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**FAMILY  
PLANNING  
MOTIVATION  
CAMPAIGN THE BASE  
LINE  
RESEARCH STUDY  
1983**

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## FOREWORD

In late 1981, USAID Population Services International (PSI), and the Social Marketing Project reached a consensus that additional efforts were required to increase overall demand for contraception of all kinds. This requirement flowed from the experience of several localised family planning programmes in the country: after intensive efforts at the door-to-door level, contraceptive prevalence in this geographically limited areas would rise to 35-40% and then level off. Increased efforts of the same sort to enlist new couples into the ranks of those limiting the size of their families were not proving to be effective.

The intention was to use the most advanced advertising techniques to speed the fundamental transition in perceptions and attitudes relating to family size. PSI contracted with Manoff International, a New York advertising firm with a history of success both in commercial, as well as in social advertising, to help plan the strategy and design the campaign. Qualitative research helped to identify constraints to the adoption of family planning in the Bangladeshi context, and eventually advertising strategies were formulated to address these constraints, and messages were designed to implement the strategies.

A critical element in this overall effort to raise levels of demand for contraception has been initiated in the work reported here. For most advertising, the evaluative process is rather simply reflected in sales data: good advertising yields higher sales. In the area of social advertising, however, the efficacy of the advertising is much more difficult to judge. The desired effects are different attitudes and perceptions. Perhaps years thereafter, one can begin to expect changed behaviour and more contraception. Consequently, one cannot hope to track the advertising by such a straight-forward method as sales data; one must go out to the target market and find out how—if at all—they are reacting.

The present report represents the base-line situation against which subsequent waves of tracking surveys will be matched. It describes attitudes and behaviour current in the country, some of which the campaign is extremely rich information on the reach of media in the country, information which was not previously available and which indicates starkly how difficult will be the undertaking described above.

The study is of remarkably high quality. This high quality is the result of the efforts of many people, but primary those of Dan Lissance of Manoff International

and S. N. Mitra of Mitra & Associates, Manoff's Sub-contractor for the survey. The relationship between these two organizations, and, more particularly, between these two men could serve as a model for this type of collaboration. The study that they have produced will be of great use to us all, even over and above its direct application to the advertising campaign, and we are most happy to have been associated with it.

**William P. Schellstede**

Vice President Population services International.  
Advisor social marketing Project, Bangladesh.

## PREFACE

Adoption of a new practice like family planning does not take place suddenly. For a family planning program to succeed, people of a given society must change values and behavior deeply rooted in their nature and strongly supported by the societal system. As such, family planning program must provide required knowledge on which family planning practices can be based and thereby stimulate the creation of new social norm for small family.

The task of informing every couple in a high fertility population about family planning is a gigantic one, calling for an effective program based on meticulous planning. The fullfledged family planning program was launched in Bangladesh under the government auspices as far back as in 1965 and since then a wide awareness of family planning has been created among the target population. But, there exists a gap between the awareness and practice of contraception. To bridge this gap the population program must now concentrate on motivation of the hardcore clientele with appropriate knowledge. The mass media communication campaign on family planning information in Bangladesh launched by Manoff International Inc., New York, is important in this context.

Manoff International gave us the opportunity to associate ourselves with their communication research program by giving us the contract to conduct the baseline research study. We are grateful to them for this.

The baseline research study is, perhaps, the first comprehensive communication study ever taken in this country in the field of family planning. Therefore, Mitra and Associates takes pride in conducting the study.

It is expected that the findings of the study will be useful not only for Manoff Motivation Campaign but also for many others engaged in promoting family planning programs in this country. We do also hope that the study will pave the way for carrying out further useful researches in mass communication not only in the field of family planning but also in the other developmental programs.

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A great number of people were engaged for the purpose of the study. To name them all would be impossible, to name none would be ungrateful. We owe an enormous debt to Mr. Danial M. Lissance, Project Director of Manoff Campaign in Bangladesh for planning the study, developing the questionnaire, and guiding us from time to time. Thanks are also due to Prof. Walter Watson, Technical Advisor to Manoff for his whole-hearted involvement at the takeoff stage of the study.

The successful completion of the study was possible due to the untiring zeal for hard work of Mr. S. N. Mitra, Project Manager and Mr. G. M. Kamal, Deputy Project Manager; under their able supervision and professional excellence the survey staff put their best efforts to accomplish the task. Thanks are also due to them for analysing the data and writing the report.

We sincerely acknowledge and appreciate the tireless, hard labour put in by Mr. M. A. Quasem, Director ( Finance and Administration ), Mitra and Associates, Mr. Md. Akbar, and other core professional personnel of Mitra and Associates, who took great pains and proved their professional excellence in organizing the field work, documentation, and processing of data.

Helps extended by Mr. Nowab Ali and Mr. Alamgir Bhuiya in organizing the training program, in constructing codes for responses to openended questions and in initial tabulation work for the analysis plan are very gratefully acknowledged. Special thanks must be given to Mr. Nurul Islam and Mr. Rashid-Siddiqui for helping in the computerization of the data. Acknowledgement is also due to Mr. Syed Anwarul Islam and Mr. Abul Hossain Chowdhury for their time in reviewing and editing the manuscript.

The endurance and perseverance of the field and office staff to work hard even late at night under pressure of deadlines is greatly appreciated. Our thanks should also be extended to the local family planning program authorities and 914 respondents, who fully cooperated with our teams in the field to make the study a success.

Finally, thanks are also due to Mr. Jaynal Abdin, Mr. Md. Siddique Ullah, Mr. A. Karim Dewan, and Ms. Suraiya Akhter for their commendable services in the typing of the several drafts and of the final report.

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Should the findings of the study come to be useful in successful implementation of the family planning motivation campaign, the time and energy spent in conducting the study would be deemed to be worth the while.

A handwritten signature in cursive script, appearing to read "Mitra".

for the management of  
Mitra and Associates.

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## Chapter—1

# INTRODUCTION

Manoff International Inc. New York, has initiated a mass media motivational campaign on family planning in Bangladesh (Manoff, 1983). The campaign is directed towards promoting family planning by attacking several of the major obstacles on the way of conversion of generally favorable, but somewhat hesitant and fearful, family planning attitudes into active, knowledge-seeking trial, and adoption of contraceptive behavior.

A series of research studies have been planned to increase the efficiency and efficacy of the campaign and, thereby, to ensure its effective implementation. The studies are specifically aimed at identifying strengths and weaknesses of the campaign, suggesting modifications (if needed) in its strategies, and evaluating its ultimate impact upon the family planning program.

### 1.1. Purposes :

The baseline research study is the first study in the series. It was designed to provide baseline parameters immediately prior to the initiation of the mass media motivational campaign. Findings of the baseline study will be compared with those of the other studies to be conducted subsequently, in order to evaluate the effectiveness of the campaign by providing measures of changes in the baseline parameters. The purposes of the baseline study were thus specified as follows :

- (i) to yield baseline values on family planning variables and on exposure to, and recall of, family planning messages on the mass media at the outset of the campaign ;
- (ii) to provide a rigorous protocol and set the pattern for subsequent surveys designed to measure changes ;
- (iii) to provide important data on access and exposure opportunities to the mass media.

### 1.2. Objectives :

Keeping in view its purposes, the following specific objectives were set for the survey :

- (i) to determine baseline values in family planning knowledge, attitude, and practice at the outset of the motivation campaign against which future changes can be measured ;
- (ii) to determine baseline values with respect to the recall and recognition of mass media messages on family planning ;
- (iii) to determine baseline values in husband-wife and other interpersonal communication patterns which may shift in response, wholly or partially, to the campaign ;
- (iv) to collect more and more systematic data that currently exist on mass media exposure opportunities as well as actual radio listening habits of the target audience ;
- (v) to collect data on selected background characteristics of the family planning target population, such as age, length of married life, number of living children, education, female employment status, and male-occupation, that would be useful in interpreting the results of the survey.

### 1.3. The Setting :<sup>1</sup>

A brief description of Bangladesh as well as that of its population problems and population control programs is provided in this section. The descriptions were considered useful in discussing the methodology and the results of the survey.

#### 1.3.1. Profile of Bangladesh :<sup>2</sup>

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 southeast. 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 here vary between 57°F and 80°F, and annual rainfalls from 50 inches in the west to 100 inches

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1. Most of this section are excerpts from The Bangladesh Contraceptive Prevalence Survey 1981 (MIS, 1981).

2. Taken mostly from MIS (1983).

in the southeast 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 a 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, and each district into Upazillas (sub-districts). There are in all 64 districts, and 460 Upazillas. Rural Upazillas 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).

The administrative setup of the country was reorganized by the present government. Under the reorganized system, each thana has been upgraded to Upazilla (or sub-district) putting it under the direct control of the district administration abolishing the sub-division level. The government also upgraded all the existing sub-divisions into districts, in phases. This report has, however, been prepared, using the old administrative setup.

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 centers. These centers varied greatly both in population size and urban advantages and disadvantages. The population size of the urban centers 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 urban population is largely concentrated in large cities and big towns. For example, half of the 1974 census urban population was found living in

cities, while another 17 percent in district towns (BBS, 1980). The urban population is growing at 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 per cent of the GDP and employs 80 per cent 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 gasfields (PCFP Division, 1978).

Islam is the predominant religion with 85 percent of the population in the 1974 census being Muslims. 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 homogeneous except for the differences brought in 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 four walls of their homes. 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 for women changing. The change, though slow and uneven among different segments of the population, 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).

### 1.3.2. Population and population problem :

Bangladesh is among the most densely populated countries. Although 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 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 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 of 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 20.8 in 1975 and around 14.0 in 1977. It is expected that declining trend will continue in the future.

In the absence of any significant migration from 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 conditions 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 Programs (Khan, 1981).

#### **1. 4. Family planning and population control programs :**

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 favor of fertility control and in persuading the government to give official support to family planning activities (Khan, 1981; NIPOPT, 1981; PCFP Division, 1980; Ahmed, W., 1969).

Voluntary efforts with nominal financial support obtained from the government continued alone until the official family planning program was established by the Directorate of Health Services in the early 1960s. The program of the Directorate of Health Services was clinic-based, limiting itself only to the provision of contraceptive services through hospitals, clinics and dispensaries. The fullfledged family planning program 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 program 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 program suffered numerous setbacks during the period 1970-72, due to the country's increasing clamour for independence 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 program was conducted independently of other development efforts, including health services. But the first five year plan of independent Bangladesh, finalised in 1973, stipulated that family planning would be integrated with health services. The integrated health and family planning program 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 program should be re-established.

In 1975, a major reorganization of the family planning program was undertaken. The government introduced an MCH based family planning program 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 feature was the appointment of full time field workers at the grass root level of the program. 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 program 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. The government launched on December 15, 1982 a two year Emergency Population Control Program (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).

### **1.5. Organization of the report :**

This report has been organized into ten chapters including the present one. The other chapters are :

Chapter—2 Methodology and implementation.

Chapter—3 Background characteristics of respondents.

Chapter—4 Awareness of, and attitude towards, family planning.

Chapter—5 Knowledge and uses of family planning methods.

Chapter—6 Factors affecting regular use of family planning methods.

Chapter—7 Interpersonal communication on family planning.

Chapter—8 Mass media messages on family planning.

Chapter—9 Accessibility to mass media.

Chapter—10 Summary and conclusion.

## 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 operations and implementation.

### **2. 1. Executive agency :**

Mitra and Associates was the executive agency of the study under a sub-contract from Manoff International Incorporation, New York. Mitra and Associates is a private research organization engaged in family planning research activities. It was established in the early part of this year, with a group of senior professionals having long experiences in the field of family planning researches.

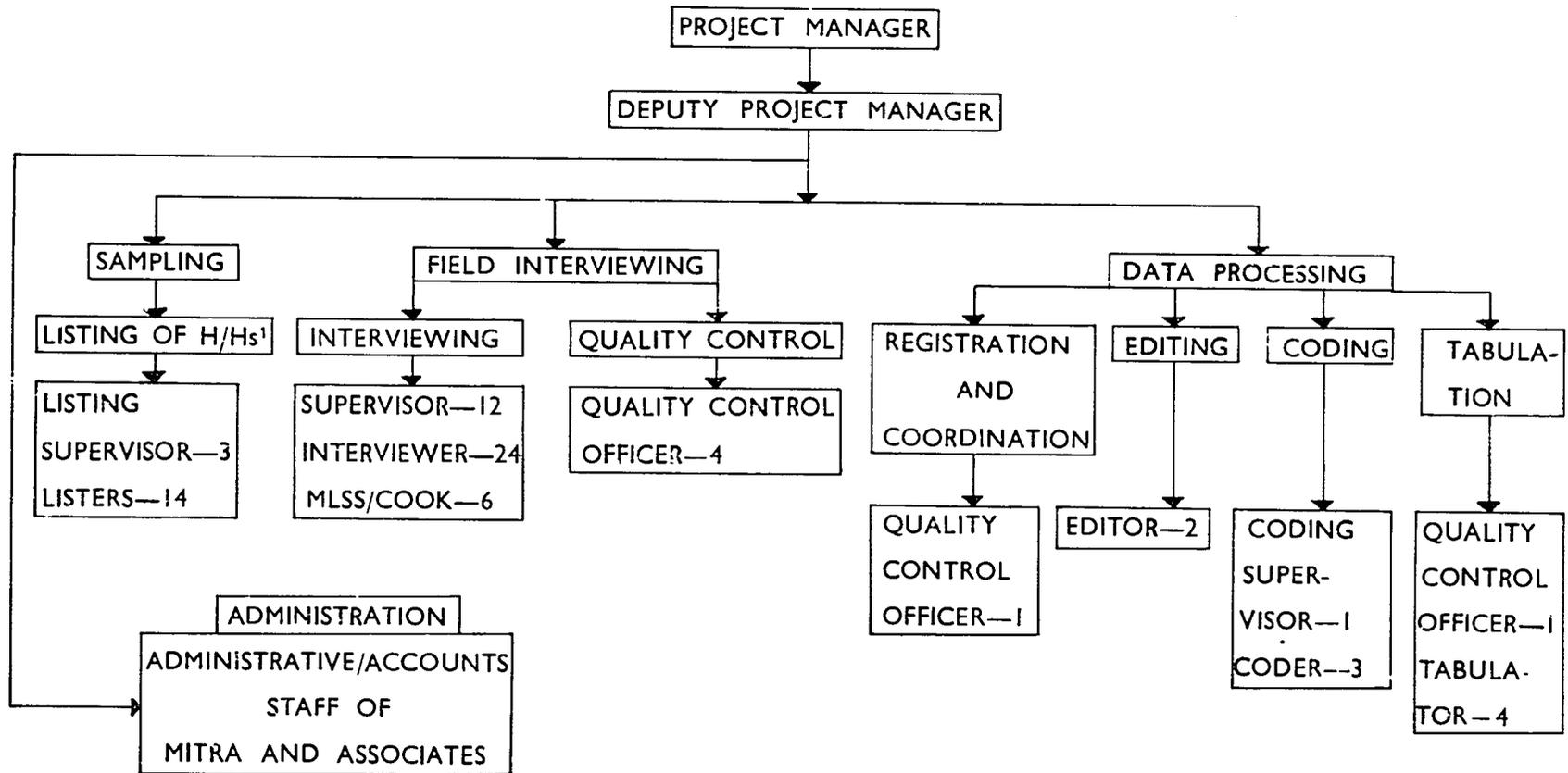
### **2. 2. Organizational structure :**

The organizational structure of the baseline research study is given on the next page. The Executive Director of Mitra and Associates was the project manager, having the overall responsibility of implementing the study. Director (Research) of Mitra and Associates was the deputy project manager and was responsible to provide technical guidance. He was assigned also with the responsibility to plan the analysis of the data and organize writing of the report.

In addition to the Executive Director and the Director (Research), other professional and administrative staff of Mitra and Associates were involved in the planning and the execution of the study. Additional manpower recruited specifically for the study included :

- (a) 6 Quality Control Officers.
- (b) 12 Supervisors (6 males, 6 females).
- (c) 24 Interviewers (12 males, 12 females).
- (d) 3 Listing Supervisors.
- (e) 14 Listers/Mappers.

# ORGANIZATION STRUCTURE



<sup>1</sup> H/Hs = HOUSEHOLDS.

- (f) 2 Editors.
- (g) 1 Coding Supervisor.
- (h) 3 Coders.
- (i) 4 Tabulators.
- (j) 6 Cooks/Logistics Assistants.

### 2. 3. **Study population :**

The study covered a predetermined subnational population. The subnational population was determined including the Dhaka and Chittagong statistical metropolitan areas; all the urban centers of the following districts excluding their headquarters towns, Barisal, Jessore, Pabna, and Rangpur; and the following sub-divisions excluding their urban areas, Kishoreganj of Mymensingh district, Comilla Sadar\* North and Brahmanbaria of Comilla district; Sadar North and Sadar South of Barisal district, Magura, Jhenaidah and Sadar of Jessore district, Sirajganj of Pabna, and Gaibandha and Sadar of Rangpur district. All the ever-married men and women living in these areas constituted, theoretically, the study population. (BBS, 1981).

### 2. 4. **Sample design :**

The study population was classified into three strata—rural, semi-urban, and urban. The urban stratum included the Dhaka and Chittagong metropolitan areas and the semi-urban stratum all other urban centers constituting the study population, while the rural stratum comprised all the rural areas included in the population.

The sample from each stratum was drawn in three stages. The first stage sampling comprised the selection of Primary Sampling Units (PSUs), while the second stage sampling involved the selection of Secondary Sampling Units (SSUs) or sample spots, and the third stage the selection of households. A PSU for the rural stratum was equivalent to a union containing roughly 3000 households. For the other two strata, the PSU was an artificial cluster of roughly 2000 households. A total of 36 PSUs were selected randomly taking 18 spots from the rural stratum, 6 spots from the semi-urban stratum and 12 spots from the urban stratum. For each stratum, selection of PSUs was done independently, using the PPS (Probabilities Proportional to Size) technique, the size being measured in terms of households.

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\* 'Sadar' means sub-division which has in it the district headquarters town.

Each selected PSU was divided into a number of SSUs. A SSU contained roughly 250 - 350 households. One SSU (or a sample spot) was selected from each of the selected PSUs. The SSU selection also was done using the PPS technique. Thus the sample ended with 36 sample spots distributed over the three strata as follows: urban stratum, 12 spots; semi-urban stratum, 6 spots; and rural stratum, 18 spots. Table-2.1 shows the distribution of sampling spots by stratum, and districts and divisions.

Household selection at the third stage of sampling was done in the following way. While planning the study, it was decided that at least 1000 eligible respondents would have to be interviewed in the survey to realize its objectives. In order to ensure this, the sample size of household was set at 1200 households.

Selection of households from each sample area was done in two phases. One phase was devoted to the selection of households for male interviews, while the other phase to the selection of households for female interviews. The selection at both the phases was done following the simple random sampling technique.

**Table-2.1**  
DISTRIBUTION OF SAMPLE SPOTS BY  
DIVISION AND DISTRICT.

Division	District	Rural	Semi-urban	Urban	Total
Dhaka	Mymensingh	3	—	—	3
	Dhaka	—	—	8	8
Chittagong	Comilla	3	—	—	3
	Chittagong	—	—	4	4
Khulna	Barisal	3	1	—	4
	Jessore	3	2	—	5
Rajshahi	Rangpur	3	2	—	5
	Pabna	3	1	—	4
Total		18	6	12	36

The households selected at the first phase were excluded from the frame while making the selection at the second phase. In this way, a total of 1160 households were selected for interviews in the survey for the design size of 1200 households. The reason for the difference between the design size and the obtained size was due to differences between the estimated size and the listed size for sample spots. Table-2.2 shows the distribution of the obtained household sample by strata, for the male and female interviews separately.

In the household selected for female interviews, all ever married women who had slept last night in the household preceding the interview date were attempted for interviews. Similarly, in the household selected for male interviews, all ever married men who had slept last night preceding the interview date were attempted for interviews.

**Table—2.2**

## HOUSEHOLD INTERVIEWS BY SEX AND AREAS

Households	Female				Male			
	Rural	Semi-urban	Urban	Total	Rural	Semi-urban	Urban	Total
Selected	285	97	192	574	296	98	192	586
Successfully interviewed	273	93	186	552	279	92	185	556
Non-response rate (percentage)	4.2	4.1	3.1	3.8	5.7	6.1	3.6	5.1

An ever married woman in the sample household was considered an eligible respondent if she was currently married and under 45 years of age. On the other hand, an ever married man was considered an eligible respondent if he was currently married with wife under 45 years of age. The number by sex and strata of respondents interviewed in the survey is shown in table-2.3(a) and that for eligible respondents successfully interviewed in table-2.3(b).

The male and female successfully interviewed respondents were distributed into the three strata as follows : urban stratum, 257 female respondents and 170 male respondents ; semi-urban stratum, 115 female respondents and 80 male respondents ; rural stratum, 354 female respondents and 279 male respondents.

**Table-2.3(a)**

## INDIVIDUAL INTERVIEWS BY SEX AND AREAS.

Respondents	Female				Male			
	Rural	Semi-urban	Urban	Total	Rural	Semi-urban	Urban	Total
Selected	377	120	266	763	313	91	187	591
Successfully interviewed	354	115	257	726	279	80	170	529
Non-response rate (percentage)	6.1	4.2	3.4	4.8	10.9	12.1	9.1	10.1

**Table-2.3(b)**SUCCESSFULLY INTERVIEWED ELIGIBLE RESPONDENTS  
BY SEX AND AREAS

Eligibility status	Female				Male			
	Rural	Semi-urban	Urban	Total	Rural	Semi-urban	Urban	Total
Eligible *	230	81	179	490	215	70	139	424
Non-eligible	124	34	78	236	64	10	31	105
Total	354	115	257	726	279	80	170	529

\* Eligibility criteria : (a) No one in the family including the respondent worked in family planning programs.

(b) Currently married, that is, living with the spouse at least once in a week ; and

(c) For female : age below 45 years and  
For male : age of wife below 45 years.

## **2.5. Questionnaire :**

The questionnaire used in the survey had two sections. One was the household section and the other the individual section. The household section was administered to identify respondents to be interviewed in a sample household, while the individual questionnaire was administered to a respondent for obtaining the pertinent survey information. The questionnaire was designed to collect the following items of information, keeping the survey objectives in view :

- (i) identification of the respondent : address, line number of the respondent in the household schedule ; sample identification number, etc. ;
- (ii) age, and eligibility criteria : sex, whether currently married and living with spouse or not, whether the respondent or anyone of the family works in family planning programs ;
- (iii) socio-demographic characteristics : length of marriage, number of living children, religion, education, occupation, etc. ;
- (iv) awareness of, and attitude towards family planning ;
- (v) knowledge and uses of family planning methods ;
- (vi) factors affecting regular use of family planning methods ;
- (vii) awareness and sources of mass media messages on family planning ;
- (viii) Interpersonal and interspouse communications on family planning ; and
- (ix) accessibility to mass media.

The original questionnaire was prepared by Manoff International Inc., and was done in English. The Bangla translation was done by Mitra and Associates. In total, the questionnaire contained 61 questions, of which 21 were openended. The openended questions were designed to collect qualitative, attitudinal data. (Luck and others, 1981). The same questionnaire was used for both the male and female respondents. The English version of the questionnaire is appended in appendix-A.

## **2.6. Field Operations :**

Field operations involved pretesting of the questionnaire, household listing, actual interviewing, and quality control checking.

### **2.6.1. Pretest interviewing :**

Pretest interviewing was done to assess the average duration of an interview, and to ensure that all the questions were suitable and unambiguous to respondents and interviewers, that the flow and skip patterns were clear, and so on. The pretest area was located in Manikganj, which is about 32 miles off Dhaka city, while the urban pretest area was located within Dhaka city itself. The purposive selection was found adequate to meet the objectives of the pretest interviewing. After the pretest results were analysed, the questionnaire was finalised, incorporating the needed modifications.

### **2.6.2. Mapping and listing :**

Households in each of the 36 selected sample spots were listed, drawing the map of the spot. The map showed location of the households and important landmarks so that the interviewer could locate easily any selected household in the field. The listing work also furnished information on—identification and location of the sample spot, possible places of accommodations, etc.,—so as to facilitate the subsequent visit of the interviewing team.

Seven mapping and listing teams, each consisting of two men were appointed to complete the work within one month. To ensure quality of the listing work, 3 listing supervisors were appointed to randomly check and verify the work done by the listing teams. The listing work was completed in time, without disturbing the time schedule set for the field interviewing.

### **2.6.3. Field interviewing :**

Field interviewing in any sample spot was carried out through deployment of a field interviewing team. There were six interviewing teams. Each interviewing team consisted of two male interviewers, two female interviewers, one male supervisor, one female supervisor, and one cook-logistical assistant. While the interviewer did the actual interviewing, the supervisor ensured the quality of the interviewer's work. The supervisor 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 (s) he should take the interview, etc. The male supervisor was given the additional responsibility of distributing tasks among the interviewers, arranging accommodation for the team, hiring transport for the team, and so forth. The two supervisors of the team

had also the responsibility of performing the field editing of the filled-in questionnaires.

Respondents whose questionnaires contained inconsistent responses were reinterviewed. Non-response cases were visited at least 3-4 times, so that they could be kept, as much as practicable, at the minimum level.

Male respondents were interviewed by the male interviewer and female respondents by the female interviewer. The complete questionnaire was administered only when a respondent was found to be an eligible respondent; otherwise the interview was terminated by asking only the eligibility questions ( see appendix-A ).

#### **2.6.4. Quality control checking :**

Quality control checking was conducted by 3 quality control teams, each consisting of two quality control officers, one female and one male. The quality control team checked the work of the interviewing team in the actual work situation in each sample area. In every area they reinterviewed one-third of the respondents to ensure accuracy of interviewing, and checked some of the interviewed households to ensure accuracy of the sample being followed. Some of the reported non-response cases also were checked by the quality control team to ensure that they were all due to valid reasons.

In addition to the quality control team, Deputy Project Manager, and other senior professional staff of Mitra and Associates visited the interviewing teams in the field to ensure high quality of the data.

### **2.7. Implementation :**

#### **2.7.1. Recruitment of personnel :**

Listers were recruited by advertising on the notice boards of different offices of the Population Control Division and of other departments engaged in population survey/research. Applicants were interviewed by a committee headed by the Executive Director, Mitra and Associates.

Recruitment of other survey personnel was done through advertisement in the two widely circulated national daily newspapers (one was the Bengali daily and the

other, the English daily). 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 passed), considering the scarcity of highly qualified females in the country. 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 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 performances during the training period, before (s)he was finally appointed to a specific post.

#### **2.7.2. Training :**

In total, 50 trainee interviewers—25 males and 25 females—were recruited. All of them were given one month's training on different aspects of the data collection in the survey, involving both class room lectures and field practices. After the training, a test was taken, and on the basis of the test results, 6 were recruited as quality control officers (3 males, 3 females); 6 as male supervisors; 6 as female supervisors; 12 male interviewers; and 12 female interviewers. In addition to the field staff, 2 editors were recruited from among the trainees to start the editing work as soon as the first batch of completed questionnaires was brought to the headquarters.

#### **2.7.3. Data processing :**

After the field work for interviewing was over; one of the field personnel was appointed as coding supervisor, three as coder; and four as tabulator. This was in addition to the two editors previously recruited. The above personnel were assigned to perform the data processing work, dividing them into three distinct groups: editing group, coding group, and tabulation group.

#### **2.7.4. Editing :**

Editing was done to verify that questionnaires were correctly filled in, interviewing the correct sample; that items of information recorded or responses obtained to the inter-related questions were consistent with one another; that all the questions in the questionnaire were asked, and so forth. Ten percent of the edited questionnaires were verified by the professional staff of Mitra and Associates.

### **2.7.5 Categorization of responses to openended questions :**

As mentioned earlier, there were as many as 21 openended questions in the questionnaire. Answers to each openended question were recorded 'verbatim' by the interviewer. On receipt of the schedules at the headquarters, answers to each and every openended question were carefully edited in order to delete the generalized and vague answers. On completion of the editing, answers from 50—100 schedules, for each of the openended questions were transferred to separate sheets, and appropriate net codes and sub-net codes for the answers were constructed, following the ideas of coding documented in Bogue (1970), Bogue and Heiskanen (1963).

The net code refers to the major category of answers, while the sub-net code to the sub-category for the major category. Sometimes, a net code had no sub-net codes. One particular type of answers was given a separate code only if it constituted at least 4-5 percent of the total answers. The openended question was the multiple answer question, providing the respondent options to give more than one answer. Because of this, for a given question a respondent might have been coded in more than one net code, or in more than one sub-net code within a net code.

### **2.7.6. Coding :**

Information in the questionnaire was coded onto specially designed cards called 'code cards'. Code cards contained blank cells specified by column numbers and variable names, indicating in which cell or cells, a particular item of information/response of a particular question would be coded. Code cards were made thick enough so that they were convenient for hand sorting like playing cards. To match with the computer needs, each code card was designed to contain eighty columns. As many as eleven code cards had to be developed to accommodate all the information contained in the questionnaire. A master code book was developed assigning to each variable specific variable numbers and code columns.

Actual coding work was done by three coders, while 100 percent of the finished coding was checked by two quality control officers. In addition, the coding work was supervised by the professional staff of Mitra and Associates.

### **2.7.7. Tabulation :**

Tabulation was done both manually and through computer, according to the analysis plan developed. The analysis plan contained dummy tables to be prepared with data obtained in the survey. A set of tabulation programs like computer programs was developed prior to starting the actual tabulation work. This was done so that the tables could be produced properly following a scientific approach.

Four tabulators were engaged in the tabulation work, with one quality control officer as the supervisor. The Deputy Project Manager maintained constant watch on this particular work in order to provide guidance in case there was any difficulty.

Two programmers were appointed to develop the computer programs, and to plan and supervise the computerization of the data. The computer services were hired from Bangladesh University of Engineering and Technology (BUET). In addition to the two programmers, two key punch operators were employed to do the data entry work. Computer printouts were validated and re-validated by the coding verifiers and finally checked by the programmers.

Manual tabulations, though a duplication of work, helped produce the results quickly. It also provided an opportunity to crosscheck the accuracy of the tabulation work. The discrepancies between tables produced manually and those produced through computer were sorted out consulting the code cards or the questionnaires or both.

### **2.7.8. Analysis of data :**

Only descriptive analysis of the study are presented in this report. In depth analysis of the data was not considered necessary at this stage. The data have been preserved in the computer tape, and would be subjected to more in depth analysis to provide appropriate alternative measures for subsequent studies to evaluate the impact of the campaign.

## 2.8. Time schedule :

The time schedule of the survey was as follows :

Activities	Time period
(a) Project initiated	Mar 10, 1983
(b) Recruitment and training of interviewers	Mar 13 to Apr 06, 1983
(c) Field work	Apr 07 to May 10, 1983
(d) Data processing for preliminary tables	May 11 to Sep 04, 1983
(e) Preparation of preliminary tables	Jun 15 to Sep 05, 1983
(f) Computerization of data	Aug 02 to Sep 30, 1983
(g) Writing of the report	Sep 05 to Dec 15, 1983

## 2.9. Summary :

The baseline research study is the first in a series of periodical studies planned to evaluate and strengthen the mass motivational campaign on family planning, initiated by Manoff International, Inc., New York. The baseline study was designed to provide baseline parameters immediately prior to the initiation of the campaign, and to provide a rigorous protocol and set the pattern for subsequent studies to be undertaken. In addition, the baseline study was intended to provide important data on access and exposure opportunities of the family planning target population to the mass media.

The survey was implemented using a three stage stratified cluster sample selected from a predetermined subnational population. The subnational population was comprised of three strata—rural, semi-urban, and urban. The urban stratum covered the Dhaka and Chittagong statistical metropolitan cities, while the semi-urban stratum did all the urban areas of the districts of Barisal, Jessore, Pabna and Rangpur, excluding their district towns. The rural stratum covered 11 sub-divisions excluding their urban areas, the sub-divisions were scattered over the following districts : Mymensingh, Comilla, Barisal, Jessore, Pabna and Rangpur.

The sample consisted of 36 sample spots selected in two stages ; 12 spots were from the urban stratum, 6 from the semi-urban stratum, and 18 from the rural

stratum. A sample spot contained roughly 250-350 households. The ultimate sample was drawn in terms of households selected randomly, at the third stage, from among the sample spots. In all, the sample included 1,160 households—with 384 households randomly taken from the urban stratum, 195 from the semi-urban stratum, and 581 from the rural stratum.

In the selected households, interviews were conducted successfully with 914 eligible respondents, of whom 424 were male and 490 female. A woman was considered an eligible respondent if she had slept last night in the selected sample household preceding the interview date, and if she was currently married and under 45 years of age. On the other hand, a man was considered an eligible respondent if he had slept last night in the sample household preceding the interview date, and if he was currently married with wife under 45 years of age. Household samples were drawn independently for the male and female interviews. No male interview was taken in the households selected for female interviews. Similarly, no female was interviewed in the households selected for male interviews.

The successfully interviewed male and female respondents were distributed into the three strata as follows: urban stratum, 257 female respondents and 170 male respondents; semi-urban stratum, 115 female respondents and 80 male respondents; rural stratum, 354 female respondents and 279 male respondents.

The questionnaire used in the survey included 61 questions. Among the questions, there were 21 openended questions designed to collect qualitative data. For both the male and female respondents, the same questionnaire was used. Items of information covered in the questionnaire included selected background characteristics of respondents, awareness of and attitude towards family planning, knowledge and uses of family planning methods, factors affecting regular use of family planning methods, interpersonal communication on family planning, mass media messages on family planning, and accessibility to mass media.

### Chapter—3

## **BACKGROUND CHARACTERISTICS OF RESPONDENTS**

Background characteristics of respondents collected in the survey were the ages of respondents and their spouses ; respondents' length of marriage, number of living children, desire for additional children, religion ; education of respondents and of their spouses ; employment status of female respondents and spouses of male respondents ; occupation of male respondents and spouses of female respondents.

The distributions of the characteristics among respondents are presented and discussed in this chapter with a view to specifying the sample followed in the baseline study. The distributions are also expected to be useful in comparing the study population with the national population and in reaching conclusions about whether the findings of the survey can be generalized for the family planning target population for the country as a whole. It is also expected that future communication surveys will benefit from the observed distributions of the characteristics in conducting differential analysis to evaluate the performances of the motivational campaign. No attempt has, however, been made in the current report to use the observed characteristics in explaining any findings of the baseline study.

### **3.1. Distributions of ages :**

The age distributions by areas of female respondents and wives of male respondents are shown in table 3.1(a), and those for male respondents and husbands of female respondents in table 3.1(b). The distributions have been computed using only two broad age groups—younger age group and older age group. The detailed age distributions using five year age grouping are shown in appendix-C.

The age grouping for those who were female was done differently from that of those who were male. For those female, the younger age group included the ages less than 25 years and the older age group, the ages 25 years to 44 years; while for those male, the younger age group included the ages less than 30 years and the older age group, the ages 30 years and above.

