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BANGLADESH
CONTRACEPTIVE PREVALENCE SURVEY-1981

MANAGEMENT INFORMATION SYSTEM (MIS) UNIT
POPULATION CONTROL DIVISION
MINISTRY OF HEALTH AND POPULATION CONTROL

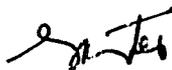
DHAKA, BANGLADESH
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FOREWORD

The Contraceptive Prevalence Survey (CPS) is an important management tool. It provides quick feedback to policy-makers and programme managers on levels and trends of current contraceptive prevalence, and thereby help them in formulating appropriate policy and other measures to improve the overall Population Control Programme, in particular its service delivery aspect.

The 1981 CPS was conducted by the Management Information System (MIS) Unit with the assistance of USAID, Dhaka. It is the second CPS conducted in Bangladesh. The field survey commenced the end of May 1981 and preliminary findings were presented in an interim report in December 1981. This is one of the fastest major national family planning surveys completed in Bangladesh. It was possible to do so because of the hard work and dedication of all the staff engaged in the survey, in particular Mrs. Gole Afruz Mahub, Ex-Director, and Mr. S.N. Mitra, Ex-Deputy Director, of the MIS Unit who acted as the Project Director and the Deputy Project Director, respectively, of the Survey.

We are grateful to the USAID, Dhaka, for the financial and other kinds of assistance provided to the Survey, especially to Dr. Carol Carpenter-Yaman and Mr. Sk. Ali Noor who at all stages of the project provided valuable professional help.



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CHAPTER - 1

INTRODUCTION

1.1. CPS surveys:

The Contraceptive Prevalence Survey (CPS) is one of the latest applications of sample surveys in the monitoring of family planning programmes. It is a national or regional probability sample survey designed primarily for programme management and evaluation. It collects information on contraceptive use that is of immediate value to family planning programme implementors and policy makers: levels of contraceptive use, differentials in use, method specific use, sources, what categories of women are in particular need of services, and so on. The CPS survey can also collect limited fertility data, thereby providing scope to study, though in crude manner, overall programme impact on fertility (WHS, 1981; Special Topics, 1981; Anderson, 1979).

The CPS has proved itself to be an important management tool by providing information that is either not available from existing data sources, such as routine service statistics, or that cannot be procured more cheaply or quickly than by a CPS. For example, the routine service statistics system, though an important management tool, confines itself to the use of contraceptive methods delivered by the government programme only, while the CPS obtains national or regional estimates of total contraceptive use, irrespective of source of supply. Also, a CPS may obtain national or regional estimates of programme success in serving women at risk from unwanted pregnancy (Special Topics, 1981; Suvanajata and Kamnuansiipa, 1979).

Questionnaires used in CPS surveys are relatively short compared with other surveys such as those sponsored by the World Fertility Survey (WFS). As a result, they can provide quick feedback to programme managers and administrators by completing data processing within a few months of completion of field work (Anderson, 1979). The CPS survey reported here is an example in this respect (MIS, 1981). The first report of this survey

was brought out within three months after completion of the field work and was circulated among policy makers and programme managers including local international agencies and donors concerned with family planning activities of the country.

The CPS survey is relatively inexpensive and can, therefore, be repeated periodically, usually at one to three year intervals, without reducing the resources available for monitoring the family planning programme. Repetitive surveys allow not only an assessment of the current status of the programme, but also provides data to evaluate trends over time in contraceptive knowledge and use.

The CPS has great flexibility. For example, its core questionnaire (WHS,1982) can be easily modified "to suit a country's needs for specific data, the likelihood of getting accurate replies, and the relative ease of processing and analysing data" (Special Topics,1981). "The flexibility also allows the survey design to be adjusted to the local level of technical ability" (WHS,1981). Because CPS information is essential for effective management of family planning programmes, experts have recommended that the CPS be institutionalized in a family planning programme, making it an integral part of the programme's management information system. Institutionalization facilitates periodic repetition of the CPS at regular intervals depending on the data needs and the level of programme activity (WHS,1981).

1.2. CPS in Bangladesh:

The Bangladesh Government conducted its first Contraceptive Prevalence Survey in 1979. This CPS was funded by USAID through Westinghouse Health Systems(WHS) as part of USAID's global CPS project, under an agreement signed between the Government and WHS. The long term objective of this undertaking was to develop and institutionalize the CPS under the country's family planning programme as an ongoing data collection procedure for evaluating its efficiency and efficacy (NIPORT,1981). The immediate objectives were to collect for Bangladesh a body of data to ascertain the knowledge

and use of contraceptives and the availability of supplies, and to obtain information on the relationship between selected population characteristics and contraceptive practice.

The 1981 CPS is the second Contraceptive Prevalence Survey. It was funded directly by USAID through its Dhaka office, under agreement signed between the Government and USAID/Dhaka. The purpose of this survey was to measure changes, if any, which have occurred since the 1979 CPS in family planning programme performance with regard to contraceptive knowledge and use among the target population. Following the completion of field work of the 1981 CPS, another agreement was signed between USAID/Dhaka and the Government, under which USAID agreed to fund further CPS activities in Bangladesh until 1983.

1.3. Objectives:

The 1981 CPS was designed to be a much simpler survey than the 1979 CPS, collecting only limited information related to the purpose for which it was undertaken. The specific objectives of the survey were as follows:

- (i) to measure the levels of knowledge, past and current use of family planning by method, among women who have ever been exposed to risk of pregnancy and who still remain within reproductive age range,
- (ii) to examine differentials in family planning knowledge and uses by age, education, religion, region, employment status, children ever born, living children, and land ownership,
- (iii) to provide comparative data to the 1979 CPS, and base-line data to future CPS surveys.

1.4. Bangladesh - the setting:

A brief description of the Bangladesh setting is provided below to provide background information for the discussion of methodology and results of the survey. The description is limited to only those aspects that would influence the implementation and results of a survey of this nature.

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

Bangladesh emerged on the world map as a sovereign state on December 16, 1971, after fighting a 9 month war of liberation. The area constituting the country was ruled by Muslims from the early 13th century until June 23, 1757, and then by the British from June 23, 1757 until August 14, 1947. While under British rule, it was part of British India. When the British left, British India was divided into two independent states - Pakistan and India, with what is now known as Bangladesh becoming part of Pakistan to form its East wing. As part of Pakistan, Bangladesh was known as East Pakistan and remained so known until it was liberated.

For administrative purposes, the country is divided into four divisions, Rajshahi, Khulna, Dhaka and Chittagong. Each division is further divided into districts, each district into sub-divisions and each sub-divisions into thanas (or police stations). Except the district of Tangail, every district has 2 or more sub-divisions under its jurisdiction. In the country as a whole, there are in all 20 districts, 71 sub-divisions and 469 thanas. Rural thanas are again sub-divided into unions, a union being a cluster of villages. The number of unions in the country was 4365 in the 1981 census (BBS, 1981; BBS, 1980).

Bangladesh is predominantly a rural country with 91.2 percent of the population living in villages. According to the 1974 census, there were 108 urban centres. These centres varied greatly both with regard to population size as well as to urban advantages and disadvantages. The population size of the urban centres ranged from 11,772 to 1,679,572 (BBS,1980; BBS,1977). Dhaka, Chittagong and Khulna are the three principal cities. Dhaka is the capital and the largest metropolis, followed, in order, by Chittagong - the first port city, and Khulna - the second port city. Not only is the proportion of urban population low in Bangladesh, but the population is largely concentrated in large cities and big towns. For example, half of the 1974 census urban population were found living in cities, while another 17 percent in district towns (BBS,1980). The urban population is growing with an accelerated rate. The rate was 1.4 percent in 1911 while it became 6.7 percent in 1974. This trend is likely to continue (Chowdhury,1981). Nevertheless, Bangladesh will remain a predominantly rural country for many years to come.

Bangladesh is primarily an agricultural country, with some of the most fertile lands in the world (PCFP Division,1978). Because of its geographical location on the combined delta of the three great rivers and its semi-tropical climate, crops can be grown throughout the year. The principal crops are rice, jute, sugar cane, tea, tobacco, oil seeds and potatoes. Agriculture contributes about 60 percent of the GDP and employs 80 percent of the work force (UN,1981). Although an agricultural country, Bangladesh has also some large scale industries based on local raw materials. The major industrial activities include: jute manufacturing; production of paper and newsprint, sugar, cement, chemical fertilizers and textiles. There are also several newly discovered gas fields (PCFP Division,1978).

Islam is the predominant religion with 85 percent of the population in the 1974 census being Muslim. Hindus constitute 13 percent of the population and less than two percent of the population are Christians and Buddhists (BBS,1977). The people, in general, belong to one ethnic origin; however, there are some ethnically different tribal populations(1.2 percent)

in the hilly regions of the country. Bengali is the mother tongue of 98.9 percent of the population (BBS,1977; Mitra,1979), but it is understood and often spoken by all. The country is culturally homogenous except for the differences brought by religions and tribal cultures.

Bangladesh is far from being a literate country. Levels of literacy among the population are very low, particularly for females. In the 1974 census, the literacy rate was 20.2 percent, 27.6 percent for males and 12.2 percent for females (Chowdhury and Jayasuria,1981).

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

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

1.5. Population and population problem:

Bangladesh is among the most densely populated countries. While being a small country in terms of area, it is the eighth largest state in the world in terms of population (Hong,1980). The 1981 census showed that the country had a population of 87.05 million, with 44.85 million being males and 42.20 million, females; an average density of 1566 persons living per square mile; an average of 5.75 persons per household; and a per capita availability of land of 0.38 acres (BBS,1981). Adjustments applied to the census results after the post enumeration survey pushed the total further to 89.94 million.

High fertility persists in Bangladesh, and there is no definite indication of a decline being set in motion (Khan and Ruzicka,1981; Hong,1980). "Bangladeshi women marry young and produce many children. By the time women have completed their families, they have on an average given birth to almost 7 children" (Satter,1979).

Available estimates obtained from different sources indicate infant death rates from 130 to 160 per 1000 live births over the period, 1950 to 1975 (CPD,1981; Mitra,1979). Yet, improvements in mortality since the beginning of this century are considerable and significant (Hong,1980; Robinson,1967). For example, while the estimated crude death rate was around 46.0 per 1000 population in 1911, it declined to 24.0 - 20.8 in 1975 and further to around 14.0 in 1977. It is expected that declining trend will continue in the future.

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

government has declared population growth a problem of great importance. High priority has been assigned to the Population Control Programme (Khan,1981).

1.6. Family planning/population control programmes:

Efforts to control the population growth of Bangladesh began as early as 1953. Initial efforts were private and voluntary, limited largely to mass motivation and educational campaigns, with small scale contraceptive services provided through the urban hospitals and clinics located mostly in the city of Dhaka. Though voluntary and limited, the initial efforts were successful in creating a climate of opinion in favour of fertility control and in persuading the government to give official support to family planning activities (Khan,1981; NIPORT,1981; PCFP Division,1980; Ahmed,W., 1969).

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

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

The family planning programme suffered numerous setbacks during the period 1970-72, due to the country's increasing clamour for liberation from

Pakistan in 1970, the war of liberation in 1971, and the massive relief and rehabilitation work needed and undertaken in 1972, after the war (Un,1981; PCFP Division,1980).

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

In 1975, a major re-organization of the family planning programme was undertaken. The government introduced an MCH based family planning programme and integrated the existing MCH component of Health Services with family planning under the Population Control and Family Planning Division of the Ministry of Health and Population Control.

Another important aspect of the reorganization was the appointment of full time field workers at the grass root level of the programme. These field workers included male Family Planning Assistants(FPAs) and female Family Welfare Assistants(FWAs). One FPA supervises the work of three FWAs. According to one report of the Population Control and Family Planning Division, there were 12000 FWAs and 4100 FPAs in 1980(PCFP Division,1980). The programme also encouraged participation of voluntary organizations and social groups in the promotion of family planning.

In 1980, the family planning services were again functionally integrated with health services at the field level. The government, after the promulgation of the Martial Law in the country in March 1982, has further strengthened the integration of services. This government has also launched on December 15,1982 a two year Emergency Population Control Programme (PC Division,1982), aiming at the 100 percent achievement of the targets set in the second five year plan period (1980-85). If the second

five year plan targets are realised in full, it is expected that the current use rate of family planning will rise to 38 percent of eligible couples by the year 1985 (Population Section,1982). In March 1982,the Population Control and Family Planning Division was renamed the Population Control Division(PC Division).

1.7. Organization of the report:

This report is organized into eight chapters including the present one. The following chapters are:

Chapter - 2 Methodology and implementation

Chapter - 3 Characteristics of women interviewed in the sample

Chapter - 4 Knowledge of family planning methods

Chapter - 5 Ever use of family planning methods

Chapter - 6 Current use of family planning methods

Chapter - 7 Source of family planning supplies/services

Chapter - 8 Summary of findings and conclusions.

CHAPTER - 2

METHODOLOGY AND IMPLEMENTATION

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

2.1. Executive agency of the survey:

The 1981 CPS was executed by the Management Information System (MIS) Unit of the Population Control Division of the Ministry of Health and Population Control. The MIS Unit is assigned, administratively, the responsibility of developing, maintaining and administering the Management Information System of the Population Control Programme (PCFP Division, 1980). The total Management Information System includes the Service Statistics System, Contraceptive Performance Reports, as well as periodic Contraceptive Prevalence Surveys.

The MIS Unit was created in 1979 (PCFP Division, 1980). Although new, the personnel working in the Unit have had long experience with family planning surveys and research. Previously MIS personnel were working in the Research, Evaluation, Statistics and Planning (RESP) Unit of the Population Control Programme, which was discontinued with the creation of the MIS Unit and NIPORT.¹ The activities of the RESP Unit included not only monitoring and evaluation of the programme, but also conducting research and surveys relating to the programme. Thus, among the staff of the MIS Unit, there were many professionals and semi-professionals who had worked in previous national family planning surveys conducted under the population control programme including the 1979 CPS which was initiated in the RESP Unit.

¹ NIPORT (National Institute of Population Research and Training) is another organization of the Population Control Programme engaged in the research and training activities.

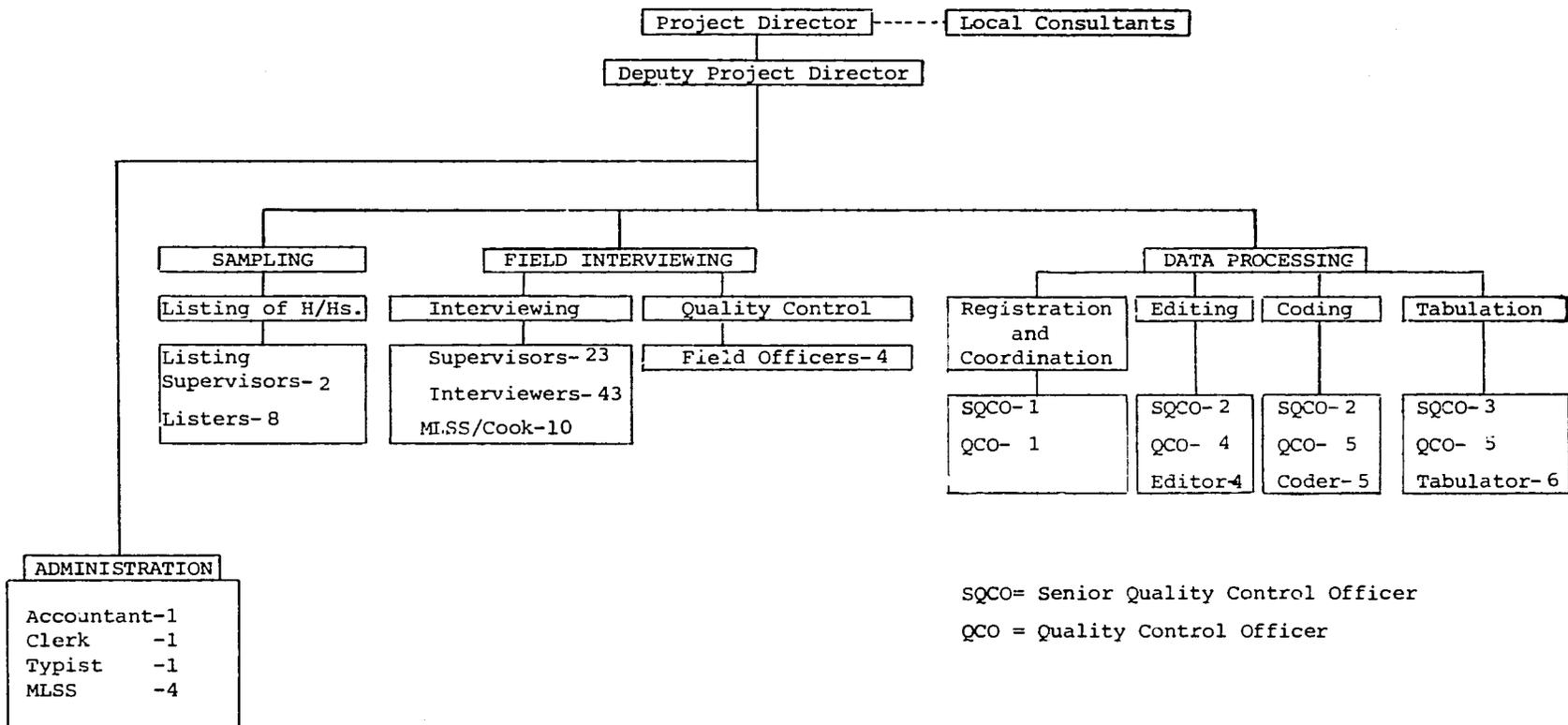
Other data sources gathered by the MIS Unit's Service Statistics(SS) System and Contraceptive Performance Reports are briefly described here, as they are later referred to in subsequent discussions. Under the SS system, in 37 thanas method and source specific data on contraceptive use among eligible couples are collected on a continuous basis in a randomly selected sample of 40 unions representative of the whole national rural population. Data are collected by female family planning field workers who provide domiciliary contraceptive services/supplies and who refer clients for clinical methods. The system allows, among many other things, computation of current prevalence rates.

The monthly Contraceptive Performance Reports, sent each month by the district population control office to the MIS Unit, contain statistics of contraceptive performance of the district during the previous month in terms of number of persons sterilized, number of IUDs inserted, quantities of contraceptives/reversible clinical methods (other than IUD) distributed/dispensed among users. The MIS Unit consolidates all the district monthly reports to provide the national total level of contraceptive performance for the previous month. Although the primary purpose of the monthly performance reports is to monitor programme achievement of monthly contraceptive targets and to reveal trends in contraceptive performance, they can be employed to calculate method specific contraceptive prevalence rates by indirect methods. This allows a check of reliability of performance statistics by comparing the data with estimates obtained from other independent sources such as the contraceptive prevalence survey and the SS system.

2.2. Organizational structure:

The organizational structure of the 1981 CPS is given on page 13. The Director of the MIS Unit was the Project Director and was assigned the overall responsibility of implementing the project. Deputy Director-1 of the MIS Unit was the Deputy Project Director, and was assigned full-time to the project. The Deputy Project Director was responsible for the day-to-day administration and technical supervision of the project. In addition to the Director and the Deputy Director, other professional and

ORGANIZATION STRUCTURE



semi-professional staff of the MIS Unit were also engaged to work for the project whenever their services were needed. Additional personnel recruited specifically for the project included:

- (a) 2 Local Consultants
- (b) 8 Senior Quality Control Officers(SQCOs)
- (c) 15 Quality Control Officers(QCOs)
- (d) 23 Field Supervisors
- (e) 43 Interviewers
- (f) 4 Editors
- (g) 5 Coders
- (h) 6 Tabulators
- (i) 2 Listing Supervisors
- (j) 8 Listers/Mappers
- (k) 1 Accountant
- (l) 1 Typist
- (m) 1 Clerk
- (n) 4 MLSS
- (o) 10 MLSS/Cooks

2.3. The sample design:

Information in the 1981 CPS, like the Bangladesh Fertility Survey (BFS) and the 1979 CPS, was collected from a nationally representative sample of ever married women under 50 years of age. The sample was drawn in terms of households. Ever married women under 50 years of age who slept the night preceding the interview in that household were considered eligible for interview.

The sample of the 1981 CPS was linked to both the 1975 BFS and the 1979 CPS. Thus, any description of the 1981 CPS must be preceded with references to the designs of those two surveys. These are briefly described below:

2.3.1. The BFS design:

The BFS survey obtained its sample utilizing a three stage stratified cluster sampling technique (PCFP Division,1978). The first two stages were devoted to the selection of the area sample and the third stage to the household sample. There were two stratum: rural and urban.

The sampling frame used in the selection of PSUs (Primary Sampling Units) was the list of 1974 census circles with the number of households and population counts organized separately for the urban and the rural stratum. The census list contained 4,241 census circles/PSUs for the rural stratum and 708 census circles/PSUs for the urban stratum. Census circles were usually equivalent to a union. However, in the urban stratum, a census circle was often an artificial cluster of households, approximately equal to a union. Thus, there were 4,949 census circles enumerated in the sample frame, whereas the number of unions was 4,350 according to the 1974 census.

The sample of PSUs was selected independently in each stratum following the PPES (Probability Proportional to Estimated Size) method. The PPES method is elaborately discussed in such text books on sampling as Kish(1965) and Hansen et al. (1963). The estimated PSU size was the number of 1974 census households contained in the PSU. Following the PPES method of selection, 160 PSUs were selected from the rural stratum and 80 from the urban stratum, yielding a total sample of 240 PSUs.

Each PSU in the rural area consisted of a few contiguous (census) villages and each PSU in the urban area a few census blocks. The lists of the villages for the selected rural PSUs and those of census blocks for the selected urban PSUs were obtained from the census office. Census villages/blocks containing less than 50 households were amalgamated with the neighbouring villages or blocks. Thus, a second stage sampling unit or ISU (Intermediate Sampling Unit) formed with a census village/block had more than 50 households. One ISU was selected from each PSU with PPES. Thus, 160 ISUs were selected from the rural stratum and 80 ISUs from the urban stratum, providing a total of 240 ISUs or sample areas for the 1975 BFS survey.

2.3.2. The 1979 CPS design:

The 1979 CPS sample included 200 sample areas, 120 rural and 80 urban. The 80 urban areas included were those selected for the BFS sample, while among the rural areas, 60 were selected systematically from those included in the 1975 BFS sample. The remaining 60 rural areas were selected independently from the original 1975 BFS sampling frame for the rural stratum.

2.3.3. 1981 CPS:

The 1981 CPS included all the sample areas that constituted the 1979 CPS sample, excluding only the 40 rural areas in which the Service Statistics system was introduced. The forty rural areas were excluded so that independent comparisons could be made between the 1981 CPS data and the service statistics data. The excluded 40 sample areas were substituted by 40 new sample areas which were selected from the original BFS frame, following the same procedure adopted for the selection of the BFS sample area. But, prior to the selection of the 40 new areas, the PSUs containing the excluded sample areas were removed from the frame in order to ensure that the excluded areas had no chance of inclusion in the new selection.

Rural areas of the 1981 CPS that were included from the 1979 CPS were labelled as old sample areas to distinguish them from the newly selected rural areas. The new areas were selected following the same procedure used in the BFS sampling. However, in all the subsequent treatments of the sampling, the rural old and new areas were treated as if they were selected jointly to constitute only one rural sample.

The reason for including the 1979 CPS sample area into the 1981 CPS sample was to reduce sample error in measuring trends and to reduce time and cost by utilizing the same sampling materials (such as household lists and maps already prepared).

2.3.4. The household sample:

The household sample was drawn by sub-sampling the households of the 200 sample areas. The 1981 CPS sample was, therefore, a three stage stratified cluster sample as were those of the 1979 CPS and the 1975 BFS.

The overall sampling fraction was kept constant in each stratum. This means, households from each sample area within a stratum were selected with probability inversely proportional to the number of households contained in the area. This selection procedure made the sample self-weighting within each stratum. The household selection technique for any stratum is explained below for clarity and convenience of understanding.

However, before going to explain the household selection technique, it is necessary to note here that the sample size for the 1981 CPS was set at 8000 households, 6000 rural and 2000 urban.

2.3.5. Household selection technique for the sth stratum:

- (i) Let A_i represent the number of households contained in the i th PSU.

$$\text{then } P_i = A_i / (N_s / K_s) \dots \dots \dots (a)$$

where N_s = the total number of households in the sth stratum.

K_s = the number of PSUs selected into the sample from the sth stratum.

and P_i = the assigned probability of the i th PSU that it would be selected into the sample.

- (ii) Let A_{ij} represent the number of households contained in the j th ISU (sample area) of the i th PSU. Then $\hat{A}_i = \sum A_{ij}$ is the number of households found by summing the households of all the ISUs in the i th PSU. It was expected that \hat{A}_i would be equal to A_i . Although this was mostly true, there were discrepancies found between A_i and \hat{A}_i , in some cases. The discrepancy was due to the difference between the 1st and the 2nd stage sampling frame.

The assigned probability, P_{ij} that the j th ISU of the i th PSU would be selected into the sample was, therefore, specified by the equation.

$$P_{ij} = \frac{A_{ij}}{A_i} \dots\dots\dots (b)$$

(iii) Let A_{ij} be the number of households actually found in j th ISU of the i th PSU after the listing, and a_{ij} be the number of households selected from that ISU.

Then P_{ijk} , the assigned probability that the k th household of the j th ISU of the i th PSU would be selected into the sample was

$$P_{ijk} = \frac{a_{ij}}{A_{ij}} \dots\dots\dots (c)$$

(iv) If f_s is the specified sampling fraction for the s th stratum, then

$$P_i \cdot P_{ij} \cdot P_{ijk} = f_s$$

$$\begin{aligned} \text{or } P_{ijk} &= f_s / P_i \cdot P_{ij} \\ &= \left(\frac{ns}{Ns}\right) / \left(\frac{K_s \cdot A_i}{Ns}\right) \left(\frac{A_{ij}}{A_i}\right) \\ &= \frac{ns \cdot A_i}{K_s \cdot A_i \cdot A_{ij}} \end{aligned}$$

$$\text{or } a_{ijk} = \left(\frac{ns}{K_s}\right) \cdot \frac{A_i \cdot A_{ij}}{A_i \cdot A_{ij}} \dots\dots\dots (d)$$

where ns was the sample size.

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

$$\begin{aligned} a_{ijk} \text{ (rural)} &= \left(\frac{6000}{120}\right) \cdot \frac{A_i \cdot A_{ij}}{A_i \cdot A_{ij}} \\ &= 50 \cdot \frac{A_i \cdot A_{ij}}{A_i \cdot A_{ij}} \dots\dots\dots (e) \end{aligned}$$

since, for the rural stratum, ns was 6000 and ks , 120.

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

$$\begin{aligned} a_{ijk} \text{ (urban)} &= \left(\frac{2000}{80}\right) \cdot \frac{A_i \cdot A_{ij}}{A_i \cdot A_{ij}} \\ &= 25 \cdot \frac{A_i \cdot A_{ij}}{A_i \cdot A_{ij}} \dots\dots\dots (f) \end{aligned}$$

2.3.6. The obtained sample:

Table-1.1 shows the distribution of 1981 CPS sample areas by district and division. Out of the 120 rural sample areas selected, 30 were in the Rajshahi division, 24 in the Khulna division, 33 in the Dhaka division and 33 in the Chittagong division, while the distribution of the 80 urban areas was as follows: 11 in Rajshahi division, 14 in Khulna division, 35 in Dhaka division and 20 in Chittagong division.

Among the selected sample areas, field interviewing work could not be conducted in 4 areas because of unavoidable reasons. These included one rural area in the district of Noakhali, two rural areas in the district of Chittagong Hill Tracts, and one rural area in the district of Dhaka. In consequence, the selected sample was made up of 7980 households - 5800 rural and 2180 urban (table-2.2). Among the selected households, 345 could not be interviewed in the rural stratum and 242 in the urban stratum. The size of the obtained sample was, therefore, 7393 households only, 5455 for the rural stratum and 1938 for the urban stratum. The number of ever married women under 50 years of age (or eligible respondents) found in the obtained sample was 8729, of whom 8510 could be successfully interviewed, 6269 in the rural and 2241 in the urban stratum (table-2.2). The rates of non-response and the reasons are discussed below.

The rate of non-response for the household interview was 5.9 percent for the rural sample and 11.1 percent for the urban sample. The rate in Khulna division was the highest for both the rural and the urban sample, while that of the Chittagong division was the lowest. The differences among the divisions were not very pronounced except that the rate for the household interview in the Chittagong division was strikingly lower for the urban sample (table-2.3). The most frequent reason of the household non-response was 'dwelling vacant' meaning that there was no member found in the given sample household. This was true for both the rural and the urban stratum of the sample. The next most frequent reasons were 'address not found' and 'address not existing' (table-2.4).

TABLE - 2.1

DISTRIBUTION OF SAMPLE AREAS
BY DIVISION AND DISTRICT¹

Division	District	Rural			Urban
		Old	New	Total	
Rajshahi	Dinajpur	3	1	4	1
	Rangpur	6	3	9	3
	Bogra	3	2	5	1
	Pabna	4	2	6	3
	Rajshahi	4	2	6	3
	Sub total		20	10	30
Khulna	Kushtia	2	1	3	2
	Jessore	4	1	5	2
	Khulna	4	2	6	7
	Barisal	6	3	9	2
	Patuakhali	-	1	1	1
	Sub total		16	8	24
Dhaka	Jamalpur	1	1	2	1
	Mymensingh	7	3	10	4
	Tangail	2	1	3	1
	Dhaka	6 ^a	3	9	27
	Faridpur	6	3	9	2
	Sub total		22	11	33
Chittagong	Sylhet	6	3	9	2
	Comilla	6	3	9	3
	Noakhali	4 ^a	2	6	1
	Chittagong	5	2	7	13
	Ctg.H.Tracts	1 ^a	1 ^a	2	1
	Sub total		22	11	33
Total		80	40	120	80

¹ Out of the total of 120 rural areas selected, 4 areas (3 Old and 1 New) could not be covered in the survey interview.

^a Districts noted includes one area not covered in the interview.

TABLE - 2.2

NUMBER OF HOUSEHOLDS AND NUMBER OF
RESPONDENTS SELECTED AND
INTERVIEWED

Areas ¹	Number of Households		Number of Respondents	
	Selected	Interviewed	Found	Interviewed
<u>Rural:</u>	5800	5455	6415	6269
(i) Old	3713	3466	4107	4016
(ii) New	2087	1989	2308	2253
<u>Urban:</u>	2180	1938	2314	2241
<u>Total</u>	<u>7980</u>	<u>7393</u>	<u>8729</u>	<u>8510</u>

¹ Excludes 4 Rural areas from the data.

TABLE - 2.3

NON-RESPONSE RATE FOR HOUSEHOLD
INTERVIEWS BY DIVISION

Division ¹	Number of Rural Households		Rural Non-response Rate	Number of Urban Households		Urban Non-response Rate
	Selected	Success-fully Inter-viewed	(Percentage)	Found	Success-fully Inter-viewed	(Percentage)
Rajshahi	1414	1335	5.6	252	224	11.1
Khulna	1278	1179	7.8	330	285	13.6
Dhaka	1686	1594	5.5	1063	928	12.7
Chittagong	1422	1347	5.3	535	501	6.4
<u>Total</u>	<u>5800</u>	<u>5455</u>	<u>5.9</u>	<u>2180</u>	<u>1938</u>	<u>11.1</u>

¹ Excludes 4 Rural areas from the data.

The non-response rate for the individual interview (i.e., for the interview of ever married women) was very low, 2.3 percent for the rural sample and 3.2 percent for the urban sample (table-2.5). The most frequent reason of non-response in this case was that the respondent was not available (table-2.6). The non-response rate for the individual interview in the rural sample also did not vary appreciably among the divisions; but, for the urban sample, the rate was remarkably higher in the Chittagong and Dhaka divisions than in the Rajshahi and Khulna divisions.

2.3.7. Weighting:

Urban households were over sampled compared to the rural households. Whereas, the proportion of urban households according to the sampling frame was 8.5 percent (table-2.7), that in the allocated sample was 33.3 percent. The over sampling of the urban households was needed to obtain a reasonably large number of observations, so that the level of family planning knowledge and use among the urban population could be analysed and studied separately. Thus, although the sample within each stratum was self-weighting, the national sample was not. Therefore, for obtaining national estimates, appropriate weights had to be used. Weighting was also necessary to adjust the sample for non-responses. The weight used for each stratum is shown in table-2.8.

The design weight for the urban sample comes to 0.2787, while the rural weight is unity. When the adjustment for the differences in the non-response rate between the rural and the urban stratum was applied, keeping the rural weight equal to unity for both the household and the individual (ever married) sample, the urban weight changed to 0.2952 for the household sample and 0.2979 for the individual sample. Thus, the size of the weighted national household sample was obtained as 6027 and that of the weighted national individual sample as 6937 (table-2.8).

2.4. Questionnaires:

Because of the sample design adopted, two questionnaires had to be used in the 1981 CPS. One was the household questionnaire and the other

TABLE- 2.4.

REASONS FOR HOUSEHOLD NON-RESPONSE

Reasons	Rural (Old)		Rural (New)		Rural (Total)		Urban	
	No. of Non-res- ponse	Per- cent- age						
No competent respondent	8	3.2	4	4.1	12	3.5	3	1.2
Deferred	-	-	1	1.0	1	0.3	1	0.4
Refused	4	1.6	2	1.0	5	1.4	3	1.2
Dwelling vacant	132	53.4	56	57.1	188	54.5	108	44.6
Address not found	15	6.1	3	3.1	18	5.2	41	16.9
Address not existing	27	10.9	8	8.2	35	10.2	35	14.5
Other	61	24.7	25	25.5	86	24.9	51	21.1
Total	247	99.9 ^a	98	100.0	345	100.0	242	99.9 ^a

^a Total is less than 100 percent due to rounding error.

