Purchase/Receipt

The ever users of condom were asked to state whether any condoms were left with them at the time of interview. In reply to this question, between 49.4 to 55.5 percent urban affluent ever users stated that they had condoms available at the time of interview from their last purchase/receipt. But in the case of semi-rural respondents, only 15.7 to 22.0 percent stated that any were available from their last purchase/receipt (Table 37). However, no significant difference existed between any two proportions of ever users of condoms within each residential area, who reported that condoms were available with them.

Table 37: Whether Any Condoms Were Left from Last Purchase or Free Receipt by Residence and Respondent Type.

Whether Any Condoms Left from Last Purchase or Receipt	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv.		Couple		Indiv.		Couple	
	Male	Hus.	Wife	Female	Male	Hus.	Wife	Female
	n = 397	n = 429	n = 428	n = 400	n = 115	n = 147	n = 99	n = 59
Yes	49.4	49.4	52.3	55.5	15.7	23.1	21.2	22.0
No	46.3	45.7	45.6	41.8	81.7	74.1	73.7	76.3
Don't know/ Don't Remember	0.0	0.2	0.5	0.0	0.0	0.0	2.0	0.0
N.R.	4.3	4.7	1.6	2.3	2.6	3.0	3.0	1.7

Note: "n" represents the ever users of condoms in each category of respondents.

last purchase/receipt. Only very negligible proportions of ever users of condoms (a maximum of less than 2.0 percent) could not remember whether any condoms were available from their last purchase/collection. Furthermore, a maximum of five percent ever users of condoms did not respond to this question. Their proportions also did not differ significantly within each residential area.

The above percentage distribution of the ever users having some condom on hand from last purchase/receipt can not be accepted in fulfilling the objective of the question because it considered both past and current users of the method together. However, it is unusual to have condoms on hand if one is not currently using the method. This would be expected only with those who stopped using the methods recently. Therefore, past and current users have been separated on this question to see as to what proportions of two groups of ever users have had condoms left at hand from last purchase/receipt. Since there was no differential reporting observed in this question between different groups of respondents within each residential area, they were lumped within their own sex and residential distributions by past and current users, as was done in some previous chapters.

Around 77 percent of the urban affluent current users reported having condoms on hand from last purchase/receipt while only one-fourth to one third of past users had stocks. Similarly, between 47 to 56 percent semi-rural men and women current users stated that they had condoms from last purchase/receipt as against 7-12 percent of past users. (Table 38)

Table 38 : Past and Current Users of Condoms Who Had Stocks on Hand Available from Last Purchase/Receipt by Residence and Sex.

Whether Condoms On Hand from Last Purchase/ Receipt	Residence and Sex							
	Urban Affluent				Semi-Rural			
	Men		Women		Men		Women	
	Past	Current	Past	Current	Past	Current	Past	Current
	n = 385	n = 405	n = 405	n = 398	n = 185	n = 68	n = 108	n = 45
Yes	25.6	76.5	33.1	77.6	7.0	55.9	12.0	46.7
No	74.4	23.5	66.9	22.4	93.0	44.1	88.0	53.3

Urban affluent current users are more likely to have condoms on hand than users in semi-rural area. Urban affluent current users also seem to be more regular users of the method.

We have seen in the past that nearly one-fourth of urban affluent to about two-fifths of semi-rural ever users of condoms stated that they were irregular in using the method. The present data confirm the earlier observations that some ever users were really irregular users of the same.

Quantity of Condoms from Last Purchase/Receipt

This question was asked to all ever users of condoms who stated that some condoms were available with them from their last purchase/receipt. In reply to this question, from one-fourth (24.5 percent) to more than one-third (35.1 percent) ever users of condoms

(having some condoms left on hand) of urban affluent class could not remember the number left with them. In contrast, one-seventh (14.7 percent) to more than one-fifth (23.1 percent) ever users of condoms of semi-rural area could not remember the number of condoms left with them at the time of interview. However, a significant difference ($P < .05$) has only been found between the proportions of urban affluent individual males and females group of ever users who could not remember the number of condoms left with them at the time of interview (Table 39). No such significant

Table 39: Numbers of Condoms on Hand form Last Purchase/Receipt by Residence and Respondent Type.

Numbers on Hand	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv.	Couple		Indiv.	Indiv.	Couple		Indiv.
	Male	Hus.	Wife	Female	Male	Hus.	Wife	Female
n=196	n=212	n=224	n=222	n=18	n=34	n=12	n=13	
Does not remember	24.5	29.2	33.0	35.1	22.2	14.7	23.8	23.1
1-3	28.1	27.4	25.0	23.9	27.8	38.2	42.9	30.8
4-6	20.4	15.6	12.5	14.9	22.2	11.8	4.8	15.4
7-9	6.1	5.7	7.6	7.2	5.6	14.7	9.5	7.7
10-12	7.7	8.5	7.1	7.7	5.6	5.9	19.0	7.7
13-24	7.1	7.5	6.7	4.1	11.1	5.9	0.0	0.0
25-48	3.1	3.3	5.3	3.2	0.0	0.0	0.0	0.0
49+	3.1	2.8	2.7	4.1	5.6	8.8	0.0	15.4

Percentages calculated from the sample who stated that they had condoms on hand.

difference existed between any two proportions of ever users of condom in semi rural areas, who could not remember the number of condoms left with them. When the data were regrouped as past and current users of condoms it was found that more past than current users stated "does not remember the number" (Table 40). Among urban affluent class, between 23.9 to 28.1 percent ever users of condom by original respondent type stated that they had a stock of 1-3 condoms, whereas the number of condoms were reported by 27.8 to 42.9 percent ever users of the method in semi-rural areas (Table 39). However, no significant differences existed between any two proportions of ever users of condom in both the residential areas, who stated that they had a stock of 1-3 condoms at the time of interview. Between 12.5 to 20.4 percent ever users of condoms of urban affluent class and between 4.8 to 22.2 percent semi-rural ever users stated that they had a stock of 4 - 6 condoms. Significant difference ($P < .05$) has only been observed between the proportions of individual males and wives of urban affluent areas, who stated that they had a stock of 4-6 condoms at the time of

Table 40 : Quantity of Condoms Left on Hand from Last Purchase/Receipt by Past and Current User by Residence and by Sex.

Quantity of Condoms on Hand from Last Purchase	Residence and Sex							
	Urban Affluent				Semi-Rural			
	Men		Women		Men		Women	
	Past user	Current user	Past user	Current user	Past user	Current user	Past user	Current user
n=99	n=310	n=134	n=309	n=13	n=38	n=13	n=21	
1-3	23.2 23	29.0 90	23.9 32	24.9 77	30.8 4	36.8 14	23.1 3	47.9 10
4-6	22.2 21	16.8 52	16.4 22	12.6 39	0.0 0	18.4 7	0.0 0	14.3 3
7-9	4.0 4	6.5 20	6.7 9	7.8 24	15.4 2	18.4 7	23.1 3	0.0 0
10-12	7.1 7	8.4 26	8.2 11	7.1 22	0.0 0	0.0 0	15.4 2	14.3 3
13-24	3.3 3	8.7 27	3.7 5	6.1 19	15.4 2	5.3 2	0.0 0	0.0 0
25-48	4.9 4	2.9 9	2.2 3	5.2 16	0.0 0	0.0 0	0.0 0	0.0 0
49+	3.3 3	3.2 10	1.5 2	3.9 12	7.6 1	7.9 3	15.4 2	0.0 0
N. R.	0.0 0	0.3 1	0.0 0	0.0 0	0.0 0	0.0 0	0.0 0	0.0 0
Does not remember	34.3 34	24.2 75	37.3 50	32.4 100	30.8 4	13.2 5	23.1 3	23.8 5

interview. Small proportions of both urban affluent and semi-rural ever users of condom stated that they had stocks of condoms ranging from 7 to over 49 pieces. However, no significant difference exists between the proportions of any two groups of ever users of condoms having that many pieces on hand.

