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BANGLADESH CONTRACEPTIVE PREVALENCE SURVEY - 1985

Final Report

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Management of
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Chapter-1

INTRODUCTION

In Bangladesh, Contraceptive Prevalence Surveys (CPSs) have been established as the major monitoring tool to assess progress of the family planning program every two years by collecting data on knowledge, use, and preference for methods. These surveys also collect information to identify women who may need services, to reveal obstacles to the use of services, and to uncover opportunities for making services available. A CPS can also collect limited fertility data, thereby providing scope to study overall program impact on fertility. Thus CPSs have become important evaluation tools for the family planning program (Kamnuansilpa and other, 1982; WHS, 1981; Special topics, 1981; Anderson, 1979).

1.1. Purpose of 1985 CPS:

The Contraceptive Prevalence Survey-1985 is the fourth CPS undertaken in Bangladesh. The first CPS was conducted in 1979 (NIPORT,1981), the second in 1981 (MIS,1983), and the third in 1983. The major purpose of the 1985 CPS was to assess improvements in family planning program performance since 1983 by ascertaining levels and trends in family planning knowledge and use, examining differentials in use by selected background characteristics of the family planning target population, and investigating sources of supply for current users of modern methods. In addition, reasons for non-use and future intention to use among non-users of

contraception, and knowledge of contraceptive availability in terms of awareness of services and supplies were covered.

1.2. Contraceptive Prevalence Surveys:

Contraceptive Prevalence Surveys (CPS) are an efficient tool to obtain precise measures of the contraceptive prevalence rate. The contraceptive prevalence rate (CPR) is the proportion of the family planning target population using some method of family planning at a particular point in time. This rate is also called the point prevalence rate of contraceptive practice. While the ultimate goal of any family planning program is promotion of contraception among the target population, the prevalence rate is a major yardstick for assessing program progress and success.

CPSs are an application of the survey methodology used to monitor family planning programs and are designed primarily for program management and evaluation. They can be conducted either as a national or a regional survey to obtain direct measures of the prevalence rate by interviewing a representative sample of the actual target population (Special topics, 1981).

Questionnaires used in CPSs are usually relatively short compared with other surveys such as those sponsored by the World

Fertility Survey (PCFPD, 1978). As a result, they can provide quick feedback to program managers and administrators by completing data processing and analysis within a few months of the completion of fieldwork (Anderson, 1979).

The CPS is relatively inexpensive and can, therefore, be repeated periodically, without reducing the resources available for monitoring the family planning program. The CPS also has great flexibility. For example, its core questionnaire can be easily modified to include country specific data and the survey design can be adjusted to the local level of technical ability (WHS, 1981; WHS, 1982; Special topics, 1981).

1.3. Review of CPS in Bangladesh:

The first Contraceptive Prevalence Survey, the 1979 CPS, was funded by USAID through Westinghouse Health Systems (WHS) as part of USAID's global CPS project under an agreement signed between the Bangladesh Government and WHS. The major objectives of the 1979 CPS were to ascertain the knowledge and use of contraceptives and their availability and supply, and to obtain information on the relationship between selected population characteristics and contraceptive practice. The 1979 CPS used a long questionnaire, and a sample of 14,346 households. Fieldwork for the 1979 CPS was conducted during September, 1979 through January 1980, by employing 13 interviewing teams, with each team consisting of four

female interviewers and one male and one female supervisor. The current use rate in this survey was 12.7 percent of the currently married women under 50 years of age - 8.9 percent for modern methods and 3.8 percent for traditional methods (NIPORT, 1981).

The second contraceptive prevalence survey, the 1981 CPS, was funded directly by USAID through its Dhaka office, under an agreement signed between the Government and USAID/Dhaka. The purpose of this survey was to measure changes that occurred since the 1979 CPS. Fieldwork for data collection in the 1981 CPS was carried out during the period May 1981 through August 1981 by deploying 10 interviewing teams (with one team kept in reserve). The 1981 CPS employed a short and simple questionnaire and a small sample (8,000 households). The current use rate of contraception in this survey was 18.6 percent of currently married women under 50 years of age - 10.9 percent for modern methods and 7.7 percent for traditional methods, showing an increase of 5.9 percentage points over the 1979 CPS rate of 12.7 percent (2.0 points for modern methods and 3.9 points for traditional methods). (MIS, 1983).