TABLE - 2.5

NON-RESPONSE RATE FOR INDIVIDUAL INTERVIEWS BY DIVISION

Division	No. of Rural Respondents		Rural Non-response rate (percentage)	No. of Urban Respondents		Urban Non-response rate (percentage)
	Found	Inter-viewed		Found	Inter-viewed	
Rajshahi	1555	1523	2.1	268	264	1.5
Khulna	1453	1423	2.1	346	341	1.5
Dhaka	1854	1813	2.2	1103	1059	4.0
Chittagong	1553	1510	2.8	597	577	3.4
Total	6415	6269	2.3	2314	2241	3.2

TABLE - 2.6

REASONS FOR INDIVIDUAL INTERVIEW
NON-RESPONSE

Reason	Rural (Old)		Rural (New)		Rural (total)		Urban	
	No. of Non- res- ponse	Per- cent- age						
Incomplete	4	4.4	-	-	4	2.7	1	1.4
Respondent not available	46	50.5	27	49.1	73	50.0	55	75.3
Deferred	-	-	2	3.6	2	1.4	-	-
Refused	5	5.5	5	9.1	10	6.8	4	5.5
Other	36	39.6	21	38.2	57	39.0	13	17.8
Total	91	100.0	55	100.0	146	99.9 ^a	73	100.0

^a Total is less than 100 percent due to rounding error.

TABLE - 2.7

NUMBER OF HOUSEHOLDS AND POPULATION
COUNT FROM RURAL AND URBAN LISTS
OF CENSUS CIRCLES¹

Household Population	Rural	Urban	Total
Number of households	11,626,495	1,078,936	12,705,431
Percentage	91.5	8.5	100.0
Population ²	65,311,909	6,046,953	71,358,862
Percentage	91.5	8.5	100.0
Average size of Household	5.6	5.6	5.6

¹ This table is reproduced from Bangladesh Fertility Survey Report 1975 (Page 21).

² Unadjusted population of 1974 census.

TABLE - 2.8WEIGHTED NUMBER OF HOUSEHOLDS AND EVER
MARRIED WOMEN IN THE SAMPLE

Areas	Number of households			Number of ever married women		
	Unweighted	Weights	Weighted	Unweighted	Weights	Weighted
Rural	5455	1.0000	5455	6269	1.0000	6269
Urban	1938	0.2952	572	2241	0.2979	668
Total	7393	-	6027	8510	-	6937

the individual questionnaire. The household questionnaire was used to identify women who were eligible to be interviewed in the survey, while the individual questionnaire was administered to the respondent to obtain the pertinent survey information.

Both the questionnaires were developed using the Model CPS questionnaire developed by Westinghouse Health Systems (WHS) as the base. The questionnaires were kept simple and were limited to the collection of only those data that were necessary to derive the survey objectives. A specimen copy of each questionnaire is included in Appendix-A.

The household questionnaire was used to list all female members of a sample household. Female members included only those women who slept in the household the last night preceding the interview date. Thus, among respondents of the survey, there were both usual members of the household and visitors to the household. Age and marital status were collected on each listed female member and were used to determine eligibility for the individual interview.

The individual questionnaire was designed to collect the following items of information:

- (i) identification of the respondent: name, address, sample identification numbers;

- (ii) background characteristics: age, religion, own and husband's education, employment status, family's ownership of agricultural land, and number of children ever born and still living;
- (iii) knowledge of family planning methods;
- (iv) family planning ever use status;
- (v) current pregnancy status;
- (vi) current family planning use status; and
- (vii) sources of contraceptive supplies, if currently using a modern contraceptive method.

The household and individual questionnaires were first drafted by MIS Professional staff with considerable experience in survey work. The draft questionnaires were reviewed by experts, including representatives of USAID/Dhaka. After review, the questionnaires were modified. The modified questionnaires were pre-tested and, based on the pre-test results, finalised and printed.

2.5. Procedures of field operations:

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

2.5.1. Pre-test interviewing:

Pre-test interviewing was aimed at providing some idea of the length of the interview, feedback on the suitability of the questions, and the flow of the sequence of questions. The pre-test interviewing was conducted in purposively selected areas. The rural pre-test area was located in Savar, which is about 16 miles away from the MIS Headquarters at Dhaka city, while the urban pre-test area was located within the Dhaka city itself. Because of time constraints, it was not possible to select pre-test areas randomly. However, the purposive selection was found adequate to meet the objectives of the pre-test interviewing.

2.5.2. Household listing:

Households in each of the 40 newly selected areas had to be listed to draw their sample. Household listing work also had to be carried out in some of the rural old and urban sample areas because it was found that the available lists for those areas were not adequate for drawing the household sample.

Eight listers/mappers were appointed to finish the listing work within a three month period. The listing work was conducted by employing, for each sample area, a team of two listers. To ensure that the listing work was done accurately, two listing supervisors were appointed to verify randomly the work done by the listing teams. The listing work was intended not only to provide the sampling frame for the household selection, but also to provide some information about the sample area to facilitate the subsequent visit of the interviewing team.

2.5.3. Field interviewing:

Field interviewing in a sample area was carried out through an interviewing team. In each team, there were 4 female interviewers, one male supervisor and one female supervisor and one cook/peon. While the interviewer did the actual interviewing, the female supervisor ensured the quality of the interview taken. She also helped the interviewer deal with a difficult respondent, made random checks on interviewers in the actual interviewing situation, and guided the interviewer in the direction she should take the interview, etc. The male supervisor was responsible for distribution of tasks among the interviewers, arranging accommodation for the team, hiring transport for the team, and so forth. The two supervisors of the team had the additional responsibility of performing the field editing of the filled-in questionnaires.

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

2.5.4. Quality control checking:

The tasks of quality control checking was conducted by quality control teams. Each quality control team had one female and one male quality control officer. The quality control team checked the work of the interviewing team in the actual work situation in some randomly selected sample areas. Their tasks included: (i) reinterviewing some respondents to ensure accuracy of interviewing as well as (ii) checking some interviewed households to ensure accuracy of the sample being followed. The quality control team also checked some of the reported non-response cases to ensure that non-responses in the sample were really due to valid reasons.

In addition to the quality control team, senior professional staff of the MIS Unit visited the interviewing teams in the field to ensure that the 1981 CPS collected high quality data. Visits to the field teams were also frequently made by representatives of USAID/Dhaka to verify that the data were collected properly and that the work was being done.

2.6. Implementation:

2.6.1. Recruitment of personnel:

Survey personnel were recruited in two phases. Recruitment of Listers/Mappers was first, while other survey personnel was recruited later.

Listers were recruited by advertising on the notice boards of different offices of the Population Control Division and of other departments engaged in population surveys/research. Applicants were interviewed by a committee headed by the Director, MIS Unit. In all, eight listers/mappers were recruited.

Recruitment of other survey personnel was done through advertisement in two national daily newspapers. The minimum educational level set for the candidate applying for any position was a bachelor degree from a

recognized university. However, the minimum educational requirement for the position of the female interviewer was relaxed to the intermediate level (class XII pass) considering the scarcity of highly qualified females in the country. The committee that examined the applicants was comprised of the Director General (Programme Development, Population Control Division), the Director and the three Deputy Directors of the MIS Unit. In addition, there was one representative of USAID/Dhaka on the committee. Although applications were wanted for different positions, all selected candidates were recruited initially as trainee interviewers. This was done for two reasons. First, it was considered essential that every semi-professional or professional person recruited in the survey knew about the interviewing technique adopted. Second, it provided an opportunity to evaluate each selected candidate in terms of his/her actual performance during the training period, before he/she was finally appointed to a specific post.

2.6.2. Training:

In total, 80 trainee interviewers, 20 males and 60 females, were recruited. All of them were given one month training on different aspects of data-collection in the survey, involving both class room lectures and field practice. The trainees were divided into three groups to provide more effective training. After the training, a test was taken, and, on the basis of the test results, 10 were recruited as male supervisors, 10 as female supervisors and 40 as female interviewers.

2.6.3. Field work:

Household listing work was done by 4 listing teams. As mentioned earlier, each team comprised of two listers/mappers. In addition to the two listing supervisors supervising the work of the listing teams, MIS professional staff deputed to work in the survey also made frequent field visits to ensure that the household listing work was properly done, according to the principles laid down. It should be noted here that all listers/mappers appointed were given training on household listing operations that included both class room lectures and field practice.

Field interviewing work was done by 10 teams, with one team kept in reserve. It was done in four phases, each phase extending approximately 15 to 20 days. After a phase was over, the interviewing team was given rest for about 7 days. Field work had to be postponed for about a month due to the assassination of the then President, Ziaur Rahman on 30th May, 1981.

Quality control checking of the field interviewing was done by field officers taken from among the semi-professional staff of the MIS Unit. The number of field officers engaged numbered four in total. Field officers, in their tasks, were assisted by additional field male supervisors recruited for the survey.

2.7. Data processing:

After the field work for interviewing was over, depending on their field performances, eight field personnel were promoted to the post of senior quality control officer and another fifteen to the post of quality control officer. Among the other field personnel, four were appointed as editors, five as coders and six as tabulators, while the rest were terminated. The above personnel were assigned to perform the data processing work, dividing them into three distinct groups: editing, coding and tabulation.

2.7.1. Editing:

Editing was done to verify that survey questionnaires were correctly filled-in, interviewing the correct sample; that items of information recorded or responses obtained to inter-related questions were consistent with one another; that all the questions in the questionnaire were asked, and so forth. Editing work was done by a team of workers comprising two senior quality control officers, four quality control officers, and four editors.

While the editors edited the questionnaire, the quality control officers verified the editors' work on each questionnaire. Final checking

was done by the senior quality control officer himself/or herself by verifying 20 percent of the questionnaires after the checking done by the quality control officer.

2.7.2. Coding:

Information in the questionnaire was coded onto specially designed cards called 'code sheets'. Code sheets contained blank cells specified by column numbers and variable names, indicating in which cell or cells, a particular item of information/responses of a particular question would be coded. Code sheets were made thick enough so that they were convenient for hand-sorting like playing cards. There were provisions made for coding information on both the sides of the sheet. Information pertaining to the household interview was coded onto one side, while that pertaining to the individual interview was done onto the other side.

Actual coding work was done by 5 coders, while 100 percent of the finished coding work was verified by the 5 quality control officers. Two senior quality control officers were appointed to supervise the coding work and to examine about 20 percent of the sheets to ensure that the coding work was done correctly.

2.7.3. Tabulation:

Tabulation was done manually according to the analysis plan developed earlier. The analysis plan contained dummy tables to be prepared with data obtained in the survey.

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

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

A set of tabulation programmes like computer programmes were developed prior to starting the actual tabulation work. This was done so that tables could be produced properly following a scientific approach.

Six tabulators were engaged in the tabulation work. Five quality control officers were employed to supervise the tabulators. There were also 3 senior quality control officers who made the final checking of the tabulation work. In addition, the Deputy Project Director kept constant watch on this particular task, providing guidance in case there was any difficulty. Manual tabulations helped produce the results of the 1981 CPS within three months after completion of the field work.

One senior quality control officer was assigned to co-ordinate the work among the different data processing groups, while one quality control officer did the job of register, which included registration of the questionnaires received from the field, supplying questionnaires to the data processing groups for their uses and maintenance of code-sheets.

2.8. Analysis of data:

Only descriptive analysis of the 1981 CPS data are presented in this report. As the data were tabulated manually, it was not possible to conduct a more indepth analysis. Moreover, indepth analysis rather than descriptive analysis was not considered necessary to meet the objectives of the survey. However, the data were later put onto computer disk and are now available for more detailed analysis.

Analysis of the data was done in two steps. First, levels and trends of family planning knowledge and use among the survey population were ascertained.

Levels were studied in terms of such indices as the proportion of respondents knowing family planning methods, the proportion having ever used family planning, and the proportion currently using family planning. Trend analysis was performed by comparing the 1981 CPS data with those of the 1975 BFS and the 1979 CPS.

Second, differentials in knowledge and use of family planning methods were examined. These differentials are equally important as those in other aspects of life such as mortality (Kitagawa and Hauser, 1973) and fertility (Thomlinson, 1965). In the case of family planning, they are generally useful for the following reasons:

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

Differences among subgroups were examined, calculating the percentages of ever married women (under 50 years of age) knowing and using family planning methods in each subgroup. In this way, the differentials by the following characteristics were studied in the survey: Marital status, Age, Number of children ever born, Number of living children, Education, Employment status, Religion, Number of methods known, Land ownership, Administrative division and Urban-rural areas.

2.9. Time schedule:

Time schedule of the survey was as follows:

Activity	Time period
(i) Planning of the survey and approval of the project	January - February, 1981
(ii) a. Preparation and pretesting of questionnaires b. Finalization of questionnaires c. Printing of questionnaires	March - April, 1981
(iii) Selection of:	
a. Listers/Mappers	March, 1981
b. Trainee Interviewers	March, 1981
(iv) Training of:	
a. Listers/Mappers	March, 1981
b. Interviewers	March - April, 1981
(v) Final selection of field personnel for data collection	April, 1981
(vi) Field work for household listing	March - May, 1981
(vii) Field work for data collection	May - August, 1981
(viii) Data processing	September - December, 1981
(ix) Preliminary report	December, 1981

CHAPTER - 3

CHARACTERISTICS OF WOMEN INTERVIEWED IN THE SAMPLE

3.1. Introduction:

The characteristics of the sample of the 1981 CPS are described and analysed in terms of the following variables that were collected in the survey in addition to the family planning knowledge and use variables: (i) age of female household members; (ii) proportion never married among females, and (iii) current marital status of ever married women; (iv) age, (v) education, (vi) employment status, (vii) religion, (viii) land ownership, (ix) number of children ever born, (x) number of living children, and (xi) pregnancy status. These background characteristics will be analysed in relation to the family planning knowledge and use variables in subsequent chapters to determine whether there are any important demographic or socio-economic differentials in knowledge and use.

It is important in survey research to assess the adequacy of a sample or its data quality before the findings are discussed and interpreted (Chander and Palan,1977; Driver,1963). This assessment is usually made by comparing the distribution of characteristics of the sample to similar characteristics in other independent surveys or censuses. Another objective of this chapter is to conduct such comparisons to examine the adequacy of the 1981 CPS sample.

3.2. Age of female members:

The age distribution of female members found in interviewed households in the 1981 CPS is shown in table-3.1. For the nation as a whole, 46.8 percent of the female members were under 15 years of age, 43.3. percent between ages 15 and 49 years, and 9.9 percent above 49 years.

There was almost no difference in the percentage of female members under 15 years of age between the rural (46.8 percent) and the

TABLE - 3.1

PERCENTAGE DISTRIBUTION OF FEMALE MEMBERS
OF INTERVIEWED HOUSEHOLDS BY AGE GROUP¹

Age group	National	Rural	Urban
< 15	46.8	46.8	46.5
15 - 19	10.8	10.7	11.4
20 - 24	7.8	7.7	9.2
25 - 29	7.3	7.2	8.3
30 - 34	5.5	5.5	5.4
35 - 39	4.3	4.3	4.3
40 - 44	3.6	3.6	3.4
45 - 49	4.0	4.1	3.3
50 - 54	3.1	3.2	2.4
55 - 59	2.6	2.6	2.2
60 +	4.2	4.3	3.6
Total	100.0	100.0	100.0
N	17,485 ^a	15,703 ^b	6,037 ^b

¹ Female members who slept last night in an interviewed household prior to the interviewing day were only included in the enumeration.

^a Weighted total of female members in the sample excluding not stated cases.

^b Not stated cases - 2 for Rural and 5 for Urban.

urban (46.5 percent) sample. The differences for the proportions in the age groups, 30-34 years and 35-39 years between the two areas were also not appreciable either. For each of the other age groups i.e., 15-19 years, 20-24 years and 25-29 years, the proportion for the urban sample was somewhat higher than that for the rural sample, with the reverse being true for the age groups, 40-44 years and older. This finding may be due to uneven rural-urban migration by age. Rural to urban migration occurs more often for young women than old, probably because husbands of young women (who are also relatively young) migrate to the city in search of greater opportunity for work and bring their wives with them. Older men are less likely to migrate.

The observed distribution, with some minor differences, was similar to both the 1961 and the 1974 census data (table-3.2). The similarities seem to suggest that the quality of age data in the 1981 CPS was good.

3.3. Proportion never married:

The percentage of female members who had never married is shown in table-3.3, by age group. In the national sample, 50.6 percent of all female household members were reportedly never married: 49.3 percent in the rural sample and 54.0 percent in the urban sample. There were, however, significant differences by age group in the percentage never married. In the national sample, nearly 98.0 percent of females under 15 years of age were never married; the proportion declined strikingly to 37.1 percent for those in the 15-19 year age group and 6.0 percent for those in the 20-24 year age group reaching a low of 0.5 percent among those in the age group 45-49 years. There was a slight upward shift in the proportion thereafter which is contrary to expectation, as universality of marriage is a long standing phenomenon in the society of Bangladesh. The upward shift might be the result of interviewer error in recording marital status of female household members 50 years of age or older. Since these women were not eligible for interview in the survey and since marital status was the second criterion of determining the eligibility of a women for the interview, it is possible that interviewers were less careful in recording marital status of females aged 50 years or more.

TABLE - 3.2

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

Age group	Census ¹ 1961	Census ¹ 1974	CPS 1981
< 15	46.4	48.8	46.8
15 - 19	8.1	8.0	10.8
20 - 24	8.1	7.3	7.8
25 - 29	8.2	7.3	7.3
30 - 34	6.3	5.9	5.5
35 - 39	5.1	5.2	4.3
40 - 44	4.5	4.4	3.6
45 - 49	3.3	3.2	4.0
50 - 54	3.3	3.2	3.1
55 - 59	1.8	1.7	2.6
60 +	4.9	5.1	4.2
Total	100.0	100.1 ^a	100.0

¹ Source: 1980 Statistical Year Book of Bangladesh.

^a Total is more than 100 percent due to rounding error.

Urban-rural differences in the proportion never married were largely found in females in the 15-19 year age group. Whereas in the rural area, 29.8 percent of the females in the 15-19 year age group were never married, the figure for the urban area was considerably higher at 54.8 percent. The large difference between the urban and rural area in the proportion remaining never married among females aged 15-19 has also been reported in studies conducted earlier (Ahmed and Chowdhury, 1981; Shahidullah, 1979). It appears that the average urban women is married at later age than her rural counterpart.

TABLE - 3.3

PERCENTAGE OF NEVER MARRIED FEMALE
MEMBERS BY AGE GROUP¹

Age group	National	Rural	Urban
/ 15	97.8	97.4	98.7
15 - 19	37.1	29.8	54.8
20 - 24	6.0	2.2	14.4
25 - 29	1.0	0.4	2.4
30 - 34	1.1	0.7	2.1
35 - 39	0.0	0.0	0.0
40 - 44	0.4	0.4	0.5
45 - 49	0.5	0.3	1.0
50 - 54	1.1	1.2	0.7
55 - 59	1.6	1.4	2.3
60 +	3.6	3.4	4.2
All	50.6	49.3	54.0

¹ Not stated cases for age and marital status were 4 for Rural and 7 for Urban. These are excluded from the table.

TABLE - 3.4

PERCENTAGE OF NEVER MARRIED FEMALE MEMBERS
BY AGE GROUP, BANGLADESH
1975 AND 1981

Age group	BFS 1975 ¹	CPS 1981
/ 10	99.8	
10 - 14	91.2	97.8 ^a
15 - 19	29.8	37.1
20 - 24	4.6	6.0
25 - 29	1.0	1.0
30 - 34	0.2	1.1
35 - 39	0.4	0.0
40 - 44	0.2	0.4
45 - 49	0.0	0.5

¹ Source: BFS - Bangladesh Fertility Survey, 1975.

^a Includes all under 15 years of age.

The result of the 1981 CPS is compared with that of the 1975 BFS in table-3.4. (The result of the 1979 CPS was not available in its published report.) The proportion never married in the 1975 BFS was calculated separately for the age groups under 10 years and 10-14 years, while the calculation was done combining the two age groups in the 1981 CPS. This precludes any direct comparison of the proportion never married under age 15 years between the two surveys. An interesting finding is that the proportion never married in the 15-19 age bracket was higher in the 1981 CPS than in the 1975 BFS, suggesting a rising trend of age at marriage among females. This finding is consistent with observations made from other studies (Ahmed and Chowdhury,1981; Satter,1979).

3.4. Current marital status:

Current marital status of ever married women under 50 years of age is shown in table-3.5. Nearly 91 percent of the ever married women in the 1981 CPS were currently married.¹ The remaining 9.1 percent were either divorced, widowed or separated. The percentage not currently married was higher in urban (11.2 percent) than in rural areas (8.9 percent).

A comparison of the results of current marital status of the 1975 BFS, 1979 CPS and 1981 CPS is shown in table-3.6. They do not reveal any definite trend. The percentage not currently married in the 1981 CPS (9.1 percent) was higher than that of the 1979 CPS (7.4 percent), but lower than that of the 1975 BFS (11.5 percent). Since the differences are not appreciable, it may be attributed to the differential error accompanying the three survey results.

3.5. Age of ever married women:

The percentage distribution of ever married women under 50 years of age is shown in table-3.7. The distribution for the national population revealed the following picture. Among ever married women under 50 years

¹Women living separately from their husbands for more than one year were also not considered currently married. The separation could be for many reasons such as husband living abroad.

TABLE - 3.5

PERCENTAGE DISTRIBUTION OF EVER MARRIED
WOMEN UNDER 50 YEARS OF AGE BY
CURRENT MARITAL STATUS

Current marital status	National	Rural	Urban
Currently married	90.9	91.1	88.8
Not currently married	9.1	8.9	11.2
Total	100.0	100.0	100.0
N	6937 ^a	6269	2241

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

TABLE - 3.6

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

Current marital status	BFS ¹ 1975	CPS Year	
		1979 ¹	1981
Currently married	88.5	92.6	90.9
Not currently married	11.5	7.4	9.1
Total	100.0	100.0	100.0

¹ Source: BFS - Bangladesh Fertility Survey, 1975.

CPS - Contraceptive Prevalence Survey, 1979.

of age, 2.3 percent were under 15 years of age; 55.0 percent in the age group, 15-29 years; 24.1 percent in the age group, 30-39 years, and 18.6 percent in the age group, 40-49 years. There were almost no differences between the proportions of ever married women in the five year age groups: 15-19 years (18.0 percent), 20-24 years (18.8 percent) and 25-29 years

TABLE - 3.7

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

Age group	National	Rural	Urban
/ 15	2.3	2.4	1.1
15 - 19	18.0	18.5	13.8
20 - 24	18.8	18.5	21.2
25 - 29	18.2	17.9	21.5
30 - 34	13.5	13.4	14.1
35 - 39	10.6	10.5	11.5
40 - 44	8.8	8.8	8.5
45 - 49	9.8	9.9	8.3
Total	100.0	99.9 ^d	100.0
N	6937 ^b	6269	2241

^a Total is less than 100 percent due to rounding error.

^b Weighted total of ever married women in the sample.

(18.2 percent) as well as between the proportions in the age groups, 40-44 years (8.8 percent) and 45-49 years (9.8 percent). The median age of women was 28.0 years.¹

On average, there was very little difference in the age distribution of ever married women between the rural and urban areas. The median age of the rural sample was 28.0 years and 28.2 years for the urban sample. The 1979 CPS findings in this regard was also almost the same (NIPORT,1981).

Near equality of the median age does not mean that there were no disparities between the two areas in terms of individual age groups. There were relatively more ever married women younger than 20 years (20.9 percent)

¹ Calculated from the five year age distribution and not from the single year age distribution.

and older than 39 years (18.7 percent) in the rural area. The corresponding figures for the urban areas were 14.9 and 16.8 percent, respectively. In contrast, the percentage of ever married women 20-39 years of age was 60.3 percent in rural areas compared with 68.3 percent in urban areas. It appears, therefore, that the urban age structure of ever married women is more favourable for family planning than that of the rural area. Studies conducted in this country (NIPORT, 1981; PCFP Division, 1978) and in other developing countries such as South Korea (Koh and Hahm, 1981), Thailand (Suvanajata and Kamnuansilpa, 1979), Malaysia (Chander and Palan, 1977), the Philippines (Concepcion and Flioger, 1968), show that women in the central age groups, 20-24 years to 35-39 years are more likely to know and use family planning methods than those younger than 20 years of age and those older than 39 years. The 1981 CPS also revealed similar findings as can be seen from the analysis presented in subsequent chapters.

Table-3.8 compares the observed age distribution of ever married women in the 1981 CPS with those of the 1975 BFS and the 1979 CPS. Although, the three distributions were approximately similar, the 1981 CPS distribution was closer to the 1979 distribution than to the 1975. The only noticeable difference that the 1981 CPS had with the 1975 BFS was with the proportion under 15 years of age -- it was almost twice as high in the 1975 BFS than in the 1981 CPS. The difference is most likely due to the increase in age at marriage rather than to any other cause.

3.6. Proportion not currently married:

The percentage not currently married among ever married women under 50 years of age by age group is shown in table-3.9. In the national sample, among ever married women under 35 years of age, the proportion not currently married was low and varied little with age, ranging between 5.7 percent and percent; but it rose strikingly to 12.2 percent among those in age group 35-39 years, reaching a high of 21.1 percent among those in age group, 45-49 years. Since not currently married women are largely comprised of widows, and as incidence of widowhood is likely to be more among older women than younger women

TABLE - 3.8

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

Age group	BFS 1975 ¹	CPS Year	
		1979 ¹	1981
/ 15	4.1	2.0	2.3
15 - 19	18.5	17.2	18.0
20 - 24	20.7	20.1	18.8
25 - 29	17.0	18.2	18.2
30 - 34	12.1	12.6	13.5
35 - 39	10.3	12.0	10.6
40 - 44	9.6	8.2	8.8
45 - 49	7.6	9.7	9.8
Total	99.9 ^a	100.0	100.0

¹ Source: BFS - Bangladesh Fertility Survey, 1975.
CPS - Contraceptive Prevalence Survey, 1979.

^a Total is less than 100 percent due to rounding error.

TABLE - 3.9

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

Age group	National	Rural	Urban
/ 15	6.6	6.5	8.0
15 - 19	7.3	7.0	11.0
20 - 24	5.9	5.6	8.8
25 - 29	5.7	5.2	9.5
30 - 34	5.9	5.7	7.9
35 - 39	12.2	12.2	12.1
40 - 44	15.1	15.0	16.3
45 - 49	21.1	21.0	21.5
All	9.1	8.9	11.2

(PCFP Division,1978), the rising trend in the proportion not currently married by age group is a result which is quite expected.

There were no appreciable differences between the rural and the urban sample except for ever married women under 35 years of age: urban sample had higher percentages not currently married than the rural sample; the differences ranged from 1.4 to 4.3 percentage points.

The age structure of currently married women is compared to that of ever married in table-3.10. There was very little difference between the two groups. The median age of currently married women was 27.6 years, only slightly lower than 28.0 years for ever married women.

TABLE - 3.10

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

Age group	Ever married women	Currently married women
/ 15	2.3	2.4
15 - 19	18.0	18.4
20 - 24	18.8	19.4
25 - 29	18.2	18.9
30 - 34	13.5	14.0
35 - 39	10.6	10.2
40 - 44	8.8	8.2
45 - 49	9.8	8.5
Total	100.0	100.0
N	6937 ^a	6306 ^b

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

^b Weighted total of currently married women in the sample.

TABLE - 3.11

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

Educational level	National	Rural	Urban
Never attended school	69.2	70.8	54.1
Less than primary level	17.4	17.6	15.0
Completed primary level	6.8	6.5	9.4
Class VI-VII	2.9	2.5	6.3
Class VIII-IX	2.1	1.7	6.1
SSC and HSC	1.4	0.8	7.4
Degree and above	0.2	-	1.7
Total	100.0	99.9 ^a	100.0
N	6925 ^b	6259 ^c	2236 ^c

^a Total does not add to 100 percent due to rounding error.

^b Weighted total of ever married women in the sample excluding not stated cases.

^c Not stated cases - 10 for Rural and 5 for Urban are excluded from the figures.

3.7. Education:

3.7.1. Education among ever married women:

Data on educational levels of the ever married women are shown in table-3.11. In the national sample, 69.2 percent of the ever married women reported that they had never attended any school; 17.4 percent reported having less than the primary level of education; 6.8 percent reported completing primary level and 6.6 percent reported education upto class VI-VII and above. Thus, only few women in the sample were found who said that they had completed secondary education or higher degrees.

Ever married women were more likely to be educated in the urban area than in the rural area. For example, the proportion of women who had ever

attended school was 29.2 percent in rural areas and 45.9 percent in urban areas.

3.7.2. Husband's education:

The distribution of the respondents by education of their (last) husband is shown in table-3.12. Husbands were, on the whole, better educated than the respondents (ever married women). For example, whereas, 30.8 percent of the respondents attended school, the corresponding figure for husbands was higher at 52.1 percent - a difference of 21.3 points.

Just as urban women were more likely to be educated than their rural counterparts, so were they more likely to have an educated husband. In the rural areas, 50.5 percent of the women reported their husband as having ever attended school, while the comparable percentage for urban women was 66.3 percent.

The 1981 CPS findings related to education, though not directly comparable, were consistent with the 1974 census results. The 1974 census reported higher rates of literacy (ability to both read and write in any language) among males than among females, and, for each sex, higher in urban areas than in rural areas (Satter,1982; Chowdhary and Jayasuriya,1981).

The educational classifications used in the 1975 BFS and the 1979 CPS were somewhat different from the classification used in the 1981 CPS. Therefore, for comparative purposes, only the proportions who had attended school and who had never attended school were used. The comparison of this statistics for ever married women under 50 years of age is shown in table-3.13 and for their husbands in table-3.14.

The 1981 CPS estimate, 30.8 percent, of the proportion of ever married women having attended school was considerably higher than the corresponding estimate shown in the 1979 CPS, 24.2 percent, (table-3.13). There was almost no difference in the estimated proportion of husbands having attended school between the two surveys (table-3.14). It is, therefore, difficult to determine whether the difference in the proportion of

TABLE - 3.12

PERCENTAGE DISTRIBUTION OF EVER MARRIED
WOMEN UNDER 50 YEARS OF AGE BY
HUSBAND'S EDUCATION

Husband's educational level	National	Rural	Urban
Never attended school	47.9	49.5	33.7
Less than primary level	13.1	13.5	9.2
Completed primary level	7.2	7.2	7.0
Class VI-VII	5.3	5.3	6.1
Class VIII-IX	8.3	8.1	9.5
SSC and HSC	9.4	8.5	17.1
Degree and above	2.3	1.4	11.0
Others	0.1	0.1	-
Don't know	6.4	6.4	6.4
Total	100.0	100.0	100.0
N	6923 ^a	6256 ^b	2240 ^b

^a Weighted total of ever married women in the sample excluding not stated cases.

^b Not stated cases - 13 for Rural and 1 for Urban are excluded from the figures.

TABLE - 3.13

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

Educational level ¹	BFS 1975 ²	CPS Year	
		1979 ²	1981
Never attended school	77.6	75.7	69.2
Attended school	22.0	24.2	30.8
Not stated/Not specified	0.3	0.1	-
Total	99.9 ^a	100.0	100.0

¹ The classification of educational level was not done uniformly in all the surveys; as such only two categories of the variable has been used for the comparison.

² Source: BFS - Bangladesh Fertility Survey,1975.
CPS - Contraceptive Prevalence Survey,1979.

^a Total is less than 100 percent due to rounding error.

TABLE - 3.14

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

Educational level ¹	BFS 1975	CPS Year	
		1979 ²	1981
Never attended school	56.6	53.0	47.9
Attended school	41.5	46.4	45.6
Not stated/Not specified	1.7	0.5	6.4
Total	99.8 ^a	99.9 ^a	99.9 ^a

¹ The classification of educational level was not done uniformly in all the surveys; as such only two categories of the variable has been used for the comparison.

² Source: BFS - Bangladesh Fertility Survey,1975.
CPS - Contraceptive Prevalence Survey,1979.

^a Total is less than 100 percent due to rounding error.

women having attended school between the 1979 CPS and the 1981 CPS represented an increase in female education over the 1979-1981 period, or whether this is a result of underestimation in the 1979 CPS or an overestimation in the 1981 CPS.

3.8. Employment status:

A limited amount of data relating to employment status were collected to examine whether female employment outside the home had any influence on knowledge and practice of family planning methods. The respondent was asked, "Aside from doing normal household work, do you do any other work, on a regular basis such as agricultural work, making things (for sale), selling things in the market, or any thing else"? If the respondent said, 'yes', she was further asked, "Did you earn any money for this work during the last year"?

The responses to the questions allowed using only three classifications of female employment in the analysis. The classifications were: 'paid employment', 'unpaid employment' and 'not employed'. The respondent having done any work aside from normal household duties and having earned money for it was considered as having paid employment. If she did not receive money for outside work she was categorized as having an unpaid employment. The respondent was categorized not employed if she did not do any other work except her normal household duties. The result of the analysis is shown in table-3.15. In the national sample, 88.7 percent of the ever married women were not employed. Of 11.2 percent employed, 8.7 percent had paid employment and 2.5 percent unpaid employment. There were almost no differences in employment status of ever married women between rural and urban areas.