Whether Free Condom Was Obtained from FP/Health Workers

In this question all the ever users of condoms were asked whether they ever received free condoms from Government Family Planning sources. In reply to this question, between 19.8 to 24.2 percent ever users of condoms in the urban affluent areas as against 27.3 to 33.9 of semi-rural population reported that they had received free condoms from the sources stated above (Table 41). However, no significant difference existed between the proportions of any two groups of ever users of condoms within each residential area, who had received free condom from family planning sources. Some ever users of condoms, a maximum of six percent irrespective

Table 41 : Whether Free Condoms were Received from F. P. Worker by Residence and Respondent Type.

Whether Respondent Obtained Free Condoms from Govt. Worker.	Residence and Resident Type							
	Urban Affluent				Semi-Rural			
	Indiv.	Couple		Indiv.	Indiv.	Couple		Indiv.
	Male	Hus.	Wife	Male	Male	Hus.	Wife	Female
	n = 397	n = 429	n = 428	n = 400	n = 115	n = 147	n = 99	n = 59
Yes	24.2	20.7	22.7	19.8	31.3	30.6	27.3	33.9
No	69.8	74.1	74.5	77.0	65.2	66.7	70.7	61.0
Non-Response	6.0	5.1	2.8	3.3	3.5	0.0	2.0	5.1

Here "n" is the number of condoms in each category.

of their residences, made no reply to this question. This non-response may be indicative that they had perhaps received the same from workers but are not willing to admit that. If they are included with those who received supply from government workers the rate became quite high for that source.

Reasons for Non-Collection of Condom from Free Distribution Sources

The ever users of condoms were asked why they bought condoms when government is providing them free of cost. Among the answers given, the most frequent were: (1) don't have time to collect free condoms; (2) it is easy to buy them; (3) don't like to collect free condoms; and (4) respondent feels shy about collecting free ones.

Small proportions of respondents stated that free condoms are not available in their locality. Some also stated that quality of free condoms is poor. The data are again presented two ways: (1) by respondent types (Table 42) and (2) by past and current users (Table 43). There were significant differences in the responses by respondent type. As usual some of them are significant while others are not. More men than women in urban affluent area stated that they felt shy to collect free condoms. While more women than men of that area stated that it was easy to buy condoms. A substantial proportion stated that they had no knowledge about free availability of condoms. A substantial proportion of men than women respondents of urban affluent areas stated that they did not like to collect such an item free of cost. Interestingly, more individual females of semi-rural areas stated that they felt shy to collect condoms free of cost. Their may be a reflection of their shyness to report condom use to interviewers which might have been one of the reasons for discrepancies between males and females reporting of condom use as found in this study.

Table 42 : Reasons Why Respondents Purchased Condoms Instead of Getting Them Free by Residence and Respondent Type.

Reasons for Purchasing Condoms	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv.	Couple		Indiv.	Indiv.	Couple		Indiv.
	Male	Hus.	Wife	Female	Male	Hus.	Wife	Female
n ¹ →	353	388	376	363	85	120	80	45
n ² →	397	429	428	400	115	147	99	59
Easier to buy	22.7 20.2	23.7 21.4	33.0 29.0	27.0 24.5	16.5 12.2	10.0 8.2	25.0 20.0	28.9 22.0
Feel shy to obtain free condoms	13.9 12.3	12.4 11.2	5.3 4.7	5.8 5.3	5.9 4.3	11.7 9.3	15.0 12.1	24.4 18.6
No knowledge about free procurement	13.3 11.8	11.9 10.7	13.6 11.9	17.1 15.5	12.9 9.6	18.3 15.0	23.8 19.2	11.1 8.5
Free Condoms not available in the locality	10.2 9.1	10.8 9.8	6.9 6.1	5.8 5.3	14.1 10.4	15.0 12.2	2.5 2.0	2.2 1.7
Quality of free condoms is poor	8.2 7.3	6.4 5.8	4.5 4.0	5.0 4.5	7.1 5.2	0.0 0.0	3.8 3.0	0.0 0.0
Getting from friend	0.8 0.8	0.0 0.0	0.8 0.7	0.3 0.3	1.2 0.9	0.0 0.0	0.0 0.0	0.0 0.0
Don't like to collect free such a nominal thing	16.1 14.4	16.8 15.2	11.2 9.8	8.5 7.8	10.6 7.8	8.3 6.8	2.5 2.0	0.0 0.0
Don't have time to collect free condoms	31.7 28.2	27.8 25.2	18.6 16.4	23.1 21.0	22.4 16.5	21.7 17.7	7.5 6.1	13.3 10.2
Others	17.0 15.1	10.3 9.3	18.4 16.1	16.7 24.3	12.9 9.6	5.8 4.8	11.3 9.1	13.3 10.2
N. B.	3.7 3.3	8.0 7.2	6.1 5.4	6.1 5.5	5.9 4.3	13.3 10.9	11.3 9.1	6.7 5.1

n¹ = Number of respondents who stated purchasing or collecting condoms both from market and Government free sources.

n² = The percentages at the top of each cell were calculated from n¹ and at the bottom from n².

The data on past and current use of condoms were quite consistent about the reasons for non-collection of condom from free distribution channels except within women ($P < .05$) of urban affluent class, who stated they did not like to collect free condoms (Table 43).

Table 43 : Reasons Why Respondents Purchased Condoms Instead of Getting Them Free by Sex, Residence and by Past/Present Users.

Reasons for Purchasing Condoms	Urban Affluent				Semi-Rural			
	Men		Women		Men		Women	
	Past User	Current User	Past User	Current User	Past User	Current User	Past User	Current User
	n = 365	n = 367	n = 369	n = 370	n = 145	n = 60	n = 85	n = 39
Easier to buy	23.0	23.4	32.0	28.1	13.1	11.7	27.1	25.6
Feel shy to obtain free condoms	12.6	13.6	4.6	6.5	9.0	10.0	16.5	23.1
No knowledge of free distribution	13.4	11.7	13.8	16.8	17.9	11.7	20.0	17.9
Free ones Not available in the locality	8.8	12.2	8.1	4.6	15.2	13.3	1.2	5.1
Quality of free condoms is poor	6.3	8.2	4.1	5.4	3.4	1.7	1.2	5.1
Getting from friend	0.0	0.8	0.8	0.3	0.0	1.7	0.0	0.0
Don't like to collect free of cost	16.4	16.5	7.3	12.4	9.7	8.3	2.3	0.0
Don't have time to collect free condoms	26.8	32.4	19.0	22.7	20.0	26.7	10.6	7.7
Others	14.5	12.5	19.8	25.1	6.2	15.0	14.1	7.7

Person Who Usually Collects Condoms

The male partner of the couple was reported to collect the method by more than 85 percent reported by men and more than 80 percent by women of urban affluent class. Likewise more than 65 percent men and about 60 percent women of semi-rural areas stated that the men obtained the condoms. No significant difference in reporting

was observed either for men or women groups of respondents within each residential area (Table 44). They stated: (1) Both collect condoms (2) FP/Health workers provide condoms did not differ significantly between two proportions of respondents of men or women within each residential area. Very small proportions of respondents stated that they got condoms from depot — holders, relatives, neighbors, friends and some other sources. These data clearly show that condoms are usually obtained by the male partner of the couple.