As can be seen from table—3.1 (a), 41.9—45.7 percent of eligible women<sup>1</sup> covered in the survey were in the younger age group or under 25 years of age. Only exceptions were the wives of male respondents in the urban areas, having 31.6 percent of them in the younger age group. While 41.9 percent of the female respondents in the urban areas were in the younger age group, it seems that urban male respondents had understated the proportion younger among their wives, putting it at considerably lower, 31.6 percent.

In the survey males were older than females. This result is expected, since a man in this society is generally married with the woman who is younger in age. For male respondents, the proportion younger or under 30 years of age was 31.6 percent in the rural areas and 30.0 percent in the semi-urban areas; the corresponding percentages for husbands of the female respondents were 26.9 percent and 25.9 percent respectively.

The proportion younger in the urban areas was 22.3 percent for husbands of the female respondents; while for male respondents it was considerably lower 14.4 percent. This finding indicates that male respondents of the urban areas underreported the younger proportion not only for their wives but also for themselves.

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<sup>1</sup> Eligible women are those who were currently married and under 45 years of age, that is female respondents and spouses of the male respondents.

**Table—3.1(a)**

DISTRIBUTION OF FEMALE ELIGIBLE RESPONDENTS AND  
WIVES OF MALE RESPONDENTS BY YOUNGER  
OLDER AGE GROUP AND AREAS.

Age group	Female respondents			Wives of male respondents		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Younger (<25 years)	43.9	45.7	41.2	44.2	44.3	31.6
Older (25-44 years)	56.1	54.3	58.1	55.8	55.7	68.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
N <sup>1</sup>	230	81	179	215	70	139

N<sup>1</sup> in this table is the total number of eligible respondents.

**Table—3.1(b)**

DISTRIBUTION OF MALE ELIGIBLE RESPONDENTS AND HUSBANDS  
OF FEMALE ELIGIBLE RESPONDENTS BY YOUNGER  
OLDER AGE GROUP AND AREAS.

Age group	Husbands of female respondents			Male respondents		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Younger (<30 years)	26.9	25.9	22.3	31.6	30.0	14.4
Older (30 years or above)	73.0	74.1	77.7	68.4	70.0	85.6
Total	99.9 <sup>a</sup>	100.0	100.0	100.0	100.0	100.0
N <sup>1</sup>	230	81	179	215	70	139

<sup>1</sup> N in this table is the total number of eligible respondents.

<sup>a</sup> Total is less or more than 100 percent due to rounding errors.

### 3.2 Length of marriage :

Table-3.2 shows that majority of respondents were married for a considerable length of time. Among respondents in any sub-group, more than 54.0 percent reported that they had been married for 10 years or above; while the percentage rose to the highest 61.3 percent for those who were rural female. On the contrary, the proportion of respondents married for 5 years or less was in the range of 20.4—28.9 percent in the rural areas; 25.9—34.2 percent in the semi-urban areas; and 24.3—27.4 percent in the urban areas. The range for the semi-urban areas should be treated with some caution. The proportion there married for one year or less was unusually as high as 11.1 percent for female respondents and as high as 20.0 percent for male respondents, while for the rural and urban areas it was no more than 7.9 percent either for male respondents or for female respondents. The unusual findings of the semi-urban areas are possibly the results of the small samples.

**Table—3.2**

#### LENGTH OF MARRIAGE BY SEX AND AREAS

Length of marriage	Female			Male		
	Rural	Semi urban	Urban	Rural	Semi-urban	Urban
1 year or less	3.9	11.1	5.6	7.9	20.0	5.0
2 years	5.2	2.5	3.9	5.6	5.7	5.0
3 years	5.2	3.7	7.8	3.3	7.1	4.3
4 years	2.2	3.7	2.8	4.7	1.4	5.0
5 years	3.9	4.9	7.3	7.4	—	5.0
6 years	5.2	4.9	6.1	3.7	5.7	2.9
7-9 years	13.0	11.1	11.2	10.7	5.7	12.9
10 years or more	61.3	58.0	55.3	56.7	54.3	69.7
Total	99.9 <sup>a</sup>	99.9 <sup>a</sup>	100.0	100.0	99.9	99.8 <sup>a</sup>
N <sup>1</sup>	230	81	179	215	70	139

<sup>1</sup> N in this table is the total number of eligible respondents.

<sup>a</sup> Total is less than 100 percent due to rounding errors

In any of the sample areas, differentials between the male and female respondents in their percentages by length of marriage showed irregular patterns, although the magnitude of the differentials was generally not appreciable anywhere.

### **3.3. Number of living children :**

Table-3.3 shows, by areas and sex, the distribution of respondents according to the number of living children. The median number of living children in any areas was within the range of 3.4 to 3.0. At least a half of the respondents anywhere had 3 or more living children. The proportion having 3 or more children in the rural areas was 54.3 percent for female respondents and 58.6 percent for male respondents, while in the other areas it ran between 49.7 percent and 56.7 percent for either male or female respondents.

### **3.4. Desire for additional children :**

Table-3.4 shows that the proportion of respondents having desire for additional children was much lower than that having no desire for additional children. This was true of the male and female respondents anywhere in the sample.

The proportion having desire for additional children was higher in the rural areas than in the semi-urban areas or in the urban areas. For both the male and female respondents it was within the range of 32.8-33.3 percent in the semi-urban areas and 25.9-32.9 percent in the urban areas, while the range was higher at 36.0—46.2 percent for the rural areas.

**Table—3.3**

NUMBER OF LIVING CHILDREN BY SEX  
AND AREAS.

Number of living children	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
0	11.7	12.3	12.3	13.5	24.3	12.2
1	18.7	19.8	15.1	14.0	17.1	12.2
2	15.2	11.1	21.8	14.0	7.1	22.3
3	16.5	16.0	12.3	12.6	8.6	9.4
4	11.3	14.8	10.6	14.4	12.9	14.4
5	11.3	11.1	12.3	13.5	5.7	12.9
6	8.3	3.7	5.6	5.1	11.4	5.8
7	2.6	3.7	5.0	5.1	2.9	5.0
8	2.6	6.2	3.9	2.8	5.7	3.6
9+	1.7	1.2	—	5.1	4.3	2.2
Total	99.9 <sup>a</sup>	99.9 <sup>a</sup>	100.0	100.1 <sup>a</sup>	100.0	100.0
N <sup>1</sup>	230	81	179	215	70	139
Median number	3.0	3.1	3.0	3.4	3.0	3.3

<sup>1</sup> N in this table is the total number of eligible respondents.

<sup>a</sup> Total is less or more than 100 percent due to rounding errors.

**Table—3.4**

**DESIRE FOR ADDITIONAL CHILDREN BY  
SEX AND AREAS.**

Desire for additional children	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Yes	46.2	32.8	32.9	36.0	33.3	25.9
Unsure	4.8	7.8	8.6	9.7	6.3	8.3
No	48.9	59.4	58.6	54.3	60.4	65.7
Total	99.9 <sup>a</sup>	100.0	100.1 <sup>a</sup>	100.0	100.0	99.9 <sup>a</sup>
N <sup>1</sup>	186	64	140	175	48 <sup>b</sup>	108

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization and had had at least one living children, excluding NS (Not stated) cases, if any, for the question about desire for additional children.

<sup>a</sup> Total is less or more than 100 percent due to rounding errors.

<sup>b</sup> There were 3 NS cases for the semi-urban males.

In both the rural and urban areas, desire for having additional children was higher among female respondents than among male respondents. But the reverse was true for the semi-urban areas, although the difference there was not pronounced at all.

There was a small percentage of respondents in every area, who were not sure whether they desired any more children or not. In any area, the percentage for female respondents was within 4.8 percent and 8.6 percent and that for male respondents within 6.3 percent and 9.7 percent.

**3.5. Distribution of respondents by religion :**

Respondents were classified by their religion into two major 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 numbers in the sample. The two religious classifications were also used in the 1981 CPS because of the same reason (MIS, 1983). It should be pointed out here that the vast majority of the non-Muslim population in the country are Hindus. The 1974 census put the proportion of non-Muslims at 13 percent, showing the proportion for Hindus at 11 percent and that for Buddhist and Christian together at 2 percent (BSS, 1980).

Table-3.5 shows that, except for the semi-urban areas, between 83.2 percent and 88.8 percent of respondents were Muslim in the sample. The proportion of non-Muslim respondents was lower in the rural areas than in the semi-urban and urban areas. The percentage of non-Muslim in the rural areas was 12.2 percent for female respondents and 11.2 percent for male respondents, while that in the urban areas was 16.8 percent for female respondents and 15.1 percent for male respondents.

**Table—3.5**

RELIGION BY SEX AND AREAS

Religion	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Muslim	87.8	80.2	83.2	88.8	72.9	84.9
Non-muslim	12.2	19.8	16.8	11.2	27.1	15.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
N <sup>1</sup>	230	81	179	215	70	139

<sup>1</sup> N in this table is the total number of eligible respondents.

The proportion of non-Muslims in the semi-urban areas not only was highest but also varied considerably between the male and female respondents. While the proportion of non-Muslims was 19.8 percent for female respondents in the semi-urban areas, as high as 27.1 percent of the male respondents there said that they were non-Muslims. The large difference between the male and female respondents in the semi-urban areas could be the results of the small samples.

### 3.6. Level of education :

Educational characteristics of the respondents were analysed classifying them into the following four categories: never attended school, primary level, madrasa level, and secondary level or higher. The results of the analysis are shown in table-3.6

The vast majority of the rural men and women in the sample were in the category, never attended school. As the table shows, more than 71.0 percent of the female respondents in the rural areas reported that they had never attended school. Also, the percentage for the rural male respondents was at a high of 59.0 percent. The situation for the semi-urban areas was also not very encouraging, with the proportion who had never attended school there being 53.1 percent for female respondents and 48.6 percent for male respondents. Even in the urban areas, as high as 49.2 percent of the female respondents reported having never attended any school. The proportion of urban male respondents who had never attended school was, however, considerably lower only 30.9 percent.

As was strikingly low the proportion of respondents who had attended school in the rural areas, so were their levels of education. Only 6.1 percent of the rural female respondents reported that they had attended secondary school or

**Table—3.6**

#### LEVEL OF EDUCATION BY SEX AND AREAS

Educational level	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Never attended school	71.3	53.1	49.2	59.1	48.6	30.9
Attended primary level	19.6	18.5	19.6	20.0	31.4	28.1
Attended madrasa level	3.0	4.9	—	12.1	5.7	1.4
Attended secondary level or higher	6.1	23.5	31.2	8.8	14.3	39.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
N <sup>1</sup>	230	81	179	215	70	139

N<sup>1</sup> in this table is the total number of eligible respondents

higher, while the percentage was also not over 8.8 percent for the rural male respondents. The proportion having attended secondary schools or above in the urban areas was, however, at a high of 31.2 percent for female respondents and further higher at 39.6 percent for male respondents. The proportion in the semi-urban areas was 14.3 percent for male respondents, while it was unusually high at 23.5 percent for female respondents, possibly because of the small samples.

There was a very small proportion of respondents reporting having attended religious schools. The proportion who said that they had at least madrasa education was nowhere in the sample more than 5.7 percent, except for the respondents who were rural male. For rural male respondents the proportion was 12.1 percent.

### 3.7. Female employment status :

Data were collected to ascertain the level of female employment among the survey population. A woman was considered employed if she was earning cash by doing any work.

Following the above definition two measures of the female employment status for the survey were derived. One measure was the proportion of female respondents who said that they were doing something to earn cash, while the other measure was the proportion of male respondents who reported that their wives were doing something to earn cash. Table-3.7 shows the measures.

**Table—3.7**

**EMPLOYMENT STATUS OF FEMALE RESPONDENTS AND  
WIVES OF MALE RESPONDENTS BY AREAS.**

Employment status	Female respondents			Wives of Male respondents		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Employed	14.8	14.8	11.2	9.3	14.3	8.6
Not employed	85.2	85.2	38.8	90.7	85.7	91.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
N <sup>1</sup>	230	81	179	215	70	139

<sup>1</sup> N in this table is the total number of eligible respondents.

As it can be seen from the table, female respondents reported higher levels of female employment than did male respondents. This was, however, not true in the case of the semi-urban areas. But the level of female employment in the sample did not appear to be appreciable even according to the reports of female respondents.

### 3.8. Male occupations :

Occupational data collected in the survey pertained to male respondents and the husbands of the female respondents. Table—3.8 shows the findings by areas.

**Table—3.8**

OCCUPATION OF MALE RESPONDENTS AND HUSBANDS OF FEMALE RESPONDENTS BY AREAS.

Occupation	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Agriculturist	48.7	4.9	1.1	48.8	4.3	1.4
Farm labour	6.1	1.2	—	5.1	—	—
Non-farm labour	14.3	35.8	14.0	18.6	40.6	15.1
Business	6.5	19.8	20.1	5.1	13.0	20.1
Government service	3.5	11.1	13.4	1.9	4.3	9.4
Non-government service	3.9	7.4	25.7	0.9	11.6	35.3
Teacher	1.7	4.9	2.8	1.9	7.2	4.3
Trade	12.2	12.3	13.4	15.3	14.5	9.4
Dependent/unemployed	1.7	1.2	5.6	0.9	1.4	0.7
Professional	—	—	3.4	—	2.9	3.6
Other	1.3	1.2	0.6	1.4	—	0.7
<b>Total</b>	<b>99.9<sup>a</sup></b>	<b>99.8<sup>a</sup></b>	<b>100.1<sup>a</sup></b>	<b>99.9<sup>a</sup></b>	<b>99.8<sup>a</sup></b>	<b>100.0</b>
<b>N<sup>1</sup></b>	<b>230</b>	<b>81</b>	<b>179</b>	<b>215</b>	<b>69<sup>b</sup></b>	<b>139</b>

<sup>1</sup> N in this table is the total number of eligible respondents, excluding NS (Not Stated) cases, if any, for the question about occupation.

<sup>a</sup> Total is less or more than 100 percent due to rounding errors

<sup>b</sup> There was 1 NS case for the semi-urban males.

More than half of the rural males included in the survey were engaged in agricultural activities. Among rural male respondents, 48.8 percent were reported to be agriculturists and another 5.1 percent farm labourers; while the percentages for husbands of the rural female respondents were also similar; agriculturist, 48.7 percent and farm labourers 16.1 percent.

The next important occupational groups among rural males were non-farm labourers and traders. Non-farm labourers constituted 18.6 percent of the rural male respondents and 14.3 percent of the husbands of the rural female respondents, while the corresponding rates for traders were 15.3 percent and 12.2 percent respectively. Business was the occupation found for 5.1 percent of the rural male respondents and for 6.5 percent of the husbands of the rural female respondents. The other occupational groups among rural males were too small to merit discussion.

Non-farm labourers were the most important group for the semi-urban areas. They constituted 40.6 percent of the semi-urban male respondents and 35.8 percent of the husbands of the semi-urban female respondents. The next important occupations in the semi-urban areas were business (male respondents 13.0 percent and husbands, 19.8 percent) followed by trade (14.5 percent and 12.3 percent), government and non-government service (15.9 percent and 18.5 percent).

The most important occupation in the urban areas was service (government or non-government); it constituted 44.7 percent of the urban male respondents and 39.1 percent of the husbands of the urban female respondents. The next important occupation in the urban areas was business (male respondents, 20.1 percent and husbands, 20.1 percent) followed by non-farm labourers (15.1 percent and 14.0 percent) and trade (9.4 percent and 13.4 percent).

Proportions unemployed in the sample were very low. This was because the employment data covered only the married men whose wives were below 45 years of age.

### **3.9. Summary :**

The following information were collected as background characteristics of respondents in the survey: the ages of respondents and their spouses; respondents' length of marriage, number of living children., desire for additional

children, religion ; education of respondents and of their spouses ; employment status of female respondents and spouses of male respondents ; occupation of male respondents and spouses of female respondents.

A female respondent or the wife of a male respondent was considered younger if she was under 25 years of age. On the other hand, a male respondent or the husband of a female respondent was considered younger if he was under 30 years of age. It was thus found that 41.2—45.7 percent of females included in the survey were younger with only exception being the wives of the male respondents in the urban areas, with 31.6 percent of them being reported in the younger age group.

Among male respondents the proportion younger or who were under 30 years of age was 31.6 percent in the rural areas and 30.0 percent in the semi-urban areas ; the corresponding percentages for husbands of the female respondents were 26.9 percent and 25.9 percent respectively. The proportion younger in the urban areas was 22.3 percent for husbands of the female respondents, while for male respondents it was considerably lower, being 14.4 percent.

More than 54 percent of the respondents either male or female in any of the sample areas (rural, semi-urban, and urban) reported having been married for 10 years or above, while the percentage rose to the highest, 61.3 percent for those who were rural female. On the other hand, the proportions of the male and female respondents married for 5 years or less were in the range of 20.4—28.9 percent in the rural areas, 25.9—34.2 percent in the semi-urban areas, and 24.3—27.4 percent in the urban areas.

More than a half of the respondents anywhere in the sample had 3 or more living children. The proportion having 3 or more living children was in the rural areas, 54.3 percent for female respondents and 58.6 percent for male respondents, while in the semi-urban and urban areas it was in the range of 49.7—56.7 percent for either male or female respondents.

The proportion of respondents having no desire for additional children was much higher than that having desire for additional children. This was true irrespective of the male and female respondents as well as of the areas. The difference was, however, not appreciable in the case of rural female respondents. The proportion of male respondents having no desire for additional children

was 54.3 percent in the rural areas, 60.4 percent in the semi-urban areas, and 65.7 percent in the urban areas, while the corresponding percentages for female respondents were 48.9 percent, 59.4 percent, and 58.6 percent respectively.

Between 83.2 percent and 88.8 percent of the respondents were Muslims except for the semi-urban areas. In the semi-urban areas, the proportion of Muslim was 72.9 percent for male respondents and 80.2 percent for female respondents. Non-Muslim respondents included Hindus, Christians, and Buddhists.

Proportions ever attended school were very low among rural respondents. Besides, in each of the sample areas it was lower among female respondents than among male respondents. The proportion of female respondents who had never attended school was 71.3 percent in the rural areas, 53.1 percent in the semi-urban areas, and 49.2 percent in the urban areas. The corresponding percentages for male respondents were 59.1 percent, 48.6 percent, and 30.9 percent respectively.

The proportion of females found employed in the sample was strikingly low, 14.3 percent in the rural areas, 14.8 percent in the semi-urban areas, and 11.2 percent in the urban areas. The corresponding percentages for wives of the male respondents were even lower: 9.3 percent, 14.3 percent and 8.6 percent respectively.

More than a half of the rural males included in the survey (rural male respondents and husbands of rural female respondents) were engaged in agricultural activities, while non-farm labourers were the most important occupation group in the semi-urban areas (35.8—40.6 percent). In the urban areas the most important occupation was (government and non-government) service (39.1—44.7 percent).

#### Chapter—4

## **AWARENESS OF, AND ATTITUDE TOWARDS, FAMILY PLANNING**

Attempts were made in the survey to obtain measures of current levels of awareness of family planning among the survey population; and to assess the attitude towards family planning of those who reported the awareness. One of the important objectives of the motivational campaign is to increase awareness of family planning and to create favourable attitudes towards family planning among the target population. It was, therefore, considered essential that the baseline study should collect data on respondents' awareness of, and attitude towards, family planning in order to facilitate development and modification of strategies of the campaign. Collection of these data was also felt necessary to evaluate in future the success of the campaign to arouse family planning interest among the population.

### **4.1. Awareness of family planning :**

Awareness of family planning among respondents in the survey was measured by asking them whether they had heard of family planning. Table-4.1 shows

**Table—4.1**

#### **AWARENESS OF FAMILY PLANNING BY SEX AND AREAS.**

Awareness	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Aware	95.2	96.3	97.8	99.1	100.0	100.0
Not aware	4.8	3.7	2.2	0.9	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0
N <sup>1</sup>	230	81	179	215	70	139

<sup>1</sup>N in this table is the total number of eligible respondents

that awareness of family planning, was almost universal among respondents in general regardless of sex and areas. The percentage of respondents having awareness of family planning in the rural areas was 95.2 percent for female respondents and 99.1 percent for male respondents, while the corresponding rates for the semi-urban areas were 96.3 percent and 100.0 percent respectively and those for the urban areas 97.8 percent and 100.0 percent respectively.

#### **4.2. Specific meaning mentioned of family planning :**

Respondents having awareness of family planning were asked about the meaning and purpose of family planning. The question used was an openended one, intended to get the respondent explain whatever (s)he understood of family planning. Since the question was openended, it produced multiple answers.

Answers thus obtained about the meaning of family planning were found to fall in eight net codes, showing the following as the major categories : fertility regulation, health benefits, economic benefits, family welfare, individual welfare/prosperity, national welfare/prosperity, etc. (table—4.2).

Answers belonging to each net code were again classified into a number of sub-net codes. Sub-net codes under each net code also are listed in the table. There were, however, some net codes such as individual welfare/prosperity, which had no sub-net code. The net code having no sub-net code was generally made up of one particular type of answers. There were very small percentages of respondents giving responses that fell outside the net or sub-net codes.

That family planning means fertility regulation was mentioned by no less than 94.3 percent of respondents having awareness of family planning. This was true for both the male and female respondents in every area. The answers referring to the meaning to the fertility regulation (i. e., the sub-net codes constituting the fertility regulation category) were 'family planning means to limit family size', 'family planning means to have small/happy family', 'family planning means to stop childbirth', 'family planning means that two children are enough' and 'family planning means to space childbirth'. The most frequently given answer was 'family planning means to limit family size'.

‘Economic benefits’ was mentioned by 76.3—78.3 percent of those who were aware of family planning among female respondents and by 61.4—72.7 percent among male respondents. The most frequently given answers referring to the ‘economic benefits’ were ‘assure food and clothing’ and ‘less poverty/no poverty’. The former answer was given by 47.1—58.0 percent among female respondents and by 24.3—38.8 percent among male respondents, while the corresponding ranges for the later answer were respectively, 19.4—28.6 percent and 31.4—43.2 percent.

‘Family welfare’ was mentioned by 67.1—84.0 percent among female respondents and by 49.8—72.7 percent among male respondents. The most frequently given answers referring to the meaning of family welfare were ‘family planning brings peace and happiness in the family’ and ‘assure education for children’. Both the answers were mentioned generally by higher percentage for female respondents than for male respondents.

‘Health benefits’ was mentioned by 33.1—44.3 percent among female respondents and by 17.8—23.7 percent among male respondents. The meaning that family planning brings health benefits was mentioned more frequently by those who were female than by those who were male. For example, while 20.1—25.7 percent of the female respondents having the awareness mentioned ‘family planning helps preserve health of mother’, the corresponding percentage for male respondents was in the range of 2.2—5.7 percent. Mention of meanings other than those discussed were generally not very frequent.

**Table—4.2**

SPECIFIC MEANING MENTIONED OF FAMILY  
PLANNING BY SEX AND AREAS.

Specific meanings mentioned	Female			Male		
	Rural	Semi-urban	urban	Rural	Semi-urban	Urban
Fertility regulation (Net)	95.4	97.1	98.9	94.8	93.4	95.7
Limit family size	48.9	57.1	53.1	73.2	40.0	48.9
Have small/happy family	16.4	21.4	30.3	12.2	31.4	36.0
Stop having children	48.4	30.0	31.4	16.9	20.0	13.7
Two children are enough	2.7	4.3	5.7	8.5	14.3	15.8
Space child-birth	5.9	5.7	6.3	—	—	4.3
Health benefits (Net)	33.8	44.3	33.1	17.8	21.4	23.7
Preserve health of mother	20.1	25.7	21.7	3.3	5.7	2.2
Assure healthy children	2.7	4.3	1.1	4.2	4.3	5.0
Assure good health for mother and children	8.2	7.1	6.9	1.4	—	3.6
Assure good health for all	3.7	7.1	3.4	8.9	11.4	12.9
Economic benefits (Net)	76.3	77.1	78.3	70.0	61.4	72.7
Assure food and clothing	58.0	47.1	56.0	32.9	24.3	38.8
Less poverty/no poverty	21.5	28.6	19.4	33.3	31.4	43.2

**Table—4.2**

Table—4.2 (Contd.)

Specific meanings mentined	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Live within means	8.7	8.6	9.7	12.7	21.4	9.4
Saving for future	8.7	21.4	15.4	9.4	7.1	4.3
Avoid sub-dividing property among children	8.7	2.9	1.7	6.1	2.9	3.6
Family welfare (Net)	70.3	67.1	84.0	49.8	57.1	72.7
Peace and happiness in the family	48.4	47.1	48.6	35.7	37.1	41.0
Happier family life	4.1	10.0	6.3	0.5	—	—
Assure education for children	42.0	38.6	62.9	17.4	28.6	53.2
Rearing children properly	12.8	4.3	10.3	2.3	8.6	4.3
Other	2.3	2.9	1.1	0.9	—	—
Individual welfare/prosperity (Net)	6.4	1.4	5.7	11.3	4.3	4.3
National welfare/prosperity (Net)	4.1	7.1	10.9	11.3	14.3	20.1
Do not know (Net)	0.9	—	—	1.4	—	0.7
Not coded elsewhere (Net)	—	1.4	—	0.9	2.9	—
N <sup>1</sup>	219	70. <sup>a</sup>	175	213	70	139

<sup>1</sup> N in this table is the total number of eligible respondents who were aware of family planning, excluding NS (Not Stated) cases, if any, for the question about meanings of family planning.

<sup>a</sup> There were 8 NS cases for the semi-urban females.

#### 4.3. Family planning considered as good or bad :

Respondents were asked whether did they think family planning to be a good idea or a bad idea. Table—4.3 shows that the proportion considering family planning as good ranged from 87.0 percent among rural female respondents to 95.7 percent for urban male respondents.

The proportion who considered family planning as bad was found to be very meagre ; nowhere it exceeded 11.3 percent. The proportion considering family planning bad was lower in the urban areas than in the semi-urban and rural areas. A very negligible percent of respondents were found undecided, who gave no specific answer to the question saying clearly either that family planning was a good idea or that family planning was a bad idea.

**Table—4.3**

FAMILY PLANNING CONSIDERED AS GOOD/BAD  
BY SEX AND AREAS.

Family planning considered	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Good	87.0	95.0	95.5	89.3	91.4	95.7
Bad	11.3	5.0	3.3	10.2	8.6	3.6
Undecided	1.7	—	1.1	0.5	—	.07
Total	100.0	100.0	99.9 <sup>a</sup>	100.0	100.0	100.0
N <sup>1</sup>	230	80 <sup>b</sup>	179	215	70	139

<sup>1</sup> N in this table is the total number of eligible respondents, excluding NS (Not Stated) cases, if any, for the question about whether family planning is good or bad.

<sup>a</sup> The total is less than 100 percent due to rounding errors.

<sup>b</sup> There was 1 NS case for the semi-urban females.

#### **4.4. Reasons for considering family planning as good :**

Respondents who considered family planning as a good idea were asked why did they feel that way. This question was also an openended one, producing multiple answers. Obtained answers were classified into the following major categories or net codes : economic benefits, family welfare, health benefits, individual welfare/prosperity, community and national welfare/prosperity, etc. The most important reasons for considering family planning to be a good idea were economic benefits, family welfare, and health benefits.

As table-4.4 shows, in all the areas the proportion mentioning 'family planning brings economic benefits' as a reason (or the reason) for considering family planning a good idea was higher for female respondents than for male respondents. The proportion for female respondents ranged from 67.1 percent in the rural areas to 69.6 percent in the semi-urban areas, while for the male respondents the range was from 58.7 percent in the urban areas to 62.3 percent in the semi-urban areas. The most frequent answer referring to economic benefits was 'family planning assures food and clothing', given by 39.1—55.7 percent among female respondents and by 37.7—40.4 percent among male respondents. The next important answer was 'family planning helps ensure less poverty/no poverty'.

'Family welfare' as a reason for considering family planning as good was mentioned also by a large proportion of the respondents; the proportion for female respondents varied from 64.9 percent to 76.0 percent and for male respondents from 49.8 percent to 70.3 percent. The most frequent answer referring to the 'family welfare' reason was 'family planning brings peace and happiness in the family' given by 47.1—55.9 percent among female respondents and by 37.7—43.5 percent among male respondents. The next important answer was 'family planning assures education for children'.

**Table—4.4**

REASONS FOR CONSIDERING FP AS GOOD  
BY SEX AND AREAS.

Reasons	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Health benefits (Net)	31.1	26.6	31.8	15.0	29.0	21.0
Preserve health of the mother	21.3	13.9	21.2	2.8	11.6	5.8
Assure healthy children	0.4	—	1.7	3.3	1.4	2.2
Assure good health for mother and children	3.1	2.5	4.5	1.4	2.9	4.3
Assure good health for all	6.2	10.1	4.5	7.5	13.0	8.7
Economic benefits (Net)	67.1	69.6	67.6	61.0	62.3	58.7
Assure food and clothing	47.6	55.7	39.1	40.4	37.7	39.8
Less poverty/no poverty	15.6	7.6	17.9	21.1	23.2	16.7
Less expenditure compared to income	7.6	3.8	13.4	9.9	8.7	13.0
Permit savings for future	7.6	8.9	5.0	5.2	4.3	2.9
Avoid sub-dividing land among children	2.2	—	0.6	4.7	1.4	0.7
Increase job opportunities	1.8	2.5	6.7	0.5	—	0.7
Family welfare (Net)	64.9	70.9	76.0	49.8	53.6	70.3
Peace and happiness in the family	47.1	54.4	55.9	42.2	37.7	43.5
Happier family life/care of husband	5.3	2.5	6.7	—	2.9	1.4

**Table—4.4**

Table—4.4 (Contd.)

Reasons	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Assure education for children	28.9	30.4	39.1	12.2	26.1	45.6
Opportunity for rearing children/child care	9.8	6.3	16.2	3.3	5.8	6.6
Permit more children to do household/cultivation work	2.7	1.3	3.3	0.9	—	0.7
Relief from fear of not having future well-being	0.9	—	0.6	0.9	—	2.9
Other	0.9	2.5	0.6	—	—	0.7
Individual welfare/prosperity (Net)	8.9	20.3	3.9	8.4	—	2.9
Community and national welfare/prosperity (Net)	4.9	10.1	12.3	5.2	14.5	17.4
Do not know (Net)	0.9	—	1.7	2.8	—	—
Other (Net)	1.8	—	0.6	—	1.4	—
N <sup>1</sup>	225 <sup>a</sup>	79 <sup>a</sup>	179	213 <sup>a</sup>	69 <sup>a</sup>	138 <sup>a</sup>

<sup>1</sup> N in this table is the total number of eligible respondents, excluding NS (Not Stated) cases, if any, for the question about reasons for considering family planning good or bad.

<sup>a</sup> NS cases for female were in the rural, 5; semi-urban, 2; and urban, nil. The corresponding figures for male were 2, 1, and 1 respectively.

'Health benefit' was another reason for considering family planning as good. The proportion mentioning health benefits was 26.6—31.8 percent for female respondents and 15.0—29.0 percent for male respondents. Other reasons were generally not very important.

#### 4.5. Reasons for considering family planning as bad :

Respondents who considered family planning as a bad idea were asked why did they feel that way. The question was administered in a similar way as the question for ascertaining reasons for considering family planning a good idea.

Table-4.5 shows, the reasons mentioned for considering family planning a bad idea were 'family planning is against religion' and 'family planning methods are harmful to wife's health.' The percentage of respondents considering family

**Table—4.5**

REASONS FOR CONSIDERING FP AS BAD  
BY SEX AND AREAS.

Reasons	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Family planning is against religion (Net)	6.2	5.1	1.7	8.5	5.8	3.6
Child-birth depends on God's will	2.7	1.3	1.1	5.6	2.9	3.6
Nobody should defy God	3.1	3.8	—	3.3	1.4	—
Increase immoral activity	—	—	—	—	1.4	—
Other	—	—	—	—	1.4	—
FP methods harmful to wife's health (Net)	3.6	1.3	0.6	0.9	1.4	—
Do not know (Net)	1.3	—	1.1	0.5	—	—
Other (Net)	1.3	—	0.6	1.4	—	—
N <sup>1</sup>	225 <sup>a</sup>	79 <sup>a</sup>	179	213 <sup>a</sup>	69 <sup>a</sup>	138 <sup>a</sup>

<sup>1</sup> N in this table is the total number of eligible respondents, excluding NS (Not Stated) cases, if any, for the question about reasons for considering family planning good or bad.

<sup>a</sup> NS cases for female were in the rural, 5 ; semi-urban, 2 ; and urban, nil. The corresponding figures for male were 2, 1, and 1 respectively.

planning to be against religion was 1.7—6.2 percent for female respondents and 3.6—8.5 percent for male respondents. 'Family planning methods are harmful to wife's health' was mentioned by the proportion ranging generally from 0.6 to 3.6 percent.

#### 4.6 Summary :

Awareness of family planning was almost universal, regardless of sex and areas, among respondents in general. The proportion of respondents having heard of family planning ranged from 95.2 percent to 100.0 percent. Meaning and purposes of family planning as perceived by the respondents in most cases, were 'family planning means fertility regulation', 'family planning brings economic benefit' '—family welfare', '—health benefit', etc.

Family planning was considered as a good idea by large proportions of respondents ranging from 87.0 percent to 95.7 percent. The frequently mentioned reasons for considering family planning as good were 'family planning brings economic benefit', '—family welfare, '—health benefit'. Family planning was considered as a bad idea by a negligible percentage of respondents, exceeding nowhere 8.0 percent.

## Chapter—5

# KNOWLEDGE AND USES OF FAMILY PLANNING METHODS

Knowledge of family planning methods was assessed in the survey, following its liberal definition that was adopted for the 1981 CPS (MIS, 1983). Under the adopted liberal definition, knowledge was merely an indication of whether one had known or heard of a family planning method or methods. Thus, the assessed knowledge in the survey was indicative of only what proportions of the survey respondents had known or heard of a family planning method or methods, or of only what was the number of methods known to an average respondent of the survey. It was, therefore, only the most rudimentary aspects of knowledge that were assessed in the survey.

Two types of uses of family planning methods were measured for the survey population—everuse and current use. Everuse refers to the use at any time before the interview date without making distinction between past use and current use. Any respondent reporting that (s)he or his/her spouse had used some form of contraception was counted as an everuser regardless of time of use. On the other hand, current use refers to the 'now using' of a method. That is, a respondent was considered current user if (s)he reported at the time of the interview as 'I am now using a family planning method.'

### 5.1. Knowledge :

Data on knowledge were obtained following what is popularly known as 'recall and prompting' procedures (WHS, 1982). Under these procedures, the respondent was first questioned to mention the method(s) that (s)he had heard or known of. Knowledge of a method (or methods) ascertained this way was specified as spontaneous knowledge or unprompted knowledge. The interviewer

prompted on any of the methods listed in the interviewing schedule (see Appendix—B) that the respondent failed to mention, asking questions in order to ascertain whether or not the respondent really had knowledge of that method. Knowledge ascertained this way was specified as prompted knowledge. It should be pointed out here that prompted knowledge was not measured for traditional methods.