The 1983 CPS was the third CPS conducted in Bangladesh. Mitra and Associates was awarded the contract to conduct the survey on behalf of the Bangladesh Government and USAID. The 1983 CPS had a complex design, in which data were collected from three samples: the eligible woman sample, the husband sample

and the couple sample. The eligible woman sample was the orginial CPS sample consisting only of ever married women under 50 years of age. The husband sample was made up of husbands of non-interviewed currently married women under 50 years of age, while the couple sample consisted of couples where the wife was under 50 years of age. The reason for interviewing three samples in the 1983 CPS was to examine the hypothesis that there are response differentials by sex with respect to contraceptive use. Households selected in the different samples totalled 15,316 and yielded completed interviews with 15,916 respondents (10,117 women in the eligible woman sample, 2,007 husbands in the husband sample, and 1,896 husbands and 1,896 wives in the couple sample). In addition, the questionnaire used in the 1983 CPS was much longer than the 1981 CPS questionnaire.

Data in the 1983 CPS were collected during October 1983 through January 1984 by deploying 11 interviewing teams. There were differentials in the reported contraceptive use between the different samples, which made it difficult to state, with absolute certainty, the precise current use rate for the 1983 CPS. However, a working rate for policy makers and program managers was suggested. The working rate was 21.7 percent for any method, with a rate for modern methods of 16.2 percent and for traditional methods of 5.5 percent. The working rate was formed by taking the reported use data from the eligible woman sample for all methods

other than condom and vasectomy. Prevalence rates for condom and vasectomy (male methods) were estimated from the husband sample. Since the other CPSs only interviewed eligible women, the trend analysis of current use in the 1983 CPS was undertaken using data from the eligible woman sample. The rate in the eligible woman sample was 19.1 percent, (13.8 percent for modern methods and 5.4 percent for traditional methods), suggesting an increase of 2.0 percentage points in the modern method use rate compared to the 1981 CPS. (Mitra and Kamal, 1984; 1985).

1.4. 1985 CPS sample:

With evidence obtained from the 1983 CPS of significant differentials in reporting of contraceptive use between female and male respondents (and between respondents when interviewed with spouse and those when interviewed without spouse), the 1985 CPS was conducted by collecting data from two samples - the eligible woman sample and the couple sample. As in the 1983 CPS, interviews in the couple sample for the husband and wife were conducted simultaneously but separately. While the eligible woman sample remained the original sample of the survey, data from the couple sample were collected to arrive at more reliable estimates of contraceptive prevalence by taking into account differential reporting of contraceptive use by sex.

The initial plan was to conduct the 1985 CPS only with the eligible woman sample. Interviewing for the eligible woman sample

was conducted during December 1985 - April 1986. The couple sample was undertaken during May 1986 - July 1986. The lag in the interviewing for the couple sample was due to the decision to obtain data from a couple sample once the fieldwork for the eligible woman sample was already partially completed. However, it is unlikely that the interval between the interviewing for the two samples had any discernible bearing upon their comparability, since family planning variables were unlikely to change significantly over such a short period of time.

1.5. Bangladesh the setting:

A brief description of Bangladesh is provided here in order to facilitate discussion of the survey methodology and results. The description is limited to those aspects that are likely to influence the implementation and results of a CPS survey.

Located in the northeastern region of the subcontinent and bounded on three sides by India, Bangladesh is the eighth largest country in the world. It has an area of 144,000 square kilometers, and an estimated population of approximately 105 million people. The country is largely a flat alluvial plain intersected by several rivers such as Padma, Meghna, Jamuna and their many tributaries.

Until the administrative reorganization of the country that took place in 1983-84, each division was divided into districts,

each district into sub-divisions, and each sub-division into thanas. The administrative reorganization was undertaken by upgrading each thana to an upazila (sub-district) and each sub-division to a district. In the country as a whole, there are 68 districts and 481 upazilas. Upazilas are again sub-divided into unions; a union being a cluster of villages. The number of unions in the country was 4,354 in the 1981 census (BBS, 1984, BBS, 1980).

Bangladesh is a predominantly rural country. The 1981 census enumerated 84.8 percent of the population as living in villages. The 1981 census extended the definition of urban areas used in previous population censuses. It enumerated as urban all the upazila (thana) headquarters as well as hats (small market places) and bazars having electricity, regardless of whether they were defined as urban in earlier censuses. (BBS, 1984)(1).