Table 44 : Who Usually Obtains Condoms by Residence and Respondent Type.

Persons Who Obtains Condoms	Residence and Respondent Type							
	Indiv.	Urban Affluent			Indiv.	Semi Rural		
		Couple		Female		Indiv.	Couple	
	Male	Hus.	Wife	Female	Male	Hus.	Wife	Female
n=534	n=559	n=581	n=581	n=211	n=243	n=200	n=198	
Self	89.9	85.5	6.4	6.0	68.9	73.3	4.5	7.1
Spouse	3.6	6.3	81.2	83.0	5.7	4.9	65.5	59.1
Both	3.4	5.4	6.9	7.7	0.5	1.2	3.5	2.0
F. P./health Worker	11.4	11.8	13.1	10.3	37.3	37.4	34.0	35.9
Depot holder	0.6	1.3	2.8	1.4	0.5	1.2	0.5	4.0
Relatives	0.7	0.5	3.1	2.2	1.4	0.4	5.5	6.1
Neighbor	0.0	0.2	0.3	0.7	1.4	0.0	0.0	0.0
Others	1.5	1.4	4.0	0.7	0.9	0.4	0.0	0.5

Responses add up to more than 100 percent since respondents can give more than one answer.

Reasons for Preference of Condoms Over Other Modern Temporary Methods

In this variable the ever users were asked to state the reasons as to why they used condoms when other modern temporary contraceptive methods are available. In response to this question between 29 to 39 percent men irrespective of residential affiliations stated that it was convenient to use. However, no significant difference has been observed between the proportions of men and between the proportions of women within each residential area. Among other stated major reasons, the following were prominent, (1) side-effect of other methods; (2) condom has less side-effect; (3) it is more effective/reliable; (4) a safe method; (5) self/spouse likes and (6) for necessity (Table XVI, Appendix B).

Small proportions of condom users also stated other reasons for preferring condoms to other temporary methods of contraception. The reasons stated were: (1) easily available; (2) use on medical advice; (3) no knowledge about other methods; (4) no test; (5) to change the method; (6) irregular use of other methods; (7) to prevent STD; (8) husband/wife dislikes; (9) good for health and (10) available at low cost.

APPENDIX "A"

SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

This section compares the socio-demographic characteristics of the four types of respondents (husbands, wives, individual males, and individual females) in both semi-rural and affluent urban areas. Before we can conclude that the differential reporting of contraceptive use is due to whether the respondent is male or female or whether the spouse was also interviewed, we must examine whether the types of respondents differ markedly by socio demographic characteristics. Only if the socio demographic characteristics of, for example, wives whose husbands were interviewed are very similar to those of wives interviewed individually can we conclude that having one's spouse interviewed also makes a difference in reporting.

The attached tables (A.1-A.15) describe the characteristics of the samples and provide information on what kinds of people were included in this study.

Age of Male Partner of the Couple

In Table A.1 the age of the male partners are presented to see if there were any variation in reported ages. The median ages of urban affluent men ranged from 37 to 38 years, compared to 34 to 36 years for the semi rural men. However, these variations are not statistically significant, and there are also no significant differences within the rural and urban samples. Male and female partners here refer to two groups of respondents (Individual males & husbands and wives & individual females).

Age of Female Partner of the Couple

As shown in Table A.2 the age distribution of female partners was also quite similar within each urban and rural areas. But between areas, there appear to be some differences. Like men semi rural women were younger than their urban counterparts. The mean ages ranged between 27.8 to 28.4 for urban affluent women and 26.5 to 26.8 for semi-rural females. Again, these variations are not statistically significant. Like male partner, the female partner includes the women's group of respondents and the wives of husband and individual male respondents.

Duration of Marriage

The age limit of the female partners of the couple was 20-35 years with a tolerance of two years (at either end of the age range under special circumstances). Due to the age limit of the female partner and also due to the selection of respondents from homogeneous populations (within their own area), the average duration of marriage cannot be expected to vary within residential area. As shown in Table A.3, the average marriage duration for the affluent urban sample varied from 10.5 to 11.0 years, among the four types of respondents with no statistically significant differences. The same was true for the semi rural respondents. But significant differences in average duration of marriage were observed for urban affluent wives and semi-rural wives; urban individual males and rural individual females; urban husbands and rural individual females - all at 5% level of significance. But most of these differences would be expected given the typical age gap between husbands and wives in Bangladesh.

In conclusion, these urban affluent and semi-rural samples were homogeneous within each residential area but were somewhat heterogeneous between residential areas in respect to marriage duration. The younger ages of semi-rural couple were perhaps attributable to the fact that rural people tend to get married earlier and even if they are younger as in this study, they still have longer marriage durations.

Number of Living Children, Sons and Daughters

Ideally there should not be any discrepancy between the average number of living children in numbers of sons and daughters of husbands and wives groups of respondents within the same area. But it appears that there exists some variations in their reported numbers although they are not statistically significant. The slight variations observed may have been caused by some partners reporting children from previous marriages.

The average number of living children was 2.3 to 2.5 among urban affluent respondents compared to 2.7 to 2.9 among the semi-rural population (Table A.4).

The average number of living sons was 1.3 among urban affluent and 1.4 among semi-rural respondents. No significant difference existed among any of the eight group (Table A. 5).

The average number of living daughters was 1.2 among urban Affluent respondents and 1.3 among semi-rural respondents. This is to be expected given the roughly equal sex ratio that prevails in most populations (Table A. 6). The semi-rural population had a slightly large number of children, probably because they had been married longer and had used contraceptives less.

Desire for Additional Child

On the whole, urban affluent respondents desired fewer additional children than their counterparts, though they already had fewer living children than the semi-rural respondents (Table A. 7). This probably reflects their attitude towards family formation. Twenty five to fifty percent of the urban affluent respondents desired additional children compared to 43 to 52 percent of the respondents in the semi-rural areas.

No significant differences existed between any two categories of urban respondents regarding the desire for additional children. But rural situation is somewhat different. Here, no significant difference existed between the proportions of men who desired additional children. But between men and women there was a difference at the 1% level of significance (Table A. 8). In semi-rural areas more women than men desired additional sons (Table A. 9). The reason is perhaps that rural women expect to be more dependent on their sons during their old age when they are typically widows. They may desire sons as old age security.