### 5.1.1. Knowledge of at least one method :

In all the sample areas, knowledge of family planning methods (prompted or unprompted) was found at universal proportions among both the male and female respondents (table-5.1). Proportions of male and female respondents knowing at least one method in the different areas were as follows : rural areas, 97.7--98.7 percent ; semi-urban areas, 98.6--100.0 percent ; and urban areas, 99.4--100.0 percent.

**Table—5.1**

KNOWLEDGE<sup>1</sup> OF : AT LEAST ONE METHOD ; AT LEAST ONE  
MODERN METHOD<sup>2</sup> ; AT LEAST ONE TRADITIONAL METHOD<sup>3</sup>  
BY SEX AND AREAS.

Knowledge	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
At least one method	98.7	100.0	99.4	97.7	98.6	100.0
At least one modern method	98.7	100.0	99.4	97.7	98.6	100.0
At least one traditional method	1.7	2.5	7.3	9.3	12.9	12.2
N <sup>4</sup>	230	81	179	215	70	139

<sup>1</sup> Spontaneous or prompted knowledge.

<sup>2</sup> Modern methods : Oral pill, Condom, Tubectomy, Vasectomy, Foam tablet, Jelly, Cream, etc., IUD, Injection, Menstrual Regulation.

<sup>3</sup> Traditional methods : Withdrawal, Abstinence, Safe period, (Other methods).

<sup>4</sup> N in this table is the total number of eligible respondents.

The above findings on knowledge remained almost unchanged when the analysis was done considering only the modern family planning methods, oral pill, condom, foam tablet, jelly, cream, etc., tubectomy/vasectomy, the IUD, injection, and menstrual regulation. This was, however, not true, when the analysis was done with traditional methods. Knowledge of traditional methods was, in general, low. For female respondents, the proportion having knowledge of at least one traditional method was only 1.7 percent in the rural areas, only 2.5 percent in the semi-urban areas, while it was also not over 7.3 percent for those in the urban areas. The proportion for male respondents was somewhat higher, but it also was not over 12.9 percent anywhere in the sample.

### **5.1.2. Mean number of methods known :**

The percentage distribution of numbers of family planning methods known among respondents is shown by sex and areas in table-5.2. The mean number of methods known was in the range of 5.0—6.8 methods. It was lower in the rural areas (about 5 methods) than in the semi-urban areas (about 6 methods) and in the urban areas (6.7 methods). Both in the rural areas and in the semi-urban areas, there were little differences in the mean number known between the male and female respondents. The mean number known in the urban areas did not also vary appreciably between the male and female respondents, being 6.8 for male respondents and 6.7 for female respondents.

### **5.1.3. Knowledge of selected family planning methods :**

Tables-5.3 (a) and 5.3 (b) show, by sex and areas, the proportion of respondents knowing selected family planning methods. It can be seen from these tables that prompting led to impressive increases in knowledge for every method everywhere, with oral pill being the only exception.

**Table—5.2**

NUMBER OF METHODS KNOWN BY  
SEX AND AREAS.

Number of methods Known <sup>1</sup>	Female			Male		
	Rural	Semi- urban	Urban	Rural	Semi- urban	Urban
0	1.3	—	0.6	2.3	1.4	—
1	3.5	1.2	1.7	2.3	—	0.7
2	8.3	3.7	—	4.2	4.3	1.4
3	10.9	4.9	3.4	8.4	1.4	3.6
4	13.5	11.1	5.0	19.5	12.9	3.6
5	19.1	8.6	10.6	19.1	20.0	6.5
6	13.5	16.0	11.7	12.6	18.6	17.3
7	21.7	29.6	24.0	20.0	24.3	27.3
8	7.8	23.5	39.1	10.2	12.9	32.4
9	—	1.2	3.9	1.4	4.3	6.5
10	0.4	—	—	—	—	0.7
<b>Total</b>	100.0	99.8 <sup>a</sup>	99.9 <sup>a</sup>	100.0	100.1 <sup>a</sup>	100.0
<b>N<sup>2</sup></b>	330	81	179	215	70	139
<b>Mean number of methods known</b>	5.0	6.1	6.7	5.2	5.9	6.8

<sup>1</sup> Include both spontaneous knowledge and prompted knowledge for modern methods and only spontaneous knowledge for traditional methods.

<sup>2</sup> N in this table is the total number of eligible respondents.

<sup>a</sup> Total is less or more than 100 percent due to rounding errors.

Oral pill and tubectomy were almost universally known among respondents in the sample. The proportion knowing oral pill ranged from 93.5 percent among male respondents in the rural areas to 98.6 percent among male respondents in the semi-urban areas, and that knowing tubectomy from 89.7 percent among male respondents in the rural areas to 98.3 percent among female respondents in the urban areas.

Though known universally, tubectomy was spontaneously mentioned by no more than 62.6 percent of respondents anywhere. In contrast, the comparable percentage for oral pill was nowhere below 77.7 percent. It was thus revealed that, in every subgroup considered, spontaneous knowledge of oral pill was much higher than that of tubectomy. This seems to suggest that among respondents oral pill was more imprinted than was tubectomy.

Male-female differentials in the spontaneous knowledge of oral pill and tubectomy were as follows. In each of the sample areas these two methods were more known among female respondents than among male respondents. But, the differences for oral pill were relatively much lower than those for tubectomy. The lower sex differential in the case of oral pill was perhaps indicative of the fact that information about oral pill was more equally disseminated between male and female respondents than was the information about tubectomy.

Knowledge of condom among male respondents was almost universal in the semi-urban (95.7 percent) and in the urban (95.7 percent) areas. It was also not lower than 82.3 percent in the rural areas. In every area female respondents reported lower knowledge of condom than did the male respondents. But except for the rural areas, the difference was not so appreciable. The proportion of female respondents knowing condom was 66.1 percent in the rural areas, 90.1 percent in the semi-urban areas and 87.7 percent in the urban areas.

As was condom, in every area vasectomy was less known among female respondents than among male respondents. For male respondents the knowledge of vasectomy ranged from 83.3 percent to 91.4 percent, while for female respondents it ranged from 74.2 percent to 81.5 percent. Observed lower knowledge of condom and vasectomy among female respondents could be due to the reason that they were shy of discussing male methods.

The knowledge of the IUD was found very low in the rural areas. There, 48.0 percent of the female respondents and 42.4 percent of the male respondents were found knowing the IUD, with only 13.1 percent and 9.8 percent respectively mentioning the method spontaneously. The knowledge of the IUD among female respondents was, however, considerably higher in the semi-urban and urban areas; for the semi-urban areas it was 80.2 percent and for the urban areas, 78.2 percent. For male respondents also the knowledge of the IUD was 57.2 percent in the semi-urban areas and further higher at 75.5 percent in the urban areas.

Injection was a better known method than was the IUD. This was generally true for both the male and female respondents in every area. In the rural areas injection was known to 57.7 percent among male respondents and 62.0 percent among female respondents, while the corresponding percentages for the semi-urban areas were 62.8 percent and 80.2 percent respectively and those for the urban areas were 87.7 percent and 91.6 percent respectively.

The knowledge of menstrual regulation was, in general, low. For male respondents it ranged from 28.3 percent to 52.2 percent and for female respondents from 36.4 percent to 66.5 percent.

Knowledge of traditional methods among respondents was least. As mentioned earlier, these methods were not prompted. Moreover they are not included in the organized family planning efforts and, as such, are not advocated by program workers. This might be, in part, responsible for the observed least knowledge for the traditional methods.

**Table—5.3 (a)**

FEMALE KNOWLEDGE OF SELECTED  
METHODS BY AREAS.

Methods	Rural <sup>a</sup>			Semi-urban			Urban		
	Spontaneous	Prompted	Overall	Spontaneous	Prompted	Overall	Spontaneous	Prompted	Overall
Oral pill	82.6	12.2	94.8	85.2	11.1	96.3	95.5	2.8	98.3
Condom	32.6	33.5	66.1	60.5	29.6	90.1	56.4	31.3	87.7
Foam tablet Jelly, Cream	7.9	16.7	24.6	21.0	23.5	44.5	30.2	33.0	63.2
Tubectomy	55.2	40.4	95.6	40.7	50.6	91.3	62.6	35.7	98.3
Vasectomy	16.6	57.6	74.2	18.5	63.0	81.5	35.2	44.7	79.9
IUD (Coil)	13.1	34.9	48.0	40.7	39.5	80.2	36.3	41.9	78.2
Injection	13.1	48.9	62.0	22.2	58.0	80.2	31.8	59.8	91.6
Menstrual Regulation	0.4	36.0	36.4	—	46.9	46.9	3.4	63.1	66.5
Withdrawal	0.9			—			0.6		
Abstinence	—			—			0.6		
		b	b		b	b		b	b
Safe period	0.9			2.5			5.6		
Others	0.4			—			1.1		
N <sup>1</sup>	230			81			179		

<sup>1</sup> N in this table is the total number of eligible respondents.

<sup>a</sup> For the rural area, N is 228 for foam tablet, jelly, cream, etc.; 229 for vasectomy, IUD, and injection each; and 225 for menstrual regulation; but for all other methods N is 230 as shown in the bottom row.

<sup>b</sup> Measures of prompted knowledge for traditional methods were not derived.

**Table—5.3 (b)**

MALE KNOWLEDGE OF SELECTED  
METHODS BY AREAS

Methods	Rural <sup>a</sup>			Semi-urban <sup>a</sup>			Urban <sup>a</sup>		
	Spontaneous	Prompted	Overall	Spontaneous	Prompted	Overall	Spontaneous	Prompted	Overall
Oral pill	77.7	15.8	93.5	85.7	12.9	98.6	90.6	7.9	98.5
Condom	52.1	30.2	82.3	70.0	25.7	95.7	73.4	22.3	95.7
Foam tablet, Jelly, Cream	15.3	17.7	33.0	22.9	18.6	41.5	39.6	32.4	72.0
Tubectomy	47.4	42.3	89.7	45.7	50.0	95.7	50.4	46.8	97.2
Vasectomy	40.0	43.3	83.3	37.1	54.3	91.4	44.6	44.6	89.2
IUD (Coil)	9.8	32.6	42.4	18.6	38.6	57.2	27.3	48.2	75.5
Injection	11.2	46.5	57.7	11.4	51.4	62.8	23.7	64.0	87.7
Menstrual Regulation	0.5	27.8	28.3	—	32.3	32.3	5.8	46.4	52.2
Withdrawal	1.4			—			1.4		
Abstinence	—	b	b	—	b	b	—	b	b
Safe period	6.5			8.6			10.1		
Others	1.4			4.3			1.4		
N <sup>1</sup>	215			70			139		

<sup>1</sup> N in this table is the total number of eligible respondents.

<sup>a</sup> N is 212, 68, and 138 for rural, semi-urban and urban areas respectively for menstrual regulation; but for all other methods N is 215, 70 and 139 for rural, semi-urban and urban areas respectively as shown in the bottom row.

<sup>b</sup> Measures of prompted knowledge for traditional methods were not derived.

## 5.2. Everuse :

The question on everuse 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 (s)he or her/his spouse had everused that method. In this way, the respondent was not asked about everuse of a method, if (s)he had no knowledge about the method. The findings are presented in the form of : the percentage of respondents having everused at least one method, the number of methods everused by everusers, and the percentage of respondents having everused a selected method.

### 5.2.1. Everuse of at least one method :

Table—5.4 shows the everuse rate of at least one method among respondents by sex and areas. The rates varied considerably by areas and sex. In every sample area female respondents were less likely than were male respondents to report the use of family planning methods, with considerable differences. The semi-urban areas were the only exception, showing the everuse rate slightly higher for female respondents than for male respondents.

Everuse rates were lowest in the rural areas, intermediate in the semi-urban areas, and highest in the urban areas. The proportion having everused at least one family planning method in the rural areas was 23.9 percent for female respondents and 36.3 percent for male respondents, while the rate in the semi-urban areas was higher at, 48.1 percent for female respondents and 48.6 percent for male respondents and that for the urban areas was further higher at, 57.5 percent for female respondents and 71.9 percent for male respondents.

Although the everuse rates declined when the analysis was done with only modern methods, magnitudes of the declines were generally not very pronounced. For female respondents the proportion having everused at least one modern method was 22.6 percent in the rural areas, 46.9 percent in the semi-urban areas and 53.6 percent in the urban areas ; while for male respondents the corresponding figures were 30.7 percent, 40.0 percent, and 67.6 percent respectively.

**Table—5.4**

EVERUSE OF: AT LEAST ONE METHOD ; AT LEAST  
ONE MODERN METHOD ; AT LEAST ONE  
TRADITIONAL METHOD BY SEX  
AND AREAS.

Everuse	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
At least one method	23.9	48.1	57.5	36.3	48.6	71.9
At least one modern method	22.6	46.9	53.6	30.7	40.0	67.6
At least one traditional method	2.2	2.5	7.3	8.4	12.9	10.8
N <sup>1</sup>	230	81	179	215	70	139

<sup>1</sup> N in this table is the total number of eligible respondents.

The proportion having everused at least one traditional method was strikingly low among female respondents of the rural areas as well as for those of the semi-urban areas. For the other subgroups also, it was not over 12.9 percent.

#### 5.2.2. Number of methods everused :

The number of methods everused by an everuser was generally very small in all the areas (table—5.5). Except for female respondents in the semi-urban and male respondents in the urban areas, the vast majority of everusers in the every subgroup considered reported that they had everused only one method. Other than the two exceptional groups, the proportion of everusers having used only one method was within the range of 54.4—67.6 percent. For the exceptional subgroups the proportion was 43.6 percent for the semi-urban female

respondents and 44.0 percent for the urban male respondents. It was thus found that the mean number of methods everused was nowhere over 2.0 for either male or female respondents. For both the male and female respondents, the mean number for the rural areas was lower than that for the semi-urban areas or the urban areas.

**Table—5.5**

NUMBER OF METHODS EVERUSED BY SEX  
AND AREAS

Number of method everused	Female			Male		
	Rural	Semi- urban	Urban	Rural	Semi- urban	Urban
1	67.3	43.6	54.4	67.9	67.6	44.0
2	27.3	28.2	22.3	23.1	26.5	23.0
3	3.6	20.5	15.5	7.7	2.9	21.0
4	—	5.1	6.8	1.3	—	10.0
5	1.8	2.6	1.0	—	2.9	2.0
Total	100.0	100.0	100.0	100.0	99.9 <sup>a</sup>	100.0
N <sup>1</sup>	55	39	103	78	34	100
Mean number of methods everused	1.4	1.9	1.8	1.4	1.4	2.0

<sup>1</sup> N in this table is the total number of eligible respondents who had everused family planning methods.

<sup>a</sup> The total is less than 100 percent due to rounding errors.

### 5.2.3. Everuse of selected methods :

Proportions of respondents reporting everuse of selected family planning methods are shown, by sex and areas, in table—5.6. It can be seen from this table that male and female respondents differed in their reporting of the everuse rate for any method. This was true in the case of each of the sample areas. With some exceptions in every area the male respondents than did female respondents reported higher everuse rates for oral pill, condom, safe period ; while the reverse was true for the remaining methods except for the urban areas. In the urban areas, however, male reported use rates were higher for almost every method.

Oral pill was the most popular method among respondents of the survey. In every area both the male and female respondents reported the highest ever-use rate for that method. The only exception was the male respondents of the semi-urban areas reporting the everuse rate higher for condom than for oral pill ; but here also, the difference was not appreciable.

Although oral pill was the most popular method in general, its everuse varied considerably between areas. Also the difference in the reported use of the method between male and female respondents was very striking. Thus the proportions of the male and female respondents reporting everuse of oral pill were found to be respectively 17.7 and 11.7 percent in the rural areas, 21.4 and 33.3 percent in the semi-urban areas, and 56.1 and 42.5 percent in the urban areas. The higher everuse rate in the semi-urban areas, being reported by the female rather than male respondents, appears to be an unlikely finding.

Condom was the most popular method next to oral pill. This was true for almost all the subgroups considered. But, the popularity of condom was relatively much lower than that for oral pill. It can be seen from the table that differences in the everuse rate between the two methods were everywhere very striking. For example, while for oral pill the everuse rate among male respondents in the urban areas was 56.1 percent, for condom the rate was lower at 33.8 percent. Except for the semi-urban male respondents, such striking differences between the two methods existed for the other subgroups also.

As in the case of oral pill, the differences in the reported everuse rate of condom between areas as well as between male and female respondents were

considerable. While among male respondents the proportion reporting the everuse of condom was 15.3 percent in the rural areas, 22.9 percent in the semi-urban areas, and 33.8 percent in the urban areas, the corresponding percentages for female respondents were 6.5 percent, 18.5 percent, and 19.6 percent respectively. The small difference between the semi-urban and urban areas for female respondents could be due to the fact that female respondents of the urban areas under-reported the use of condom relatively more than did those of the semi-urban areas. Another reason might, possibly, be the smallness of the samples for the semi-urban areas.

Tubectomy also, appeared as an important means of contraception. Seven percent of the female respondents in the rural areas reported that they had accepted the method, with 7.4 percent of those in the semi-urban areas and 8.9 percent of those in the urban areas. Male respondents also did put the acceptance rate for the method at 9.4 percent for the urban areas ; but their reported rates for the semi-urban and the rural areas were at a low of 4.3 and 4.7 percent respectively. The considerable differences in the semi-urban and rural areas between the male and female reported rates suggest that the male respondents of the rural and semi-urban areas had under-reported the use of tubectomy.

Foam tablet, jelly, cream, etc., did not appear to be among the important methods of family planning. Their everuse was generally confined to the urban areas. The same was true also for the IUD, injection, and menstrual regulation. The use of vasectomy was the least in the sample ; nowhere the reported everuse rate of the method was more than 1.2 percent.

Except for the safe period method, everuse of traditional methods in general was found very low in the sample. Also the use of the safe period method was very rarely reported by the female respondents of the rural and semi-urban areas. The reported use rate of the safe period method was 6.0 percent among male respondents in the rural areas and 8.6 percent for those in the semi-urban and urban areas ; even for the female respondents of the urban areas the rate for the method was at a high of 5.6 percent.

**Table—5.6**

EVER USE OF SELECTED METHODS  
BY SEX AND AREAS.

Methods	Female			Male		
	Rural <sup>a</sup>	Semi-urban	Urban	Rural <sup>b</sup>	Semi-urban <sup>b</sup>	Urban <sup>b</sup>
Oral pill	11.7	33.3	42.5	17.7	21.4	56.1
Condom	6.5	18.5	19.6	15.3	22.9	33.8
Foam tablet Jelly, Cream	3.1	9.9	10.1	3.3	2.9	15.1
Tubectomy	7.0	7.4	8.9	4.7	4.3	9.4
Vasectomy	0.9	1.2	1.1	0.5	—	0.7
IUD (Coil)	0.4	9.9	5.6	0.9	2.9	5.0
Injection	0.4	6.2	3.4	0.5	1.4	5.8
Menstrual Regulation	1.3	4.9	3.4	0.5	1.5	9.4
Withdrawal	0.9	—	0.6	0.9	—	1.4
Abstinence	—	—	0.6	—	—	—
Safe period	0.9	2.5	5.6	6.0	8.6	8.6
Others	0.9	—	1.1	1.4	4.3	0.7
N <sup>1</sup>	230	81	179	215	70	139

<sup>1</sup> N in this table is the total number of eligible respondents.

<sup>a</sup> For the rural area N is 228 for foam tablet, jelly, cream etc. ; 229 for vasectomy, IUD, and injection each ; and 225 for menstrual regulation ; but for all other methods N is 230 as shown in the bottom row.

<sup>b</sup> N is 212, 68 and 138 for rural, semi-urban and urban areas respectively for menstrual regulation ; but for all other methods N is 215, 70, and 139 for rural, semi-urban, and urban areas respectively as shown in the bottom row.

Data on current use were collected by asking the respondents the following question, "Are you or your husband (wife) using any family planning method? What method are you using?" The findings are presented in the form of total and method specific current use rates in table—5.7.

### **5.3.1. Total current use rate :**

The current use rate was computed in terms of the proportion of eligible respondents who reported using some form of contraception at the time of the interview. It should be remembered that an eligible respondent in the survey was either a female who was currently married and under 45 years of age, or a currently married male whose wife was under 45 years of age.

Male and female respondents varied in their reporting of the current use rate. This was true for every area included in the sample. Although the difference was not always in the same direction, it was usually the male respondent who reported the higher rate.

Current use rates were at considerable variations between areas. This was reflected in the reports both of the male and of the female respondents. In general, current use rates were lowest in the rural areas, intermediate in the semi-urban areas, and highest in the urban areas.

The total current use rate, in other words, the proportion of eligible respondents reporting using some form of contraception at the time of the interview was in the range of 13.9—22.3 percent in the rural areas; higher at 33.3—35.7 percent in the semi-urban areas; and further higher at 44.1—54.7 percent in the urban areas. When the uses of only modern methods were considered, the corresponding ranges were 12.6—14.4 percent, 24.3—30.9 percent and 37.4—47.5 percent respectively.

Female respondents of the rural areas and those of the semi-urban areas reported very low use of traditional methods; only 1.3 percent and 2.5 percent respectively of them reported relying on traditional methods. On the other hand, the figure for the semi-urban male respondents was found at a high of 11.4 percent. Excluding these three subgroups, the current use rate for traditional method was found to be around 7.0 percent in any of the sample areas.

**Table—5.7**

## CURRENT USE OF METHODS BY SEX AND AREAS.

Methods	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Any modern method <sup>1</sup>	12.6	30.9	37.4	14.4	24.3	47.5
Oral pill	2.2	8.6	17.3	4.2	10.0	22.3
Condom	1.7	7.4	5.6	3.7	8.6	8.6
Foam tablet Jelly, Cream	1.3	2.5	1.1	0.9	—	2.2
Tubectomy	7.0	7.4	8.9	4.7	4.3	9.4
Vasectomy	0.4	1.2	1.1	0.5	—	0.7
IUD (Coil)	—	3.7	2.8	0.5	1.4	2.9
Injection	—	—	0.6	—	—	1.4
Any traditional method <sup>1</sup>	1.3	2.5	6.7	7.9	11.4	7.2
Withdrawal	0.9	—	0.6	0.9	—	—
Abstinence	—	—	0.6	—	—	—
Safe period	0.4	2.5	5.0	5.6	7.1	6.5
Others	—	—	0.6	1.4	4.3	0.7
Any method <sup>1</sup>	13.9	33.3	44.1	22.3	35.7	54.7
No method	86.1	66.7	55.9	77.7	64.3	45.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
N <sup>2</sup>	230	81	179	215	70	139

<sup>1</sup> All the rates given in this table have been computed directly from the actual number of users, applying the appropriate value of N as the base. Thus due to rounding errors, for a subgroup the rate for any modern method may not be equal to the sum of individual rates of modern methods and that for any traditional method to the sum of the individual rates of traditional methods. Likewise, for a subgroup there may be difference between the rate for any method and the sum of the rates of any modern method and any traditional method.

<sup>2</sup> N in this table is the total number of eligible respondents.

### 5.3.2. Method specific current use rates :

Analyses of method specific current use rates revealed that oral pill, condom, tubectomy, and safe period were the important means of contraception. There were, however, variations in their relative popularity between the areas. The variations are documented below.

In the rural areas, tubectomy was the most popular method for rural respondents, the proportion relying on tubectomy was in the range of 4.7—7.0 percent, while their proportions for oral pill, condom, and safe period were in the ranges of 2.2—4.2 percent, 1.7—3.7 percent, and 0.4—5.6 percent respectively.

In the urban areas oral pill (17.3—22.3 percent) was the most popular method, followed by tubectomy (8.9—9.4 percent), condom (5.6—8.6 percent), and safe period (5.0—6.5 percent). The relative popularity of these methods for the semi-urban areas followed more or less similar patterns. However, the differences in the case of the semi-urban areas were, generally, less pronounced than in the case of the urban areas.

Except for the IUD, the use rates of the remaining methods were usually not very pronounced : vasectomy, injection, withdrawal, and abstinence, and foam tablet, jelly, cream etc. Uses of the IUD were in the range of 2.8—2.9 percent for the urban areas and in the range of 1.4—3.7 percent for the semi-urban areas. But this method too did have very low uses in the rural areas.

### 5.4. Intention to use family planning in future :

Data presented in table—5.8 show respondents' intention to use family planning in future. It is evident from the table that a very large percentage of non-current users in every area expressed their intention to use family planning in future.

In the rural areas 39.2 percent of female non-users and 42.1 percent of male non-users said that they had intention to use family planning in future, while the corresponding rates for the semi-urban areas were 42.6 percent and 53.7 percent respectively and for the urban areas 61.6 percent and 58.9 percent respectively.

It may be noted that in the rural areas male respondents had higher intention than had female respondents, while the reverse was true for the urban areas.

**Table—5.8**

INTENTION TO USE FAMILY PLANNING IN  
FUTURE BY SEX AND AREAS.

Intention to use	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Intend to use	39.2	42.6	61.6	42.1	53.7	58.9
Do not intend to use	39.2	37.0	19.2	34.6	24.4	21.4
Undecided	21.6	20.4	19.2	23.3	22.0	19.6
Total	100.0	100.0	100.0	100.0	100.1 <sup>a</sup>	99.9 <sup>a</sup>
N <sup>1</sup>	194 <sup>b</sup>	54	99 <sup>b</sup>	159 <sup>b</sup>	41 <sup>b</sup>	56 <sup>b</sup>

<sup>1</sup> N in this table is the total number of eligible respondents who were not current users of FP methods, excluding NS (Not Stated) cases, if any, for the question about intention to use family planning in future.

<sup>a</sup> Total is less or more than 100 percent due to rounding errors.

<sup>b</sup> NS cases for rural female were 4 ; semi-urban female, nil ; and urban female, 1. The corresponding figures for male were 8, 4, and 6 respectively.

But in neither of the cases the difference was pronounced. The absolute difference was only 2.9 percentage points for the rural areas and only 2.7 percentage points for the urban areas.

The difference between male and female respondents was, however, considerable for the semi-urban areas. The rate for the semi-urban areas was 42.6 percent for female respondents, while it was higher at 53.7 percent for male respondents.

There were considerable proportions of respondents among all the subgroups, who were undecided about their intention to use family planning in future. The proportion who were undecided ranged from 19.2 percent among female respondents in the urban areas to 23.3 percent among male respondents in the rural areas.

## 5.5. Summary :

Knowledge of at least one family planning method was found at universal proportions among both the male and female respondents. The lowest proportion knowing at least one method was 97.7 percent which was the rate reported by the rural male respondents. The knowledge remained almost unchanged when the analysis was done considering only the modern family planning methods.

The mean number of methods known to a respondent was in the range of 5.0—6.8 methods. Oral pill and tubectomy were almost universally known in the sample. Condom and vasectomy were also among the well known methods. The knowledge of other modern methods did not, however, appear to be appreciably high. The knowledge for traditional methods was at strikingly low levels.

Ever use rates of family planning methods were lowest in the rural areas, intermediate in the semi-urban areas, and highest in the urban areas. In the rural areas the proportion having ever used at least one family planning method was 23.9 percent for female respondents and 36.3 percent for male respondents, while the corresponding percentages for the semi-urban areas were higher at 48.1 percent and 48.6 percent respectively; and those for the urban areas further higher at 57.5 percent and 71.9 percent respectively. The mean number of methods ever used by an ever user ranged from 1.4 to 2.0 methods.

Oral pill was the most popular method among the respondents of all the subgroups, while condom was the second most popular method. But the popularity of condom was much lower than that of oral pill. Tubectomy, also, appeared as an important means of contraception among the survey population. Except for the safe period method, the popularity of traditional methods was in general low in the sample and lower among female respondents of the rural and semi-urban areas than among the others.

Current use rates of family planning methods were at considerable variations between the male and female respondents. The percentages of the female and male respondents reporting using a family planning method in the rural areas were respectively 13.9 percent and 22.3 percent, while the corresponding rates for the semi-urban areas were 33.3 percent and 35.7 percent respectively and those for the urban areas, 44.1 percent and 54.7 percent respectively. When only the modern methods were considered, the current use rate stood at 12.6—14.4

percent for the rural areas, 24.3—30.9 percent for the semi-urban areas, and 37.4—47.5 percent for the urban areas.

A very large percentage of non-current users in every area expressed their intention to use family planning in future. In the rural areas the percentage was 39.2 percent for female respondents and 42.1 percent for male respondents ; while the corresponding rates for the semi-urban areas were 42.6 percent and 53.7 percent respectively and those for the urban areas, 61.6 percent and 58.9 percent respectively.

## Chapter—6

# **FACTORS AFFECTING REGULAR USE OF FAMILY PLANNING METHODS**

Data collected in the survey on factors affecting regular use of non-clinical family planning methods, (oral pill, condom, and foam, jelly, cream, etc.) included the following items of information source of the supplies, reasons for dropping the uses, frequency of the uses, reasons for the irregular uses, degree of satisfaction with the uses, reasons for dissatisfaction with the methods, and attitudes toward safety of modern contraceptives. These data were intended to be useful in identifying the obstacles on the way of practising modern contraceptive, and hence, in developing new strategies for the campaign or in modifying its old strategies.

### **6.1. Source of supply of non-clinical modern methods :**

Table—6.1 shows data on the source of supply of the non-clinical methods, oral pill, condom, and foam tablet, jelly, cream, etc. The data were collected by asking the current users in the sample how they usually obtained their methods.

As can be seen from the table, the commercial store was the most important source of supplies for non-clinical methods in the urban and the semi-urban areas. In the urban areas the proportion of oral pill users utilizing (buying their supplies from) the commercial store ranged from 15/31 (48.4 percent) for the females to 27/31 (87.1 percent) for the males : and that of condom users from 5/10 (50.0 percent) for the female respondents to 9/12 (75.0 percent) for the male respondents. In the semi-urban areas the corresponding rates ranged respectively between 4/7 (57.1 percent) for the female respondents and 3/7 (42.9 percent) for the male respondents and between 4/6 (66.7 percent) for the female respondents and 6/6 (100.0 percent) for the male respondents. Even in the rural areas, 2 out

**Table—6.1**

**SOURCES OF SUPPLY OF NON-CLINICAL MODERN  
FP METHODS BY SEX AND AREAS. <sup>1</sup>**

Sources of supply	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
<b><u>Oral pill</u></b>						
FP worker brings home	1	2	8	5	3	3
Pick up from FP or health centers.	2	1	5	—	1	1
Buy from stores	2	4	15	4	3	27
Others	—	—	3	—	—	—
<b>N<sup>2</sup></b>	<b>5</b>	<b>7</b>	<b>31</b>	<b>9</b>	<b>7</b>	<b>31</b>
<b><u>Condom</u></b>						
FP worker brings home	—	—	2	2	—	—
Pick up from FP or health centers	—	2	3	—	—	2
Buy from stores	4	4	5	6	6	9
Others	—	—	—	—	—	1
<b>N<sup>2</sup></b>	<b>4</b>	<b>6</b>	<b>10</b>	<b>8</b>	<b>6</b>	<b>12</b>
<b><u>Foam tablet, jelly, Cream etc.</u></b>						
FP worker brings home	—	—	—	—	—	—
Pick up from FP or health centers	—	—	2	1	—	—
Buy from stores	2	2	—	1	—	3
Others	1	—	—	—	—	—
<b>N<sup>2</sup></b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>—</b>	<b>3</b>

<sup>1</sup> Figures in this table are the number of respondents and not the percentage. The percentage has not been computed because of N being smaller than 20 in most areas.

<sup>2</sup> N in this table is the total number of eligible respondents who were current users of non-clinical modern family planning methods.

of 5 oral pill users among female respondents and 4 out of 9 oral pill users among male respondents mentioned the commercial store; in the case of condom users also the rate was 4 out of 4 for the female respondent and 6 out of 8 for the male respondents. The number of current users of foam, jelly, cream, etc., was too small to analyse their responses. Yet, it was apparent in the data that the users of these methods too in any area depended largely on the commercial store.

Home delivery by family planning workers was also an important source of supplies for oral pill users. The majority of the users of oral pill not depending on the commercial store mentioned that their supplies were brought home by family planning workers. But home delivery did not appear to be a very important source for the users of condom. A good number of them in any area mentioned picking up the supplies from family planning or health centers.

## **6.2. Reasons for dropping the use of contraceptives :**

### **6.2.1. Oral pill :**

Table—6.2 shows the reasons for dropping the use of oral pill, classifying them into net codes and sub-net codes. Net codes refer to major categories and sub-net codes, sub-categories.

The single most important major category of reasons leading to discontinuation of oral pill use was side-effects. Among female respondents in the rural areas, 10 out of 19 past users of oral pill mentioned side-effects as a reason (or the reason) of their discontinuing the method, while for rural male respondents the rate was 18 out of 21, or 18/21. The proportion mentioning side-effects in the semi-urban areas was 16/18 for female respondents and 6/7 for male respondents and that in the urban areas was 27/36 for female respondents and 31/38 for male respondents.

When the side-effects were analysed by their causes, 'dizziness/headache' appeared to be the most frequent cause, followed closely by 'weakness/sickness'. Other causes of side-effects included : nausea, spotting/irregular menstruation, burning sensation in the body, inability to work ; with nausea being more important among them.

**Table—6.2**

REASONS FOR DROPPING THE USE OF ORAL  
PILL BY SEX AND AREAS.<sup>1</sup>

Reasons for dropping the use of oral pill	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Side effects (Net)	10	16	27	18	5	31
Dizziness/headache	9	13	21	17	5	25
Weakness/sickness	8	8	18	13	3	18
Nausea	3	5	9	8	3	3
Inability to work	4	1	1	1	1	2
Abdominal pain	1	—	2	1	1	2
Weight gain	—	2	1	1	—	4
Burning sensation in the body	2	2	4	1	—	3
Spotting/irregular menstruation	2	6	4	1	—	2
Suppression of lactation	—	1	—	—	—	2
Loss of appetite	1	—	1	—	1	3
Blurred vision	2	—	1	—	—	1
Other	—	1	2	—	—	2
Fell very sick (Net)	1	1	2	1	1	—
As per advice of doctor (Net)	1	—	—	—	1	2
Desire for children (Net)	2	3	8	1	—	1

**Table—6.2**

Table—6.2 (Contd.)

Reasons for dropping the use of oral pill	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Switched over to other method (Net)	3	1	3	2	—	6
Forgetting to take pill every day (Net)	1	—	—	1	—	2
Other (not coded elsewhere) (Net)	2	1	—	1	—	1
N <sup>2</sup>	19	18	36 <sup>a</sup>	21 <sup>a</sup>	7 <sup>a</sup>	38 <sup>a</sup>

<sup>1</sup> Figures in this table are the number of respondents and not the percentage. The percentage has not been computed because of N being smaller than 20 in most areas.

<sup>2</sup> N in this table is the total number of eligible respondents who were drop-out users of oral pill, excluding NS (Not Stated) cases, if any, for the question about reasons for dropping the use of oral pill.

<sup>a</sup> NS case for female were, in the rural area, nil; semi-urban, nil; and urban, 3. The corresponding figures for male were 7, 1, and 3 respectively.

