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**EVALUATION OF THE PERFORMANCE
OF FAMILY WELFARE ASSISTANTS
AND DAIS IN THE NATIONAL
FAMILY PLANNING PROGRAM**

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CHAPTER I

BACKGROUND

1.1. 'Dai' in the National Family Planning Program

Although the Family Planning Program in Bangladesh was started first in 1953 at private initiative, the direct Governmental intervention in population matters was made in the mid-sixties. With a view to motivating rural people and distributing contraceptive at their door-steps, the government relied heavily on Peoples' confidants who were available in the area to sustain regular contacts with clientele group. Accordingly, the system of employing village *dais* (midwives) was introduced. In each village *dais* were chosen from among those women, who were consulted by other village on matters of sex and sickness. In addition, these women were usually those who used to nurse pregnant mothers, help them at the time of delivery and provide them with other post-delivery services. These women had thus, natural intimacy with the target women and, as such, could overpass objections to discussing problems relating to birth control matters. That her advice was often sought on such matters and presumably respected, gave the *dai* a distinct advantage in her dual functions as a motivator, and as a dispenser of contraceptives.

1.2 Introduction of Family Welfare Assistants (FWAs) in the National Family Planning Program

In spite of sincere efforts of the Government and higher amount of financial allocation, the Family Planning Program during the late sixties and early seventies could not achieve desired level of success. In view of this, the Government felt the necessity of strengthening the existing population control program, especially at the grass—root level. As a corollary to this, the necessity of employing better qualified full-time female workers on a regular basis as against the existing *dais* employed on part-time basis, was

felt. Accordingly a new cadre of workers known as Family Welfare Assistants (FWAs) at the Ward¹ level was created to work under the supervision of Union² level Family Planning Assistants (FPAs) - workers of another new cadre. A total number of 13,500 FWAs and 4,500 FPAs were planned to be recruited for the entire country (Two Year Plan, 1978-1980, Government of Bangladesh, Page - 258). Motivating and educating the eligible couples for adopting family planning methods as well as distribution of contraceptives were to be the main responsibilities of these workers.

It is to be noted here that all the 18,000 regular workers were recruited in phases. Since these recruitments were not done at one time, the part-time *dais* were allowed to continue their services. But once the recruitment was complete, the services of the *dais* were discontinued. But in spite of this change in personnel structure, performance did not improve and, as such, the services of *dais* were revived with a view to supplementing the efforts of FPAs and FWAs.

1.3 Job Conditions of Dais, and FWAs

The services of *dais* were more or less, informal and they were given a paltry amount of Tk. 15/- as monthly remuneration, whereas the FWAs were given a monthly salary of Tk. 400/-. Subsequently, along with the increases in salary of FWAs and other Government employees, the monthly remuneration of *dais* was increased to Tk. 50/- only. In October, 1983 the provision of monthly remuneration of *dais* was discontinued, although their referral fees for each sterilization and IUD cases were increased to Tk. 45/-, but no change in the referral fees of the regular health and family planning workers was made. Of course, through a recent circular³, the Government has made the provision of the same referral fee (Tk.45/-) for the health and Family Planning workers for sterilization cases, with effect from the 1st March, 1985. In order to be registered as a *dai*

-
1. A 'Ward' is the lowest administrative tier of the local Government and of the Family Planning infrastructure.
 2. A 'Union' is the second lowest administrative tier of the local Government and of the Family Planning infrastructure.
 3. No. PC/S-Coord - 1/25 /84/21 dated 26/2/85

a woman is not required to have attained any standard grade of education, whereas for becoming an FWA, a woman has to possess at least secondary school certificate¹ (SSC).

An FWA has to meet a monthly target of recruiting acceptors of different family planning methods. Each and every FWA is officially required to motivate two clients for accepting sterilization, two for condom, two for oral pill, one for IUD, and one for either menstrual regulation (M.R.) or injection (Ministry of Health and Population Control, 1983). On the other hand, *dais* operate under no such target meeting condition. The FWAs are required to undertake home visits in a routine manner as per tour program approved by Family Planning Officers. In contrast, the *dais* do not have such mandatory responsibilities. Again, whereas the FWAs are affiliated to the Population Control Wing of the Ministry of Health and Population Control, the *dais* simply get registration from the office of the upazaila health and family planning officer. Thus, *dais* and FWAs are two different types of workers in respect of terms and conditions of their involvement in the national family planning program.

1.4 The Problem

From the above discussion, it is evident that the two groups of family planning workers at grass-root level, namely *dais*, and FWAs, are working under different sets of service terms and conditions, although they are performing similar type of works. With the discontinuation of their monthly salary and introduction of the system of enhanced referral fees, the role of *dais* has been narrowed down in the sense that they are no more in the salary structure of the government and, as such, not accountable to the administration. Whatever meagre amount they used to receive previously as salary, it created a sense of belonging amongst them. but now, they have become completely irregular workers vis-a-vis the FWAs who are regular employees of the Government.

A few studies were undertaken to measure the performance of the field workers. A household contraceptive distribution program in Matlab

1. Requirement of S·S·C is relaxed for Chittagong Hill Tracts.

thana successfully used traditional birth attendants (T.B.As) for dispensation of contraceptives, mainly oral pills (Khan, *et al*, 1977). From subsequent analysis it was revealed that the T.B.As were relatively less efficient as contraceptive distributors than younger literate women (FWAs). (Rahman, *et al*, 1978). Another study conducted by ICDDR'B (Islam, 1980) corroborated the findings of an earlier study (Croley, *et al*. 1966) which found that a small proportion of rural deliveries were attended by professional midwives, and a large proportion were attended by relatives. Quddus (1979) observed that although the performance of FWAs was not satisfactory, yet they were the major sources of family planning service delivery in the rural community. The planning Commission also felt the necessity of retaining the services of *dais* along with those of FWAs as is indicated in the following paragraph :

"Given training, incentives, and reasonable salary, the part-time workers like DAIs may also prove worthy, as the experience of SAVAR and COMPANIGONJ in Bangladesh suggests. These points are made to emphasize that the DAIs are not yet found to be dysfunctional to the family planning program, in spite of Poor salary, part-time work and low level of training. We, therefore, believe that it would be too hasty to replace the DAIs with FWAs as suggested in the Family Planning scheme (1973-78) of the Government of Bangladesh. Use of part-time field workers for family planning field service merits serious consideration. This is likely to give the program an accelerated pace. Since the main thrust of the family planning program is domiciliary, there is a need to think as to how the services could be made more easily available to the rural people" (Population Section, Planning Commission, 1977(pp :25-26)

No detailed and extensive study has so far been undertaken in Bangladesh to investigate the nature and volume of works done by *dais* as well by FWAs. In view of the services rendered by the grass-root level family planning workers, in the context of the nation's efforts to curb population boom, it is important to examine the type and quantum of services being

rendered by these two groups of workers. The necessity of such a study was also felt by the Planning Commission (Population Section, 1977, pp.-25-26')

1.5 Objectives

The main objective of this study is, thus, to single out the one of the two types of workers -- FWA and *dai* - whose job performance level is higher than that of the other and to identify the factors responsible for such differential performance..

Specifically, the objectives are :

1. To measure the relative performance of full time and part time workers with respect to
 - i . Making visits to and establishing acquaintance with the clientele women.
 - ii. Raising level of knowledge of the family planning methods of the women.
 - iii. Increasing contraception use rate.
2. To investigate causes which are likely to affect performance of workers.
3. To bring out a comparative analysis of the FWA served and *dai* served areas on selected demographic and socio-economic characteristics of the women and workers.

CHAPTER II

METHODOLOGY

The Non-Equivalent adapted Control Group Pretest-Posttest Design has been employed for carrying out the study. Two groups which are similar, but not formed by random assignment, have been measured both before and after one of the two groups got the experimental treatment. The design has been used to evaluate the impact of two different treatments X_1 (posting of FWA) and X_2 (Posting of *dai*)

2.1 Evaluation Design

A : Design for evaluating impact of treatment X_1 (Posting of FWAs).

Before (Pre)	Treatment	After (Post)	Difference	Net Impact
E_1^b	X_1	E_1^a	$D_1 = E_1^a - E_1^b$	$I_1 = D_1 - D_2$
C_1^b	—	C_1^a	$D_2 = C_1^a - C_1^b$	

where, E_1^b : The value of the dependent variable (on which the impact of X_1 is to be measured) for the group of women selected from an area served by *dais* (but not by FWAs) and studied through baseline survey before applying the treatment X_1 (posting of FWAs). This is the experimental group for treatment X_1 .

E_1^a : The value of the dependent variable for the same group of women who have again been studied through the follow-up survey conducted about six months after the treatment X_1 (posting of FWAs) was applied.

$D_1 = E_1^a - E_1^b$: Difference in values of the dependent variable for the same group of women observed at different times : before and after the experimentation period for treatment X_1 .

^b
 C_1 : The value of the dependent variable for another group of women, similar in respect of socio-economic and demographic characteristics to the experimental group for treatment X_1 , chosen from an area served by *dais* (not by FWAs) and studied through baseline survey along with the group for E_1^b . This is the comparison group, not exposed to treatment X_1 .

^a
 C_1 : The value of the dependent variable for the same comparison group of women as for C_1^b , but observed through the follow-up survey along with the group for E_1^b . This group has not been exposed to the treatment X_1 .

^a ^b
 $D_2 = C_1^a - C_1^b$ The difference in values of the dependent variable for the same group of women (comparison group) observed at different points of time : before and after the experimentation period. This D_2 will provide us with an estimate of the 'change' caused by confounding and contamination.

I_1 : $D_1 - D_2 =$ The net impact of the treatment X_1 (posting of FWAs), The value of I_1 may be positive, negative or zero. But it is expected that D_1 is greater than D_2 and hence a positive impact of the treatment X_1 . If I_1 turns out to be zero or negative, this would mean no impact or negative impact.

B. Design for evaluating impact of treatment X_1 (Posting of *dais*)

Before (pre)	Treatment	After (post)	Difference	Net Impact
E_2^b	X_1	E_2^a	$D_3 = E_2^a - E_2^b$	$I_2 = D_3 - D_4$
C_2^b	—	C_2^a	$D_4 = C_2^a - C_2^b$	

^b
 where, E_2 : The value of the dependent variable for the group of women taken from an area served by FWAs (but not by *dais*) and studied through baseline survey before applying the treatment X_2 (posting of *dais*). This is the experimental group for treatment X_1 .

- E_2^a : The value of the dependent variable for the same group of women as for E_2^b , but observed again through follow-up survey conducted about six months after the treatment X_2 (posting of *dais*) was applied.
- $D_3 = E_2^a - E_2^b$: Difference in values of the dependent variable for the same group of women observed at two points of time : before and after the experimentation period for treatment X_2 .
- C_2^b : The value of the dependent variable for another group of women, similar to the experimental group for treatment X_2 , chosen from an area served by FWAs (not by *dais*) and studied through baseline survey. It is the comparison group, not exposed to treatment X_2 .
- C_2^a : The value of dependent variable for the same comparison group of women as for C_2^b , but observed through follow-up survey. This group has not been exposed to the treatment X_2 .
- $D_4 = C_2^a - C_2^b$: The difference in values of the dependent variable for the same group of women (comparison group) observed at different points of time : before and after the experimentation period. This D_4 will give us an estimate of the effect of confounding and contamination.
- I_2 : $D_3 - D_4$ = the net impact of the treatment X_2 (posting of *dais*). Values of I_2 may be positive negative or zero and have similar explanation as those in case of I_1 except that here we are concerned with *dais* and not with FWAs.

For each group of variables studied through the baseline and follow-up surveys in accordance with the evaluation design referred to above, we may expect that $I_1 > I_2$, as because I_1 is the net impact caused by regular workers-FWAs, while I_2 is due to part-time workers—*dais*,

2.2 Sample Design

For the study, 24 wards having *dai* (*dai* areas) in service (where no FWA was posted) and 24 wards having FWA (FWA areas) in service (where no *dai* was posted) were purposively selected. These wards were spread over six upazilas of Mymensingh district¹, and one upazila of Tangail district². A baseline survey was conducted in these 48 wards from each of which about 32 currently married women of reproductive age (CMWRA) were selected following the systematic random sampling technique. Out of 24 *dai* areas, 12 were selected randomly for treatment X_1 and defined as experimental area E_1 , and the remaining 12 as the comparison area C_1 . In each of the E_1 areas, one FWA was posted immediately after the baseline survey. Similarly out of 24 FWA areas, 12 were selected randomly for treatment X_2 and defined as experimental area E_2 while the remaining 12 wards were treated as comparison area C_2 . In each of the E_2 areas one *dai* was posted after the baseline survey.

In the follow-up survey efforts was made to cover those CMWRA who had got the coverage in the baseline survey conducted before the treatments was given. The distribution of respondents by area is shown below :

Number of Respondents by Type of Area

Type of Area	Number of Respondents
Experimental Area (E_1) (<i>dai</i> area, FWA as input)	309
Control Area (C_1) (<i>dai</i> area, no input)	422
Experimental Area (E_2) (FWA area, <i>dai</i> as input)	384
Control Area (C_2) (FWA area, no input)	436
Total	1,551

1. Muktagacha Fulpur, Gaffargion, Trishal, Fulbaria, and Ishwarganj
2. Gopalpur.

2.3 Data Collection

Two types of respondents namely, currently married women of reproductive age, and family planning workers (FWA and *dai*) were interviewed in both the surveys. For each type of respondents a separate standardized interview schedule was prepared. The same instruments were administered in both the surveys (baseline and follow-up). The interviews were conducted by the trained female interviewers. As many as five teams, each composed of four female interviewers and a supervisor, were deployed for data collection. The supervisor's task was to provide guidance to the female interviewers in respect of different aspects of interview.

The baseline survey was conducted during August—September, 1984 and the follow-up survey was carried out during March-April, 1985. In the follow-up survey 12.4 per cent respondents, who were interviewed in the baseline survey, were dropped due to 'experimental mortality'.

2.4 Data Processing

The information recorded in the filled—in schedules were edited, coded and verified manually. Data processing was done using the computer facilities at the Bangladesh Institute of Development Studies, Dhaka.

CHAPTER III

CHARACTERISTICS OF THE WOMEN

3.1 Introduction

This chapter is devoted to provide a brief overview of a few selected characteristics such as, age, age at first marriage, education, economy, employment status, size of land owned, religion, and type of house of the currently married women. Fertility of women interviewed has also been discussed here using both retrospective and current information on births. It may be recalled that the present study was conducted in two phases. The first survey, designated as baseline survey, was conducted about six months before the second one was carried out. The same group of women were interviewed in both the surveys. On the assumption that the characteristics included in this chapter are unlikely to change over a short interval of time of six months, the discussion has mostly been confined to the follow-up survey data.

3.2 Age

Age of a woman is believed to have influence on her contraceptive behaviour. The age distribution of the currently married women by type of area is shown in Table 3.1. The distribution shows little variation from one area to another, except for a few age groups. For example, in the E_2 area the percentage of women in the age group 20-24 is 21.9, while in other areas the percentages in the same age group range from 26.1 to 29.6. The mean ages of the respondents for different areas are also quite close to each other (around 28 years). The same is true for median ages as well (around 27 years). However, women in C_2 area appear a little younger than women of other areas (mean age 27.1 years and median age 26.0 years). These results agree quite well with those of the other studies conducted in recent times (Islam and Khan, 1985, Mitra and Kamal, 1985, MIS, 1983).

TABLE 1

Percentage of Currently Married Women Under 50 Years of Age by Current Age and Type of Area

Age	TYPE OF AREA							
	E ₁		C ₁		E ₂		C ₂	
	Number	percent	Number	percent	Number	percent	Number	percent
15-19	26	8.4	32	7.6	36	9.4	66	15.1
20-24	83	26.9	110	26.1	84	21.9	129	29.6
25-29	84	27.2	125	29.6	109	28.4	94	21.6
30-34	47	15.2	82	19.4	87	22.6	75	17.2
35-39	33	10.7	39	9.2	41	10.7	45	10.3
40-44	27	8.7	19	4.5	19	4.9	21	4.8
45-49	9	2.9	15	3.6	8	2.1	6	1.4
All	309	100.0	422	100.0	384	100.0	436	100.0
Mean		28.4		28.2		28.6		27.1
Median		27.3		27.2		27.6		26.0

3.3 Age at First Marriage

The age at which women marry is an important demographic variable and has direct bearing on fertility and reproductive behaviour. Since age at marriage influences fertility by governing the number of years of exposure to the risk of conception, it is important to understand the marriage pattern.

The distribution of women by their age at first marriage is shown in Table 3.2 for all the areas. A large proportion of the women interviewed are found to have got married before reaching age 15. The figure is the highest (66.9 percent) in the control area C₁ followed by experimental area E₂ (66.1 percent).

In control area C₂, half of the currently married women were married before reaching age 15. None is found to have married after the age of 24 years. Both the means and the medians are found to centre around an age of 14 years.