The proportion not employed among ever married women in the 1981 CPS was lower than that shown in the 1979 CPS, but was higher than that in the 1975 BFS. The differences were not appreciable. The proportion was estimated as 92.2 percent in the 1979 CPS (table-3.16) and as 86.4 percent in the 1975 BFS (not shown in the table) (PCFP Division, 1978), while the estimate was 88.7 percent in the 1981 CPS.

TABLE - 3.15

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

Employment status	National	Rural	Urban
Paid employment	8.7	8.7	8.8
Unpaid employment	2.5	2.6	2.1
Not employed	88.7	88.6	89.0
Not stated	0.1	0.1	- ^a
Total	100.0	100.0	99.9 ^b
N	6937 ^c	6269	2241

^a The figure is less than 0.1 but greater than Zero.

^b Total is less than 100 percent due to rounding error.

^c Weighted total of ever married women in the sample.

TABLE · 3.16

PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN
UNDER 50 YEARS OF AGE BY EMPLOYMENT
STATUS, BANGLADESH
1979 AND 1981¹

Employment status	CPS Year	
	1979 ²	1981
Paid employment	7.7 ^a	8.7
Unpaid employment		2.5
Not employed	92.2	88.7
Not stated/Not specified	0.1	0.1
Total	100.0	100.0

¹ Comparable data from 1975 BFS (Bangladesh Fertility Survey) were not available.

² Source: CPS - Contraceptive Prevalence Survey, 1979.

^a Includes paid employment and unpaid employment categories together.

3.9. Religion:

Classification of ever married women by their religious affiliations is shown in table-3.17. The classification was done using two religious categories only: Muslim and non-Muslim. The non-Muslim category included Hindus, Buddhists and Christians. All non-Muslims were included in one category because of their small number in the sample. It should be noted, however, that the vast majority of non-Muslims are Hindus. The 1974 census showed that the 15 percent non-Muslim population was made up of 13 percent Hindu and 2 percent Buddhist and Christian taken together (BBS,1980).

In the national sample, 86.3 percent of the ever married were Muslim and 13.7 percent non-Muslim. The percentage of non-Muslim was slightly higher in urban (13.8 percent) than in rural (12.0 percent) areas.

The percentage of non-Muslim ever married women shown in the 1981 CPS was slightly lower than that in the 1975 BFS or the 1979 CPS (table-3.18). The proportion of non-Muslim was 17.0 percent in the 1975 BFS, 16.1 percent in the 1979 CPS, and 13.8 percent in the 1981 CPS. There are no data to underline the cause of the declining trend in the proportion of non-Muslim ever married women.

3.10. Land ownership:

To gather some information on economic status, data on land ownership were collected. The respondent was asked, "Does your family own any agricultural land"? As Bangladesh is mostly an agricultural country, ownership of agricultural land is a key index of economic wellbeing of a person or of a family. Families, particularly in the rural areas, which own no agricultural land are generally also poor. The specific intention of collecting the land ownership data was, therefore, to see if family planning use varies by economic status.

Distribution of ever married women by land ownership is shown in table-3.19. In the national sample, 65.8 percent of ever married women said

TABLE - 3.17

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

Religion	National	Rural	Urban
Muslim	86.3	88.0	86.2
Non-muslim	13.7	12.0	13.8
Total	100.0	100.0	100.0
N	6937 ^a	6269	2241

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

TABLE - 3.18

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

Religion	BFS	CPS Year	
	1975 ¹	1979 ¹	1981
Muslim	83.0	83.8	86.2
Hindu	15.8	15.7	13.8 ^a
Other	1.2	0.4	16.1
Total	100.0	99.9 ^b	100.0

¹ Source: BFS - Bangladesh Fertility Survey, 1975.

CPS - Contraceptive Prevalence Survey, 1979.

^a Includes Hindu and other as Non-muslim.

^b Total is less than 100 percent due to rounding error.

that their families had agricultural land. The percentage of women from families without agricultural land was strikingly high in urban areas, 56.3 percent, as compared to 31.9 percent for rural areas or 34.2 percent for the country as a whole. This may be because living away from their village homes, urban families do not have direct link with their agricultural landed property. Furthermore, in most cases, they may not be dependent on income from their agricultural land, as they have other sources of income. It is, therefore, possible that many urban respondents failed to report the agricultural land that their families actually owned or would inherit in course of time. This alternatively, the sample may include many landless families who have migrated from rural to urban areas.

For comparative purposes, the percentage of rural households, claiming no ownership of any land other than homestead was found to be 32.79 percent in the 1977 land occupancy survey of rural Bangladesh (BBS,1980). This rate is remarkably similar to the rural rate of land ownership found in the 1981 CPS. No data on land ownership were available from the 1975 BFS or 1979 CPS.

TABLE - 3.19

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

Land ownership	National	Rural	Urban
Own land	65.8	63.1	43.7
Does not own land	34.2	31.9	56.3
Total	100.0	100.0	100.0
N	6937 ^a	6269	2241

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

3.11. Children ever born and children currently living:

Though free from time reference errors, data on the number of children ever born and still living are not completely error-free. Surveys and studies carried out in developing countries show that respondents often underreport the number of ever born children. Omission of children who have died or who are living away from home are the most common reasons. It has also been observed in different population that omissions are selective. That is, they occur more in association with female than male children, more with dead than living children and more with children who died shortly after birth than those who survived longer (Brass and others, 1968).

Underreporting of the number of children is also partly due to failure on the part of respondents to distinguish between what is a live-birth and what is not. Often a live-born child who dies immediately after the birth is excluded in their report of ever born children.

Recognizing that data on children ever born and still living are subject to understatement in Bangladesh, a series of questions were asked in the 1981 CPS to guard against common sources of errors¹. The first question was asked to ascertain if the respondent had ever given birth to any live-child. If the respondent had, she was then asked the other questions in the series which were to determine the respondent's number of still living children by sex. After obtaining the data about the living children, the respondent was asked about the number of her dead children. The interviewer was given specific written instructions in the questionnaire to ensure while recording responses to the questions that the respondent did not omit from the report any child who was living elsewhere or any one who died shortly after birth. The purpose of putting the instructions in the questionnaire was to keep the interviewer always vigilant against the two most common sources of errors affecting children ever born and living children data.

It is claimed and research has also proven that data on the numbers of children ever born and still living are more accurate when they are obtained from women's pregnancy histories than when they are obtained by

¹ See the survey questionnaire given in the Appendix-A.

simple retrospective questions (Chander and Palan,1977; Mukherjee,1975). Because the major objective of the 1981 CPS was to estimate levels of family planning knowledge and practice and not fertility levels; the collection of detailed pregnancy histories was considered too costly in terms of time and other resources. The simplified approach described above was considered sufficient to generate data on children ever born and children living with sufficient accuracy for the purpose of this survey.

3.11.1. Distribution by children ever born:

The percentage distribution of ever married women by number of children ever born (number of living children + number of dead children) is shown in table-3.20. At the national level, 50.2 percent of the women already had 4 or more children ever born, while another 23.5 percent claimed to have had 2-3 children ever born. Slightly over one quarter (26.3 percent) of the women had less than two children ever born. There were no pronounced differences between urban and rural areas.

The distribution pattern by number of ever born children of currently married women (table-3.21) was very similar to that of ever married women (table-3.20). This is to be expected since 91 percent of the ever married women were currently married.

3.11.2. Distribution by living children:

The percentage distribution by number of living children of ever married women and that of currently married women are shown in table-3.22 and table-3.23, respectively. For the nation as a whole, 38.4 percent of the ever married women had 4 or more living children, 29.3 percent 2-3 living children and 32.3 percent less than 2 children. The comparable percentage for currently married women were 39.0 percent, 29.6 percent, and 31.4 percent, respectively, showing that there were no significant variations in the distribution of attained family size between the two groups of women. There were also no appreciable differences between urban and rural areas.

TABLE - 3.20

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

Children ever born	National	Rural	Urban
0	13.0	13.1	12.9
1	13.3	13.3	12.9
2	12.6	12.4	14.1
3	10.9	10.9	11.4
4	10.1	10.0	11.3
5	9.3	9.2	10.2
6	8.6	8.6	8.1
7	6.8	6.9	5.6
8	5.8	5.9	4.9
9	3.7	3.8	3.2
10	2.6	2.7	2.3
11	1.6	1.6	1.4
12+	1.6	1.6	1.3
Not stated	0.1	0.1	0.3
Total	100.0	100.1 ^a	99.9 ^a
N	6937 ^b	6269	2241

a

The total is not 100 percent due to rounding error.

b

Weighted total of ever married women in the sample.

TABLE - 3.21

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

Children ever born	National	Rural	Urban
0	12.5	12.6	12.3
1	13.2	13.3	12.0
2	12.8	12.6	14.4
3	11.2	11.1	11.6
4	10.2	10.0	11.7
5	9.4	9.3	10.5
6	8.6	8.6	7.9
7	6.7	6.8	5.8
8	5.7	5.8	5.1
9	3.7	3.8	3.3
10	2.7	2.7	2.4
11	1.6	1.6	1.5
12 +	1.6	1.7	1.4
Not stated	0.1	0.1	0.1
Total	100.0	100.0	100.0
N	6306 ^a	5713	1990

^a Weighted total of currently married women in the sample.

The observed distribution related to living children clearly indicates that in both rural and urban areas, a large proportion of the family planning target population already had large families. Thus, if the two child family is advocated by the family planning programme, 53.4 percent of currently married women in the rural area and 54.4 percent in the urban area already have more children than this. These findings suggest that the goal of a two child family will be very difficult to reach in the short run.

3.11.3. Mean number of children ever born:

Commonly used measures of fertility in sample surveys are the mean number of children ever born and children living. These measures provide a simple way to look at fertility patterns of a population.

The mean number of children ever born by age to ever married women and currently married women are shown in table-3.24. The table also shows the overall means for the total sample for the two groups of women.

TABLE - 3.22

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

Living children	National	Rural	Urban
0	15.4	15.4	15.4
1	16.9	17.1	15.6
2	15.0	14.8	17.1
3	14.3	14.4	13.5
4	11.9	11.9	12.6
5	9.6	9.5	10.2
6	7.3	7.5	5.9
7	4.9	4.9	4.6
8	2.6	2.5	2.9
9 +	2.1	2.0	2.2
Total	100.0	100.0	100.0
N	6937 ^a	6269	2241

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

TABLE - 3.23

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

Living children	National	Rural	Urban
0	14.5	14.6	14.1
1	16.9	17.1	14.6
2	15.1	14.9	16.9
3	14.5	14.5	13.9
4	12.1	12.0	13.4
5	9.7	9.6	10.9
6	7.4	7.5	6.2
7	5.0	5.1	4.7
8	2.6	2.6	3.1
9 +	2.2	2.2	2.3
Total	100.0	100.1 ^a	100.1 ^a
N	6306 ^b	5713	1990

^a Total does not add to 100 percent due to rounding error.

^b Weighted total of currently married women in the sample.

An ever married women had, on average, 4 children ever born in the 1981 CPS. This figure is misleading as an index of fertility since the sample included young women who still have many years of reproductive life ahead.

Few women under 15 years of age had ever born children. The mean number of children born to this group of women was only 0.1. After age 15, women had children in quick succession. The mean number of children ever born to ever married women in the 15-19 year age group was 0.7. The mean rose sharply to 5.4 among ever married women in the age group 30-34 and then, more slowly to the maximum of 7.6 among those in the age group, 45-49 years.

TABLE - 3.24

MEAN NUMBER OF EVER BORN CHILDREN AMONG
EVER MARRIED WOMEN AND CURRENTLY
MARRIED WOMEN UNDER 50 YEARS
OF AGE BY AGE GROUP¹

Age group	Ever married women	Currently married women
/ 15	0.1	0.1
15-19	0.7	0.8
20-24	2.1	2.2
25-29	3.7	3.8
30-34	5.4	5.5
35-39	6.4	6.6
40-44	7.3	7.5
45-49	7.6	8.0
All	4.0	4.0

TABLE - 3.25

MEAN NUMBER OF EVER BORN CHILDREN AMONG
EVER MARRIED WOMEN AND CURRENTLY
MARRIED WOMEN UNDER 50 YEARS
OF AGE BY AGE GROUP AND
RURAL-URBAN AREA¹

Age group	Ever married women		Currently married women	
	Rural	Urban	Rural	Urban
/ 15	0.1	-	0.1	-
15-19	0.8	0.6	0.8	0.6
20-24	2.2	2.0	2.2	2.0
25-29	3.8	3.5	3.8	3.7
30-34	5.4	4.8	5.5	4.9
35-39	6.4	6.2	6.6	6.4
40-44	7.3	6.9	7.5	7.1
45-49	7.6	7.4	8.0	7.7
All	4.0	3.8	4.0	3.9

¹ Not stated cases for children ever born were 8 for evermarried women and 5 for currently married women in the rural sample, and 6 and 2 respectively for the urban sample. These cases have been excluded from estimation.

The number (7.6) of children ever born to a women in the 45-49 age group is an underestimate of the total number of children that a woman is likely to have when she completes her reproductive life. This is because respondents in the 45-49 year age group were still exposed to the possibility of child birth when they reported the number of children they had ever borne. The 1981 CPS data, thus, reveal that completed fertility in Bangladesh still remains very high with more than 7.6 live-births per women. This observation should be treated with caution, however, since women in different age groups are likely to have different fertility schedules. The estimated mean number of children ever born to women in the 45-49 year age group is a cohort measure of fertility, while the TFR(Total Fertility Rate), or the total number of children that a women is likely to have is a periodic measure of fertility that includes women in all the reproductive age groups. The TFR may fall below the mean number of children reported by women in the 45-49 year age group if the fertility of women in the younger age cohorts follows declining trends. Thus, the mean number (7.6) of children reported by the respondents in the 45-49 year age group may also be an overestimate of the total number of children that a Bangladeshi women is likely to have after she completes her reproductive life.

There were practically no differences in the mean number of children ever born between ever married women and currently married women, although currently married women would presumably have more exposure to pregnancy than ever married women. In every age group, currently married women had only negligibly higher mean number of children ever born than ever married women.

In every age group, the mean number of children ever born either among ever married women or currently married women was lower in urban areas than in rural areas (table-3.25). The differences were not remarkable. Previous studies in Bangladesh have also reported negligible differences in urban-rural fertility.

Absence of conventional urban-rural differences in fertility are often attributed to relatively more underreporting of births by rural than

urban women (Ahmed,1979). Hong offered another explanation, "... since Bangladesh is still predominantly rural, and since the urban area is to an extent an extension of rural life, fertility levels between the two areas are unlikely to be different" (Hong,1980). Another reason offered is "... better health and nutritional status of the majority of urban women may have contributed to their higher fertility compensating for whatever effect that use of contraception might have had on urban fertility as a whole" (Elahi and Ruzicka,1981).

Compared to the results of the 1975 BFS, the 1981 CPS showed declines over the period 1975-1981 in the mean number of children ever born both among ever married women and currently married women in every age group except the two oldest, 40-44 years and 45-49 years, and the youngest age group, under 15 years (table-3.26 and 3.27). The means for the women in the two oldest age groups were slightly higher in the 1981 CPS than in the 1975 BFS, which could be the result of the better coverage of live-births of those women in the 1981 CPS than in the 1975 BFS.

There were almost no changes in the mean number of ever born children between the 1979 CPS and the 1981 CPS for any age group younger than 30 years. On the other hand, the 1981 CPS means for the 30-34 age group and above were higher than the corresponding 1979 CPS means. This result could be due to obtaining better coverage of live births among older women in the 1981 CPS than in the 1979 CPS.

3.11.4. Mean number of living children:

The mean numbers of living children among ever married women and currently married women are shown in table-3.28. The difference between the mean number of living children and the mean number of ever born children reveals the effect of child mortality on fertility levels. In the 1981 CPS, ever married women and currently married women had, on average, 3 living children, while they had, on average, 4 children ever born. The difference indicates, on average, the death of one child per four children ever born or per one woman.

TABLE - 3.26

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

Age group	BFS 1975 ¹	CPS Year	
		1979 ¹	1981
/ 15	0.1	0.1	0.1
15 - 19	0.8	0.7	0.7
20 - 24	2.4	2.1	2.1
25 - 29	4.2	3.6	3.7
30 - 34	5.7	5.0	5.4
35 - 39	6.7	6.0	6.4
40 - 44	7.1	6.5	7.3
45 - 49	6.7	6.6	7.6
All	4.0	3.7	4.0

¹ Source: BFS - Bangladesh Fertility Survey, 1975.

CPS - Contraceptive Prevalence Survey, 1979.

TABLE - 3.27

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

Age group	BFS 1975 ¹	CPS Year	
		1979 ¹	1981
/ 15	0.1	0.1	0.1
15 - 19	0.9	0.8	0.8
20 - 24	2.5	2.1	2.2
25 - 29	4.3	3.6	3.8
30 - 34	5.9	5.1	5.5
35 - 39	6.9	6.2	6.6
40 - 44	7.6	6.7	7.5
45 - 49	7.3	6.8	8.0
All	4.0	3.7	4.0

¹ Source: BFS - Bangladesh Fertility Survey, 1975.

CPS - Contraceptive Prevalence Survey, 1979.

TABLE - 3.28

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

Age group	Ever married women	Currently married women
/ 15	0.1	0.1
15-19	0.6	0.6
20-24	1.7	1.8
25-29	2.9	3.0
30-34	4.2	4.2
35-39	4.9	5.1
40-44	5.3	5.6
45-49	5.3	5.7
All	3.0	3.1

TABLE - 3.29

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

Age group	Ever married women		Currently married women	
	Rural	Urban	Rural	Urban
/ 15	0.1	-	0.1	-
15-19	0.6	0.5	0.6	0.6
20-24	1.7	1.6	1.8	1.7
25-29	2.9	2.9	3.0	3.1
30-34	4.2	3.9	4.3	4.0
35-39	4.9	4.9	5.1	5.2
40-44	5.3	5.4	5.5	5.6
45-49	5.3	5.4	5.7	5.6
All	3.0	3.0	3.1	3.2

Ever married women under 15 years had, on average, only 0.1 living children. The mean number of living children was 0.6 among ever married women 15-19 years. The mean rose sharply to 4.2 among those in the 30-34 age group and then more slowly to a maximum of 5.3 among those in the two oldest age groups. This trend was similar to the mean number of children ever born. Also, as in case of ever born children, there were no differences in the mean number of living children between ever married women and currently married women. The variation in the mean number of living children between urban and rural areas was almost non-existent.

The mean number of living children followed similar patterns of differences between the 1981 CPS and the 1975 BFS as the mean number of children ever born (table-3.26 and 3.30). That is, the mean number of living children was lower in the 1981 CPS than in the 1975 BFS for every age groups except the two youngest and the two oldest age groups. There were no differences in the mean number of living children between the 1979 CPS and the 1981 CPS.

3.12. Data on last child ever born:

The respondents were asked two questions about their last child ever born: 1) when was the last child born, and 2) whether that child was still living at the time of the interview. The intent of these questions was to provide data to derive age specific fertility rates for the survey population and the infant mortality rate for the year preceding the survey. Unfortunately the quality of the data obtained was not adequate to derive these rates. Therefore, information obtained from these questions has not been included in this report.

3.13. Current pregnancy status:

Information on current pregnancy status was obtained in the survey by asking currently married women the following question, "Are you now pregnant?" In the national sample, 14.1 percent of the currently married women were pregnant at the time of the interview with 14.2 percent of those in the rural sample and 13.5 percent of those in the urban sample

TABLE - 3.30

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

Age group	BFS	CPS Year	
	1975 ¹	1979 ¹	1981
< 15	0.1	0.1	0.1
15 - 19	0.6	0.6	0.6
20 - 24	1.9	1.7	1.7
25 - 29	3.3	2.9	2.9
30 - 34	4.3	4.1	4.2
35 - 39	5.0	4.9	4.9
40 - 44	5.1	5.3	5.3
45 - 49	4.7	5.1	5.3
All	3.0	3.0	3.0

¹ Source: BFS - Bangladesh Fertility Survey, 1975.

CPS - Contraceptive Prevalence Survey, 1979.

TABLE - 3.31

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

Age group	BFS	CPS Year	
	1975 ¹	1979 ¹	1981
< 15	0.1	0.1	0.1
15 - 19	0.7	0.6	0.6
20 - 24	2.0	1.8	1.8
25 - 29	3.3	2.9	3.0
30 - 34	4.5	4.2	4.2
35 - 39	5.3	5.0	5.1
40 - 44	5.5	5.5	5.6
45 - 49	5.1	5.3	5.7
All	3.0	3.0	3.1

¹ Source: BFS - Bangladesh Fertility Survey, 1975

CPS - Contraceptive Prevalence Survey, 1979.

TABLE - 3.32

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

Current pregnancy status	National	Rural	Urban
Pregnant	14.1	14.2	13.5
Not currently pregnant	85.9	85.8	86.5
Total	100.0	100.0	100.0
N	6306 ^a	5713	1990

^a Weighted total of currently married women in the sample.

TABLE - 3.33

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

Current pregnancy status	BFS 1975 ¹	CPS Year	
		1979 ¹	1981
Pregnant	12.5	13.2	14.1
Not currently pregnant	87.5	86.8	85.9 ^a
Total	100.0	100.0	100.0

¹ Source: BFS - Bangladesh Fertility Survey, 1975.

CPS - Contraceptive Prevalence Survey, 1979.

^a Includes also 'does not know' cases.

(table-3.32). The difference between the urban and the rural sample was, possibly, due to differences in contraceptive use between the two areas. When the 1981 CPS pregnancy rate is compared to the 1979 CPS and the 1975 BFS (table-3.33) rates, there appears to be a rising trend in the prevalence of pregnancy over the period, 1975-1981. The rising trend cannot be explained without undertaking further analysis of the data.

3.14. Summary:

The characteristics of the women in the 1981 CPS sample were, in general, consistent with those of the 1975 BFS and the 1979 CPS sample. Where possible, comparisons were also made with data obtained from censuses or other sources. Such comparisons show that the 1981 CPS sample was adequate to represent the national population of ever married women.

On the basis of the household survey, 46.8 percent of the female family workers were under 15 years of age. About 49 percent of all the female household members were ever married. Of ever married women less than 50, about 91 percent were currently married. The median age of ever married women under 50 years of age was 28.0 years.

Sixty nine percent of the ever married women had never attended school. The figure for the urban area was lower at 54.1 percent, suggesting that, on average, more urban women were able to attain some education than their rural counterparts. The vast majority of the women said they were unemployed; only 8.7 percent said they had paid employment and another 2.5 percent indicated unpaid employment. About 86 percent of the women were Muslim with the remainder Hindus, Buddhists and Christians. Nearly 69 percent of the ever married women reported that their families had agricultural land. The figure for the urban area, 43.7 percent, was considerably lower.

The mean number of children ever born to the ever married women less than 50 years of age was 4 and that of living children, 3. There were almost no differences in these figures between and urban and rural areas. Fourteen percent of the currently married women were pregnant at the time of the interview.

CHAPTER - 4

KNOWLEDGE OF FAMILY PLANNING METHODS

4.1. Introduction:

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

A liberal definition of knowledge was adopted for the 1981 CPS, under which it was merely an indication of whether a respondent had heard or known of a family planning method or methods. This definition was consistent with the survey purpose which, in this case, was to determine the proportion of the family planning target population who were aware of family planning and to identify the specific methods that they knew. It was, therefore, only the most rudimentary aspects of knowledge that were measured in the survey. Hence, reported knowledge of the respondent about a method should not be taken as an indication that she understood the contraceptive effect of the method or its proper use. It should also be noted that the respondent, by having knowledge of a method, did not therefore indicate either her approval of the method or her intention to use the method.

4.2. Measurement of knowledge:

Relevant data on knowledge were collected through a series of questions, following what is popularly known as 'recall and prompting' procedures (WHS,1982). The first question in the series was designed to find out how many methods the respondent could name spontaneously and was asked in the following manner:

"You, perhaps, know that husbands and wives, .
if desired, can delay or stop child birth

using family planning methods or medicines.
Have you ever heard of any of these methods
or medicines ?"

If the answer was 'yes', she was asked to state the names of all the methods known to her.

The interviewer then prompted on any of the following listed methods that the respondent failed to mention, asking questions in order to ascertain whether or not the respondent really had knowledge of any of these methods: oral pill, condom, IUDs, vasectomy, tubectomy, abortion/M.R., injection, vaginal method (such as emko, jelly, foam etc.), abstinence, safe period, withdrawal. This technique - prompting on methods - was done even when the respondent said 'no' in reply to the first question.

The last knowledge question in the series was: "Do you know any other methods except those you told or were prompted ?" It was addressed to any respondent regardless whether the prompting technique was used or not. The purpose was to ascertain whether the respondent had knowledge of any methods that were not included in the list.

Thus, in the 1981 CPS, two types of knowledge measures were derived: prompted knowledge and unprompted knowledge. Unprompted knowledge (also called spontaneous knowledge) (NIPORT,1981) was the knowledge specified with responses obtained before the prompting, while prompted knowledge was that specified with responses obtained after the prompting.

Prompting on the method in the 1981 CPS was done in three steps. At the first step, the interviewer did it with the proper name of the method; at the second step, with the colloquial names of the method and, at the third step, with a description of the method. It was, therefore, only after the respondent had failed to recognize the method by either its common name or colloquial names that the interviewer offered a description of the method to be more sure that the respondent had not really known or heard of the method.

Prompting interviewing techniques are applied in the collection of data on knowledge about family planning methods, assuming that some respondents are not able to recall in the interviewing situation all the methods that they know (NIPORT,1981). But, when these techniques are applied, it is likely that knowledge would be, to some extent, overstated. This is because the respondent, after being prompted on the method by the interviewer with the intention of helping the respondent recall the method, may provide affirmative answers either to please the interviewer or to avoid embarrassment of being less knowledgeable (NIPORT,1981).

Thus, in evaluating the answers to the prompting questions, the interviewer has to exercise a fair amount of judgement, and the results are inevitably likely to be influenced to some extent by the interviewer's perceptions and her procedures of conducting the interview (UN,1961). For example, the interviewer may provide too much explanation about a method, imparting so much knowledge that the respondent may, on that account, feel familiar with the method. Although efforts were taken to avoid both the interviewer's and the respondents' biases in the 1981 CPS, the possibility that there is an overestimate of knowledge in the survey cannot be totally ignored because of the prompting techniques adopted.

4.3. Indices of knowledge:

The following indices of knowledge were computed from the data collected in the 1981 CPS:

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

While computing these indices, both the prompted and the unprompted knowledge were included together without making any distinction between them. It was done assuming that women were aware of specific

methods if they said they had heard of the method with or without prompting. The 1979 CPS (NIPORT,1981) and the 1975 BFS (PCFP Division,1978) adopted the same liberal definition of knowledge as did the 1981 CPS. In addition, the procedures of data collection followed in those surveys were also similar to the procedures used in the 1981 CPS, although the 1975 BFS differed somewhat in its use of the prompting technique by giving the description of the method first without mentioning before either the proper name or colloquial names. However, experience drawn from Thailand WFS and CPS surveys (Suvanajata & Kamnuansilpa,1979) suggest that differences in prompting techniques do not effect the result to any appreciable extent. The results of the 1981 CPS were, therefore, directly comparable with those of the 1979 CPS and the 1975 BFS.

4.4. Levels of knowledge

4.4.1. Knowledge of at least one method:

Almost all ever married women (aged under 50 years) interviewed in the 1981 CPS had knowledge of at least one family planning method (table-4.1). Only a negligible percentage (1.8 percent) of the women in the total sample (1.8 percent of those in the rural sample and 1.1 percent in the urban sample) were found not to know any method. These findings remained almost unchanged when the calculations were done considering modern methods only (oral pill, condom, IUDs, tubectomy, vasectomy, M.R./induced abortion, injection, vaginal method). Knowledge of at least one traditional method (safe period, abstinence, withdrawal and 'other' methods such as herbal medicine) was, however, relatively low - only 55.2 percent. It was somewhat higher in urban areas (61.4 percent) than in rural areas (54.6 percent). Absence of publicity, or lack of propaganda by the family planning programme to promote traditional methods might be the reason associated with their relative low levels of knowledge among the population.¹

As can be seen in table-4.2, the proportion of ever married women having knowledge of at least one method was 81.9 percent in the 1975 BFS and rose to 94.8 percent in the 1979 CPS. The 1981 CPS finding followed the increasing trend with knowledge of at least one method close to 100 percent.

¹ It should be noted that traditional methods as well as modern methods were prompted.

TABLE - 4.1

PERCENTAGE OF EVER MARRIED WOMEN UNDER
50 YEARS OF AGE HAVING KNOWLEDGE¹ OF:
AT LEAST ONE METHOD; AT LEAST ONE
MODERN METHOD²; AT LEAST ONE
TRADITIONAL METHOD³

Having knowledge of	National	Rural	Urban
At least one method	98.2	98.2	98.9
At least one modern method	98.1	98.0	98.9
At least one traditional method	55.2	54.6	61.4
N	6937 ^a	6269	2241

¹ Unprompted or prompted knowledge.

² Modern methods: Oral pill, Condom, Tubectomy, Vasectomy, Induced abortion/M.R., Injection, Vaginal method.

³ Traditional methods: Safe period, Abstinence, Withdrawal, and 'other methods'.

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

TABLE - 4.2

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50
YEARS OF AGE HAVING KNOWLEDGE¹ OF AT
LEAST ONE METHOD, BANGLADESH
1975, 1979 AND 1981

Year	Source ²	Percentage
1975	BFS	81.9
1979	CPS	94.8
1981	CPS	96.2

¹ Unprompted or prompted knowledge.

² Source: BFS - Bangladesh Fertility Survey, 1975.
CPS - Contraceptive Prevalence Survey, 1979 and 1981.

4.4.2. Method specific knowledge:

The percentage of ever married women under 50 years of age knowing selected family planning methods is shown in table-4.3. Unprompted, prompted, and total knowledge figures are given separately in the table. As can be seen from the table, prompting procedures led to impressive increases in levels of knowledge for almost all the methods except oral pill. The same finding was also reported in the 1979 CPS.

Oral pill and tubectomy were almost universally known by ever married women in the 1981 CPS. The overall level of knowledge was 94.5 percent for oral pill and 92.4 percent for tubectomy. Unprompted knowledge of tubectomy was however relatively much lower, being reported by 48.9 percent only. The unprompted figure for oral pill was, in contrast, 81.3 percent. This difference may indicate that information about oral pills is more widely disseminated among ever married women than information about tubectomy.

Condom and vasectomy, the two male methods, were mentioned by comparatively fewer respondents. The overall knowledge rate was 59.2 percent for condom and 71.5 percent for vasectomy. As pointed out in the Thailand CPS, "... the experience of WFS suggest that women in many cultures tend to be shy about discussing male contraceptives" (Suvanajata & Kamnuansilpa, 1979). This might also be the case of Bangladesh, since the 1979 CPS also documented relatively lower levels of knowledge for condom and vasectomy compared to oral pill and tubectomy. That Bangladeshi women are similarly reticent about discussing male methods is also supported by the fact the knowledge of both the methods increased substantially after prompting: condom increased from 24.3 percent to 59.2 percent and vasectomy from 17.0 percent to 71.5 percent.

Injection, a relatively new method of family planning in Bangladesh, was introduced into the family planning programme in 1975. Nevertheless, the 1981 CPS revealed that, after prompting, 59.9 percent of the respondents knew or had heard of injection. Such an impressive knowledge rate, gained over a span of only 5-6 years time, may indicate that this method has potential to be an attractive means of contraception for the survey

population. The finding is, therefore, of considerable significance, suggesting that the population control programme could be greatly benefited by extending service facilities for injection throughout the country. However, as unprompted knowledge of the method was only 12.7 percent, no firm conclusion can be drawn that the respondents were referring to a hormonal contraceptive, such as Depo Provera, or to any injection which folk practitioners may offer for pregnancy prevention.

In Bangladesh, induced abortion is neither socially nor legally approved, but, in 1975, the family planning programme introduced the facility for doing M.R. (Menstrual Regulation), permitting the procedure only when a woman becomes accidentally pregnant while using contraceptives, or when her normal cycle of menstruation is disturbed. It should be noted here that M.R. is neither a means of contraception nor treated as such under Bangladesh family planning programme. Yet, when asked about M.R. and induced abortion, 53.2 percent of the ever married women reported that they had heard or known of one or both of the procedures. However, without prompting, knowledge was very low -- only 6.4 percent. This could be due to the legal and social status of induced abortion, with women reluctant to report that they knew of the methods. Alternatively, this could also be because the respondents did not consider induced abortion as a family planning method before it was prompted.

Vaginal methods (foam and foam tablets) were introduced into the national family planning programme in its early stage (TREC, 1969). The survey revealed that level of knowledge of these methods remained very low. Overall, only 16.7 percent of the ever married women had knowledge of these methods, with only 5.0 percent naming these methods spontaneously.

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

TABLE - 4.3

PERCENTAGE OF EVER MARRIED WOMEN UNDER
50 YEARS OF AGE KNOWING SELECTED
FAMILY PLANNING METHODS¹

Knowledge of methods (1)	Unprompted (2)	Prompted (3)	Overall knowledge (4) = (2)+(3)
Oral pill	81.3	13.2	94.5
Condom	24.3	34.9	59.2
IUD	10.3	31.4	41.7
Tubectomy	48.9	43.5	92.4
Vasectomy	17.0	54.5	71.5
Induced Abortion/ M.R.	6.4	46.8	53.2
Injection	12.7	47.2	59.9
Vaginal method	5.0	11.7	16.7
Abstinence	0.6	28.9	29.5
Safe period	2.0	34.4	36.4
Withdrawal	0.9	21.5	22.4
Other	2.2	10.3	12.5

¹ Weighted total of ever married women in the sample is 6937.