Other reasons for dropping the use of oral pill were the desire to have children, switching over to other methods, forgetting to take oral pills everyday, falling sick, etc. Most important among these reasons were the desire to have children, and switching over to other methods.

### 6.2.2. Condom :

Table—6.3 shows the reason of dropping the use of condom. The major categories (net codes) of reasons were: discomfort/displeasure, side-effects, ineffectiveness of method, switchover to other method, disliked by spouse, for want of timely supply/purchasing hazards, desire for children, and considered not good to use all the time.

Although the data in table—6.3 are based on small numbers of observations, they reveal that discomfort/displeasure, ineffectiveness of method, and switch over to other methods were among the important reasons of dropping the use of condom. The category discomfort/displeasure was made up of the answers that condom was not comfortable to use and that condom caused sex displeasure. The former answer was given by the male respondents generally.

The category, ineffectiveness of methods included answers such as that condom had burst during use and/or it was unsafe to check pregnancy. Switch over to other methods was the reason reported by the male respondents generally.

### **6.2.3 Vaginal methods :**

Table—6.4 shows the reported reasons for dropping the use of vaginal methods, foam tablet, jelly, cream, etc. The reasons are shown classifying them into the following major categories (net codes) : side effects, discomfort/displeasure, method not considered safe, switched over to other methods, used out of curiosity, for want of timely supply, and difficult to hide/keep away from others.

**Table-6.3**

REASONS FOR DROPPING THE USE OF  
CONDOM BY SEX AND AREAS.

Reasons for dropping the use of condom	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Discomfort/displeasure (Net)	1	2	7	8	4	15
Not comfortable to use	—	—	3	7	1	8
Absence of sex pleasure	1	2	5	2	3	10
Other	—	—	—	—	—	—
Side-effects (Net)	1	1	1	3	1	3
Vaginal infection	—	1	—	2	—	1
Infection/rash on penis	—	—	—	1	—	2
Other	1	—	1	—	1	—
Ineffectiveness of method (Net)	4	5	7	3	4	5
Burst during use	3	3	5	3	3	4
Considered unsafe	3	4	4	2	1	2
Other	—	—	—	—	—	—
Switched over to other method (Net)	—	—	6	5	2	10
Disliked by spouse (Net)	—	—	3	3	—	3
For want of timely supply/ purchasing hazards (Net)	1	—	1	2	—	1

**Table—6.3**

Table—6.3 ( Contd. )

Reasons for dropping the use of condom	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Desire for children (Net)	1	—	1	2	—	2
Considered not good to use all the time (Net)	—	—	1	1	—	—
Other (not coded elsewhere) (Net)	2	1	2	1	2	2
N <sup>2</sup>	10	9	22	22 <sup>a</sup>	9 <sup>a</sup>	32 <sup>a</sup>

1 Figures in this table are the number of respondents and not the percentage. The percentage has not been computed because of N being smaller than 20 in most areas.

2 N in this table is the total number of eligible respondents who were drop-out users of condom, excluding NS (Not Stated) cases, if any, for the question about reasons for dropping the use of condom.

<sup>a</sup> There was 1 NS case for rural female, 1 for rural male, 1 for semi-urban male, and 3 for urban male.

It is obvious from the table that the important reason of dropping vaginal methods was side effects, although data in the table were based on small numbers of observations precluding any definite conclusions. More than half of the respondents dropping the use of vaginal methods in almost every subgroup mentioned side-effects as a reason (or the reason) for their discontinuing the methods.

The mentioned side-effects included vaginal itching/burning sensation and feeling heat/warmth in the vagina. The former was more frequently mentioned than the latter.

**Table—6.4**

REASONS FOR DROPPING THE USE OF FOAM, TABLET,  
JELLY, CREAM BY SEX AND AREAS .1

Reasons for dropping the use of foam tablet jelly, cream	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Side-effects (Net)	1	3	8	1	1	7
Vaginal itching/ burning sensation	1	2	5	1	—	4
Feeling heat/warmth in the vagina	—	2	1	—	1	4
Other	1	1	2	—	—	—
Discomfort/displeasure (Net)	1	3	1	—	1	2
Not comfortable to use	1	2	1	—	1	1
Get displeasure	—	1	1	—	—	1
Method not considered safe (Net)	—	1	2	—	1	7
Switched over to other methods (Net)	—	—	3	—	—	4
Used out of curiosity (Net)	—	1	2	—	—	2
For want of timely supply (Net)	—	—	—	1	—	—
Difficult to hide/keep away from others (Net)	—	1	—	—	—	—

**Table—6.4**

Table—6.4 (Contd.)

Reasons for dropping the use of foam tablet jelly, cream	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Other (Not coded elsewhere) (Net)	1	—	1	1	—	—
N <sup>2</sup>	3	5	15	3 <sup>a</sup>	2	14 <sup>a</sup>

<sup>1</sup> Figures in this table are the number of respondents and not the percentage. The percentage has not been computed because of N being smaller than 20 in most areas.

<sup>2</sup> N in this table is the total number of eligible respondents who were drop-out users of foam tablet, jelly, cream; excluding NS (Not Stated) cases, if any, for the question about reasons for dropping the use of foam tablet, jelly, cream.

<sup>a</sup> The number for NS cases was 1 for rural male and 1 for urban male.

### 6.3. Frequency of use of contraceptives :

Respondents who were current users of oral pill were asked whether they were using the method occasionally, most of the time, or all the time. The same question was also asked of the respondents who were current users of condom, or of vaginal methods (foam tablet, jelly, cream, etc.). Table—6.5 shows that with some exceptions, most of the current users of oral pill, condom and vaginal methods, in each of the subgroups were found using their method all the time. The exceptions were due to condom showing its pronounced occasional use among almost all the subgroups. All but one of the users of vaginal methods reported having used the method all the time.

### 6.4. Reasons for irregular use of contraceptives :

Respondents who were the irregular current users of oral pill, condom, and vaginal methods were asked why they were not using their method regularly. The reported reasons are listed in table-6.6. No analysis of these data is presented in view of the fact that they are based on very small numbers of observations.

**Table - 6.5**

FREQUENCY OF USE OF FP METHODS AMONG  
CURRENT USERS BY SEX AND AREAS .<sup>1</sup>

Method/frequency of use	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
<b>Oral pill</b>						
Occasionally	—	—	1	1	1	2
Most of the time	1	1	2	—	—	—
All the time	4	6	28	8	6	29
N <sup>2</sup>	5	7	31	9	7	31
<b>Condom</b>						
Occasionally	—	3	3	4	1	2
Most of the time	—	—	—	—	—	1
All the time	4	3	7	4	5	9
N <sup>2</sup>	4	6	10	8	6	12
<b>Foam tablet, Jelly, Cream.</b>						
Occasionally	—	—	—	—	—	—
Most of the time	—	—	—	—	—	1
All the time	3	2	2	2	—	2
N <sup>2</sup>	3	2	2	2	—	3

<sup>1</sup> Figures in this table are the number of respondents and not the percentage. The percentage has not been computed because of N being smaller than 20 in most areas.

<sup>2</sup> N in this table is the total number of eligible respondents who were current users of non-clinical modern family planning methods.

**Table—6.6**

REASONS FOR IRREGULAR USE OF SELECTED  
FP METHODS BY SEX AND AREAS.<sup>1</sup>

Reasons for irregular use	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
<b>Oral pill</b>						
Side-effect (Net)	—	1	1	1	1	2
Dizziness	—	—	—	1	—	2
Weakness/sickness	—	1	1	—	1	1
Weight gain	—	—	—	—	1	1
Body complexion gets dark	—	—	—	—	—	1
Eye-lids get black	—	—	—	—	—	1
Hair loss	—	—	—	—	—	1
Nausea	—	—	—	1	—	—
Use oral pill with some other methods (Net)	—	—	1	1	—	—
N <sup>2</sup>	— <sup>a</sup>	1	2 <sup>a</sup>	1	1	2
<b>Condom</b>						
Side-effects (Net)	—	2	2	—	—	—
Use condom with some other methods (Net)	—	—	—	3	1	—
Practice withdrawal/use Kabiraji medicine and use contraceptive as an alternative method (Net)	—	—	2	—	—	1

**Table--6.6**

Table--6.6 (Contd.)

Reasons for irregular use	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Condom bursts during use (Net)	—	1	—	—	—	—
Condom is very greasy/oily (Net)	—	1	—	—	—	—
Not menstruating after child-birth (Net)	—	1	—	—	—	—
For want of timely supply (Net)	—	—	—	1	—	—
Husband gets tired after night duty (Net)	—	—	1	—	—	—
Use out of curiosity (Net)	—	—	—	—	—	1
Use when necessary	—	—	—	—	—	1
N <sup>2</sup>	—	3	3	4	1	3
<b>Foam tablet, Jelly, Cream</b>						
Friends' advice, regular use is not good (Net)	—	—	—	—	—	1
N <sup>2</sup>	—	—	—	—	—	1

<sup>1</sup> Figures in this table are the number of respondents and not the percentage. The percentage has not been computed because of N being smaller than 20 in most areas.

<sup>2</sup> N in this table is the total number of eligible respondents who were irregular users, excluding the NS cases for the question about reasons for irregular use of oral pill, condom, or foam tablet, jelly, cream.

\* The number of NS cases for oral pill was 1 for rural female and 1 for urban female.

### **6.5. Degree of satisfaction with the use of contraceptives :**

Respondents who were the current users of oral pill, condom, and vaginal methods were asked how much satisfied they were with the method they were using. Table--6.7 shows that most of the current users in any area were generally found satisfied with their methods. On the contrary, there were very small proportions of users for any of the method, who said that they were not too satisfied. But, great caution should be exercised while using these results as they are based on unusually small numbers.

### **6.6. Reasons for dissatisfaction with contraceptives :**

Respondents who were not the fully satisfied current users of oral pill, condom, and vaginal methods were asked why they were not fully satisfied with the method. The numbers of not fully satisfied users were too small in the sample to permit any analysis of their reported reasons. Therefore, the reasons are simply listed in tables--6.8 (a) to 6.8 (c) without presenting any analysis of them.

**Table—6.7**

DEGREE OF SATISFACTION WITH SPECIFIC FP METHODS  
BEING CURRENTLY USED BY SEX AND AREAS.

Method/degree of satisfaction	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
<b>Oral pill</b>						
Quite satisfied	2	6	26	8	6	24
Somewhat satisfied	1	1	4	—	1	6
Not too satisfied	2	—	1	1	—	1
N <sup>2</sup>	5	7	31	9	7	31
<b>Condom</b>						
Quite satisfied	2	2	9	8	4	9
Somewhat satisfied	—	3	1	—	1	2
Not too satisfied	2	1	—	—	1	1
N <sup>2</sup>	4	6	10	8	6	12
<b>Foam tablet, Jelly, Cream</b>						
Quite satisfied	2	1	2	1	—	2
Somewhat satisfied	1	—	—	1	—	1
Not too satisfied	—	1	—	—	—	—
N <sup>2</sup>	3	2	2	2	—	3

<sup>1</sup> Figures in this table are the number of respondents and not the percentage. The percentage has not been computed because of N being smaller than 20 in most areas.

<sup>2</sup> N in this table is the total number of eligible respondents who were current users of oral pill, condom, and foam tablet, jelly, cream.

**Table—6.8 (a)**

REASONS FOR DISSATISFACTION WITH ORAL PILL AMONG  
THE CURRENT USERS BY SEX AND AREAS.<sup>1</sup>

Reasons	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Side-effect (Net)	2	1	4	1	—	5
Dizziness	2	1	3	1	—	3
Burning sensation in limbs	—	1	1	—	—	1
Weakness/sickness	1	1	2	1	—	4
Eye problems/blurred vision	—	1	—	—	—	—
Irregular menstruation/ spotting	—	—	1	—	—	—
Nausea	1	—	—	—	—	—
Excessive sleep	—	—	1	—	—	—
Feel discomfort/consider hazardous (Net)	—	—	1	—	—	—
For lack of good food considered essential while taking oral pill (Net)	1	—	—	—	—	1
Desire for more children (Net)	—	—	—	—	—	1
For fear of health of living child (Net)	—	—	—	—	1	—
For fear of side-effect (Net)	—	—	—	—	—	1
N <sup>2</sup>	3	1	5	1	1	7

<sup>1</sup> Figures in this table are the number of respondents and not the percentage. The percentage has not been computed because of N being smaller than 20 in most areas.

<sup>2</sup> N in this table is the total number of eligible respondents who were current users of oral pill, condom, and foam tablet, jelly, cream.

**Table—6.8(b)**

**REASONS FOR DISSATISFACTION WITH CONDOM AMONG  
THE CURRENT USERS BY SEX AND AREAS .<sup>1</sup>**

Reasons	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Side-effect (Net)	—	1	1	—	—	—
Vaginal infection	—	1	—	—	—	—
Weakness/sickness	—	—	1	—	—	—
Sex discomfort/ displeasure (Net)	2	3	1	—	2	3
Feel discomfort/consider hazardous	2	2	1	—	—	—
Do not get full sex pleasure	—	1	—	—	1	3
Disliked by husband/ wife	—	—	—	—	1	—
Condom too greasy/ oily	—	1	—	—	—	—
Cannot continue sex act for long	—	1	—	—	—	—
Other	—	—	—	—	—	—
Method considered unsafe/ ineffective (Net)	2	—	—	—	—	—
N <sup>2</sup>	2	4	1	—	2	3

<sup>1</sup> Figures in this table are the number of respondents and not the percentage. The percentage has not been computed because of N being smaller than 20 in most areas.

<sup>2</sup> N in this table is the total number of eligible respondents who were current users of condom but were not fully satisfied with the method.

**Table—6.8(c)**

**REASONS FOR DISSATISFACTION WITH FOAM TABLET, JELLY,  
CREAM AMONG CURRENT USERS BY SEX AND AREAS .<sup>1</sup>**

Reasons	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Side-effect (Net)	—	1	—	—	—	1
Vaginal infection/warm sensation in vagina	—	—	—	—	—	1
Weakness/sickness	—	1	—	—	—	1
Sex discomfort/displeasure (Net)	1	—	—	1	—	1
Feel discomfort/consider hazardous	—	—	—	1	—	1
Disliked by husband/wife	1	—	—	—	—	—
N <sup>2</sup>	1	1	—	1	—	1

<sup>1</sup> Figures in this table are the number of respondents and not the percentage. The percentage has not been computed because of N being smaller than 20 in most areas.

<sup>2</sup> N in this table is the number of eligible respondents who were current users of foam tablet, jelly, cream but were not fully satisfied with the method.

**6.7. Attitude towards safety of modern contraceptives :**

Attitudes of respondents in the survey towards the safety of modern contraceptives were ascertained by asking two questions. The first question was : "There are some people who believe that some modern family planning methods are not safe to use. Do you personally agree with this belief?". The second question was : "How strongly do you agree with the belief?". The second question was used only if the answer given to the first question was in affirmative. Neither of the questions was put to the respondents who were users of sterilization.

Table—6.9 shows that the proportion believing that modern contraceptives are safe was appreciably high in the sample. The proportion for female respondents ranged from 60.8 percent in the semi-urban areas to 78.3 percent in the urban areas and that for male respondents did from 61.3 percent in the rural areas to 64.0 percent in the urban areas. While in both the rural and the urban areas the proportion was higher for the female respondents than for male respondents, a reversal of the differential was noted for the semi-urban areas. The differential anywhere did not appear, however, to be appreciable.

There was a segment of respondents in every area, who reported that they were not sure whether modern contraceptives were safe or not. The segment varied for male respondents from 15.2 percent in the urban areas to 23.5 percent in the rural areas; but it was considerably lower for female respondents in every area. The proportion for female respondents found not sure of whether modern contraceptives were safe or not was 16.4 percent in the rural areas and 9.9 percent in the urban areas. It was, however, strikingly low for the semi-urban female. This finding seems, however, to be spurious, being the result of their small numbers in the sample.

Thus, among male respondents the proportion saying categorically that they believed modern contraceptives to be unsafe was found to be in the range of 13.8 percent to 20.8 percent. For female respondents it was 17.8 percent in the rural areas, and 11.8 percent in the urban areas. The proportion for female respondents in the semi-urban areas was unbelievably high at 35.1 percent and should therefore be treated with caution, considering the smallness of their numbers in the sample.

The intensity of belief—measured as very strong, somewhat strong, and not very strong—was analysed only for the respondents who said that they believed modern contraceptive to be unsafe. As it can be seen from the table (table—6.9), the proportion believing very strongly that modern contraceptives are unsafe was nowhere more than 8.8 percent except for the female respondents in the semi-urban areas. The proportion was 5.4—5.6 percent for the rural areas, 6.8—8.8 percent for the urban areas and 7.7 percent for the male respondents in the semi-urban areas. The figure for female respondents in the semi-urban areas was unusually high 17.6 percent.

**Table—6.9**

**ATTITUDE TOWARDS SAFETY OF MODERN CONTRACEPTIVES  
AND INTENSITY OF BELIEF BY SEX  
AND AREAS.**

Attitude/intensity of belief	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Not safe (Net)	17.8	35.1 <sup>b</sup>	11.8	15.2	13.8	20.8
Very strongly	5.6	17.8	6.8	5.4	7.7	8.8
Somewhat strongly	9.4	12.3	4.3	3.4	4.6	5.6
Not very strongly	2.8	4.1	0.6	6.4	1.5	6.4
Safe (Net)	65.7	60.8	78.3	61.3	66.2	64.0
Not sure (Net)	16.4	4.1	9.9	23.5	20.0	15.2
Total	99.9 <sup>c</sup>	100.0	100.0	100.0	100.0	100.0
N <sup>1</sup>	213	74	161	204	65 <sup>a</sup>	125

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization, excluding NS (Not Stated) cases, if any, for the question about attitude towards safety of modern contraceptive.

<sup>a</sup> There were 2 NS cases for semi-urban male.

<sup>b</sup> There was one NS case for semi-urban female for the question about intensity of belief that modern contraceptives are not Safe. This NS case has been excluded while computing the percentage for the sub-categories of the Net Category, 'Not Safe'

<sup>c</sup> Total is less than 100 percent due to rounding errors.

## 6.8. Summary :

Commercial stores were the most important source of supplies for modern contraceptives in the urban and semi-urban areas. Even in the rural areas a large percentage of respondents were relying on the commercial sector. Home delivery by family planning workers was an important source of supplies for oral pill users ; but it did not appear so for condom users.

Most of the current users of oral pill, condom, and vaginal methods (foam tablet, jelly, cream, etc ), in every subgroup were found users for all the time with only few exceptions. The few exceptions were largely due to the occasional use reported by the condom users. Most of these current users in any of the sample areas were found satisfied with their methods.

The single most important reason leading to discontinuation of oral pill was the side-effects. The most frequently mentioned side-effects were dizziness/ headache and weakness/sickness. Discontinuation of vaginal methods, also, was due to side-effects. The important reasons for discontinuation of condom were discomfort/displeasure in using it and its ineffectiveness.

The proportion of respondents believing that modern contraceptive methods are safe was appreciably high, ranging from 60.8 percent to 78.3 percent. There was, however, a large proportion who were not sure whether modern contraceptive methods were safe or not safe.

The data on factors affecting regular use of contraceptives were based on small numbers of observations. It is, therefore, suggested that their findings should be treated with caution.

## Chapter—7

# **INTERPERSONAL COMMUNICATION ON FAMILY PLANNING**

Data were collected in the survey to assess the situation with regard to interpersonal family planning communication among the target population. The usefulness of interpersonal communication in the promotion of family planning acceptance rates is a highly acclaimed fact. It is also an essential means to acquire and disseminate family planning knowledge. Therefore, an assessment of the extent and the range of interpersonal communication was felt necessary in developing meaningful strategies to strengthen the campaign, and in measuring subsequently its effectiveness.

Two types of interpersonal communications were measured in the survey. One type referred to the interpersonal communication between spouses (husbands and wives), while the other type to that among persons other than spouses. The findings are presented in subsequent sections in the form of: the proportion of respondents seeking family planning information, non-mass media sources of seeking family planning information, persons visiting the respondent to provide family planning information, the proportion of respondents having interspouse communication and topics of their discussions, proportions of respondents having communication with persons other than spouses and topics included in such communications.

### **7.1. Seeking family planning information :**

Respondents other than those using sterilization were asked the question about whether they had sought family planning information from anyone in the last six months. Responses obtained indicated that tendency to seek family planning information was very low among the survey population. Among both

male and female respondents, the proportion seeking family planning information from others in the last six months in the rural areas was as low as 11.3 percent. The rate for the urban areas was also not appreciably high though considerably larger, being 22.4 percent for female respondents and 20.8 percent for male respondents. Semi-urban areas were close to the urban areas, having the rate at 18.5 percent for male respondents and at 24.3 percent for female respondents.

The proportion of male respondents shows a trend towards increases from the rural to the urban areas. The proportion for female respondents, however, deviated from the trend, being higher for the semi-urban areas than for the urban areas. The deviation might be the result of large sampling fluctuations affecting the semi-urban estimate drawn from the small number of observations.

**Table—7.1**

SEEKING FAMILY PLANNING INFORMATION  
BY SEX AND AREAS.

Seeking information	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Seeking	11.3	24.3	22.4	11.3	18.5	20.8
Not seeking	88.7	75.7	77.6	88.7	81.5	79.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
N <sup>1</sup>	213	74	161	204	65 <sup>a</sup>	125

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization, excluding NS (Not Stated) cases, if any, for the question about seeking family planning information.

<sup>a</sup> There were 2 NS cases for the semi-urban males.

## **7.2. Whom asked for information on family planning :**

Respondents who reported to have sought family planning information were asked about what person or place did they ask for the information. Table—7.2 shows, by sex and areas, the percentage of respondents mentioning a specific person or place.

Family planning worker and friend/relative/spouse appeared as the major sources of family planning information. The percentage seeking information from friend/relative/spouse ranged usually from 27.8 percent for female respondents in the semi-urban areas to 43.5 percent for those in the rural areas. Rural male respondents were, however, found least likely to have sought information from friend/relative/spouse. Only 8.7 percent of them mentioned having sought information from their spouse and/or relatives and/or friends. This finding contrasts sharply with the rural female respondents claiming the largest proportion (43.5 percent) relying on friend/relative/spouse. One explanation for the contrasting finding may be that rural males consider the wives less knowledgeable about family planning, while they are also shy of discussing family planning with the friends and relatives.

Family planning worker was a major source, largely serving respondents who were rural and those who were semi-urban female. It did not appear to be an important source for respondents who were urban and those who were semi-urban male. While the proportion having sought information from family planning worker was 39.1—65.2 percent for rural respondents and 44.4 percent for semi-urban female respondents, it was 11.5—22.2 percent for urban respondents and 25.0 percent for semi-urban male respondents. Government family planning workers are not deployed in the urban areas. This may, possibly, be a reason for the lower proportion of urban respondents reporting having sought information from the family planning worker.

Doctor/nurse also was an important source of information but only for those who were living in the urban areas. The proportion who had sought information from doctors and/or nurses in the urban areas was 45.2 percent for male respondents and 27.8 percent for female respondents. For all the other subgroups except for rural male respondents, the proportion seeking information from doctor/nurse was in the low range of 4.3 percent to 16.7 percent. For rural male respondents, the proportion was 21.7 percent.

**Table—7.2**

NON-MASS MEDIA SOURCES OF SEEKING FAMILY  
PLANNING INFORMATION IN LAST SIX  
MONTHS BY SEX AND AREAS.

Sources	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Doctor/nurse	4.3	11.1	27.8	21.7	16.7	46.2
Dai	—	—	—	—	—	—
FP worker	39.1	44.4	22.2	65.2	25.0	11.5
Chemist	—	—	—	—	—	—
Friend/relative/ spouse	43.5	27.8	38.9	8.7	33.3	30.8
FP/health center	—	16.7	8.3	—	—	3.8
Other	4.3	—	2.8	4.3	25.0	7.7
Total	99.9 <sup>a</sup>	100.0	100.0	99.9 <sup>a</sup>	100.0	100.0
N <sup>1</sup>	23 <sup>b</sup>	18	36	23	12 <sup>b</sup>	26

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization and did ask others for family planning information in last six months, excluding NS (Not Stated) cases, if any, for the question about non-mass media sources of seeking FP information in the last six months.

<sup>a</sup> Total is less than 100 percent due to rounding errors.

<sup>b</sup> The number of NS cases was 1 for the rural females and 2 for the semi-urban males.

Family planning/health center was generally not an important source of family planning information. It was mentioned by only 16.7 percent of the semi-urban female respondents along with much lower, 8.3 percent of the urban female respondents and 3.8 percent of the urban male respondents. Chemist, as a source of family planning information, was mentioned by none.

### **7.3. Persons visiting respondents in the last six months :**

Respondents were questioned to find out whether they were visited by anyone to give them family planning information in the last six months; and if visited, who was that person? Most frequently mentioned person was the family planning or health worker. Visits by persons other than the family planning or health workers were rarely reported.

Large numbers of family planning and health workers are employed throughout the country to provide, among other things, educational and motivational services for the family planning target population. Routine visits to eligible women or their husbands are the core responsibility assigned to those workers. It is, therefore, usual that the person visiting a respondent should be a family planning or health worker.

Table-7.3 shows that more than 59.0 percent of the respondents in any area mentioned that they were visited by none in the last six months, reflecting that visits by family planning and health workers or by any other persons to provide family planning information, were, in general, low among the sample population. While visits by other than family planning or health workers were rarely reported, the proportion of respondents visited by family planning or health workers in the last six months was nowhere over 39.2 percent. On the contrary, the proportion was at a strikingly low of 7.2 percent for the urban male respondents.

The proportion of respondents visited by family planning or health workers was, in general, lower in the urban areas (7.2—23.0 percent) than in the rural areas (18.6—29.1 percent) and in the semi-urban areas (16.9—39.2 percent), while in all the areas it was lower for male than for female. The variations between male and female in the different areas were as follows: rural areas, male 18.6 percent and female 29.1 percent; semi-urban areas, male 16.9 percent and female 39.2 percent; and urban areas, male 7.2 percent and female 23.0 percent. The fact that majority of health/FP workers are female is, perhaps, the reason why male respondents were visited relatively less frequently by health/FP worker than were female respondents. On the other hand, absence of government family planning and health workers in the urban areas might be the reason associated with the lower proportion visited by health/FP workers among urban respondents than among the rural and semi-urban respondents.

**Table - 7.3**

**PERSONS VISITING RESPONDENT IN LAST SIX MONTHS  
TO PROVIDE FAMILY PLANNING INFORMATION  
BY SEX AND AREAS.**

Persons Visiting	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
None	68.1	59.5	75.1	79.4	83.1	90.4
FP or health worker	29.1	39.2	23.0	18.6	16.9	7.2
Dai	0.9	—	—	0.5	—	—
Friend or relative	1.9	1.3	1.9	1.0	—	2.4
Other	—	—	—	0.5	—	—
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>N<sup>1</sup></b>	<b>213</b>	<b>74</b>	<b>161</b>	<b>204</b>	<b>65<sup>a</sup></b>	<b>125</b>

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization, excluding NS (Not Stated) cases, if any, for the question about persons visiting respondent in last six months to provide FP information.

<sup>a</sup> There were 2 NS cases for the semi-urban males.

#### **7.4 Interspouse communication on family planning :**

##### **7.4.1. Proportions having interspouse communication on family planning :**

Respondents other than those using sterilization were asked whether they had discussed anything about family planning with their spouse in the last six months. Table—7.4 shows, by sex and areas, the proportion of respondents who said that they had such discussions with their spouse. It can be seen from the table that the proportion having interspouse communications on family planning in the rural areas was low, while the proportions for the semi-urban and urban areas were also not very high, though considerably larger.

**Table—7.4**

**INTERSPOUSE COMMUNICATION ON FAMILY PLANNING  
IN LAST SIX MONTHS BY SEX AND AREAS.**

Communication with spouse	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Communicated	31.5	50.0	50.9	33.8	47.7	48.8
Not Communicated	68.5	50.0	49.1	66.2	52.3	51.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
N <sup>1</sup>	213	74	161	204	65 <sup>a</sup>	125

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization, excluding NS (Not Stated) cases, if any, for the question about interspouse communication on family planning in the last six months.

<sup>a</sup> There were 2 NS cases for the semi-urban males.

There were no appreciable differences between male and female respondents in any of the areas. Thus, the proportion of respondents having interspouse communication on family planning was found in the range of, 31.5—33.8 percent in the rural areas and 47.7—50.9 percent in the semi-urban and urban areas.

**7.4.2. Topics of family planning discussed with spouse :**

Respondents reporting to have interspouse communication on family planning in the last six months, were asked what family planning topics they discussed with their spouse. Answers obtained were classified into seven net codes, showing the following as the major topics of discussions between respondents and their spouses : regulating childbirth, family size, post-acceptance side-effects of contraceptive methods, and uses of contraceptive methods. Sub-net codes of each net code also are listed in the table. There were very small percentages of respondents giving answers outside the net or sub-net codes.

'Regulating childbirth' was an important topic of discussion between husbands and wives. This topic included sub-net codes, 'want no more children', 'spacing of birth', 'want more children' and any other discussion that related to regulation of childbirth. 'Want no more children', was coded for answers such as 'we discussed about stopping childbirth,' 'we discussed, we do not want any more children' etc. Similarly 'spacing of births' was coded if the answer related, in some form or other, to spacing of childbirth, and 'want more children' coded if the answer pertained in any way to the desire for having more children. Answers that pertained to regulating of childbirth but did not belong to any of the above categories were coded into its sub-net code, 'others'. It can be seen from the table that 'want no more children' was the most frequent answer constituting the net code, 'regulating childbirth'.

The proportion of male respondents having interspouse discussions on regulating childbirth ranged from 27.5 percent to 48.4 percent, while for female respondents the rate varied from 23.5 percent to 35.1 percent. In both the semi-urban and urban areas the percentage was higher for male respondents than for female respondents, while in the rural areas it was higher for female respondents than for male respondents. But the difference in the case of the rural areas was not at all remarkable.

Among the areas, the proportion for male respondents discussing regulating childbirth was higher in the urban areas than in the rural areas; while the reverse was true in the case of female respondents. But for both the male and female, highest percentages were located in the semi-urban areas.

Discussions regarding family size also were an important aspect of interspouse communication on family planning. Family size discussions generally included such things as advantages of small family, disadvantages of large family and that two children are enough. The discussion that two children are enough was, however, less frequently done and this was more true for female respondents than for male respondents. The discussion on advantages of small family and that on disadvantages of large family were held with almost equal frequencies.

In any of the sample areas, family size was a more frequent topic of discussions among male respondents than among female respondents. For male respondents, the proportion discussing the family size topic was 30.4 percent in

the rural areas and 34.4 percent in the urban areas, while for female respondents it was 11.9 percent in the rural areas and 13.6 percent in the urban areas. Compared to the rural and urban areas, the semi-urban areas had unusually high proportions having discussed the family size topic, 45.2 percent for male respondents and 24.3 percent for female respondents.

Intersperse discussions were often held involving whether to use or continue using specific contraceptive methods. Tubectomy and oral pill were the two methods most frequently included into such discussions. The proportions having discussed these methods in any subgroup usually ranged from 16.2 percent to 26.2 percent for tubectomy and from 13.5 percent to 21.3 percent for oral pill while strikingly rising to a high of 43.3 percent for tubectomy among rural females and to a high of 40.7 percent for oral pill among urban females.

The uses of the IUD, injection, condom, and any other method (modern or traditional) were, however, not very frequently discussed. The proportions discussing these methods were generally below 5.8 percent save in a few exceptions.

There was also a large proportion of respondents who discussed contraceptive uses with their spouses, making no reference to any specific method. This was true regardless of sex and areas, and the proportion ranged between 22.9 percent and 35.5 percent.

Reported discussions on contraceptive uses were classified into three sub-net codes: positive, negative, and neutral. Discussions were labelled positive if found favourable to contraceptive uses, negative if found not favourable to contraceptive uses, and neutral if found neither. In this way, most discussions were found positive, indicating clearly that intersperse communication on contraceptive uses, if promoted, will contribute towards increases in contraceptive practices. There was, however, one exception. The exception was that tubectomy was subjected to more negative than positive discussions among the female respondents of the rural and semi-urban areas. Proportions reporting neutral discussions pertaining to any method except for the IUD were very meagre, however.

**Table—7.5**

TOPICS OF FAMILY PLANNING DISCUSSED WITH SPOUSE  
IN LAST SIX MONTHS BY SEX AND AREAS.

Topics	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Family size (Net)	11.9	24.3	13.6	30.4	45.2	34.4
Advantages of small family	7.5	16.2	8.6	18.8	16.1	14.7
Disadvantages of large family	6.0	10.8	4.9	13.0	16.1	14.7
Two children are enough	—	—	3.7	8.7	12.9	8.2
Others	—	—	—	—	—	—
Regulating childbirth (Net)	28.4	35.1	23.5	27.5	48.4	41.0
Want no more children	19.4	18.9	7.4	18.8	32.3	16.4
Spacing of births	6.0	8.1	3.7	1.4	12.9	6.6
Want more children	6.0	8.1	12.3	5.8	6.4	18.0
Others	—	—	—	2.9	—	—
Post acceptance side-effects of contraceptives (Net)	1.5	5.4	3.7	—	—	9.8
Use of oral pill (Net)	19.4	13.5	40.7	14.5	16.1	21.3
Positive	9.0	13.5	29.6	13.0	9.7	19.7
Negative	4.5	—	8.6	—	3.2	1.6
Neutral	6.0	—	2.5	1.4	3.2	—

Table — 7.5 (Contd.)

Topics	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Use of tubectomy (Net)	43.3	16.2	19.8	20.3	19.3	26.2
Positive	10.4	5.4	13.6	10.1	19.3	19.7
Negative	19.4	10.8	2.5	8.7	—	4.9
Neutral	13.4	—	3.7	1.4	—	1.6
Use of vasectomy (Net)	—	—	2.5	—	—	—
Positive	—	—	1.2	—	—	—
Negative	—	—	—	—	—	—
Neutral	—	—	1.2	—	—	—
Use of IUD/Copper 'T' (Net)	4.5	13.5	4.9	5.8	3.2	4.9
Positive	1.5	13.5	2.5	4.3	—	3.3
Negative	—	—	1.2	1.4	—	—
Neutral	3.0	—	1.2	—	3.2	1.6
Use of Injection (Net)	3.0	5.4	9.9	1.4	3.2	3.3
Positive	1.5	5.4	4.9	—	—	1.6
Negative	—	—	1.2	—	—	1.6
Neutral	1.5	—	3.7	1.4	3.2	—
Use of Condom (Net)	1.5	13.5	3.7	4.3	9.7	4.9
Positive	—	13.5	2.5	2.9	6.4	4.9
Negative	1.5	8.1	—	—	—	—
Neutral	—	—	1.2	1.4	3.2	—

Table—7.5 (Contd.)