Large proportions of respondents who wanted additional sons did not specify a number. It is very likely that those who did not specify the number of additional sons held a fatalistic view.

Proportionately more women than men desired one additional daughter in both the residential areas (Table A. 10). No significant differences existed between any two

respondent types regarding the number of additional daughters wanted for the affluent urban respondents; but significant differences exist between husbands and wives ($P < .01$) and husbands and individual wives ($P < .05$) in the semi-rural areas.

In conclusion, urban respondents were more consistent than their rural counterparts in their desire for additional daughters. But since a large number of respondents gave fatalistic answers the calculated average number of children desired by sex may not be very good indicator of the number of additional children, sons or daughters desired.

Educational Levels of Respondents

Fewer than four percent of the urban affluent women respondents were illiterate whereas one-third (33.5 percent) of the husbands' group and three-fifths (62.5 percent) of individual females' groups in the semi-rural areas were illiterate. This was predictable because the data for urban area were collected from the affluent sections of the population. However, it is also likely that our semi-rural respondents were more educated than the rural masses.

The mean number of years of schooling for urban affluent respondents was 13 years for men and 10 years for women compared to less than five years for rural men and less than three years for rural women. In Bangladesh, as in most societies, men are relatively more educated than their female counterparts (Table A. 11). The only interesting difference showed up in the rural sample are, where people interviewed as a couple, had slightly more education, on the average, than those interviewed as individuals.

Male Partners' Occupation

Respondents were asked about the main occupation of the respondents/husbands. Slightly more than one half (51.3 percent) to three fifths (61.2 percent) of the urban affluent class were working in salaried (or "services" as is popularly known in Bangladesh) occupations (Table A. 12). This was true for between 17.8 percent to one-fourth (24.3 percent) of the respondents/husbands in the semi-rural areas. There were no significant differences in the reported proportions who stated that the main occupation of the husband was "Business" for the two residential areas. Somewhat surprisingly, there were significant differences between occupation reported by individual males and husbands and individual males and wives, although couples had close agreement. The main occupation of the male partner was other than service and business in less than three percent of the cases in the affluent urban areas whereas in semi-rural areas, between 36 and 45 percent reported being engaged in non-agricultural labor, in agricultural activities, and in other types of occupations.

Female Partners' Occupation

Most rural Bangladeshi women are not engaged in the labor force outside their homes. But the urban situation is somewhat different. Here, relatively better opportunity are available for women and women also want to be independent. The purpose of asking a question about female occupation was to assess the extent to which the female population availed themselves of employment opportunities. Twenty

percent women of the urban affluent group were engaged in economic activities whereas in the semi-rural areas, it was less than five percent. Between 1.3 and 2.5 percent of the women of the urban affluent class were in the rank of officers. Teaching was the most common female occupations in the urban group (Table A. 13). Because a very high proportion of females in the urban area were engaged in economic activity and in white collar occupations, we are confident that the urban sample of this study belong to the affluent class.

Average Monthly Expenditures of the Family

There is a tendency by most respondents to underreport their incomes. The population of Bangladesh is no exception. Some people may have more than one sources of income but unwilling to reveal all sources. Respondents may also fear that the interviewer might take the advantage of the information to report it to the tax collector. But if people are asked about expenditures rather from incomes they may feel free to tell the truth. Furthermore, very few Bangladeshis can save from their incomes. Mostly they need to depend on second sources of income for survival. For these reasons expenditures are probably a better indicator of socio-economic status of the households than incomes.

Significant differences between the average monthly expenditures by different groups of respondents clearly indicate that males tend to report their monthly expenditures less both in urban and semi-rural areas. In terms of expenditures females reports are probably more authentic than males. The average amount of monthly expenditure reported by urban affluent respondents ranged between Tk. 3,295 to Tk. 4,117 and the same for semi-rural ranged between Tk. 1,242/- to Tk. 1,518/- individual males reporting the lowest range while in individual females the highest in both areas (Table A. 14).

Religious Affiliation

Over 90 percent of the urban affluent respondents were Muslims and around six percent Hindus. The other two main religious groups had fewer than one percent population in our sample.

In the semi-rural areas about 76 percent were Muslims and 24 percent Hindus. Almost no other religious groups were found in the semi-rural areas.

In Bangladesh, as in other societies minorities tend to live in segregated areas. It appears that we failed to catch the proportional distribution of religious groups both in urban and in rural areas i. e. in urban areas we got less proportional distribution of Hindus while more of the same religious group was represented in semi-rural areas. In any case, we designed the sample to pick up the maximum numbers of condom users, not to get a sample truly representative of religious groups. Other than religious affiliations, our data clearly indicated that the population surveyed belonged to the homogeneous groups in term of socio-economic and demographic variables.

Table A.1 : Age of Male Partners by Residence and Respondent Type.

Age of Male Partners ¹	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv. Male	Couple		Indiv. Female	Indiv. Male	Couple		Indiv. Female
	N = 673	Hus. N = 674	Wife N = 674	N = 706	N = 617	Hus. N = 626	Wife N = 626	N = 646
20 - 24	0.4	0.4	0.4	1.0	4.7	3.8	4.5	3.6
25 - 29	12.5	11.9	11.6	12.5	22.0	21.6	19.0	15.2
30 - 34	24.2	22.4	24.6	27.3	23.3	26.2	25.6	26.6
35 - 39	26.2	27.6	27.9	28.6	16.9	18.0	20.3	22.8
40 - 44	21.8	22.6	21.8	19.3	17.7	13.6	14.4	16.7
45 - 49	12.0	11.7	9.9	9.3	0.9	10.5	10.7	10.1
50 - 54	1.9	2.2	2.4	1.0	3.4	3.4	3.8	3.4
55 +	0.9	1.2	1.0	0.7	2.6	2.4	1.8	1.4
N.R.	0.0	0.0	0.3	0.3	0.5	0.2	0.0	0.3
Median Age	37	38	37	37	34	35	35	36
Mean Age	37.2	37.5	37.2	36.4	35.7	35.7	35.9	36.2
Standard Deviation	6.71	6.74	6.62	6.37	8.28	8.19	8.01	7.55

In this study we interviewed both males and females and since their ages by sex are not comparable, only male ages have been considered here. Therefore, male partner here refers to either male respondents or the husbands of female respondents.

Table A.2 : Age of Female Partners by Residence and Respondent Type.

Age of Female Partners ¹	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv. Male	Couple		Indiv. Female	Indiv. Male	Couple		Indiv. Female
	N = 673	Hus. N = 674	Wife N = 674	N = 706	N = 617	Hus. N = 626	Wife N = 626	N = 646
18 - 19	3.0	3.4	3.0	3.7	6.2	6.1	6.5	5.3
20 - 24	26.0	22.3	23.0	25.2	33.4	34.8	37.4	33.7
25 - 29	29.7	33.8	34.3	34.6	25.2	27.8	27.5	32.0
30 - 34	24.8	25.1	24.3	34.6	20.3	19.3	16.3	19.3
35 - 39	16.5	15.4	12.9	10.7	10.8	12.0	12.3	9.6
Median Age	28	29	28	28	26	27	26	27
Mean Age	28.5	28.4	28.2	27.8	26.5	26.9	26.6	26.8
Standard Deviation	5.44	5.27	5.10	5.06	5.64	5.47	5.51	5.16

¹Like the male partners, all female respondents and wives of all male respondents are referred here as female partners in order to avoid confusion.