The number of urban centers having a population over 100,000 was 13 in 1981. Among these 13 centers, 4 were Statistical Metropolitan Areas (SMAs), viz. Chittagong (SMA), Dhaka (SMA), Khulna (SMA) and Rajshahi (SMA). Not only is the proportion of urban population low in Bangladesh, but the population is primarily concentrated in large urban centers. The rate of growth of urban population was 1.4 percent in 1911 (Chowdhury, 1981),

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(1) In the earlier censuses, a place was treated as urban if it had a Municipality or a town committee or a cantonment board, or if it was a continuous collection of houses having a population of at least 5000 persons while having public utilities like roads, street lighting, water supply, sanitation, sewerage system, etc.

while it became 10.6 percent in 1981 (BSS, 1984). Dispite this accelerated trend in urban population growth, Bangladesh will remain a predominantly rural country for many years to come.

The vast majority of Bangladeshis are illiterate. In 1981, among the population aged 5 years and above, the literacy rate was 23.8 percent (31.0 percent for males and 16.0 percent for females). Although the literacy rate has increased during the past decade, it remains far below the desired level, especially among females. This low level of literacy is due in part to cultural traditions and religious values that discourage female education, particularly at the secondary level.

Islam is the predominant religion with 86.6 percent of the population in the 1981 census being Muslim. Hindus constitute 12.1 percent of the population. Only 0.9 percent of the population are Christians and Buddhists, with another 0.3 percent having tribal religions (BBS, 1984).

A small proportion of women have paid employment in Bangladesh (Khuda, 1982; Mitra and other, 1985; WDP, 1979). This is because "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). Interestingly enough, a large proportion of women do spend long hours in productive work inside the family farm/business in

addition to devoting considerable time to household activities. The type of women's employment varies by socio-economic status. Poor, rural, and illiterate women are generally employed at low status jobs such as rice processing, general housework, and maid servants. 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 primarily an agricultural country. A vast majority of the population are either directly or indirectly dependent on agriculture for their livelihood. Agriculture contributes over one-half of the total Gross Domestic Product. Although predominantly an agricultural country and despite the fact that pady occupies over four-fifths of the cropped acreage, there is a large food deficit in the country (roughly 1.5 million tons annually). In fact, the rural economy of Bangladesh presents a case study of peasant agriculture under extreme conditions of poverty, landlessness and population pressure. The country's agrarian base, massive dependence on foreign aid, the overwhelming size of its rural population, and the fact that so many people live below or close to the poverty line -- all these factors require that development efforts emphasize agricultural and food production and the pursuance of a rational and realistic population control program.

The annual per capita income in 1984 was approximately US $ 150.00 (PC, 1987). About half the population belongs to landless or mini-farmer households (Rashid, 1981). Recent estimates show that the current annual food deficit varies from 1.5 to 2.0 million tons (BES, 1985).

Most of the population suffers from malnutrition, with about two-thirds of the population remaining below 90 percent of the minimum calorie intake. About two-thirds of the population are estimated to be suffering from protein deficiency. In addition, severe iron and vimain-A deficiencies are common. As a result of vitamin-A deficiency, 30,000 children become blind each year. The death rate remains high, particularly among infants and young children. About one-quarter of all children die before reaching their fifth birthday. Diarrhoea, tuberculosis, tetanus, malaria, worms and measles are common health problems among the people, especially among children.

1.6. Population and population problem:

Bangladesh is among the most densely populated countries in the world. The unadjusted 1981 census enumeration showed that the country had a population of 83.1 million, with 44.9 million males and 42.2 million females; an average density of 1617 persons living per square mile; an average of 5.7 persons per household (BBS,1984). Adjustments applied to the census results after the post enumeration survey increased the total to 89.9 million. By

mid-1986, the total population of Bangladesh had likely grown to approximately 105 million.

High fertility persists in Bangladesh. Bangladesh women marry young and produce many children. By the time women have completed their families, they have on average around 5-6 births. Available estimates obtained from different sources indicate that the infant death rate ranges from 130 to 150 per 1000 live births over the period 1950 to 1979 (Ahamed, 1986; CPD, 1981; Mitra, 1979). However, improvements in mortality since the beginning of this century have been considerable and significant (Hong, 1980; Robinson, 1967). For example, while the estimated crude death rate was around 46.90 per 1000 population in 1911 (Elahi and Ruzicka, 1981), it declined to 24.0 - 20.8 in 1975 (Hong, 1980).