Topics	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Use of other modern methods (Net)	1.5	5.4	1.2	2.9	—	—
Positive	1.5	5.4	1.2	2.9	—	—
Negative	—	—	—	—	—	—
Neutral	—	—	—	—	—	—
Use of traditional methods (Net)	3.0	5.4	2.5	4.3	3.2	1.6
Positive	3.0	5.4	1.2	4.3	3.2	—
Negative	—	—	1.2	—	—	—
Neutral	—	—	—	—	—	1.6
Use of unspecified methods (Net)	34.3	35.1	25.9	29.0	35.5	22.9
Positive	22.4	18.9	22.2	21.7	29.0	16.4
Negative	6.0	8.1	1.2	—	6.4	—
Neutral	6.0	8.1	2.5	7.2	—	6.6
Others (not coded elsewhere) (Net)	1.5	—	—	5.8	6.4	—
Do not remember (Net)	—	2.7	—	—	—	—
N <sup>1</sup>	67	37	81 <sup>a</sup>	69	31	61

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization and had had interspouse communication on family planning, excluding NS (Not Stated) cases, if any, for the question about topics of family planning discussed with spouse in last six months.

<sup>a</sup> There was 1 NS case for the urban females.

Also, discussions about post-acceptance side-effects of contraceptive methods were reported. But, the proportion having such discussions was very low among all the sub-groups, ranging between 1.5 percent and 5.4 percent, except that it was 9.8 percent for male respondents in the urban areas.

**7.5. Interpersonal communication on family planning with relatives or family members other than the spouse, friends or neighbors :**

**7.5.1. Proportions having the interpersonal communication with relatives or family members other than the spouse :**

Respondents other than those using sterilization, were asked whether they had interpersonal communication on family planning in the last six months with relatives or family members other than their spouses. Table—7.6 shows, by sex and areas, the proportion of respondents reporting to have such communication. It is clear from the table that family planning communication with relatives and family members other than the spouse was, in general, low among respondents and was lower among those of the rural areas than among those of the semi-urban and the urban areas. In the rural areas, the proportion having the communication was 17.6 percent for male respondents and 13.6 percent for female respondents. The corresponding percentages for the semi-urban areas were 24.6 percent and 25.7 percent respectively and those for the urban areas were 20.8 percent and 31.3 percent respectively. While passing through the above findings it can be observed that communications with relatives and family members in the rural areas were more frequently held among male respondents than among female respondents, when the reverse was true in the cases of the semi-urban and urban areas.

**Table—7.6**

**INTERPERSONAL COMMUNICATION ON FAMILY PLANNING  
WITH RELATIVES OR FAMILY MEMBERS OTHER  
THAN THE SPOUSE IN LAST SIX  
MONTHS BY SEX AND AREAS.**

Interpersonal communication	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Communicated	13.6	25.7	31.3	17.6	24.6	20.8
Not communicated	86.4	74.3	68.8	82.4	75.4	79.2
Total	100.0	100.0	100.1 <sup>a</sup>	100.0	100.0	100.0
N <sup>1</sup>	213	74	160 <sup>b</sup>	204	65 <sup>b</sup>	125

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization, excluding N. (Not Stated) cases, if any, for the question about interpersonal communication on family planning with relatives or family members other than the spouse in last six months.

<sup>a</sup> Total is more than 100 percent due to rounding errors.

<sup>b</sup> The number of NS cases was 1 for the urban females and 2 for the semi-urban males.

**7.5.2. Interpersonal communication on family planning with friends or neighbors :**

Respondents other than those using sterilization, were asked whether they had communicated on family planning with their friends or neighbors in the last six months. The results are displayed in table—7.7. Comparisons of the results in tables—7.6 and 7.7 will show that respondents had interpersonal communication more frequently with friends or neighbors than with relatives or family members. The only exception was the rural female respondents reporting the same levels of communication both with the relatives or family members, and with the friends or neighbors. However, also the

**Table—7.7**

**INTERPERSONAL COMMUNICATION ON FAMILY PLANNING  
WITH FRIENDS OR NEIGHBORS IN LAST  
SIX MONTHS BY SEX AND AREAS.**

Interpersonal communication	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Communicated	13.6	31.1	37.5	25.5	36.9	36.8
Not communicated	86.4	68.9	62.5	74.5	63.1	63.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
N <sup>1</sup>	213	74	160 <sup>a</sup>	204	65 <sup>a</sup>	125

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization, excluding NS (Not Stated) cases, if any, for the question about interpersonal communication on family planning with friends or neighbors in last six months.

<sup>a</sup> The number of NS cases was 1 for the urban females and 2 for the semi-urban males.

level of communications with neighbors or friends remained low in the sample as was that for communications with relatives or family members, and was lower in the rural areas than in the other areas. The proportion of respondents who had discussed family planning with neighbors or friends was nowhere more than 36.9 percent while being strikingly lower at 13.6 percent for those who were rural female.

In the urban areas there was almost no difference in the proportion having communicated with friends or neighbors between male and female respondents. But in the semi-urban and rural areas, male respondents were more likely to have communicated with neighbors or friends than were female respondents. The difference was, however, not so striking for the semi-urban areas as it was for the rural areas.

### **7.5.3. Topics of family planning discussed with relatives or friends (respondents to others) :**

Respondents having interpersonal communication on family planning with relatives or friends in the past were asked what did they say to their relatives and/or friends either in answering their questions or in the course of counselling them. Responses given were categorized into nine net codes such as 'Adoption of family planning', 'Use of specific family planning methods', etc., as shown in table—7.8. Sub-net codes also, if used for a net code, are listed in the table under it (the net code). There were very small percentages of respondents giving answers outside the net or sub-net codes.

Discussions held between respondents and their relatives or friends largely fell under two major categories (or net codes), 'Adoption of family planning practices' and 'Use of specific family planning methods'. Discussions on 'Adoption of family planning practices' were more frequently held among male respondents than among female respondents, while the reverse was the case for the discussions on 'Uses of specific family planning methods'.

For male respondents, the percentage reporting discussions on 'Adoption of family planning practices' was 55.1 percent in the urban areas and around 69.0 percent in the rural and semi-urban areas; while for female respondents it was 15.9 percent in the urban areas, 29.6 percent in the semi-urban areas, and 46.3 percent in the rural areas. On the contrary, the percentage reporting discussions on 'Uses of family planning methods' in any of the sample areas was higher for female respondents than for male respondents. The percentage discussing uses of family planning methods was, thus, found in the range of 27.8—32.7 percent for male respondents and in the range of 33.3—53.7 percent for female respondents.

Discussions about adoptions of family planning practices included either advantages of small family or disadvantages of large family. But the inclusion of the former was usually more frequent than the later. On the other hand, discussions about uses of specific family planning methods included most frequently the sterilization method followed by oral pill. This was true for all the subgroups considered in the survey.

**Table—7.8**

TOPICS OF FAMILY PLANNING DISCUSSED WITH RELATIVES AND FRIENDS (RESPONDENTS TO OTHERS)  
IN LAST SIX MONTHS BY SEX AND AREAS.

Topics	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Adoption of family planning practices' (Net)	46.3	29.6	15.9	68.5	73.1	55.1
Advantages of small family	24.4	22.2	14.5	24.1	26.9	32.7
Disadvantages of large family	24.4	7.4	4.3	16.7	11.5	10.2
Advice on acceptance of family planning	4.9	3.7	—	31.5	34.6	16.3
Use of specific family planning methods (Net)	53.7	33.3	34.8	27.8	30.8	32.7
Sterilization	29.3	14.8	14.5	13.0	26.9	12.2
IUD/Copper-T	—	7.4	5.8	—	—	2.0
Oral pill	14.6	7.4	14.5	7.4	15.4	12.2
Condom	—	7.4	2.9	3.7	7.7	8.2
Injection/MR/Rythm/Withdrawal	7.3	—	2.9	5.6	—	2.0
Foam tablet	2.4	3.7	1.4	—	—	4.1
Others	—	—	1.4	1.9	—	2.0
General advice, no mention of specific method (Net)	12.2	3.7	18.8	16.7	26.9	32.7

Contd.

Table-7.8 (Contd.)

Topics	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Side-effects of contraceptive methods (Net)	9.8	3.7	4.3	—	—	2.0
Weakness/sickness	2.4	—	2.9	—	—	—
Dizziness	9.8	—	2.9	—	—	—
Bleeding	—	3.7	1.4	—	—	—
Others	—	—	—	—	—	2.0
Religion and family planning (Net)	—	—	—	3.7	3.8	4.1
Family planning not against religion	—	—	—	3.7	3.8	4.1
Family planning against religion	—	—	—	3.7	—	—
Ineffectiveness of the methods (Net)	2.4	—	—	—	—	—
Want to know about FP methods (Net)	14.6	48.1	30.4	5.6	0.0	2.0
Sources of supply of FP methods (Net)	—	—	1.4	—	—	4.1
Merits and demerits of FP methods (Net)	12.2	3.7	14.5	5.6	—	4.1
Others (not coded elsewhere) (Net)	—	3.7	2.9	—	—	6.1
N <sup>1</sup>	41 <sup>a</sup>	27	69 <sup>a</sup>	54	26 <sup>a</sup>	49

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization and had interpersonal communication with other relatives or family members and/or friends or neighbors, excluding NS (Not Stated) cases, if any, for the question about topics of family planning discussed with relatives and friends (respondents to others) in last six months.

<sup>a</sup> The number of NS cases was 2 for the rural females, 1 for the urban females, and 1 for the semi-urban males.

'General advice, no mention of specific method' was another major category of discussions held between respondents and the relatives or friends. The category, 'General advice, no mention of specific method' differed from the category, 'Adoption of family planning practices' in that while the latter was made up of discussions suggesting adoption of family planning practices in general terms, the former was made up of discussions specifically on the use of contraception. But in the former case, too, there was no suggestion made about the use of a specific method.

In every sample area, discussions belonging to the category, 'General advice, no mention of specific method' were more frequently reported by male respondents than female respondents. Thus, the percentages for the male and female respondents mentioning discussion under the category, 'General advice, no mention of specific method' were found respectively as 12.2 percent and 16.7 percent in the rural areas, 3.7 percent and 26.9 percent in the semi-urban areas, and 18.8 percent and 32.7 percent in the urban areas.

Discussions on side-effects between respondents and friends or relatives were less frequent; proportions of respondents mentioning side-effects did only range between 2.0 percent and 9.8 percent. The mentioned side-effects were weakness/sickness, dizziness, bleeding etc., that were associated with the method use.

Among female respondents proportions mentioning that they wanted to know about family planning methods through their discussions with friends or relatives were considerable, ranging between 14.6 percent and 48.1 percent. For male respondents, however, those proportions were nowhere more than 5.6 percent.

Discussions regarding merits and demerits of family planning were reported by small numbers of respondents, ranging between 3.7 percent and 14.5 percent for those who were female and between zero and 5.6 percent for those who were male. Religious aspects of family planning, also, were discussed by a small proportion of only male respondents that ranged from 3.7 percent in the rural areas to 4.1 percent in the urban areas.

#### **7.5.4. Topics of family planning discussed with relatives or friends (others to respondents) :**

Respondents having interpersonal communication on family planning with relatives or friends in the past were also questioned about what did their

relatives or friends tell them. Responses obtained were categorized into eight net codes such as, 'Adoption of family planning practices', 'Use of specific family planning methods', etc., as shown in table-7.9 a. Sub-net codes also, if used for a net code, are listed in the table under it (the net code). There were very small numbers of respondents giving answers that fell outside the net or sub-net codes.

Topics of discussions included in the flow of family planning communications from respondents to relatives or friends were almost similar to those included in the flow of communications from relatives or friends to respondents. As such, table-7.9 a reveals the same picture of interpersonal communications as that reflected in table-7.8. Yet a separate analysis of the data of table-7.9 a is presented below.

As topics of discussions included in communications flowing from respondents to friends or relatives, those included in communications flowing from friends or relatives to respondents did fall under two major categories (not codes), 'Adoption of family planning practices' and 'Use of specific family planning methods'. Discussions about adoption of family planning practices were more frequently held among male respondents than among female respondents, while the reverse was true for discussions about uses of specific family planning methods. For male respondents, the proportion reporting discussions about adoption of family planning practices was 52.8 percent in the rural areas, 44.0 percent in the semi-urban areas, 68.3 percent in the urban areas; while for female respondents it was 17.9 percent in the rural, 34.6 percent in the semi-urban and 20.6 percent in the urban areas. On the other hand, discussions about uses of specific methods in any of the sample areas were more frequently reported by female than male respondents. Thus, the proportion reporting discussions about uses of specific family planning methods was in the range of 22.6—40.0 percent for male respondents, while for female respondents it was in the range of 56.4—63.2 percent.

Discussions regarding adoption of family planning practices were held either in the form of advice given to respondents or advice sought from the respondent, with the former form occurring more frequently than did the latter form. Discussions about uses of specific family planning methods were most frequently held pertaining to the sterilization method followed by oral pill; this was true for all the subgroups considered in the survey.

Advantages of small family and disadvantages of large family were another important topic of discussions. The topic was more frequently reported by male respondents than by female respondents. The percentages reporting that they had discussed advantages of small family and disadvantages of large family ranged from 14.6—20.8 percent for male respondents. For female respondents the percentages were only 7.4 percent in the urban areas and 10.3 percent in the rural areas, while being exactly zero in the semi-urban areas.

In any of the sample areas, side effects of contraceptive methods were a topic of discussions mostly for the female respondents. Thus, while the percentage reporting discussions of side-effects was in the range of 7.4—15.4 percent for female respondents, the percentage for male respondents was in the extremely low range of 1.9—4.0 percent.

Discussions regarding religious aspects of family planning generally included, that family planning was against religion. But there were very small proportions of respondents reporting that their discussion included the religious aspects of family planning. Thus, the proportion discussing family planning as being against religion in the rural areas was 12.8 percent for female respondents and 15.1 for male respondents, while the corresponding percentages for the semi-urban areas were 11.5 percent and 8.0 percent respectively and those for the urban areas 4.4 percent and 14.6 percent respectively. It was, thus, found that while in the rural and the urban areas male respondents were more likely than were female respondents to discuss the religious aspects of family planning, the reversal was true for the semi-urban areas.

Table—7.9b shows at a glance how many respondents discussed a particular topic regardless of whether the discussion was initiated by respondents or by others (relatives or friends). Only the net codes are included in the table.

#### 7.6. **Summary** :

Information seeking behavior on family planning appeared to be very low among the survey population. In the rural areas the proportion who reported having sought family planning information from others in the last six months were as low as 11.3 percent for both the male and female respondents, while for the semi-urban and urban areas, also, the proportion was not over 24.3 percent.

**Table—7.9 a**

TOPICS OF FAMILY PLANNING DISCUSSED WITH RELATIVES AND FRIENDS (OTHERS TO RESPONDENTS)  
IN LAST SIX MONTHS BY SEX AND AREAS.

Topics	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Adoption of FP practices (Net)	17.9	34.6	20.6	52.8	44.0	68.8
Advice given to respondents	17.9	23.1	13.2	30.2	32.0	29.2
Advice sought from respondents	—	11.5	4.4	20.8	4.0	29.2
Others	—	—	2.9	1.9	8.0	10.5
Use of specific family planning methods ( Net )	56.4	57.7	63.2	22.6	40.0	27.1
Sterilization	30.8	23.1	20.6	7.5	4.0	8.3
IUD/Copper-T	2.6	15.4	13.2	1.9	—	—
Oral pill	10.3	23.1	25.0	3.8	0.0	6.3
Condom	2.6	3.8	4.4	1.9	—	4.2
Injection/MR/Rythm/Withdrawal	10.3	7.7	2.9	5.7	4.0	4.2
Expressed desires to know more about FP methods	2.6	3.8	8.8	1.9	20.0	2.1
Sources of supply of FP methods	2.6	3.8	—	1.9	4.0	—
Side-effects of contraceptive methods ( Net )	12.8	15.4	7.4	1.9	4.0	2.1
Weakness/sickness	7.7	3.8	1.5	1.9	—	—
Dizziness/vomitting	7.7	3.8	2.9	—	—	—
Other side-effects	5.1	7.7	4.4	—	—	2.1

Contd.

Table—7.9a( Contd. )

Topics	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Family planning is against religion ( Net )	12.8	11.5	4.4	15.1	8.0	14.6
Ineffectiveness of contraceptive methods ( Net )	—	3.8	2.9	1.9	—	—
Disadvantages of large family/advantages of small family ( Net )	10.3	—	7.4	20.8	16.0	14.6
Fear in accepting clinical methods ( Net )	2.6	7.7	—	—	—	—
Inability to provide good food, considered essential while using FP methods ( Net )	5.1	—	2.9	—	—	—
Others ( not coded elsewhere ) ( Net )	5.1	11.5	8.8	6.7	—	4.2
N <sup>1</sup>	39 <sup>a</sup>	26 <sup>a</sup>	68 <sup>a</sup>	53 <sup>a</sup>	25 <sup>a</sup>	48 <sup>a</sup>

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization and had had interpersonal communication with other relatives or family members and/or friends or neighbors, excluding NS ( Not Stated ) cases, if any, for the question about topics of family planning discussed with relatives and friends ( others to respondents ) in last six months.

<sup>a</sup> The number of NS cases was 4 for rural female, 1 for semi-urban female, and 2 for urban female. The corresponding figure for male was 1, 2, and 1 respectively.

**Table—7.9b**

TOPICS OF FAMILY PLANNING DISCUSSED WITH  
RELATIVES AND FRIENDS REGARDLESS OF  
WHO INITIATED THE DISCUSSION.

Topics	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Adoption of family planning practices (Net)	53.7	40.7	29.0	81.5	80.8	77.6
Use of specific family planning methods (Net)	73.2	77.8	71.0	40.7	53.8	42.9
General advice, no mention of specific method (Net)	12.2	3.7	18.8	16.7	26.9	32.7
Side-effects of contraceptive methods ( Net )	17.1	18.5	10.1	1.9	3.8	4.1
Religion and family planning ( Net )	12.2	11.1	4.3	18.5	11.5	18.4
Ineffectiveness of the methods ( Net )	2.4	3.7	2.9	1.9	—	—
Want to know about FP methods ( Net )	14.6	51.9	39.1	7.4	11.5	4.1
Sources of supply of FP methods ( Net )	2.4	—	1.4	1.9	3.8	4.1
Merits and demerits of FP methods ( Net )	12.2	3.7	14.5	5.6	—	4.1
Others ( not coded elsewhere ) ( Net )	4.9	11.1	10.1	5.6	—	6.1

Contd.

Table—7.9b (Contd.)

Topics	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Inability to provide good food considered essential while using FP methods ( Net )	2.4	—	2.9	—	—	—
N <sup>1</sup>	41 <sup>a</sup>	27	69	54	26 <sup>a</sup>	49

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization and had had interpersonal communication with other relatives or family members and/or friends or neighbors, excluding N. S. ( Not Stated ) cases, if any, for the question about topics of family planning discussed with relatives and friends in the past.

<sup>a</sup> The number of NS cases was 2 for the rural females, 1 for the urban females, and 1 for the semi-urban males.

Persons visiting the respondents to provide family planning information in the last six months were generally the family planning/health workers. But more than 59.0 percent of the respondents in any area mentioned that they were visited by none to provide family planning information in the last six months. Thus, the proportion of respondents visited by FP/health workers was nowhere more than 39.2 percent.

Intersperse communication on family planning was at low levels in the rural areas, and was also not very high, though considerably larger, in the semi-urban and urban areas. The proportion of respondents having intersperse communication on family planning was in the range of 31.5—33.8 percent in the rural areas and 47.7—50.9 percent in the semi-urban and urban areas.

Topics of family planning discussed with spouse generally included 'use of contraceptives, 'regulating childbirth' family size', 'post-acceptance side-effects', etc. Most of the discussions on 'use of contraceptives' were found to have ended with positive results encouraging the use.

Interpersonal communication on family planning with relatives or friends other than spouse was low among the respondents, and was lower in the rural areas than in the semi-urban and urban areas. In the rural areas, it was done more frequently by male respondents than by female respondents, while the reverse was true for the semi-urban and urban areas. Family planning communications with relatives and friends were, however, relatively less frequent than those with the spouse. The percentages having family planning communications with relatives and friends were in the range of 13.6—17.6 percent in the rural areas and 24.6—31.3 percent in the semi-urban and urban areas.

The communication on family planning with friends and neighbors was low. However, it was relatively more frequent than was the communication with relatives and family members. The proportion having communications with friends and relatives ranged from 13.6 percent to 37.5 percent among the different subgroups. The male-female difference was striking for the rural areas.

## Chapter—8

# MASS MEDIA MESSAGES ON FAMILY PLANNING

Data were collected in the survey to ascertain the extent of awareness among the family planning target population of mass media family planning messages and to identify the sources of the messages. Data were collected also to ascertain to what extent one who was aware of a message could recall its contents and what was his/her reaction to that message.

Special efforts were made to evaluate SMP radio programs to know what proportion of the target population was aware of those programs, what proportions listened to those programs, what was the frequency of listening to those programs, and whether those programs were considered useful. Also, attempts were made to collect the baseline data to facilitate future evaluations of Manoff messages on family planning.

These data are expected to be useful not only for strengthening and evaluating the Manoff motivation campaign but also for many other communication programs, taken or to be taken, either in the field of family planning or in any other developmental efforts.

### 8.1. Awareness of mass media message :

Respondents other than those using sterilization were asked whether they had heard or seen or read any message, story, or advertisement about family planning in the last three months. Those who answered that they had, were considered to be aware of mass media message on family planning. In every area, as table 8.1 shows, male respondents were much more likely to be aware of mass media message on family planning than were female respondents.

**Table-8.1**

AWARENESS OF MASS MEDIA MESSAGES ON  
FAMILY PLANNING IN LAST 3 MONTHS  
BY SEX AND AREAS.

Awareness	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Aware	31.0	48.6	62.7	39.7	61.6	73.6
Not aware	69.0	51.4	37.3	60.3	26.4	26.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
N <sup>1</sup>	213	74	161	204	65 <sup>2</sup>	125

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization, excluding NS (Not Stated) cases, if any, for the question about awareness of mass media messages on family planning in last 3 months.

<sup>2</sup> There were 2 NS cases for the semi-urban males.

Awareness of mass media messages was appreciably high among respondents in the urban areas. There, 73.6 percent of the male respondents and 62.7 percent of the female respondents were found aware of mass media messages on family planning. In the semi-urban areas too, 61.6 percent of the male respondents were found aware together with 48.6 percent of the female respondents. But awareness of family planning message was found considerably low in the rural areas; there, only 39.7 percent of the male respondents and only 31.0 percent of the female respondents reported having awareness of mass media messages on family planning.

## **8.2. Sources of mass media messages :**

Respondents reporting awareness of mass media messages on family planning, were asked about the sources of messages that they were aware of. Table—8.2 shows that radio was the single most important source for family planning messages. At least 82.6 percent of the respondents in all sample areas reported that they had received their messages through radio.

For the semi-urban and urban areas, television was the largest source next to radio. The proportion mentioning television in the semi-urban areas was 30.6 percent for female respondents and 20.2 percent for male respondents, while that for the urban areas was 48.5 percent for female respondents and 50.0 percent for male respondents. Television was not, however, an important medium for the rural areas. Its use there was very low. In the rural areas, only 12.3 percent of the male respondents together with a negligible 6.1 percent of the female respondents mentioned that they had received their messages through television.

Newspaper was a source for a small number of respondents. Besides, its usefulness was found limited to male respondents of the semi-urban and urban areas, particularly to those of the urban areas. The percentage of male respondents mentioning newspaper was 30.4 percent for the urban areas, while for the semi-urban areas it declined to almost half (15.0 percent). For female respondents, the rate was only 13.9 percent in the urban areas and further down at 8.3 percent in the semi-urban areas. On the other hand, the use of newspaper as a source was found almost absent among both the male and female respondents of the rural areas. Only 2.5 percent of the male respondents in the rural areas mentioned newspaper, while it was not even 1.5 percent for rural female respondents.

Poster or signboard did not appear as an important medium for mass family planning communications. There were very small numbers of respondents who mentioned the poster or signboard as a source of family planning. No more than 12.5 percent of respondents in the rural and semi-urban areas mentioned poster or signboard. It was also not higher than 17.4 percent for those of the urban areas.

**Table—8.2**

SOURCES OF MASS MEDIA MESSAGES ON FAMILY  
PLANNING BY SEX, MEDIA AND AREAS.

Mass media mentioned	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Radio	95.5	94.4	85.1	91.4	85.0	82.6
Television	6.1	30.6	48.5	12.3	20.2	50.0
Cinema	1.5	2.8	8.9	4.9	20.0	15.2
Newspaper	1.5	8.3	13.9	2.5	15.0	30.4
Poster/signboard	6.1	2.8	13.9	11.1	12.5	17.4
Other	—	—	—	—	2.5	9.8
N <sup>1</sup>	66	36	101	81	40 <sup>a</sup>	92

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization, and were aware of mass media messages on family planning, excluding NS (Not Stated) cases, if any, for the question about sources of mass media messages on family planning.

<sup>a</sup> There were 2 NS cases for the semi-urban males.

Cinema was a source of family planning messages for only a very small segment of respondents. Besides, its limited utility was found confined mostly to those who were male and living in the semi-urban and urban areas. While the percentage mentioning cinema for male respondents was 15.2 percent in the urban areas, and 20.0 percent in the semi-urban areas, the percentage for female respondents was only 8.9 percent in the urban areas, reaching a strikingly low level of 1.5—2.8 percent for the rural and semi-urban areas. Also for male respondents in the rural areas, the proportion mentioning cinema was not at all appreciable, being only 4.9 percent.

### **8.3. Recall of message contents :**

Respondents reporting awareness of mass media family planning messages were asked about what did the messages they knew say about family planning. Like many others, the question used was a multiple response question allowing a respondent options to give more than one answer.

Given answers were coded into ten net codes, classifying the recalled message contents into a number of major categories. Table-- 8.3 shows, by sex and areas, the percentage of respondents giving answers for a specific net code. The table also shows, for each of the subgroups of respondents, the percentage giving specific answers (coded into the sub-net codes) for a net code.

'Mentions of contraceptive methods' was, in general, the most recalled content of mass media family planning messages. The proportion recalling this content among respondents who were aware of mass media messages was in the range of 52.8—80.2 percent. In both the rural and urban areas, the proportion was higher for female respondents than for male respondents, but the difference followed in the reverse direction in the semi-urban areas. For both the male and female respondents, the rate was higher in the rural areas than in the urban areas. The rate for the semi-urban areas was lowest in the case of female respondents, while it was highest in the case of male respondents.

Most frequent answers given recalling the content, 'mentions of contraceptive methods' was that messages said about Maya/Ovacon, the two brand names of oral pill supplied from the Social Marketing Project (SMP). The second most frequent answers included Raja, the brand name of condom supplied from SMP simply condom, oral pill, and contraceptive methods in general.

Male respondents were generally more likely to include Condom, Maya/Ovacon, Joy and Contraceptive methods in general than were female respondents. But, the differentials for Oral pill and IUD/Copper 'T' were usually in the reverse direction. There were no appreciable differences for sterilization between female and male respondents. Also, the difference between male and female respondents in the case of Maya/Ovacon was not appreciable.

Proportions recalling the content, or giving any answers recalling the content, 'mentions of contraceptive methods' was generally higher in the urban areas than

in the semi-urban areas and in the rural areas. The differential between the semi-urban and rural areas had irregular patterns, being sometime in favour of the rural areas and sometime in favour of the semi-urban areas.

'Slogans on family planning' was the second most recalled content, being reported by 51.9 to 63.0 percent of the respondents. The proportion recalling the content was lower in the rural areas (51.9—54.5 percent) than in the semi-urban areas (55.6—62.5 percent) and in the urban areas (56.4—63.0 percent). Answers recalling 'Slogan of family planning' were that messages said, 'small family is happy family' 'boy or girl, two is enough'; and 'accept family planning to limit family size'. The proportions giving the first two answers ranged between 28.4 percent and 41.3 percent and between 22.2 and 27.7 percent respectively, while the range for the third answer was at the lower level, being 8.9—20.0 percent. Male-female differentials either in recalling the content, 'slogans of family planning' or in giving any answer recalling the content, were not usually appreciable.

**Table - 8.3**

RECALL OF SPECIFIC MASS MEDIA FAMILY  
PLANNING MESSAGES BY SEX AND AREAS.

Family planning messages recalled	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Slogans on family planning ( Net )	54.5	55.6	56.4	51.9	62.5	63.0
Small family is happy family	28.8	30.6	36.6	28.4	30.0	41.3
Boy or girl, two is enough	24.2	22.2	27.7	22.2	22.5	27.2
Accept FP to limit family size	16.7	11.1	8.9	12.3	20.0	17.4
Other	—	—	—	—	—	—

Contd.

Table—8.3 (Contd.)

Family planning messages recalled	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Advantages of small family (Net)	36.4	52.8	25.7	34.6	55.0	25.0
Bring peace/happiness to family	27.3	44.4	9.9	22.2	37.5	13.0
Ensure good health for all	9.1	13.9	14.9	7.4	20.0	10.9
Ensure food and clothing	7.6	5.6	5.0	2.5	—	4.3
Help overcome poverty	—	2.8	1.0	1.2	7.5	4.3
Assure educational opportunities for children	4.5	13.9	7.9	3.7	2.5	7.6
Less costly to maintain	1.5	—	3.0	2.5	10.0	4.3
Bring prosperity to family/nation	3.0	5.6	—	3.7	7.5	—
Other	6.1	5.6	3.0	1.2	2.5	1.1
Disadvantages of large family (Net)	19.7	19.4	18.8	13.6	22.5	19.6
Bring unhappiness to family	10.6	13.9	6.9	4.9	12.5	7.6
Lead to bad health	3.0	2.8	4.0	—	—	2.2
Shortage of food and clothing	6.1	2.8	5.9	3.7	10.0	3.3
Make family poorer	7.6	2.8	8.9	6.2	5.0	7.6

Contd.

Table—8.3 (Contd.)

Family planning messages recalled	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Lack of educational opportunities for children	4.5	5.6	1.0	—	5.0	1.1
Other	—	—	2.0	—	—	—
Mentions of specific contraceptive methods (Net)	60.6	52.8	80.2	56.8	65.0	69.6
Maya/Ovacon	24.2	16.7	50.5	25.9	27.5	51.1
Oral pill	18.2	13.9	15.8	6.2	10.0	15.2
Raja condom	21.2	11.1	32.7	11.1	27.5	29.3
Condom	4.5	19.4	12.9	9.9	7.5	17.4
Joy foam tablet	6.1	2.8	20.8	3.7	22.5	22.8
IUD/Copper-T	6.1	2.8	11.9	6.2	2.5	5.4
Sterilization	13.6	5.6	11.9	12.3	10.0	12.0
Methods in general (unspecified)	9.1	25.0	19.8	24.7	20.0	27.2
Other	—	—	—	1.2	—	—
Replies to letters regarding FP through question answer forum (Net)	—	—	—	2.5	2.5	7.6
Advice to contact doctors/FP workers in case of side-effects (Net)	6.1	5.6	2.0	3.7	—	3.3
FP campaign through folk song/drama (Net)	3.0	5.6	3.0	4.9	7.5	17.4

Contd.

Table—8.3 (Contd.)

Family planning messages recalled	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Comparative presentation of small and large family through TV/cinema/poster (Net)	4.5	11.1	11.9	3.7	2.5	13.0
Others (not coded elsewhere) (Net)	—	—	—	1.2	—	2.2
Do not remember (Net)	1.5	—	1.0	1.2	2.5	2.2
N <sup>1</sup>	66	36	101	81	40*	92

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization and were aware of mass media messages on family planning, excluding NS (Not Stated) cases, if any, for the question about recall of specific mass media family planning messages. There were 2 NS cases for the semi-urban males.

Recalled contents included 'advantages of small family' for 25.0—36.4 percent of the respondents in the rural and urban areas, and 52.8—55.0 percent for the semi-urban areas, while they included 'disadvantages of large family' for 13.6—22.5 percent in any of the areas. Answers recalling the former content included most frequently that messages said, 'family planning brings peace/happiness to family' and those recalling the later content did most frequently that message said, 'large family brings unhappiness to family'.

Female respondents were more likely to recall the contents, 'advantages of small family' and 'disadvantages of large family' than were their male counterparts. This was also usually true for any answer given in recalling any of these contents.

The remaining listed recalled contents in table-8.3 were generally not important—being mentioned by proportions usually not above 10.0 percent anywhere in the sample.

#### **8.4. Reaction to mass media family planning messages :**

Respondents reporting awareness of mass media family planning messages, were asked about how did they feel about the messages they knew. The question was an openended one, allowing a respondent options to provide multiple answers. Reaction of respondents to FP messages known from the answers were classified into two types : 'Positive Reactions' and 'Negative Reactions'. 'Positive Reactions' included answers revealing good feeling of a respondent about family planning messages and 'Negative Reactions' those revealing bad feeling of the respondent about family planning messages. As table-8.4 shows, proportions of respondents having negative reactions (or bad feeling) towards mass media family planning messages were generally very low in any of the sample areas. For female respondents the proportion was nowhere above 6.0 percent, while for male respondents also it was not over 10.7 percent anywhere.

##### **8.4.1. Positive reactions:**

Answers revealing positive reactions to mass media messages on family planning are shown in table-8.5, classifying them into three net codes (major categories) and a number of sub-net codes. The major reasons of having good feeling about family planning messages among the sample population were that the messages said about advantages of small family, disadvantages of large family, and that they provide information useful for promotion of family planning.

That family planning messages said about the advantages of small family was found to be the most important reason for creating positive reactions among respondents towards those messages. The percentage mentioning this reason as one of the causes (or the cause) of their having positive reactions to the messages, ranged between 59.0 percent and 75.8 percent among respondents having awareness of mass media family planning messages, except for the urban male respondents. Even for the urban male respondents, the percentage was not below 48.9 percent.

**Table-8.4**

FEELING ABOUT MASS MEDIA MESSAGES ON FAMILY  
PLANNING BY SEX AND AREAS.

Feeling	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Good	92.4	100.0	91.0	88.0	95.0	96.7
Good-Bad	1.5	—	2.0	1.3	—	1.1
Bad	4.5	—	6.0	10.7	5.0	—
Do not know	1.5	—	1.0	—	—	2.2
Total	99.9	100.0	100.0	100.0	100.0	100.0
N <sup>1</sup>	66	35 <sup>a</sup>	100 <sup>a</sup>	75 <sup>b</sup>	40 <sup>b</sup>	90 <sup>b</sup>

<sup>1</sup> N in this table is the total number of respondents who were not users of sterilization and were aware of mass media messages on family planning, excluding NS (Not Stated) cases, if any, for the question on feeling about mass messages on family planning.

<sup>a</sup> Total is less than 10 percent due to rounding errors.

<sup>b</sup> NS cases for females were in the rural, nil; semi-urban, 1; and urban, 1. The corresponding figures for males were 6, 2, and 2 respectively.