Table A.3 : Duration of Marriage in years by Residence and Respondent Type.

Duration of Marriage (in years)	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv. Male	Couple		Indiv. Female	Indiv. Male	Couple		Indiv. Female
	N=673	Hus.	Wife	n=706	N=617	Hus.	Wife	N=646
< 1	4.6	5.8	5.3	4.5	5.5	4.2	4.3	2.9
1 - 3	5.2	4.7	5.2	5.2	4.0	4.2	3.4	3.6
3 - 5	11.9	9.2	9.5	10.3	12.0	8.8	10.1	10.2
5 - 8	16.9	16.0	15.0	18.8	16.0	17.5	16.7	17.0
8 - 11	15.7	17.6	19.7	19.4	15.9	14.8	16.6	13.8
11 - 15	17.4	19.4	19.4	17.1	17.6	21.4	18.8	22.0
15 - 20	18.0	16.6	16.2	16.3	16.0	17.2	17.1	19.3
20+	10.2	10.5	9.6	8.2	12.8	11.4	12.9	11.1
Median	10.2	10.4	10.3	9.9	10.4	11.1	10.8	11.5
Mean	10.9	11.0	10.9	10.5	11.1	11.5	11.5	11.7
Standard Deviation	6.39	6.34	6.22	6.07	6.60	6.31	6.41	6.19

Table A.4 : Distribution of No. of Total Children by Residence and Respondent Type.

Total No. of Children	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv. Male	Couple		Indiv. Female	Indiv. Male	Couple		Indiv. Female
	N=673	Hus.	Wife	N=706	N=627	Hus.	Wife	N=646
0	10.5	9.1	9.1	9.3	12.6	10.2	10.7	9.6
1	22.4	22.0	22.4	23.4	17.5	19.0	20.6	20.9
2	25.7	27.0	27.4	29.5	20.1	18.5	19.5	20.6
3	17.4	19.4	19.6	18.7	16.4	18.2	17.0	17.2
4	12.0	9.2	10.1	8.6	12.1	14.1	13.9	14.5
5	5.2	6.8	6.8	5.8	9.2	7.7	7.8	7.9
6	3.7	3.4	3.0	3.1	5.7	5.1	5.3	5.0
7+	3.0	3.1	1.6	1.5	6.3	7.2	5.1	4.3
Mean	2.45	2.52	2.41	2.32	2.86	2.93	2.76	2.74

Note : These means were calculated from exact values (before lumping in the last group)

Table A.5 : Number of Living Sons by Residence and Respondent Type.

No. of Living Sons	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv.	Couple		Indiv.	Indiv.	Couple		Indiv.
	Male	Hus.	Wife	Female	Male	Hus.	Wife	Female
	N=637	N=674	N=674	N=706	N=617	N=626	N=626	N=646
No Son	29.4	26.1	26.7	28.0	27.8	24.3	25.7	24.6
1	37.6	38.1	38.1	41.2	27.7	32.3	33.1	35.6
2	20.4	22.8	23.4	21.9	24.0	22.7	22.5	22.8
3	8.0	8.6	8.3	6.7	11.2	11.2	11.0	9.4
4+	3.7	4.3	3.4	2.1	8.3	9.4	7.7	7.3
N.R	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0
Average no. of living sons	1.20	1.27	1.24	1.14	1.42	1.49	1.42	1.39
Standard deviation	1.07	1.07	1.04	0.97	1.24	1.24	1.20	1.16

APPENDIX 'B'—TABLES

Table I : Contraceptive Use Patterns — Current Use of Condoms & Other Methods, Past and Never Use Status by Residence and Respondent Type.

Use Status of Contraceptive Method by Board Category	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv.	Couple		Indiv.	Indiv.	Couple		Indiv.
	Male	Hus.	Wife	Female	Male	Hus.	Wife	Female
	N=673	N=674	N=674	N=706	N=617	N=620	N=626	N=646
Condoms	30.2	30.3	28.9	29.6	4.1	7.0	4.6	2.8
Other Modern Methods	36.7	38.3	36.6	37.3	23.7	23.0	20.0	21.1
Traditional Methods	9.4	9.2	9.1	7.2	8.6	9.9	6.9	3.6
Overall Current Use	76.2	77.7	74.6	74.1	36.3	39.9	31.5	27.4
Overall Past Use	14.3	14.2	17.2	16.8	12.8	14.2	16.9	14.7
Overall never Use	9.5	8.0	7.9	9.1	50.9	45.8	51.6	57.9
Overall Ever Use	90.5	92.0	92.1	90.9	49.1	54.2	48.4	42.1

Table II : Respondents Who Received Free Condom From F.P./Health Worker by Residence and Respondent Type.

Whether Free Condom Received	Residence and Respondents Type							
	Urban Affluent				Semi-Rural			
	Indiv.	Couple		Indiv.	Indiv.	Couple		Indiv.
	Male	Hus.	Wife	Female	Male	Hus.	Wife	Female
	n=276	n=245	n=246	n=306	n=502	n=479	n=527	n=587
	N=673	N=674	N=674	N=706	N=617	N=626	N=626	N=646
Yes	4.7	6.1	4.5	5.2	4.0	3.1	1.5	1.7
	1.9	2.2	1.6	2.2	3.2	2.4	1.3	1.5
No	92.0	93.5	92.2	94.8	95.8	96.9	96.9	95.9
	37.7	34.0	33.7	41.1	78.0	74.1	81.6	87.1
Don't Remember	3.2	0.4	3.3	0.0	0.2	0.0	1.5	2.4
	1.3	0.1	1.1	0.0	0.1	0.0	1.3	2.2

n=Never Users of Contraceptive Methods

N=Total Sample Population

Note : Of the two Percentages shown in each cell, the upper one represent the "Never Users" while the lower one represents the "Total Sample" of each column.

Table III: Number of Nights Spent Away from Home by Residence and Respondent Type.

No. of Nights Spent Away from Home	Residence and Respondent Type								
	Indiv. Male	Urban Affluent			Indiv. Female	Semi-Rural			Indiv. Female
		Couple		Indiv.		Couple		Indiv.	
		Hus.	Wife			Hus.	Wife		
n ⁴ ⇒	138	135	120	117	34	59	35	17	
n ² ⇒	397	429	428	400	115	147	99	59	
1 - 7	71.0	83.0	76.7	73.5	85.3	81.4	65.7	70.6	
8 - 24	18.8	8.9	13.3	17.9	11.8	13.5	25.7	23.5	
15 - 21	8.0	6.6	8.3	6.0	0.0	5.1	8.6	5.9	
22 - 28	2.2	1.5	1.7	2.6	2.9	0.0	0.0	0.0	
Proportion of ever users stayed away from home	34.8	31.5	28.0	29.3	29.6	40.1	35.4	28.8	
Mean Standard deviation	6.89 5.13	5.87 4.54	6.45 4.94	6.63 5.01	5.44 4.14	5.66 3.75	7.00 4.58	6.47 4.24	

Table IV : Whether Respondents Took Chances in Using Any Method by Residence and Respondent Type (Ever Uses of Condoms only) and Reasons for Taking Chances.