In the absence of any significant migration outside the country, significant mortality decline with no concomitant decline in fertility have given rise to accelerated growth of the population. Bangladesh was the tenth largest state in 1974; it became the eighth largest in 1981 (Hong, 1980). Thus, high priority has been assigned to the population control program (Khan, 1981).

1.7. Family planning/population control programs:

Although efforts to control the population growth of Bangladesh began as early as 1953, a full-fledged independent

family planning program was only launched in 1965. The family planning program suffered numerous setbacks during the period 1969-72.

The First Five Year Plan of Bangladesh (1973-78) marked the beginning of a multi-sectoral and broad-based population control and family planning program. The Second Plan (1980-85) aimed at substantially expanding and strengthening the IEC (Information, Education and Communication) activities and family planning service delivery in order to achieve a reduction in fertility to replacement level (an NRR of one by 1990). Neither the first nor Second Plan succeeded in achieving its demographic targets.

Under the Third Plan of Bangladesh (1985-90) the crude birth rate is projected to decline from 39 per 1000 population in 1985 to 31 per 1000 by 1990 (PCFP, 1986). The plan has projected an increase in the current use rate from 25 percent in 1985 to 40 percent in 1990, or in numerical terms, the number of eligible couples contracepting will rise from 4.2 million in 1985 to 8.2 million in 1990. It is presently unclear whether these objectives will be attained by 1990.

1.8. <u>This report</u>:

Although data were collected from eligible woman and couple samples, this report, (as in the case of the 1983 CPS report) only analyses findings from the eligible woman sample, since trends in

performance can only be examined by comparing the results of the eligible woman sample with comparable data generated by previous surveys; namely, the 1975 BFS, the 1979 CPS, the 1981 CPS, and the 1983 CPS. The couple sample was considered only in developing estimates of current contraceptive prevalence, given in chapter-7. However, for interested readers the complete set of key tables from the couple sample is given in Appendix-A.

Chapter-2

METHODOLOGY AND IMPLEMENTATION

This chapter includes a description of: sample design, questionnaires, fieldwork, data management, and executive agency and organisational structure. Time schedules for different activities are given at the end of the chapter.

2.1. Sample design:

The sample of the 1985 CPS emanated from the sample of the 1983 CPS. Therefore, a brief description of the 1983 CPS sample design is provided below to facilitate understanding of the 1985 CPS sample.

2.1.1. 1983 CPS sample:

For the 1983 CPS, there were 200 sample areas selected representing the national population, with 120 areas taken from the rural stratum and 80 from the urban stratum. In general, each sample area was equivalent to a 1981 census village in the rural stratum and a 1981 census Mahalla/Block in the urban stratum.

The eligible woman sample (the original sample) of the 1983 CPS was drawn in terms of households, with about 63 households selected from each rural sample area and about 31 households selected from each urban sample area. Selection of households in a sample area was done by listing all the households of the area through a house-to-house census.

2.1.2. The 1985 CPS samples:

The eligible woman sample of the 1985 CPS was composed of the same 200 sample areas as the 1983 CPS and was based upon 63 households from each of the rural sample areas and 31 households from each of the urban sample areas. The selection of households was done by updating the 1983 CPS household lists, regardless of whether or not a household was included in the 1983 CPS sample.

The couple sample was based upon households selected from a sub-sample of the sample areas. The sub-sample was comprised of 30 randomly selected sample areas from the rural stratum and 20 sample areas from the urban stratum.

The couple sample included 63 households from each rural sub-sample area and 31 households from every urban sub-sample area. While selecting households for the couple sample in an area, households included in the eligible woman sample for that area were excluded from the frame.

2.1.3. Respondents:

As in the other CPSs, ever married women under 50 years of age who slept in a sample household the night preceding the interview date were considered eligible for interview in the eligible woman sample.

For the couple sample, data were collected by interviewing currently married women who were under 50 years of age (who slept

in the selected household the night preceding the interview date) as well as their husbands. Interviews in the couple sample were conducted simultaneously but separately with the husband and wife of each couple. The same procedure was adopted in the collection of data for the 1983 CPS couple sample.