Only 10.3 percent of the women mentioned the method spontaneously and 31.4 percent did so after prompting. As a result, the overall level of knowledge of the method was only 41.7 percent.

Traditional methods were rarely mentioned by the women surveyed. These methods are not included in the organized family planning efforts and, as such, are not advocated by programme workers. This might explain why respondents did not mention traditional means of contraception as family planning method. However, after prompting, knowledge levels of these methods increased significantly. Yet, the overall percentage naming these methods remained low, varying from 12.5 percent for 'other' to 36.4 percent for safe period.

4.5. Trends:

In table-4.4, the results of the 1981 CPS are compared with those of the 1979 CPS and the 1975 BFS in order to document trends in knowledge of selected family planning methods.

The increase in knowledge about oral pills from 63.9 percent in the 1975 BFS to 93.1 percent in the 1979 CPS was substantial. The 1981 CPS substantiated this finding of the 1979 CPS by reporting the knowledge of oral pill at 94.5 percent.

There was not much increase in knowledge of condom between the 1979 CPS and 1981 CPS. It was 57.3 percent in the 1979 CPS and rose by only 1.9 percentage points in 1981 CPS. Condom knowledge increased substantially, however, between the 1975 BFS (21.1 percent) and the 1979 CPS (57.3 percent).

The level of knowledge for vasectomy remained more or less at the same level in the 1979 and 1981 CPS, while that for tubectomy showed considerable increase between the two surveys. Knowledge of both these methods, however, increased considerably between the 1975 BFS and the 1979 CPS, although the rise was higher for tubectomy.

For injection, induced abortion/MR and vaginal method, there was a striking rise between the 1979 and the 1981 CPS.

4.6. Differentials:

4.6.1. Marital status:

Evermarried women who were currently married, knew on the average, 6 methods while those who were not currently married knew 5.2 methods - a difference of about one method only (table-4.5). Knowledge of at least 5 methods followed the same pattern by marital status as the average number of methods known. The proportion knowing at least 5 methods was 68.9 percent for evermarried women who were currently married and 58.5 percent for those who were not currently married.

TABLE - 4.4

PERCENTAGE OF EVER MARRIED WOMEN UNDER
50 YEARS OF AGE HAVING KNOWLEDGE¹
OF SELECTED FAMILY PLANNING
METHODS, BANGLADESH
1975, 1979 AND 1981

Method	BFS	CPS Year	
	1975 ²	1979 ²	1981
Oral pill	63.9	93.1	94.5
Condom	21.1	57.3	59.2
IUD	40.1	31.8	41.7
Tubectomy	53.1	84.5	92.4
Vasectomy	51.4	71.1	71.5
Induced Abortion/ M.R.	- ^a	21.7	53.2
Injection	-	40.9	59.9
Vaginal method	- ^a	7.4	16.7
Abstinence	11.4	6.6	29.5
Safe period	20.0	11.8	36.4
Withdrawal	15.1	2.3	22.4
Other	4.9	- ^b	12.5

¹ Unprompted plus prompted knowledge.

² Source: BFS - Bangladesh Fertility Survey, 1975.

CPS - Contraceptive Prevalence Survey, 1979.

^a These methods may be included in other.

^b Knowledge of 'other' was not provided by 1979 CPS data.

Levels of knowledge for any family planning methods were, in general, higher among ever married women who were currently married than those who were not currently married (table-4.6 and table-4.7), though the differences were not striking in any case. Only the differential for the IUD was in the reverse direction. The reversal might be the result of greater popularity of the method in the past.

4.6.2. Age:

The percentage distribution of number of methods known to ever married women by age group is also shown in table-4.5. The mean of the distribution for each age group is also shown in the table. As revealed by the distribution, age had some relation to overall knowledge of family planning methods. The mean number of methods known rose sharply from 4.4 among women in the age group under 15 years to 5.6 among those in the age group 15-19. Knowledge rose slowly but steadily to a peak of 6.4 among those in the age group, 25-29. Thereafter, it declined again gradually to 5.4 in the oldest age group, 45-49.

The proportion knowing at least 5 methods also revealed the same pattern of knowledge by age rising sharply from 53.0 percent in the youngest age group (under 15 years) to 64.6 percent in the next age group (15-19 years) and then gradually peaking at 75.5 percent among those in the age group, 25-29; thereafter, it declined to 57.4 percent in the oldest age group, 45-49.

Knowledge of at least two methods were, however, almost independent of age influences. It was almost universal among the women in every age group, excluding the youngest age group. Among the youngest women (under 15 years), however, a large proportion, 80 percent did report that they knew at least two methods.

The percentage of ever married women knowing selected modern family planning methods by age group is shown in table-4.6. The proportion knowing any modern methods has the same pattern by age as the mean number of all methods known and the proportion knowing at least 5 methods.

However, there were differences by age group among the various modern methods, which precludes making any generalization about the age - modern method relationship.

Knowledge of tubectomy and oral pill was almost universal and therefore varied very little among age groups, excluding the youngest age group. Among women in the youngest age group, 86.8 percent knew the oral pill and 83.7 percent tubectomy.

Knowledge of vasectomy also did not vary much by age after 15 years. The methods was known by 70.2 to 74.9 percent of the women in the age groups from 20-24 to 44-49. Among women in the age group, 15-19, the proportion was slightly lower - 68.2 percent. Knowledge was lowest for those under 15 years - 55.4 percent.

Knowledge of other methods - condom, IUD, MR/abortion, injection and vaginal method - varied somewhat markedly even after age 19. Among the women aged 15-49, the proportion knowing condom ranged from 43.8 percent to 67.7 percent, the IUD from 32.1 percent to 48.2 percent, MR/abortion from 47.1 percent to 57.5 percent, injection from 51.6 percent to 64.1 percent and vaginal method from 10.8 percent to 21.9 percent. It was found that women aged 35 years or more had relatively less knowledge about these methods than those aged less than 35 years, except, of course, for those in the youngest age group, who had reported less knowledge about every modern method.

Knowledge of traditional methods was also related with age in the same manner as that of modern methods. That is, the proportion knowing these methods rose as age increased, reached a peak, and then declined. For example, for knowledge of safe period, 16.4 percent of the women in the youngest age group knew the method; the proportion rose sharply to 29.6 percent for those in the next age group, 15-19 years, and to 38.4 percent for those in the age group, 20-29 years. Thereafter, it rose gradually to a peak at 42.9 percent for the 25-29 age group. The proportion declined gradually to a low of 33 percent in the oldest age group.

TABLE - 4.5

PERCENTAGE DISTRIBUTION¹ OF NUMBER OF FAMILY
PLANNING METHODS KNOWN TO EVER MARRIED
WOMEN UNDER 50 YEARS OF AGE
BY CURRENT MARITAL STATUS
AND BY AGE GROUP

Sub-group	No. of ever married women (Weighted)	Number of methods known						Mean ²
		0	1	2	3	4	5+	
<u>Marital status:</u>								
Currently married	6306	1.6	3.3	5.9	8.9	11.5	68.9	6.0
Not currently married	631	3.6	4.6	7.4	10.6	15.1	58.5	5.2
<u>Age group:</u>								
< 15	159	8.2	10.1	11.3	8.8	2.8	53.0	4.4
15 - 19	1249	1.8	3.9	7.4	10.0	12.2	64.6	5.6
20 - 24	1304	2.1	3.0	5.4	8.3	9.7	71.5	6.2
25 - 29	1267	1.2	2.4	4.8	6.6	9.5	75.5	6.4
30 - 34	936	0.9	3.1	5.1	8.5	12.7	69.7	6.1
35 - 39	733	1.8	3.8	5.2	8.7	11.5	69.2	5.9
40 - 44	611	1.5	4.4	5.2	11.3	14.9	62.7	5.5
45 - 49	678	1.8	2.8	8.6	12.4	17.0	57.4	5.4
All	6937	1.7	3.4	6.0	9.1	11.8	67.9	5.9

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

² The mean is calculated from the complete distribution.

TABLE - 4.6

PERCENTAGE OF EVER MARRIED WOMEN UNDER
50 YEARS OF AGE HAVING KNOWLEDGE¹ OF
SELECTED MODERN FAMILY PLANNING
METHODS BY CURRENT MARITAL
STATUS AND BY AGE GROUP

Sub-group	No. of ever married women (Weighted)	Oral pill	Con- dom	IUD	Tu- bec- tomy	Va- sec- tomy	Abor ² tion/ M.R.	In- jec- tion	Vaginal method
<u>Marital status:</u>									
Currently married	6306	94.8	60.1	41.3	92.6	72.8	53.9	60.4	17.4
Not currently married	631	91.3	50.4	45.8	90.3	59.1	46.1	55.0	9.7
<u>Age group :</u>									
/__ 15	159	86.8	34.6	25.2	83.7	55.4	40.9	50.3	8.2
15 - 19	1249	94.6	58.8	32.1	91.6	68.2	52.9	59.8	17.0
20 - 24	1304	95.2	65.9	45.5	92.8	71.6	56.1	64.1	21.9
25 - 29	1267	95.3	67.7	48.2	94.4	74.9	57.5	64.1	20.7
30 - 34	936	94.8	63.7	45.0	92.4	73.3	54.4	61.8	14.7
35 - 39	733	94.8	57.7	45.4	92.0	73.5	52.3	57.3	14.1
40 - 44	611	92.6	46.8	40.1	92.5	71.9	47.6	54.3	11.5
45 - 49	678	93.8	43.8	36.3	92.0	70.2	47.1	51.6	10.8
All	6937	94.5	59.2	41.7	92.4	71.5	53.2	59.9	16.7

¹ Unprompted plus prompted knowledge.

² Abortion means induced abortion.

TABLE - 4.7

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS
OF AGE HAVING KNOWLEDGE¹ OF SELECTED
TRADITIONAL FAMILY PLANNING METHODS
BY CURRENT MARITAL STATUS AND BY
AGE GROUP

Sub-group	No. of ever married women (Weighted)	Absti- nence	Safe period	With- drawal	Other
<u>Marital status:</u>					
Currently married	6306	30.0	37.5	23.2	12.8
Not currently married	631	24.1	26.3	13.6	10.3
<u>Age group:</u>					
/ 15	159	16.4	16.4	8.8	13.2
15 - 19	1249	25.3	29.6	19.5	10.3
20 - 24	1304	28.2	38.4	24.6	14.2
25 - 29	1267	30.8	42.9	27.2	13.2
30 - 34	936	32.8	41.3	26.6	12.3
35 - 39	733	31.4	38.6	19.5	13.9
40 - 44	611	31.3	32.2	18.5	13.8
45 - 49	678	31.7	33.0	18.0	9.9
All	6937	29.5	36.5	22.4	12.5

¹ Unprompted plus prompted knowledge.

Knowledge of withdrawal and other methods followed a similar pattern by age. Variations by age after 20 in the knowledge of abstinence, however, were somewhat less dramatic, ranging between 28.7 and 32.8 percent.

4.6.3. Children ever born:

The percentage distribution of number of methods known to ever married women by number of children ever born is shown in table-4.8. As with age, the mean number of methods known rose with number of children ever born, reaching a peak for those who had two children ever born; thereafter, it declined gradually. But the differences in knowledge by the children ever born were relatively less than the differences effected by the age variable. The largest difference was between women with no children ever born (5.3 methods) and those with 2 children ever born (6.2 methods), a difference of less than one method only. The decline from the peak was also gradual, falling only to 5.7 methods for those who had 12 or more children ever born. The proportion knowing at least 5 methods also followed the same trend. Knowledge of at least two methods was almost universal; it was somewhat lower among women with no children ever born and those with 11 or more children ever born.

Oral pill and tubectomy were known almost universally among the ever married women irrespective of the number of children ever born (table-4.9). Tubectomy was somewhat less known among those with no children ever born and those with 11 or more children ever born.

Vasectomy was known by 64.8 percent of the ever married women who had no children ever born. The proportion rose to 74.2 percent for those who had 3 children ever born. Thereafter, it followed an irregular pattern while declining to 67.3 percent for those who had 12 or more children ever born.

Condom was generally better known by women with fewer children ever born except for those who had no children ever born. The proportion knowing the method declined steadily from 65.4 percent among women with 4 children ever born to 45.3 percent among those with 11 or more children ever born.

TABLE - 4.8

PERCENTAGE DISTRIBUTION¹ OF NUMBER OF FAMILY
PLANNING METHODS KNOWN TO EVER MARRIED
WOMEN UNDER 50 YEARS OF AGE BY NUMBER
OF CHILDREN EVER BORN

Sub-group	No. of ever married women (Weighted)	Number of methods known						Mean ²
		0	1	2	3	4	5 +	
<u>Children ever born:</u>								
0	906	4.0	5.9	8.8	9.6	11.3	60.5	5.3
1	920	1.7	3.2	6.3	9.6	11.3	67.9	5.9
2	873	1.5	2.4	4.8	8.7	10.3	72.3	6.2
3	759	1.7	2.9	5.9	7.4	11.1	71.0	6.1
4	703	1.6	4.3	5.0	6.4	10.5	72.1	6.2
5	643	0.9	2.8	5.1	9.8	12.1	69.2	6.0
6	595	0.7	2.9	4.9	8.4	14.8	68.4	6.0
7	469	1.3	2.1	6.4	10.7	10.9	68.7	5.9
8	401	1.8	3.2	5.7	11.0	12.0	66.6	5.7
9	258	0.6	1.8	5.8	8.5	19.8	63.5	5.9
10	183	1.1	2.9	5.1	13.4	14.1	63.4	5.5
11	107	3.7	4.3	7.5	11.7	10.5	62.3	5.6
12 +	108	1.2	7.4	8.4	7.4	11.1	64.5	5.7
Not stated	10	-	-	20.0	10.0	10.0	60.0	5.2
All	6937 ^a	1.7	3.4	6.0	9.1	11.8	67.9	5.9

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

² The mean is calculated from the complete distribution.

^a Weighted total adds to 6935 instead of 6937 due to rounding after weighting.

TABLE 4.9

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS
OF AGE HAVING KNOWLEDGE¹ OF SELECTED MODERN
FAMILY PLANNING METHODS BY NUMBER OF
CHILDREN EVER BORN

Sub-group	No. of ever married women (Weighted)	Oral pill	Con- dom	IUD	Tu- bec- tomy	Va- sec- tomy	Abor- ² tion/ M.R	In- jec- tion	Vaginal method
<u>Children ever born</u>									
0	906	92.4	54.4	31.2	88.5	64.8	49.1	55.2	15.6
1	920	94.8	61.6	38.5	92.1	69.0	55.2	61.6	18.0
2	873	95.4	66.1	45.5	94.3	73.5	56.2	65.0	22.9
3	759	94.6	62.3	45.7	92.1	74.2	53.4	64.0	20.4
4	703	94.0	65.4	50.8	92.8	73.7	56.5	61.6	18.5
5	643	94.6	60.2	43.1	93.5	72.8	55.4	59.4	15.4
6	595	95.6	59.8	43.5	94.8	74.3	52.6	60.0	14.1
7	469	94.9	54.8	41.8	93.2	69.9	52.9	57.1	13.7
8	401	94.5	52.9	39.9	92.3	72.8	48.6	51.9	11.5
9	258	98.1	53.0	38.9	93.4	76.4	52.1	58.8	11.9
10	183	93.8	48.2	39.6	94.6	68.4	47.0	57.1	9.4
11	107	90.7	43.5	38.5	89.2	75.4	48.2	57.7	7.3
12 +	108	91.4	47.0	40.3	89.5	67.3	51.7	60.8	11.5
Not stated	10	90.0	50.0	40.0	100.0	70.0	40.0	50.0	-
All	6937 ^a	94.5	59.2	41.7	92.4	71.5	53.2	59.9	16.7

¹ Unprompted plus prompted knowledge.

² Abortion means induced abortion.

^a Weighted total adds to 6935 instead of 6937 due to rounding after weighting.

When women with 2 or fewer children ever born were considered, the trend reversed with the proportion being 61.6 percent for those with one child ever born and 54.4 percent for those with no children ever born. Knowledge of the IUD as well as other modern methods varied by number of children ever born in almost the same way as that of vasectomy or condom.

Percentage of ever married women knowing traditional methods by number of children ever born is shown in table-4.10. The proportion knowing abstinence rose from 24.4 among women with no children ever born to 30.1 percent for those with 2 children ever born. Thereafter, it followed an erratic pattern. Nevertheless, it was evident in the data that knowledge of abstinence increased as women experienced more live-births. The knowledge of 'safe period' 'withdrawal' and 'other' had similar patterns by number of children ever born. However, the differences in the knowledge of these methods are not generally remarkable except for those who had no children ever born.

4.6.4. Living children:

The percentage distribution of number of methods known to ever married women by number of living children is shown in table-4.11. Differences in the mean number of methods known by number of living children were, in general, very small. The mean varied between 5.7 and 6.2 methods except that it was 5.3 methods for those who had no living children. Excluding the women who had no living children, the proportion knowing at least 5 methods also varied within the narrow range of 65.9 to 72.0 percent. Among women who had no children, the proportion was 60.9 percent.

Differentials in individual modern methods by number of living children are shown in table-4.12. Knowledge of oral pill and tubectomy did not have any pronounced variations by number of living children. The proportions knowing these methods varied from 92.7 percent to 95.5 percent for oral pill and from 89.1 percent to 95.5 percent for tubectomy.

TABLE - 4.10

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS
OF AGE HAVING KNOWLEDGE¹ OF SELECTED
TRADITIONAL FAMILY PLANNING METHODS
BY NUMBER OF CHILDREN EVER BORN

Sub-group	No. of ever married women (Weighted)	Absti- nence	Safe period	With- drawal	Other
<u>Children ever born:</u>					
0	906	24.1	23.5	16.1	11.0
1	920	26.7	36.1	24.0	11.1
2	873	30.1	38.9	24.3	12.7
3	759	29.8	37.3	24.5	12.0
4	703	31.2	41.8	25.6	13.9
5	643	30.3	41.5	23.2	11.5
6	595	28.9	36.0	23.0	13.9
7	469	33.7	40.1	22.8	13.0
8	401	30.2	38.7	20.2	14.2
9	258	35.0	36.5	23.7	13.3
10	183	31.3	40.1	11.1	11.8
11	107	35.3	35.6	19.5	15.3
12 +	108	36.8	32.8	25.9	17.6
Not stated	10	20.0	40.0	-	-
All	6937 ^a	29.5	36.5	22.4	12.5

¹ Unprompted plus prompted knowledge.

^a Weighted total adds to 6935 instead of 6937 due to rounding after weighting.

TABLE - 4.11

PERCENTAGE DISTRIBUTION¹ OF NUMBER OF FAMILY
PLANNING METHODS KNOWN TO EVER MARRIED
WOMEN UNDER 50 YEARS OF AGE BY NUMBER
OF LIVING CHILDREN

Sub-group	No. of ever married women (Weighted)	Number of methods known						Mean ²
		0	1	2	3	4	5+	
<u>Living children:</u>								
0	1069	3.6	5.6	8.5	9.9	11.4	60.9	5.3
1	1173	2.1	3.2	6.7	9.8	11.7	66.4	5.8
2	1039	1.6	2.7	4.2	8.4	11.1	72.0	6.2
3	994	1.1	3.2	6.1	7.2	12.5	69.6	6.1
4	828	0.9	3.3	4.4	9.1	11.2	71.3	6.1
5	666	1.2	3.5	5.9	8.9	11.9	68.6	6.0
6	508	1.2	1.2	4.3	9.8	11.8	71.7	6.1
7	341	0.9	2.6	5.3	10.9	12.6	67.7	5.9
8	177	0.5	3.7	10.4	7.7	16.7	61.0	5.7
9 +	143	2.3	4.2	5.6	9.3	12.7	65.9	5.8
All	6937 ^a	1.7	3.4	6.0	9.1	11.8	67.9	5.9

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

² The mean is calculated from the complete distribution.

^a Weighted total adds to 6938 instead of 6937 due to rounding after weighting.

Vasectomy was known to 64.8 percent of ever married women who had no living children, while the proportion rose to 74.7 percent for those who had 3 living children. The variation, thereafter, was both irregular and negligible.

As the number of living children increased, the knowledge of condom also rose, reaching a peak for women who had 2 living children and then declined with every subsequent live child. However, the difference after 2 living children were not very remarkable.

Among ever married women who had no living children, 30.6 percent had knowledge of the IUD, while the proportion became 46.9 percent for those who had 2 living children. Thereafter, it followed an erratic pattern with small differences. The variation in knowledge of other modern methods - abortion/MR, injection and vaginal method had similar patterns to that of the IUD.

Knowledge of abstinence was reported by 23.9 percent of the ever married women who had no living children, whereas the proportion was 26.1 percent for those who had one live child and 31.0 percent for those who had 2 living children (table-4.13). Thereafter, the proportion almost levelled off.

Safe period was known to 24.4 percent of ever married women who had no living children. The proportion rose to 40.4 percent for those who had 3 living children. Thereafter, the proportion declined to 33.6 percent for those who had 9 living children or more, following an erratic pattern. The knowledge of 'withdrawal' also had almost a similar pattern as that of safe period. The knowledge of other methods varied insignificantly and erratically.

4.6.5. Education:

Knowledge of family planning methods was positively associated with education among the survey population. The evidence is documented in

TABLE - 4.12

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS
OF AGE HAVING KNOWLEDGE¹ OF SELECTED MODERN
FAMILY PLANNING METHODS BY NUMBER OF
LIVING CHILDREN

Sub-group	No. of ever married women (Weighted)	Oral pill	Con- dom	IUD	Tu- bec- tomy	Va- sec- tomy	Abor- ² tion/ M.R.	In- jec- tion	Vaginal method
<u>Living children</u>									
0	1069	92.7	54.4	30.6	89.1	64.8	49.5	55.5	15.5
1	1173	94.1	60.3	38.0	91.0	68.1	54.5	59.4	17.1
2	1039	94.9	64.4	46.9	93.7	74.1	56.1	63.7	21.7
3	994	94.8	61.5	44.9	92.8	74.7	52.6	63.4	17.2
4	828	95.4	62.8	49.6	93.6	73.3	55.0	59.9	15.7
5	666	94.3	57.6	41.8	93.4	72.0	52.3	58.6	16.1
6	508	95.4	55.9	46.7	95.5	77.4	53.3	61.1	13.5
7	341	95.5	54.8	39.6	94.3	73.6	50.3	58.1	12.7
8	177	94.4	52.0	34.9	90.3	71.7	55.7	55.3	12.7
9 +	143	94.9	52.3	42.6	93.5	71.8	51.0	58.4	15.7
All	6937 ^a	94.5	59.2	41.7	92.4	71.5	53.2	59.9	16.7

¹ Unprompted plus prompted knowledge.

² Abortion means induced abortion.

^a Weighted total adds to 6938 instead of 6937 due to rounding after weighting.

TABLE - 4.13

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS
OF AGE HAVING KNOWLEDGE¹ OF SELECTED
TRADITIONAL FAMILY PLANNING METHODS
BY NUMBER OF LIVING CHILDREN

Sub-group	No. of ever married women (Weighted)	Absti- nence	Safe period	With- drawal	Other
<u>Living</u> <u>children :</u>					
0	1069	23.9	24.4	16.7	10.6
1	1173	26.1	36.1	22.3	11.3
2	1039	31.0	38.1	24.2	12.4
3	994	31.6	40.4	25.5	12.9
4	828	30.1	39.1	23.6	12.9
5	666	32.2	40.0	23.7	12.7
6	508	33.8	41.6	24.4	15.1
7	341	32.4	39.3	19.2	14.7
8	177	33.0	36.6	20.0	13.7
9 +	143	28.7	33.6	21.1	15.9
All	6937 ^a	29.5	36.5	22.4	12.5

¹ Unprompted plus prompted knowledge.

^a Weighted total adds to 6938 instead of 6937 due to rounding after weighting.

table-4.14, which gives the percentage distribution of number of family planning methods known to ever married women under 50 years of age by their educational levels.

The mean number of methods known rose regularly as education of ever married women increased. It was lowest, 5.3 methods, for ever married women who never attended school and rose to 6.5 methods for those who had less than primary education. It was 7.5 methods for those who had completed primary education, and continued to increase to 10.2, for those who had college/university graduate degrees or above.

The strong relationship between knowledge and education also held true when the proportion knowing at least 5 methods was examined. The proportion was 60.9 percent among women who had never attended school, while it was 100 percent for those who had finished.

Relationship between education and knowledge of selected modern family planning methods is shown in table-4.15. The proportion of ever married women knowing any selected modern methods also rose regularly and remarkably with increasing education. For example, whereas, only 32.7 percent of the ever married women who never attended school knew or heard of the IUD, the proportion rose to 50.5 percent for those who had less than primary education and 70.6 percent for those who had completed primary education. It rose to a high of 92.3 percent for those who had college/university graduate degrees or above.

The relationship between education and knowledge of traditional methods is shown in table-4.16. As was the case for knowledge of modern methods, knowledge of these methods was closely associated with education. The figures in the table clearly show that the higher the level of education of women, the greater the proportion of respondents knowing traditional methods.

4.6.6. Religion:

Religious differentials of knowledge of family planning methods were investigated using two religious subgroups only, Muslim and non-Muslim.

The non-Muslim subgroup included Hindus, Christians, Buddhists. Inclusion of all respondents other than Muslim into one subgroup was necessary because of their small numbers in the sample. Among non-Muslim, the vast majority were Hindus. Therefore, the differences between the Muslim and non-Muslim subgroups were largely made up of the differences between Muslims and Hindus.

The extent of knowledge differences between the two religious subgroups, measured in terms of numbers of methods known, is shown in table-4.14. The mean number of methods known was slightly higher among non-Muslim(6.3) than Muslim(5.8). The percentage knowing at least 5 methods did not reveal any remarkable differences, varying from 66.8 percent among Muslim to 75.0 percent among non-Muslim. Religious differences with respect to knowledge of family planning methods were also observed to be small in the 1979 CPS and the 1975 BFS.

Differences between the two religious groups were almost non-existent in terms of the knowledge of oral pill, vasectomy and vaginal method. There were only small differences for the knowledge of other modern methods, excluding the IUD. The proportion knowing the IUD varied strikingly: 39.2 percent among Muslim to 57.1 percent among non-Muslim. Interestingly, for all methods except tubectomy, knowledge was greater among non-Muslim than Muslim. Knowledge of traditional methods was low among Muslim and among non-Muslim, but non-Muslim women had slightly greater knowledge(table-4.16).

4.6.7. Employment status:

Employment status of women did not have an appreciable relationship to knowledge of family planning methods. As shown in table-4.14, the mean number of methods known to ever married women was only slightly higher for those who had paid employment (6.3) than for those who either were not employed (5.9) or who had unpaid employment(5.9). Similarly, there were also no remarkable differences in the proportion knowing at least 5 methods between the three employment categories.

Differentials in knowledge of selected modern family planning methods are shown in table-4.15. The knowledge of tubectomy was greater among women who had unpaid employment than among those who either had paid employment or were not employed at all. The reverse was true, however, in the case of oral pill.

Vasectomy was known less among those who were not employed than among those who either had paid employment or unpaid employment. On the other hand, vaginal method was known less among those who had unpaid employment than those in the other categories.

The IUD and condom were known most among those who had paid employment and least among those who were not employed. The knowledge of abortion/M.R. and of injection was also higher among women with paid employment than among those in the other two categories.

Knowledge of traditional methods did not vary significantly by employment status (table-4.16). That is, knowledge of these methods was low among women in all employment categories. Yet, it was observed that women who were not employed had generally less knowledge of these methods than those who were employed (with or without payment).

4.6.8. Division:

Among the four administrative divisions of the country, differences in number of methods known were not so pronounced. In Khulna, the average number known was highest at 6.4, Chittagong was lowest at 5.4 percent. Differences among the divisions were more remarkable when the knowledge of at least 5 methods was considered. This knowledge varied from 58.1 percent in Chittagong to a high of 77.2 percent in Khulna (table-4.17).

The percentage of ever married women knowing selected modern methods, by division, is shown in table-4.18. Oral pill and tubectomy were almost universally known among ever married women in Rajshahi, Khulna and Dhaka. In Chittagong division, oral pill was known by 90 percent of the ever

TABLE - 4.14

PERCENTAGE DISTRIBUTION¹ OF NUMBER OF FAMILY
PLANNING METHODS KNOWN TO EVER MARRIED
WOMEN UNDER 50 YEARS OF AGE BY
EDUCATION, BY RELIGION AND
BY EMPLOYMENT STATUS

Sub-group	No. of ever married women (Weighted)	Number of methods known						Mean ²
		0	1	2	3	4	5+	
<u>Educational³ level:</u>								
Never attended school	4794	2.1	4.2	7.5	11.3	14.1	60.9	5.3
Less than primary level	1202	1.2	2.5	3.2	6.2	8.5	77.7	6.5
Completed primary level	472	0.8	0.6	1.3	2.5	6.4	88.3	7.5
Class VI-VII	198	-	1.0	1.0	1.5	3.5	92.4	8.1
Class VIII-IX	148	-	1.4	0.7	-	2.0	95.9	8.7
SSC and HSC	98	-	-	-	-	2.0	99.0	9.7
Degree and above	13	-	-	-	-	-	100.0	10.2
Not stated	11	-	-	9.1	-	18.2	72.7	6.1
<u>Religion:</u>								
Muslim	5989	1.9	3.5	6.3	9.5	12.0	66.8	5.8
Non-muslim	948	1.1	2.5	4.3	6.2	10.9	75.0	6.3
<u>Employment status:³</u>								
Paid employment	605	0.8	2.5	5.0	7.4	11.2	72.9	6.3
Unpaid employment	176	2.3	2.3	5.1	10.2	13.6	66.5	5.9
Not employed	6150	1.8	3.5	6.1	9.2	11.8	67.5	5.9
Not stated	5	-	-	-	-	-	100.0	6.4
All	6937	1.7	3.4	6.0	9.1	11.8	67.9	5.9

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

² The mean is calculated from the complete distribution.

³ Weighted total for the sub-groups under this category adds to 6936 instead of 6937 due to rounding after weighting.

TABLE -4.15

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS
OF AGE HAVING KNOWLEDGE¹ OF SELECTED MODERN
FAMILY PLANNING METHODS BY EDUCATION, BY
RELIGION AND BY EMPLOYMENT STATUS

Sub-group	No. of ever married women (Weighted)	Oral pill	Con- dom	IUD	Tu- bec- tomy	Va- sec- tomy	Abor- ² tion/ M.R.	In- jec- tion	Vaginal method
<u>Educational³</u>									
<u>level:</u>									
Never attended school	4794	93.2	50.8	32.7	90.9	67.3	47.5	53.5	9.5
Less than primary level	1202	95.8	69.2	50.5	94.4	77.1	60.6	67.6	19.7
Completed primary level	472	98.9	85.6	70.6	96.8	82.8	65.5	78.6	35.2
Class VI-VIII	198	99.0	88.4	77.3	98.0	85.4	74.8	84.3	52.0
Class VIII-IX	148	100.0	96.0	81.8	98.0	90.5	78.4	87.8	63.5
SSC and HSC	98	100.0	100.0	91.8	100.0	95.9	87.8	92.9	89.8
Degree and above	13	100.0	100.0	92.3	100.0	100.0	92.3	100.0	100.0
Not stated	11	100.0	63.6	45.5	100.0	81.8	72.7	54.6	9.1
<u>Religion:</u>									
Muslim	5989	94.3	58.5	39.2	93.6	71.1	52.7	59.4	16.4
Non-muslim	948	95.2	63.9	57.1	95.2	74.4	56.2	63.0	18.1
<u>Employment status:³</u>									
Paid employment	605	95.9	64.3	45.5	93.9	78.5	57.2	62.2	16.7
Unpaid employment	176	92.1	56.8	36.4	96.0	77.8	50.0	58.5	10.2
Not employed	6150	94.4	58.8	41.5	92.2	70.7	52.9	59.7	16.9
Not stated	5	100.0	80.0	20.0	100.0	80.0	60.0	80.0	-
All	6937	94.5	59.2	41.7	92.4	71.5	53.2	59.9	16.7

¹ Unprompted plus prompted knowledge.

² Abortion means induced abortion.

³ Weighted total for the sub-groups under this category adds to 6936 instead of 6937 due to rounding after weighting.

TABLE - 4.16

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS
OF AGE HAVING KNOWLEDGE¹ OF SELECTED TRADITIONAL
FAMILY PLANNING METHODS BY EDUCATION, BY
RELIGION AND BY EMPLOYMENT STATUS

Sub-group	No. of ever married women (Weighted)	Absti- nence	Safe period	With- drawal	Other
<u>Educational²</u> <u>level:</u>					
Never attended school	4794	27.1	31.4	17.5	10.7
Less than primary level	1202	30.8	42.3	27.5	15.6
Completed primary level	472	37.9	49.8	32.2	16.3
Class VI-VII	198	35.3	54.5	40.9	17.1
Class VIII-IX	148	41.9	62.8	51.3	21.6
SSC and HSC	98	53.1	71.4	60.0	21.4
Degree and above	13	53.8	76.9	76.9	30.8
Not stated	11	27.3	27.3	36.4	9.1
<u>Religion:</u>					
Muslim	5989	28.9	35.7	21.6	12.8
Non-muslim	948	33.1	41.5	27.0	10.8
<u>Employment status:²</u>					
Paid employment	605	35.0	41.5	27.9	15.0
Unpaid employment	176	37.5	39.2	23.3	13.1
Not employed	6150	28.6	35.9	21.8	12.3
Not stated	5	80.0	60.0	-	-
All	6937	29.5	36.5	22.4	12.5

¹ Unprompted plus prompted knowledge.