Whether Respondents Took Chance in Use	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv.	Couple		Indiv.	Indiv.	Couple		Indiv.
	Male	Hus.	Wife	Female	Male	Hus.	Wife	Female
n=397	n=429	n=428	n=400	n=115	n=147	n=99	n=59	
Non-response	4.0	2.1	2.3	3.2	2.6	2.7	1.0	0.0
Do not take chances	67.8	77.1	69.9	75.8	60.9	63.3	61.6	59.3
Take chances	28.2	20.7	27.8	21.0	36.5	34.0	37.4	40.7
Reasons for Taking Chances by Residence and Respondent Type								
Reasons	n=112	n=89	n=119	n=84	n=42	n=50	n=37	n=24
Respondent dislikes method	4.5	6.7	5.0	4.8	7.1	14.0	0.0	20.8
Spouse dislikes method	5.4	6.7	9.2	9.5	4.8	8.0	8.1	16.7
Not available at coitus	0.9	12.4	5.9	2.4	7.1	6.0	2.7	8.3
Not available in locality	0.9	1.1	0.0	3.6	11.9	2.0	0.0	8.3
Depend on safe period	41.9	32.6	33.6	26.2	11.9	14.0	27.0	20.8
No problem if child born	34.8	33.7	28.6	38.1	38.1	44.0	48.6	25.0
Others	14.3	13.5	21.8	20.2	19.0	14.0	10.8	12.5
	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

*More than one reason could be provided and hence the percentages may add to more than the total number reporting they to chances.

Table V: How Frequently Ever Users of Condoms Took Chances by Residence and Respondent Type.

Frequency of Taking Chances	Residence and Respondent Type							
	Indiv. Male	Urban Affluent			Semi Rural			
		Couple		Indiv.	Indiv. Male	Couple		Indiv. Female
		Hus.	Wife	Female		Hus.	Wife	
n=1	112	89	119	84	42	50	37	59
n=2	397	429	428	400	115	147	99	24
Sometimes	26.8 7.6	33.7 7.0	40.3 11.2	27.4 5.7	50.0 18.3	52.0 17.7	27.0 10.1	50.0 6.8
During safe periods	36.6 10.3	30.3 6.3	31.1 8.6	28.6 6.0	11.9 4.3	12.0 4.1	27.0 10.1	16.7 6.8
Usually take chances	19.6 5.5	20.2 4.2	16.8 4.7	17.9 3.7	28.6	21.0 9.5	21.6 8.1	20.8 8.5
Others	13.4 3.8	14.6 3.0	10.1 2.8	19.0 4.0	7.1 2.5	6.0 2.0	21.6 8.1	12.5 5.1
Missing values	3.6 1.0	1.1 0.2	1.7 0.5	7.1 1.5	2.4 1.5	2.0 0.7	2.7 1.6	0.0 0.0

n¹—Those who reported having taken chances.n²—Those who reported having ever used condoms

Table VI: Regularity of Condom Use by Residence and Respondent Type.

Regularity of Condom Use	Residence and Respondent Type							
	Indiv. Male	Urban Affluent			Semi-Rural			
		Couple		Indiv.	Indiv. Male	Couple		Indiv. Female
		Hus.	Wife	Female		Hus.	Wife	
	n=397	n=429	n=428	n=400	n=115	n=147	n=99	n=59
Uses every time	55.2	52.2	46.0	54.2	49.6	42.2	49.5	49.7
Uses most of the time	17.6	14.0	15.2	13.3	7.8	8.8	8.1	10.2
Uses sometimes	14.1	17.0	19.4	15.3	14.8	26.5	25.1	23.7
Uses very irregularly	9.3	13.5	18.2	14.5	23.5	19.0	26.3	25.4
Non-response	3.8	3.3	1.2	2.7	4.3	3.4	1.0	0.0

Table VII: Reasons for Irregular Use of Condoms by Residence and Respondent Type (Ever Users of Condoms).

Reasons for Irregular Use of Condoms	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv. Male	Couple		Indiv. Female	Indiv. Male	Couple		Indiv. Female
		Hus.	Wife			Hus.	Wife	
n ¹ =	178	205	231	183	58	85	50	35
n ² =	397	429	428	400	115	147	99	59
Don't need every time	12.9 4.8	17.1 8.2	13.9 7.5	18.0 1.3	22.4 11.3	28.2 16.3	22.0 11.1	25.7 15.3
Depend on safe period	37.6 16.9	26.3 12.6	32.5 17.5	29.5 13.5	12.1 6.1	18.8 10.9	20.0 10.1	22.9 13.6
Wife uses other method	26.4 11.8	26.3 12.6	26.4 14.2	26.8 12.3	20.7 10.4	8.2 4.8	6.0 3.0	3.4 3.4
Self/spouse dislike	6.7 3.0	13.7 6.1	25.5 13.3	20.1 9.5	10.3 5.2	9.4 5.4	16.0 8.1	25.7 15.3
Not getting full satisfaction	3.9 1.8	2.4 1.2	4.3 2.3	5.5 2.5	1.7 0.9	1.2 0.7	4.0 2.0	5.7 3.4
Not available every time	1.1 0.5	1.0 0.5	1.3 0.7	0.5 0.3	1.7 0.9	7.1 4.1	2.0 1.0	5.1 3.4
Desire for child	3.9 1.8	2.4 1.2	2.5 1.2	4.4 2.0	10.3 5.2	5.6 3.4	8.0 4.0	2.9 1.7
Due to side effects	2.2 1.0	2.0 0.2	4.8 2.6	3.8 1.8	0.0 0.0	4.7 2.7	4.0 2.7	0.0 0.0
Don't know/don't remember	1.1 0.5	2.9 1.4	0.9 0.5	0.0 0.0	1.7 0.9	2.4 1.4	8.0 4.0	8.6 5.1
Others	3.9 1.8	7.3 3.5	1.7 0.9	0.0 0.0	6.9 3.5	2.4 1.4	2.0 1.0	0.0 0.0
No specific reason	14.3 6.3	18.0 8.6	7.8 4.2	8.7 4.0	20.7 10.4	16.5 9.5	16.0 8.1	5.7 3.4

Table VIII : Third Contraceptive Methods Switched to by Residence and Respondent Type.