2.1.4. Obtained sample:

Table-2.1 shows that out of the 120 rural sample areas, 30 were included from Rajshahi Division, 24 from Khulna Division, 35 from Dhaka Division, and 31 from Chittagong Division. The distribution of the urban sample areas was 13 in Rajshahi Division, 11 in Khulna Division, 38 in Dhaka Division, and 18 in Chittagong Division. A map of Bangladesh showing the sample areas is given on page-18

There was a total of 10,399 households selected in the eligible woman sample, and contacts for interviews were successfully established in 9,518 households. For the rural stratum the number successfully contacted was 7,122 households out of 7,707 households selected and for the urban areas 2,396 out of 2,692 (table-2.2).

There were 10,628 ever married women under 50 years of age enumerated in the successfully contacted households, while 10,305 could be successfully interviewed. In the rural stratum the ratio was 7,682 women interviewed out of 7,890 women enumerated and in the urban stratum it was 2,623 out of 2,738 (table-2.2).

MAP OF SAMPLE AREAS

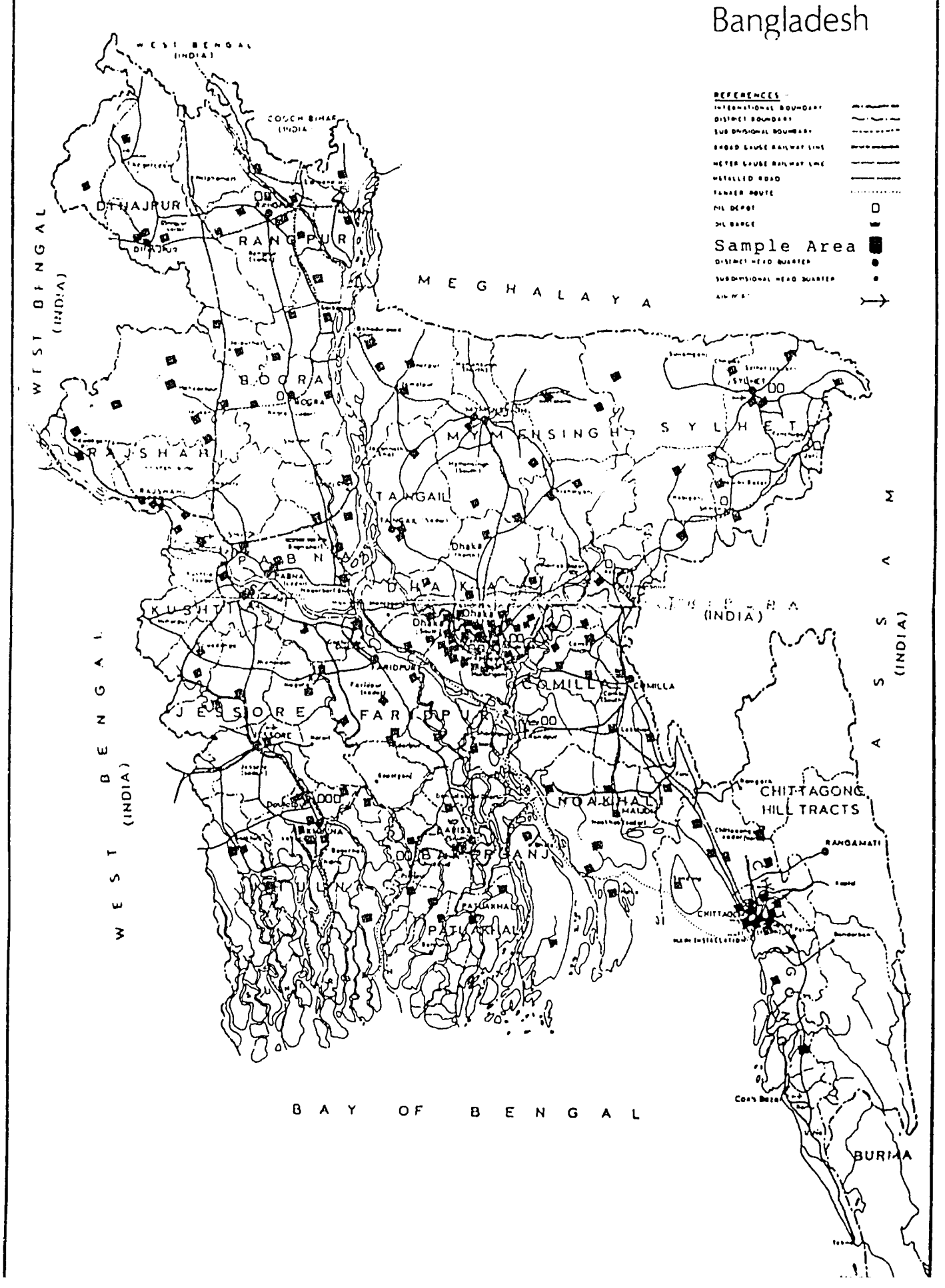


Table-2.1

DISTRIBUTION OF SAMPLE AREAS BY DIVISION AND DISTRICT(1)

(The Eligible Woman Sample)

Division	District	Total	Rural	Urban
RAJSHAHI	Rajshahi	12	8	4
	Rangpur	12	8	4
	Dinajpur	5	4	1
	Bogra	6	5	1
	Pabna	8	5	3
	Sub-total	43	30	13
KHULNA	Khulna	12	6	6
	Barisal	9	7	2
	Kushtia	4	3	1
	Jessore	7	5	2
	Patuakhali	3	3	-
	Sub-total	35	24	11
DHAKA	Dhaka	42	11	31
	Mymensingh	13	10	3
	Jamalpur	4	3	1
	Tangail	4	3	1
	Faridpur	10	8	2
	Sub-total	73	35	38
CHITTAGONG	Chittagong	19	6	13
	Comilla	12	10	2
	Noakhali	7	6	1
	Sylhet	11	9	2
	Sub-total	49	31	18
	TOTAL:	200	120	80

(1) The distribution is based upon the district administrative structure of the country prevailing prior to the reorganisation introduced by the government in early 1985.

Table-2.2

NUMBER OF HOUSEHOLDS AND NUMBER OF ELIGIBLE RESPONDENTS SELECTED AND INTERVIEWED, BY STRATUM