TABLE 3.2

Percentage of Currently Married Women Under 50 Years of Age by Age at First Marriage and Type of Area

Age at First Marriage (in Years)	TYPE OF AREA			
	E ₁	C ₁	E ₂	C ₂
<10	3.0	5.5	2.0	2.3
10-14	55.7	61.4	62.2	47.7
15-19	36.9	32.3	32.3	48.9
20-24	3.5	1.8	2.6	1.1
All	100.0	100.0	100.0	100.0
(N)	(309)	(422)	(384)	(436)
Mean	14.2	13.5	13.7	14.4
Median	14.0	13.6	13.5	14.5

3.4 Womens' Educational Attainment

Data on educational attainment of the women interviewed are shown in Table 3.3. The table clearly demonstrates a homogeneous situation in all the areas in terms of the level of education of the women. About 7 out of every 10 women are found to have no formal schooling. About a quarter of the women are reported to have completed primary level education. A little over four out of every hundred women received six to nine years of schooling. Only a few women are reported to have had completed SSC or higher degree. The overall literacy rate (about 34 percent) is relatively higher in the current study compared to those reported in the 1979 CPS (24.2 percent), and in 1983 CPS (31.8 percent).

3.5 Husbands' Educational Attainment

Data on educational attainment of the husbands of the respondents are also shown in the same table. Husbands on the whole, seem to be, as expected, better educated than their wives. In the present study, nearly 45 percent of the women reported their husbands as having ever-attended school, while the comparable figure for the women is about 34 percent.

A sizeable proportion of the women reported their husbands as having completed secondary or higher level of education. Thus 15.2 percent women in E_1 , 15.6 percent in C_1 , 18.2 percent in both E_2 and C_2 reported that their husbands had completed SSC or higher degree. The comparable rural figures in the 1981 and 1983 CPSs are 10.0 and 9.6 respectively.

3.6 Work Status

It is generally believed that the employment status of women has some influence on the contraceptive knowledge and practice and, as such, an attempt has been made to investigate whether the women are involved in any activities for earning cash income. It appears from Table 3.3 that a very few women are engaged in income generating activities. In E_1 only 2.6 percent, in C_1 1.4 percent, in E_2 5.7 percent, and in C_2 8.5 percent of the women reported to be working for cash income within or outside their home.

3.7 Size of Land Owned

With respect to average size of land owned no significant variation is observed among the four areas. However, area E_1 appears to be somewhat better off with an average landholding size of 2.2 acres compared to the other areas (Table 3.3).

3.8 Religion

An overwhelming majority of the women in the study areas are Muslims. In area E_1 , 92.2 percent women are Muslims, while in areas C_1 , E_2 , and C_2 the corresponding percentages are 94.1, 96.1, and 97.1 respectively. The comparable figures, as obtained from the 1981, and 1983 CPSs on rural ever married women are 88.0 percent and 88.6 percent respectively.

3.9 Family Economy

The status of family economy -a trichotomous variable has been measured in this study on respondents' own views. A close ended question "How does your family run with the income earned from different sources" was put. The response categories were deficit , equilibrium (neither deficit nor surplus) and surplus. The variable has been used as a surrogate measure of the family income.

The distribution of households by status of family economy shows that about one out of every ten households had surplus income in each area except E_1 (Table 3.3), where the percentage of households with surplus income is a little higher. The experimental area E_2 seems to suffer more from deficit economy where nearly half of the women are reported to belong to this category.

3.10 House Type

The distribution of the respondents with respect to their house type is shown in Table 3.3. It is seen from the table that more than 50 percent of the women interviewed were living in houses with masonry wall and any kind of roof. This is true for all the areas. About an equal proportion (44.0 percent) of women reported to have houses of non-masonry wall with tin roof. Only a few women reported to have houses with non-masonry wall with thatched roof.

3.11 Household Size

A lack of substantial variation in the household sizes of different areas is evident from Table 3.3. The household size is the highest (7.7) in area E_2 while it is the lowest (6.6) in both E_1 and C_1 areas.

TABLE 3.3

Percentage of Currently Married Women by Level of Education, Family Economy, and Other Background Characteristics

Background Characteristics	TYPE OF A.I.E.A			
	E ₁	C ₁	E ₂	C ₂
A. Education				
No Schooling	66.3%	72.1%	66.1%	66.0%
Class I-V	25.9%	20.9%	24.1%	23.8%
Class VI-IX	4.8%	4.3%	5.2%	4.5%
SSC & Above	3.0%	2.1%	4.1%	2.3%
B. Husband's Education				
No Schooling	52.4%	55.9%	53.7%	55.5%
Class I-V	18.8%	16.2%	13.3%	14.0%
Class VI-IX	13.5%	12.3%	14.8%	12.3%
SSC & Above	15.2%	15.6%	18.2%	18.2%
C. Work Status				
None	97.4%	98.6%	94.2%	91.5%
In-house activity	1.0%	0.2%	2.3%	5.3%
Off-house activity	1.6%	1.2%	3.4%	3.2%
D. Average size of land				
Owned in decimal	223.6	184.4	176.6	192.9

TABLE 3.3 (Cont.)

Background Characteristics	T Y P E O F A R E A			
	E ₁	C ₁	E ₂	C ₂
E. Family Economy				
Deficit	38.8%	43.8%	49.0%	45.2%
Equilibrium	47.9%	45.9%	40.8%	44.7%
Surplus	13.3%	10.4%	10.1%	10.1%
F. Religion				
Islam	92.2%	94.1%	96.1%	97.1%
Hindu	7.8%	5.9%	3.9%	2.9%
G. House Type				
Masonry wall and any kind of wall	55.1%	56.4%	54.9%	54.6%
Non-masonry wall with tin roof	44.3%	42.7%	44.6%	43.9%
Non-masonry wall with Thatched roof	0.6%	0.9%	0.5%	1.6%
H. Household size	6.6	6.5	7.7	6.9

3.12 Fertility

The study has gathered both retrospective and current information on fertility for the currently married women. Births to currently married women in the 12 months preceding the interview date provide current marital fertility rates. Children ever born data are used to shed light on the retrospective information on fertility of the currently married women. In what follows is presented the data obtained from this enquiry.

3.12.1 Current Fertility

Every currently married woman was asked whether she had any live births during the 12 months period preceding the survey date and, if so, whether that child is still alive. The purpose of including these questions was to derive age specific fertility rates and infant mortality rate. The age specific marital fertility rates, and general marital fertility rates are presented in Table 3.4, both for the baseline and follow-up surveys. As may be seen, the data provide a very irregular and fluctuating pattern of the age specific rates in a few cases. Such a distortion perhaps arises from the fact that the number of cases in these age groups are small. But in most cases, the data provide valuable information on the age pattern of fertility.

The total marital fertility rate (TMFR) appears to be the highest (7.29) for the control area C_1 (baseline data). This rate records a significant decline to 4.81 (Follow-up data). For experimental area E_1 ; the rate shows a decline from 6.97 births per currently married woman to 5.68 births. In contrast, the other two areas have recorded a rise in the TMFR over the intervention period. The data on infant deaths were not adequate to permit estimation of infant mortality rate.

TABLE 3.4

Age-Specific Marital Fertility Rates for the
Currently Married Women by Type of Area

Age	T Y P E O F A R E A							
	E ₁		C ₁		E ₂		C ₂	
	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up
15-29	0.2308	0.2308	0.3437	0.2185	0.0583	0.0955	0.2121	0.3333
20-24	0.3493	0.2046	0.3737	0.2818	0.3214	0.1904	0.2172	0.2525
25-29	0.2619	0.1786	0.2880	0.2080	0.3027	0.1743	0.2340	0.2553
30-34	0.1489	0.2340	0.2195	0.0976	0.2989	0.2183	0.2267	0.2400
35-39	0.1813	0.0606	0.1282	0.1026	0.1463	0.1707	0.1111	0.1778
40-44	0.0741	0.1111	0.1053	0.0526	-	0.2632	0.0952	0.0952
45-49	0.2222	0.1111	-	-	-	0.2500	-	-
TMFR	6.97	5.65	7.29	4.81	5.64	6.81	5.48	6.67
GMFR	239.5	178.0	267.8	182.5	278.6	192.6	201.8	238.5

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3.12.2 Number of children Everborn

The percentage distribution of currently married women by number of children everborn is presented in Table 3.5 for all the four areas along with that of the 1981 and 1983 CPSs. Nearly 52 percent of women in E₁, 59 percent in C₁, 58 percent in E₂, and 46 percent in C₂ areas reported

TABLE 3.5

Percentage of Currently Married Women Under 50 Years of Age by Number of Children Everborn and Type of Area

Children Everborn	TYPE OF AREA					
	E ₁	C ₁	E ₂	C ₂	CPS 1981 (Rural)	CPS 1983 (Rural)
0	4.2	2.6	4.4	6.0	12.6	11.8
1	13.9	12.8	11.5	16.3	13.3	13.5
2	12.6	12.6	12.0	17.9	12.6	13.2
3	16.8	13.5	13.8	13.5	11.1	12.3
4	14.6	15.2	14.1	11.9	10.0	10.0
5	8.4	13.7	11.5	7.3	9.3	9.3
6	4.9	9.7	8.3	6.0	8.6	8.4
7	8.1	5.9	6.3	6.7	6.8	6.3
8+	16.5	14.0	18.1	14.4	15.7	15.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(309)	(422)	(384)	(436)	(5713)	(6911)

Note : CPS - Contraceptive Prevalence Survey

to have 4 or more children everborn while 29.4 percent women in E_1 , 26 percent in C_1 , 25.8 percent in E_2 , and 31.4 percent women in C_2 claimed to have 2—3 children everborn. The 1981 CPS rural sample reported that 50.4 percent of the currently married women had 4 or more children everborn while another 23.7 percent claimed to have 2—3 children everborn. The comparable figures for the 1983 CPS are 49.2 percent and 25.5 percent. It is striking to note that the women with zero parity in the current study contributed a very small part of the total compared to both 1981 and 1983 CPSs. This feature of the parity distribution is an indication of higher level of fertility in the study areas compared to the CPSs. The mean number of children everborn presented also strengthens this feeling. Among the four areas, control area C_2 has the highest mean parity (4.2) and control area C_3 the lowest (3.9).

3.12.3 Number of living Children

The percentage distribution of the currently married women by number of living children is presented in Table 3.6. For the experimental area E_1 40.4 percent, for C_1 45.4 percent, for E_2 48.9 percent, and for C_3 35.8 percent of the currently married women had 4 or more living children compared to 38.9 percent, and 38.2 percent of the currently married women in the 1981 and 1983 CPSs. On the average, 60 percent of the study women had 3 or more living children compared to 53.4 percent and 52.8 percent in the 1981 and 1983 CPSs, respectively. The distribution relating to the number of living children indicates that a large proportion of the family planning target population already have large families. This suggests that the prospect to reach the goal of a two child family, as advocated by the family planning program, in the immediate future is minimal. Indeed, a considerable socio-economic development and innovative approaches towards birth limitations would be needed before any major transformation in the above respect could be expected to take place.

TABLE 3.5

Percentage of Currently Married Women Under 50 Years of Age by Number of Living Children and Type of Area

Children Living	T Y P E O F A R E A					
	E ₁	C ₁	E ₂	C ₂	CPS 1981 (Rural)	CPS 1983 (Rural)
0	6.5	3.6	5.2	7.8	14.6	14.1
1	18.1	16.6	11.5	20.9	17.1	17.0
2	17.2	18.0	18.5	21.1	14.9	16.2
3	17.8	16.4	15.9	14.4	14.5	14.6
4	12.9	18.0	18.0	12.6	12.0	11.8
5	7.8	10.7	9.1	8.0	9.6	10.1
6	7.8	7.8	7.0	6.9	7.5	6.9
7	5.2	5.5	5.2	4.6	5.1	4.7
8	7.7	3.5	9.7	3.7	4.8	4.7
All (N)	109.0 (309)	100.0 (422)	100.0 (384)	100.0 (436)	100.0 (5719)	100.0 (6911)

Note : CPS—Contraceptive Prevalence Survey

3.12.4 Mean Number of Children Everborn

The data on the mean number of children everborn among the currently married women, by their current age are shown in Table 3.7. The corresponding information obtained in 1981 and 1983 CPSs have also been compared in the same table. It may be noted that on the average, the mean number of children everborn per currently married women is little over 4 except for area C₂, where this mean is slightly lower than that of the other areas. An examination of the data presented in the table under reference further reveals, that by and large, the patterns of the children everborn for different age groups obtained from various data sources, are similar. Apart from the little differences in the mean parities

in various age groups, the table exhibits the typical feature of the children everborn data. The mean number of children everborn increases as the age of the women advances. It may be further noted that the children everborn to the women aged 40-44 is lower than that reported for women aged 35-39 for

TABLE 3.7.

Mean Number of Children Everborn to Currently Married Women Under 50 Years of Age by Age and Type of Area

Age	TYPE OF AREA					
	E ₁	C ₁	E ₂	C ₂	CPS 1981 (Rural)	CPS (Rural)
15-19	1.20	1.06	1.05	0.91	0.8	0.9
20-24	2.38	2.37	2.46	2.82	2.2	2.4
25-29	3.33	3.97	3.64	3.61	3.8	4.0
30-34	5.94	5.89	5.65	5.85	5.5	5.7
35-39	7.30	6.87	6.85	7.51	6.6	6.8
40-44	7.33	6.68	7.42	8.09	7.5	7.6
45-49	7.56	8.27	7.25	9.00	8.0	7.8
All	4.20	4.23	4.18	3.30	4.0	4.0

Note: CPS—Contraceptive Prevalence Survey

area C₁. A similar feature is also noted for area E₂, where mean parity for women aged 45-49 is lower than that reported for women aged 40-44. This may be attributed to three possible factors:

- Fortility has been rising in the recent past
- There may have been a selective survival of women who have borne relatively few children or
- There may have been a tendency on the part of the women to omit some of their children when stating the number of children they had borne. It is specially true for the older women who are generally more likely to forget to report some of their live births (specially those occurring in the more distant past and dying later).

The mean number of children everborn to women aged 45-49 presented in the table may be an underestimate of the total number of children that a woman is likely to have when she completes her reproductive life. This is perhaps, because the respondents in the 45-49 aged group were still exposed to the risk of childbearing when they reported the number of children they had everborn. The data on mean number of children everborn reveal that completed fertility of women in Bangladesh still remains very high with about 8 live births per woman.

3.12.5 Mean Number of Living Children

The mean number of living children of the women by their current age is presented in Table 3.8. The information on living children as obtained in the last two CPSs are also presented in the same table for comparison. The difference between the mean number of children everborn and the mean number surviving children reflects roughly the effect of child mortality on fertility levels. Comparison of Table 3.7 (mean number of children everborn) with table 3.8 (mean number of living children) tends to demonstrate that on the average, there has been death of slightly more than one child per woman. This is, in general, true for all the areas presented in the table under reference.

In line with children everborn data, the mean number of living children rises with advancing age of the women, as expected. The pattern of this increase appears to be similar for all the areas. It may be noted that the average number of surviving children for our study areas are relatively higher than those reported in the CPSs for age 30 and over. The overall mean values also appears to be higher for the study areas.

TABLE 3.8

Mean Number of Living Children to Currently Married Women Under 50 Years of Age by Age and Type of Area

Age	TYPE OF AREA				CPS 1981 (Rural)	CPS 1983 (Rural)
	E ₁	C ₁	E ₂	C ₂		
15-19	1.04	0.94	1.00	0.70	6.6	0.7
20-24	1.76	1.99	2.06	1.79	1.8	1.9
25-29	2.82	3.17	3.16	2.87	3.0	3.1
30-34	4.55	4.84	4.55	4.48	4.3	4.4
35-39	5.91	5.28	5.27	5.51	5.1	6.1
40-44	6.18	5.73	5.84	6.43	5.5	5.5
45-49	5.89	6.93	5.55	7.50	5.7	5.7
All	3.37	3.44	3.42	5.01	3.2	3.0

Note : CPS—Contraceptive Prevalence Survey

3.13 Current Pregnancy Status

Information on current pregnancy status was sought from all the women interviewed. As may be seen from Table 3.9, in area E₂, a little more than 10 percent women reported in the follow-up survey that they were pregnant compared to 13.6 Percent in the baseline survey. Other areas show a similar pattern—percentages of women pregnant at the time of the baseline survey are higher than those at the time of the follow-up survey. The difference between the pregnancy rates obtained in the baseline and the follow-up survey is possible due to the difference in contraceptive usages before and after the initiation of this study. The apparent declining trend in the prevalence of pregnancy over the short interval of time, however, cannot readily be explained without a detailed analysis.

3-14 Additional Number of Children Desired

In response to the question as to whether or not more children are desired, a sizeable proportion of women expressed their desire to have more children in addition to what they had at the time of the survey. This question was intended to reflect the future fertility desire of the women.

TABLE 3-9

Percentage of Currently Pregnant
Women by Type of Area

Type of Area	Percentage of Women Found Pregnant	
	Baseline Survey	Follow-up Survey
E ₁	13.6	10.5
C ₁	14.5	11.5
E ₂	16.1	13.3
C ₂	16.7	10.1
CPS, 1981 (Rural)	14.2	
CPS, 1983 (Rural)	13.4	

The responses are summarized in Table 3.10 for the follow-up survey. Although, the desire for more children is found to vary little by area, a wide variation among the women, who do not desire any more children is evident, ranging from 45.7 percent to 64.2 percent. And as a result, the category 'God knows' shows marked variations by type of area, ranging from 6.8 to 30.4.