² Weighted total adds to 6936 instead of 6937 due to rounding after weighting.

married women, but tubectomy was known by only 80 percent. This indicates that a sizable proportion (about 20 percent) of the ever married women still remained ignorant of tubectomy in Chittagong.

Vasectomy and condom were known most in Rajshahi and Khulna and least in Chittagong. Also, IUDs, M.R./Abortion, and Injection were better known in Khulna than in the other divisions.

Knowledge of vaginal methods was low in each division. The proportion knowing this method also varied least. The low level of knowledge of vaginal method might be the result of their limited marketing in every division.

Knowledge of traditional methods was low in each division (table-4.19). None of these methods were known by more than 38.8 percent in any division, which was the proportion knowing safe period in Dhaka. Differences in the levels of knowledge were not remarkable except that knowledge of abstinence was relatively low in Rajshahi (23.2 percent) and relatively high in Chittagong (32.3 percent).

4.6.9. Urban-rural areas:

The percentage distribution of number of family planning methods known to ever married women by urban and rural area is shown in table-4.17. In urban areas, 96.5 percent of the ever married women knew or heard of at least 2 methods; 93.2 percent knew at least 3 methods; 89.0 percent at least 4 methods; and 81.0 percent at least 5 methods. The comparable proportions for the rural areas were 94.7 percent, 88.4 percent, 78.8 percent and 66.6 percent, respectively, showing that urban-rural disparity was greater at the higher levels of knowledge than at lower level of knowledge. For example, whereas the differences were 1.5 percentage points for the proportion knowing at least two methods, it rose to 14.4 percentage points for the proportion knowing at least 5 methods. This urban and rural differential of family planning knowledge perhaps indicates that the chance to know more methods is relatively greater in urban areas than in rural areas. The average number of methods known varied by slightly more than one method between the two areas, i.e., 7.0 for urban areas and 5.8 for rural areas.

TABLE - 4.17

PERCENTAGE DISTRIBUTION¹ OF NUMBER OF FAMILY
PLANNING METHODS KNOWN TO EVER MARRIED
WOMEN UNDER 50 YEARS OF AGE BY
DIVISION AND BY
URBAN-RURAL AREA

Sub-group	No. of ever married women (Weighted)	Number of methods known						Mean ²
		0	1	2	3	4	5+	
<u>Division:</u>								
Rajshahi	1602	1.1	2.8	4.1	8.6	12.0	71.3	5.5
Khulna	1525	0.7	1.9	3.8	6.9	9.5	77.2	6.4
Dhaka	2128	1.5	2.7	7.6	9.9	11.9	66.5	5.9
Chittagong	1682	3.6	6.2	7.9	10.4	13.7	58.1	5.4
<u>Area:</u>								
Urban	2241 ^a	1.1	2.3	3.4	4.2	8.1	81.0	7.0
Rural	6269 ^a	1.8	3.5	6.3	9.6	12.2	66.6	5.8
All	6937	1.7	3.4	6.0	9.1	11.8	67.9	5.9

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

² The mean is calculated from the complete distribution.

^a Unweighted total.

Urban-rural differences in knowledge of selected modern methods among ever married women are presented in table-4.18. The knowledge of tubectomy and oral pill were almost universal in both rural and urban areas. Differences between urban and rural areas in knowledge of vasectomy were also small. The percentage of ever married women having knowledge of vasectomy varied from 76.2 percent in urban areas to 71.0 percent in rural areas, a difference of 5.2 points only.

The knowledge of condom, the IUD, M.R./abortion, injection, vaginal method were strikingly higher in urban areas than in rural areas. The proportion of ever married women knowing condom declined from 76.9 percent in urban areas to 57.3 percent in rural areas. Likewise, the proportion

TABLE - 4.18

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS
OF AGE HAVING KNOWLEDGE¹ OF SELECTED MODERN
FAMILY PLANNING METHODS BY DIVISION AND
BY URBAN-RURAL AREA

Sub-group	No. of ever married women (Weighted)	Oral pill	Con- dom	IUD	Tu- bec- tomy	Va- sec- tomy	Abor- ² tion/ M.R.	Injec- tion	Vaginal method
<u>Division:</u>									
Rajshahi	1602	96.6	66.2	41.8	94.3	80.5	53.5	60.8	16.9
Khulna	1525	96.1	68.7	51.3	96.9	80.3	59.6	65.8	17.8
Dhaka	2128	95.2	57.1	39.9	95.7	68.8	47.1	58.1	16.5
Chittagong	1682	90.0	46.7	35.1	82.5	58.6	54.8	56.0	15.6
<u>Area:</u>									
Urban	2241 ^a	97.6	76.9	61.2	94.8	76.2	65.7	74.7	33.7
Rural	6269 ^a	94.1	57.3	39.6	92.2	71.0	51.9	58.3	14.8
All	6937	94.5	59.2	41.7	92.4	71.5	53.2	59.9	16.7

¹ Unprompted plus prompted knowledge.

² Abortion means induced abortion.

^a Unweighted total.

knowing injection declined from 74.7 percent to 58.3 percent; IUD from 61.2 percent to 39.6 percent; abortion from 65.7 percent to 51.9 percent; and vaginal methods from 33.7 percent to 14.8 percent. The urban-rural wide disparity in the knowledge of these methods perhaps indicates that efforts to promote their awareness and acceptability among the family planning target population were relatively less in rural areas than in urban areas.

Knowledge of traditional methods were low among women in urban areas and among those in rural areas (table-4.19). Nevertheless, urban women were more likely to know of these methods than rural women, and the absolute differences, though small, were not insignificant.

TABLE - 4.19

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS
OF AGE HAVING KNOWLEDGE¹ OF SELECTED
TRADITIONAL FAMILY PLANNING
METHODS BY DIVISION AND
BY URBAN-RURAL AREA

Sub-group	No. of ever married women (Weighted)	Absti- nence	Safe period	With- drawal	Other
<u>Division:</u>					
Rajshahi	1602	23.2	37.1	20.3	10.5
Khulna	1525	29.2	38.6	19.8	14.5
Dhaka	2128	32.0	38.8	24.6	14.2
Chittagong	1682	32.3	31.2	23.7	10.4
<u>Area:</u>					
Urban	2241 ^a	33.4	42.4	28.0	12.4
Rural	6269 ^a	29.1	35.9	21.8	12.5
All	6937	29.5	36.5	22.4	12.5

¹ Unprompted plus prompted knowledge.

^a Unweighted total.

4.7. Summary:

Knowledge of at least two methods was almost universal (95 percent) among ever married women interviewed in the 1981 CPS. This finding is consistent with the level of knowledge and its increasing trend documented in the 1979 CPS. The proportion of ever married women having knowledge of at least one method was 81.9 percent in the 1975 BFS. It is, therefore, evident from the universality of the two methods knowledge in the 1981 CPS that the family planning programme had achieved considerable success in the dissemination of family knowledge during the period 1975 to 1981.

Traditional methods were mentioned much less frequently than modern methods. Whereas 98.1 percent of the ever married women had knowledge of

at least one modern method, the proportion having knowledge of at least one traditional method was only 55.2 percent. Lack of programme efforts to promote traditional methods might be a reason associated with their relatively low levels of knowledge among the population. In addition, Bangladesh is not a society where sex can be discussed freely, and knowledge of traditional methods, such as safe period, withdrawal, cannot be obtained easily through informal channels.

The average number of methods known to ever married women in the 1981 CPS was higher than that known to those in the 1979 CPS. On average, the 1979 CPS women knew a little over four methods (NIPORT, 1981), while the 1981 CPS women knew about six methods. The increase of knowledge by about two methods over period of about two years is undoubtedly significant.

Oral pill and tubectomy were the two methods most frequently mentioned. However, oral pill was mentioned more often without prompting than tubectomy. Only 48.9 percent of the respondents mentioned tubectomy spontaneously, whereas oral pill was mentioned by 81.3 percent of the respondents without prompting.

Knowledge of vasectomy and condom, the two male methods, were low compared to that of oral pill and tubectomy. It may be that female respondents are shy to mention male contraceptive methods and, therefore, their knowledge about these methods is actually understated. But, it may also be partly true that in developing countries like Bangladesh, males are generally less interested in using male methods and for this reason male methods are relatively less known in those countries.

Knowledge of the IUD was very low among the women in the 1981 CPS, although it was the most known method in the 1960's (TREC, 1969). With the availability of new, more suitable Cu T IUDs and trained paramedics to insert them, the programme should try to popularise this method again, placing great emphasis on it as before.

Although injection is a relatively new method of family planning introduced into the Bangladesh programme in 1975, it was already known by about 60 percent of the respondents in the 1981 CPS. This finding indicates that this method may have a future greater contribution towards the success of the programme.

M.R. and induced abortion are not promoted as family planning methods under the Bangladesh Family Planning programme. Yet, it was found that 53.2 percent of the women knew one or both of the procedures. Knowledge of traditional methods was relatively low.

Knowledge of family planning methods varied among different segments of ever married women. Overall, knowledge was higher among women who were currently married than among those who were married in the past; higher among women who were in the 20-39 year age group than among those who were in the younger or the older age group, higher among women who had 2-7 children ever born (or living children) than among those who had less than 2 or more than 7 children ever born; higher among women who were more educated than among those who were less educated; higher among women who had paid employment than among those who had unpaid employment or were unemployed; higher among urban women than rural women. Differentials between Muslim and non-Muslim women and women in the different employment categories were not pronounced. Knowledge of family planning methods was, in general, much lower in the Chittagong division than in the other three divisions. Among the other divisions, Khulna, Rajshahi and Dhaka, there were no pronounced variations.

CHAPTER - 5

EVER USE OF FAMILY PLANNING METHODS

5.1. Introduction:

Ever use of family planning methods in the 1981 CPS refers to the use at any time before the interview date without making distinction between past and current use. Any respondent reporting that she or her husband had used some form of contraception was included as an ever user regardless of the time of use. Thus, a reported ever user might be a past or a current user; also, an ever user might have used more than one method.

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

5.2. Questions on ever use:

In the 1981 CPS, the question on ever use was asked along with the question on knowledge of family planning methods. Any respondent found having knowledge of a method either before or after prompting was then asked if she or her husband had ever used that method. In this way, the respondent was not asked about ever use of a method if she had no knowledge about the method.

Questions on ever use are largely retrospective and therefore depend upon the respondent's memory. Thus, they are assumed to be subject to omissions due to recall lapses. On the other hand, there are apprehensions that reported ever use of traditional methods (such as safe period, abstinence, withdrawal, etc.) is susceptible to distortion resulting in over statement. Thus, presence of biases in the 1981 CPS data cannot be ignored, although efforts were made to keep them at a minimum.

5.3. Indices of ever use:

The following indices of ever use were computed in the 1981 CPS:

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

The definition of ever use adopted in the 1981 CPS was the same as in the 1979 CPS (NIPORT, 1981) and 1975 BFS (PCFP Division, 1978). In addition, the procedures of data collection were also almost identical. Thus, the results of the three surveys are directly comparable providing scope to study trends in ever use over the period 1975 to 1981.

5.4. Levels of ever use:

5.4.1. Ever use of at least one method:

Nearly 36 percent of the ever married women under 50 years of age in the 1981 CPS reported that they had ever used at least one family planning method (table-5.1). The percentage dropped to 20.4 percent when only the use of modern methods (oral pill, condom, IUDs, tubectomy, vasectomy, induced abortion/M.R., injection and vaginal method) was considered, and to 20.2 percent when only the use of effective methods (all modern methods except the vaginal method) was considered (table-5.1 and table-5.4). The 1981 CPS results, thus, reveal that the overall use of family

planning methods was still at low levels in the country with as many as 64 percent of the target population having never used a family planning method and 80 percent, a modern or an effective method.

Although, ever use rates were still at the low level, there was considerable improvement since 1975, particularly since 1979. The percentage of ever use for any method rose from 13.6 in the 1975 BFS to 19.6 in the 1979 CPS, to 35.7 in the 1981 CPS, nearly double the 1979 CPS rate. The increase in the ever use rate of effective methods was, however, not so striking, being 20.2 percent in the 1981 CPS compared with 15.8 percent in the 1979 CPS (table-5.1).

TABLE - 5.1

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

Year	Source ¹	Ever used any method	Ever used effective ² method
1975	BFS	13.6	10.0
1979	CPS	19.6	15.8
1981	CPS	35.7	20.2

¹ Source: BFS - Bangladesh Fertility Survey, 1975.
CPS - Contraceptive Prevalence Survey, 1979 and 1981.

² Effective method: Oral pill, Condom, IUD, Tubectomy,
Vasectomy, Induced Abortion/M.R.,
Injection.

5.4.2. Number of methods ever used:

The percentage distribution of number of family planning methods ever used by ever users in the 1981 CPS is shown in table-5.2. The number of methods tried by an average ever user was very small compared to methods

available in the programme. Whereas, the number of modern methods available total 8 and that of traditional methods 4 including herbal medicine, the vast majority (55.4 percent) among ever users reported that they had ever used only one method. Use of two methods was reported by 26.8 percent, 3 methods by 11.3 percent, while for 4 methods or more, the percentage was less than 5 percent. Thus, it was found that the mean number of methods ever used by the ever user was only 1.7. If the number of methods ever used is related with duration of use, ever use of fewer than two methods by an average ever user may imply that not only the number of ever users is small in Bangladesh but also the duration of use is, in general, short.

5.4.3. Method specific ever use:

In the 1981 CPS, the method having the highest ever use rate was 'safe period' with 16.8 percent of the ever married women reporting that they had used the method (table-5.3). Oral pill had the next highest ever use rate (13.4 percent), followed by withdrawal (7.1 percent), abstinence (6.9 percent), and condom (6.0 percent). The ever use rates for all other methods varied from 0.6 percent (induced abortion/M.R.) to 3.7 percent (tubectomy).

5.5. Trend in ever use:

Table-5.3 also contains method specific ever use rates of the 1979 CPS for comparison. The results of the 1975 BFS could not be included since the required table was not available in its published report.

Excepting vasectomy, there was general increase in ever use rates for all methods between the 1979 CPS and the 1981 CPS. The rate of vasectomy remained almost at the same level in both the surveys: 1979 CPS, 0.9 percent; 1981 CPS, 0.8 percent.

The increase was not only general but also encouraging. For example, except for oral pill, all other modern methods excluding vasectomy,

TABLE - 5.2

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

Number of methods ever used	Number of ever married ever users (Weighted)	Percentage
1	1373	55.4
2	663	26.8
3	279	11.3
4	112	4.5
5	39	1.6
6	6	0.2
7	4	0.2
All	2476	100.0

Mean = 1.7

increased by almost double or even more. The rate for oral pill rose only from 11.0 percent in the 1979 CPS to 13.4 percent in the 1981 CPS.

The increase was even more striking for traditional methods than the modern methods. For example, whereas, only 4.1 percent of ever married women reported using the safe period method in the 1979 CPS, the rate rose to as high as 16.8 percent in the 1981 CPS. However, this might be due to underestimation in the 1979 CPS or possibly overestimation in the 1981 CPS. In view of this, it is suggested that the observed trends for the traditional methods should be treated with some caution.

5.6. Differential in ever use of at least one method:

5.6.1. Marital status:

The percentage of ever married women having ever used at least one family planning method by current marital status is given in table-5.4. There were marked differences in ever use rates between ever married

TABLE -- 5.3

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50
YEARS OF AGE HAVING EVER USED SELECTED
FAMILY PLANNING METHODS, BANGLADESH¹
1979 AND 1981

Method	CPS Year	
	1979 ²	1981
Oral pill	11.0	13.4
Condom	3.4	6.0
IUD	0.8	1.5
Tubectomy	2.3	3.7
Vasectomy	0.9	0.8
Induced abortion/M.R.	0.1	0.6
Injection	0.5	0.9
Vaginal method	0.4	1.5
Abstinence	1.5	6.9
Safe period	4.1	16.8
Withdrawal	0.6	7.1
Other	- ^a	1.6

¹ Comparable data from 1975 BFS (Bangladesh Fertility Survey) were not available.

² Source: CPS - Contraceptive Prevalence Survey, 1979.

^a The ever use rate for 'other' is not provided by 1979 CPS data.

women who were currently married and those who were not. Among ever married women who were not currently married, 19.7 percent had ever used at least one method, while the rate was almost double, 37.3 percent for those who were currently married. The 'not currently married' category included only past users whereas both the past and the current users were in the category, 'currently married'. Another reason contributing to the wide gap in ever use may be that those not currently married were made up of mostly older women who were less exposed to the family planning programme when they were younger.

The difference between the two sub-groups widened further when the analysis was done with modern or more effective methods only. For example, whereas, only 8.4 percent of the ever married women who were not currently married had ever used at least one modern method, the corresponding rate was more than double for those who were currently married. The same was also true for effective methods.

5.6.2. Age:

The likelihood that a Bangladeshi ever married women or her husband has ever tried some form of birth control practice is closely associated with the women's current age. As table-5.4 shows, the percentage of ever married women under 50 years of age who (or whose husband) had ever used at least one family planning method by age group varied significantly, following a distinct pattern which can be represented by an inverted 'U' distribution truncated at the upper end. The percentage was the lowest, 10.7 percent, in the youngest age group of ever married women under 15 years, and rose strikingly with age to a peak at 44.4 - 45.0 percent among those in the age group 25-34 years, the prime segment of the reproductive life (Brass,1975). From the peak, the percentage declined gradually to 38.3 percent among ever married women in the 40-44 year age group and then rapidly to a low of 30.2 percent among those in the oldest age group, 45-49 years.

The above age pattern of ever use also held true when the analysis was done considering only the ever users of either modern or effective

TABLE-5.4

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

Sub-group	No. of ever married women (Weighted)	Used at least one method	Used at least one modern ¹ method	Used at least one ² effective method
<u>Marital status:</u>				
Currently married	6306	37.3	21.7	21.4
Not curretnly married	631	19.7	8.4	8.1
<u>Age group:</u>				
< 15	159	10.7	4.4	3.1
15 - 19	1249	20.8	9.1	9.0
20 - 24	1304	36.2	19.4	19.1
25 - 29	1267	44.4	27.8	27.5
30 - 34	936	45.0	29.0	28.7
35 - 39	733	41.3	26.5	26.2
40 - 44	611	38.3	22.0	21.8
45 - 49	678	30.2	13.3	13.0
All	6937	35.7	20.4	20.2

¹ Modern method: Oral pill, Condom, IUD, Tubectomy, Vasectomy,
Induced abortion/M.R., Injection, Vaginal method.

² Effective method: Includes all modern methods except Vaginal method.

methods. For example, the percentage of ever users of modern methods rose sharply from 4.4 percent among ever married women under 15 years to 27.8 - 29.0 percent among those in the age group, 25-34 years, and then declined to 13.3 percent for those in the oldest age group, 45-49 years.

Lower ever use rates among younger women were possibly due to their desire for more children, since their family size was smaller (tables-3.28 and 3.29), and since there was a strong positive association between family planning use and the number of ever born or living children (tables-5.5 and 5.6). It is therefore somewhat paradoxical that the ever use rate declined from age 34. The reason might be that older women (more than 34 years of age) were more conservative and, hence, less in favour of family planning, or, perhaps, they were less knowledgeable about family planning methods (Sweet Hock, 1968). The other reason attributed to the decline, as pointed out in the 1979 CPS, may be "... given the recency of the organized family planning programme in the country (started generally since 1965), most of these women have had little or no exposure to such programme when they were younger" (NIPORT, 1981).

The 1979 CPS reported a similar age pattern of ever use. The 1975 BFS findings in this regard were also essentially similar except for a slight upward shift in the age at which the ever use rate peaked (NIPORT, 1981; PCFP Division, 1978).

5.6.3. Children ever born:

The percentage of ever married women having ever used at least one family planning method by number of children ever born is shown in table-5.5. Ever use of family planning methods was positively and strongly associated with the number of children ever born up to three. Thereafter, the trend was towards levelling off. Thus, among ever married women with no children ever born, the percentage who had used at least one family planning method was the lowest, 12.5 percent. The rate jumped to 27.7 for those who had one child ever born and to 36.4 percent for those who had two children ever born. The rate still rose, but very slowly, to reach a peak at 45 percent for those who had 5 children ever born. The decline

TABLE - 5.5

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

Sub-group	No. of ever married women (Weighted)	Used at least one method	Used at least one modern ¹ method	Used at least one ² effective method
<u>Children</u> <u>ever born:</u>				
0	906	12.5	5.1	4.6
1	920	27.7	12.6	12.5
2	873	36.4	21.1	21.0
3	759	41.5	23.9	23.2
4	703	42.1	23.6	23.3
5	643	45.0	28.6	28.5
6	595	42.7	26.9	26.4
7	469	44.1	25.8	25.8
8	401	39.9	24.1	23.9
9	258	38.1	21.4	21.0
10	183	40.8	24.9	24.4
11	107	38.2	23.7	23.7
12 +	108	44.9	29.9	29.9
Not stated	10	50.0	40.0	40.0
All	6937 ^a	35.7	20.4	20.2

¹ Modern method: Oral pill, Condom, IUD, Tubectomy, Vasectomy,
Induced abortion/M.R., Injection, Vaginal method.

² Effective method: Includes all modern methods except Vaginal method.

^a Weighted total adds to 6935 instead of 6937 due to rounding
after weighting.

from the peak was both irregular and slow, reaching a low of 38.1 percent. The percentage who had used at least one modern method or more effective method also had the same pattern.

5.6.4. Living children:

The percentage distribution of ever married women having ever used at least one family planning method by the number of living children is shown in table-5.6. Ever use pattern by number of living children was, on the whole, similar to that by number of children ever born. The percentage having ever used at least one method rose sharply from the lowest, 13.4 percent among women with no living children to 39.1 percent for those who had 2 living children and then very slowly to a peak of 46.1 percent for those who had 6 living children. After the peak, the rate decreased to a low of 42 percent for those who had 8 or more children ever born. The same pattern by number of living children was followed for both the modern and the effective method use.

The observed pattern indicates that most of the women who want to use contraceptives do so after they have two living children. The pattern also reveals that women are less likely to use contraception until they have had at least two living children.

5.6.5. Education:

There were significant variations in the proportion of ever married women having ever used at least one family planning method by level of education (table-5.7). Less than one third (about 31 percent) of the women who had never attended school reported that they had ever used at least one family planning method. With increase in educational level, the proportion rose steadily, reaching a high of 92.3 percent among those who had college/university graduation degrees or above. Similarly, the proportion having used at least one modern method rose from 16.2 percent among women who had never attended school to 76.9 percent among those who had college/university graduation degrees or above. The same trend by education also held true for the proportion having ever used at least one effective method.

TABLE - 5.6

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

Sub-group	No. of ever married women (Weighted)	Used at least one method	Used at least one modern method	Used at least one ² effective ² method
<u>Living children:</u>				
0	1069	13.4	5.5	5.1
1	1173	27.4	12.7	12.6
2	1039	39.1	22.1	22.0
3	994	42.4	24.4	23.9
4	828	43.5	27.1	26.8
5	666	45.8	30.1	29.6
6	508	46.1	26.5	26.3
7	341	44.2	27.8	26.9
8	177	42.2	23.5	23.5
9+	143	42.6	28.8	28.8
All	6937 ^a	35.7	20.4	20.2

¹ Modern method: Oral pill, Condom, IUD, Tubectomy, Vasectomy,
Induced abortion/M.R., Injection, Vaginal method.

² Effective method: Includes all modern methods except Vaginal method.

^a Weighted total adds to 6938 instead of 6937 due to rounding
after weighting.

5.6.6. Religion:

In general, non-Muslim ever married women had much higher ever use rates than their Muslim counterparts (table-5.7). Whereas, 45.1 percent of the non-Muslim ever married women had ever used any method (25.9 percent, modern methods and 25.7 percent effective methods), the corresponding figures for Muslim ever married women were lower at 34.2 percent (19.3 percent and 19.3 percent, respectively). Higher use of family planning among non-Muslim than among Muslim was also documented in other national and sub-national level surveys (Hong, 1980).

5.6.7. Employment status:

The percentage of ever married women having ever used at least one family planning method is shown in table-5.7. According to this table, ever use of family planning methods was considerably higher among ever married women who had paid employment than among those who either had unpaid employment or were not employed at all, while there were only slight variations between the two latter categories. For example, whereas nearly 35 percent of the women who were not employed or had unpaid employment had ever used any methods, the rate was at a high of 43.0 percent for those who had paid employment.

5.6.8. Division:

Divisional variations in overall ever use rates are shown in table-5.8. Of the four administrative divisions of the country, there were no pronounced differences among Rajshahi, Khulna and Dhaka. Among these three divisions, the percentage who had ever used any methods ranged from 36.2 percent in Dhaka to 40.5 percent in Rajshahi. Similarly, the rate for modern methods ranged from 21.8 percent to 25.4 percent and that for effective methods from 21.4 percent to 25.1 percent. Rates of ever use in the Chittagong division were considerably lower - 27.6 percent for any method, 11.7 percent for modern methods, and 11.4 percent for effective methods.

TABLE - 5.7

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

Sub-group	No. of ever married women (Weighted)	Used at least one method	Used at least one modern ¹ method	Used at least one ² effective ² method
<u>Educational</u> ³				
<u>level:</u>				
Never attended school	4794	30.6	16.2	16.2
Less than primary level	1202	39.7	23.9	23.5
Completed primary level	472	47.6	31.6	30.7
Class VI-VII	198	58.1	35.8	34.3
Class VIII-IX	148	64.2	37.9	36.5
SSC and HSC	98	80.6	64.5	62.2
Degree and above	13	92.3	76.9	76.9
Not stated	11	54.6	27.3	27.3
<u>Religion:</u>				
Muslim	5989	34.2	19.6	19.3
Non-muslim	948	45.1	25.9	25.7
<u>Employment status:</u> ³				
Paid employment	605	43.0	27.3	26.0
Unpaid employment	176	35.8	17.6	17.6
Not employed	6150	34.9	19.8	19.7
Not stated	5	40.0	20.0	20.0
All	6937	35.7	20.4	20.2

¹ Modern method: Oral pill, Condom, IUD, Tubectomy, Vasectomy, Induced abortion/M.R., Injection, Vaginal method.

² Effective method: Includes all modern methods except Vaginal method.

³ Weighted total for the sub-groups under this category adds to 6936 instead of 6937 due to rounding after weighting.

TABLE - 5.8

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

Sub-group	No. of ever married women (Weighted)	Used at least one method	Used at least one modern ¹ method	Used at least one effective ² method
<u>Division:</u>				
Rajshahi	1602	40.5	25.4	25.1
Khulna	1525	38.7	23.0	22.8
Dhaka	2128	36.2	21.8	21.4
Chittagong	1682	27.6	11.7	11.4
<u>Area:</u>				
Urban	2241 ^a	48.8	36.0	35.5
Rural	6269 ^a	34.3	18.8	18.5
All	6937	35.7	20.4	20.2

¹ Modern method: Oral pill, Condom, IUD, Tubectomy, Vasectomy, Induced Abortion/M.R., Injection, Vaginal method.

² Effective method: Includes all modern methods except vaginal method.

^a Unweighted total.

5.6.9. Urban-rural area:

The percentage of ever married women who had ever used at least one family planning method by urban-rural area is shown in table-5.8. Overall ever use rates of family planning methods were considerably higher among ever married women in urban areas than among those in rural areas. In rural areas, 34.3 percent of the ever married women had ever used any methods, while the rate for the urban areas was 48.8 percent -- a difference of 14.5 points. Differences between the two areas increased further when the ever use rates based on modern or effective methods were considered. For example, the proportion of ever married women having ever used modern methods in urban areas, 36.0 percent, was almost double the rate for the rural areas, 18.8 percent.

5.7. Differentials in ever use of selected modern methods:

Differentials in ever use of selected modern family planning methods are shown in tables-5.9 to 5.13. The findings for each are discussed sequentially in the following sections.

5.7.1. Oral pill:

Oral pill appeared as the most preferred modern method of contraception not only among ever married women as a whole, but also among those in each of the subgroups considered in the current analysis. Greater reliance on oral pill than on any other modern method may be due, in part, to its easier application. The vast majority of family planning field workers being female and non-technical (PCFP Division, 1980), may also be an important factor associated with the popularity of oral pill; female non-technical workers are more likely to distribute the oral pill than other modern methods.

Although, oral pill appeared as the most preferred modern method among ever married women in general, its ever use was strikingly low among women who were past married - only 4.4 percent compared to 14.3 percent among those who were currently married (table-5.9). The difference was consistent with the difference reported earlier in overall use rates between the two subgroups.

Age and number of children were important determinants of oral pill use among ever married women. The percentage by age group of ever users of oral pill was the highest, 17.6 to 20.1 percent among ever married women who were in the age groups, 25-29 to 35-39 years, and that by number of children ever born, 15.0 to 18.3 percent among those who had at least two children ever born (table-5.10). On the contrary, the rate of ever use was 2.5 to 5.9 percent among women under 20 years of age and 2.7 to 8.9 percent among those who had less than two children ever born. The differential by number of living children has the same pattern as that of the differential by children ever born (table-5.11).

The remarkably low use of oral pill among women having fewer than two children may be an indication that they were reluctant to disturb the normal pattern of their reproduction until they had two children. The reluctance may be either due to the fact that they wanted to have at least 2 children as soon as possible or due to the fear of loss of fecundity by use of contraceptives such as oral pills. This is also largely true for the low use among women younger than 20 years of age, since most of them are likely to have fewer than two children.

Educational differentials in the ever use of oral pill were very impressive. Among ever married women who had never attended school, the proportion having ever used oral pill was only 10.1 percent. The rate rose steadily as education increased and reached the highest value, 65.7 percent among those at the highest level of education: 'college/university graduation degrees and above' (table-5.12).

Ever married women who had unpaid employment had a lower use rate (9.7) of oral pill than those who were unemployed (13.2) or had paid employment (16.5). The difference between the two latter sub-groups were, however, not appreciable (table-5.12).

There were almost no variation between Muslim and non-Muslim ever married women. The percentage having ever used oral pill varied slightly from 13.2 percent among ever married women who were Muslim to 14.6 percent among those non-Muslim (table-5.12).

Variations among the four divisions in the ever use of oral pill were generally not very pronounced. The reported ever use rate varied over the narrow range of 13.9 percent to 17.0 percent among the three divisions: Khulna, Rajshahi and Dhaka. But, the rate for Chittagong was strikingly lower - only 7.7 percent (table-5.13).

Urban-rural differentials were very striking: in urban areas, the proportion having ever used oral pill was 25.9 percent, while the rate was even less than half (12.1 percent) for those in the rural areas (table-5.13).

5.7.2. Condom:

Condom was much less ever used than oral pill in every subgroup of ever married women. The only exception to the rule was the highest educational subgroup (Degree and above); in this subgroup, the ever use (60.3 percent) of condom was almost equally high as the ever use (65.7 percent) of oral pill. This finding is interesting, indicating that, where education is high, husbands and wives participate almost equally in the use of family planning.

Patterns of differentials in the ever use of condom were generally similar to those for oral pill. That is, condom was more ever used by women who were currently married than those past married (table-5.9); more by women who were in the 20-34 year age group than those in the younger or older age group (table-5.9); more by women who had 1-5 children ever born than those having no children ever born or more than 5 children ever born (table-5.10); more by women who were more educated than those who were less educated (table-5.12); and more by women living in urban areas than those in rural areas (table-5.13).

Patterns similar to those of oral pill were also evident when ever married women were distinguished on the basis of employment status and on the basis of administrative division. Ever use of condom by employment status was less among ever married women who had unpaid employment than those who had paid employment or who were unemployed (table-5.12); and by division, less among ever married in Chittagong division than those in the other divisions (table-5.13). There was, however, no pronounced variation in the use of the method by religion. (This was also true for oral pill.)

The differentials in the ever use of condom by education and place of residence were particularly striking. Whereas, the rate of ever use of the method was only 3.4 percent for ever married who had never attended school, it rose sharply with every increase in educational level, reaching a high of 60.3 percent for those who were at the highest educational level, degree and above (table-5.12). Similarly, the rate of use rose sharply from 5.2 percent among ever married women in rural areas to 13.5 percent among those in urban areas (table-5.13).

5.7.3. Tubectomy:

As oral pill and condom, tubectomy was much less ever used by formerly married women than by currently married women. Whereas, 4.0 percent of the currently married women had a tubectomy, the figure for those who were past married was only 1.1 percent (table-5.9).

Ever use of tubectomy was high (5.5 - 7.1 percent) among ever married in the 25-39 year age range and was low (less than 2.5 percent) among those under 25 years of age (table-5.9). It was also low among women in the oldest age group. Low levels of tubectomy acceptance among the oldest women might be, among other things, that programme emphasis to promote the method is a recent phenomenon, beginning in the 1970's (PCFP Division, 1978). The rate (4.3 percent) for those in the age group 40-44 years was not, however, very much lower.

Ever married women with less than two living children were unlikely to have accepted tubectomy; fewer than 0.5 percent of these women reported that they were tubectomized. The ever use of the method was high among ever married women who had five to seven children ever born (7.2 to 7.5 percent) and among those who had four to six living children (7.0 to 7.5 percent) (table-5.10 and table-5.11).

Ever use of tubectomy had a curvilinear relationship with education (table-5.12). It increased with education upto class VI-VII and thereafter declined. It was thus found that those with the mid-secondary level of education were more likely to have a tubectomy. Oral pill, condom and vaginal method are preferred more than clinical methods by women above the mid-secondary level of education.

The religious differential in the use of tubectomy was considerable (table-5.12). Non-Muslim women were much more likely to have accepted the method than were Muslim women. The differential ranged from 3.0 percent among Muslim women to a high of 8.3 percent among those who were non-Muslim.