(The Eligible Woman Sample)

Stratum	Number of households		Number of eligible respondents	
	Selected	Interviewed	Selected	Interviewed
Rural	7707	7122	7890	7682
Urban	2692	2396	2738	2623
Total	10399	9518	10628	10305

The rate of non-response for the household interviews was 7.6 percent for the rural stratum and 11.0 percent for the urban stratum (table-2.3). The most frequent reason for household non-response was 'dwelling vacant', meaning that there was no member found in the given sample household (table-2.4). The percentage of household non-response due to dwelling vacant was 56.1 percent in the rural stratum and 54.1 percent in the urban stratum. The next most frequent reasons were 'address not existing' and 'address not found'.

The non-response rate for individual interviews was only 2.6 percent in the rural stratum and 4.2 percent in the urban stratum (table-2.5). The most frequent reason for individual interview non-response in both the rural and the urban stratum was 'respondent not available' (table-2.6).

Table-2.3

NON-RESPONSE RATE FOR HOUSEHOLD INTERVIEWS BY DIVISION

(The Eligible Woman Sample)

Division	Number of rural Households		Rural non-response rate (percentage)	Number of urban Households		Urban non-response rate (percentage)
	Selected	Successfully interviewed		Selected	Successfully interviewed	
Rajshahi	2066	1929	6.6	437	390	10.8
Khulna	1508	1402	7.0	361	310	14.1
Dhaka	2218	1999	9.9	1351	1211	10.4
Chittagong	1915	1792	6.4	543	485	10.7
Total	7707	7122	7.6	2692	2396	11.0

Table-2.4

REASONS FOR HOUSEHOLD NON-RESPONSE

(The Eligible Woman Sample)

Reasons	Rural		Urban	
	Number	Percentage	Number	Percentage
No competent respondent	13	2.2	8	2.7
Deferred	-	-	-	-
Refused	2	0.3	2	0.7
Dwelling vacant	328	56.1	160	54.1
Address not found	30	5.1	39	13.2
Address not existing	165	28.2	61	20.6
Other	47	8.0	26	8.8
Total	585	99.9a	296	100.1a

(a) Total is more or less than 100 percent due to rounding error.