3-15 Duration of Conjugal Life

The distribution of women by their marital duration and by type of area is displayed in Table 3-11. Women who spent 10 years or more

in marriage constitute about 67 percent in area E_1 , 68 percent in C_1 , 72 percent in E_2 and 56 percent in C_2 . The higher percentage of women in the area C_2 (44 percent) having a shorter duration of conjugal life (less than 10 years) pushed the mean duration down to 12.7 years which is the smallest mean duration among those of other area. Also, the median duration for this area is the smallest. The means for the other three areas do not vary considerably among themselves. This is also true for the other three medians.

TABLE 3.10

Percentage of Currently Married Women by Desire for Additional Children

Response Category	TYPE OF AREA			
	E_1	C_1	E_2	C_2
Do Not Desire	45.7	57.4	50.8	64.2
Desire	23.9	25.0	23.2	29.0
God Knows	30.4	18.6	26.0	6.8

TABLE 3.11

Percentage of Currently Married Women Under 50 Years of Age by Duration of Conjugal Life and Type of Area

Duration of Marriage (in years)	TYPE OF AREA			
	E_1	C_1	E_2	C_2
0—4	6.4	9.1	6.4	16.5
5—9	26.0	22.5	21.6	27.5
10—14	22.0	24.7	20.6	16.7
15—19	15.5	21.1	19.3	17.7
20—24	13.0	14.5	15.6	10.8
25—29	11.0	6.2	5.2	6.4
30—34	4.5	3.3	4.0	3.7
35 & over	1.2	0.2	4.1	0.0
Total	100.0	100.0	100.0	100.0
Mean	14.8	14.5	15.3	12.7
Median	13.1	13.8	14.1	11.2
Sd.	9.0	7.6	13.4	8.8

CHAPTER IV

DOMICILARY VISITS OF WORKERS

4.1 Introduction

In a field oriented program dealing with rural residents who are mostly illiterate, door-step visits by family planning workers to the clientele women play a significant role in making the program successful. Dissemination of family planning messages, supply of contraceptives and extension of MCH care to the rural people are being channelised through FWAs and *dais*. Performance of these functions largely hinges on the personal contacts of these workers with the clientele group. As such, field visits by the FWAs and *dais* assume a great significance in attaining the program objectives.

In this section, an attempt has been made to analyze the following aspects of field visits :

- i. Acquaintance with women,
- ii. Whether women were visited during the last three months prior to the date of interview.
- iii. Number of visits made by FWAs during the last three months.
- iv. Time interval between visits of FWAs
- v. Services rendered at the time of the last visit.

4.2 Acquaintance With Clientele Women

In a rural setting, familiarity of family planning workers with the service recipient group indicates the level of communication that exists between them and, understandably, a higher such level can facilitate the functions of the workers. An attempt has been made to investigate the degree of acquaintance that exists between the women on the one hand, and the FWAs and *dais* on the other. The data used for such analysis are shown in Table 4.1.

TABLE 4.1

**Percentage of Currently Married Women Who Know
FWA and *DAI* by Type of Area in Baseline and
Follow-up Surveys**

Type of Area	Acquaintance with FWA		Acquaintance with <i>DAI</i>	
	Baseline	Follow-up	Baseline	Follow-up
E_1	—	40.4 (125)	42.4 (131)	45.0 (139)
C_1	—	—	43.1 (182)	44.1 (186)
E_1	77.1 (296)	82.1 (315)	—	24.5 (94)
C_2	81.4 (355)	84.4 (368)	—	—

As can be seen from column 3 of Table 4.1, 40.4 percent of the currently married women are found to have become familiar with the FWAs within a period of six months after the FWAs posting in the experimental area E_1 . During the same period familiarity of the 'old' *dais*¹ remained almost constant around 43.6 percent² in both E_1 and C_1 areas.

It is interesting to note here that these *dais*, even though they are elderly and have spent more years in and around the village as family planning workers, are more or less equally known to the women, compared to the newly recruited FWAs who are quite young in age and new in service. This may indicate that the FWAs are more active and dynamic workers compared to *dais*.

From experimental area E_2 and control area C_2 , we find that on the average, 81.3 percent³ of the currently married women are familiar with the old FWAs⁴ both before and after the experimentation period,

1. 'Old *dais*' refer to the previously posted '*dais*'.
2. Average acquaintance of *dais* in E_1 and C_1 areas = 43.6 percent
3. Average acquaintance of FWAs in E_1 and C_1 areas = 81.3 percent
4. Old FWAs refer to the previously posted 'FWAs'

though an increasing trend of familiarity is noticed over time. When *dais* were posted as input in the experimental area E₂, about 25 percent women were found to be familiar with the *dais* during the time span of six months.

If we compare the level of acquaintance earned after being posted anew as inputs, the FWAs have been found to be familiar almost two times more (49.4 percent) than the *dais* (24.5 percent) level of familiarity. This again proves that the FWAs are better and more dynamic field workers than the *dais*.

4.3 Whether Women Were Visited During the Last Three Months

Though *dais* are officially not under obligation to make visits, yet they do so with a view to recruiting clients for sterilization and IUD. In view of this, an attempt has been made here to compare the levels of *dais*' visits vis-a-vis those of FWAs. In doing so, we have categorized the women known to the FWAs and *dais* into two groups: those who were visited during the last three months constituted one group, and those who were not visited-the other. Information are placed in Table 4.2.

It can be estimated from table that the old FWAs (in E₂ and C₂ areas) visited comparatively more women (50.7 percent¹) than the old *dais* (in E₁ and C₁ areas) who visited 49.1 percent. The performance of the newly posted *dais* (39.3 percent) in respect of extending visits to the women is less than that of old *dais* (49.1 percent²). It is also evident from the table that the new FWAs have visited the women to a greater scale (56.0 percent) than the new *dais* (39.3 percent).

4.4. Number of Visits Made by FWAs During the Last Three Months

An FWA requires about three months time to cover an assigned number of 1,200 couple-households of her ward. Accordingly, an attempt has been made to know the number of times the women, who reportedly had been known to the FWAs, were visited by them (FWAs) during the last three months preceding the date of interview. The information on visits made by the FWAs can be seen from Table 4.3.

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1. Average percentage of women visited by old FWAs in E₂ and C₂ area = 50.7 percent
 2. Average percentage of women visited by old *dais* in E₁ and C₁ areas = 49.1 percent

TABLE 4 2

Percentage of Currently Married Women Known to FWAs and DAIs
by Whether They Were Visited During the Last Three Months

Type of Area	Women known to FWA						Women known to DAI					
	Baseline Sarvey			Follow-up Sarvey			Baseline Sarvey			Follow-up Sarvey		
	Visited	Not visited	Total	Visited	Not visited	Total	Visited	Not visited	Total	Visited	Not visited	Total
E ₁	—	—	—	56.0 (70)	44.0 (55)	100.0 (125)	41.2 (54)	58.8 (77)	100.0 (131)	43.2 (60)	56.8 (70)	100.0 (139)
C ₁	—	—	—	—	—	—	52.7 (96)	47.3 (86)	100.0 (182)	57.5 (107)	42.5 (79)	100.0 (186)
E ₂	42.6 (126)	57.4 (170)	100.0 (296)	53.5 (169)	46.5 (147)	100.0 (316)	—	—	—	39.3 (37)	60.7 (57)	100.0 (94)
C ₂	47.3 (168)	52.7 (87)	100.0 (355)	58.2 (214)	41.8 (154)	100.0 (368)	—	—	—	—	—	—

TABLE 4.3

Percentage of Currently Married Women by Number of FWAs Visits Received During the Three Months

Type of Area	Baseline					Follow-up				
	FWAs Visits					FWAs Visits				
	0	1	2	3+	Total	0	1	2	3+	Total
E ₁	—	—	—	—	—	44.0	31.2	12.8	12.0	100.0
						(55)	(39)	(16)	(15)	(125)
E ₂	57.4	18.2	6.5	17.9	100.0	46.5	24.0	12.0	17.5	100.0
	(170)	(54)	(19)	(53)	(296)	(147)	(76)	(38)	(55)	(316)
C ₂	52.7	6.7	4.3	36.3	100.0	41.8	34.2	4.6	19.4	100.0
	(187)	(24)	(15)	(129)	(355)	(154)	(126)	(17)	(71)	(368)

As is obvious from the table, the newly posted FWAs in the experimental area E_1 have been able to make visits to 56 percent of the women at least once during the last three months. Since the FWAs in the experimental area E_1 are the beginners in their profession, it is expected that they would improve their performance gradually. However, the table also portrays the performance of the FWAs who have been in their job for quite a long time, which is not so encouraging. In fact, 50.7 percent¹ of the women who are familiar with FWAs in the experimental area E_2 and control area C_2 were visited (once, twice, thrice or more) by them (FWAs) during the period of three months (in which 100 percent should have been visited at least once).

4.5 Time Interval Between Visits of FWAs

A further attempt has been made to see the usual time interval at which the FWAs make their visits. As the Table 4.4 shows, 58.6 percent of the visited women reported that the newly posted FWAs usually undertake their visits at one month's interval. As against this, old FWAs belonging to experimental area E_2 and control area C_2 are reported by 61.9 percent² women to have made their visits at an interval of one month.

4.6 Services Rendered

In addition to analyzing visits, an attempt has also been made to examine types of works performed at the time of such visits. The type of services extended to the women at the time of the last visit are presented in Table 4.5.

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1. Average percentage of known women visited once/twice/thrice or more by 'old' FWAs = 50.7 percent
 2. Average percentage of known women usually visited by 'Old' FWAs at one month's interval in E_2 & C_2 areas = 61.9 percent.

TABLE 4.4

Percentage of Currently Married Women by FWAs Visit Interval and Type of Area.

Type of Area	Baseline Survey				Follow-up Survey			
	Visit Interval (Months)				Visit Interval (Months)			
	1	2	3+	Total	1	2	3+	Total
E_1	—	—	—	—	58.6 (41)	25.7 (18)	15.7 (11)	100.0 (70)
E_2	67.5 (85)	13.5 (17)	19.0 (24)	100.0 (126)	62.7 (106)	22.5 (38)	14.8 (25)	100.0 (169)
C_2	79.8 (134)	7.1 (12)	13.1 (22)	100.0 (168)	43.9 (94)	6.5 (14)	49.6 (106)	100.0 (214)

The table shows that the FWAs in all the study areas have stressed the importance of having small family followed by use of non-clinical modern method. The *dais* also attached importance to having small families in all the areas except in Experimental area E_1 . Of course, the *dais* were more supportive of clinical methods, rather than non-clinical ones, advocated by the FWAs.

A further attempt has also been made to ascertain whether the respondents have had any other benefit apart from discussion. As the Table 4.6 shows, more than 90 percent of the women denied having any benefit other than discussion with the FWAs and *dais* in all the areas.

TABLE 4.5

Percentage of women by Major Subjects Discussed by FWA/DAI with Them During the Worker's Last Visit (Follow-up Only)

Major Subject Discussed	TYPE OF AREA							
	E ₁		C ₁		E ₂		C ₂	
	FWA	DAI	FWA	DAI	FWA	DAI	FWA	DAI
Advantage of small family	47.1 (33)	21.7 (13)	—	27.1 (29)	55.6 (94)	31.6 (12)	31.6 (190)	—
Advice to use non-clinical modern methods	20.0 (14)	13.3 (4)	—	11.2 (12)	17.8 (30)	21.0 (8)	18.7 (40)	—
Advice to use clinical methods	10.0 (7)	26.7 (16)	—	21.5 (23)	8.9 (15)	26.3 (10)	14.5 (31)	—
MCH Care	15.7 (11)	15.0 (9)	—	13.1 (14)	11.8 (20)	8.8 (3)	9.8 (21)	—
No discussion	7.2 (5)	23.3 (14)	—	27.1 (29)	5.9 (10)	12.3 (4)	15.0 (32)	—
All	100.0 (70)	100.0 (60)	—	100.0 (107)	100.0 (169)	100.0 (37)	100.0 (214)	—

The table also shows, although the number of women receiving any benefit are very small, yet relatively more women spoke to receiving benefits such as referral to clinics/hospitals for MCH care, suggestion for accepting clinical methods, etc., from the FWAs than from the *dais*.

To sum up the discussion made above, it can be concluded that the performance of the FWAs is, in general, better than that of the *dais*. This is true in the case of both newly posted and the already existing workers.

TABLE 4.6

Percentage of Women by Type of Major Benefit Received from FAWs/DAIs Other Than Discussion and by Type of Area (Follow-up Only)

Type of Benefit Received	TYPE OF AREA							
	E ₁		C ₁		E ₂		C ₂	
	FWA	DAI	FWA	DAI	FWA	DAI	FWA	DAI
No benefit	94.3 (66)	96.7 (58)	—	96.3 (103)	94.1 (159)	98.2 (56)	91.1 (192)	—
Referred to clinic for clinical method/	5.7 (4)	3.3 (2)	—	3.7 (4)	5.9 (10)	1.8 (1)	4.2 (9)	—
Referred to Hospital for MCH Care								
Others	—	—	—	—	—	—	4.7 (10)	—
All	100.0 (70)	100.0 (60)		100.0 (107)	100.0 (169)	100.0 (57)	100.0 (214)	

CHAPTER V

KNOWLEDGE OF FAMILY PLANNING METHODS

5.1. Introduction

By definition 'knowledge' merely indicates whether a respondent had heard or known of a family planning method or methods. In cases of previous CPS studies conducted in 1979, 1981 and 1983, this definition was adopted. Also, the same definition is followed in the present study. Attempe has been made to determine the proportion of eligible respondents (currently married women) who are aware of family planning and its methods.

5.2. Measurement of Knowledge

The data on the level of knowledge of family planning methods are collected through a series of questions, by following what is popularly known as 'recall and prompting procedures' (WHS; 1982). This procedure was followed in case of 1975-76 BFS, 1979 CPS, 1981 CPS and 1983 CPS. The information on knowledge gathered is based on :

- Whether knowledge of a specific method has been reported spontaneously (unprompted),
- and
- Whether knowledge of a specific method is reported after a probe has been made (prompted).

The techniques of prompting are applied in collecting the information regarding the knowledge of family planning methods, for some respondents may not be able to recall rightaway all those methods known to them at the time of interview.

5.3 Indices of Knowledge

Like other studies, the indices of knowledge computed are as follows :

- (i) the percentage of currently married women (CMW) under 50 years of age knowing at least 'X' number of methods
- (ii) the percentage of currently married women (CMW) under 50 years of age knowing selected family planning methods;
- (iii) the percentage of currently married women under 50 years of age having knowledge of 'X' number of methods and the mean number of methods known.

In computing the indices, the overall knowledge is taken into consideration by combining the prompted and unprompted knowledge. Because of respondents being prompted, the information on knowledge may, to some, extent, be overstated. Respondents may have given affirmative answer either to please the interviewer or to avoid embarrassment of being less knowledgeable. Thus because of prompting being resorted to, the possibility of an overstatement of the knowledge of family planning methods can not totally be ignored.

5.4 Levels of Knowledge

5.4.1 Knowledge of at Least Specified Number of Method(s)

The level of knowledge about contraceptives is quite high in both experimental (E_1 and E_2) and control (C_1 and C_2) areas. In the baseline survey around 95 percent and 98 percent of currently married women are aware of at least one method of family planning for *dai* and FWA experimental areas respectively. Whereas, for control areas around 97 percent and 98 percent of currently married women know at least one method. (Table 5.1). In the case of follow-up survey the knowledge of at least one method is 91 percent for E_1 area, 96 percent for E_2 area, and 94 percent and 86 percent for C_1 and C_2 areas respectively. The level of knowledge thus appears to be incongruence with that of 1975-76 BFS, 1979 CPS, the previous studies as shown in Table 5.1.

TABLE 5.1

Percentage of Currently Married/Ever Married Women Having Knowledge¹ of at Least one Family Planning Method, Bangladesh 1975, 1979 1981, 1983 and 1984

Year	Source [*]	Percent ^{**}
1975	BFS	81.9
1979	CPS	94.8
1981	CPS	98.2
1983	CPS	98.6
1984	Baseline Survey	
	E ₁	94.8
	C ₁	97.2
1984	Follow-up Survey	
	E ₁	90.6
	C ₁	93.6
1984	Baseline Survey	
	E ₂	97.7
	C ₂	98.4
1984	Follow-up Survey	
	E ₂	95.6
	C ₂	86.0

(1) Unprompted and prompted knowledge

(*) Source: BFS-Bangladesh Fertility Survey
CPS-Contraceptive Prevalence Survey

(**) Percentage for CPS and BFS figures are based on
Ever Married Women

The percentage of currently married women having knowledge of at least specified number of methods of contraception by type of area is shown in Table 5.2. In the follow-up survey, for the four areas E₁, C₁, E₂, and C₂ percentage of currently married women having knowledge of at least two methods is nowhere less than 70 percent. While in the baseline survey

It is not less than 81 percent. At least three methods are known by 50 percent to 55 percent of currently married women in the baseline survey as against 49 percent to 66 percent in the follow-up survey, for all the four areas. The change in the level of knowledge from baseline to follow-up survey for at least five to at least seven methods is in line with the expectation in cases of E₁, E₂, and C₂ areas. The percentage of women knowing at least four methods is higher in the follow-up survey than that in the baseline survey for all the four areas.