TABLE - 5.9

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

Sub-group	No. of ever married women (Weighted)	Oral pill	Con- dom	IUD	Tu- bec- tomy	Va- sec- tomy	Abor- ¹ tion/ M.R.	In- jec- tion	Vaginal method
<u>Marital status:</u>									
Currently married	6306	14.3	6.3	1.5	4.0	0.8	0.6	0.9	1.6
Currently not married	631	4.4	2.1	1.1	1.1	1.3	0.2	0.5	0.5
<u>Age group:</u>									
< 15	159	2.5	0.6	-	-	-	-	-	1.3
15 - 19	1249	5.9	4.6	0.1	0.3	0.2	-	0.4	0.9
20 - 24	1304	13.3	7.6	0.8	2.4	0.1	0.4	0.5	1.8
25 - 29	1267	20.1	7.9	1.5	5.5	0.6	1.0	1.3	2.8
30 - 34	936	18.4	7.7	1.7	7.1	1.2	1.4	1.6	1.3
35 - 39	733	17.6	5.7	2.1	6.6	1.6	0.6	1.6	1.4
40 - 44	611	12.3	3.6	4.1	4.3	2.5	0.7	0.7	1.2
45 - 49	678	6.9	2.8	2.5	2.4	1.0	0.3	0.4	0.4
All	6937	13.4	6.0	1.5	3.7	0.8	0.6	0.9	1.5

¹ Abortion means induced abortion..

TABLE - 5.10

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

sub-group	No. of ever married women (Weighted)	Oral pill	Con- dom	IUD	Tu- bec- tomy	Va- sec- tomy	Abor ¹ - tion/ M.R.	In- jec- tion	Vaginal method
<u>Children ever born:</u>									
0	906	2.7	2.5	-	-	0.1	0.1	-	0.6
1	920	8.9	6.4	0.3	0.2	0.1	0.1	0.5	0.9
2	873	15.0	7.3	1.0	3.0	0.1	0.8	0.8	2.3
3	759	15.4	7.5	1.2	4.4	1.2	0.7	0.8	3.2
4	703	15.5	7.1	2.0	5.1	1.3	0.6	1.1	2.6
5	643	18.8	8.1	1.6	7.2	0.9	0.9	1.2	0.9
6	595	16.5	5.4	3.4	7.2	0.7	0.8	0.8	1.5
7	469	15.6	4.5	1.7	7.5	2.4	1.1	0.9	0.4
8	401	16.7	5.7	2.2	4.0	1.8	1.0	2.0	1.3
9	258	14.6	4.5	1.8	3.5	0.8	0.1	1.2	1.4
10	183	17.8	5.6	3.1	2.8	0.5	0.5	1.7	2.3
11	107	15.7	5.5	4.6	3.6	1.9	1.2	1.8	-
12+	108	18.3	4.8	3.6	4.3	1.9	1.2	1.2	-
Not stated	10	10.0	-	10.0	10.0	-	-	-	-
All	6937 ^a	13.4	6.0	1.5	3.7	0.8	0.6	0.9	1.5

¹ Abortion means induced abortion.

^a Weighted total adds to 6935 instead of 6937 due to rounding after weighting.

TABLE - 5.11

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

Sub-group	No. of ever married women (Weighted)	Oral pill	Con- dom	IUD	Tu- bec- tomy	Va- sec- tomy	Abor- tion/ M.R.	In- jec- tion	Vaginal method
Living children:									
0	1069	3.1	2.4	-	-	0.1	0.1	-	0.6
1	1173	8.8	5.9	0.6	0.5	0.2	0.1	0.6	1.0
2	1039	15.6	7.1	0.9	3.1	1.1	0.8	0.7	2.3
3	994	15.4	7.4	1.4	5.1	0.8	0.6	0.9	2.4
4	828	17.9	7.0	2.4	7.0	1.1	1.2	1.2	1.7
5	666	18.3	7.9	3.0	7.5	1.4	0.9	1.8	1.8
6	508	16.3	5.2	2.9	7.1	1.4	1.2	1.0	0.6
7	341	19.1	4.1	2.6	5.1	1.6	0.2	1.8	1.2
8	177	17.1	6.3	3.2	2.7	0.6	0.2	1.6	1.7
9 +	143	22.2	6.2	2.4	2.9	0.7	1.8	1.3	2.3
All	6937 ^a	13.4	6.0	1.5	3.7	0.8	0.6	0.9	1.5

¹ Abortion means induced abortion.

^a Weighted total adds to 6938 instead of 6937 due to rounding after weighting.

Tubectomy was more ever used by ever married women who had unpaid employment than by those who had paid employment, or were unemployed, while the reverse was true for oral pill and condom (table-5.12). There was, however, no difference in the use of tubectomy between the two latter categories.

Among divisions, the ever use rate for tubectomy was higher in Khulna and Dhaka than in Rajshahi and Chittagong. Chittagong division was lowest at 1.7 percent and Dhaka, highest at 5.5 percent.

Ever use of tubectomy was higher in urban areas (5.7 percent) than in rural areas (3.5 percent); but the difference was not very appreciable compared to the large difference in the overall use rate between the two areas.

TABLE - 5.12

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

Sub-group	No. of ever married women (Weighted)	Oral pill	Con- dom	IUD	Tu- bec- tomy	Va- sec- tomy	Abor ¹ tion/ M.R.	In- jec- tion	Vaginal method
<u>Educational²</u> <u>level:</u>									
Never attended school	4794	10.1	3.4	1.3	3.8	0.9	0.3	0.7	0.5
Less than primary level	1202	17.2	7.2	1.8	3.3	0.6	0.5	1.2	2.2
Completed primary level	472	19.7	13.4	1.5	4.5	0.6	1.1	0.6	3.4
Class VI-VII	198	23.2	15.2	2.0	5.1	0.5	1.5	2.5	7.1
Class VIII-IX	148	26.4	16.9	3.4	3.4	0.2	2.7	1.4	6.1
SSC and HSC	98	50.0	37.8	5.1	2.0	-	6.1	3.1	14.3
Degree and above	13	65.7	60.3	2.3	2.3	-	4.6	-	6.8
Not stated	11	25.0	8.3	-	-	-	-	-	-
<u>Religion:</u>									
Muslim	5989	13.2	6.1	1.3	3.0	0.8	0.6	0.7	1.6
Non-muslim	948	14.6	5.0	3.0	8.3	0.7	0.5	1.9	1.3
<u>Employment²</u> <u>status:</u>									
Paid employment	605	16.5	8.6	3.1	3.8	3.3	1.3	1.2	2.1
Unpaid employment	176	9.7	2.3	1.1	5.7	2.8	-	0.6	0.6
Not employed	6150	13.2	5.8	1.3	3.7	0.5	0.5	0.9	1.5
Not stated	5	20.0	1.0	-	-	-	-	-	-
All	6937	13.4	6.0	1.5	3.7	0.8	0.6	0.9	1.5

¹ Abortion means induced abortion.

² Weighted total for the sub-groups under this category adds to 6936 instead of 6937 due to rounding after weighting.

TABLE - 5.13

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

Sub-group	No. of ever married women (Weighted)	Oral pill	Con- dom	IUD	Tu- bec- tomy	Va- sec- tomy	Abor ¹ - tion/ M.R.	In- jec- tion	Vaginal method
<u>Division:</u>									
Rajshahi	1602	17.0	8.2	2.4	2.8	0.9	0.7	0.9	1.8
Khulna	1525	15.3	7.2	1.1	4.6	1.0	0.8	0.6	2.0
Dhaka	2128	13.9	5.8	1.3	5.5	0.9	0.6	0.9	1.1
Chittagong	1682	7.7	2.9	1.2	1.7	0.4	0.3	1.1	1.4
<u>Area</u>									
Urban	2241 ^a	25.9	13.5	3.0	5.7	0.2	2.1	2.8	3.6
Rural	6269 ^a	12.1	5.2	1.3	3.5	0.9	0.4	0.7	1.3
All	6937	13.4	6.0	1.5	3.7	0.8	0.6	0.9	1.5

¹ Abortion means induced abortion.

^a Unweighted total.

5.7.4. Other modern methods:

The ever use of other modern methods (vasectomy, IUDs, injection, and vaginal methods) were, in general, very low among ever married women in every subgroup considered. The differentials of these methods were, therefore, not meaningful to draw valid conclusions concerning their use pattern. Nevertheless, it was evident that vasectomy and IUDs had the similar use pattern by age, by number of children ever born and by number of living children as had tubectomy, while injection, M.R./abortion and vaginal method had the similar use pattern by age, by number of children ever born and by number of living children as had oral pill/condom. Except for the IUD, the similarities are obvious, since vasectomy is a method used to limit child births as are tubectomy, while injection, M.R./abortion and vaginal methods are used to space births as are oral pill and condom.

The IUD is a semi-permanent method that can be used by both those who wish to limit and to space births. But, its similarity with tubectomy with respect to the use pattern by age, by number of living children and by number of ever born children, suggests that it was preferred mostly for purposes of limiting rather than spacing child births. That is, it was used more by older women and by those who had larger family size. However, relatively higher ever use of the IUD among older women, particularly among those 35 years of age or more may be partly attributed to the special programme emphasis placed on this method in the late 1960's (TREC, 1969) and shifting of that emphasis to other methods such as tubectomy in the subsequent years.

5.8. Differentials in ever use of selected traditional methods:

Differentials in ever use of selected traditional family planning methods are shown in tables-5.14 to 5.18.

The age patterns of ever use of safe period and withdrawal are similar to those for oral pill and condom. That is, the proportion who had ever used safe period or withdrawal rose with age, reached a peak, and then declined (table-5.14). Variations after 20 years of age in the ever use of safe period, were, however, not very pronounced. The age pattern for abstinence had somewhat erratic fluctuations. If the erratic fluctuations are ignored, it is evident that the ever use of abstinence was higher among women who were older than among those who were younger. This pattern is expected, since abstinence is a method of limiting fertility through reduction in coital frequency (Thomlinson, 1965). It is well established that coital frequency decreases as age increases. As such, older women are more likely to practice abstinence than younger women.

Ever use of traditional methods was considerably lower among ever married women who had no children ever born. For example, the percentage of ever users of the safe period method was the lowest, 6.1 percent, among women with no children ever born, while it rose to 14.5 percent for those with one child ever born (table-5.15).

Variations by number of children ever born in the ever use of safe period among ever married women having 2 or more children ever born, were generally not important (table-5.15). The ever use of withdrawal was, however, considerably lower among women having 8 or more children ever born than those who had 1-7 children ever born.

The abstinence method had an irregular pattern by number of children ever born (table-5.15). However, its pattern by number of living children was very distinct, showing clearly that its use rate increased consistently as the number of living children increased (table-5.16). The positive relationship of abstinence with the number of living children may be explained in terms of its relationship with age, since women having more children are also likely to be older.

The differentials in the ever use of safe period and withdrawal by number of living children were similar to those by the number of children ever born discussed above.

Ever use of any traditional method was positively and strongly associated with education (table-5.17). That is, more educated women were more likely to have ever used these methods than less educated women. For example, while the proportion having ever used safe period was 14.5 percent among women who had never attended school, it rose to a high of 53.9 percent for those in the highest category of education, 'degree or above'.

As with most of the modern methods, traditional methods were ever used more by non-Muslim women than by Muslim; more by women who had paid employment than by those who had unpaid employment or were unemployed; and more by women in urban areas than by those in rural areas. There were, however, no noteworthy variations among the four divisions. (Tables-5.17 and 5.18.)

There were some contrasts between use of withdrawal method and abstinence method. The withdrawal method was more ever used than the abstinence method among women who had ever attended school, those who were

TABLE - 5.14

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

Sub-group	No. of ever married women (Weighted)	Absti- nence	Safe period	With - drawal	Other
<u>Marital status:</u>					
Currently married	6306	7.2	17.3	7.5	1.8
Currently not married	631	3.8	12.2	3.5	0.2
<u>Age group:</u>					
<u>/</u> 15	159	2.5	2.5	3.1	-
15 - 19	1249	3.4	11.3	5.4	0.2
20 - 24	1304	7.1	17.2	9.9	0.8
25 - 29	1267	6.3	21.6	9.8	2.1
30 - 34	936	9.2	19.6	8.2	3.3
35 - 39	733	7.5	18.7	5.1	2.6
40 - 44	611	10.3	15.4	4.3	2.1
45 - 49	678	8.4	16.8	4.1	1.0
All	6937	6.9	16.8	7.1	1.6

TABLE - 5.15

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

Sub-group	No. of ever married women (Weighted)	Absti- nence	Safe period	With- drawal	Other
<u>Children ever born:</u>					
0	906	1.4	6.1	3.9	0.1
1	920	5.2	14.5	7.9	0.3
2	873	6.5	18.4	9.3	0.7
3	759	6.6	18.7	9.8	1.3
4	703	7.4	21.8	9.9	1.6
5	643	6.8	19.0	7.6	3.0
6	595	8.7	18.5	6.9	2.5
7	469	13.2	21.3	6.0	3.8
8	401	8.7	18.0	4.5	2.2
9	258	10.8	17.6	5.5	2.8
10	183	8.0	18.6	2.1	3.8
11	107	8.3	16.0	2.1	2.7
12 +	108	12.5	20.0	7.7	3.7
Not stated	10	10.0	20.0	-	-
All	6937 ^a	6.9	16.8	7.1	1.6

^a Weighted total adds to 6935 instead of 6937 due to rounding after weighting.

TABLE - 5.16

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

Sub-group	No. of ever married women (Weighted)	Absti- nence	Safe period	With- drawal	Other
<u>Living children:</u>					
0	1069	1.6	6.7	3.8	0.1
1	1173	5.5	14.8	7.3	0.3
2	1039	6.6	18.5	9.4	1.0
3	994	7.8	20.3	9.0	1.6
4	828	7.9	19.9	7.6	2.1
5	666	8.9	20.2	7.0	4.9
6	508	10.0	22.3	8.5	6.9
7	341	12.3	15.6	3.4	6.7
8	177	12.3	20.6	4.0	5.0
9 +	143	10.6	16.6	5.8	9.2
All	6937 ^a	6.9	16.8	7.1	1.6

^a Weighted total adds to 6938 instead of 6937 due to rounding after weighting.

TABLE - 5.17

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

Sub-group	No. of ever married women (Weighted)	Abstinence	Safe period	Withdrawal	Other
<u>Educational¹ level:</u>					
Never attended school	4794	6.6	14.5	4.6	1.4
Less than primary level	1202	7.3	18.6	8.8	2.2
Completed primary level	472	7.4	22.9	12.1	1.9
Class VI-VII	198	8.6	27.8	22.2	2.5
Class VIII-IX	148	6.8	29.1	22.3	2.0
SSC and HSC	98	10.2	37.8	28.6	1.0
Degree and above	13	15.4	53.9	30.8	-
Not stated	11	-	16.7	8.3	8.3
<u>Religion:</u>					
Muslim	5989	6.4	16.1	6.7	1.7
Non-muslim	948	10.0	21.4	9.9	1.0
<u>Employment status:¹</u>					
Paid employment	605	11.4	21.7	9.3	2.0
Unpaid employment	176	8.0	18.8	5.1	-
Not employed	6150	6.4	16.3	6.9	1.6
Not stated	5	20.0	20.0	-	-
All	6937	6.9	16.8	7.1	1.6

¹ Weighted total for the sub-groups under this category adds to 6936 instead of 6937 due to rounding after weighting.

TABLE - 5.18

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

Sub-group	No. of ever married women (Weighted)	Absti- nence	Safe period	With- drawal	Other
<u>Division:</u>					
Rajshahi	1602	8.8	19.4	7.4	2.3
Khulna	1525	7.8	17.3	7.2	2.0
Dhaka	2128	5.4	16.8	7.3	1.8
Chittagong	1682	6.2	14.1	6.5	0.4
<u>Area</u>					
Urban	2241 ^a	7.5	20.1	9.6	1.7
Rural	6269 ^a	6.9	16.5	6.8	1.6
All	6937	6.9	16.8	7.1	1.6

^a Unweighted total.

under 30 years of age and those who had less than 6 children ever born or who had less than 4 living children. In contrast, the abstinence method was more ever used than the withdrawal method among women who were 30 years of age or more; those who had 6 or more children ever born and those who had 4 or more living children.

5.9. Differentials in the number of methods ever used:

Differentials in the number of methods ever used by ever users are shown in tables from 5.19 and 5.23. The mean number of methods ever used by ever users were very small. Consequently, there were few differentials found with regard to this variable. Nevertheless, it was evident that differentials for the mean number of methods ever used by ever users had similar patterns as had the overall ever use rate. That is, ever users were likely to have ever used more methods where the overall ever use rate was higher than where the overall ever use rate was lower.

TABLE - 5.19

PERCENTAGE DISTRIBUTION¹ OF NUMBER OF FAMILY PLANNING
METHODS EVER USED BY EVER MARRIED WOMEN UNDER
50 YEARS OF AGE WHO HAVE EVER USED FAMILY
PLANNING BY CURRENT MARITAL
STATUS AND BY AGE GROUP

Sub-group	No. of ever married ever users (Weighted)	Number of methods ever used							Mean	
		1	2	3	4	5	6	7		
<u>Marital status²:</u>										
Currently married	2350	55.1	26.7	11.6	4.6	1.6	0.3	0.1	1.7	
Not currently married	125	61.2	29.3	4.6	3.1	1.0	-	0.8	1.6	
<u>Age group:</u>										
/ 15	17	82.4	17.6	-	-	-	-	-	1.2	
15 - 19	260	59.5	26.2	10.8	3.1	0.4	-	-	1.6	
20 - 24	472	55.9	26.5	11.0	4.7	1.5	0.2	0.2	1.7	
25 - 29	563	53.2	25.4	12.1	6.2	2.5	0.2	0.4	1.8	
30 - 34	422	51.6	28.7	12.1	4.5	2.6	0.4	0.1	1.8	
35 - 39	303	51.5	31.7	10.2	5.0	1.3	0.3	-	1.7	
40 - 44	234	62.0	21.8	11.1	4.3	0.4	0.4	-	1.6	
45 - 49	205	59.5	27.3	11.2	1.5	0.5	-	-	1.6	
All	2476	55.4	26.8	11.3	4.5	1.6	0.2	0.2	1.7	

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

² Weighted total for the sub-groups under this category adds to 2475 instead of 2476 due to rounding after weighting.

TABLE - 5.20

PERCENTAGE DISTRIBUTION¹ OF NUMBER OF FAMILY PLANNING
METHODS EVER USED BY EVER MARRIED WOMEN UNDER
50 YEARS OF AGE WHO HAVE EVER USED
FAMILY PLANNING BY NUMBER
OF CHILDREN EVER BORN

Sub-group	No. of ever married ever users: (Weighted)	Number of methods ever used							Mean
		1	2	3	4	5	6	7	
<u>Children ever born:</u>									
0	113	68.1	24.8	5.3	0.9	0.9	-	-	1.4
1	255	58.0	25.5	11.0	5.1	0.4	-	-	1.6
2	318	51.9	27.3	12.9	5.7	2.2	-	-	1.8
3	315	58.4	23.8	10.2	4.1	2.3	0.6	0.6	1.7
4	296	51.7	27.7	12.5	4.7	2.7	-	0.7	1.8
5	289	56.4	27.6	9.0	4.8	2.0	0.3	-	1.7
6	254	53.1	29.1	12.6	3.9	1.3	-	-	1.7
7	208	49.5	31.7	12.0	5.8	1.0	-	-	1.8
8	160	57.1	23.3	13.8	3.8	1.4	0.6	-	1.7
9	98	59.4	25.1	8.2	4.3	2.0	1.0	-	1.7
10	75	60.3	22.6	10.2	6.9	-	-	-	1.6
11	41	48.8	38.6	11.2	0.7	0.7	-	-	1.7
12 +	49	52.5	22.9	20.5	4.1	-	-	-	1.8
Not stated	5	80.0	20.0	-	-	-	-	-	1.2
All	2476	55.4	26.8	11.3	4.5	1.6	0.2	0.2	1.7

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

TABLE - 5.21

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

Sub-group	No. of ever married ever users (Weighted)	Number of methods ever used							Mean
		1	2	3	4	5	6	7	
<u>Living children:</u>									
0	143	67.1	25.9	5.6	0.7	0.7	-	-	1.4
1	321	58.3	23.7	11.5	5.6	0.9	-	-	1.7
2	406	54.9	28.1	10.8	4.2	1.8	0.2	-	1.7
3	421	56.8	24.9	11.1	4.8	1.7	0.2	0.5	1.7
4	360	51.9	29.4	11.4	4.5	1.9	0.3	0.6	1.8
5	305	52.3	28.7	11.0	4.6	2.9	0.5	-	1.8
6	234	54.5	22.8	18.1	3.7	0.5	0.4	-	1.7
7	151	55.0	30.6	9.8	4.0	0.6	-	-	1.6
8	75	57.1	24.1	7.0	10.1	1.7	-	-	1.8
9 +	61	47.2	33.5	11.8	5.9	1.6	-	-	1.8
All	2476 ^a	55.4	26.8	11.3	4.5	1.6	0.2	0.2	1.7

^a Weighted total adds to 2477 instead of 2476 due to rounding after weighting.

5.10. Summary:

Nearly 36 percent of the ever married women in the 1981 CPS reported that they had ever used at least one method, 20.4 percent at least one modern method. In the 1975 BFS, the proportion having ever used at least one method was 13.6 percent and in the 1979 CPS, 19.6 percent. The 1981 CPS results, thus, reveal that there was considerable improvement in the level of family planning ever use since 1975, particularly since 1979. The increase in the ever use rate of effective methods (oral pill, condom, IUDs, tubectomy, vasectomy, M.R./induced abortion and injection) was, however, not impressive; the rate of effective methods was 15.8 percent in the 1979 CPS, while it rose to a high of 20.2 percent only in the 1981 CPS.

TABLE - 5.22

PERCENTAGE DISTRIBUTION¹ OF NUMBER OF FAMILY PLANNING
METHODS EVER USED BY EVER MARRIED WOMEN UNDER
50 YEARS OF AGE WHO HAVE EVER USED FAMILY
PLANNING BY EDUCATION BY RELIGION
AND BY EMPLOYMENT STATUS

Sub-group	No. of ever married ever users (Weighted)	Number of methods ever used							Mean
		1	2	3	4	5	6	7	
<u>Educational level:</u>									
Never attended school	1467	60.6	25.9	9.6	2.6	1.0	0.3	-	1.6
Less than primary level	478	52.5	27.5	12.3	5.3	1.9	0.1	0.4	1.8
Completed primary level	224	49.9	26.3	13.0	9.4	0.9	-	0.5	1.9
Class VI-VII	115	36.5	33.9	20.0	7.8	1.8	.	-	2.0
Class VIII-IX	95	48.4	31.6	11.6	4.2	4.2	-	-	1.8
SSC and HSC	79	34.2	24.1	15.2	17.6	7.6	1.3	-	2.4
Degree and above	12	12.3	41.1	29.4	4.9	7.3	2.5	2.5	2.7
Not stated	6	83.3	-	16.7	-	-	-	-	1.3
<u>Religion:</u>									
Muslim	2048	55.9	26.1	11.4	4.7	1.5	0.3	0.1	1.7
Non-muslim	428	53.3	30.1	10.7	3.5	1.9	-	0.5	1.7
<u>Employment status²:</u>									
Paid employment	261	43.7	31.0	14.9	6.5	3.1	0.4	0.4	2.0
Unpaid employment	63	64.7	25.5	5.7	2.5	1.6	-	-	1.5
Not employed	2149	56.6	26.3	11.0	4.3	1.4	0.2	0.1	1.7
Not stated	2	50.0	50.0	-	-	-	-	-	1.5
All	2476	55.4	26.8	11.3	4.5	1.6	0.2	0.2	1.7

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

² Weighted total for the sub-groups under this category adds to 2475 instead of 2476 due to rounding after weighting.

TABLE - 5.23

PERCENTAGE DISTRIBUTION¹ OF NUMBER OF FAMILY PLANNING METHODS EVER USED BY EVER MARRIED WOMEN UNDER 50 YEARS OF AGE WHO HAVE EVER USED FAMILY PLANNING BY DIVISION AND BY URBAN-RURAL AREA

Sub-group	No. of ever married ever users (Weighted)	Number of methods ever used							Mean
		1	2	3	4	5	6	7	
<u>Division:</u>									
Rajshahi	649	50.7	29.0	13.7	4.6	1.8	0.3	-	1.8
Khulna	591	53.6	28.2	12.2	3.9	1.7	0.2	0.2	1.7
Dhaka	771	56.7	25.5	10.1	5.7	1.4	0.3	0.3	1.7
Chittagong	465	62.4	24.1	8.8	3.2	1.3	-	0.2	1.6
<u>Area:</u>									
Urban	1093 ^a	46.6	25.4	15.0	8.0	3.1	0.6	0.3	2.0
Rural	2150 ^a	56.8	26.8	10.7	4.0	1.4	0.2	0.1	1.7
All	2476	55.4	26.8	11.3	4.5	1.6	0.2	0.2	1.7

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

^a Unweighted total.

Although, there was considerable improvement over the period 1975-1981, the overall ever use rate remained still at a low level with as many as 64 percent of the ever married women having never used a family planning method and 80 percent, a modern method or effective method.

The number of methods ever used by ever users was, in general, very small. The mean number of methods tried by ever users was only 1.7 with 82.2 percent of them having tried no more than 2 methods.

The method having the highest ever use rate was safe period (16.8 percent), followed by oral pill (13.4 percent), withdrawal (7.1 percent), abstinence (6.9 percent) and condom (6.0 percent). The ever use rates for all other methods varied from 0.6 percent (induced abortion/M.R.) to 3.7 percent (tubectomy).

Although, traditional methods were much less known than modern methods, the average contribution made towards the overall ever use rate by traditional methods was relatively larger than by modern methods. For example, whereas the eight modern methods contributed 20.4 percentage points to the ever use rate, the four traditional methods contributed 15 percentage points. Interestingly, the knowledge - ever use gap for the safe period method was from 36.5 percent to 16.8 percent while the gap for oral pill was from 94.5 percent to 13.4 percent. This finding tends to suggest that knowledge of traditional methods among the ever married women was more meaningful than that of modern methods.

Ever use rates differed by marital status, age, number of children ever born, number of living children, education, religion, employment status, place of residence. The general pattern was that the ever use rate was higher among currently married women than those past married, higher among women in the 25-34 year age group than those who were in the younger or older age group, higher among women having 2 or more children(ever born or living) than those having fewer than two children; higher among more educated women than those less educated; higher among women who had paid employment than those who had unpaid employment or were unemployed; higher among women in urban areas than in rural areas. Among the divisions, the rate of ever use was lowest in Chittagong, while there were almost no variations among the other three divisions(Rajshahi, Khulna and Dhaka).

There were some deviations from the general pattern, however. For example, tubectomy, vasectomy, and the IUD were used more often by older women and by those who had larger family size. This deviation is expected, since older women or those having larger family size are more likely to choose fertility limitation. It was also observed that tubectomy and vasectomy are less used by women educated above the mid-secondary level and by those who had paid employment. Urban-rural differences in the ever use rate of these methods were also not so striking as were those for other modern methods.

CHAPTER - 6

CURRENT USE OF FAMILY PLANNING METHODS

6.1. Introduction:

Measuring current prevalence (use) rates of contraception among Bangladeshi couples and, thereby, the current level of achievement of the country's family planning programme was the major purpose of the 1981 CPS. In this survey, current use was defined as the 'now using' of a method. That is, any respondent reporting that 'I am now using a family planning method' at the time of interview was considered to be currently using family planning, and was, as such, taken as a current user. This definition of current use conforms to those adopted in the 1975 BFS (PCFP Division, 1978) and the 1979 CPS (NIPORT, 1981).

Two questions were used to obtain information about current use from the respondents. These were:

- (i) "Are you or is your husband now using any family planning method"? and (if yes)
- (ii) "Which method are you (or is your husband) now using"?

No other data were collected or questions asked to judge the validity of the responses.

In Bangladesh, as in other Asian countries, sexual activity is socially permissible within wedlock -- i.e., between husbands and wives (Shahidullah, 1979). Therefore, respondents not currently married (widowed, divorced or separated) were not considered sexually active and, hence, were not considered to be exposed to the risk of pregnancy at the time they were interviewed. The respondents who could use contraception at the time of interview and, thereby, exert an influence on fertility were those who were currently married and non-pregnant. Thus, only currently married and non-pregnant respondents were asked the questions about current use. Except for one difference, this approach of collecting current use data was also followed in the 1979 CPS. The difference was that in the 1979 CPS, women

who reported having no knowledge of any family planning method were also excluded from asking the questions, while in the 1981 CPS, they were not. This change was introduced in the 1981 CPS so that erroneous responses given to, or recorded for the knowledge questions would not disturb the collection of accurate current use data.

6.2. Levels of use:

6.2.i. Overall level:

Total and method specific current use rates of family planning computed as percentage of the currently married women under 50 years of age, are shown in table-6.1. Of the currently married women, 16.0 percent were reportedly using family planning at the time of the interview. This rate of current use is impressively high - compared to 12.7 percent reported in the 1979 CPS and 7.7 percent in the 1975 BFS. The 1981 CPS, thus, revealed that there was a striking rise in overall family planning use between 1979 and 1981.

Method specific rates show that 10.9 percent of the currently married women were using modern contraceptives and 7.7 percent depended on traditional methods. In the 1979 CPS, 8.9 percent of currently married women were found to be using modern contraceptives. Family planning based on modern contraceptives was not, therefore, that much higher in the 1981 CPS than in the 1979. Consequently, the striking rise in the overall use shown between 1979 and 1981 was rather due to more reported use of traditional methods than modern methods.

The percentage of traditional method users was 40 percent of all users in the 1975 BFS. This figure is in close agreement with the percentage of traditional method users found in the 1981 CPS (41 percent). The relatively high use of traditional methods by the 1981 CPS sample population was therefore not an inconsistent finding. However, the 1979 CPS obtained a lower proportion of traditional method users - only 25 percent. There are no data to examine this discrepancy between the 1979 CPS on one hand and the 1975 BFS and 1981 CPS on the other. Nevertheless the close agreement

with the results of the 1975 BFS suggests that the higher rate of traditional method use in the 1981 CPS was not implausible.

Some believe that traditional methods do not have any appreciable effect on fertility. The widespread use of traditional methods does indicate, however, that there is a large segment of the population with a desire to limit fertility that is in need of effective family planning. The findings also suggest that the programme should give some attention to disseminating current information about traditional methods so that these methods can be used more effectively by those who prefer them to modern methods.

6.2.2. Method specific level:

The methods having the highest prevalence rates in the 1981 CPS were tubectomy (female sterilization), safe period (rhythm) and oral pill. Tubectomy and safe period were almost equally used, while oral pill had a slightly lower rate. As can be seen from table-6.1, tubectomy was accepted by 4.0 percent of the currently married women, safe period by 3.9 percent, and oral pill by 3.5 percent.

Highest uses of oral pill and tubectomy have been reported among many populations and this appears to be the general rule throughout the world, particularly in developing countries having organized family planning programmes (Special Topics, 1981; Koh and Hahm, 1981; Suvanajata and Kamnuansilpa, 1979). Likewise, their high levels of use by the population in Bangladesh has also been consistently observed in the 1975 BFS and in the 1979 CPS. The use of tubectomy was, however, considerably lower in the 1975 BFS; this might be due to the fact that facilities to perform tubectomy operations were very limited then. The reported levels of use of both oral pill and tubectomy in the 1981 CPS were, therefore, not unexpected, re-emphasizing their importance for the success of the family planning programme in Bangladesh as well.

The high use of the safe period method is noteworthy, however. This has also been observed in the other two surveys - the 1975 BFS and the

TABLE - 6.1

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

Contraceptive status	No. of currently married women (Weighted) ¹	Percentage
Modern methods (total)	688	10.9 ^a
Ora! pill	221	3.5
Condom	99	1.6
IUD	23	0.4
Tubectomy	251	4.0
Vasectomy	50	0.8
Injection	27	0.4
Vaginal method	18	0.3
Traditional methods (total)	486	7.7 ^a
Abstinence	78	1.2
Safe period	246	3.9
Withdrawal	115	1.8
Other	47	0.7
Any method	1174	18.6
No method	5132	81.4
Total	6306	100.0

¹ Weighted total adds to 689 instead of 688 for modern methods. In consequence, the weighted sum of all individual method users (including no method users) comes to 6307 instead of 6306. The differences are due to rounding after weighting.

^a The given total rate both for modern methods and traditional methods has been computed directly from the actual number of users. The sum of the individual rates for modern methods is 11.0 instead of 10.9 and that for traditional methods is 7.6 instead of 7.7 because of rounding error.

1979 CPS. The 1981 CPS result was, hence, a re-confirmation that this method can play a vital role in the family planning programme in this country, if, of course, it is properly used and promoted by programme personnel who are well trained and knowledgeable about it.

The next most widely used methods were withdrawal (1.8 percent), condom (1.6 percent), and abstinence (1.2 percent). None of these methods had, however, a prevalence rate which exceeded 2 percent. All other methods including IUD -- once the principal device advocated by the family planning programme (PCFP Division, 1978) -- had lower levels of usage, varying from 0.3 percent for vaginal method to 0.8 percent for vasectomy (male sterilization).

The higher incidence of female sterilization than male sterilization is a recent phenomenon first detected in the 1979 CPS. Previously, more women reported sterilization of their husbands than of themselves. For example, in the 1975 BFS, 0.6 percent of exposed women reported that their husbands were sterilized compared with 0.4 percent saying that they were themselves sterilized (PCFP Division, 1978).