Among the mentioned advantages of small family, the most frequent answer was, "the messages said, 'small family is happy family'", given generally by 40.0—54.5 percent of respondents having awareness of mass media family planning messages in any subgroup with only one exception. Other frequently given answers were that the messages said, "small family ensures good health and sound mind of family members,"—"ensures food and clothing,"—"assures educational opportunity for children," and—"helps overcome poverty." These answers were usually reported, save some exceptions, by 11.1—22.9 percent, 12.0—25.7 percent, 17.8—25.0 percent, and 13.0—21.3 percent respectively, of respondents having awareness of mass media messages. The answers that

the messages said, "small family ensures good health and sound mind of family members", and "— ensures food and clothing" and "—assures educational opportunity for children" were given more by female respondents than by male respondents, while the answer that the messages said, "small family helps overcome poverty" was given more by male respondents than by female respondents. The answer that the messages said, "family planning helps rear children properly." or "small family helps bring peace and prosperity to family/nation" were comparatively less frequent. The former answer was generally given more by female respondents, while the reverse was true for the latter.

That family planning messages say about the disadvantages of large family was a major reason for having positive reaction towards the messages, being mentioned relatively more by female respondents than by male respondents. The proportion mentioning the reason was 24.0—28.6 percent among respondents having awareness of mass media messages, who were female and 15.0—25.6 percent for those who were male. Among the mentioned disadvantages of large family, the most frequent answers were that the messages said, "large family brings unhappiness." and "large family creates shortage of food.". These answers were given by 10.6—14.3 percent and 8.6—15.2 percent respectively of respondents having awareness of mass media messages, who were female. The comparable rates for those who were male were 5.0—9.3 percent and 5.3—8.9 percent respectively.

Another major reason for having positive reactions towards the messages was that family planning messages were useful for promotion of family planning, being mentioned by 22.7—65.6 percent of respondents having awareness of mass media messages. For those who were rural female, the percentage was, however, lower at 19.7 percent. In general, the percentage was highest in the urban areas (43.0—65.6 percent), intermediate in the semi-urban areas (28.6—32.5 percent), and lowest in the rural areas (19.7—22.7 percent).

The most frequently given answers mentioning the usefulness of the messages were that they 'provided knowledge of family planning' in general and of 'contraceptive methods' in particular. The proportion giving the former answer usually ranged from 7.6 to 40.0 percent among respondents having awareness of the messages, while the corresponding rate for the latter answer ranged usually from 9.1 to 33.3 percent.

**Table—8.5**

REASONS FOR POSITIVE REACTIONS TO MASS  
MEDIA FP MESSAGES BY SEX AND AREAS.

Reasons for positive reactions	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Advantages of small family (Net)	75.8	62.9	59.0	65.3	75.0	48.9
Small family is happy family	54.5	40.0	44.0	44.0	47.5	30.0
Ensure good health/sound mind	12.1	22.9	22.0	4.0	17.5	11.1
Ensure food and clothing	24.2	25.7	18.0	12.0	7.5	13.3
Help overcome poverty	13.6	11.4	13.0	21.3	20.0	18.9
Assure educational opportunity for children	21.2	22.9	25.0	8.0	5.0	17.8
Rear children properly	10.6	2.9	13.0	4.0	7.5	—
Bring peace and prosperity to family/nation	9.1	11.4	4.0	12.0	17.5	16.7
Others	4.5	—	3.0	1.3	—	—
Disadvantages of large family (Net)	27.3	28.6	24.0	17.3	15.0	25.6
Bring unhappiness to family	10.6	14.3	13.0	9.3	5.0	5.6
Lead to bad health	7.6	11.4	6.0	—	2.5	4.4

(Contd.)

Table—8.5 (Contd.)

Reasons for positive reactions	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Shortage of food and clothing	15.2	8.6	15.0	5.3	7.5	8.9
Make family poorer	9.1	8.6	10.0	5.3	5.0	10.0
Lack of educational opportunities for children	9.1	2.9	9.0	2.7	5.0	3.3
Lack of opportunity for rearing children properly	—	—	3.0	—	—	2.2
Others	—	—	1.0	—	—	—
Family planning publicity useful or effective (Net)	19.7	28.6	43.0	22.7	32.5	65.6
Provide knowledge of family planning	7.6	2.9	22.0	16.0	22.5	40.0
Describe advantages of small family/disadvantages of large family	1.5	8.6	9.0	2.7	2.5	12.2
Provide knowledge of contraceptive methods	9.1	14.3	23.0	5.3	10.0	33.3
TV presentation provide chances to watch realities of life/practical problems	1.5	8.6	7.0	2.7	—	10.0
Others	—	—	—	1.3	—	—

(Contd.)

Table—8.5 (Contd.)

Reasons for positive reactions	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Others (not coded elsewhere) (Net)	—	—	—	—	—	1.1
Do not remember (Net)	1.5	—	1.0	—	—	2.2
NI	66	35*	100*	75*	40*	90*

† N in this table is the total number of respondents who were not users of sterilization and were aware of mass media messages on family planning, excluding NS (Not Stated) cases, if any, for the question about reaction to mass media messages on family planning.

\* NS cases for females were in the rural, nil; semi-urban, 1; and urban, 1. The corresponding figures for males were 6, 2, and 2 respectively.

#### **8.4.2. Negative reactions :**

Since proportions of respondents having bad feeling about family planning messages were extremely low in the sample, reasons prompting bad feeling or negative reactions towards the messages were clearly less important to be subjected to any analysis. In addition, numbers reporting the reasons were so small that no meaningful conclusion can be drawn from the analysis. However, reported reasons underlying the negative reactions are listed in table-8.6.

**Table—8.6**

REASONS FOR NEGATIVE REACTIONS TO MASS  
MEDIA FP MESSAGES BY SEX AND AREAS.

Reasons for negative reactions	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Family planning is against religion/act of sin	—	—	1.0	6.7	—	1.1
Use of contraceptive methods uncomfortable/hazardous	3.0	—	1.0	—	5.0	—
Contents of message not appropriate to listen/watch in presence of all family members	—	—	3.0	1.3	—	—
Presentation not attractive/not up to standard/boring	—	—	3.0	2.7	—	—
Others (not coded elsewhere)	3.0	—	1.0	—	2.5	—
Do not remember	1.5	—	1.0	—	—	2.2
N <sup>1</sup>	66	35	100 <sup>a</sup>	75 <sup>a</sup>	40 <sup>a</sup>	90 <sup>a</sup>

<sup>1</sup> N in this table is the total number of respondents who were not users of sterilization and were aware of mass media messages on family planning, excluding NS (Not Stated) cases, if any, for the question about reaction to mass media messages on family planning.

<sup>a</sup> NS cases for females were in the rural, 1; semi-urban, 1; and urban, 1. The corresponding figures for males were 6, 2, and 2 respectively.

## **8.5. SMP radio programs :**

### **8.5.1. Proportions ever listening to SMP radio programs :**

Social Marketing Project (SMP) operating in Bangladesh, is engaged in promoting marketing of conventional contraceptives throughout the country. As part of their communication campaign, they sponsor radio programs in different forms to promote sale of contraceptives and to provide contraceptive counselling. Respondents other than those using sterilization were asked whether they had ever listened to any SMP radio programs. Table-8.7 shows, by sex and areas, the proportions of respondents having ever listened to SMP Programs.

Coverages of SMP programs among respondents in the survey were specified by asking two questions. The first question was, "Have you ever listened to any of the following radio programs: 'Amar Ghar', 'Chotto Nir', or 'SMPir Nibedon'?" The respondent was asked the second question only if (s)he answered 'No' to the first question. The second question was, "These programs answer people's letters about family planning. Have you ever listened to radio programs where they answer people's letters about family planning?" In table-8.7, the proportion of ever users identified by asking the first question is labelled 'as identified by name' and that identified by the second question as 'identified by format'. The overall proportion of ever listeners, labelled as 'listened to program(s) (net)' were found by summing up both the proportions identified by name and format.

Proportions of respondents listening to SMP programs was appreciably high in the sample. Overall proportions found to have ever listened to one SMP radio program or more in the urban areas were 57.8 percent for female respondents and 76.0 percent for male respondents; and in the semi-urban areas, 59.5 percent for female respondents and 66.2 percent for male respondents. In the rural areas also, as high as overall 53.7 percent of male respondents were found having ever listened to SMP programs.

The exposure to SMP programs was, however, found very low among rural female respondents. Only 25.8 percent of the rural female respondents were found, on the overall count, having ever listened to SMP programs. The SMP program should, therefore, try to promote its coverage of the rural female respondents at least to bring them at par with the others.

**Table—8.7**

EVER LISTENING TO ONE OR MORE SMP RADIO  
PROGRAMS BY SEX AND AREAS.

Ever listened to SMP programs	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Listened to program(s) (Net)	25.8	59.5	57.8	53.7	66.2	76.0
Identified by name	19.7	51.4	34.8	42.4	50.8	47.2
Identified by format	6.1	8.1	23.0	11.3	15.4	28.8
Did not listen to programs (Net)	74.2	40.5	42.2	46.3	33.8	24.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
N <sup>1</sup>	213	74	161	203 <sup>a</sup>	65 <sup>a</sup>	125

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization, excluding NS (Not Stated) cases, if any, for the question about ever listening to one or more SMP radio programs.

<sup>a</sup> The number of NS cases was 1 for the rural males and 2 for the semi-urban males.

**8.5.2. Frequency of listening to SMP programs :**

Table—8.8 shows, separately for each subgroup, the distribution of the frequencies of listening to SMP programs. The distributions include, it should be noted, only those respondents who reported having ever listened to the SMP program. Frequencies of listening to SMP programs were lower in the rural areas than in the urban areas. This was true in the case of both the male and the female respondents. In the rural areas, the median frequency of listening to the SMP radio programs was 3 times for both the male and the female respondents ; while in the urban areas it was 4 times for female respondents and 5 times or more for male respondents.

**Table—8.8**

FREQUENCY OF LISTENING TO SMP RADIO  
PROGRAMS IN LAST SIX MONTHS  
BY SEX AND AREAS.

Frequency of Listening	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Once	17.5	2.8	7.2	7.4	3.1	6.0
Twice	20.0	30.6	14.5	28.4	16.2	19.0
Three times	15.0	19.4	15.9	14.7	16.2	13.1
Four times	10.0	5.6	13.0	7.4	5.4	9.5
Five or more times	37.5	41.7	49.3	41.1	51.4	52.4
Do not remember	—	—	—	1.1	2.7	—
Total	100.0	100.1 <sup>b</sup>	99.9 <sup>b</sup>	100.1 <sup>b</sup>	100.0	100.0
N <sup>1</sup>	40	36	69	95	37 <sup>a</sup>	84

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization and did listen to any SMP radio program in last 6 months, excluding NS (Not Stated) cases, if any, for the question about frequency of listening to SMP radio programs in last six months.

<sup>a</sup> The number of NS cases was 1 for the rural males and 1 for the semi-urban males.

<sup>b</sup> Total is less or more than 100 percent due to rounding errors.

Female respondents of the semi-urban areas had the median frequency at par with that for those of the rural areas, while male respondents of the semi-urban areas had their median frequency at par with that for those of the urban areas. On the whole, as it can be seen from the above findings, male respondents had greater chances of listening to SMP programs than had female respondents.

**Table—8.9**

**USEFULNESS OF INFORMATION PROVIDED BY SMP  
RADIO PROGRAMS BY SEX AND AREAS.**

Usefulness of information	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Useful	100.0	88.9	98.6	93.7	94.6	98.8
Not useful	—	11.1	1.4	5.3	5.4	1.2
Do not know	—	—	—	1.1	—	—
Total	100.0	100.0	100.0	100.1	100.0	100.0
N <sup>a</sup>	40	36	69	95	37	84

<sup>a</sup> N in this table is the total number of eligible respondents who were not users of sterilization and did listen to any SMP radio program in last six months, excluding NS (Not Stated) cases, if any, for the question about usefulness of information provided by SMP radio programs.

<sup>b</sup> There were 2 NS cases for the semi-urban males.

<sup>c</sup> Total is more than 100 percent due to rounding errors.

**8.5.3. Usefulness of information provided by SMP radio programs :**

Table—8.9 shows the usefulness of information provided by SMP programs. As it can be seen from the table, the usefulness of SMP programs was almost universally recognised by those who had ever listened to them. Among respondents who had ever listened to SMP programs in any area, the proportion of those who had said that SMP programs were useful was, in general, in the range of 93.7 percent to 100.0 percent. The only exception was the rate for the semi-urban female respondents, being 88.9 percent. Very few in any of the subgroups of respondents, said that they did not know whether SMP radio programs were useful or not.

#### **8.5.4. Reasons for considering SMP radio programs not useful :**

Respondents who considered SMP radio programs not useful, were asked about the reasons of why they did consider that SMP radio programs were not useful. Given reasons are listed in table-8.10 showing their distribution for each of the subgroups considered in the sample. But no attempt has been made to analyse the reasons as they were based on extremely small numbers of observations. The number of respondents considering SMP radio programs not useful was nowhere more than 4.

#### **8.5.5. Writing of letters to SMP programs :**

Respondents were asked whether they had written any letter to the SMP radio program in the last six months. Table-8.11 shows that writing of letters to the SMP radio program was a rare phenomenon among respondents in general. No more than 3.6 percent of the respondents in any of the subgroups reported having ever written any letter to the SMP radio program.

Although rarity of writing letters to the SMP radio program was a common phenomenon, it was found to persist more among female respondents than among male respondents. For example, while for female respondents the proportion who had ever listened to SMP programs and who had written letters to them was 3.6 percent in the rural areas and 2.2 percent in the urban areas; the rate for male respondents in the rural areas was 0.9 percent and exactly zero percent in the urban areas. The male-female difference was, however, in the reverse direction in the semi-urban areas. The rate for the semi-urban areas was 2.3 percent for male respondents, while it was exactly zero for the female respondents.

#### **8.6. Manoff messages :**

##### **8.6.1. Recognition of 'Ignorant tales from ignorant people' :**

Respondents other than those using sterilization were asked whether they had heard the phrase, 'Ignorant tales from ignorant people' in some family planning messages. Table-8.12 shows that the proportion of respondents having heard the phrase was very low. This result is expected, since field interviewing for the survey covered only 26 days of the Manoff Campaign. As mentioned earlier,

**Table—8.10**

REASONS FOR CONSIDERING SMP RADIO PROGRAMS  
NOT USEFUL BY SEX AND AREAS.<sup>1</sup>

Reasons	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Family planning is against the will of God	—	—	1	2	—	—
Side-effect/ineffectiveness of contraceptive methods minimize the success of the communication campaign	—	2	—	1	—	—
Contents of the message imaginary, misleading, and away from reality	—	—	—	—	—	1
Contents of the message not understandable	—	1	—	—	—	—
Campaign needless, those who will accept FP methods will do on their own	—	1	—	1	—	—
Newly married, do not need FP now	—	—	—	—	1	—
FP considered not essential due to fear for death of living children	—	1	—	—	—	—
Male doctors performing tubectomy not appreciated	—	1	—	—	—	—

(Contd.)

Table—8.10 (Contd.)

Reasons	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Others (Not coded elsewhere)	—	—	—	—	—	—
N <sup>2</sup>	—	4	1	4 <sup>a</sup>	1 <sup>a</sup>	1

<sup>1</sup> Figures in this table are the number of respondents and not the percentage. The percentage has not been computed because of N being smaller than 20 in most areas.

<sup>2</sup> N in this table is the total number of eligible respondents who were not users of sterilization and did consider SMP radio program not useful, excluding NS (Not Stated) cases, if any, for the question about reasons for considering SMF radio program not useful.

<sup>a</sup> The number of NS cases was 1 for the rural males and 3 for the semi-urban males.

Table—8.11

WRITING ANY LETTER TO SMP RADIO PROGRAMS  
ON QUESTION-ANSWER FORUM BY  
SEX AND AREAS.

Status of writing	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Writing	3.6	—	2.2	0.9	2.3	—
Not writing	96.4	100.0	97.8	99.1	97.7	100.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
N <sup>1</sup>	55	44	93	109	43 <sup>a</sup>	95

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization and did ever listen to any SMP radio program, excluding NS (Not Stated) cases, if any, for the question, about writing letter to SMP radio programs.

<sup>a</sup> There were 2 NS cases for the semi-urban males.

**Table—8.12**

RECOGNITION OF "IGNORANT TALES FROM  
IGNORANT PEOPLE" BY SEX AND AREAS.

Status of recognition	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Recognised	5.2	13.5	8.1	4.4	3.1	15.2
Could not recognize	94.8	86.5	91.9	95.6	96.9	84.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
N <sup>1</sup>	213	74	161	204	65 <sup>a</sup>	125

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization, excluding NS (Not Stated) cases, if any, for the question about recognition of 'Ignorant Tales from Ignorant People'.

<sup>a</sup> There were 2 NS cases for semi-urban males.

Manoff Campaign was launched on April 15, 1983; while the one month period of the field interviewing ended on May 10, 1983, thus covering the initial 26 days' time of the campaign.

The proportions of the female and male respondents having heard the phrase were respectively 5.2 percent and 4.4 percent in the rural areas; 13.5 percent and 3.1 percent in the semi-urban areas; and 8.1 percent and 15.2 percent in the urban areas.

The above results show that while more female than male respondents reported having heard the phrase in both the rural and semi-urban areas, the reverse was true for the urban areas. The male-female difference in the rural areas was, however, not appreciable at all.

**Table—8.13**

INTERPRETATION OF 'IGNORANT TALES FROM  
IGNORANT PEOPLE' BY SEX AND AREAS<sup>1</sup>

Interpretation of phrase	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Correct (Net)	8	6	12	5	1	18
Fools do not understand family planning, produce more children	5	4	9	1	1	12
Fools discourage adoption of family planning	2	1	2	3	—	2
Fools say family planning is against religion	2	2	2	1	—	4
Fools say, many sons serve as strength of the family	—	1	—	—	—	1
Propaganda on use of contraceptive methods	—	1	—	1	—	2
Partly correct (Net)	3	—	—	—	—	1
Fools do not believe in contraceptive methods	3	—	—	—	—	—
It is not right to speak against family planning	—	—	—	—	—	1
Incorrect (Net)	—	4	1	2	—	—

(Contd.)

Table—8.13 (Contd.)

Interpretation of phrase	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Nobody should listen to fools	—	—	1	2	—	—
Do not remember	—	4	—	2	1	—
<b>N<sup>2</sup></b>	<b>11</b>	<b>10</b>	<b>13</b>	<b>9</b>	<b>2</b>	<b>19</b>

<sup>1</sup> Figures in this table are the number of respondents and not the percentage. The percentage has not been computed because of N being smaller than 20 in most areas.

<sup>2</sup> N in this table is the total number of eligible respondents who were not users of sterilization and did recognize the phrase "Ignorant Tales from Ignorant People".

### 8.6.2. Interpretation of 'Ignorant tales from ignorant people' :

Respondents who had heard the phrase 'Ignorant tales from ignorant people' were asked what did they think the phrase meant. Answers were categorized into three net codes (or major categories), correct, partly correct and incorrect. Correct answers were further classified into the following sub-net codes, 'fools do not understand family planning and produce more children,' 'fools discourage adoption of family planning', 'fools say, family planning is against religion', 'fools say, many sons serve as strength of the family' and 'propaganda on use of contraceptive methods'. The partly correct answers were classified into the sub-net codes, 'fools do not believe in contraceptive methods', 'it is not right to speak against family planning'. There were two sub-net codes for incorrect answers. Table-8.13 shows, by sex and areas, the distribution of the coded answers for each subgroup separately.

Data on respondents' understanding of the meaning of the phrase, 'Ignorant tales from ignorant people' were based on small numbers. This precludes drawing any meaningful conclusions about the understanding of the phrase by the audience. Yet, there is indication in the data that the phrase was correctly understood by most of those who had ever heard it. Among respondents who

had ever heard the phrase, the proportion having understood the phrase correctly was, in the urban areas, 12 out of 13 for female and 18 out of 19 for male; in the semi-urban areas, 6 out of 10 for female and 1 out of 2 for male; and in the rural areas, 8 out of 11 for female and 5 out of 9 for male.

### **8.6.3. Recognition of 'Do the right thing' :**

Respondents other than those using sterilization were also asked whether they had heard the phrase 'Do the right thing' in some family planning messages. Table—8.14 shows that proportions of respondents having heard the phrase were in general very low as were those for the phrase 'Ignorant tales from ignorant people'.

Male-female differentials in the proportion having heard the phrase, 'Do the right thing' followed the similar pattern as did those for the phrase 'Ignorant tales for ignorant people'. That is, both in the rural and in the urban areas, male respondents were more likely than were female respondents to have heard the phrase, 'Do the right thing', while the reverse was true for the semi-urban areas. In this case also, the difference for the rural areas was not appreciable at all.

The proportion having heard the phrase 'Do the right thing' was lower in the rural areas than in the semi-urban and in the urban areas. The proportion in the rural areas was 4.7 percent for female respondents and 5.9 percent for male respondents; in the urban areas 9.3 percent for female respondents and 12.0 percent for male respondents; and in the semi-urban areas, 14.9 percent for female respondents and 10.8 percent for male respondents.

### **8.6.4. Interpretation of 'Do the right thing' :**

Respondents who had heard the phrase 'Do the right thing' were asked what did they think the phrase meant. Answers for this phrase too, were categorized into three net codes as were those for the phrase 'Ignorant tales from the ignorant people': correct, partly correct, and incorrect. Correct answers were further categorized into the following sub-net codes: 'adopt family planning', 'limit family size', 'use family planning methods', 'advantages of small family/disadvantages of large family', and 'fewer children assure good health'. There

**Table—8.14**

**RECOGNITION OF 'DO THE RIGHT THING'  
BY SEX AND AREAS.<sup>1</sup>**

Status of recognition	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Recognized	4.7	14.9	9.3	5.9	10.8	12.0
Could not recognize	95.3	85.1	90.7	94.1	89.2	88.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
N <sup>1</sup>	213	74	161	204	65 <sup>a</sup>	125

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization, excluding the NS (Not Stated) cases, if any, for the question about recognition of the phrase, 'Do the right thing'.

<sup>a</sup> There were 2 NS cases for the semi-urban males.

were one and two sub-net codes respectively for the other two net codes, partly correct, and incorrect. Table-8.15 shows, by sex and areas, the distribution of the coded answers for each subgroup, separately.

Data on respondents' understanding of the meaning of the phrase, 'Do the right thing' were also based on small numbers as were those for the phrase 'Ignorant tales from ignorant people'. Thus, it is not possible to draw any definite conclusions, also regarding the understanding of the phrase 'Do the right thing'. Nevertheless, it was clearly reflected in the data that the phrase was carrying its correct messages to most of its audience. Eight out of 9 of those who had heard the phrase among female respondents in the rural areas were able to interpret the phrase correctly, while the rate for rural male respondents also was 10 out of 12. The rate for the semi-urban areas was 8 out of 10 for female respondents and 6 out of 7 for male respondents; and that for the urban areas was 15 out of 15 for female respondents and 14 out of 15 for male respondents.

**Table—8.15**

INTERPRETATION OF 'DO THE RIGHT THING'  
BY SEX AND AREAS.<sup>1</sup>

Interpretation of phrase	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Correct (Net)	8	8	15	10	6	14
Adopt family planning	4	2	5	8	2	9
Limit family size	4	3	5	3	3	6
Use family planning methods	3	3	5	1	—	3
Advantages of small family/disadvantages of large family	2	2	3	5	4	3
Fewer children assure good health	—	2	—	—	2	1
Partly correct (Net)	1	—	—	1	—	—
Two children are enough	1	—	—	1	—	—
Incorrect (Net)	—	1	—	—	—	—
Do not listen to others, do as you think right	—	1	—	—	—	—
Do not remember	—	1	—	1	1	1
N <sup>2</sup>	9 <sup>a</sup>	10 <sup>a</sup>	15	12	7 <sup>a</sup>	15

<sup>1</sup> Figures in this table are the number of respondents and not the percentage. The percentage has not been computed because of N being smaller than 20 in most areas.

<sup>2</sup> N in this table is the total number of eligible respondents who were not users of sterilization and did recognize the phrase, 'Do the Right Thing', excluding NS (Not stated) cases, if any, for the question about interpretation of the phrase, 'Do the right thing'.

<sup>a</sup> There were 1 NS case for the rural females, 1 for the semi-urban females and 2 for the semi-urban males.

### 8.7. Summary :

Awareness of mass media messages on family planning was appreciably high among respondents in the urban areas. But it was considerably low among those of the rural areas. The proportions of respondents having awareness of mass media messages varied from 73.6 percent among urban male respondents to 31.0 percent for rural female respondents. Radio was the single most important source of family planning messages. Among those who were aware of mass media messages on family planning, more than 82.5 percent of the respondents in any of the sample areas reported that they had received their messages through radio. In the semi-urban and urban areas, television was the largest source next to radio.

The contents of mass media messages the respondents could recall were 'mentions of contraceptive methods' and different slogans of family planning such as 'small family is happy family', 'boy or girl two is enough', 'accept family planning to limit family size', etc. Mentions of contraceptive methods were reported by 62.8—80.2 percent of those who were aware of mass media messages.

Nearly 90 percent of the respondents had positive reactions to mass media family planning messages. Nowhere the proportion having negative reactions was above 10.7 percent.

The coverage of listenership to radio programs initiated by Social Marketing Project (SMP), as part of their communication campaign, was appreciably high in the sample population except for the rural female. The proportion of respondents having listened to at least one SMP radio program generally ranged between 76.0 percent and 53.7 percent. But it was only 25.8 percent for those who were rural female. The usefulness of SMP radio programs was almost universally recognized by those who had ever listened to these programs.

Writing of letters to the question-answer forum of the SMP radio programs was, however, a rare practice among respondents in general. No more than 3.6 percent of the respondents in any subgroup reported having ever written any letter to the SMP radio programs.

Radio messages introduced by Manoff International Inc., New York, included the phrases, 'ignorant tales from ignorant people' and 'do the right thing'. Field interviewing of the survey covered only initial 26 days of the Manoff campaign. As such, the proportion of respondents having heard the phrases was very low. Yet, it was clearly reflected in the data that the phrase was carrying its correct messages to most of its audience.

## Chapter—9

# ACCESSIBILITY TO MASS MEDIA

Data were collected in the survey to assess the accessibility of the different mass media among the family planning target population comprising eligible couples with the wives below 45 years of age. The different mass media were Radio, Television, Cinema, and Newspaper. Since these are the important mass media, the findings are considered to be useful in setting goals and objectives of the family planning motivational campaign and in working out appropriate strategies to make the Campaign a success. The findings for the different media are presented in the following order: Radio, Television, Cinema, and Newspaper.

### 9.1. Radio :

#### 9.1.1. Availability of radio :

Availability of radio was assessed by asking the respondent who was not user of sterilization, whether (s)he had a radio in the house; and if yes, whether the radio was working. Table—9.1 shows, by sex and areas, the percentage having a radio in the house. The table also gives the breakdown of the percentage by working and non-working radios.

Male respondents were more likely to report the possession of radio than were female respondents, and the difference was larger in the case of the working radio. The differences were, however, not so remarkable anywhere except for the urban areas.

Availability of radio was lowest in the rural areas, intermediate in the semi-urban areas, and highest in the urban areas. The percentage of female respondents reporting owning a radio in the house was 22.5 percent in the rural areas, 39.2 percent in the semi-urban areas, and 46.6 percent in the urban

**Table—9.1**

POSSESSION OF RADIO BY SEX  
AND AREAS.

Status of radio possession	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Possess radio (Net)	22.5	39.2	46.6	23.0	37.0	59.2
Working	15.0	33.8	34.2	20.1	30.8	55.2
Not working	7.5	5.4	12.4	2.9	6.2	4.0
Do not possess	77.5	60.8	53.4	77.0	63.0	40.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
N <sup>1</sup>	213	74	161	204	65 <sup>a</sup>	125

N in this table is the total number of eligible respondents who were not users of sterilization, excluding NS (Not Stated) cases, if any, for the question about access to radio.

There were 2 NS cases for the semi-urban males.

areas. The corresponding rates for male respondents were 23.0 percent, 37.0 percent, and 59.2 percent respectively.

All the reported radios were, however, not found working. When only working radios were considered, the proportion of female respondents reporting having a radio in the house in the rural areas declined to 15.0 percent; that for the semi-urban areas to 33.8 percent; and that for the urban areas to 34.2 percent. As in the cases of female respondents, the proportion having a radio in the house did also decline for male respondents, when only working radios were considered. The proportions for male respondents owning a working radio was 20.1 percent in the rural areas, 30.8 percent in the semi-urban areas, and 55.2 percent in the urban areas.

9.1.2. Access to radio :

A respondent in the survey was considered having access to radio if (s)he had a working radio in the house or had chances to listen to radio either at the neighbor's house or at a public place. Table—9.2 shows that access to radio was appreciably high among male respondents in every area. The proportion of male respondents having access to radio was 71.6 percent in the rural areas, higher at 78.5 percent in the semi-urban areas and further higher at 84.0 percent in the urban areas. Access to radio was appreciably high at 77.0 percent also for female respondents in the urban areas, but it was considerably lower at 64.9 percent for those in the semi-urban areas and further down at 51.6 percent for those in the rural areas.

**Table—9.2**

ACCESS TO RADIO BY SEX AND AREAS.

Status of access	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Have access (Net)	51.6	64.9	77.0	71.6	78.5	84.0
Working radio in house	15.0	33.8	34.2	20.1	30.8	55.2
Have access to neighbors radio or at public place	36.6	31.1	42.8	51.5	47.7	28.8
Do not have access (Net)	48.3	35.1	23.0	28.4	21.5	16.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
N <sup>i</sup>	213	74	161	204	65 <sup>a</sup>	125

N in this table is the total number of eligible respondents who were not users of sterilization, excluding NS (Not Stated) cases, if any, for the question about access to radio.

There were 2 NS cases for the semi-urban males.

**Table—9.3a**

FREQUENCY OF RADIO LISTENING AMONG  
RESPONDENTS HAVING ACCESS TO RADIO  
BY SEX AND AREAS.

Frequency of radio listening	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Daily	11.8	33.3	22.6	8.2	17.6	30.5
Almost everyday	14.5	18.7	16.1	21.2	27.4	13.3
Several times a week	14.5	22.9	16.1	26.7	39.2	31.4
About once a week	11.8	10.4	6.5	17.1	9.8	8.6
Less than once a week	10.0	2.1	5.6	11.6	2.0	1.9
Never or almost never	37.3	12.5	33.1	15.1	3.9	14.3
Total	99.9 <sup>a</sup>	99.9 <sup>a</sup>	100.0	99.9 <sup>a</sup>	99.9 <sup>a</sup>	100.0
N <sup>1</sup>	110	48	124	146	51 <sup>b</sup>	105

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization, and had access to radio, excluding NS (Not Stated) cases, if any, for the question about frequency of radio listening.

<sup>a</sup> Total is less than 100 percent due to rounding errors.

<sup>b</sup> There were 2 NS cases for the semi-urban males.

### 9.1.3. Frequency of radio listening :

Table—9. 3a shows by sex and areas the frequency of radio listening among respondents having access to radio. As it can be seen from the table, the proportion listening to radio daily was generally low among respondents, particularly among those of the rural areas. In the rural areas, no more than 29.4 percent of the respondents having access to radio were regular radio listeners, listening

to radio daily or almost every day. The comparable percentages for the semi-urban and urban areas were also not very large (52.0 percent and 43.8 percent respectively) It can thus be seen from table 9.3b showing the status of radio listening based on the total sample that on the whole, no more than 21.0 percent were regular listeners among respondents in the rural areas, no more than 35.3 percent in the semi-urban areas, and no more than 36.8 percent in the urban areas.

In contrast to the above findings, 15.1—37.3 percent of respondents having access to radio in the rural areas were found having never or almost never listened to radio, with 14.3—33.1 percent of those in the urban areas (table—9.3a). For the semi-urban areas, the comparable proportion of never or almost never listeners was, however, considerably lower, 3.9—12.5 percent. It was thus found that in the rural areas, 67.6 percent of female respondents and 39.2 percent of male respondents had, on the whole, never listened to radio (table—9.3b). The corresponding rates were 43.2 percent and 24.6 percent respectively for the semi-urban areas, 48.5 percent and 28.0 percent respectively for the urban areas.

However, rates of radio listeners improved considerably, when those were formed with the listeners listening to radio several times a week. For example, the proportion listening to radio several times a week, were, in terms of all respondents, in the range of 42.2—63.2 percent for the urban areas and 48.6—66.1 percent for the semi-urban areas (table—9.3b). Also for the rural areas, the proportion was found at a high of 40.2 percent for male respondents; but for the female respondents there, the rate was considerably lower, only 21.1 percent.

Female respondents were less likely to listen to radio than were male respondents. This was true for every area. For example, while the percentage of listeners among those having access to radio in the rural areas was 84.9 percent for male respondents, it was lower at 62.7 percent for those who were female respondents (table-9.3a). Similarly, the percentage in the semi-urban areas varied from 96.1 percent for male respondents to 87.5 percent for female respondents, while that for the urban areas did vary from 85.7 percent for male respondents to 66.9 percent for female respondents. Except for the semi-urban areas, the male-female difference was in favour of male respondents also in the case of regular listeners. While the proportion of regular listeners among those

**Table—9.3b.**

STATUS OF RADIO LISTENING BY SEX AND  
AREAS, BASED ON THE TOTAL  
SAMPLE.

Radio listening status	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Have no access	48.3	35.1	23.0	28.4	21.5	16.0
Have access and don't listen	19.3	8.1	25.5	10.8	3.1	12.0
Have access and listen	32.4	56.8	51.5	60.8	75.4	72.0
Listen daily or almost everyday	13.6	33.7	29.8	21.0	35.3	36.8
Listen several times a week or more	21.1	48.6	42.2	40.2	66.1	63.2
N <sup>2</sup>	213	74	161	204	65 <sup>a</sup>	125

1 Derived by combining the data in tables-9.2 and 9.3a.

2 N in this table is the total number of eligible respondents who were not users of sterilization, excluding N.S. (Not Stated) cases, if any, for the question about access to radio or to those listening to radio.

<sup>a</sup> There were 2 NS cases for the semi-urban males.

having access to radio in the rural areas was at 26.3 percent for female respondents, it was higher at 29.4 percent for male respondents. Similarly, the proportion for the semi-urban areas varied from 52.0 percent among female respondents to 45.0 percent among male respondents and that for the urban areas from 38.7 percent among female respondents to 43.8 percent among male respondents.

#### 9.1.4. Time of radio listening :

Respondents listening to radio were asked about their times of listening to radio. Table—9.4 shows the percentage by sex and areas of radio listeners mentioning their specific listening times for weekdays.

There were considerable variations in the percentage listening to radio by time, showing three peak periods of daily radio listening on a weekday. The three peak periods are, for convenience of analysis, labelled as the morning peak period, the afternoon peak period, and the evening peak period.