Name of Methods	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv. Male	Couple		Indiv. Female	Indiv. Male	Couple		Indiv. Female
	Hus.	Wife			Hus.	Wife		
Pills	15.3 37	17.6 43	23.8 64	28.4 69	40.4 21	31.7 26	22.2 12	29.4 10
Condoms	28.2 68	26.9 66	17.5 47	24.7 60	11.5 6	25.6 21	13.0 7	8.8 3
I. U. D.	1.7 17	8.6 21	9.3 25	9.1 22	1.9 1	6.1 5	11.1 6	0
Foams	14.5 35	18.0 44	13.0 35	11.9 29	9.6 5	9.8 8	7.4 4	13.8 4
Sterilizations	5.8 14	5.3 13	5.9 16	5.8 14	7.7 4	9.8 8	5.6 3	20.6 7
Injections	1.7 4	2.0 5	2.6 7	1.6 4	3.8 2	1.2 1	3.7 2	0
Safe period	14.1 34	15.1 37	18.2 49	12.3 30	13.5 7	7.3 6	22.2 12	8.8 3
Other	10.0 24	6.1 15	8.9 24	4.9 12	9.6 5	7.3 6	13.0 7	20.9 7
N. R.	3.3 8	0.4 1	0.7 2	1.2 3	1.9 1	1.2 1	1.9 1	0
Total	100.0 241	100.0 245	100.0 269	100.0 243	100.0 52	100.0 82	100.0 54	100.0 34
N. A.	432	429	405	463	565	544	572	612
Grand Total	673	674	674	706	617	626	626	646

Table IX : Fourth Contraceptive Methods Switched to Residence and Respondent Type.

Name of Methods	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv. Male	Couple		Indiv. Female	Indiv. Male	Couple		Indiv. Female
	Hus	Wife			Hus	Wife		
Pills	18.9 18	25.0 23	22.0 27	20.0 18	66.7 8	32.0 8	33.3 7	28.6 2
Condoms	23.2 22	27.2 25	24.4 30	31.1 28	0.0 0	24.0 6	23.8 5	28.6 2
IUD	12.6 12	6.5 6	7.3 9	10.0 9	0.0 0	0.0 0	0.0 0	0.0 0
Foams	12.6 12	6.5 6	8.9 11	10.0 9	0.0 0	8.0 2	4.8 1	14.3 1
Sterilizations	3.2 3	6.5 6	6.5 8	6.7 6	0.0 0	16.0 4	14.3 3	0.0 0
Injections	0.0 0	0.0 0	2.4 3	0.0 0	0.0 0	4.0 1	0.0 0	0.0 0
Safe period	16.8 16	15.2 14	14.6 18	15.6 14	16.7 2	8.0 2	14.3 3	14.3 1
Withdrawal Others	12.6 12	13.0 12	13.0 16	6.7 6	16.7 2	8.0 2	9.5 2	14.3 1
Total	95	92	123	90	12	25	21	7
N. R	0	0	1	1	0	0	0	0
N. A	578	582	551	615	605	601	605	636
Grand Total	673	674	674	706	617	626	626	646

Table X ; Fifth Contraceptive Methods Switched to by Residence and Respondent Type.

Name of Methods	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv. Male	Couple		Indiv. Female	Indiv. Male	Couple		Indiv. Female
	Hus.	Wife			Hus.	Wife		
Pills	23.3 7	14.3 3	11.4 5	17.6 6	0	1	1	1
Condoms	33.3 10	23.8 5	40.9 18	32.4 11	0	2	1	0
I. U. D.	3.3 1	14.3 3	9.1 4	17.6 6	0	1	0	0
Foams	6.3 2	14.3 3	9.1 4	2.9 1	0	1	0	0
Sterilizations	3.3 1	0.0 0	6.8 3	0.0 0	0	0	0	0
Injections	0.0 0	0.0 0	2.3 1	0.0 0	0	0	0	0
Safe period	10.0 3	19.0 4	9.1 4	14.7 5	0	0	0	0
Others	20.0 6	14.3 3	11.4 5	11.8 4	0	0	1	0
N. R.	0.0 0	0.0 0	0.0 0	2.9 1	0	0	0	0
Total	30	21	44	34	0	5	3	1
N.R.	643	653	630	672	617	621	623	645
Grand Total	673	674	674	706	617	626	626	646

Table XI : Sixth Contraceptive Methods Switched to by Residence and Respondent Type.

Name of Method	Residence and Respondents Type							
	Urban Affluent				Semi - Rural			
	Indiv. Male	Couple		Indiv. Female	Indiv. Male	Couple		Indiv. Female
	Hus.	Wife			Hus.	Wife		
Pills	3	2	4	3	0	1	0	0
Condoms	3	2	3	4	0	0	0	0
I. U. D.	0	0	2	0	0	0	0	0
Foams	0	0	0	0	0	1	0	0
Sterilizations	1	1	2	0	0	0	0	0
Injections	0	0	1	0	0	0	0	0
Safe period	0	0	1	0	0	0	0	0
Others	1	0	2	1	0	0	0	0
N. R.	0	0	0	1	0	0	0	0
N. A	665	669	659	697	617	624	626	646
Total	673	674	674	706	617	626	626	646

Table XII : Major Reasons for Switching From Beginning to Second Method by Residence and Respondent Type.

Reasons for Switching to 2nd Method	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv.	Couple		Indiv.	Indiv.	Couple		Indiv.
	Male	Hus.	Wife	Female	Male	Hus.	Wife	Female
n ¹ =	408	427	442	425	126	165	120	81
n ² =	609	620	621	642	303	339	303	272
Side effects/ complications	46.3 31.0 189	39.8 27.4 170	51.8 36.9 229	47.3 31.3 201	37.3 15.5 47	38.2 18.6 63	50.0 20.0 60	49.4 14.7 40
Fear of side effect/complications	10.3 6.7	14.1 9.7	8.8 6.3	12.5 8.3	6.3 2.6	3.0 1.5	5.0 2.0	4.9 1.4
Not available in the locality	1.2 0.8 5	0.0 0.0 0	1.4 1.0 6	1.6 1.1 7	3.2 1.3 4	3.0 1.5 5	2.5 1.0 3	2.5 0.7 2
Desire for children	0.2 0.2 1	0.2 0.2 1	0.5 0.3 2	0.2 0.2 1	2.4 1.2 3	0.0 0.0 0	1.7 0.7 2	2.5 0.7 2
Previous methods less effective	4.9 3.3 20	4.7 3.2 20	4.7 3.4 21	6.1 4.3 26	8.7 3.6 11	4.8 2.4 8	5.0 2.0 2	2.5 0.7 2
Inconvenient to use	5.4 3.6 9	6.3 4.3 27	5.7 4.0 25	2.4 1.6 10	6.3 2.6 8	12.1 5.9 20	4.2 1.7 5	6.1 9.2 5
Other spouse dislike	2.2 1.5 9	4.2 2.9 18	7.5 5.3 33	4.9 3.3 21	4.0 1.7 5	2.4 1.2 4	6.7 2.6 8	7.4 2.2 6
Self dislike	5.6 3.8 23	5.9 4.0 25	1.6 1.1 7	1.6 1.1 7	7.9 3.3 10	4.2 2.1 7	1.7 0.7 2	3.7 1.1 3
No specific Reason	10.3 6.9 42	7.9 5.5 34	6.6 4.7 29	7.5 5.0 32	8.7 3.6 11	19.4 9.5 32	6.7 2.6 8	7.4 2.2 6
Others	13.5 9.1 55	16.9 11.6 72	11.5 8.2 50	15.8 10.4 67	15.1 6.3 19	12.7 6.2 21	16.6 6.6 20	13.6 4.0 11

Note:—n¹s represents those who switch to a second method while n²s represent those who at least switched to a second method.