5.4.2 Method Specific Knowledge

The method specific knowledge by unprompted, prompted, and overall knowledge is shown in Table 5.3. In fact, the overall knowledge is taken as the sum of prompted and unprompted responses on knowledge of family planning methods.

It is clear from the responses that prompting led to substantial increase in the level of knowledge of almost every method. Compared to 1983 CPS rural figures, the level of knowledge of family planning methods in the present study is, in general, higher for oral pill, condom, injection, IUD, vasectomy, induced abortion, and abstinence with the exception of vasectomy for E₂ area in the baseline survey and induced abortion/M.R. for C₂ area in the same survey. For ligation, the level of knowledge is relatively lower for E₂ and C₂ areas in the baseline survey and for E₂ area in the follow-up survey. However, the knowledge of ligation was on the higher side in other areas. In both surveys the knowledge of withdrawal is found to be lower compared to the 1983 CPS estimate of 18.6 percent for rural Bangladesh.

Table 5.2

Percentage of Currently Married Women Having Knowledge¹ of Family Planning Methods by Type of Area.

At last Method known	Baseline Survey				Follow-up Survey			
	E ₁	C ₁	E ₂	C ₂	E ₁	C ₁	E ₂	C ₂
1	94.8	97.2	97.7	98.4	90.6	93.6	95.6	86.0
2	80.9	84.3	84.9	85.8	69.9	82.9	87.5	76.4
3	51.8	50.5	53.4	55.3	48.9	57.6	65.9	61.9
4	27.8	30.8	31.5	31.2	30.1	34.1	43.0	50.0
5	12.3	18.3	17.2	17.7	16.8	16.3	22.4	32.8
6	4.8	9.9	6.5	10.1	9.7	6.2	11.7	23.8
7	1.3	2.6	1.8	3.4	2.6	1.7	3.9	4.1
Method not Known (percent)	4.9	2.8	2.3	1.6	8.1	6.4	4.4	14.0
All	309	422	384	436	309	422	384	436

(1) This Table is based on Unprompted knowledge of F.P. Method.

TABLE 5.3

Percentage of Currently Married Women Having Knowledge
of Selected Family Planning Methods by Type of Area

Method	BASELINE						SURVEY					
	E ₁			C ₁			E ₂			C ₂		
	U	P	T	U	P	T	U	P	T	U	P	T
Oral	96.1	1.6	97.7	95.0	4.0	99.0	92.2	5.7	97.9	97.2	1.8	99.0
Condom	38.8	30.1	68.9	32.2	39.3	71.5	34.4	34.9	69.3	69.5	26.4	95.9
IUD	16.5	36.6	53.1	23.9	29.4	53.3	26.8	32.8	59.6	30.7	48.6	79.3
Injection	26.9	47.9	74.8	29.4	42.9	72.3	26.3	39.6	65.9	32.1	52.3	84.4
Ligation	74.1	23.0	97.1	80.6	17.3	97.9	77.9	14.3	92.2	50.9	41.1	92.0
Vasectomy	21.4	53.4	74.8	25.1	49.8	74.9	19.8	51.6	71.4	28.2	50.2	78.4
Abstinence	1.9	33.7	35.6	1.4	30.3	31.7	0.5	33.9	34.4	0.7	35.3	36.0
Rythm	1.9	32.4	34.3	1.4	27.7	29.1	1.6	32.8	34.4	0.7	36.2	36.9
Emko	0.3	1.9	2.2	2.8	6.9	9.7	5.2	8.9	14.1	2.3	15.1	17.9
Withdrawal	0.3	13.9	14.2	0.2	3.8	4.0	1.0	6.3	7.3	0.5	14.7	15.2
Abortion	2.9	52.8	55.7	1.9	46.4	48.3	2.1	44.0	46.1	0.2	0.9	1.1
Kabiraji	1.6	3.6	5.2	0.7	46.0	46.7	2.6	45.6	48.2	0.2	1.6	1.8

Cont.

TABLE - 5.3 (cont.)

Method	FOLLOW - UP						SURVEY					
	E ₁			C ₁			E ₂			C ₂		
	U	P	T	U	P	T	U	P	T	U	P	T
Oral Pill	86.7	11.3	98.0	90.3	8.3	98.6	88.0	6.0	94.0	81.7	17.2	98.9
Condom	33.0	35.9	69.9	33.6	43.6	77.2	43.8	31.3	75.1	59.6	27.3	86.9
IUD	20.7	37.9	58.6	23.5	46.4	79.9	36.2	35.9	72.1	41.5	38.3	79.8
Injection	19.7	54.7	74.4	21.6	55.9	77.5	18.5	48.2	66.7	32.3	57.3	89.6
Ligation	71.5	27.2	98.7	77.7	19.9	97.6	71.1	20.1	91.2	57.6	41.1	98.7
Vasectomy	32.7	51.1	83.8	31.6	53.1	87.7	36.2	46.1	82.3	56.0	41.7	97.7
Abstinence	2.3	31.4	33.7	2.1	39.8	41.9	4.9	38.0	42.9	2.3	25.7	28.0
Rythm	2.9	39.5	42.4	2.6	41.9	44.5	6.8	37.5	44.3	2.1	26.8	28.9
Emko	3.6	9.4	13.0	4.0	14.0	18.0	2.9	10.2	13.1	5.7	13.3	19.0
Withdrawal	1.3	10.0	11.3	0.2	5.7	5.9	1.0	5.2	6.2	0.7	4.8	5.5
Abortion	2.3	59.5	61.8	1.4	67.5	68.9	7.8	57.0	64.8	2.3	67.2	69.5
Kabiraji	1.3	54.0	55.3	0.2	65.2	65.4	8.3	49.2	57.5	3.2	83.0	86.2

Note : U = Unprompted knowledge , P = Prompted knowledge ,
 T = Total of unprompted and prompted knowledges

The proportion of currently married women mentioning oral pill is around 98 percent for experimental areas E_1 and E_2 in the baseline survey and 99 percent for control areas C_1 and C_2 . This proportion stands nearly at the same figure for C_1 , C_2 , and E_1 areas in the follow-up survey. The figure for the E_2 area in the follow-up survey is 4 percent lower than that in the baseline survey. This, however, is observed due to the lower proportion of currently married women mentioning pill without being prompted.

The percentage of women having knowledge of ligation is 97.1 for E_1 and 92.2 percent for E_2 , in the baseline survey. These figures are nearly 98 percent, and 92 percent respectively for control areas C_1 and C_2 in the baseline survey. In the case of follow-up survey, these figures are 98.7 percent and 91.2 percent respectively for E_1 and E_2 areas, and 79.6 percent for C_1 and 93.7 percent for C_2 areas. For E_2 area, the figure in the follow-up survey is one percent lower than that in the baseline survey, and 1.6 percent of women is reported as having knowledge of ligation in the follow-up survey, compared to that in the baseline survey.

Injection is known next to ligation, among the female methods. In the baseline, the percentage of currently married women knowing injection ranged from 65.9 to 84.4 over the experimental and control areas. This varies from 66.7 to 89.6 in the case of follow-up survey.

The percentage of women having knowledge of IUD ranges from 53.1 to 79.3 over the four areas in the baseline survey. This ranges from 58.6 to 79.9 over the areas in the follow-up survey. The percentage increase in IUD knowledge is observed to be 5.5 for E_1 , 26.6 for C_1 and 12.5 for E_2 areas.

Condom and vasectomy—the two male methods—are relatively much less known, compared to oral pill. The knowledge of condom is found to range from 68.9 percent to 95.9 percent over the four areas in the baseline survey. Whereas, this ranges from 68.9 to 86.9 percent in the case of follow-up survey. The increase in the knowledge of condom from baseline to follow-up survey is 5.7 percent for C_1 area, and 5.8 percent for E_2 area; whereas, for C_2 area, a decrease with time is observed due to lower proportion of women mentioning condom in the absence of prompting, compared to that in the baseline survey. The knowledge of vasectomy ranges from 82.3 to 97.7 percent over the four areas in the follow-up survey. Thus, the knowledge of vasectomy is found to have

increased in all four areas from 9 to 19.3 percent from baseline to follow-up survey. The change in the level of knowledge of abortion from baseline to follow-up survey is of significant extent for both experimental and control areas. This may have occurred due to responses being inflated after prompting had been made.

The change observed with time in the least known modern method Emko—is negligible for experimental areas E_1 and E_2 .

The least known method in the case of baseline survey is Emko for E_1 area (2.2 percent), withdrawal for C_1 (4 percent) and E_2 (7.3 percent) and abortion for C_2 area (1.1 percent). Whereas, in the follow-up survey the least known method is withdrawal for each of the experimental and the control areas.

The knowledge of traditional methods is, in general, low. For kabiraji method, the change in knowledge with time is noticed, perhaps, due to the government recent recognition of kabiraji as a method of treatment.

The mean number of family planning methods known to currently married women by modern, traditional and overall methods is shown in Table 5.4. The mean number of methods known is found to be the highest for C_2 area, this is 3.1 in the baseline survey and 3.4 in the follow-up survey. The lowest mean 2.8 is observed for E_1 area in both the surveys. For E_2 and C_2 , the mean number of methods known is higher in the follow-up survey than the corresponding values in the baseline survey. These mean values are the same 3.4 in the follow-up survey, while in the baseline survey they are 3.0 and 3.1 respectively. For E_1 and C_1 areas, the mean numbers of methods known are slightly higher in the baseline survey to those in the follow-up survey, as can be seen from Table 5.4.

5.4.3 Mean Number of Methods Known

As regards the mean number of modern methods known, the value for E_1 and C_1 is slightly lower in the follow-up survey compared to that in the baseline survey, whereas, the mean number of traditional methods known remained unchanged for E_1 area for the period in questions, as can be seen from Table 5.4. The mean number of modern methods known for E_2 and C_2 areas are relatively higher in the case of follow-up survey than those in the baseline survey. Also,

for E₂ and C₂ areas, the mean number of both modern methods and traditional methods known record slight rises from baseline to follow-up survey.

5.4.4 Knowledge of Specific Number of Methods

The percentage of women having knowledge of specific number of family planning methods by type of area is shown in Table 5.5. In the baseline survey, the percentage of women by the number of methods known reaches at its peak against two methods known, then gradually falls off from two to three methods known, and rapidly tapers off at both ends, for both experimental and control areas. The percentage of women having knowledge of two methods is found to vary from 29.5 to 34.4 over the areas in the baseline survey. A similar distribution for women having knowledge of specific number of family planning methods is also observed in the follow-up survey for three areas, with the exception of area C₂ for which a pattern, probably erratic, of knowledge, is observed. In the follow-up survey, the highest percentage of women has knowledge of two methods for E₁ and C₁ areas, whereas, this is observed for three methods in E₂ area, and for four methods in C₂ area. For both experimental and control areas, the percentage of women having no knowledge of family planning method is higher in the follow-up survey, ranging from 4.4 to 14 percent, compared to that in the baseline survey having a range from 1.9 to 4.9 percent.

TABLE 5.4

**Mean Number of Methods Known by Currently Married
Women by Type of Area**

Type of Area	Baseline Survey			Follow-up Survey		
	Modern	Traditional	Overall	Modern	Traditional	Overall
E ₁	2.7	0.1	2.1	2.7	0.1	2.8
C ₁	2.9	0.1	3.0	2.9	0.1	3.0
E ₂	2.9	0.1	3.0	3.1	0.3	3.4
C ₂	3.1	*	3.1	3.3	0.1	3.4

* — Less than 0.1 percent

TABLE 5.5

Percentage of Currently Married Women Having Knowledge¹ of Specific Number of Family Planning Method by Type of Area

Number Methods Known	Baseline Survey				Follow-up Survey			
	E ₁	C ₁	E ₂	C ₂	E ₁	C ₁	E ₂	C ₂
0	4.9	2.8	2.3	1.6	8.1	6.4	4.4	14.0
1	13.6	12.3	12.8	12.6	21.0	10.7	8.1	9.6
2	29.5	34.4	31.5	30.5	21.7	25.4	21.6	14.5
3	24.0	19.7	21.9	24.1	19.4	23.5	22.9	11.9
4	15.9	12.6	14.3	13.5	13.3	17.8	20.6	17.2
5	7.4	8.3	10.7	7.6	7.1	10.2	10.7	8.9
6	3.6	7.3	4.7	6.6	7.1	4.5	7.8	19.7
7+	1.3	2.6	1.8	3.4	2.6	1.7	3.9	4.1
All CMW*	309	422	384	436	309	422	384	436
Mean No. of Method Known	2.8	3.0	3.0	3.1	2.8	3.0	3.4	3.4

(1) Based on Unprompted Knowledge of F.P.Method

(*) CMW—Currently Married Women

5.4.5 Mean Number of Methods Known (Unprompted/Prompted)

The mean number of methods is calculated for prompted and unprompted responses on knowledge of family planning method by age as shown in Table 5.6. In the baseline survey for four areas, according to unprompted knowledge the mean number of methods known is found to be within the broad range of 2.2 to 3.6 as against 2.0 to 3.9 in the follow-up survey. According to prompted responses, the mean number of methods known is within a range of 3.0 to 4.7 in the baseline as against a range of 3.4 to 5.1 in the follow-up survey.

For women of ages 25-39, the mean number of methods known (unprompted) are higher in the case of follow-up survey for E₁ and E₂ than the corresponding unprompted means recorded in the baseline survey. The higher mean number of methods known (unprompted) is observed for C₁ area at ages 25-29 and 40-49 in the follow-up survey compared to that of the same age groups in the baseline survey. Whereas, for C₂ area, all age-groups but the last show a higher level of unprompted knowledge in the follow-up survey than that in the baseline survey. The variation in average level of knowledge with age is relatively higher in the case of follow-up survey for all areas compared to that in the baseline survey. As for the methods known obtained from the prompted responses, the mean level of knowledge is higher in the follow-up survey at all ages for E₁, C₁, and E₂ areas than the corresponding levels in the baseline survey. For C₂ area only, the mean level of knowledge at ages 35-39 and 45-49 is reduced from baseline to follow-up survey.

5.5 Age-Pattern of Knowledge by Specific Number of Methods

The age-specific rates of knowledge of family planning methods are calculated for at least any number of methods known to currently married women for all four areas. In general, the age-specific rates for at least two, three, and four methods known are quite pronounced at ages 25-29 to 35-39 years for E₁ and C₁ areas; whereas, they are so at ages 20-24 to 25-29 years for E₂ area, and at ages 25-29 to 30-34 years for C₂ area. The results in details are presented in Table 5.7 to 5.10

TABLE 5.6

Mean Number of Methods Known (Unprompted/Prompted) by
Currently Married Women by Current Age and Type of Area

Age	Baseline Survey								Follow — up Survey							
	E ₁		C ₁		E ₂		C ₂		E ₁		C ₁		E ₂		C ₂	
	U	P	U	P	U	P	U	P	U	P	U	P	U	P	U	P
15—19	2.5	3.9	3.0	3.2	2.4	3.7	3.0	3.5	2.2	4.0	2.9	4.6	2.9	4.3	3.1	4.5
20—24	2.9	3.7	2.9	3.9	3.3	3.6	3.1	4.7	2.8	4.4	2.4	5.0	3.5	4.3	3.1	4.8
25—29	3.2	4.1	3.1	3.7	3.1	3.9	3.1	4.3	3.3	4.7	3.1	4.9	3.6	4.5	3.8	4.4
30—34	2.2	4.6	3.2	3.3	2.9	3.9	3.2	4.3	2.6	4.7	2.9	4.7	3.4	4.0	3.9	4.5
35—39	2.2	3.2	2.9	3.4	2.5	3.8	3.1	4.5	2.3	4.3	2.7	5.1	3.2	4.1	3.5	4.1
40—44	2.9	3.0	2.9	4.2	3.1	3.3	3.2	3.9	2.0	4.4	3.5	4.7	3.6	3.4	3.4	4.2
45—49	3.6	3.9	2.7	3.0	2.9	3.1	3.2	4.3	3.6	4.7	2.9	4.1	2.2	4.4	3.0	4.2
Mean No. of Methods Known	2.8	3.6	3.0	3.6	3.0	3.8	3.1	4.3	2.8	4.5	3.0	4.9	3.4	4.1	3.4	4.5

TABLE 5.7

**Percentage of Currently Married Women Having Knowledge
of At Least X Number* of Methods Known by Current
Age of Women for E₁**

Baseline Survey :

Number of Methods Known¹

Age	0	1	2	3	4	5	6	7+
15—19	3.9	96.2	69.2	38.5	19.2	7.7	3.9	3.9
20—24	2.4	97.6	85.5	56.6	28.9	10.8	8.4	1.2
25—29	—	100.0	88.1	58.3	35.7	19.0	7.1	2.4
30—34	23.4	76.6	61.7	55.1	23.5	8.5	—	—
35—39	6.1	93.9	75.8	39.4	9.1	3.0	—	—
40—44	3.7	96.3	96.3	44.4	33.3	14.8	9.7	—
45—49	—	100.0	77.8	55.6	33.3	22.2	—	—
All	5.2	94.8	80.9	51.8	27.8	12.3	4.9	1.3

Follow-up Survey :

15—19	19.2	80.8	61.5	53.9	15.4	7.7	3.9	—
20—24	6.0	94.0	71.1	49.4	34.9	18.1	9.6	1.2
25—29	8.3	91.7	75.0	58.3	44.5	28.6	16.7	6.0
30—34	2.1	97.9	76.6	42.6	23.4	8.5	6.4	2.1
35—39	12.1	87.9	60.6	36.4	24.2	9.1	6.1	3.0
40—44	18.5	81.5	59.3	37.0	14.8	7.4	3.7	—
45—49	—	100.0	77.8	66.7	33.3	22.2	11.1	—
All	9.4	90.6	69.9	48.9	30.1	16.8	9.7	2.6

(*) : X Number — 0, 1, 2, 3, 4, 5, 6, and 7+ . . .