The evening peak period was generally the most important period of radio-listening on the weekday. It usually ranged from 7 P.M. to 10 P.M., extending upto 11 P.M. for only the urban male listeners. The percentage listening to radio in this peak period varied, with a few exceptions, from 18.3 percent at 9 P.M. for female listeners in the urban areas to 46.0 percent at 8 P.M. for male listeners in the rural areas. The exceptions were due to the semi-urban and urban female respondents. The semi-urban female respondents reported their percentage of listeners for 7 P.M. at 14.3 percent, for 9 P.M. at 11.9 percent, and for 10 P.M. at 16.7 percent, while the urban female respondents reported their percentage for 7 P.M. at 14.5 percent.

The afternoon peak period varied considerably among the different subgroups. It was longer for female respondents than for male respondents. It ranged from 12 Noon to 2 P.M. for female listeners, extending upto 3 P.M. for those of the semi-urban areas, and upto 4 P.M. for those of the urban areas. In contrast, for male listeners it included only 12 Noon for those in the rural areas, 12 Noon to 3 P.M. for those in the semi-urban areas and 1 P.M. to 2 P.M. for those in the urban areas.

Not only the afternoon peak period was longest for urban female listeners but also it was the most important period for them. Urban female listeners were more likely to listen to radio in the afternoon peak period than in the other peak periods. The percentage of urban female listeners to radio in the afternoon peak period ranged from 18.1 percent at 4 P.M. to 38.6 percent at 2 P.M., while that for the evening peak period varied from 14.3 percent to 33.7 percent. For all the other female subgroups, the percentages of listeners in the afternoon peak period generally ranged from 14.5 percent to 26.2 percent.

**Table—9.4**

**TIMES OF LISTENING TO RADIO ON  
WEEKDAYS BY SEX AND AREAS.**

Times of listening to radio on weekdays	Female			Male		
	Rural	Semi- urban	Urban	Rural	Semi- urban	Urban
Before 7 A.M.	1.4	7.1	13.3	1.6	4.1	11.1
7 A.M.	11.6	26.2	12.0	9.7	18.4	35.6
8 A.M.	7.2	19.0	12.0	6.5	8.2	13.3
9 A.M.	7.2	14.3	10.8	2.4	8.2	8.9
10 A.M.	11.6	—	12.0	0.8	2.0	1.1
11 A.M.	5.8	7.1	14.5	2.4	8.2	2.2
12 Noon	20.3	19.0	25.3	15.3	12.2	6.7
1 P.M.	8.7	14.3	33.7	9.7	12.2	18.9
2 P.M.	11.6	26.2	38.6	5.6	16.3	20.0
3 P.M.	14.5	9.5	24.1	3.2	2.0	12.2
4 P.M.	7.2	23.8	18.1	8.1	6.1	1.1
5 P.M.	8.7	4.8	12.0	8.9	8.2	3.3
6 P.M.	4.3	7.1	9.6	7.3	16.3	10.0
7 P.M.	23.2	14.3	14.5	34.7	24.5	22.2
8 P.M.	33.3	28.6	30.1	46.0	28.6	36.7
9 P.M.	23.2	11.9	18.1	32.3	24.5	35.6
10 P.M.	18.8	16.7	33.7	19.4	20.4	34.4
11 P.M.	—	2.4	10.8	4.0	6.1	22.2
Other	13.0	—	2.4	5.6	—	2.2
N <sup>1</sup>	69	42	83	124	49 <sup>a</sup>	90

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization and did listen to radio on week days, excluding NS (Not Stated) cases, if any, for the question about times of listening to radio on weekdays.

<sup>a</sup> There were 2 NS cases for the semi-urban males.

**Table--9.5**

TIMES OF LISTENING TO RADIO ON  
WEEKENDS BY SEX AND AREAS.

Times of listening to radio on weekends	Female			Male		
	Rural	Semi- urban	Urban	Rural	Semi- urban	Urban
Before 7 A.M.	—	2.4	12.0	2.4	6.1	11.1
7 A.M.	5.8	23.8	9.6	8.1	22.4	35.6
8 A.M.	5.8	9.5	12.0	4.8	8.2	18.9
9 A.M.	1.4	9.5	14.5	0.8	4.1	13.3
10 A.M.	10.1	11.9	13.3	0.8	6.1	4.4
11 A.M.	8.7	9.5	7.2	1.6	8.2	5.6
12 Noon	21.7	11.9	31.3	16.1	22.4	20.0
1 P.M.	5.8	14.3	39.8	11.3	12.2	20.0
2 P.M.	18.8	23.8	36.1	6.5	18.4	35.6
3 P.M.	15.9	19.0	34.9	4.0	8.2	27.8
4 P.M.	10.1	16.7	15.7	7.3	6.1	8.9
5 P.M.	7.2	7.1	9.6	4.8	8.2	6.7
6 P.M.	5.8	4.8	8.4	4.0	8.2	8.9
7 P.M.	24.6	23.8	9.6	32.3	20.4	22.2
8 P.M.	24.6	26.2	32.5	41.1	28.6	47.8
9 P.M.	20.3	4.8	19.3	27.4	24.5	38.9
10 P.M.	5.8	19.0	33.7	16.1	16.3	33.3
11 P.M.	1.4	—	12.0	2.4	8.2	21.1
Other	17.4	2.4	1.2	5.6	—	—
N <sup>1</sup>	69	42	83	124	49 <sup>a</sup>	90

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization and did listen to radio on weekends, excluding NS (Not Stated) cases, if any, for the questions about times of listening to radio on weekends.

<sup>a</sup> There were 2 NS cases for the semi-urban males.

The morning peak period was usually not very important for radio listening except for the urban male respondents and the semi-urban male and female respondents. Except for these three subgroups, the percentage listening to radio in the morning peak period was below 12.1 percent. For the exceptional subgroups, the percentage listening to radio in the morning peak period ranged from 18.4 percent to 35.6 percent. The morning peak period was usually confined to 7 A.M.

With a few exceptions the percentage of male listeners listening to radio outside the peak periods were generally below 10.0 percent. On the contrary, at least 10.0 percent of female listeners were found listening to radio at any time. This means, females are easier to reach through radio than are males.

It should, however, be noted before concluding the discussions on daily radio listening on weekdays that the most important time for radio listening was 8 P.M. Almost all the subgroups had their highest proportion of listeners listening to radio at 8 P.M. The percentage of radio listeners at 8 P.M. varied between 28.6 percent and 46.0 percent.

Table—9.5 shows the percentage by sex and areas of radio listeners mentioning their specific listening times for weekends. There were no discernible differences in radio listening patterns by times between weekdays and weekends. Therefore, it was considered not necessary to discuss the findings on table—9.5.

#### **9.1.5. Daily hours of listening to radio :**

Table—9.6 shows, by sex and areas, the percentage distribution of respondents by total hours of radio listening on weekdays. The mean of total hours spent by respondents daily on weekdays for radio listening was generally low and was lower among those who were male than among those who were female. The mean was about 2 hours for female respondents and 1.6 hours for male respondents. There was almost no difference between areas either in the case of female respondents or in the case of male respondents.

Findings on daily radio listening for weekends differed from those of weekdays (table—9.7). While the mean hour of radio listening on weekdays was lower among male respondents than among female respondents, the male-

**Table—9.6**

DAILY HOURS OF RADIO LISTENING ON  
WEEKDAYS BY SEX AND AREAS.

Daily hours of radio listening on weekdays	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
None	—	2.4	1.2	0.8	—	4.4
One hour or less	62.3	35.7	45.8	66.1	57.1	60.0
Two hours	14.5	42.9	33.7	19.4	30.6	21.1
Three hours	11.6	11.9	7.2	7.3	8.2	8.9
Four hours	—	—	3.6	2.4	2.0	3.3
Five hours	4.3	—	4.8	2.4	2.0	—
Six hours or more	7.2	7.1	3.6	1.6	—	2.2
Total	99.9 <sup>a</sup>	100.0	99.9 <sup>a</sup>	99.9 <sup>a</sup>	99.9 <sup>a</sup>	99.9 <sup>a</sup>
N <sup>1</sup>	69	42	83	124	49 <sup>b</sup>	90
Mean hours <sup>2</sup>	1.9	2.0	1.9	1.6	1.6	1.6

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization and did listen to radio, excluding NS (Not Stated) cases, if any, for the question about daily hours of radio listening on weekdays.

<sup>2</sup> Mean was calculated counting 6 hours for 6 hours or more.

<sup>a</sup> Total is less than 100 percent due to rounding errors.

<sup>b</sup> There were 2 NS cases for the semi-urban males.

female difference in case of weekends was almost absent. On the other hand, while the difference between areas in the mean hour for weekdays was almost absent, that for weekends was somewhat pronounced. The mean hour of daily radio listening on weekends was 1.4—1.5 in the rural areas, 1.7—1.9 in the semi-urban areas and 1.9—2.1 in the urban areas.

**Table—9.7**

**DAILY HOURS OF RADIO LISTENING ON  
WEEKENDS BY SEX AND AREAS.**

Daily hours of listening to radio on weekends	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
None	7.2	5.0	2.4	8.1	2.0	1.1
One hour or less	63.8	45.0	43.4	65.3	57.1	45.6
Two hours	15.9	32.5	28.9	15.3	22.4	21.1
Three hours	7.2	5.0	14.5	6.5	10.2	16.7
Four hours	2.9	2.5	3.6	2.4	2.0	6.7
Five hours	—	5.0	2.4	2.4	4.1	3.3
Six hours or more	2.9	5.0	4.8	—	2.0	5.6
Total	99.9 <sup>a</sup>	100.0	100.0	100.0	99.8 <sup>a</sup>	100.1 <sup>a</sup>
N <sup>1</sup>	69	40 <sup>b</sup>	83	124	49 <sup>b</sup>	90
Mean hours <sup>2</sup>	1.5	1.9	1.9	1.4	1.7	2.1

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization and did listen to radio, excluding NS (Not Stated) cases, if any, for the question about daily hours of radio listening on weekends.

<sup>2</sup> Mean was calculated counting 6 hours for 6 hours or more.

<sup>a</sup> Total is less or more than 100 percent due to rounding errors.

<sup>b</sup> There were 2 NS cases for the semi-urban females and 2 NS cases for the semi-urban males.

**9.1.6. Preference for types of radio programs :**

Table—9.8 shows the percentage distribution of respondents by their preference for radio programs, separately for the male and female respondents for each of the sample areas—rural, semi-urban, and urban. Respondents who were users of sterilization or who had never or almost never listened to radio were excluded, since they were not asked the question about the preference for radio programs.

**Table—9.8**

PREFERENCE FOR TYPES OF RADIO PROGRAMS  
BY SEX AND AREAS.

Type of radio programs preferred	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
News	14.5	26.2	9.8	13.7	22.4	28.9
Music	40.6	26.2	37.8	32.3	22.4	21.1
Drama	40.6	38.1	43.9	23.4	22.4	26.7
Sports	—	—	1.2	2.4	—	8.9
Public information	4.3	9.5	7.3	28.2	32.7	14.4
Total	100.0	100.0	100.0	100.0	99.9 <sup>a</sup>	100.0
N <sup>1</sup>	69	42	82 <sup>b</sup>	124	49 <sup>b</sup>	90

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization and had listened to radio, excluding NS (Not Stated) cases, if any, for the question about preference for types of radio programs.

<sup>a</sup> Total is less than 100 percent due to rounding errors.

<sup>b</sup> There were 1 NS case for the urban females and 2 NS cases for the semi-urban males.

Preference for radio programs varied considerably between the male and female respondents. Drama was the most preferred program among female respondents in all the areas. The percentage of female respondents preferring drama was 40.6 percent in the rural areas, 38.1 percent in the semi-urban areas, and 43.9 percent in the urban areas.

Like drama, music also was a popular radio program for the female respondents. The preferences for the two programs were at little variance among female respondents in the rural areas, while being also not at appreciable differences for those in the urban areas. The preference for music among the female respon-

dents of the semi-urban areas ( 26.2 percent ) was considerably lower, however, being bracketed with that for news (26.2 percent), a finding which seems, compared to the other results in table—9.8, to be spurious. Preference for sports and public information programs was, in general, low among female respondents in every area—rural, semi-urban, or urban.

Preference for radio programs among male respondents varied by areas. Music and public information, followed by drama and news, were the two most preferred programs among the males in the rural areas; news and drama, followed by music and public information, among those in the urban areas; and public information, equally followed by drama, music, and news, among those in the semi-urban areas. As for female respondents, sports was the least preferred program.

## **9.2 Television :**

### **9.2.1. Availability of television :**

The availability of television was assessed in the same way as was the availability of radio. That is, the respondent who was not user of sterilization was asked whether (s)he had a television in the house; and if yes, whether the television was working. Table—9.9 shows, by sex and areas, the percentage having a television in the house. The table also gives the breakdown of the percentage by working and non-working television.

Availability of television was almost non-existent in the rural areas, while also the proportion of respondents having a television in the house was not more than 4.1 percent in the semi-urban areas. The proportion, owning television in the urban areas was, however, considerably higher. The percentage having a television in the house in the urban areas was 21.7 percent according to reports of the female respondents, while the male respondents put the figure even higher at 29.6 percent. Almost every reported television in the house was a working television.

**Table—9.9**

AVAILABILITY OF TELEVISION BY  
SEX AND AREAS.

Status of availability	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Television in house ( Net )	0.9	4.1	21.7	1.0	3.1	29.6
Working television in house	—	4.1	21.1	1.0	3.1	29.6
Television in house but not working	0.9	—	0.6	—	—	—
No television in house ( Net )	99.1	95.9	78.3	99.0	96.9	70.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
N <sup>1</sup>	213	74	161	204	65 <sup>b</sup>	125

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization, excluding NS (Not Stated) cases, if any, for the question about availability of television.

<sup>b</sup> There were 2 NS cases for the semi-urban males.

**9.2.2. Accessibility to television :**

A respondent was considered having access to television, if (s)he had a working television in the house or had had the opportunity to watch television either at the neighbor's house or at a public place. Table—9.10 shows, by areas and sex, the percentage of respondents having access to television. The table does not include those respondents who were users of sterilization, as they were not asked the question about accessibility to television.

**Table—9.10****ACCESS TO TELEVISION BY SEX AND AREAS.**

Status of access	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Have access ( Net )	6.6	25.7	68.3	19.1	53.9	74.4
Working television in house	—	4.1	21.1	1.0	3.1	29.6
Have access to neighbor's television or at public place	6.6	21.6	47.2	18.1	50.8	44.8
Do not have access ( Net )	93.4	74.3	31.7	80.9	46.2	25.6
Total	100.0	100.0	100.0	100.0	100.1 <sup>a</sup>	100.0
N <sup>1</sup>	213	74	161	204	65 <sup>b</sup>	125

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization, excluding NS (Not Stated) cases, if any, for the question about access to television.

<sup>a</sup> Total is more than 100 percent due to rounding errors.

<sup>b</sup> There were 2 NS cases for the semi-urban males.

Accessibility to television was highest in the urban areas and lowest in the rural areas, while it was intermediate in the semi-urban areas. Between male and female respondents, accessibility was higher among the former group than among the latter group.

Accessibility to television in the urban areas was considerably high. Of the urban male respondents, 74.4 percent reported having accessibility to television; also the percentage for the urban female respondents was as high as 68.3 percent.

Accessibility to television in the semi-urban areas was 53.9 percent for male respondents, but it was only 25.7 percent for those who were female respondents.

Accessibility to television in the rural areas was strikingly low. It was only 19.1 percent in the case of male respondents, and not even 6.6 percent in the case of female respondents.

### **9.2.3. Frequency of watching television :**

Table—9.11 shows, by sex and areas, the percentage distribution of respondents by frequency of watching television. As the table shows, the proportion watching television everyday was, in general, low among respondents. No larger than 10.5 percent of respondents who had access to television reported watching television everyday anywhere except in the urban areas. For the urban areas, the percentage was 29.0 percent for male respondents and 27.3 percent for female respondents,

In the rural areas, of the female respondents who had access to television no larger than 14.2 percent reported having watched television even at least once in a month, while it was no larger than 7.1 percent having watched television more than twice in a month. But for the rural male respondents the corresponding percentages were much higher, being 66.7 percent and 33.4 percent respectively.

Proportions watching television were, however, considerably high among male respondents in the semi-urban areas. There, 94.3 percent of the male respondents who had access to television reported watching television at least once in a month and 62.9 percent more than twice in a month. But, for the semi-urban female respondents, the percentages were 63.2 percent and 47.4 percent respectively. Thus, it was observed that practice of watching television was lower among female respondents than among male respondents, not only in the rural areas but also in semi-urban areas.

Compared to both the semi-urban and rural areas, practice of watching television was much wide-spread in the urban areas. There, even the female respondents who had access to television had 77.3 percent of them watching television at least once in a month and another 57.3 percent more than twice in a month, while the corresponding percentages for urban male respondents were 82.8 percent and 67.7 percent respectively.

**Table—9.11a**

FREQUENCY OF WATCHING TELEVISION  
BY SEX AND AREAS.

Frequency of watching television	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Daily	—	10.5	27.3	2.6	8.6	29.0
Several times in a week	—	15.8	23.6	15.4	34.3	21.5
About once in a week	7.1	21.1	6.4	15.4	20.0	17.2
Once or twice in a month	7.1	15.8	20.0	33.3	31.4	15.1
Never or almost never	78.6	21.1	20.9	25.6	2.9	17.2
Other	7.1	15.8	1.8	7.7	2.9	—
Total	99.9 <sup>a</sup>	100.1 <sup>a</sup>	100.0	100.0	100.1 <sup>a</sup>	100.0
N <sup>1</sup>	14	19	110	39	35	93

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization, and had access to television excluding NS (Not Stated) cases, if any, for the question about frequency of watching television.

<sup>a</sup> Total is less or more than 100 percent due to rounding errors.

Table—9.11b shows the overall status of television watching by sex and areas, based on the total sample. This table clearly reveals that none among rural females can be reached by television messages, with no rural female respondents reporting watching television daily or several times a week. The proportion reporting watching television daily or several times a week was also not over 3.4 percent for rural male respondents. In the semi-urban areas also, the coverage of television was negligibly low for females; only 6.8 percent of the

**Table—9.11b**

STATUS OF TELEVISION WATCHING BASED  
ON THE TOTAL SAMPLE.

Status of Television watching	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Have no access	93.4	74.3	31.7	80.9	46.2	25.6
Have access but don't watch	5.2	5.4	14.3	4.9	1.6	12.8
Have access and watch	1.4	20.3	54.0	14.2	52.2	61.6
Watch daily	—	2.7	13.7	0.5	4.6	21.6
Watch several times a week or more	—	6.8	34.8	3.4	23.1	37.6
N	213	74	161	204	65	125

Source: Derived from tables 9.10 and 9.11a.

female respondents there, were found watching television daily or several times a week or more. Even for the semi-urban males, the coverage was no more than 23.1 percent. The coverage of television was, however, considerably higher among both urban females and urban males. Among urban females the coverage was 34.8 percent and among urban males, 37.6 percent.

**9.3. Cinema and newspaper:**

**9.3.1. Frequency of cinema attendance:**

Table-9.12 shows that cinema attendance among respondents was, in general, low and was strikingly lower for those in the rural areas than those in the semi-urban and urban areas. Between male and female respondents in every area, cinema attendance was lower among the latter group than among the former group.

The proportion of rural respondents attending cinema at least once a year was only 11.3 percent for those who were female and was also not over 33.5 percent for those who were male, while that for attending cinema more than twice a year was only 17.7 percent for those who were male and a negligible 1.4 percent for those who were female.

In contrast to the rural areas, the proportions attending cinema at least once a year in the semi-urban areas and the urban areas were, however, considerably higher. The proportion for the semi-urban areas 58.4 percent in the case of male respondents and 55.5 percent in the case of female respondents, while for the urban areas it was 53.6 percent in the case of male respondents and 47.8 percent in the case of female respondents. But even for the semi-urban and urban areas, the proportion attending cinema more than twice a year was not over 50.7 percent and 43.2 percent respectively.

**Table—9.12**

FREQUENCY OF CINEMA ATTENDANCE BY  
SEX AND AREAS.

Frequency of cinema attendance	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Once in a week or more	—	1.4	—	3.4	16.9	10.4
Two or 3 times a month	—	8.1	3.7	8.4	16.9	9.6
About once a month	0.5	12.2	9.3	5.4	13.8	16.8
Several times a year	0.9	5.4	5.0	0.5	3.1	6.4
Once or twice a year	9.9	28.4	29.8	15.8	7.7	10.4
Never or almost never	87.3	43.2	51.6	65.5	41.5	46.4
Other	1.4	1.4	0.6	1.0	—	—
Total	100.0	100.1 <sup>a</sup>	100.0	100.0	99.9 <sup>a</sup>	100.0
N <sup>1</sup>	213	74	161	203 <sup>b</sup>	65 <sup>b</sup>	125

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization, excluding NS (Not Stated) cases, if any, for the question about frequency of cinema attendance.

<sup>a</sup> Total is less or more than 100 percent due to rounding errors.

<sup>b</sup> The number of NS cases was 1 for the rural males and 1 for the semi-urban males.

### 9.3.2. Frequency of reading newspaper or magazine :

Practice of reading newspaper or magazine was low among respondents who were female and among those who were rural (table-9.13). No more than 31.7 percent of the female respondents in any area were found reading newspaper or magazine even at least once in a month (rural areas, 4.2 percent; semi-urban areas, 24.3 percent; and urban, 31.7 percent). The percentage for the rural male respondents was also not at all appreciable, only 16.7 percent.

**Table--9.13**

#### FREQUENCY OF READING NEWSPAPER OR MAGAZINE BY SEX AND AREAS.

Frequency of reading newspaper or magazine	Female			Male		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
Daily	—	—	7.5	2.0	20.0	51.2
Almost every day	0.5	1.4	5.0	1.5	6.2	8.0
Several times a week	0.5	2.7	4.3	4.9	12.3	5.6
About once a week	0.5	13.5	5.6	3.9	7.7	2.4
Once or twice a month	2.8	6.8	9.3	4.4	1.5	1.6
Never or almost never	95.8	75.7	68.3	83.3	52.3	31.2
Total	100.1 <sup>a</sup>	100.1 <sup>a</sup>	100.0	100.0	100.0	100.0
N <sup>1</sup>	213	74	161	203 <sup>b</sup>	65 <sup>b</sup>	125

<sup>1</sup> N in this table is the total number of eligible respondents who were not users of sterilization, excluding NS (Not Stated) cases, if any, for the question about frequency of reading newspaper or magazine.

<sup>a</sup> Total is more than 100 percent due to rounding errors.

<sup>b</sup> The number of NS cases was 1 for the rural males and 1 for the semi-urban males.

The percentages of male respondents reading newspaper or magazine at least once a month in the semi-urban and urban areas were, however, appreciably higher. The percentage for the semi-urban areas was 46.7 percent, while that for the urban areas further higher at 68.8 percent.

But even among the male respondents in the semi-urban and urban areas, the daily practice of reading newspaper or magazine was not encouraging. Slightly over 51.0 percent of the male respondents in the urban areas were found reading newspaper or magazine everyday, while the rate for those in the semi-urban areas was not even higher than 20 percent.

#### 9.4. Summary :

Availability of radio in the house was generally low, and was lower in the rural areas than in the semi-urban and urban areas. The percentage of respondents reporting owning a radio in the house was not more than 23.0 percent in the rural areas, not more than 39.2 percent in the semi-urban areas, and not more than 59.2 percent in the urban areas. All reported radios in the house were, again, not working radios. When only the working radios were considered, the above percentages declined to 20.1 percent for the rural, 33.8 percent for the semi-urban, and 55.2 percent for the urban areas.

A respondent was considered having access to radio if (s)he had a working radio in the house or had opportunity to listen to radio either at the neighbor's house or at a public place. Access to radio, thus measured, was appreciably high among the male respondents in every area, ranging from 71.6 percent to 84.0 percent. It was high also for female respondents in the urban areas (77.0 percent), but the percentage was considerably lower for the female respondents of the semi-urban areas (64.9 percent) and the rural areas (51.5 percent).

Frequency of radio listening was generally low, particularly in the rural areas. In the rural areas, no more than 11.8 percent of respondents having access to radio were regular listeners to radio, while the percentage for the semi-urban or the urban areas was also not over 33.3 percent.

There were three peak periods of daily radio listening—the morning peak period (7 A. M.), the afternoon peak period, (12 Noon—2 P. M.), and the evening peak period (7 P. M.—10 P. M.). The evening peak period was the most important

period of radio listening for respondents in general except for the urban female respondents. For urban female respondents, the most important time was the afternoon peak period. There was no appreciable difference in radio listening times between weekdays and weekends. The mean total hours spent daily for radio listening was about 2 hours for the female respondents and 1.6 hours for the male respondents.

Preference for radio programs varied considerably between the male and female respondents. Drama and music were the most preferred radio programs for female respondents, while music and public information were the two most preferred programs for male respondents.

Availability of television was almost non-existent in the rural areas, while in the semi-urban areas also the percentage of respondents having television in the house was not over 4.1 percent. The percentage for the urban areas was, however, higher, 21.7 percent for the female respondents and 29.6 percent for male respondents.

Access to television was ascertained in the same way as that for radio. It was, thus, found that accessibility to television was highest in the urban areas and lowest in the rural areas. The proportion of respondents having access to television in the urban areas was 74.4 percent for male respondents and 68.3 percent for female respondents, while in the rural areas it was strikingly low at 19.1 percent for male respondents and 6.6 percent for female respondents.

The percentage of respondents watching television was very low. No more than 10.5 percent of respondents having access to television reported watching it everyday except in the urban areas. In the urban areas, the percentage was 29.0 percent for male respondents and 27.3 percent for female respondents.

Cinema attendance was in general low, and was noticeably lower in the rural areas than in the semi-urban and the urban areas. The proportion having attended cinema more than twice a year in the rural areas was 17.7 percent for male respondents and only 1.4 percent for female respondents. The corresponding percentages for the semi-urban areas were 50.7 percent and 27.1 percent respectively and that for urban areas, 43.2 percent and 13.0 percent respectively.

Practice of reading newspaper or magazine was low among respondents who were female and among those who were rural. No more than 31.7 percent of the female respondents in any area were found reading newspaper or magazine even at least once in a month. The percentages of male respondents reading newspaper or magazine in the semi-urban and urban areas at least once a month were, however, appreciably higher, 46.7 percent and 68.8 percent respectively.

But even among the male respondents in the semi-urban and urban areas, the daily practice of reading newspaper or magazine was not encouraging. Slightly over 51.0 percent of the male respondents in the urban areas were found reading newspaper or magazine everyday; while the rate for those in the semi-urban areas was not even higher than 20 percent.

## SUMMARY AND CONCLUSION

### 10.1. Summary :

The baseline research study is the first in a series of periodical studies planned to evaluate and strengthen the mass motivational campaign on family planning, initiated by Manoff International, Inc., New York. The baseline study was designed to provide baseline parameters immediately prior to the initiation of the campaign, and to provide a rigorous protocol and set the pattern for subsequent studies to be undertaken. In addition, the baseline study was intended to provide important data on access and exposure opportunities of the family planning target population to the mass media.

The survey was implemented using a three-stage stratified cluster sample selected from a predetermined subnational population. The subnational population was comprised of three strata—rural, semi-urban, and urban. The urban stratum covered the Dhaka and Chittagong statistical metropolitan cities, while the semi-urban stratum did all the urban areas of the districts of Barisal, Jessore, Pabna and Rangpur, and 11 newly created districts excluding their urban areas.

The sample consisted of 36 sample areas selected in two stages : 12 areas were from the urban stratum, 6 from the semi-urban stratum, and 18 from the rural stratum. A sample area contained roughly 250—350 households. The ultimate sample was drawn in terms of households selected randomly, at the third stage, from among the sample areas. In all, the sample included 1,169 households—with 384 households randomly taken from the urban stratum, 195 from the semi-urban stratum, and 581 from the rural stratum.

In the selected households, interviews were conducted successfully with 914 eligible respondents, of whom 424 were male and 490, female. A woman was considered an eligible respondent if she had slept last night in the selected sample household preceding the interview date, and if she was currently married and under 45 years of age. On the other hand, a man was considered an eligible respondent if he had slept last night in the sample household preceding the interview date, and if he was currently married with wife under 45 years of age. Household samples were drawn independently for the male and female interviews. No male interview was taken in the households selected for female interviews. Similarly no female was interviewed in the households selected for male interviews.

The successfully interviewed male and female respondents were distributed into the three strata as follows: urban stratum, 257 female respondents and 170 male respondents; semi-urban stratum, 115 female respondents and 80 male respondents; rural stratum, 354 female respondents and 279 male respondents.

The questionnaire used in the survey included 61 questions. Among the questions, there were 21 openended questions designed to collect qualitative data. For both the male and female respondents, the same questionnaire was used. Items of information covered in the questionnaire included selected background characteristics of respondents, awareness of and attitude towards family planning, knowledge and uses of family planning methods, factors affecting regular use of family planning methods, interpersonal communication on family planning, mass media messages on family planning, and accessibility to mass media.

#### 10.1.1. Background characteristics of respondents :

The following information were collected as background characteristics of respondents in the survey: the ages of respondents and their spouses; respondents' length of marriage, number of living children, desire for additional children, religion; education of respondents and of their spouses; employment status of female respondents and of spouses of male respondents, occupation of male respondents and spouses of female respondents.

A female respondent or the wife of a male respondent was considered younger if she was under 25 years of age. On the other hand, a male respondent or the husband of a female respondent was considered younger if he was under 30 years of age. It was thus found that 41.2—45.7 percent of females included in the survey were younger with only exception being the wives of the male respondents in the urban areas, with 31.6 percent of them being reported in the younger age group.

Among male respondents the proportion younger or who were under 30 years of age was 31.6 percent in the rural areas and 30.0 percent in the semi-urban areas; the corresponding percentages for husbands of the female respondents were 26.9 percent and 25.9 percent respectively. The proportion younger in the urban areas was 22.3 percent for husbands of the female respondents, while for male respondents it was considerably lower at 14.4 percent.

More than 54 percent of the respondents either male or female in any of the sample areas (rural, semi-urban, and urban) reported having been married for 10 years or above, while the percentage rose to the highest, 61.3 percent for those who were rural female. On the other hand, the proportions of the male and female respondents married for 5 years or less were in the range of 20.4—28.9 percent in the rural areas, 25.9—34.2 percent in the semi-urban areas, and 24.3—27.4 percent in the urban areas.

More than a half of the respondents anywhere in the sample had 3 or more living children. The proportion having 3 or more living children was, in the rural areas, 54.3 percent for female respondents and 58.6 percent for male respondents; while in the semi-urban and urban areas it was in the range of 49.7—56.7 percent for either male or female respondents.

The proportion of respondents having no desire for additional children was much higher than that having desire for additional children. This was true irrespective of the male and female respondents as well as of the areas. The difference was, however, not appreciable in the case of rural female respondents. The proportion of male respondents having no desire for additional children was 54.3 percent in the rural areas, 60.4 percent in the semi-urban areas, and 66.7 percent in the urban areas, while the corresponding percentages for female respondents were 48.9 percent, 59.4 percent, and 58.6 percent respectively.

Between 83.2 percent and 88.8 percent of the respondents were Muslim except for the semi-urban areas. In the semi-urban areas, the proportion of Muslim was 72.9 percent for male respondents and 80.2 percent for female respondents. Non-Muslim respondents included Hindus, Christians, and Buddhists.

Proportions ever attended school were very low among rural respondents. Besides, in each of the sample areas it was lower among female respondents than among male respondents. The proportion of female respondents who had never attended school was 71.3 percent in the rural areas, 53.1 percent in the semi-urban areas, and 49.2 percent in the urban areas. The corresponding percentages for male respondents were 59.1 percent, 48.6 percent, and 30.9 percent respectively.

The proportion of females found employed in the sample was strikingly low : 14.8 percent in the rural areas, 14.8 percent also in the semi-urban areas, and 11.2 percent in the urban areas. The corresponding percentages for wives of the male respondents were even lower : 9.3 percent, 14.3 percent, and 8.6 percent respectively.

More than a half of the rural males included in the survey (rural male respondents and husbands of rural female respondents) were engaged in agricultural activities, while non-farm laborers were the most important occupation group in the semi-urban areas (35.8—40.6 percent). In the urban areas the most important occupation was (government and non-government) service (39.1—44.7 percent).

#### 10.1.2. Awareness of and attitude towards family planning :

Awareness of family planning was almost universal regardless of sex and areas, among respondents in general. The proportion of respondents having heard of family planning ranged from 95.2 percent to 100.0 percent. Meaning and purposes of family planning as perceived by the respondents in most cases were 'family planning means fertility regulation', 'family planning brings economic benefit' '—family welfare', '—health benefit etc.

Family planning was considered as a good idea by large proportions of respondents ranging from 87.0 percent to 95.7 percent. The frequently mentioned reasons for considering family planning as good were 'family planning brings

economic benefit', '—family welfare', '—health benefit'. Family planning was considered as a bad idea by a negligible percentage of respondents exceeding nowhere 8.0 percent.

### **10.1.3. Knowledge and uses of family planning methods :**

Knowledge of at least one family planning method was found at universal proportions among both the male and female respondents. The lowest proportion knowing at least one method was 97.7 percent which was the rate reported by the rural male respondents. The knowledge remained almost unchanged when the analysis was done considering only the modern family planning methods.

The mean number of methods known to a respondent was in the range of 5.0—6.8 methods. Oral pill and tubectomy were almost universally known in the sample. Condom and vasectomy were also among the well known methods. The knowledge of other modern methods did not, however, appear to be appreciably high. The knowledge for traditional methods was at strikingly low levels.

Ever use rates of family planning methods were lowest in the rural areas, intermediate in the semi-urban areas, and highest in the urban areas. In the rural areas the proportion having ever used at least one family planning method was 23.9 percent for female respondents and 36.3 percent for male respondents, while the corresponding percentages for the semi-urban areas were higher at, 48.1 percent and 48.6 percent respectively; and those for the urban areas further higher at, 57.5 percent and 71.9 percent respectively. The mean number of methods everused by an everuser ranged from 1.4 to 2.0 methods.

Oral pill was the most popular method among the respondents of all the subgroups, while condom was the second most popular method. But, the popularity of condom was much lower than that of oral pill. Tubectomy, also, appeared as an important means of contraception among the survey population. Except for the safe period method, the popularity of traditional methods was in general low in the sample and lower among female respondents of the rural and semi-urban areas than among the others.

Current use rates of family planning methods were at considerable variations between the male and female respondents. The percentages of the female and

male respondents reporting using family planning in the rural areas were respectively 13.9 percent and 22.3 percent, while the corresponding rates for the semi-urban areas were 33.3 percent and 35.7 percent respectively and those for the urban areas, 44.1 percent and 54.7 percent respectively. When only the modern methods were considered, the current use rate stood at 12.6–14.4 percent for the rural areas, 24.3–30.9 percent for the semi-urban areas, and 37.4–47.5 percent for the urban areas.

A very large percentage of non-current users in every area expressed their intention to use family planning in future. In the rural areas, the percentage was 39.2 percent for female respondents and 42.1 percent for male respondents; while the corresponding rates for the semi-urban areas were 42.6 percent and 53.7 percent respectively and those for the urban areas, 61.6 percent and 58.9 percent respectively.