The 1981 CPS documented not only a lower prevalence rate of male sterilization than of female sterilization, but also a widening gap between the two methods. There may be more than one explanation for such a situation. First, since 1975, there has been a considerable extension of service facilities for performing tubectomy operations, to which now a larger proportion of potential tubectomy clients have had easy accessibility. Secondly, limiting fertility may still be perceived as a responsibility which lies mainly with females because females have a greater role in childrearing. At the same time, female status is much lower in this male dominated traditional society. Thirdly, as the vast majority of family planning field-workers are female (PCFP Division, 1980), this may also be a factor contributing to the widening gap between the two methods -- i.e., female field-workers would tend to recruit more female acceptors than male acceptors. The resultant switch from male to female sterilization is unfortunate in some ways, as vasectomy is a much easier operation to perform.

The rate for effective methods in the 1979 CPS was by definition, identical with the rate for efficient methods in the 1975 BFS. These two rates were calculated by excluding 'Foam or Vaginal method' as an effective (or efficient) method as well as traditional methods of contraception. The rate for modern methods was, therefore, not directly comparable with the rate for effective (or efficient) methods, since the former includes foam or vaginal method. But the difference between the two rates were very negligible in the 1981 CPS, suggesting that reported use of modern contraceptive usage accounted mostly for effective or efficient methods as labelled in 1979 CPS and the 1975 BFS.

6.3. Service statistics rates(1981):

Table-6.2 contains current contraceptive use rates computed for the year 1981 from the service statistics system, another FP-MIS data source

TABLE - 6.2

COMPARISON OF 1981 CPS CURRENT USE RATES OF MODERN FP
METHODS FOR RURAL AREAS WITH THOSE DERIVED FROM
SERVICE STATISTICS DATA FOR THE YEAR¹
1981

Methods ²	1981 CPS Rates (Rural Rates)	Service Statistics Rates ³
Oral pill	3.0	3.5
Condom	1.3	1.7
I U D	0.3	0.3
Tubectomy	3.7	2.6
Vasectomy	0.9	0.7
T o t a l	9.2	8.8

¹ Source: Service Statistics Computer Printout for the year, 1981, (MIS, 1982^a).

² Rates of other modern methods such as injection, vaginal method could not be derived because of estimation problems. Service Statistics data do not cover the use of traditional methods, hence their rates could also not be obtained from this data source. Because of this reason, the comparison had to be limited to modern methods only.

³ Rates were based on reported use status of 59,775 couples during their last contact with the family planning field workers.

described in section-2.1 of chapter-2 of this report, together with their comparable (rural) rates obtained in the 1981 CPS.

The service statistics rates were based on the data collected from January, 1981 - December, 1981; they, therefore, refer, on average, to the contraceptive use situation that was prevailing during Mid-1981. The 1981 CPS data were collected over the period May, 1981 - August, 1981 and, therefore, its rates refer, on average, to the same situation. In this respect, both the service statistics and CPS rates are directly comparable. Besides, both the sets are based on currently married women used as a denominator.

The service statistics system is limited to the rural areas and it collects contraceptive use data relating to modern methods only. Rates for the national population and for traditional methods cannot be obtained from this system. There is another limitation of the system: its data are not maintained in manner convenient for computing current use rates for injection and vaginal method (MIS, 1982^a). Thus, the service statistics rates given in table-6.2 are comprised of only the rural current use rates for the following methods: oral pill, condom, IUD, tubectomy and vasectomy.

Except for tubectomy, service statistics rates and their comparable (rural) CPS rates were almost identical. They did vary only narrowly from 3.0 percent (CPS rates) to 3.5 percent (Service Statistics rates) for oral pill, 1.3 percent to 1.7 percent for condom and 0.9 percent to 0.7 percent for vasectomy, while there was no variation at all in the proportion (0.3 percent) for the IUD. The notable difference found in the case of tubectomy was also not very large, ranging from 3.7 percent in CPS rates to 2.6 percent in service statistics rates.

The overall rate for the comparing methods (oral pill, condom, the IUD, vasectomy and tubectomy) for the rural area was 9.2 percent according to 1981 CPS rates, while was it 8.8 percent according to service statistics rates. The close agreement between the two sets of rates reassures that the 1981 CPS data were reliable.

6.4. Performance statistics rates(1981):

Table-6.3 contains current use rates computed for the year 1981 from contraceptive performance statistics obtained from Monthly Contraceptive Performance Reports (MIS,1981) sent each month by District Population Control offices to MIS Unit. Contraceptive Performance Statistics for a month include: number of persons sterilized during the month; number of IUDs inserted; the number of condoms, oral pills and foam tablets distributed; number of doses of injection given and number of M.R. cases done. The methods of computing current use rates from these statistics are not described here. They have been elaborately explained in Wishik and Chen (1973), while the specific approaches followed in deriving the rates given in table-6.3 can be

TABLE - 6.3

COMPARISON OF 1981 CPS CURRENT USE RATES FOR MODERN FP METHODS WITH THOSE DERIVED FROM THE CONTRACEPTIVE PERFORMANCE STATISTICS DATA FOR THE YEAR 1980-81¹

Methods ²	1981 CPS Rates	Performance Statistics Rates ³
Oral pill	3.5	3.3
Condom	1.0	4.8
I U D	0.4	0.6 ^a
Tubectomy	4.0	3.0 ^a
Vasectomy	0.8	0.9 ^a
Other modern methods ⁴	0.7	0.5
T o t a l	11.0	13.1

¹Source: Annual Contraceptive Performance Report, 1981 (MIS,1982^b) and Second Five Year Plan,1980-85 (Population Planning Section,1982).

²Contraceptive Performance Report does not cover the use of traditional methods. The rates of these methods are, therefore, not available from this data source. As such, this comparison is limited to modern methods only.

³Rates were derived using, as denominator, the projected number of eligible couples in mid year 1981.

⁴Other modern methods include: injection and vaginal method.

^aDerived from decrement tables. For sterilization, 10 percent of total acceptors for each year are deducted in each subsequent year. For IUD,60 percent retention is assumed the first year, 50 percent the second, 40 percent the third, and so forth.

found in the Population Planning Section (1982) and from MIS Unit. For comparability, table-6.3 also contains the national current use rates for modern methods obtained in the 1981 CPS.

There was a striking difference between performance statistics rates and their comparable CPS rates with respect to condom. The proportion of condom users in the country would be 4.8 percent according to the performance statistics, while the 1981 CPS obtained a rate of 1.6 percent. The 1981 CPS rate was found consistent with the 1981 service statistics rate reported in the earlier section and was also consistent with the comparable rate given in the 1979 CPS. The striking difference suggests that the quantity of condoms, distributed during the reference year, 1981, far exceeds those actually used by the user. However, a possibility of underestimation in CPS-type surveys cannot be totally dismissed. Condom is a male method, while respondents of these surveys are female. It is assumed in this country (NIPORT, 1981) and also elsewhere (Suvanajata and Kamnuansilpa, 1979) that female respondents are shy to discuss male methods, particularly the condom, with an interviewer. It is, therefore, suggested that further investigation be carried out to find out reasons for the large gap between the performance statistics rate and the 1981 CPS rate. There were also differences between the two sets of rates for the remaining modern methods, but they were generally not so appreciable.

6.5. Trends in use:

6.5.1. Overall trend:

The results of the 1981 CPS are compared with those of the 1979 CPS and 1975 BFS in table-6.4 to examine trends in family planning use over the three - survey period, 1975-1981. Family planning users, as a whole, grew by 10.9 percentage points (from 7.7 percent to 18.6 percent during 1975-1981). The percentage increase was 5 points between 1975 and 1979, and 5.9 points between 1979 and 1981. The average linear increase per year is more than double (2.95 points) between 1979 and 1981 than between 1975 BFS and 1979 CPS (1.25 points).

There were, however, some differences in the pattern of increase between the two inter-survey periods, 1975-1979 and 1979-1981. The percentage increase was much lower in traditional method use (0.8 points) than in modern method use (4.2 points) during 1975-1979; in consequence, traditional method users contributed only 16 percent of the total 1975-1979 increase. This pattern not only reversed in favour of traditional method users during 1979-1981, but also the reversal was very striking with the traditional method users' contribution towards the total 1979-1981 increase standing at 16 percent. Such a contrast between the two inter-survey periods might partly be due to traditional method users being subjected to either underestimation in 1979 CPS or overestimation in 1981 CPS or 1975 BFS. As there are no data to resolve this issue, the rate for traditional methods in these surveys should be treated with some caution, although the estimates of the 1975 BFS and the 1981 were shown earlier to be consistent.

Increases in modern contraceptive use over the two inter-survey periods were more or less regular. It was 4.2 points during 1975-1979 and 2.0 points during 1979-1981, averaging 1.05 points per year for the former period and 1.00 point for the latter.

6.5.2. Method specific trend:

Acceptance of tubectomy among the currently married women increased consistently and very substantially over the period 1975-1981. Whereas the proportion tubectomized of currently married women was 0.3 percent in 1975, it went up strikingly to 2.4 percent in 1979 and to 4.0 percent in 1981. Likewise, safe period method also showed a significant rise during the reporting period; the practice of this method rose from 1.0 percent in 1975 to 2.2 percent in 1979 and to 3.9 percent in 1981. Consequently, much (60.6 percent) of the six year (1975-1981) increase can be attributed to these two methods, tubectomy (22.5 percent) and safe period (33.0 percent).

The use levels of oral pills, condom and vasectomy showed significant improvements during the inter-survey period, 1975-1979. All together they had a share of about 42 percent of the increase that took place during that

TABLE - 6.4

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

Methods	BFS ¹ 1975	CPS Year	
		1979 ²	1981
Oral pill	2.7	3.6	3.5
Condom	0.7	1.5	1.6
I U D	0.5	0.2	0.4
Tubectomy	0.3	2.4	4.0
Vasectomy	0.5	0.9	0.8
Injection	-	0.2	0.4
Vaginal method	- ^a	0.1	0.3
Abstinence	1.1	0.8	1.2
Safe period	1.0	2.2	3.9
Withdrawal	0.6	0.2	1.8
Other	0.3	0.6	0.7
Total Use Rate	7.7	12.7	18.6

¹Source: BFS - Bangladesh Fertility Survey,1975.
(Data derived from Table 2.4.5 and
Table 4.4.1).

²Source: CPS - Contraceptive Prevalence Survey,1979.

^aThis method is included in 'other'.

period. These methods showed practically no change in their use status after 1979 and had virtually no contribution towards the reported increase between 1979 and 1981, reflecting, perhaps, lowered programming emphasis on them since 1980.

Injectable contraceptives were introduced in the family planning programme after 1975. They were only available in major hospitals and cities,thereby limiting their use(NIPORT,1981). Nevertheless, the increase in their use levels from 0.2 percent in 1979 to 0.4 percent in 1981 was undoubtedly significant and underscored its potential for the population

control programme in the country. Likewise, vaginal method (contraceptive foam) also had an increasing trend, although its use level remained low (0.3 percent).

Withdrawal and abstinence together contributed around 18.0 percent of the increase after 1979. The prevalence rates of these two methods were declining during the inter-survey period 1975-1979. The declining trend might again be interpreted as an artifact due to underestimation in the 1979 CPS.

There was a decline noted in the proportion using the IUD among currently married women over the period, 1975-1979. But the proportion was again found going up - from 0.2 percent in 1979 to 0.4 percent in 1981. The reversal of the trend after 1979 might be the result of the re-emphasis that the family planning programme has been paying in recent years towards the promotion of this device, and the introduction of the Copper-T model which appears to be more acceptable.

6.5.3. Age specific trend:

Table-6.5 presents age specific comparisons of changes in contraceptive use between the 1979 and the 1981 CPS. Changes have been measured in terms of differences in percentage of current users between the two surveys. Percentage differences shown might have slight upward bias since users of other methods are excluded from the 1979 CPS rates, while they are included in the 1981 CPS rates. This variation would, however, have little effect upon the comparison since the rate for other methods was low (0.7 percent) in the 1981 CPS.

6.6. Differentials:

6.6.1. Age:

The relationship of age with current use is well established throughout the world although the pattern may be different in different countries or

TABLE - 6.5

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

Age group	CPS 1981		CPS 1979	Difference in percentage ¹
	No. of currently married women (Weighted)	Percentage	Percentage	
/ 15	149	2.9	2.6	+ 0.3
15 - 19	1158	9.5	5.2	+ 4.3
20 - 24	1226	17.6	11.1	+ 6.5
25 - 29	1195	23.8	13.8	+ 10.0
30 - 34	881	25.3	17.0	+ 8.3
35 - 39	643	23.2	17.1	+ 6.1
40 - 44	518	23.4	15.9	+ 7.5
45 - 49	535	12.5	9.2	+ 3.3
All	6306 ^a	18.6	12.1 ^b	+ 6.5

¹As 'other' methods are included in 1981 distribution, there may be slight upward bias in percentage difference.

^aWeighted total adds to 6305 instead of 6306 due to rounding after weighting.

^bUsers of 'other' methods are excluded from the 1979 CPS rates.

between subgroups of the same population (UN,1980). The 1981 CPS revealed the following pattern of current use for Bangladesh couples (table-6.6). The proportion using any form of contraception rose strikingly with age from the lowest, 2.7 percent, among currently married women in the age group under 15 to 23.8 percent among those in the age group, 25-29. From there, use almost levelled off until it declining strikingly to 12.5 percent in the age group 45-49.

Thus, highest use rates were found in the broad age range of 25-44. This finding also indicates that differentials in contraceptives use are disappearing among women aged 25 years or more except for those above 44 years of age. This is very encouraging finding although the use level

among women younger than 20 years still remains low, demanding further programme efforts to improve the situation. Low levels of the use among currently married women in the oldest age group (45-49) may be partly due to the fact that many of those women had passed the reproductive life (Fisek,1974) or consider themselves to be infecund.

The peak use of traditional methods and modern temporary methods begins with currently married women aged 20-24 and continues up to those aged 40-44. There were no variations in the age pattern between any method use on the one hand and traditional method use or modern temporary method use on the other hand. In the case of traditional method use, however, the decline from the 40-44 age group to the oldest age group, 45-49 was less striking than that of modern temporary methods.

The age pattern for modern permanent methods (sterilization) was distinct from the others. The percentage accepting sterilization was very low among women under 25 years of age. Among older women (aged 25 years or above), the percentage was comparatively high and rose consistently with age, from 6.0 percent in the age group 25-29, reaching a peak at 8.9 percent in the 35-39 age group, and then declining to 4.1 percent in the oldest age group, 45-49. Thus, while the age curves for any method use, traditional method use, and modern temporary method use had a broad peak, that for permanent method use had a narrow peak, signifying that age differentials in sterilization use were more striking than those in the other cases. In general, sterilization was accepted more by older women than by those in the younger age groups. This findings is as expected, since older women are more likely to want to limit fertility than younger women.

6.6.2. Children ever born:

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

to regulate and control fertility levels in a population. In the present analysis, the interest is to understand the influence of fertility on contraceptive use among the study population rather than the influence of contraceptive use on fertility.

TABLE - 6.6

PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE USING CONTRACEPTION BY BROAD CATEGORIES¹ OF METHODS AND BY AGE GROUP

Age group	No. of currently married women (Weighted)	Users by categories of methods ¹			Total users	Non-users
		Modern methods		Traditional methods		
		Perma- nent	Tempo- rary			
/ 15	149	-	1.3	1.4	2.7	97.3
15 - 19	1158	0.5	4.2	4.8	9.5	90.5
20 - 24	1226	2.5	6.8	8.3	17.6	82.4
25 - 29	1195	6.0	8.6	9.2	23.8	76.2
30 - 34	881	8.5	7.8	9.0	25.3	74.7
35 - 39	643	8.9	5.9	8.4	23.2	76.8
40 - 44	518	7.5	6.2	9.7	23.4	76.6
45 - 49	535	4.1	2.2	6.2	12.5	87.5
All	6306 ^a	4.8	6.1	7.7	18.6	81.4

¹ Tubectomy and vasectomy are included in Modern permanent category; all other modern methods in Modern temporary category; and all traditional methods in Traditional method category.

^a Weighted total adds to 6305 instead of 6306 due to rounding after weighting.

The relationship of current use of any form of contraception with number of children ever born to currently married women in the 1981 CPS is shown in table-6.7. The percentage of currently married women using contraception rose as the number of children ever born increased; but this increasing trend not only ceased but also reversed after the women had born 7 children. The reversal might be associated with decreasing

fecundity. Women with more children are older. Older women have lower fecundity and are also more traditional. There were, however, two exceptions. Women who had 10 children ever born showed higher percentage of contraceptive use (21.1 percent) than those who had 9 children ever born (16.4 percent). Likewise, women who had 12 or more children also showed higher percentage using (25.0 percent) than those who had 11 children (15.7 percent). These exceptions were, perhaps, the results of random fluctuations.

The differential in current use was striking for those with fewer than two children ever born. The percentage using contraception was 4.7 percent among currently married women having no ever born children or experiencing no live birth. It rose to 12.5 percent among those having one child ever born and to 20.0 percent among those having two children ever born. The differential was even more striking when the use of permanent methods (sterilization) was examined. As expected, parents were unlikely to permanently limit fertility unless they had at least two children born.

The differential in current use by the number of children ever born was not so striking for women who had two or more children ever born. Twenty percent of currently married women with two children ever born were using contraception. The percentage of use rose slowly to reach the peak at 25.2 percent among those who had seven children ever born and then declined to 15.7 percent among those who had 11 children ever born.

Modern temporary method use and traditional method use had weaker relationships with the number of children ever born than had modern permanent method use. The pattern of modern temporary method use began to fluctuate after four children ever born and that of traditional methods after three children ever born.

On the other hand, reflecting its strong association with the number of children ever born, sterilization acceptance rose consistently to reach a peak of 9.5 percent among women with seven children ever born, while after the peak, it declined again consistently to 3.6 percent among those with ten children ever born. Women with more than seven children

TABLE - 6.7

PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER
50 YEARS OF AGE USING CONTRACEPTION BY
BROAD CATEGORIES¹ OF METHODS AND BY
NUMBER OF CHILDREN EVER BORN

Children ever born	No. of currently married women (Weighted)	Users by categories of methods			Total users	Non- users
		Modern methods		Tradi- tional methods		
		Perma- nent	Tempo- rary			
0	790	0.1	2.3	2.3	4.7	95.3
1	833	0.3	5.5	6.7	12.5	87.5
2	806	3.2	7.7	9.1	20.0	80.0
3	704	5.8	8.5	7.7	22.0	78.0
4	642	6.7	6.2	10.0	22.9	77.1
5	595	8.8	7.1	7.8	23.7	76.3
6	541	8.3	7.1	8.5	23.9	76.1
7	423	9.5	5.1	10.0	25.2	74.8
8	360	6.3	5.9	9.0	21.2	78.8
9	234	4.2	4.7	7.5	16.4	83.6
10	168	3.6	6.0	11.5	21.1	78.9
11	101	4.9	4.9	5.9	15.7	84.3
12 +	103	6.4	8.6	10.0	25.0	75.0
Not stated	6	16.7	16.7	16.7	50.1	49.9
All	6306	4.8	6.1	7.7	18.6	81.4

¹ Tubectomy and vasectomy are included in Modern permanent category; all other modern methods in Modern temporary category; and all traditional methods in Traditional method category.

were older and less fecund. Also, they might think that they are unable to conceive; therefore, they were less interested in using family planning. The reverse of the trend after eleven children may be spurious, as there are no plausible explanation to suggest why such a reversal occurs.

6.6.3. Living children:

The number of living children or, in other words, the current size of family is an index of replacement fertility (Thomlinson, 1965). The relationship between this variable and current use is more direct as it takes into account the mortality of children and is, therefore, an important indication of the influence of actual reproductive behaviour of couples on current use.

Number of living children had almost the same pattern of relationship with current use as the number of children ever born. The percentage using any contraceptive method rose strikingly from 4.8 percent among currently married women with no living children to 12.2 percent among those with one living child, and to 20.3 percent among those with two living children (table-6.8). Thereafter it steadily but more slowly increased, reaching a peak at 25.4 percent among women with six living children. Thereafter it gradually declined. There were a few exceptions disturbing the trend. On the whole, however, the trend was towards the levelling off after two living children, indicating that family planning acceptance is beginning to occur when couples have two living children.

As in the case of children ever born, use of modern permanent methods and traditional methods fluctuated after women had had three living children, suggesting their weak relationship with level of fertility. The relationship of sterilization with the number of living children was more direct. The proportion sterilized rose consistently to a peak of 9.1 percent among currently married women having five living children; the decline thereafter was gradual with only minor exceptions. It was also evident in the data that women were less likely to accept sterilization unless they had had three living children.

TABLE - 6.8

PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER
50 YEARS OF AGE USING CONTRACEPTION BY
BROAD CATEGORIES¹ OF METHODS AND BY
NUMBER OF LIVING CHILDREN

Living children	No. of currently married women (Weighted)	Users by categories of methods ¹			Total users	Non-users
		Modern methods		Tradi- tional methods		
		Perma- nent	Tempo- rary			
0	916	0.1	2.4	2.3	4.8	95.2
1	1064	0.8	5.1	6.3	12.2	87.8
2	952	4.0	7.4	8.9	20.3	79.7
3	913	6.2	8.4	9.9	24.5	75.5
4	764	8.8	5.9	8.8	23.5	76.5
5	613	9.1	8.4	7.4	24.9	75.1
6	464	8.9	5.6	10.9	25.4	74.6
7	318	6.8	5.3	8.5	20.6	79.4
8	164	3.3	7.5	11.3	22.1	77.9
9 +	138	3.8	8.1	11.3	23.2	76.8
All	6306	4.8	6.1	7.7	18.6	81.4

¹ Tubectomy and vasectomy are included in Modern permanent category; all other modern methods in Modern temporary category; and all traditional methods in Traditional method category.

6.6.4. Education:

Among all factors related to family planning, education has generally been found to be very significant. Overall, in the 1981 CPS, contraceptive practice was found to be positively associated with level of education (table-6.9). Such a relationship between contraceptive usage and education has been observed in almost all previous studies/surveys carried out in Bangladesh (NIPORT,1981; PCFP Division,1978). This indicates that "--- the axiom that the higher the educational level the higher the proportion of users", (UN,1980) also holds true among the Bangladeshi population.

Contrary to the above pattern, acceptance of sterilization was inversely related with education, after the class VI-VII educational

TABLE - 6.9

PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER
50 YEARS OF AGE USING CONTRACEPTION BY
BROAD CATEGORIES¹ OF METHODS AND
BY EDUCATION

Educational level	No. of currently married women (Weighted)	Users by categories of methods ¹			Total users	Non-users
		Modern methods		Tradi- tional methods		
		Perma- nent	Tempo- rary			
Never attended school	4284	4.9	3.7	6.3	14.9	85.1
Less than primary level	1122	4.3	8.1	8.5	20.9	79.1
Completed primary level	452	5.3	9.1	10.6	25.0	75.0
Class VI-VII	186	5.9	13.7	16.4	36.0	64.0
Class VIII-IX	143	3.6	21.3	15.0	39.9	60.1
SSC and HSC	95	2.1	35.8	16.8	54.7	45.3
Degree and above	12	2.4	39.3	21.6	63.3	36.7
Not stated	11	-	5.2	26.1	31.3	68.7
All	6306 ^a	4.8	6.1	7.7	18.6	81.4

¹ Tubectomy and vasectomy are included in Modern permanent category; all other modern methods in Modern temporary category; and all traditional methods in Traditional method category.

^a Weighted total adds to 6305 instead of 6306 due to rounding after weighting.

category. For example, the proportion sterilized declined from 5.9 percent among currently married women in the educational category, class VI-VII, to 2.4 percent among those in the category, "degree and above". This finding tends to suggest that those with higher education after the mid-secondary level find sterilization a less acceptable method of contraception.

6.6.5. Employment status:

When currently married women were differentiated by their employment status, differential rates of current use appeared (table-6.10). The

percentage using contraception was least among women not employed (17.9 percent). It rose to 22.5 percent among those with unpaid employment and to 26.7 percent those with paid employment.

The above overall pattern of difference changed considerably when the current use was distinguished by method. For example, there were practically no differences in the use of traditional methods between women with paid employment (10.0 percent) and those with unpaid employment (11.5 percent). On the other hand, the use of modern temporary methods was least (1.6 percent) among women with unpaid employment. In contrast to this finding, sterilization acceptance rate was found to be highest (9.4 percent) among women with unpaid employment, and least (4.5 percent) among those not employed.

6.6.6. Religion:

Contraceptive usage was higher among non-Muslims than Muslims (table-6.10). The use rate among non-Muslim currently married women (26.8 percent) was found to be 9.5 percentage points higher than the rate for those who were Muslim (17.3 percent). The striking difference was largely due to the gaps in acceptance of sterilization and traditional methods between the two segments of the population. For example, whereas, 4.0 percent of Muslim women or their husbands were sterilized, the corresponding rate for non-Muslims was 9.9 percent.

6.6.7. Number of methods known:

Current contraceptive use was positively associated with knowledge of contraceptive methods (table-6.11). The use of a permanent method was least (less than 1 percent) among women reporting knowledge of two or fewer methods, rising sharply to 2.5 percent among those knowing 3 methods and then rising gradually to 8.7 percent among those knowing 9 methods. Thereafter, the rate declined following an erratic pattern. The decline is probably not significant, as it might be caused by small numbers. For all other method types, the use rates rose consistently as the number of methods known increased.

TABLE - 6.10

PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER
50 YEARS OF AGE USING CONTRACEPTION BY
BROAD CATEGORIES¹ OF METHODS AND BY
EMPLOYMENT STATUS AND BY RELIGION

Sub-group	No. of currently married women (Weighted)	Users by categories of methods ¹			Total users	Non- users
		Modern methods		Tradi- tional methods		
		Perma- nent	Tempo- rary			
<u>Employment status:</u>						
Paid employment	449	7.6	9.1	10.0	26.7	73.3
Unpaid employment	138	9.4	1.6	11.5	22.5	77.5
Not employed	5717	4.5	6.0	7.4	17.9	82.1
Not stated	2	-	-	-	-	100.0
<u>Religion:</u>						
Muslim	5436	4.0	6.0	7.3	17.3	82.7
Non-Muslim	870	9.9	6.7	10.2	26.8	73.1
All	6306	4.8	6.1	7.7	18.6	81.4

¹ Tubectomy and vasectomy are included in Modern permanent category; all other modern methods in Modern temporary category; and all traditional methods in Traditional method category.

The number of methods known is generally assumed as a rough index of contraceptive knowledge. Under this assumption, the above findings reflect that knowledge of contraception has had a large influence on the use level of contraception among the population. The 1979 CPS also revealed the same finding (NIPORT, 1981).

6.6.8. Land ownership:

Differentials in current use by land ownership were almost non-existent at the national level (table-6.12). The current use rate was 18.7 percent among women who had land and 18.4 percent among those who had

TABLE - 6.11

PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER
50 YEARS OF AGE USING CONTRACEPTION BY
BROAD CATEGORIES¹ OF METHODS AND BY
NUMBER OF METHODS KNOWN

Number of methods known	No. of currently married women (Weighted)	Users by categories of methods ¹			Total users	Non- users
		Modern methods		Tradi- tional methods		
		Perma- nent	Tempo- rary			
0	99	-	-	-	-	100.0
1	207	0.6	0.6	1.0	2.2	97.8
2	370	0.8	0.6	0.6	2.0	98.0
3	562	2.5	1.3	2.5	6.3	93.7
4	725	2.5	1.5	3.1	7.1	92.9
5	832	3.3	3.2	4.6	11.1	88.9
6	830	4.7	5.1	6.0	15.8	84.2
7	776	6.7	6.1	7.6	20.4	79.6
8	725	7.5	9.8	9.9	27.2	72.8
9	515	8.7	10.5	16.3	35.5	64.5
10	336	6.8	17.7	20.5	45.0	55.0
11	249	7.3	18.7	21.0	47.0	53.0
12	79	6.6	23.5	26.4	56.5	43.5
All	6306 ^a	4.8	6.1	7.7	18.6	81.4

¹ Tubectomy and vasectomy are included in Modern permanent category; all other modern methods in Modern temporary category; and all traditional methods in Traditional method category.

^a Weighted total adds to 6305 instead of 6306 due to rounding after weighting.

TABLE - 6.12

PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS
OF AGE USING CONTRACEPTION BY BROAD CATEGORIES¹
OF METHODS AND BY LAND OWNERSHIP

Land ownership	No. of currently married women		Users by categories of methods ¹			Total users	Non-users
			Modern methods		Traditional methods		
	Unweighted	Weighted	Permanent	Temporary			
<u>National:</u>							
Own land	4877	4239	3.5	6.7	8.5	18.7	81.3
Does not own land	2826	2067	7.4	4.9	6.1	18.4	81.6
All	7703	6306	4.8	6.1	7.7	18.6	81.4
<u>Rural:</u>							
Own land	3968	-	3.4	5.9	8.5	17.8	82.2
Does not own land	1745	-	7.5	3.5	6.0	17.0	83.0
All	5713	-	4.6	5.2	7.7	17.5	82.5
<u>Urban:</u>							
Own land	909	-	5.5	18.5	8.9	32.9	67.1
Does not own land	1081	-	7.2	12.3	6.6	26.1	73.9
All	1990	-	6.4	15.1	7.7	29.2	70.8

¹ Tubectomy and vasectomy are included in Modern permanent category; all other modern methods in Modern temporary category; and all traditional methods in Traditional method category.

no land. In urban areas however, women owning land reported higher use by 6.8 percent points than those not owning any land. The most interesting finding was that the rate for sterilization was higher among women not owning land than those owning land, while reverse was true for the rates for other methods. This finding was true both for rural and urban areas.

6.6.9. Division:

Among the administrative divisions of the country, the overall level of current use was highest in Khulna (20.5 percent), followed by Rajshahi (19.9 percent), Dhaka (19.7 percent) and Chittagong (14.3 percent) (table-6.13). It was thus revealed that there were no significant differences in terms of overall use rates among Khulna, Rajshahi and Dhaka, while the status of Chittagong was considerably lower.

TABLE - 6.13

PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS
OF AGE CURRENTLY USING CONTRACEPTION BY BROAD
CATEGORIES¹ OF METHODS AND BY DIVISION
AND BY URBAN-RURAL AREA

Sub-group	No. of currently married women (Weighted)	Users by categories of methods ¹			Total users	Non- users
		Modern methods Perma- nent	Tempo- rary	Tradi- tional methods		
<u>Division:</u>						
Rajshahi	1453	3.7	9.6	6.6	19.9	80.1
Khulna	1409	5.7	6.1	8.7	20.5	79.5
Dhaka	1924	6.8	5.7	7.2	19.7	80.3
Chittagong	1520	2.4	3.4	8.5	14.3	85.6
<u>Area:</u>						
Urban	1990 ^a	6.4	15.1	7.7	29.2	70.8
Rural	5713 ^a	4.6	5.2	7.7	17.5	82.5
All	6306	4.8	6.1	7.7	18.6	81.4

¹ Tubectomy and vasectomy are included in Modern permanent category; all other modern methods in Modern temporary category; and all traditional methods in Traditional method category.

^a Unweighted total.

Dhaka had the highest acceptance level for sterilization (6.8 percent) and Khulna the second highest (5.7 percent). Both Rajshahi (3.7 percent) and Chittagong (2.4 percent) had low rates of sterilization acceptance, with Chittagong the lowest.

For other methods, differentials between divisions were not so remarkable except that the Chittagong rate for modern temporary methods was considerably lower at 3.4 percent, while the Rajshahi rate was highest at 9.6 percent.

6.6.10. Urban-rural area:

The overall rate of current use was much higher in urban areas than in rural areas (table-6.13). It was 29.2 percent among currently married urban women compared with 17.5 percent among those rural. The striking difference was largely due to the wide gap in use of modern methods by urban women, while there were no difference at all for traditional method use. Interestingly, the difference in sterilization acceptance was not very striking between the two areas, being 6.4 percent for urban women and 4.6 percent for rural women.

6.7. Summary:

The overall current use rate of family planning among currently married women under 50 years of age showed a striking rise from 12.7 percent in the 1979 CPS to 18.6 percent in the 1981 CPS. The rate based on modern methods increased from 8.9 percent to 10.9 percent and that on traditional methods from 3.8 percent to 7.7 percent.

The observed increase in the overall current use rate between the 1979 CPS and the 1981 CPS may be somewhat of an exaggeration of the actual increase between 1979 and 1981. The proportion of current users relying on traditional methods was 40 percent in the 1981 CPS, while it was estimated at 25 percent in the 1979 CPS. The large discrepancy between the two surveys suggests that traditional method users were either underestimated in the 1979 CPS or overestimated in the 1981 CPS, or both. But,

the close agreement in terms of proportion of traditional method users found with the results of the 1975 BFS suggests that the 1981 CPS did not make an overestimation.

Regardless of whether the 1979 CPS had an underestimation or the 1981 CPS an overestimation, it is evident that a significant proportion of current users rely on traditional methods. The wide use of traditional methods is not a phenomenon present among Bangladesh women only. It is true also for women in many other developing countries such as Malaysia (Chander and Palan,1977); Paraguay (Morris and Others, 1978); Mauritius (Hein,1977) and Turkey (Fisek,1974). Traditional methods date back to antiquity (Heer,1968; Thomlinson,1965); their wide use even now demonstrates that modern contraceptive can never replace traditional methods totally.