(1) : Based on Unprompted Knowledge only

TABLE 5.8

Percentage of Currently Married Women Having Knowledge of At Least X Number* of Methods Known by Current Age of Women for C₁

Baseline Survey :

Age	Number of Methods Known ¹							
	0	1	2	3	4	5	6	7+
15-19	—	100.0	81.3	56.3	34.4	21.9	9.4	—
20-24	3.6	96.4	83.6	47.3	29.1	18.2	8.2	1.8
25-29	—	100.0	84.8	47.2	28.0	19.2	13.6	4.8
30-34	3.7	96.3	89.0	58.5	35.4	19.5	9.8	2.4
35-39	5.1	94.9	84.6	51.3	35.9	15.4	2.6	—
40-44	5.3	94.7	84.2	57.9	31.6	10.5	10.5	—
45-49	13.3	86.7	80.0	33.3	20.0	13.3	13.3	6.7
All	2.8	97.2	84.8	50.5	30.8	18.3	10.0	2.6

Follow-up Survey :

15-19	3.1	96.9	81.3	50.0	40.6	21.9	—	—
20-24	10.0	90.0	83.6	57.2	32.7	14.5	7.3	1.8
25-29	4.0	96.0	86.4	57.6	35.2	18.4	9.6	1.6
30-34	6.1	93.9	80.5	61.5	32.9	12.2	3.7	1.2
35-39	7.7	92.3	76.9	51.3	25.6	10.3	2.6	2.6
40-44	—	100.0	84.2	68.4	42.1	26.3	10.5	5.3
45-49	13.3	86.7	80.0	33.3	20.0	13.3	13.3	6.7
All	6.4	93.6	82.9	57.6	34.1	16.4	6.2	1.7

(*) X Number — 0, 1, 2, 3, 4, 5, 6, and 7+

(1) : Based on Unprompted Knowledge only

TABLE 5.9

Percentage of Currently Married Women Having Knowledge^e of At Least X Number^e of Methods Known by Current Age of Women for E₂

Baseline Survey :

Age	Number of Methods Known ¹							
	0	1	2	3	4	5	6	7+
15—19	8.3	91.7	77.8	36.1	19.4	8.3	2.8	—
20—24	1.2	98.8	89.3	63.1	40.5	21.4	7.1	3.6
25—29	1.8	98.2	88.1	56.9	32.1	17.4	8.3	2.8
30—34	1.2	98.9	87.4	52.9	28.7	13.8	6.9	1.1
35—39	4.9	95.1	70.7	41.5	26.8	14.6	4.9	—
40—44	—	100.0	78.9	52.6	36.8	31.6	5.3	—
45—49	—	100.0	87.5	50.0	25.0	25.0	—	—
All	97.7	97.7	84.9	53.4	31.5	17.2	6.5	1.8

Follow-up Survey :

15—19	16.7	83.3	75.0	52.8	36.1	22.2	11.1	2.8
20—24	—	100.0	90.5	70.2	46.4	27.4	10.7	1.2
25—29	2.8	97.2	89.0	66.1	43.1	25.7	17.4	5.5
30—34	1.2	98.9	93.1	69.0	44.8	14.9	6.9	4.6
35—39	7.3	92.7	85.4	65.4	36.6	19.5	9.8	4.9
40—44	5.3	94.7	78.9	63.2	52.6	26.3	10.5	5.3
45—49	37.5	62.5	62.5	62.5	25.0	12.5	12.5	—
All	4.4	95.6	87.5	65.9	43.9	22.4	11.7	3.9

(*) : X Number—0, 1, 2, 3, 4, 5, 6, and 7+

(1) Based on Unprompted Knowledge only

TABLE · 5.10

**Percentage of Currently Married Women Having Knowledge of At Least X
Number* of Methods Known by Current Age of Women for C₂**

Baseline Survey :

Age	Number of Methods Known ¹							
	0	1	2	3	4	5	6	7+
15—19	3.0	97.6	86.4	53.0	37.9	15.2	6.1	1.5
20—24	3.9	96.1	82.2	55.8	34.9	20.2	7.0	4.7
25—29	—	100.0	87.2	51.1	30.9	20.2	14.9	3.2
30—34	—	100.0	88.0	61.3	25.3	17.3	13.3	4.0
35—39	—	100.0	86.7	53.3	24.4	8.9	6.7	2.2
40—44	—	100.0	85.7	57.1	28.6	19.0	14.3	4.8
45—49	—	100.0	66.7	16.7	16.7	16.7	16.7	—
All	1.6	98.4	85.8	55.3	31.2	17.7	10.1	3.4

Follow-up Survey :

15—19	19.7	80.3	72.7	59.1	50.9	25.8	19.7	—
20—24	17.1	82.9	71.7	55.8	44.2	27.9	19.4	4.7
25—29	10.6	89.4	79.8	67.0	55.3	38.3	26.6	6.4
30—34	5.3	94.7	88.0	68.0	54.7	36.0	28.0	5.3
35—39	11.1	88.9	71.1	60.0	51.1	35.6	26.7	4.4
40—44	19.1	81.0	81.0	71.4	42.9	38.1	23.8	—
45—49	50.0	50.0	50.0	50.0	50.0	50.0	50.0	—
All	14.0	86.0	76.4	61.9	50.0	32.8	23.9	4.1

(*) : X Number—0, 1, 2, 3, 4, 5, 6 and 7+

(1) : Based on Unprompted Knowledge only

CHAPTER VI

EVER USE OF FAMILY PLANNING METHODS

6.1 Introduction

The term "ever use" refers to the use at any time before the date of interview without making any distinction between the past use and current use. Any respondent reporting that he/she or his/her spouse has ever used some form of contraception is counted as an ever user regardless of the time of use. Thus, a reported ever user might be a present user; and a past user; also, an ever user might have used more than one method.

The collection and the analysis of data on ever-use are of paramount importance to population control and family planning program. Firstly, data on ever-use reveal to what extent the program has been successful in spreading the use of family planning. Secondly, these data point out the relative importance of different contraceptive methods in the diffusion of the family planning use. Thirdly, they indicate the frequency of method change among users of family planning. The data on ever use, along with the data on current use, can also be used to study rates of contraceptive persistence among users, providing indirect evidence as to the level of contraceptive continuation (Mitra; 1984).

In contrast to the 1983 CPS, but as in the 1981 CFS, the information on ever use was collected by asking any respondent having either prompted or unprompted knowledge of a method, if (s)he or her/his spouse ever used the method.

6.2 The Data on Ever Use

The information on ever use was enquired after the question on knowledge about the family planning methods had been asked. Any respondent having either unprompted or prompted knowledge of a method was asked

if she or her spouse had ever used that method. If a respondent had no knowledge of any method, she was not asked of any question on the ever use of family planning.

The question on the ever use being of retrospective type, the information on ever use would be subject to reporting and non-reporting errors. Consequently, it can not be ensured that the data on ever use are completely free from bias.

6.3 Indices of Ever Use

The level and pattern of ever use of family planning methods are determined from the following indices :

- i. the percentage of currently married women under 50 years of age having ever used at least one family planning method (Modern or Traditional) ;
- ii. the age - specific percentage of currently married women who have ever used family planning method (s) ;
- iii. the percentage of currently married women who have ever used family planning method (s) by number of children everborn and surviving.

6.4 Ever Use of Contraceptives

6.4.1 Ever Use of At Least One Method

The percentage of currently married women reported to have ever used at least one method of contraception are 22.8 for C₁ area, 11.7 for E₁ area, 20.6 for C₂ area, and 18.0 for E₂ area in the baseline survey; these percentages are 26.8, 20.1, 38.1, and 25.8 respectively for C₁, E₁, C₂ and E₂ areas in the follow-up survey (Table 6.1). Compared to the 1981 CPS (35.7 percent) and the 1983 CPS (33.4 percent), these percentages

Table 6.1
Percentage of Currently Married Women who Have Ever Used Any
Family Planning Method by Age and Type of Area

Age	Baseline Survey				Follow-up Survey			
	E ₁	C ₁	E ₂	C ₂	E ₁	C ₁	E ₂	C ₂
15—19	0.7	0.7	0.8	0.2	1.0	0.7	1.3	3.2
20—24	2.9	3.8	2.9	4.6	4.9	5.0	4.7	9.6
25—29	4.2	9.0	8.6	7.6	6.8	10.9	11.2	9.2
30—34	2.9	5.2	3.4	4.6	4.2	6.4	6.2	18.9
35—39	1.0	2.6	1.3	2.5	1.9	3.1	1.6	5.5
40—44	—	1.2	1.0	0.9	1.3	0.7	0.8	1.4
45—49	—	0.2	—	0.2	—	—	—	0.2
Percent	11.7	22.8	18.0	20.6	20.1	26.8	25.8	38.1
Ever Users								
Ever Users	36	96	69	90	62	113	99	166
All CMW	309	422	384	436	309	422	384	436

Note : CMW — Currently Married Women

are lower with the exception in follow-up survey for C₂ area. It is apparent from the figures in Table 6.1 that from baseline to follow-up survey, the percentage of ever users has increased by 4.0 percent for C₁ area, 8.4 percent for E₁ area, 17.4 percent for C₂ area and 7.8 percent for E₂ area.

For all areas, the percentage of ever-users rises from age-group 15-19 years to 25-29 years and then falls off. For all areas, the percentage of ever-users at each age-group in the follow-up survey is higher compared to those in the baseline survey, with the exception for ages 40-44 of E₂ area.

6.4.2 Ever Use by Modern and Traditional Methods

Currently married women who have ever-used any modern method comprise about 10 percent, 19 percent, 17 percent and 20 percent respectively in E₁, C₁, E₂ and C₂ areas in the baseline survey. These percentages are within the range of about 17 to 34 percent in different areas in the follow-up survey. For all areas in both surveys, the traditional method users are within a range of about 2 to 5 percent. An increasing trend in the ever-use rate has been observed in all the areas over time (Table 6.2)

6.4.3 Age-Pattern of Ever Users

The age-specific percentage of currently married women who have ever-used any method of contraception by current age is shown for baseline and follow-up surveys in Table 6.3. A clear picture of the age-pattern of ever users of contraception is revealed from this table for the two surveys.

TABLE 6.2

Percentage of Currently Married Women who Have Ever Used Family Planning Method (Modern/Traditional) by Type of Area.

Method Type	Baseline Survey				Follow-up Survey			
	E ₁	C ₁	E ₂	C ₂	E ₁	C ₁	E ₂	C ₂
Modern	9.7 (30)	19.4 (82)	16.7 (64)	19.7 (86)	17.5 (54)	24.4 (103)	21.1 (81)	34.4 (150)
Traditional	1.9 (6)	3.3 (14)	1.3 (5)	0.9 (4)	2.6 (8)	2.4 (10)	4.7 (18)	3.7 (16)
Total	11.7 (36)	22.8 (96)	18.0 (69)	20.6 (90)	20.1 (62)	26.8 (113)	25.8 (99)	38.4 (166)
All CMW	309	422	384	436	309	422	384	436

Note : CMW — Currently Married Women

TABLE 6.3

Age-Specific Percentage of Currently Married Women who Have Ever-Used Family Planning Method by Age and Type of Area

Age	Baseline Survey				Follow-up Survey			
	E ₁	C ₁	E ₂	C ₂	E ₁	C ₁	E ₂	C ₂
15 — 19	7.7	6.3	8.3	1.5	11.5	9.4	13.9	21.2
20 — 24	8.4	12.7	11.9	14.7	18.1	19.1	21.4	32.6
25 — 29	13.1	28.0	30.3	34.1	25.0	36.8	38.5	42.6
30 — 34	19.2	24.4	13.8	25.3	25.5	26.8	27.6	41.1
35 — 39	9.1	20.5	9.8	24.4	18.2	33.3	17.1	51.1
40 — 44	—	15.8	15.8	19.1	11.1	15.8	15.8	28.6
45 — 49	—	6.7	12.5	16.7	—	—	—	16.7
Percent Ever Users	11.7	22.8	18.0	20.6	20.1	26.8	25.8	38.1
All CMW	309	422	384	436	309	422	384	436

Note: CMW — Currently Married Women

For E_1 area, the ever use rate of the women in the age-groups from 15-19 to 30-34 is found to increase; the rate decreases sharply for higher ages in both the surveys. For other areas, this rate increases for women in the age-groups from 15-19 to 25-29 and then gradually decreases for women of higher ages. For E_1 area the maximum ever-use rate observed is 19 percent in the baseline survey and 25.5 percent in the follow-up survey. The maximum ever-use rate is 28 percent for C_1 , 30.3 percent for E_2 , and 34 percent for C_2 in the baseline survey. Whereas, this occurs to the tune of 37 percent, 38.5 percent, and 42.5 percent respectively for C_1 , E_2 , and C_2 areas in the follow-up survey. Compared to the rates in the baseline survey, the ever-use rates for all areas in the follow-up survey are higher. Thus, it is evident that there is some impact on ever-use rate due to FWA/dai as input in the experimental areas.

6.4.4 Ever Use Rates by Number of Children

Is general, the percentage ever-users by number of children ever-born and by number of surviving children is found to increase from women having 1-3 children to those with 4-6 children everborn or surviving; then a decrease is noticed for those with seven or more children everborn or surviving. For women with 1-3 children everborn the ever-use rate is within 14 to 19 percent for experimental areas and from 21 to 26 percent for control areas in the baseline survey. In the follow-up survey these are within 19 to around 26 percent and with 23 to 37 percent. With living children 4-6, the ever use rates are within 13 to 25 percent for experimental areas and within 27 to 30 percent for control areas in the baseline survey. In the follow-up survey these are within 27 to around 35 percent for experimental areas and within 35 to 46 percent for control areas. With seven or more children the ever use rates are around 8 percent for E_1 , and E_2 , and within 17 to 21 percent for C_1 and C_2 in the baseline survey. In the follow-up survey these rates are within 14 to 24 percent for experimental areas and within 15 to 41 percent for control areas. The detail information on ever-use by number of children everborn and children surviving can be seen from Table 6.4 For the specific number of children everborn and children surviving the ever use rate is higher in the follow-up than in the baseline survey, for both experimental and control areas.

6.4.5 Contraceptives Received by Users

It is evident from Table 6.5 that the distribution of contraceptives to users of modern methods is limited to small proportion of users only. An overwhelming majority of ever users is recorded 'not stated' as to contraceptives received recently from either FWA or *dai*. For C_2 around 28 percent of ever users received condom and pill from FWA in the baseline survey. Whereas, this is around 21 percent for the same area in the follow-up survey. For E_1 around 11 percent ever-users receive condom and pill from FWA in the follow-up survey. Whereas, this is only 5 percent for E_2 area in the same survey. In the baseline survey, the highest proportion of ever-users is receiving only oral pill from *dais* for E_1 (7 percent), C_1 (6 percent). The distribution of Emko and foam is not at all recorded for any of the four areas.

TABLE 6.4

**Percentage of Currently Married Women Who Have Ever Used Family Planning Methods
by Number of Children (Ever born and Surviving) and Type of Area**

Type of Area	CEB/ CS	Baseline Survey					Follow-up Survey				
		Number of CEB/CS									
		0	1-3	4-6	7+	All	0	1-3	4-6	7+	All
E ₁	CEB	—	14.4	12.8	8.1	11.7	—	18.9	26.7	18.9	20.1
	CS	—	10.9	14.9	2.7	10.4	5.0	18.8	26.4	13.5	19.4
C ₁	CEB	—	20.9	29.8	17.1	22.8	—	22.7	35.4	23.2	26.8
	CS	—	16.2	24.7	18.9	19.0	—	24.5	35.1	16.2	26.8
E ₂	CEB	—	18.5	25.2	7.9	18.0	—	26.5	34.5	14.5	25.8
	CS	—	19.5	17.4	8.8	16.7	—	27.4	28.3	23.5	25.8
C ₂	CEB	—	25.8	26.8	20.9	20.6	7.7	36.7	45.5	40.7	38.1
	CS	3.0	20.2	24.8	22.6	20.4	6.1	38.1	48.3	29.1	38.1

Note : CEB—Children Ever born,
CS —Children Surviving

TABLE 6.5

Percentage of Currently Married Women Among the Ever Users Who Have Received Contraceptive Recently From FWA and/or Dai by Type of Contraceptive and Type of Area

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Type of Contraceptive Received	Baseline Survey								Follow-up Survey							
	E ₁		C ₁		E ₂		C ₂		E ₁		C ₁		E ₂		C ₂	
	Dai	FWA	Dai	FWA	Dai	FWA	Dai	FWA	Dai	FWA	Dai	FWA	Dai	FWA	Dai	FWA
Condom	-	-	-	-	-	-	-	14.0	-	1.8	-	-	-	1.2	-	7.3
Pill	6.7	-	6.1	-	-	3.1	-	14.0	3.7	9.0	0.1	-	1.2	3.7	-	14.0
Emko	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Foam	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
N-S.	60.0	-	63.4	-	-	57.8	-	31.4	75.9	70.4	63.1	-	80.3	56.8	-	34.7
None	33.3	-	30.5	-	-	39.1	-	40.7	20.4	18.5	35.9	-	18.5	38.3	-	44.0
Ever Users (Modern Methods)	30	-	82	-	-	64	-	8.6	54	54	103	-	81	81	-	150

CHAPTER VII

CURRENT USE OF FAMILY PLANNING METHODS

7.1 Introduction

As in case of CPS and BFS, the term "current use" refers to the method which is being used by an individual client. Thus, any respondent (or her spouse) using a family planning method at the time of survey is regarded as a current user. Two questions were asked: "Are you or is your spouse now using any family planning method?" and (if yes), "Which method are you or is your spouse using?"