#### 10.1.4. Source of supplies and factors affecting regular use of family planning methods :

Commercial stores were the most important source of supplies for modern contraceptives in the urban and semi-urban areas. Even in the rural areas a large percentage of respondents were relying on the commercial sector. Home delivery by family planning workers was an important source of supplies for oral pill users. But it did not appear to be an important source for condom users.

Most of the current users of oral pill, condom, and vaginal methods (foam tablet, jelly, cream, etc.), in every subgroup were found users for all the time with only few exceptions. The few exceptions were largely due to the occasional use reported by the condom users. Most of these current users in any of the sample areas were found satisfied with their methods.

The single most important reason leading to discontinuation of oral pill was the side-effects. The most frequently mentioned side-effects were dizziness/headache and weakness/sickness. Discontinuation of vaginal methods, also, was due to side-effects. The important reasons for discontinuation of condom were discomfort/displeasure in using it and its ineffectiveness.

The proportion of respondents believing that modern contraceptive methods are safe was appreciably high, ranging from 60.8 percent to 78.3 percent. There was,

however, a large proportion who were not sure whether modern contraceptive methods were safe or not safe.

The data on factors affecting regular use of contraceptives were based on small numbers of observations. It is, therefore, suggested that their findings should be treated with caution.

#### **10.1.5. Information seeking behavior and interpersonal communications on family planning :**

Information seeking behavior on family planning appeared to be very low among the survey population. In the rural areas the proportions who reported having sought family planning information from others in the last six months were as low as 11.3 percent for both the male and female respondents, while for the semi-urban and urban areas, also, the proportion was not over 24.3 percent.

Persons visiting the respondents to provide family planning information in the last six months were generally the family planning/health workers. But, more than 59.0 percent of the respondents in any area mentioned that they were visited by none to provide family planning information in the last six months. Thus the proportion of respondents visited by FP/health workers was nowhere more than 39.2 percent.

Interspouse communication on family planning was at low levels in the rural areas, and was also not very high, though considerably larger, for the semi-urban and urban areas. The proportion of respondents having interspouse communication on family planning was in the range of 31.5--33.8 percent in the rural areas and 47.7--50.9 percent in the semi-urban and urban areas.

Topics of family planning discussed with spouse generally included 'use of contraceptives', 'regulating childbirth', 'family size', 'post acceptance side-effects', etc. Most of the discussions on 'use of contraceptives' were found to have ended with positive results encouraging the use.

Interpersonal communication on family planning with relatives or friends other than spouse was low among the respondents, and was lower in the rural areas than in the semi-urban and urban areas. In the rural areas, it was done

more frequently by male respondents than by female respondents, while the reverse was true for the semi-urban and urban areas. Family planning communications with relatives and friends were, however, relatively less frequent than those with the spouse. The percentages having family planning communications with relatives and friends were in the range of 13.6--17.6 percent in the rural areas and 24.6--31.3 percent in the semi-urban and urban areas.

The communication on family planning with friends and neighbors was low. However, it was relatively more frequent than was the communication with relatives and family members. The proportion having communications with friends and relatives ranged from 13.6 percent to 37.5 percent among the different subgroups while the male-female difference was striking for the rural areas.

The important topics of discussions with relatives and friends were, 'adoption of family planning' and 'use of family planning methods.' Discussions on adoption of family practices were based either on the advantages of small family or the disadvantages of large family, or both. On the other hand, discussions about uses of contraceptive methods centered mostly around sterilization, followed by oral pill.

#### **10.1.6. Mass media messages on family planning :**

Awareness of mass media messages on family planning was appreciably high among respondents in the urban areas. But it was considerably low among those of the rural areas. The proportions of respondents having awareness of mass media messages varied from 73.6 percent among urban male respondents to 31.0 percent for rural female respondents. Radio was the single most important source of family planning messages. Among those who were aware of mass media messages on family planning, more than 82.5 percent of the respondents in any of the sample areas reported that they had received their messages through radio. In the semi-urban and urban areas, television was the largest source next to radio.

The contents of mass media messages the respondents could recall were 'mentions of contraceptive methods', and different slogans of family planning such as 'small family is happy family', 'boy or girl, two is enough', 'accept family planning to limit family size', etc. Mentions of contraceptive methods, were

reported by 62.8—80.2 percent of those who were aware of mass media messages.

Nearly ninety percent of the respondents had positive reactions to mass media family planning messages. Nowhere the proportion having negative reactions was above 10.7 percent.

The coverage of listenership to radio programs sponsored by Social Marketing Project (SMP), as part of their communication campaign, was appreciably high in the sample population except for the rural female. The proportion of respondents having listened to at least one SMP radio program generally ranged between 76.0 percent and 53.7 percent. But, it was only 25.8 percent for those who were rural female. The usefulness of SMP radio programs was almost universally recognised by those who had ever listened to those programs.

Writing of letters to the question-answer forum of the SMP radio programs was, however, a rare practice among respondents in general. No more than 3.6 percent of the respondents in any subgroup reported having ever written any letter to the SMP radio programs.

Radio messages introduced by Manoff International Inc., New York, included the phrases, 'ignorant tales from ignorant people' and 'do the right thing'. Field interviewing of the survey covered only initial 26 days of the Manoff campaign. As such, the proportion of respondents having heard the phrases was very low. Yet, it was clearly reflected in the data that the phrase was carrying its correct messages to most of its audience.

#### 10.1.7. Accessibility to mass media :

Availability of radio in the house was generally low, and was lower in the rural areas than in the semi-urban and urban areas. The percentage of respondents reporting, owning a radio in the house, was not more than 23.0 percent in the rural areas, not more than 39.2 percent in the semi-urban areas, and not more than 59.2 percent in the urban areas. All reported radios in the house were again not working radios. When only the working radios were considered, the above percentages declined to 20.1 percent for the rural, 33.8 percent for the semi-urban, and 55.2 percent for the urban areas.

A respondent was considered having access to radio if (s)he had a working radio in the house or had opportunity to listen to radio either at the neighbor's house or at a public place. Access to radio, thus measured, was appreciably high among the male respondents in every area, ranging from 71.6 percent to 84.0 percent. It was high also for female respondents in the urban areas (77.0 percent), but the percentage was considerably lower for the female respondents of the semi-urban areas (64.8 percent) and the rural areas (51.5 percent).

Frequency of radio listening was generally low, particularly in the rural areas. In the rural areas, no more than 11.8 percent of respondents having access to radio were regular listeners to radio, while the percentage for the semi-urban or the urban areas was also not over 33.3 percent.

There were three peak periods of daily radio listening--the morning peak period (7 A.M.), the afternoon peak period (12 Noon--2 P.M.), and the evening peak period (7 P.M.--10 P.M.). The evening peak period was the most important period of radio listening for respondents in general except for the urban female respondents. For urban female respondents, the most important time was the afternoon peak period. There was no appreciable difference in radio listening times between weekdays and weekends. The mean total hours spent daily for radio listening was about 2 hours for the female respondents and 1.6 hours for the male respondents.

Preference for radio programs varied considerably between the male and female respondents. Drama and music were the most preferred radio programs for female respondents, while music and public information were the two most preferred programs for male respondents.

Availability of television was almost non-existent in the rural areas, while in the semi-urban areas also the percentage of respondents having television in the house was not over 4.1 percent. The percentage for the urban area was, however, higher, 21.7 percent for the female respondents and 29.6 percent for male respondents.

Access to television was ascertained in the same way as that for radio. It was, thus, found that accessibility to television was highest in the urban areas and lowest in the rural areas. The proportion of respondents having access to

television, in the urban areas, was 74.4 percent for male respondents and 68.3 percent for female respondents, while in the rural areas it was strikingly low at 19.1 percent for male respondents and 7.5 percent for female respondents.

The percentage of respondents watching television was very low. No more than 10.5 percent of respondents having access to television reported watching it everyday except in the urban areas. In the urban areas, the percentages was 29.0 percent for male respondents and 27.3 percent for female respondents.

Cinema attendance was in general low, and was noticeably lower in the rural areas than in the semi-urban and the urban areas. The proportion having attended cinema more than twice a year in the rural areas was 17.7 percent for male respondents and only 1.4 percent for female respondents. The corresponding percentages for the semi-urban areas were 50.7 percent and 27.1 percent respectively and that for urban areas, 43.2 percent and 18.0 percent respectively.

Practice of reading newspaper or magazine was low among respondents who were female and among those who were rural. No more than 31.7 percent of the female respondents in any area were found reading newspaper or magazine even at least once in a month. The percentages of male respondents reading newspaper or magazine in the semi-urban and urban areas at least once in a month were, however, appreciably higher, 46.7 percent and 68.8 percent respectively.

But even among the male respondents in the semi-urban and urban areas, the daily practice of reading newspaper or magazine was not encouraging. Slightly over 51.0 percent of the male respondents in the urban areas, were found reading newspaper or magazine everyday; while the rate for those in the semi-urban areas was not even higher than 20 percent.

## 10.2. Conclusion :

The baseline research study on family planning motivation campaign is, perhaps, the first comprehensive study covering a wide-range of family planning and communication variables. Although implemented over a sub-national sample, the results of the study may very well be generalized for the entire national population.

This suggestion appears justified looking at the consistency of results for female respondents in its rural stratum with the findings of the national surveys. For example, while the 1981 CPS showed the rural current use rate for modern family planning methods at 9.8 percent, the comparable rate in the baseline survey was 12.6 percent. The difference is expected, showing an increase of 2.8 percent over a period of two years (MIS, 1981). Similarly, while the Xerophthalmia prevalence survey 1982-83 put the proportion of rural households having radio at 14.0 percent (NPHN and HKI, 1983), the baseline study put the comparable rate at 15.0 percent.

There is also evidence that supports the high quality of the data collected in the survey. For example, the condom gap study conducted by Social Marketing Project (SMP) found that male reported current family planning use rates were higher than those reported by females. The baseline research study showing the similar pattern proves the authenticity of its own data quality.

Finally, the baseline study will be useful not only for the Manoff Campaign, but also for the other development programs. This is because the study documents some very valuable aspects of the mass communication situation in general in the country.

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<sup>1</sup> The study has not yet been published. Social Marketing Project is an organization, at Dhaka, of PSI (Population Services International), New York.

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**THE BASELINE RESEARCH STUDY  
FOR  
FAMILY PLANNING MOTIVATION CAMPAIGN**

**QUESTIONNAIRE**

MITRA AND ASSOCIATES  
2/17, IQBAL ROAD  
MOHAMMADPUR, DHAKA-7.

A II

THE BASELINE RESEARCH STUDY  
FOR  
FAMILY PLANNING MOTIVATION CAMPAIGN.

SAMPLE IDENTIFICATION			
NAME OF HOUSEHOLD HEAD _____			
OCCUPATION OF HOUSE HOLD HEAD _____			
SAMPLE H. H. NO.	<input type="text"/> <input type="text"/> <input type="text"/>	CONVERTED H. H. NO.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
District	_____	Thana	_____
Union	_____	Village/Block	_____
STRATUM	<input type="text"/> <input type="text"/> <input type="text"/>	PSU NO.	<input type="text"/> <input type="text"/> <input type="text"/>
		SSU NO.	<input type="text"/> <input type="text"/>
		GROUP	<input type="text"/> <input type="text"/>

INTERVIEW INFORMATION

Interview call	1	2	3	4
Date				
Result Code				

Interviewer Code  No. of ER'S \_\_\_\_\_

RESULT CODE :

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

Scrutinized	<input type="text"/> <input type="text"/>	Reinterviewed or spot checked	<input type="text"/>
By	<input type="text"/> <input type="text"/> <input type="text"/>	By	<input type="text"/> <input type="text"/> <input type="text"/>
Date	_____	Date	_____

Batch No. \_\_\_\_\_

123

A III

FEMALE/MALE MEMBERS OF THE  
HOUSEHOLDS.

Please tell me the name of all the female/male members ( including children )  
who slept in the household last night.

Name of female/ male members	Has she/ he ever been married ? Yes No	Tick if eligi- ble	Line No.
			01
			02
			03
			04
			05
			06
			07
			08
			09
			10

**THE BASELINE RESEARCH STUDY  
FOR  
FAMILY PLANNING MOTIVATION CAMPAIGN  
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's 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
- Others (Specify) 8 \_\_\_\_\_

Scrutinized  Reinterviewed  Edited  Coded

or Spot checked

By    By    By   By

Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

**SECTION—1****Introduction :**

Good \_\_\_\_\_ I am from Mitra and Associates, an independent research organisation. We are conducting a study of family planning, and I would very much appreciate your help in answering a few questions.

1. (Check sex of respondent)

 1

Male

 2

Female

2. Do you, or any member of your family, work for a family planning organisation, either government or private ?

 1

Yes

 2

No

**TERMINATE INTERVIEW**

3. Now I want to ask you about your married life. Are you currently married ? And is your husband ( wife ) living here at home with you ? (If spouse is home at least once a week, spouse is considered present. If home, less than that, TERMINATE INTERVIEW)

 1
Now married,  
spouse present
 2
All other  
responses**TERMINATE INTERVIEW**

4. ( Wife's age). How old are you ( is your wife ) ? \_\_\_\_\_years  
( PROBE or estimate as necessary ) ?

( completed years )

 1

Under 20

 2

20—24

 3

25—29

 4

30—34

 5

35—39

 6

40—44

**45+ TERMINATE INTERVIEW**

5. (Husband's age). How old are you (is your husband)? \_\_\_\_\_ years  
( PROBE or estimate as necessary ) ?

( completed years )

- 1 Under 20
- 2 20—24
- 3 25—29
- 4 30—34
- 5 35—39
- 6 40—44
- 7 45+

**SECTION—2**

6. Now I want to ask you about family planning. Have you ever heard of family planning ?

- 1 Yes                       2 No

(If No, READ this statement :) Family planning means being able to determine how many children a couple wants to have and when they want to have them. SKIP TO NO, 8

7. What does family planning mean to you ? What is its purpose ?  
(PROBE)

---

---

---

Anything else ? \_\_\_\_\_  
\_\_\_\_\_

8. Do you think family planning is a good idea or a bad idea ?

- 1 Good idea                       2 Bad idea

192

A VII

9. Why do you feel that way? (PROBE) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Any other reason? \_\_\_\_\_  
\_\_\_\_\_

10. What methods of family planning have you heard of? (For each method named, check Spontaneous column of Contraceptive Table) (PROBE) Have you heard of any other methods? Which ones? (Again check Spontaneous column)

For each method 01-08 not named, ASK NO. 11

11. Have you ever heard of \_\_\_\_\_? (Check Heard or Not in Aided column)  
(method 01-08)

For each method named in No. 10 or No. 11, ASK NO. 12

12. Have you or your husband (wife) ever used \_\_\_\_\_? (Check Yes or No in Ever Used column)  
(method of No. 10 or No. 11)

13. Are you or your husband (wife) using any family planning method now? What method are you using? (Check below and **Now Using** column)

1

Using SKIP TO NO. 15

2

Not using now

A VIII

**CONTRACEPTIVE TABLE**

Method	Q No. 10 Heard Spontaneous (3)	Q No. 11 Aided		Q No. 12 Ever Used		Q No. 13 Now Using (5)	Special Instruc- tions
		Heard (2)	Not Heard (1)	Yes (4)	No		
01 Oral Pill							
02 Condom							
03 Foaming tablet, foam, jelly or cream							
04 Tubectomy							
05 Vasectomy							
06 I U D							
07 Injection							
08 Menstrual Regulation							
09 Withdrawal							
10 Abstinence							
11 Safe Period							
12 Other (specify)  _____							

A IX

14. **Non-current users.** Do you think you will use family planning in the future ?

Yes

2

Unsure

3

No

Compare **Ever Used** and **Now Using** columns of Table. If respondent is a past but not current user of pill and/or condom and/or foaming tablet, foam, jelly, cream, ASK #15a and/or #15b and/or #15c

15a. **Past but not current pill users.** You indicated that you had used **pills** in the past, but are no longer doing so. Why did you stop using **pills** (PROBE) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any other reason ? \_\_\_\_\_  
\_\_\_\_\_

15b. **Past but not current condom users.** You indicated that you had used **condoms** in the past, but are no longer doing so. Why did you stop using **condoms** ? (PROBE) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any other reason ? \_\_\_\_\_  
\_\_\_\_\_

15c. **Past but not current users of foaming tablets, foam, jelly, or cream.** You indicated that you had used \_\_\_\_\_ in the past, but are no longer doing so. Why did you stop using \_\_\_\_\_? (PROBE) \_\_\_\_\_  
(method) (method)

\_\_\_\_\_  
\_\_\_\_\_

Any other reason ? \_\_\_\_\_  
\_\_\_\_\_

Questions #16-20 are for current users of pill, condom, foaming tablet, foam etc. If respondent is using some other method or is not using contraception at all, SKIP TO #21

16. You indicated that you are now using \_\_\_\_\_ How do you usually obtain your \_\_\_\_\_?  
(method of #13) (method of #13)

- 1 Brought to home by family planning worker
- 2 Pick up at family planning or health centre
- 3 Buy at a store
- 4 Other (specify) \_\_\_\_\_

17. You told me you use \_\_\_\_\_. Do you use this method occasionally, most of the time, or all of the time.  
(method in #13)

- 1 Occasionally
- 2 Most of the time
- 3 all of the time (SKIP To #19)

18. Why are you not using it regularly? (PROBE) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Any other reasons? \_\_\_\_\_  
\_\_\_\_\_

19. How satisfied are you with this method? Would you say you are quite satisfied, somewhat satisfied, or not too satisfied?

- 1 Quite satisfied (SKIP TO #21)
- 2 Somewhat satisfied
- 3 Not too satisfied

20. Why are you not fully satisfied with it? (PROBE) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other reasons? \_\_\_\_\_

\_\_\_\_\_

**SECTION-3**

21. Have you heard or seen or read any message, story, or advertisement about family planning in the last 3 months?

1 Yes

2 No (SKIP TO #29)

22. Where did you hear or see it? (PROBE) Did you hear or see it anywhere else? Anywhere else? (Check all media named but do **not** read list)

<u>Radio</u>		<u>T.V.</u>		<u>Cinema</u>		<u>Press</u>		<u>Poster or Signboard</u>		<u>other (specify)</u>	
<input type="checkbox"/> 1	Yes										
<input type="checkbox"/> 2	No										

For all answers ticked Yes at #22 please ask 23 (a), 24 (a), and 23 (b), 24 (b)

23 (a) You said you heard (saw, read) a story on \_\_\_\_\_  
(1st medium)

What did it say about family planning? (PROBE) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anything else? \_\_\_\_\_

\_\_\_\_\_

23. (b) You said you heard (saw, read) a story on \_\_\_\_\_  
(2nd medium)

What did it say about family planning? (PROBE) \_\_\_\_\_

\_\_\_\_\_

Anything else? \_\_\_\_\_

\_\_\_\_\_

24. (a) How did you feel about the message in \_\_\_\_\_? (PROBE) \_\_\_\_\_  
(1st medium)

\_\_\_\_\_

Anything else? \_\_\_\_\_

\_\_\_\_\_

24. (b) How did you feel about the message in \_\_\_\_\_? (PROBE) \_\_\_\_\_  
(2nd medium)

\_\_\_\_\_

Anything else? \_\_\_\_\_

\_\_\_\_\_

25. Did you hear or see any other message, story or advertisement about family planning in the last 3 months?

1 Yes

2 No (SKIP TO #29)

26. Where did you hear or see or read it? (PROBE) Did you hear or see it anywhere else? Anywhere else? (Check all media named but do **not** read list)

<u>Radio</u>		<u>T.V.</u>		<u>Cinema</u>		<u>Press</u>		<u>Poster or Signboard</u>		<u>other (specify)</u>	
<input type="checkbox"/> 1	Yes										
<input type="checkbox"/> 2	No										

For all answers ticked Yes at #26 please ask 27 (a), 27 (b) and 28 (a), 28 (b)

A XIII

27.(a) You said you heard (saw, read) a story on \_\_\_\_\_  
(1st medium)  
What did it say about family planning? (PROBE) \_\_\_\_\_  
\_\_\_\_\_

Anything else? \_\_\_\_\_  
\_\_\_\_\_

27.(b) How did you feel about the message in \_\_\_\_\_?  
(2nd medium) (PROBE) \_\_\_\_\_  
\_\_\_\_\_

Anything else? \_\_\_\_\_  
\_\_\_\_\_

28.(a) You said you heard (saw, read) a story on \_\_\_\_\_  
(1st Medium)  
What did it say about family planning? (PROBE) \_\_\_\_\_  
\_\_\_\_\_

Anything else? \_\_\_\_\_  
\_\_\_\_\_

28.(b) How did you feel about the message in \_\_\_\_\_?  
2nd Medium) (PROBE) \_\_\_\_\_  
\_\_\_\_\_

Anything else? \_\_\_\_\_  
\_\_\_\_\_

**SECTION 4**

29. Some family planning messages use the phrase, "Ignorant tales from ignorant people." Have you heard these words?

1 Yes

2 No (SKIP TO #31)

A XIV

30. What do you think they mean? (PROBE) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anything else? \_\_\_\_\_  
\_\_\_\_\_

31. Some family planning messages use the phrase, "Do the right thing."  
Have you heard these words?

1 Yes

2 No (SKIP TO #33)

32. What do you think they mean? (PROBE) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anything else? \_\_\_\_\_  
\_\_\_\_\_

33. There are some people who believe that some modern family planning  
methods are not safe to use. Do you personally agree with this  
belief?

1 Yes

2 No (SKIP TO #35)

3 Not sure (SKIP TO #35)

34. (If Yes to #33) How strongly do you agree with this belief? Would  
you say very strongly, somewhat strongly, or not very strongly?

1 Very strongly

2 Somewhat strongly

3 Not very strongly

35. Have you ever listened to any of the following radio programs:  
"Amar Ghar," "Chotto Nir Sukher Nir," or "SMPir Nibedan"?

1 Yes (SKIP To #37)

2 No

36. These programs answer people's letters about family planning. Have  
you ever listened to a radio program where they answer people's  
letters about family planning?

1 Yes

2 No (SKIP TO #42)

37. Have you listened to one or any of these programs in the last 6 months?

Yes

No (SKIP TO #41)

38. About how many times have you listened to any of these programs?

Once

Twice

3 times

4 times

5 or more

39. Did you find the information useful?

Yes (SKIP TO #41)

No

40. Why do you feel it was not useful? (PROBE) \_\_\_\_\_

---

---

Any other reasons? \_\_\_\_\_

---

41. Have you written a letter to any of these programs in the last 6 months?

Yes

No

**SECTION—5**

42. Have you asked anyone for information on family planning in the last 6 months?

Yes

No (SKIP TO #44)

201

43. What person or place did you ask ?

- |                            |                            |                            |                                  |
|----------------------------|----------------------------|----------------------------|----------------------------------|
| <input type="checkbox"/> 1 | Doctor or Nurse            | <input type="checkbox"/> 2 | Dai                              |
| <input type="checkbox"/> 3 | Family planning worker     | <input type="checkbox"/> 4 | Chemist                          |
| <input type="checkbox"/> 5 | Friend, relative or spouse | <input type="checkbox"/> 6 | Family planning or health centre |
| <input type="checkbox"/> 7 | other (specify) _____      |                            |                                  |

44. Have you been visited by anyone who gave you information about family planning in the last 6 months ? Who was this person ?

- |                            |                            |                            |                                       |
|----------------------------|----------------------------|----------------------------|---------------------------------------|
| <input type="checkbox"/> 1 | No                         | <input type="checkbox"/> 2 | Yes, family planning or health worker |
| <input type="checkbox"/> 3 | Yes, dai                   | <input type="checkbox"/> 4 | Yes, friend or relative               |
| <input type="checkbox"/> 5 | Yes, other (specify) _____ |                            |                                       |

45. Have you discussed family planning with your husband (wife) in the last 6 months ?

- |                            |     |                            |                  |
|----------------------------|-----|----------------------------|------------------|
| <input type="checkbox"/> 1 | Yes | <input type="checkbox"/> 2 | No (SKIP TO #47) |
|----------------------------|-----|----------------------------|------------------|

46. What things did you talk about with him.(her) ? (PROBE) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Anything else ? \_\_\_\_\_  
\_\_\_\_\_

47. Have you discussed family planning with any other relative or member or your family in the last 6 months ?

- |                            |     |                            |    |
|----------------------------|-----|----------------------------|----|
| <input type="checkbox"/> 1 | Yes | <input type="checkbox"/> 2 | No |
|----------------------------|-----|----------------------------|----|

202

48. Have you discussed family planning with any of your friends or neighbors in the last 6 months?

1 Yes

2 No

Respondents who talked with family members, relatives, friends or neighbors, Ask #49. If respondent talked to none of these, SKIP TO #51

49. Try to think back to the last time you discussed family planning with your friends or relatives. What did you tell them? (PROBE) \_\_\_\_\_

\_\_\_\_\_

Did you tell anything else? \_\_\_\_\_

50. What things did they tell you? (PROBE) \_\_\_\_\_

\_\_\_\_\_

Anything else? \_\_\_\_\_

**SECTION-6**

51. (a) Is there a radio in this house?

1 Yes

2 No (ASK #51c)

51. (b) Is it in working order?

1 Yes (ASK #52)

2 No

203

A XVIII

51. (c) Is there a radio at a neighbor's house or in a public place or some other place that you sometime listen to ?

 1

Yes

 2

No ( SKIP TO #58a )

For office use only :

 1

Working radio in house

 2

Radio in house, but not working

 3

Radio in neighbor's house or at a public place

 4

No access

52. About how many days a week do you listen to the radio ?

 1

Daily

 2

Almost every day

 3

Several times a week

 4

About once a week

 5

Less than once a week

 6

Never or almost never  
(SKIP TO #58a)

53. There are many types of programs on the radio such as news, music, drama, sports and public information (weather, agricultural reports, etc.). What is your favorite type of radio program ?

 1

News

 2

Music

 3

Drama

 4

Sports

 5

Public information (weather, agricultural reports, etc.)

201

54. What hours on Sunday through Thursday do you usually listen to the radio?  
(Check all that apply)

<input type="checkbox"/> 1	Before 7 AM	<input type="checkbox"/> 2	7 AM
<input type="checkbox"/> 3	8 A.M	<input type="checkbox"/> 4	9 AM
<input type="checkbox"/> 5	10 AM	<input type="checkbox"/> 6	11 AM
<input type="checkbox"/> 7	Noon	<input type="checkbox"/> 8	1 PM
<input type="checkbox"/> 9	2 PM	<input type="checkbox"/> 10	3 PM
<input type="checkbox"/> 11	4 PM	<input type="checkbox"/> 12	5 PM
<input type="checkbox"/> 13	6 PM	<input type="checkbox"/> 14	7 PM
<input type="checkbox"/> 15	8 PM	<input type="checkbox"/> 16	9 PM
<input type="checkbox"/> 17	10 PM	<input type="checkbox"/> 18	11 PM or later

Another : \_\_\_\_\_

55. About how many hours a day do you listen to radio during Sunday through Thursday ?

<input type="checkbox"/> 0	None	<input type="checkbox"/> 1	1 hour or less
<input type="checkbox"/> 2	2 hours	<input type="checkbox"/> 3	3 hours
<input type="checkbox"/> 4	4 hours	<input type="checkbox"/> 5	5 hours
<input type="checkbox"/> 6	6 hours or more		

202

A XX

56. At what hours on Friday and Saturday do you usually listen to the radio ?

<input type="checkbox"/> 1	Before 7 AM	<input type="checkbox"/> 2	7 AM
<input type="checkbox"/> 3	8 AM	<input type="checkbox"/> 4	9 AM
<input type="checkbox"/> 5	10 AM	<input type="checkbox"/> 6	11 AM
<input type="checkbox"/> 7	Noon	<input type="checkbox"/> 8	1 PM
<input type="checkbox"/> 9	2 PM	<input type="checkbox"/> 10	3 PM
<input type="checkbox"/> 11	4 PM	<input type="checkbox"/> 12	5 PM
<input type="checkbox"/> 13	6 PM	<input type="checkbox"/> 14	7 PM
<input type="checkbox"/> 15	8 PM	<input type="checkbox"/> 16	9 PM
<input type="checkbox"/> 17	10 PM	<input type="checkbox"/> 18	11 PM
Another : _____			

57. About how many hours a day do you listen to radio on Friday and Saturday ?

<input type="checkbox"/> 0	None	<input type="checkbox"/> 1	1 hour or less
<input type="checkbox"/> 2	2 hours	<input type="checkbox"/> 3	3 hours
<input type="checkbox"/> 4	4 hours	<input type="checkbox"/> 5	5 hours
<input type="checkbox"/> 6	6 hours or more		

2.06

58. (a) Is there a TV set in this house ?

1 Yes

No (SKIP TO #58c)

58. (b) Is it in working order ?

1 Yes (SKIP TO #59)

2 No

58. (c) Is there a TV at a neighbor's house or in a public place that you sometimes see ?

1 Yes

2 No (SKIP TO #60)

For office use only :

1 Working TV set in house

2 TV set in house, but not working

3 TV set in neighbor's house or at a public place

4 No access

59. Do you ever see TV ? About how often ?

1 Daily

2 Several times a week

3 About once a week

4 Once or twice a month

5 Never or almost ever

207

60. About how often do you go to the cinema ?

- |                            |                      |                            |                      |
|----------------------------|----------------------|----------------------------|----------------------|
| <input type="checkbox"/> 1 | Every week or more   | <input type="checkbox"/> 2 | 2 or 3 times a month |
| <input type="checkbox"/> 3 | About once a month   | <input type="checkbox"/> 4 | Several times a year |
| <input type="checkbox"/> 5 | Once or twice a year | <input type="checkbox"/> 6 | Never or almost ever |

61. Do you ever read a newspaper or magazine ? About how often ?

- |                            |                       |                            |                      |
|----------------------------|-----------------------|----------------------------|----------------------|
| <input type="checkbox"/> 1 | Daily                 | <input type="checkbox"/> 2 | Almost every day     |
| <input type="checkbox"/> 3 | Several times a week  | <input type="checkbox"/> 4 | About once a week    |
| <input type="checkbox"/> 5 | Once or twice a month | <input type="checkbox"/> 6 | Never or almost ever |

**SECTION-7**

62. Have you ever attended (Did your wife ever attend) school ? Was it a primary school, Madrasa, secondary school or higher that you (she) attended last ?

- |                            |           |                            |                     |
|----------------------------|-----------|----------------------------|---------------------|
| <input type="checkbox"/> 1 | No school | <input type="checkbox"/> 2 | Primary             |
| <input type="checkbox"/> 3 | Madrasa   | <input type="checkbox"/> 4 | Secondary or higher |

63. Did your husband ever attend (Have you ever attended) school ? Was it a primary school, Madrasa, secondary school or higher that he (you) attended last ?

- |                            |           |                            |                     |
|----------------------------|-----------|----------------------------|---------------------|
| <input type="checkbox"/> 1 | No school | <input type="checkbox"/> 2 | Primary             |
| <input type="checkbox"/> 3 | Madrasa   | <input type="checkbox"/> 4 | Secondary or higher |

A XXIII

64. What is your husband's (your) principal occupation ?

\_\_\_\_\_ (occupation)

65. Do you (does your wife) do any work for which you receive (she receives) money ?

1 Not employed

2 Employed

66. What is your religion ?

1 Islam

2 Hindu

3 Other

67. Now I want to ask you about your family life. How long have you been married ?

1 1 year or less

2 2 years

3 3 years

4 4 years

5 5 years

6 6 years

7 7—9 years

8 10 years or more

68. Do you have any children ? How many of your children are alive ? Please count all your children, whether living at home or elsewhere.

\_\_\_\_\_ How many boys ? \_\_\_\_\_ And how many girls ? \_\_\_\_\_

(If none, stop interviewing)

(Terminate interview for sterilization users)

104

69. Do you want to have any additional children ?

1 Yes

2 Unsure

3 No

(Please give thanks to the respondent for extending her/his cooperation and help for the interview).

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Mr. Sadek Ahmed

Mr. Md. Jashim Uddin

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Mr. Ismail Hossain

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৯/১০

AGE DISTRIBUTION OF FEMALE ELIGIBLE  
RESPONDENTS BY AREAS.

Age group (in years)	Rural	Semi-urban	Urban
Under 20	21.3	19.8	16.2
20—24	22.6	25.9	25.7
25—29	26.5	16.0	24.0
30—34	12.6	14.8	14.0
35—44	17.0	23.5	20.1
Total	100.0	100.0	100.0
N <sup>1</sup>	230	81	179

<sup>1</sup> N in this table is the total number of female eligible respondents.

AGE DISTRIBUTION OF MALE ELIGIBLE  
RESPONDENTS BY AREAS.

Age group (in years)	Rural	Semi-urban	Urban
Under 25	12.1	18.6	2.9
25—29	19.5	11.4	11.5
30—34	14.4	14.3	23.7
35—39	13.0	12.9	20.9
40 or above	40.9	42.9	41.0
Total	99.9 <sup>a</sup>	100.1 <sup>a</sup>	100.0
N <sup>1</sup>	215	70	139

<sup>1</sup> N in this table is the total number of eligible respondents.

<sup>a</sup> Total is less or more than 100 percent due to rounding errors.

## C II

AGE DISTRIBUTION OF FEMALE ELIGIBLE RESPONDENTS  
AND WIVES OF MALE ELIGIBLE RESPONDENTS  
BY AREAS.

Age group (in years)	Female respondents			Wives of male respondents		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
20	21.3	19.8	16.2	21.9	25.7	12.2
20—24	22.6	25.9	25.7	22.3	18.6	19.4
25—29	26.5	16.0	24.0	16.3	17.1	28.8
30—34	12.6	14.8	14.0	18.1	12.9	17.3
35—44	17.0	23.5	20.1	21.4	25.7	22.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
N <sup>1</sup>	230	81	179	215	70	139

<sup>1</sup> N in this table is the total number of eligible respondents.

C III

AGE DISTRIBUTION OF HUSBANDS OF FEMALE ELIGIBLE  
RESPONDENTS AND MALE ELIGIBLE  
RESPONDENTS BY AREAS.

Age group (in years)	Husbands of Female respondents			Male respondents		
	Rural	Semi-urban	Urban	Rural	Semi-urban	Urban
25	6.5	11.1	3.9	12.1	18.6	2.9
25—29	20.4	14.8	18.4	19.5	11.4	11.5
30—34	21.3	17.3	21.8	14.4	14.3	23.7
35—39	15.2	14.8	16.2	13.0	12.9	20.2
40 or above	36.5	42.0	39.7	40.9	42.9	41.0
Total	99.9 <sup>a</sup>	100.0	100.0	99.9 <sup>a</sup>	100.1 <sup>a</sup>	100.0
N <sup>1</sup>	230	81	179	215	70	139

<sup>1</sup> N in this table is the total number of eligible respondents.

<sup>a</sup> Total is less or more than 100 percent due to rounding errors.

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