There is evidence that if correctly taught, correctly understood and consistently practiced (Heer,1968; Tietze,1963; Tietze and Potter, 1962) traditional methods can be highly effective. It is, therefore, recommended in view of the survey findings that the family planning programme should give some attention to disseminating knowledge about traditional methods, so that these methods can be used more effectively by those who prefer them to modern methods.

There is a possible explanation that the use of traditional methods is due partly to non-availability of modern contraceptives (Morris and Others,1978). That is, traditional methods are used by those wanting to limit fertility and having, at the same time, no access to modern contraceptives. If this is true, then the observed high proportion of traditional method users in the 1981 CPS clearly demonstrates that there exists a large unmet need for modern contraceptives among the target population (Westoff and Others,1982). Thus, the 1981 CPS underscores the need for further improvement in the existing service delivery system of the family planning programme.

Tubectomy, oral pill and safe period were the methods with the largest contribution to the 1981 CPS current use rate. Together they constituted 61.3 percent of all current users in the survey, with 21.5

percent of those relying on tubectomy, 18.8 percent on oral pill and 21.0 percent on safe period. The contribution to current use of vasectomy, IUDs, injection and vaginal methods was very low with rates ranging between 0.3 percent of currently married women for vaginal methods to 0.8 percent of vasectomy.

Between 1979 and 1981, the increase in the proportion using tubectomy was substantial, but there was almost no change in the proportions using condom, vasectomy and oral pill. These findings indicate that efforts to promote modern methods (other than tubectomy) during the 1979-81 two year period were not very successful.

Between 1979 and 1981, there was a general increase in the proportion using family planning among women in every age group. The increase was not uniform, however. The percentage increase was highest among currently married women in the 25-29 year age group, and lowest among those in the two youngest age groups (under 15 years of age and 15-20 years) and those in the oldest age group (45-49 years).

Current use rates of family planning methods differed by marital status, age, number of children ever born, number of living children, education, religion, employment status, place of residence. The general pattern was that current use was higher among currently married women than those past married; higher among women in the 25-44 year age group than those who were in the younger or older age groups; higher among women having 2 or more children (ever born or living) than those having fewer than two children; higher among more educated women than those less educated; higher among women who had paid employment than those who had unpaid employment or were unemployed; higher among non-Muslim than Muslim women; higher among women in urban areas than in rural areas. Among the divisions, the rate of current use was lower in Chittagong, while there were almost no variations among the other three divisions (Rajshahi, Khulna and Dhaka). Use of family planning methods was strongly associated with knowledge -- the more methods a woman knew, the more likely she was to have used a method. Differentials in use of family planning methods by family's land

ownership was almost non-existent. In urban areas, however, women coming from families having agricultural land reported higher use of family planning than those coming from families having no agricultural land. The most interesting finding was the higher use of sterilization among women from families not owning any agricultural land in both rural and urban areas.

In the case of tubectomy and vasectomy, there were some other deviations from the general pattern. For example, tubectomy and vasectomy were used more often by older women and by those who had larger family size. This can be expected, since older women or those having larger family size are more likely to choose sterilization as a means of fertility limitation. It was also observed that the rate of tubectomy and vasectomy use were lower among women educated above the mid-secondary level. Also, the urban-rural differences in the current use rates of these methods were not as striking as were those of other modern methods.

CHAPTER - 7

SOURCES OF FAMILY PLANNING SUPPLIES/SERVICES

7.1. Introduction:

In Bangladesh the major emphasis of the Population Control Programme has been to disseminate family planning services and supplies to achieve their widespread availability. To this end, many different agencies and organizations have been involved in the provision of services and supplies (PCFP Division, 1980). Since contraceptive availability is a prerequisite to use, the emphasis placed on making contraceptive services and supplies available is considered justified (Suvanajata and Kamnuansilpa, 1979; CPS Project, 1978).

In order to measure the relative contribution of different service providers, the 1981 CPS collected information about sources of supplies/ services among current users of family planning methods. The information was collected by asking the question, "Where do you (or does your husband) obtain the method?" The question was administered only to the current users of modern methods. Only a negligible proportion of the current users expressed ignorance of the source.

Responses were classified into six categories: Government Family Planning Worker (GFPW), Government Health Worker (GHW), Other Worker (OW), Government Family Planning/Health Clinic (GFP/HC), Non-Government Clinic (NGC) and Commercial Section (CS). GFPW, included any employee of the Population Control Division of the Ministry of Health and Population Control, but it was largely made-up of FWAs (Family Welfare Assistant) and FPAs (Family Planning Assistants), the front-line workers of the division, employed to provide, among other things, domiciliary contraceptive services. There are also part-time field workers, dais and TBAs (Traditional Birth Attendants) of the division, appointed to provide assistance to the FWAs (PCFP Division, 1980). These part-time workers were also included in the category of the GFPW if mentioned by the respondents. Similarly, the category, GHW was largely made up of Family Welfare Workers (FWWs) - the

multi-purpose health workers of the Health Division employed at the field level. These male workers were recently assigned the additional responsibility of family planning (PCFP Division,1980). The category of OW included not only workers of voluntary organizations, but also those of the other Government agencies/department such as the Directorate of Labour. GFP/HC included the clinics run by the Population Control and the Health Division as well as those of the other Government departments, such as the Railway Department and the Department of Defence. Non-government clinics include clinics of voluntary organization like BAVS(Bangladesh Association for Voluntary Sterilization) as well as those of private physicians. Commercial sector included drugstores, and retail outlets including small shops.

Before presenting the findings, it is important to note the limitations of the data. First, the data were taken from a simple question, and there were no additional questions asked to judge the reliability of the responses. Second, it is possible that many respondents could not distinguish government from non-government workers, family planning from health workers, or one clinic from another. Third, where the husband was the user or the procurer of supplies, it is possible that the respondent did not know, in many cases, the actual source. Because of these limitations, it is suggested that these findings be interpreted with extreme caution.

7.2. Method specific pattern:

Clinical contraceptive methods (such as IUDs, sterilization and injection) cannot be provided by other than trained health personnel, and in most cases, without clinical facilities. Non-clinical methods(such as pill, condom and vaginal method) can be dispensed through any source, with or without institutional facilities and/or trained health personnel. Thus, sources like GFPW can only refer for clinical methods, while clinics, which primarily provide clinical methods, (PCFP Division,1980) place lower emphasis on servicing non-clinical method users. Moreover, clinic clients are far more likely to attend clinics to obtain clinical methods. It is, therefore, logical that the relative contributions

of different sources vary by method. Therefore, data were analysed separately by clinical and non-clinical methods. The results are presented in tables 7.1 - 7.4 with their interpretation given in the following sections.

7.2.1. Non-clinical methods:

GFPW and CS were the most important suppliers of non-clinical methods in general. These two sources were the provider of services to 83.4 percent of non-clinical method users in the national sample, 83.0 percent in the rural sample and 84.6 percent in the urban sample (table-7.1). The GFPW played a much greater role than CS in rural areas while CS was more important in urban areas: CS was mentioned by 67.6 percent of the non-clinical method users in urban areas and only 23.8 percent in the rural areas. In contrast, 59.2 percent of the rural users mentioned GFPW as compared to 17.0 percent of the urban users.

GFP/HC was mentioned by 9.7 percent of the non-clinical method users in the national sample and was the third most important source for non-clinical methods. In contrast to the two larger sources (GFPW and CS), it was mentioned about the same in rural (9.6 percent) and in urban areas (10.0 percent).

Nearly 55.0 percent of the pill users said they obtained their supplies from GFPW compared to 29.9 percent from CS. In contrast, 40.6 percent of the vaginal method users mentioned CS and 25.3 percent, GFPW. The two sources were, however, almost equally mentioned by condom users (GFPW 42.4 percent; CS 41.4 percent) (table-7.2). While not more than 10.0 percent of either condom or pill users mentioned GFP/HC, 19.8 percent of the vaginal method users mentioned that source. The figures for vaginal method should, however, be treated very carefully, as they are based upon only 18 observations.

7.2.2. Clinical methods:

For clinical method users, the GFP/HC source was mentioned most often. This was true for both the rural and the urban area. Eighty seven

TABLE - 7.1

PERCENTAGE DISTRIBUTION OF CURRENT USERS OF
NON-CLINICAL¹ FAMILY PLANNING METHODS
BY REPORTED SOURCE OF SUPPLY

Source of supply	National	Rural	Urban
Government Family Planning Worker(GFPW)	49.6	59.2	17.0
Government Health Worker(GHW)	0.9	1.2	-
Other Worker(OW)	2.8	3.5	0.4
Government Family Planning/Health Clinic(GFP/HC)	9.7	9.6	10.0
Non-Government Clinic(NGC)	0.4	0.4	0.4
Commercial Sector.(CS)	33.8	23.8	67.6
Not stated	0.6	0.8	-
Don't know	2.2	1.5	4.6
Total	100.0	100.0	100.0
N	337 ^a	260	259

¹ Non-clinical method: Oral pill, Condom, Vaginal method.

^a Weighted total of current users of non-clinical family planning methods in the sample.

TABLE - 7.2

PERCENTAGE DISTRIBUTION OF CURRENT USERS OF
A NON-CLINICAL¹ FAMILY PLANNING METHOD
BY REPORTED SOURCE OF SUPPLY

Source of supply	Oral pill	Con- dom	Vaginal method
Government Family Planning Worker(GFPW)	54.8	42.4	25.3
Government Health Worker(GHW)	-	2.0	5.5
Other Worker(OW)	3.8	1.0	-
Government Family Planning/Health Clinic(GFP/HC)	9.1	9.2	19.8
Non-Government Clinic(NGC)	0.6	-	-
Commercial Sector(CS)	29.9	41.4	40.6
Not stated	-	2.0	-
Don't know	1.8	2.0	8.9
Total	100.0	100.0	100.1 ^a
N ^b	221	98	18

¹ Non-clinical method: Oral pill, Condom, Vaginal method.

^a Total is more than 100 percent due to rounding error.

^b Weighted total of current users of a non-clinical family planning method in the sample.

percent of the clinical method users mentioned GFP/HC in the national sample, 87.7 percent in the rural sample and 83.0 percent in the urban sample (table-7.3).

While the largest number of users reported GFP/HC, NGC was mentioned by 7.7 percent of the national sample. Mention of NGC was somewhat higher in the urban area (11.7 percent). The lower rate for NGC could be partly due to response errors. The respondent might mention the government clinic as the service source, although the service was actually given in the non-government clinic. This type of error is not unlikely because many respondents were not aware that the non-government clinic was different from the government clinic.

Although GFP/HC was the largest and single most important provider of clinical contraceptive services in general, NGC appeared as an important source for injection, as it was mentioned by 31.7 percent of the users (table-7.4). Another 8.6 percent of the users mentioned the GFPW (4.9 percent) and GHW (3.7 percent) as sources. Also 17.6 percent of the IUD users mentioned GFPW (8.8 percent) and GHW (8.8 percent) as their service source. GFPW and GHW mentioned as sources for IUDs and injection, perhaps, referred to the service provided, either at home or in temporarily arranged clinics, by Family Welfare Visitors and Lady Health Visitors of the Population Control and the Health Division, respectively, since clinical methods cannot be provided by other than trained personnel. Family Welfare Visitors and Lady Health Visitors are paramedics trained to provide IUDs, Menstrual Regulation (MR) and Injection (PCFP Division, 1980). Although they are clinic based workers, they do often perform their duties outside clinics. Also possibly, the respondent mentioned who gave the service rather than where it was done, also the possibility of erroneous reporting of GFPW and GHW as sources for clinical methods cannot be totally dismissed.

Four percent of the vasectomy users reported that they had their methods from commercial sector, while almost none of the tubectomy users mentioned sources other than clinics, and almost none of the users of injection and IUDs mentioned the commercial sector. Although this finding

TABLE - 7.3

PERCENTAGE DISTRIBUTION OF CURRENT USERS
OF CLINICAL¹FAMILY PLANNING METHODS
BY REPORTED SOURCE OF SERVICE

Source of service	National	Rural	Urban
Government Family Planning Worker (GFPW)	1.1	1.0	1.8
Government Health Worker (GHW)	0.9	1.0	-
Other Worker (OW)	0.6	0.3	2.4
Government Family Planning/Health Clinic (GFP/HC)	87.0	87.7	83.0
Non-Government Clinic (NGC)	7.7	7.0	11.7
Commercial Sector (CS)	0.9	1.0	0.6
Not stated	0.7	0.7	0.6
Don't know	1.1	1.3	-
Total	100.0	100.0	100.1 ^a
N	351 ^b	300	170

¹Clinical method: IUD, Tubectomy, Vasectomy, Injection.

^aTotal is more than 100 percent due to rounding error.

^bWeighted total of current users of clinical family planning methods in the sample.

TABLE - 7.4

PERCENTAGE DISTRIBUTION OF CURRENT USERS OF
A CLINICAL FAMILY PLANNING METHOD BY
REPORTED SOURCE OF SERVICE

Source of service	IUD	Tubec- tomy	Vasec- tomy	Injec- tion
Government Family Planning Worker (GFPW)	8.8	0.2	-	4.9
Government Health Worker (GHW)	8.8	-	-	3.7
Other Worker (OW)	-	0.8	-	1.1
Government Family Planning/Health Clinic (GFP/HC)	75.4	91.9	93.5	57.4
Non-Government Clinic (NGC)	7.0	5.9	4.0	31.7
Commercial Sector (CS)	-	0.4	4.0	1.1
Not stated	-	0.4	2.5	-
Don't know	-	0.4	6.0	-
Total	100.0	100.0	100.0	99.9 ^a
N ^b	23	251	50	27

¹ Clinical method: IUD, Tubectomy, Vasectomy, Injection.

^a Total is less than 100 percent due to rounding error.

^b Weighted total of current users of a clinical family planning method in the sample.

may be explained by the fact that vasectomy operations can be performed outside of established clinics (in camps, or by physicians having no established clinics), it is more likely due to interviewers' coding error of vasectomy performed by private physicians. Clinics of private physicians were supposed to be included in the category NGC, but it may be that some interviewers put them in the CS category.

Except for injection (31.7 percent), mention of NGC as a source was not appreciable -- 7.0 percent of IUDs, 5.9 percent for tubectomy, 4.0 percent for vasectomy. GFP/HC was mentioned by 91.9 percent of acceptors of tubectomy, 83.5 percent of vasectomy, 75.4 percent of IUDs, and 57.4 percent of injection.

7.3. Summary:

Government Family Planning/Health Clinic (GFP/HC), Government Family Planning Worker (GFPW) and Commercial Sector (CS) were reportedly the major sources of contraceptive services/supplies in the country. GFP/HC was mentioned most in both the rural and urban areas for clinical methods, and GFPW in the rural area and CS in the urban area, for non-clinical methods.

GFP/HC clinics are mostly the facilities run by the Population Control and the Health Division of the Ministry of Health and Population Control, while GFPW belongs entirely to the Population Control Division of the Ministry (PCFP Division, 1980). CS obtains contraceptives largely through the Social Marketing Project (SMP) financed by USAID. SMP efforts are directed towards making contraceptives easily accessible at subsidized prices through commercial outlets. According to 1980 estimates, about 60,000 commercial outlets received supplies of contraceptives from SMP (PCFP Division, 1980). Thus, overall, the data do point out the large contribution of the Government Programme in rural and urban areas, and the large contribution of the commercial sector for non-clinical methods particularly in the urban areas. Given the limitation of the data gathered from the one question on source, these findings do not seem to be unreasonable.

CHAPTER - 8

SUMMARY OF FINDINGS AND CONCLUSIONS

8.1. Background information:

The 1981 Contraceptive Prevalence Survey (CPS) was the second survey of its kind in Bangladesh. The first CPS was carried out in 1979. The 1981 CPS was conducted by the Management Information System (MIS) Unit of the Population Control Division of the Ministry of Health and Population Control and was funded by USAID/Dhaka.

The 1981 CPS used a shorter interview schedule and a smaller sample size than the 1979 CPS. The major objective of the 1981 CPS was to ascertain the current level of contraceptive use among the family planning target population, and differential use by selected characteristics, including marital status, age, number of children ever born, number of living children, education, religion, employment status, urban-rural area and region (division).

Data were obtained from a nationally representative sample of households; 8510 ever married women in 7393 selected households were interviewed. A household questionnaire and an individual questionnaire were used as data collection instruments. The household questionnaire was used to identify eligible respondents (ever married women), while the individual questionnaire was used to collect the actual survey data.

8.2. Levels of family planning knowledge and use:8.2.1. Knowledge:

Knowledge of family planning methods was very high among the survey population. Knowledge of at least two methods was almost universal among ever married women interviewed in the sample. This finding is consistent with the level of knowledge and its increasing trend documented in the 1979 CPS. The proportion of ever married women having knowledge of at

least one method was 81.9 percent in the 1975 BFS, 95 percent in the CPS and 98.2 percent in the 1981 CPS. This trend documented in the 1981 CPS indicates that the family planning programme has achieved considerable success in the dissemination of family knowledge during the period 1975 to 1981.

Knowledge of oral pill and tubectomy was almost universal in the country. Nearly 95 percent of the ever married women knew or heard of oral pill and 92.4 percent of tubectomy. Condom and vasectomy, two male methods, were comparatively less well known. Condom was mentioned by 59.2 percent and vasectomy, 71.5 percent, of the ever married women. MR/induced abortion was mentioned by nearly 60 percent of the ever married women.

Traditional and vaginal methods were, in general, the least mentioned methods among the population surveyed. The percentage of ever married women knowing these methods varied from 16.7 percent for vaginal method to 36.4 percent for safe period. Knowledge of the IUD was also low, 41.7 percent.

Injectables were introduced relatively recently into the Bangladesh family planning programme, in 1975. Nevertheless, the survey revealed that 53.2 percent of the ever married women knew or had heard them, which is a remarkable achievement.

8.2.2. Ever use:

Nearly 36 percent of the ever married women in the 1981 CPS reported that they had ever used at least one family planning method and 20.4 percent reported use of at least one modern method. In the 1975 BFS, the proportion having ever used at least one method was 13.6 percent and in the 1979 CPS, 19.6 percent. The 1981 CPS results, thus, reveal that there was considerable improvement in the level of family planning ever use since 1975, particularly since 1979. The increase in the ever use rate of effective methods (oral pill, condom, IUDs, vasectomy, M.R./induced abortion

and injection) was not as impressive; the rate of effective methods was 15.8 percent in the 1979 CPS, while it rose only to 20.2 percent in the 1981 CPS. In sum, although there was considerable improvement over the period 1975-1981, the overall ever use rate remained at a relatively low level with as many as 64 percent of the ever married women having never used a family planning method, and 80 percent having never used a modern method or effective method.

Among ever users, 55.4 percent had tried one method, 26.8 percent two methods, 11.3 percent three methods, while the remainder, 6.5 percent, had tried four methods or more. The number of methods ever used by an average ever user was 1.7.

The ever use rate for safe period was the highest at 16.8 percent of the ever married women. Oral pill had the next highest ever use rate (13.4 percent) followed by withdrawal (7.1 percent), abstinence (6.9 percent), and condom (6.0 percent). The ever use rates for all other methods varied from 0.6 percent for injection to 3.7 percent for tubectomy.

8.2.3. Current use:

The overall current use rate of family planning among currently married women under 50 years of age showed a striking rise from 12.7 percent in the 1979 CPS to 18.6 percent in the 1981 CPS. The rate based on modern methods increased from 8.9 percent to 10.9 percent and that based on traditional methods rose from 3.8 percent to 7.7 percent. Methods having the highest use rates in the 1981 CPS were tubectomy(4.0 percent), safe period(3.9 percent) and oral pill(3.5 percent). The next most widely used methods were withdrawal(1.8 percent), condom(1.6 percent) and abstinence(1.2 percent), although none of them had a prevalence rate which exceeded 2 percent. All other methods had very low levels of usage, varying from 0.3 percent for vaginal methods to 0.8 percent for vasectomy.

8.3. Differentials:

8.3.1. Age and number of children:

Knowledge and use of family planning methods differed by age and by number of children (ever born or living). Women in the 20-39 year age group were, in general, more likely to know of or use family planning methods than were those in the younger or older age groups. Similarly, women who had 2-7 ever born or living children had higher proportions knowing or using family planning methods than did those who had fewer than 2 or more than 7 children ever born or living. The differentials in the case of knowledge, however, were generally not as pronounced as were those in the case of ever use or current use.

The above patterns of differentials in knowledge and use were also found when the analysis was done by method, excluding tubectomy, vasectomy and the IUD. In contrast, tubectomy, vasectomy and the IUD were mentioned and used more by older women than by those who were in the younger age groups. They were also mentioned and used more by women who had more children than by those who had fewer children. These variations are expected in the case of tubectomy and vasectomy as they are permanent means of contraception. Perhaps IUDs, also, are used more often for fertility limitation than for birth spacing.

8.3.2. Current marital status:

Knowledge and use of family planning methods were, as a rule, higher among ever married women who were currently married than among those who were not currently married. Differences between the two categories were largely due to the fact that the 'not currently married' category included mostly older women who were less exposed to the family planning programme when they were younger.

8.3.3. Education:

Knowledge and use of family planning methods varied considerably by education. Women who were more educated were more likely to know of or

use family planning methods than were those who were less educated. There were, however, some deviations. For example, clinical methods such as sterilization were less used by women above the mid-secondary level of education than those who were less educated.

8.3.4. Religion:

Religious differentials in knowledge and use of family planning methods were considerable. Non-Muslim women were more likely to know of or use family planning methods than were Muslim women.

8.3.5. Employment status:

Differentials by women's employment status were, generally, not very significant. Nevertheless, it was evident that women with paid employment were more likely to know or use family planning methods than those who had unpaid employment or were not employed at all. Women who had unpaid employment were generally least knowledgeable of family planning methods and also were least likely to use any method except sterilization. Interestingly, these women reported the higher use rate for sterilization.

8.3.6. Knowledge of methods:

Use of family planning methods was strongly associated with knowledge. That is, the more methods a woman knew, the more likely she was to have used a method.

8.3.7. Land ownership:

Differentials in use of family planning methods by family's land ownership were almost non-existent. In urban areas, however, women coming from families having agricultural land reported higher use of family planning than those coming from families having no agricultural land. The most interesting finding was the higher use of sterilization among women from families not owning any agricultural land in both urban and rural areas, than from those from families owning agricultural land.

8.3.8. Division:

Levels of family planning knowledge and use were strikingly lower among women in Chittagong division than among those in the other divisions. Among the other divisions, Khulna had the greater knowledge and use than Dhaka and Rajshahi, although the differences were not large.

8.3.9. Urban-rural area:

Urban-rural differentials were pronounced. The rates of family planning knowledge and especially family planning use were higher in urban areas than in rural areas.

8.4. Conclusion:

The 1981 CPS was conducted by personnel of the MIS Unit almost independently, from initial planning to writing of this final report. The survey was completed within the prescribed time period, producing its results within three months of the completion of the field work in August, 1981. Thus, the survey was very useful to programme implementors and policy makers by providing this rapid feedback. Not only was the survey completed in time, but the data were of high quality, being consistent with data obtained from other sources such as the service statistics system, censuses and previous family planning surveys.

The survey has shown that there has been improvement in family planning knowledge and use over the period 1975 to 1981, particularly since 1979. Nevertheless, it is evident from the analysis of the results that more effort will be needed to increase family planning practice levels among the target population, as 64 percent of ever married women had never used family planning and only 10.9 percent of currently married women were currently using modern family planning methods at the time of the survey.

Oral pill and tubectomy were almost universally known. But, knowledge of condom and vasectomy, two male methods, was comparatively much lower, being reported by 59.2 and 71.5 percent, respectively, of the

ever married women. The use rates of oral pill and tubectomy were considerably higher than those of condom and vasectomy. If there is not a response bias with females being shy about mentioning male methods, these findings suggest that males may be less interested in using family planning methods than females. The programme should try to reduce the male - female disparity of bringing necessary modifications in its strategies.

Traditional methods were mentioned least by the survey population. The programme should pay some attention to disseminating useful knowledge of these methods among the target population, so that they can be used correctly and thereby play a more useful role in fertility limitation.

The IUD is an excellent method of contraception for birth spacing and birth limitation (Berelson, 1964). Although this method was the most promoted at the early stage of the family planning programme, its knowledge and use were both very low in the 1981 CPS. The programme should re-introduce and promote this method.

A large proportion of current users reported reliance on traditional methods. Reliance on traditional methods may be due, in part, to unavailability of modern contraceptives. If this is true, then the survey results clearly reveal that there is a significant proportion of the target population having an unmet need for modern contraceptives. The programme should try to meet this need by improving its existing service delivery systems.

The survey data documented the contribution of the health/family planning field workers in the rural area and the commercial section in the urban area as sources of non clinical methods. The contribution of government clinics in the provision of clinical contraception was also noteworthy.

In conclusion, the survey documented a trend towards increased use of family planning among the population in this country. If the population control programme is given strong emphasis and implemented effectively, subsequent contraceptive prevalence surveys should document an even greater increase in family planning use.

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AI

BANGLADESH CONTRACEPTIVE PREVALENCE SURVEY-1981
HOUSEHOLD QUESTIONNAIRE

SAMPLE IDENTIFICATION			
NAME OF HOUSEHOLD HEAD _____			
OCCUPATION OF HOUSEHOLD HEAD _____			
SAMPLE H.H.NO.	<input style="width: 20px; height: 20px;" type="text"/>	CONVERTED H.H. NO.	<input style="width: 20px; height: 20px;" type="text"/>
DISTRICT	_____	THANA	_____
UNION	_____	VILLAGE/BLOCK	_____
GROUP	<input style="width: 20px; height: 20px;" type="text"/>	STRATUM	<input style="width: 20px; height: 20px;" type="text"/>
		PSU NO.	<input style="width: 20px; height: 20px;" type="text"/>
		ISU NO.	<input style="width: 20px; height: 20px;" type="text"/>

INTERVIEW INFORMATION				
INTERVIEW CALL	1	2	3	4
DATE				
RESULT CODE*				
INTERVIEWER CODE	<input style="width: 20px; height: 20px;" type="text"/>	NO. OF ER'S _____		
*RESULT CODES:				
Completed	1	Dwelling vacant	5	
No competent Respondent	2	Address not found	6	
Deferred	3	Address not existing	7	
Refused	4	Other (Specify)	8	

Scrutinized <input type="checkbox"/> By <input style="width: 40px; height: 20px;" type="text"/> Date _____	Reinterviewed or spot checked <input type="checkbox"/> By <input style="width: 40px; height: 20px;" type="text"/> Date _____
--	--

BATCH NO _____

HOUSEHOLD FEMALE MEMBERS

Please tell the names of all Females (including very young babies)
who spent last night in this household

Name of Female	How old is she ? (completed years)	Has she ever been married ? Yes/No	Interview Eligibility please tick	Line No.
				01
				02
				03
				04
				05
				06
				07
				08
				09
				10

III

BANGLADESH CONTRACEPTIVE PREVALENCE SURVEY-1981

INDIVIDUAL QUESTIONNAIRE

VILLAGE OR BLOCK _____ TIME STARTED _____

LINE NO. OF RESPONDENT CONVERTED H.H. SERIAL NUMBER

INTERVIEW INFORMATION

Interview Call	1	2	3	4
Date				
Result Code*				
Interviewer Code	<input type="text"/> <input type="text"/>			

*INTERVIEWER: FOR EACH CALL ENTER THE APPROPRIATE RESULT CODE AS FOLLOWS:

Completed	1
Incomplete	2
Respondent not available	3
Deferred	4
Refused	5
Other (specify)	8 _____

Scrutinized <input type="checkbox"/>	Reinterviewed or spot checked <input type="checkbox"/>	Edited <input type="checkbox"/>	Coded <input type="checkbox"/>
By <input type="text"/> <input type="text"/> <input type="text"/>	By <input type="text"/> <input type="text"/> <input type="text"/>	By <input type="text"/> <input type="text"/>	By <input type="text"/> <input type="text"/>
Date _____	Date _____	Date _____	Date _____

AIV

1. How old are you (completed years) ? _____ years.

2. Have you ever attended school ?

Yes

No

(SKIP TO Q 5)

3. Was it a primary school, Madrasa, Secondary School or higher that you attended last ?

Primary

High School

College/University

Madrasa

Others _____
(specify)

What was the highest class you passed at that level ? _____ class

5. What is your religion ?

Islam

Christian

Hindu

Buddhist

Other _____
(specify)

6. Aside from doing normal housework, do you do any other other work (for cash or kind) on a regular basis such as agricultural work, making things (for sale), selling things in the market, or anything else ?

Yes

No

(SKIP TO Q 8)

7. Did you earn any money from this work during the last year ?

Yes

No

8. Does your family own any agricultural land ?

Yes

No

9. Now I want to ask you about your married life.
Are you now married, widowed, divorced or separated ?

Currently married	<input type="checkbox"/> 1	Widowed	<input type="checkbox"/> 2
Divorced	<input type="checkbox"/> 3	Separated	<input type="checkbox"/> 4

10. Did your husband ever attend school ?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/> 1
-----	--------------------------	----	----------------------------

(SKIP TO Q 13)

11. Was it a primary school, Madrasa, Secondary School or higher that he attended last ?

Primary School	<input type="checkbox"/> 2	High School	<input type="checkbox"/> 3
College/ University	<input type="checkbox"/> 4	Madrasa	<input type="checkbox"/> 5
Don't know	6	Others _____	8

(specify)

12. What was the highest class that he passed at that level ? _____ class

13. Now I want to ask you about your family life. Have you ever given birth to a child (even a child who died soon after birth) ?

Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 2
-----	----------------------------	----	----------------------------

(SKIP TO Q 19(a))

14. How many of these children are still alive ?

(number)

INTERVIEWER:

(a) BE SURE THAT THE REPORTED NUMBER OF CHILDREN INCLUDES ALL THOSE LIVING ELSEWHERE, AND THEN ASK QUESTIONS ACCORDING TO THE FOLLOWING INSTRUCTION;

(b) SKIP TO Q 16(a) IF THERE IS NO CHILD ALIVE

15. Of those still alive, how many are boys and how many are girls ?

Boys	_____	Girls	_____
	(number)		(number)

16(a). Has any of your total children born alive died ?

INTERVIEWER:

IF THE ANSWER IS 'NO', ASK AGAIN 'WAS THERE EVEN A CHILD BORN WHO DIED IMMEDIATELY AFTER BIRTH'

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(SKIP TO Q 17)

16(b). Then how many of your children born alive have died ?

_____ (number)

INTERVIEWER:

BE SURE THAT THE REPORTED NUMBER INCLUDES ALL THOSE DIED IMMEDIATELY AFTER DELIVERY

17. When did you last give birth to a child (even a child who died immediately after delivery) ?

Year _____ Month _____

18. Is the child still living ?

Yes 1 No 2

19(a). CHECK QUESTION 9

Currently married 1 Not Currently married 2

(SKIP TO Q 20)

19(b). Are you now pregnant ?

Yes 1 No 2 Don't know 3

Contraceptive Knowledge and Use

20. Now I want to discuss something else. You may know that it is possible to prevent the birth of a child by using various family planning method or medicines. Have you ever heard of any of these methods or medicines ?

Yes 1 No 2
(SKIP TO Q 23)

21. Can you tell me their name ?

FOR EACH METHOD MENTIONED, CIRCLE (1) IN COLUMN 1 OF THE CONTRACEPTIVE TABLE, ASK Q22 AND CIRCLE (1) OR (2) ACCORDINGLY IN COLUMN 3 FOR EACH METHOD

22. Have you or your husband ever used _____ (method)

FOR EACH METHOD NOT MENTIONED, ASK Q 23

23. Just to be sure, have you ever heard of _____ ?
(method)

FOR EACH METHOD ASKED, CIRCLE (2) OR (3) ACCORDINGLY
IN COLUMN 2 AND IF (2) IS CIRCLED ASK Q 24

24. Have you or your husband ever used _____ ?
(method)

FOR EACH METHOD ASKED, CIRCLE (1) OR (2)
ACCORDINGLY IN COLUMN 3

AVIII

CONTRACEPTIVE TABLE

NAME OF METHODS	HEARD OF METHOD (SPONTANEOUS) 1	HEARD OF METHOD (AIDED) 2	EVER USED METHOD 3
01 ORAL PILL	1 YES	2 YES 3 NO	1 YES 2 NO
02 CONDOM	1 YES	2 YES 3 NO	1 YES 2 NO
03 IUD	1 YES	2 YES 3 NO	1 YES 2 NO
04 FEMALE STERILIZATION	1 YES	2 YES 3 NO	1 YES 2 NO
05 MALE STERILIZATION	1 YES	2 YES 3 NO	1 YES 2 NO
06 ABORTION	1 YES	2 YES 3 NO	1 YES 2 NO
07 INJECTION	1 YES	2 YES 3 NO	1 YES 2 NO
08 EMKO, JELLY, FOAM, ETC.	1 YES	2 YES 3 NO	1 YES 2 NO
09 ABSTINENCE	1 YES	2 YES 3 NO	1 YES 2 NO
10 SAFE PERIOD	1 YES	2 YES 3 NO	1 YES 2 NO
11 WITHDRAWAL	1 YES	2 YES 3 NO	1 YES 2 NO
12 OTHER ----- (SPECIFY)	1 YES	2 YES 3 NO	1 YES 2 NO

25. CHECK QUESTION 9
Currently Married

Not currently
married

(END INTERVIEW)

26. CHECK QUESTION 19(b)
Not currently pregnant
or don't know

Currently pregnant

(END INTERVIEW)

27. Are you or your husband now
using any method ?

Yes

No

(END INTERVIEW)

28. What is the name of the method you or
your husband are (is) using ? _____
(method)

29. Where do you get your supply or service from ? _____
(source)

Thank you for your time and co-operation.

TIME ENDED _____

BI

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