7.2 Indices of Current Use

The current use of family planning method has been determined from the following indices:

- (i) the percentage of current users by age of currently married women ;
- (ii) the percentage of current users by method of contraception ;
- (iii) the age-specific percentage of current users of family planning ;
- (iv) the percentage of users by number of children ever born and surviving to currently married women.

7.3 Current Use of Contraceptives

So far the current use rate is concerned, the percentage of currently married women, who are currently using contraception recorded an increase from 9.1 percent in the baseline survey to 16.2 percent in the follow-up

survey for E₁ area, from 15.4 percent to 20.6 percent for C₁ area, from 12.5 percent to 21.6 percent for E₂ area, and from 17.2 percent to 27.5 percent for C₂ area, as shown in Table 7.1.

7.4 Current Use of Any Method by Age

The percentage of currently married women who are currently using family planning method by age is shown for four areas in Table 7.2. Like the percentage ever-users by age, the percentage of current users by age has shown the same pattern having a peak at age group 25-29 years for all areas, both in baseline and follow-up surveys. The change in the percentage of current users at each age-group from baseline to follow-up survey is in accordance with our expectation.

TABLE 7.1

**Percentage of Currently Married Women
Using Contraception by Type of Area**

Type of Area	Baseline Survey	Follow-up Survey	Difference
E ₁	9.1	16.2	7.1
C ₁	15.4	20.6	5.2
E ₂	12.5	21.6	9.1
C ₂	17.2	27.5	10.3

TABLE 7.2

**Percentage of Currently Married Women Using Any Family Planning Method
by age and Type of Area**

Age	Baseline Survey				Follow-up Survey			
	E ₁	C ₁	E ₂	C ₂	E ₁	C ₁	E ₂	C ₂
15 - 19	0.7	0.5	2.0	0.5	0.7	0.7	0.5	2.5
20 - 24	1.9	2.6	1.8	3.0	4.5	3.1	4.7	7.3
25 - 29	3.2	6.6	4.9	6.0	5.8	9.5	9.6	6.9
30 - 34	2.6	3.8	2.5	4.1	2.9	5.5	4.4	6.0
35 - 39	0.7	1.4	0.7	2.3	1.3	1.4	1.8	3.7
40 - 44	-	0.5	0.7	1.2	1.0	0.5	0.5	1.2
45 - 49	-	-	-	0.2	-	-	-	-
All Current Users	28	65	48	75	50	87	83	120
All CMW	309	422	384	436	309	422	384	436
Percent Current Users	9.1	15.4	12.5	17.2	16.2	20.6	21.6	27.5

Note : CMW — Currently Married Women.

7.5 Current Use of Modern/Traditional Methods of Contraception

The proportion of current-users of modern method is almost similar to that of the ever-users of any modern method for all areas in both the surveys, as can be seen from Table 7.3. Less than one to slightly over three percent currently married women are currently using traditional methods. Like the percentage ever-users, the percentage current users of any method has experienced an increase from baseline to follow-up survey. This has occurred for all areas from a range of 9 percent to 17 percent in the baseline survey and a range of 16 percent to 27 percent in the follow-up survey.

TABLE 7.3

Percentage of Currently Married Women Using Family Planning Method (Modern/Traditional) by Type of Area.

Method Type	Baseline Survey				Follow-up Survey			
	E ₁	C ₁	E ₂	C ₂	E ₁	C ₁	E ₂	C ₂
Modern	8.7 (27)	14.1 (60)	12.0 (46)	16.3 (71)	14.2 (44)	18.3 (77)	18.5 (71)	25.0 (109)
Traditional	0.4 (1)	1.2 (5)	0.5 (2)	0.9 (4)	2.0 (6)	2.3 (10)	3.1 (12)	2.5 (11)
Total	9.1 (28)	15.4 (65)	12.5 (48)	17.2 (75)	16.2 (50)	20.6 (87)	21.6 (103)	27.5 (120)
All CMW	309	384	422	436	309	384	422	436

Note: CMW—Currently Married Women

7.6 Current Use by Methods of Contraception

The percentage of current users by methods of contraception for both control and experimental areas in the baseline and the follow-up surveys is shown in Table 7.4. For E_1 , 1.6 percent increase in pill users, 2.3 percent increase in ligation cases, and 3 percent decrease in both condom and IUD are observed. For C_1 the number of pill users increases by 2.6 percent, and the ligation cases increase by 2.9 percent. For E_2 , an increase in pill users by one percent is observed, also less than one percent decrease in ligation cases is noticed; the percentage of IUD users is about the same in both the surveys. The highest increase in pill users is noticed for C_2 (4.8 percent); 1.5 percent increase in ligation cases is observed for this area, and in contrast with other areas, an increase is observed among IUD users (1.9 percent). The use of condom in baseline surveys decreases in follow-up survey for three out of four areas.

7.7 Age - Pattern of Current users

Like the ever-use rates, the current use-rates also have shown almost the same pattern with age of currently married women, with the exception of C_2 area, as can be seen from Table 7.5. The highest percentage of currently married women currently using contraception is 17 percent for E_1 , 22.4 percent for C_1 , 20.2 percent for E_2 , and 23.4 percent for C_2 in the baseline survey. This is 21.3 percent for E_1 , 30.4 percent for C_1 , 33 percent for E_2 , and 37.8 percent for C_2 in the follow-up survey. It is evident that there is some impact on the current use rate due to FWA/dai as input in the experimental areas.

TABLE 7.4

**Percentage of Currently Married Women Using
Contraception by Methods and Type of Area**

Type of Area	Total CMW	Baseline Survey							Follow-up Survey						
		Pill	Condom	IUD	Liga- tion	Others	Non- Users	All	Pill	Condom	IUD	Liga- tion	Others	Non- Users	All
E ₁	309	2.9	1.6	0.6	5.2	20.0	8.7	100.0	4.5	1.3	0.3	7.5	2.6	83.8	100.0
C ₁	422	2.9	1.8	1.3	7.6	1.8	84.6	100.0	5.5	0.9	0.9	10.5	2.8	79.4	100.0
E ₂	384	4.0	1.2	1.9	9.3	0.7	82.9	100.0	5.0	1.3	2.0	8.6	5.5	77.6	100.0
C ₂	436	5.8	4.6	0.6	4.9	2.5	81.6	100.0	10.6	3.9	2.5	6.4	4.6	72.0	100.0

Note : CMW—Currently Married Women

TABLE 7.5

**Age—Specific Percentage of Currently Married Women Currently
Using Any Method of Contraception by Type of Area**

Age	Baseline Surevy				Follow - up Survey			
	E ₁	C ₁	E ₂	C ₂	E ₁	C ₁	E ₂	C ₂
15—19	7.7	6.3	2.8	1.5	7.7	9.4	5.6	18.2
20—24	7.2	10.0	9.5	7.8	15.7	13.6	21.4	24.0
25—29	11.9	22.4	20.2	23.4	20.2	30.4	33.0	33.0
30—34	17.0	19.5	12.6	18.7	21.3	28.1	18.4	33.3
35—39	6.1	15.4	7.3	20.0	15.2	15.4	19.5	37.8
40—44	—	10.5	10.5	14.3	11.1	10.5	15.8	23.8
45—49	—	—	—	—	—	—	—	—
Percent Current Users	9.1	15.4	12.5	17.2	16.2	20.6	21.6	27.5
All CMW	309	422	384	426	309	422	384	436

Note : CMW—Currently Married Women.

7.8 Current Use by Number of Children

The percentage current use rates by number of children ever born and children surviving have shown, in general, the same pattern as the percentage ever - use rates by number of children ever born and children surviving (Table 7.6). Compared to ever use rates, the current use rates are quite consistent in both the surveys. For all four areas, the current use rate is higher in the follow - up than that in the baseline survey.

7.9 Reasons for Non - Use of Family Planning Methods

The reason for non-use of family planning method was asked of currently married women in all the four areas and their responses are shown in Table 7.7. The desire for additional children in the baseline survey reduces in the follow-up survey for C_1 , E_2 , and C_2 . The objection from the family against the adoption of family planning method is considerably lower in the follow - up survey compared to that in the baseline survey, with the exception of C_1 . The religious bar as a reason for non-use of family planning is within the range of 20 percent to 27 percent of currently married women for all areas with the exception of C_2 in the follow - up survey. This is within the range 15 percent to 21 percent for three areas excepting C_2 in the baseline survey. The side effect as a reason for non use of family planning is considerably lower in the follow up survey compared to that in the baseline survey. The physical illness as a reason for non use of family planning method is mentioned by one percent only in E_2 and this ranges from 5 percent to 11 percent for others three areas in the follow up survey. For the baseline survey, the percentage of currently married women mentioning physical illness as the reason for non use ranges from 0.6 to 2.4, over the four areas.

TABLE 7.6

Percentage of Currently Married Women Using Family Planning Methods by Number of Children Ever born (CEB) and Children Surviving (CS) and Type of Area

Type of Area	CEB/CS	Baseline Survey					Follow-up Survey				
		Number of CEB/CS									
		0	1-3	4-6	7+	All	0	1-3	4-6	7+	All
E ₁	CEB	—	10.6	10.5	6.8	9.1	—	15.9	19.8	16.2	16.2
	CS	—	9.1	13.8	2.7	9.1	—	15.8	23.0	10.8	16.2
C ₁	CEB	—	12.9	22.4	9.8	15.4	—	16.6	29.2	15.9	20.6
	CS	—	12.5	20.7	16.2	15.4	—	18.5	27.9	10.8	20.6
E ₂	CEB	—	13.2	17.9	5.3	12.5	—	21.9	29.5	11.8	21.6
	CS	—	14.7	13.0	5.9	12.5	—	23.2	23.2	20.6	21.6
C ₂	CEB	3.9	15.5	24.1	16.5	17.2	—	29.5	31.5	26.4	27.5
	CS	3.0	16.2	23.2	16.1	17.2	—	30.4	32.0	19.4	27.5

TABLE 7.7

**Percentage of Currently Married Women by Main
Reasons for Non-Use of Contraception by
Type of Area**

Reason for Non-Use	Baseline Survey				Follow-up Survey			
	E ₁	C ₁	E ₂	C ₂	E ₁	C ₁	E ₂	C ₂
Additional Children Wanted	25.2	33.1	38.3	37.6	35.9	26.5	22.6	23.6
Objection from Family	16.2	7.8	9.9	12.4	5.2	5.3	4.4	5.5
Side-effect	3.0	4.3	3.7	5.0	0.6	1.9	0.8	1.8
Physical Illness	0.6	2.4	2.3	2.1	5.5	8.0	1.1	11.0
Religious Bar	15.5	19.4	20.6	5.3	20.4	21.8	26.6	3.7
No Need for Use of Contraceptoin	12.3	9.5	6.3	7.6	9.1	8.1	10.9	14.0
Others	13.6	6.2	5.2	100.0	6.8	7.4	6.8	10.8
NA/NS	13.6	17.3	13.8	19.9	16.5	21.0	26.8	29.6
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

7.10 Source of Motivation

As regards the motivation FWAs/*dais* are not very successful in E_1 , C_1 , and E_2 areas. For, C_2 , FWAs are able to motivate 7.3 percent and 13.1 percent of currently married women in the baseline survey and in the follow up survey respectively. The level of motivation in the baseline survey increases in the follow up survey due to FWA in C_2 , due to *dai* in E_1 and C_1 by around 6 percent, 1.7 percent and one percent respectively. In both surveys for all four areas, it is observed that a significant level of motivation occurred due to spouses of currently married women as can be seen in Table 7.8. Those women who have adopted family planning, were motivated by themselves according to 2 percent to 4 percent of currently married women, for all areas in the baseline survey. In the follow up survey, the percentage reporting self motivation ranges from 4 to 9 percent. Relatives as a source of motivation was mentioned by less than 3 percent of currently married women in all the four areas, in both the surveys.

7.11.1 Net Change Due to FWA/*dai* as input

Knowledge of specific number of methods as regards the knowledge of family planning method, the net change due to FWA/*dai* as input is calculated for specific number of methods known, as shown in Table 7.9. The net positive change due to FWA as input is observed for those who have known one, two, six, and seven method (s) of contraception; these are within the range of 1.2 percent to 9.1 percent. Whereas, the net negative changes for those having knowledge of three to five methods are within the range—2.2 percent to—8.3 percent. When *dai* is given as input, the positive net change in the knowledge is observed for currently married women who have known two, three, four, and at least seven methods of contraception. The positive net changes in the knowledge due to *dai* as input are within the range 1.4 percent to 13.2 percent, whereas, the negative changes in knowledge are found to be within—1.4 percent to—10.3 percent.

TABLE 7.8

Percentage of Currently Married Women by Source of Motivation and Type of Area

Source of Motivation	Baseline Survey				Follow-up Survey			
	E ₁	E ₂	C ₁	C ₂	E ₁	E ₂	C ₁	C ₂
Self	1.7	4.4	3.0	1.6	4.2	5.7	5.5	8.7
Husband	7.8	13.0	11.6	8.0	8.4	9.4	13.8	11.2
Relatives	0.6	2.1	1.2	0.6	1.6	2.6	1.2	1.8
FPA	0.6	0.5	0.7	0.2	0.3	6.0	0.7	0.2
FWA	—	4.0	1.2	7.3	2.0	—	0.2	13.1
Dai	0.3	—	2.9	7.3	2.0	—	4.0	—
Others	0.6	1.0	2.1	2.8	1.6	2.1	1.4	3.0
All	11.6	25.0	22.7	20.6	20.1	25.8	26.8	38.0
NA/NS	88.4	75.0	77.3	79.4	79.9	74.2	73.2	62.0
All	309	384	422	436	309	384	422	436

Note : CMW — Currently Married Women

TABLE 7.9

Difference Between the Percentages of Women who Have Specified Number of Methods of Contraception Known, in Baseline and follow-up Surveys and the Net Change Due to FWA/*dai*

Method Known	$Ef_1 - Eb_1$		Net Change ¹			$Cf_2 - Cb_2$		Net Change ²				
0	+	3.2	+	3.6	-	0.3	+	2.1	+	12.4	-	10.3
1	+	7.4	-	1.7	+	9.1	+	4.7	+	3.0	-	1.7
2	-	7.8	-	9.0	+	1.2	-	9.9	-	16.1	+	6.2
3	-	4.5	+	3.8	-	8.3	+	1.1	-	12.2	+	13.2
4	-	2.6	+	5.2	-	7.8	+	6.3	+	3.7	+	2.6
5	-	0.3	+	1.9	-	2.2	-		+	1.4	-	1.4
6	+	3.6	-	2.8	+	6.4	+	3.1	+	13.1	-	10.0
7+	+	1.3	-	1.0	+	2.3	+	2.1	+	0.7	+	1.4

Note : f — Follow-up Survey, b — Baseline Survey

1. Net Change due to FWA

2. Net Change due to *dai*

7.11.2 Mean Number of Methods Known

In the baseline survey, the mean number of methods known is within the range 2.7 to 3.1 for the four areas. Whereas, in the follow-up survey this is found to range from 2.7 to 3.3 over the four areas. The mean number of traditional methods known ranges from less than 0.1 to 0.1 in the baseline survey and 9.1 to 0.3 in the follow-up survey (Table 7:10)

The net change in mean number of modern and traditional methods known are both positive for E_2 . Such changes are positive with regard to modern and overall methods known for E_1 area. Also, some changes are observed in the mean number of modern and traditional methods known for C_1 and C_2 from baseline to follow-up survey; a small negative change is observed for only C_1 with respect to both modern and overall methods known.

The net changes in the modern and overall mean number of methods known are in the expected direction due to *dai* as input.