Table XIII: Major Reasons For Switching From Second to Third Method by Residence and Respondent Type.

Reasons for Switching to 3rd method	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Couple		Indiv.	Indiv.	Couple		Indiv.	
	Male	Hus.	Wife	Female	Male	Hus.	Wife	Female
n ¹ =	234	244	269	251	52	81	53	34
u ² =	408	427	442	425	126	165	120	81
Side effects/ complications	20.1 11.5 47	16.4 9.4 40	18.2 11.1 49	15.9 9.4 40	11.5 4.8 6	23.5 11.5 19	24.5 10.8 13	11.8 11.8 4
Fear of side effects/complacatsons	9.8 5.6 23	9.4 5.4 23	10.4 6.3 28	7.2 4.2 18	1.9 0.4 5	6.2 3.0 5	7.5 3.3 4	11.8 4.9 4
Not available in the locality	0.9 0.5 2	1.6 0.9 4	0.4 0.2 1	0.0 0.0 0	3.8 1.6 2	1.2 0.6 1	3.8 1.7 2	5.9 2.5 2
Desire for more children	0.0 0.0 0	0.0 0.0 0	1.1 0.7 3	0.8 0.5 2	1.9 0.8 1	0.0 0.0 0	0.0 0.0 0	0.0 0.0 0
Previous methods were less effective or ineffective	9.8 5.6 23	9.4 5.4 23	5.0 3.6 16	11.2 6.6 28	11.5 4.8 6	9.9 4.8 8	9.4 4.2 3	20.5 8.6 7
Inconvenient to use	7.3 4.2 17	14.3 8.2 35	11.9 7.2 32	10.0 5.9 25	15.4 6.3 8	8.6 4.2 7	11.3 5.0 6	11.8 4.9 4
Husband/wife doesn't like	4.6 2.7 11	5.7 3.3 14	16.4 10.0 44	10.8 6.3 27	0.0 0.0 0	2.5 1.2 2	7.5 3.3 4	8.8 3.7 3
Self doesn't like	7.7 4.4 18	7.4 4.2 18	4.9 2.9 13	5.1 3.1 13	15.4 6.3 8	7.4 3.6 6	3.8 1.7 2	2.9 1.2 1
No specific reason	21.4 12.2 59	15.6 8.9 38	16.4 10.0 44	21.9 12.9 55	15.4 6.3 8	18.5 9.1 15	15.1 6.7 8	17.6 7.4 6
Others	18.4 10.5 43	20.1 11.5 49	14.5 8.8 39	17.1 10.1 43	23.1 9.5 12	22.2 10.9 18	17.0 7.5 9	8.8 3.7 3

Note: The percentages at the top have been calculated from those who switched to a 3rd method and those at the middle was calculated from total swithers.

Table XIV : Major Reasons For Switching From Third to Fourth Method by Residence and Respondents Type.

Reason for Switching to 4th Methods	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv.	Couple		Indiv.	Indiv.	Couple		Indiv.
	Male	Hus.	Wife	Female	Male	Hus	Wife	Female
n ¹ =	95	92	123	93	12	26	21	7
n ² =	408	427	442	425	126	165	120	81
Side effect/complication	13.7	8.7	20.3	19.4	25.0	15.4	23.8	14.4
	3.2	1.9	5.7	4.2	2.4	2.4	4.2	1.2
	13	8	25	18	3	4	5	1
Fear of side effect/compliation	6.3	9.8	6.5	6.4	0.0	0.4	4.8	0.0
	1.5	2.1	1.8	1.4	0.0	0.0	0.8	0.0
	6	9	8	6	0	0	1	0
Not available in the locality	0.0	1.1	1.6	3.2	8.3	0.0	4.8	0.0
	0.0	0.2	0.5	0.3	0.8	0.0	0.8	0.0
	0	1	3	3	1	0	1	0
Desire more Children	0.0	0.0	0.8	1.1	0.0	0.0	0.0	0.0
	0.0	0.0	0.2	0.2	0.0	0.0	0.0	0.0
	0	0	1	1	0	0	0	0
Previous method were less effective or ineffective	15.8	9.2	13.0	7.5	0.0	3.8	9.5	14.3
	3.7	2.1	3.6	1.6	0.0	0.6	1.7	1.2
	15	9	16	7	0	1	2	1
Inconvenient to use	11.6	12.0	5.7	6.4	16.7	11.5	4.8	0.0
	2.7	2.6	1.6	1.4	1.6	1.2	0.8	0.0
	11	11	7	6	2	2	1	0
Husband/wife doesn't like	4.2	10.2	8.1	7.5	8.3	11.5	0.0	14.3
	1.0	2.3	2.3	1.6	0.8	1.2	0.0	1.2
	4	10	10	7	1	2	0	1
Self don't like	6.3	9.8	7.3	2.1	8.3	11.5	0.0	0.0
	1.5	2.1	2.0	0.5	0.8	1.2	0.0	0.0
	6	9	9	2	1	2	0	0
Others	85.8	15.0	13.8	24.7	16.7	23.1	33.3	28.5
	3.7	2.6	3.8	3.4	1.6	3.6	5.8	2.5
	15	11	17	23	2	6	7	2
No specific reason	26.3	26.0	22.8	21.5	16.7	34.6	89.0	28.5
	6.1	5.6	6.3	4.7	1.6	5.5	3.3	2.5
	25	24	28	20	2	9	4	2

Note — The percentages at the top have been calculated from those who switched to a 4th method at the middle was calculated from total switchers.

Table XV : Definition of Safe Period As Perceived by the Interviewee by Residence and Respondent Type.

Definition stated by Interviewees	Residence and Respondent Type							
	Urban Affluent				Semi-Rural			
	Indiv. Male	Couple Hus.	Couple Wife	Indiv. Female	Indiv. Male	Couple Hus.	Couple Wife	Indiv. Female
8 days before and 7 days after menstruation	1	8	5	3	0	0	0	0
4 days before and 7 days after menstruation	16	2	1	1	0	3	0	3
3 days before and after menstruation	2	10	8	8	0	0	0	1
10/12 days after menstruation	10	3	6	6	0	1	1	0
4/5 days before and 3/4 days after menstruation	18	1	5	4	1	0	2	0
7 days after menstruation	5	3	5	7	3	0	0	9
15 days after menstruation	7	7	0	6	5	5	2	0
Last 7 days after menstruation	19	8	8	8	0	5	4	3
Last 6 days after menstruation	19	1	1	1	0	0	1	0
Last 9 days after menstruation	8	4	0	1	0	0	0	0
3 days before menstruation and 10 days from first day of menstruation	0	0	0	2	0	0	0	0
5 days after menstruation	3	0	1	2	0	2	0	0
8 days before and 10 days after menstruation	0	1	3	4	1	0	0	1
3 days before and 2 days after menstruation	8	0	5	1	0	0	0	0
20 days before menstruation	6	2	3	5	5	4	1	0
9 days before and 9 days after menstruation	0	12	6	0	0	0	0	0
10 days before and 5 days after menstruation	1	1	1	0	0	0	0	0
From 1-9 days of menstruation and 22-27 days after menstruation	1	0	0	0	0	0	0	0