TABLE 7.10

Mean Number of Methods Known, Their Difference from Baseline to Follow-up Surveys and the Net Change Due to FWA/*dai*

Type of Area	Baseline Survey			Follow-up Survey		
	Modern	Traditional	Overall	Modern	Traditional	Overall
E ₁	2.7	0.1	2.8	2.7	0.1	2.8
C ₁	2.9	0.1	3.0	2.9	0.1	3.0
E ₂	2.9	0.1	3.0	3.1	0.3	3.4
C ₂	3.1	—	3.1	3.3	0.1	3.4
Difference	Modern Method	Net Change	Traditional Method	Net Change	Overall	Net Change (Over all)
Ef ₁ —Eb ₂	— 0.02	+0.04 ¹	—0.03	—0.03 ¹	—0.02	+0.01 ¹
Cf ₁ —Cb ₁	— 0.06		0.00		—0.03	
Ef ₂ —Eb ₂	+ 0.22	+0.05 ²	÷0.19	+0.12 ²	+0.91	+0.57 ²
Cf ₂ —Cb ₂	+ 0.17		+0.07		+0.34	

(1): Net change due to FWA

(2): Net change due to *dai*

7.11.3 Knowledge of At Least 'X' Number of Method (s)

When the knowledge of at least specific number of family planning methods is considered, the net change due to FWA as input was found to be positive for at least one, five, six and seven methods. Whereas, such change due to *dai* as input is observed for at least one, two, three and seven methods known. The net negative changes are observed for at least two, three and four methods known due to FWA as input. Whereas, such changes are found for at least four, five and six methods known because of *dai* as input. The net negative changes for at least 4, 5 and 6 methods known are observed because of the greater changes with time for control area compared to that of experimental area where originally FWA was working and subsequently *dai* is given as input (Table 7.11). For the same reason the net negative changes are observed for at least one method and two methods known.

TABLE 7.11

Difference Between Percentage of Women Having
at Least 'X' Number* of Methods Known in Baseline
and Follow-up Surveys and the Net Change Due to
FWA/dai

At Least 'X' Method Known			Net			Net
	Ef ₁ -Eb ₁	Cf ₁ -Cb ₁	Change ¹	Ef ₂ -Eb ₂	Cf ₂ -Cb ₂	Change ²
1	- 3.2	- 3.6	+ 0.3	- 3.1	- 12.4	+ 10.3
2	- 11.0	- 1.9	- 9.1	+ 2.6	- 9.4	+ 12.0
3	- 2.6	+ 7.1	- 9.7	+ 12.5	+ 6.7	+ 5.8
4	+ 2.0	+ 3.3	- 1.4	+ 11.5	+ 18.8	- 7.4
5	+ 4.5	- 1.9	+ 6.4	+ 5.2	+ 15.1	- 9.9
6	+ 4.9	- 3.8	+ 8.7	+ 5.2	+ 13.8	- 8.6
7 +	+ 1.3	- 1.0	+ 2.3	+ 2.1	+ 0.7	+ 1.4
Mean Number of Methods Known :	+ 3.2	3.6	- 0.3	+ 2.1	+ 12.4	- 10.3

(*) : 'X' Numbers — 1, 2, 3, 4, 5, 6 and 7 +.

1. Net change due to FWA

2. Net change due to dai

TABLE 7.12

Difference Between Mean Number of Methods Known in Baseline and Follow-up Surveys and the Net Change Due to FWA/*dai* by Age of Currently Married Women

Age	$Ef_1 - Eb_1$	$Cf_1 - Cb_1$	Net Change ¹	$Ef_2 - Eb_2$	$Cf_2 - Cb_2$	Net Change
15-19	- 0.2	- 0.1	- 0.1	+ 0.5	+ 0.1	+ 0.5
20-24	- 0.1	+ 0.5	- 0.6	+ 0.2	+ 0.1	+ 0.1
25-29	+ 0.1	-	+ 0.1	+ 0.2	+ 0.6	+ 0.2
30-34	+ 0.4	+ 0.3	+ 0.1	+ 0.5	+ 0.7	- 0.2
35-39	+ 0.1	- 0.2	+ 0.3	+ 0.7	+ 0.4	+ 0.3
40-44	- 0.9	+ 0.6	- 1.4	+ 0.6	+ 0.7	- 0.1
45-49	-	+ 0.3	- 0.3	- 0.6	- 0.2	- 0.5

1. Net change due to FWA

2. Net change due to *dai*

7.11.4 Mean Number of Methods Known by Age

When the mean number of method (s) known by age-group of women is considered, the net change due to FWA/*dai* as input is found to be less than one percent for almost all age-groups, as can be seen from Table 7.12. This was true for both negative and positive changes. Because of FWA as input, a net change of 1.4 was observed in the mean number of methods known by currently married women of ages 40—44 years. This, in fact, is the highest net change that has been observed.

7.11.5 Knowledge of Specific Method (s)

The net change in the knowledge of family planning by specific method due to FWA/*dai* as input is shown in Table 7.13. Because of FWA as input in E_1 , a positive, net change is found to occur for oral pill, condom (Modern method), abstinence and rhythm (Traditional method). Whereas, due to *dai* as input in E_2 area, a positive net change occurs for IUD, Injection, ligation, vasectomy (modern method) and withdrawal (Traditional method). In fact, the net negative changes are found to occur for oral pill (11.3 percent) and condom (19.3), and the net positive changes occur for ligation (13.5 percent) and vasectomy (11.4 percent).

7.11.6 Ever Use and Current Use Rates

The net change in ever use rate is found to be 1.1 percent for E_1 and a net change of -10.3 percent is observed for E_2 (Table 7.14). For E_1 a net positive change, 1.9 percent in the current use of contraception is observed (Table 7.15). Whereas, for E_2 a net negative change, -4.8 percent, is recorded from baseline to follow-up survey.

7.11.7 Ever Use Rate by Age

The net impact in ever-use rate by age due to FWA/*dai* as input in E_1/E_2 area is shown in Table 7.14. The net impact on ever use rate

TABLE 7.13

Difference Between Percentages of Women Having Knowledge of Specific Method of Contraception in Baseline and Follow-up Survey and the Net Change Due to FWA/dai

Method	$Ef_1 - Eb_1$	$Cf_1 - Cb_1$	Net Change ¹	$Ef_2 - Eb_2$	$Cf_2 - Cb_2$	Net Change ²
Oral Pill	+ 9.4	+ 4.7	+ 4.7	+ 4.2	+ 15.5	- 11.3
Condom	+ 5.8	- 1.4	+ 7.2	- 9.4	+ 9.9	- 19.3
IUD	- 4.2	+ 0.4	- 4.6	- 9.4	- 10.8	+ 1.4
Injection	+ 7.2	+ 7.8	- 0.6	+ 7.8	- 0.2	+ 8.0
Ligation	+ 2.6	+ 2.9	- 0.3	- 9.8	- 6.7	+ 13.5
Vasectomy	- 11.3	- 9.5	- 1.8	- 16.4	- 27.8	+ 11.4
Abstinence	- 0.4	- 0.7	- 0.3	- 4.4	- 1.6	- 2.8
Rythm	- 1.0	- 1.2	+ 0.2	- 5.2	- 1.4	- 3.8
Emko	- 3.3	- 1.2	- 2.1	+ 2.1	+ 2.3	- 0.6
Withdrawal	- 1.0	-	- 1.0	-	- 0.2	+ 0.2
Abortion	+ 0.6	+ 0.5	- 0.1	- 5.7	- 2.1	- 3.6
Kabiraji	+ 0.3	+ 0.5	- 0.2	- 5.7	- 3.0	- 2.7

Note : f — Follow-up Survey, b — baseline Survey.

1. Net change due to FWA.

2. Net change due to dai

due to FWA as input at all age groups with the exception of age-group 35-39 years is positive. Whereas, the net impact due to *dai* as input is negative for all ages.

7.11.8 Current-Use Rates by Age

Because of FWA/*dai* as input, the net impact on the current-use rate for E_1/E_2 area can be seen from Table 7.15. The net impact in current use rate due to FWA as input is positive at age-groups 20-24, 25-29, 35-29, 40-44 years. Whereas, the net impact on current use rate due to *dai* as input is found to be positive at age-groups 15-19, 20-24 and 25-29 years only. When all ages are lumped, the net changes in ever use rate and current use rate are both positive due to FWA as input, and both negative due to *dai* as input. In the case of current use rate, the net change due to *dai* is around—5 percent and in the case of ever-use rate it is—10.3 percent.

TABLE 7.14

Net Change on Ever-Use Rate Due to
FWA/*dai* as Input in E_1/E_2 Area

Age	$Ef_1 - Eb_1$	$Cf_1 - Cf_1$	Net Change ²	$Bf_2 - Eb_2$	$Cf_2 - Cb_2$	Net Change ²
15—19	+ 3.9	+ 3.1	÷ 0.7	+5.6	+ 19.7	— 14.4
20—24	+ 9.6	+ 6.4	÷ 3.3	+9.5	+ 17.8	— 8.3
25—29	+ 11.9	+ 8.8	+ 3.1	÷8.3	+ 8.5	— 0.3
30—34	+ 6.4	+ 2.4	+ 3.9	+13.8	+ 15.7	— 1.9
35—39	+ 9.1	+ 12.8	— 3.7	+7.3	+ 26.7	— 19.4
40—44	+ 11.1	—	+ 11.1	—	+ 9.5	— 9.5
45—49	—	—	—	—	—	—
All	+ 8.4	+ 7.4	+ 1.1	+ 7.8	+ 18.1	— 10.3

Note : f — Follow-up Survey, b — Baseline Survey.

1. Net change due to FWA

2. Net change due to *dai*

TABLE 7.15

**Net Change on Current-Use Rate Due to FWA/dai as Input
in E₁/E₂ Area**

Current Age			Net			Net
	Ef ₁ -Eb ₁	Cf ₁ -Cb ₁	Change ¹	Ef ₂ -Eb ₂	Cf ₂ -Cb ₂	Change ²
15-19	—	+ 3.1	- 31.1	+ 2.8	+ 16.7	+ 13.9
20-24	+ 8.4	+ 3.6	+ 4.8	+ 11.9	+ 16.3	+ 4.4
25-29	+ 8.5	+ 8.0	+ 0.5	+ 12.9	+ 9.6	+ 3.3
30-34	+ 4.3	+ 8.5	- 4.3	+ 5.8	+ 14.7	- 8.9
35-39	+ 9.1	—	- 9.1	+ 12.2	+ 17.8	- 5.6
40-44	+ 11.1	—	+ 11.1	+ 5.3	+ 9.5	- 4.3
45-49	—	—	—	—	—	—
All	+ 7.1	+ 5.2	+ 1.9	+ 9.4	+ 14.2	-4.8

Note : f — Follow-up Survey, b — Baseline Survey

1. Net Change due to FWA

2. Net Change due to dai

CHAPTER VIII

CHARACTERISTICS OF FWAs AND DAIs

8.1 Introduction

It is beyond controversy that the success of the family planning program largely depends on the performance of the workers at the field level. In recognition to this, the Population Control Program in Bangladesh has at present more than 40 thousand field workers—4392 Family Planning Assistants (FPA), 12337 Family Welfare Assistants (FWA), 2722 Family Welfare Visitors (FWV), and 8000 *dais*. The plan is to increase the numbers of FPAs, FWVs and *dais* to 4500, 18000, and 13500 respectively at the end of the second five year plan (Kabir *et al.*, 1985).

So far, very limited attempts have been made for systematic investigation of the problems faced at different stages of work by the field level workers. Since the role of these field level workers is of crucial importance for the success of the program, it is necessary to know their socio-economic and demographic characteristics, the problems they face during their field work and other related problems, if any. Keeping in view the objective of the study, a modest attempt has been made in this chapter to analyze the data related to the above issues obtained from *dais* and FWAs of the selected areas in the follow-up survey only.

8.2 Age

The distribution of *dais* and FWAs by their age is presented in Table 8.1. The mean ages of *dais* and FWAs are 35.7 years and 28.7 years respectively. Since these means are based on only 36 *dais* and 36 FWAs, caution should be exercised in generalizing the results to all workers. However, it is clear that, on an average, a *dai* is around 7 years older than an FWA.

TABLE 8.1

Percentage of *DAIs* and *FWAs* by Current Age

Age	<i>DAIs</i>		<i>FWAs</i>	
	Number	Percent	Number	Percent
Under 25	3	8.3	8	22.2
25—29	14	38.9	21	58.3
30—34	2	5.6	3	8.3
35—39	8	22.2	2	5.6
40—44	1	2.8	1	2.8
45—49	4	11.1	—	—
50+	4	11.1	1	2.8
All	36	100.0	36	100.0
Mean		35.7		28.7

8.3 Marital Status

From the data on marital status, as shown in Table 8.2 it can be seen that all *dais* are ever married, of which 58.3 percent are currently married, 30.6 percent widowed, and 11.1 percent separated. In contrast, 11.1 percent *FWAs* are single, 80.6 percent married, 5.6 percent widowed, and about 3.0 percent separated. The findings are in the expected direction since the *dais* are elderly women compared to the *FWAs*.

8.4 Religion

The religious composition of the respondents reveals that a great majority (91.7 percent *dais* and 83.3 percent *FWAs*) of them are Muslims. The proportion of Hindus among the *FWAs* is twice as much as that of *dais* — 3 (8.3 percent) *dais* out of 36 are Hindus, whereas 6 (16.7 percent) out of 36 *FWAs* are Hindus.

TABLE 8.2

Percentage of *DAIs* and FWAs by Marital Status

Marital Status	<i>DAIs</i>		FWAs	
	Number	Percent	Number	Percent
Never				
Married	—	—	4	11.1
Married	21	58.4	29	80.6
Widowed	11	30.6	2	5.6
Separated	4	11.1	1	2.8
All	36	100.0	36	100.0

TABLE 8.3

Percentage of *DAIs* and FWAs by Level of Education

Level of Education	<i>DAIs</i>		FWAs	
	Number	Percent	Number	Percent
No Schooling	12	33.3	—	—
Class I—V	12	33.3	2	5.6
Class VI—IX	12	33.3	8	22.2
SSC & Above	—	—	26	72.2
All	36	100.0	36	100.0

8.5 Level of Education

The data on the level of education, presented in Table 8.3 demonstrate that one out of every three *daIs* is illiterate, and none was SSC passed. It is ashtonishing to note that around 28 percent of FWAs are not SSC passed despite the provision of recruiting FWAs from SSC holders.

8.6 Length of Service

From the distribution of *dais* and FWAs by their length of service, presented in Table 8.4, it is seen that 58.3 percent of *dais* and 36.1 percent of FWAs are involved in the present job for less than 5 years. Nearly 42 percent of *dais* and 64 percent of FWAs are doing their job for 5 years or more. On the average, the FWAs are involved in the job for 6.7 years while the *dais* for 5.4 years.

8.7 Work Status

Upon a query on the involvement of respondents in the income generating activities in addition to their present job, about 39 percent of *dais* reported as engaged in some form of activities outside their home for cash income. The rest are solely engaged in their household duties (Table 8.5). Among the FWAs only 5.6 percent are involved in outside activities. This reflects that a substantial proportion of *dais* are dissatisfied with their job because of very poor earning out of it. In contrast, a great majority of the FWAs (94.4 percent) are found not to do any work beyond their job assignment to supplement their income. Thus, there is reason to believe that the FWAs are satisfied with their job and they can devote full time to render their services.

8.8 Children Everborn

The information on the number of children everborn to *dais*, and FWAs are presented in Table 8.6. It is seen that about 61 percent of *dais* had borne 3 or more children compared to 30.6 percent of FWAs. Only one FWA is found to have 5 children everborn whereas, 13 *dais* reported that they had ever borne 3 or more children. The findings are in the expected direction since the *dais* are elderly women and are expected to have more children compared to FWAs who are yet to pass through more years of reproductive life than the *dais*. The mean number of children everborn by *dais* is 3.4, while the FWAs reported to have everborn 1.9 children.

TABLE 8.4

Percentage of DAIs and FWAs According to the Length of Service

Length of Service (in years)	DAIs		FWAs	
	Number	Percent	Number	Percent
Less than 5 years	21	58.3	13	36.1
5 years or more	15	41.7	23	63.9
All	36	100.0	36	100.0

TABLE 8.5

Percentage of DAIs and FWAs by Additional Income Activities

Category Level	DAIs		FWAs	
	Number	Percent	Number	Percent
Yes	14	38.9	2	5.6
No	22	61.1	34	94.4
All	36	100.0	36	100.0

8.9 Use of Contraception

The distribution of *dais* and FWAs by methods of contraceptive use is displayed in Table 8.7. Among the *dais* 4 (11.1 percent) are ligated and 13.9 percent have IUD/CT insertion. A large proportion (33.3 percent) of *dais* are not using any method. Among the FWAs 25.0 percent are using pill and 22.2 percent reported that their husbands are using condom. And 8.3 percent had IUD insertions, while an equal proportion are practising withdrawal. Only one woman was ligated among the FWAs.

8.10 Work done by FWAs as Reported by *dais*

The *dais* were asked about type of work the FWAs do at the field level. Fifty percent of *dais* reported that they (FWAs) distribute contraceptives while 47.2 percent indicated that they check client cards (Table 8.8).

Further, it is observed from the table that 41.7 percent *dais* reported that the FWAs motivate people for adopting family planning. Three *dais* said that the FWAs do nothing. Although, one of the main responsibilities of FWAs is to supervise the work of *dais* none of the *dais* reported that the FWAs supervise their work.

8.11 Responsibilities of *dais* as Reported by Themselves

Upon a query on their own responsibilities, 50 percent *dais* indicated that their prime responsibility is to accompany clients to clinics. Nearly 42 percent of them reported counselling as their second most important responsibility. Supply of contraceptives to the clients was reported as their responsibility by around 22 percent of *dais*. The relevant responses are shown in Table 8.9.

8.12 Joint Visits of *dais* with FPAs and FPOs Supervision

Joint visits of *dais* with FPAs are shown in Table 8.10. A little over 55 percent *dais* reported that they had not made any joint visit with FPAs during the preceding calendar month. The number of days they jointly visited is, on an average, two.

TABLE 8.6

Percentage of *DAIs* and *FWAs* by Number of Children Everborn

	Number of Children Everborn								All	Mean
	0	1	2	3	4	5	6	7		
Number of										
<i>DAIs</i>	1	10	3	4	5	6	4	3	36	
Percent	2.8	27.8	8.9	11.1	13.9	16.7	11.1	8.3	100.0	3.4
Number of										
<i>FWAs</i>	8	3	14	8	2	1	—	—	36	
Percent	22.2	8.3	38.9	22.2	5.6	2.8	—	—	100.0	1.9

TABLE 8.7

Percentage of *DAIs* and *FWAs* by Method of Contraceptive Use

Method	<i>DAIs</i>		<i>FWAs</i>	
	Number	Percent	Number	Percent
No Method	12	33.3	5	13.9
Oral pill	—	—	9	25.0
Condom	—	—	8	22.2
IUD/CT	5	13.9	3	8.3
Withdrawal	—	—	3	8.3
Ligation	4	11.1	1	2.8
NA ¹	15	41.7	7	19.4
All	36	100.0	36	100.0

(1) Not applicable

When the *dais* were asked about the time they last jointly visited, 50 percent reported that the last visit was made during March and April, 1985 (table not shown). In most cases it is observed that the *dais* were advised to work sincerely by FPAs when they (FPAs) paid last visit for supervisory work. When the *dais* were asked about the number of times the Family Planning Officer (FPO) visited them during the preceding three months, it was reported that no visit was paid by FPO during that period.

8.13 Problems faced by *dais*

Dais were asked to state problems they face while discharging their duties. The responses are summarised in Table 8.11. Nearly 67 percent of *dais* reported that they do not get salary as government employees. Another problematic aspect is that the local people do not like family planning. This was reported by around 42 percent of *dais*. Only 3 of them reported that the inadequate supply of contraceptives is a bottleneck for their activities. Three *dais* reported that they have no problem. It may be mentioned here that the introduction of referral system has caused a lot of dissatisfaction among the *dais*. This has also narrowed down their roles in the program. They feel that they are no longer government employees and, as such, are not entitled to get benefits as other government employees do. This is likely to have serious consequences on the performance of *dais* as family planning workers. They suggested to consider them as regularly salaried persons, educate the local people through government efforts, and supply adequate quantity of contraceptives. Only two *dais* suggested to increase their referral fee.

8.14 *Dais'* views on the Question of Withdrawing FWAs

An inquiry was made to know the *dais'* views on withdrawing FWAs from the program. Respondents were asked as to what the consequences on the Family Planning Program of withdrawing the FWAs from the Program, would be. Eighty three percent of *dais* indicated that such an attempt would seriously affect the program and hence this should be avoided.

TABLE 8.8**Type of Work Done by FWAs as Reported by DAIs**

Type of Work	Number	Percent
To check client cards	17	47.2
To motivate the women	15	41.7
To provide post operative care and follow-up service	11	30.6
To distribute contraceptives	18	50.0
Do nothing	3	8.3

N. B. The percentages will not add up to 100 because of multiple responses

TABLE 8.9**Responsibilities of the DAIs as Reported by Themselves**

Responsibilities	Number	Percent
To accompany client to clinic and back	18	50.0
To motivate people	15	41.7
To distribute contraceptives	8	22.2
To provide post operative care and follow-up sprvice	11	30.6

N. B. The percentages will not add up to 100 because of multiple responses

The remaining 17 percent of *dais* mentioned that such a decision is not expected to hamper the continuation of the family planning program.

8.15 Attractive Features of *dais* Job

The respondents were asked to mention the attractive features of their job, if any. Nearly 45 percent of *dais* reported that their job gave them an opportunity to nurse people. Around 22 percent indicated that there is no attractive feature of their job. About 54 percent of the *dais* are dissatisfied with the job because of poor earning out of it. The other causes of dissatisfaction are that people do not like family planning (5.5 percent), and that the referral fee is not enough (11.1 percent).

8.16. *Dais*' Attitude Towards job Change

About 46 percent of the *dais* indicated that if they are offered a job with remuneration and status equivalent to that of the present one, they are ready to take up that new job. The remaining 54 percent are not found to be interested in changing their present job.

It is obvious that unless there is any change in the remuneration or status of *dais*, they will be unlikely to remain interested in their present job. An overwhelming proportion of *dais* have reported that hatred is cast upon them by local people. This has added another cause of dissatisfaction and, hence, frustration among the *dais*.

8.17 Work done by *dais* as Reported by FWAs

The responses from FWAs regarding the type of works the *dais* do are shown in Table 8.12. A comparison of these responses with those presented in Table 8.9 indicate that by and large, the FWAs could rightly perceive the types of work performed by *dais*. It is seen from table 8.12 that 25 percent of FWAs reported that *dais* have to help them FWAs in the field. Surprisingly, a quarter of FWAs are not aware of the existence

TABLE 8.10

**Number of Days the FPAs Worked with DAIs
as Reported by DAIs**

Number of days	Frequency	Percent
0	20	55.6
1	6	16.7
2	3	8.3
3	3	8.3
4	1	2.8
5	3	8.3
Total	36	100.0

TABLE 8.11

Problems Faced by DAIs in the Field

Problems faced	Number	Percent
Do not get salary	24	66.7
People do not like F. P.	15	41.7
Inadequate supply of contraceptives	3	8.3
No problem	3	8.3

N. B. The percentages will not add up to 100' because of multiple responses

of *dais* in their area. About 6 percent of FWAs expressed with grief that the *dais* do nothing.

8.18 Responsibilities of FWAs as Reported by Themselves

The responses regarding the responsibilities of FWAs are presented in Table 8.13. Nearly 70 percent reported that their responsibility is to motivate people for accepting family planning. Other responsibilities mentioned are promotion of MCH care (38.9 percent), distribution of contraceptives (30.6 percent) and checking of client cards (19.4 percent). Another 19.4 percent reported that their main responsibility is to work sincerely. One would be surprised to know that none of the FWAs had reported that they are responsible for supervising the *dais'* work which is one of their main responsibilities.

8.19 Joint Visits of FWAs with FPAs and FPOs' Supervision

It is observed from Table 8.14 that the FPAs are more frequent in visiting the FWAs than the *dais*; only one FWA reported that no FPA came to work with her during the preceding one month. As many as 12 (33.3 percent) FWAs reported to have worked with FPAs more than four times during that period. The average number of days an FPA worked with an FWA comes out to be 3.97. The comparable average for the *dais* is 2 days. When asked about the month in which the last visit was made by FPAs, none of the FWAs could report the exact date of FPAs' last visit. Sixteen FWAs (44.4 percent) reported that the FPAs visited them two months prior to the survey, 11 (30.6 percent) one month prior to the survey, and three (8.3 percent) during the month of the survey. The mean number of visits during the preceding three months is found to be 1.2. When asked about the works done by FPAs at the time of their last visit, most of the FWAs (63.6 percent) reported that usually the FPAs motivate the males for adopting family planning, check client cards (42.4 percent), and advise them to work sincerely (18.2 percent).

When asked about the month of last visit by the Family Planning Officer, as many as 16 (44.4 percent) FWAs reported that the FPO had visited their area three months prior to this survey, three said during the

TABLE 8.12**Type Work Done by DAIs as Reported by FWAs**

Type of Work	Number	Percent
To motivate people	13	36.1
To accompany cliente to clinic	13	36.1
To help FWAs	9	25.0
To distribut c g traceptives	9	25.0
To promote MCH care	4	11.1
Not aware of the existence of DAIs in the area	9	25.0
Do nothing	2	5.6

N.B. The percentages will not add up to 100 because of multiple responses

TABLE 8.13**Responsibilities of the FWAs as Reported by Themselves**

Responsibilities	Number	Percent
To motivate people	25	69.4
To promote MCH care	14	38.9
To check client cards	7	19.4
To distribute contraceptives	11	30.6
To work sincerely	7	19.4

N.B. The percentage will not add up to 100 because of multiple responses

month of this survey, and one said about five months before the survey. Four reported that they could not recollect the date when FPO paid the last visit and nine FWAs reported that they had never seen the FPO visiting them.

8.20 Problems Faced by FWAs

The problems faced by FWAs are somewhat different from those faced by *dais*, as can be seen by comparing the responses in Table 8.11 and Table 8.15. A large proportion of FWAs (63.9 percent) indicated that religious bar is the main obstacle to family planning. A little more than 44 percent of them reported that they are being hated by local people. About 9 percent reported that it is sometimes risky to move alone. A few (5.6 percent of them felt that they should be provided with bag and umbrella for field work. A little over 11 percent expressed that they are not getting any co-operation from the *dais*.

8.21 Ways of Solving the Problems

The respondents also suggested ways to overcome the problems they face while discharging their duties. These include educating and motivating religious leaders and other people who have dominant roles in the society (86.1 percent), and providing more incentives and opportunities to the FWAs (19.3 percent). Some of them stressed on the recruitment of more family planning workers (19.3 percent).

8.22 FWAs Views on the Question of Withdrawing *dais*

The information reveal that all the FWAs included in the study feel that the presence of *dais* in the program is a dire necessity and hence they must not be withdrawn from the program.

TABLE 8.14

**Number of Days the FPAs Worked with FWAs
During the Last One Month**

Number of days	Number	Percent
0	1	2.8
1	3	8.3
2	5	13.9
3	7	19.4
4	8	22.2
5 +	12	33.3
Total	36	100.0

TABLE 8.15

Problems Faced by FWAs in the Field

Problems faced	Number	Percent
1. Religious Bar	23	63.9
2. Hated by People	16	44.4
3. Risky to move alone	3	8.3
4. Bag umbrella to be provided	2	5.6
5. Non-co-operation of <i>DAIs</i>	4	11.1

N.B. The percentages will not add up to 100 because of multiple responses

8.23 Attractive Features of FWAs Job

Like *dais*, FWAs were also asked of any attractive features of their job. Around 45 percent mentioned that it is a pleasure for them that they have an opportunity for caring and nursing the people. Almost an equal proportion said that they feel happy after successfully motivating a client. Around 21 percent feel that they have an opportunity to get to know the village people and this is a matter of pleasure to them, Since the existing job can be performed along with their household duties, 8.3 percent expressed that this is an additional advantage for them. Only about 6 percent expressed their happiness for reason of getting their salary regularly.

8.24 FWAs Attitude Towards Job Change

That the FWAs, are satisfied with their present job is evident from their attitude on question of changing their present job, if they get a job offer with pay and status equivalent to that of their present one. Only 4 (11.1 percent) FWAs reported that they are ready to accept any new offer.

CHAPTER IX

SUMMARY AND RECOMMENDATIONS

9.1 Summary

The purpose of the present study is to measure the impact of FWAs and *dais* on visit, knowledge and contraceptive use. According to the study design, FWAs were posted in the experimental area E_1 where *dais* (not FWAs) were working (*dai* area) at the time of baseline survey, and *dais* were posted in the experimental area E_2 where FWAs (not *dais*) were working (FWA area) at the same time. Unlike the experimental areas, no new posting was made in control area C_1 (*dai* area) and C_2 (FWA area). The information regarding the performance of the newly posted FWAs and *dais* was collected in the follow-up survey six months after they had been posted.

The newly posted FWAs are found to be more active and prompt, for they have been able to attain familiarity with the clientele women to a degree (40.4 percent) almost equal to that of the previously posted *dais* (43.6 percent who have been in the job for quite a long time. But when the new FWAs have been compared with the 'old' it is found that the 'old' FWAs are familiar to 81 percent currently married women as against 40.4 percent achievement of the new FWAs. Put against the achievement of the new FWAs (40.4 percent), the performance of the new *dais* is found to be much less (24.5 percent).

As for the visits made by the FWAs and the *dais*, it is found that the 'old' FWAs have visited more women (50.7 percent) than the 'old' *dais* (48.2 percent). A similar pattern emerges when a comparison of the newly posted FWAs with the newly posted *dais* is made - the FWAs paid visits to 56.0 percent women but the '*dais*' only to 39.3 percent.

The 'old' and 'new' FWA made their visits to almost equal proportions of their respective clients (61.9 percent and 58.6 percent respectively) in a month's time.

As regards the type of services rendered by the FWAs and the *dais*, it has been found that both the groups of workers dwell equally on the importance of having small family, though the FWAs are more supportive of non-clinical modern methods while the *dais* are for clinical methods.

The level of knowledge seem to have increased in the experimental area E_1 after FWAs have been posted. Before FWAs had been posted the percentage of women having knowledge of at least 4, 5, and 6 methods were 28.2, 12.3, and 4.9 respectively. These have increased to 30.1 percent, 16.8 percent, and 9.7 percent respectively over the period of six months. So far as the impact of newly posted *dais* is concerned, a similar trend has been noticed.

The mean number of modern methods known appears to have remained constant over the intervention period in both E_1 and C_1 areas, as if, there has been no impact of posting of new FWAs. Similar results were obtained in the case of the impact of *dais*.

A considerable upward shift in contraceptive ever use rate in all the study areas has been observed. With the posting of FWAs as input, the use rate shot up from 11.6 percent to 20.6 percent. The corresponding change in the control areas was from 22.7 to 26.8 percent. Even if we eliminate the effect of contamination and confounding observed in the control area, we find a net positive impact of FWAs of 4.9 percent.

As far as the impact of *dais* is concerned, though positive changes have occurred in experimental (17.9—25.8 percent) and control (20.6—38.1 percent) areas over time, the net impact due to *dais* as input turns out to be negative (—9.6 percent).

In parallel to the trends observed in ever use, a positive impact of FWAs on current use has been noticed (11—16.2 percent). After taking changes in the control area into account, we find that a net positive impact has taken place. The net impact on current use due to *dais* as input has also been noticed, but in the opposite direction.

Since an exhaustive array of factors for determining the homogeneity of the control areas and experimental areas could not be taken into account, a part of the reason why the *dais*' impact turned out to be negative, perhaps, may be attributed to the factors that remained outside consideration at the time of selecting the areas.

When asked about their responsibilities, FWAs have attached relatively more importance to family planning activities such as motivating people for accepting family planning, distributing contraceptives than to MCH care, while *dais* have spoken about MCH service more frequently than motivating people for contraception or distributing contraceptives. When the *dais* were asked about the functions of the FWAs, most of the *dais* reported family planning related activities as their (FWAs) principal function, but according to the FWAs, both family planning activities, and MCH related activities are more or less equally reported as the functions of the *dais*. Given the responsibilities of FWA and *dai*, it appears that the *dais*' perception about FWAs' function is more accurate than the FWAs' perception about the *dais* functions.

Religious bar and hatred of local people upon family planning are reported by FWAs as the major field problems while *dais* found withdrawal of their salary as the top-most problem, followed by disliking of family planning by local people. This point needs special consideration for program implementation.

For solving the field problems, FWAs strongly advocated educating and motivating religious as well as other dominant leaders on family planning matters. On the other hand, *dais* stressed much on their inclusion in the regular pay roll. A large majority of *dais* indicated that withdrawal of FWAs from the program would seriously affect the program. Also, almost all FWAs recognised the dire necessity of *dais* in the program.

FWAs are, presumably satisfied with their job in that they are unwilling to give up their job for another one of equivalent pay and status. As regards *dais*, because of poor remuneration, about half of them are willing to change their present job. It is felt that, as *dais* have been working for about last two decades in the program, their experiences and services, if properly utilized, would increase the program strength. They may be activated by involving them in motivational, follow-up and contraceptive supply sources. This feeling is further strengthened by the results of a recent study conducted in some rural areas of Bangladesh (Muhury and Islam; 1985).

9.2 Recommendations

The finding of the study suggest that the FWAs are comparatively better workers than the *dais*, although the services rendered by the latter group have also been found to be useful. In view of this, the following recommendations are made :

1. Along with the services of FWAs ,the services of the *dais* need be continued,
2. Service conditions of the *dais* need be so framed as to make them accountable to the admnistration. Ways and means need be explored with a view to providing them with some regular pecuniary benefits.
3. A glance at the job description of *dai* reveals that she has no defined responsibilities other than referring clients for sterilization and IUD insertion. It is, therefore, recommended that the *dais* be involved in motivational, contraceptive supply, and follow-up services
4. Efforts need be taken to educate community leaders, especially the religious ones, on family planning matters for facilitating the functions of FWAs and *dais*. The support of upazila officials may be sought for obtaining co-operation from local influential persons.
5. Though the FWAs are making more visits to the women than *dais* yet both the groups should make visits more frequently for rendering their services to the target group.

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