2.1.5. Weighting:

Urban households were over sampled compared to the rural households. Whereas the proportion of urban households according to the sampling frame was 9.8 percent, in the selected sample the proportion was actually 25.9 percent. Therefore, for obtaining national estimates, appropriate weights were used for each stratum sample. Weighting was also necessary to adjust the sample for non-response. The weight used for each stratum is shown in table-2.7.

The design weight for the urban sample was 0.31012(a), while the rural weight was unity. When the adjustment for differences in the non-response rate between rural and urban stratums was applied, keeping the rural weight equal to unity for both the household and the individual (ever married) sample, the urban weight changed to 0.32198 for the household sample and 0.32753 for the individual sample. Thus the size of the weighted national household sample was 7,893 while the weighted national individual sample was 8,541 (table-2.7).

(a) The number of households in the sampling frame was 1434560 for the urban stratum and 13243320 for the rural stratum while the sample included 2692 households selected from the urban stratum and 7707 households from the rural stratum. Thus, the design weight for the urban sample was estimated

as $$\left[\left(\frac{1434560}{13243320} \right) X (7707) / 2692 \right]$$

or 834.84760 / 2692

or 0.31012

Table-2.5

NON-RESPONSE RATE FOR INDIVIDUAL INTERVIEWS BY DIVISION

(The Eligible Woman Sample)

Division	Number of rural respondents		Rural non-response rate (percentage)	Number of urban respondents		Urban non-response rate (percentage)
	Found	Successfully interviewed		Found	Successfully interviewed	
Rajshahi	2190	2142	2.2	446	432	3.1
Khulna	1581	1548	2.1	362	351	3.0
Dhaka	2184	2121	2.9	1376	1314	4.5
Chittagong	1935	1871	3.3	554	526	5.1
Total	7890	7682	2.6	2738	2623	4.2

Table-2.6

REASONS FOR INDIVIDUAL INTERVEIW NON-RESPONSE

Reasons	Rural		Urban	
	Number	Percentage	Number	Percentage
Incomplete	9	4.3	-	-
Respondent not available	183	88.0	104	90.4
Deffered	3	1.4	3	2.6
Refused	1	0.5	2	1.7
Other	12	5.8	6	5.2
Total	208	100.0	115	99.9a

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

Table-2.7

WEIGHTED NUMBER OF HOUSEHOLDS AND
EVER MARRIED WOMEN IN THE
OBTAINED SAMPLE

(The Eligible Woman Sample)

Areas	Number of households			Number of ever married women		
	Un-weighted	Weights	Weighted	Un-weighted	Weights	Weighted
Rural	7122	1.00000	7122	7682	1.00000	7682
Urban	2396	0.32198	771	2623	0.32753	859
Total	9518	-	7893	10305	-	8541

2.2. Questionnaires:

Two questionnaires were used in the 1985 CPS - one for women and the other for men. The questionnaire for women was used to interview female respondents, eligible women in the eligible woman sample and wives in the couple sample. The male questionnaire was used for husbands of eligible women in the couple sample.

Each questionnaire had two parts; the household schedule and the individual schedule. The household schedule was used to identify eligible respondents who should be interviewed in the survey, while the individual schedule was administered to the respondent in order to obtain pertinent survey information.

The questionnaire for women (or the female questionnaire) was drafted using, as a prototype, the 1983 CPS questionnaire

(Mitra and Kamal, 1985) and the Westinghouse Model CPS questionnaire (WHS, 1982). The draft male questionnaire (questionnaire for husbands in the couple sample) was developed using the female questionnaire as the prototype. The draft questionnaires were prepared by professional staff of 'Mitra and Associates' and reviewed by USAID/Dhaka. After review, the questionnaires were modified. The modified questionnaires were pretested and, based on the pretest results, finalised. On approval of the finalised version of the questionnaires by USAID/Dhaka, they were printed for use in the survey. (A specimen copy of the female questionnaire is given in Appendix-B).

In the household part of the female questionnaire all male and female members of the sample household were listed according to age and marital status in order to identify eligible woman respondents. Female members included only those women who slept in the household the night preceding the interview date.

The household element of the male questionnaire collected additional information concerning whether a female household member was a currently married woman and if so, whether the husband could be contacted by the interviewer. This additional information was necessary to ascertain the respondent's eligibility for interview in the couple sample.

Although the 1985 CPS questionnaires evolved from the 1983 CPS questionnaires, the 1985 CPS questionnaires collected a wider range of data than the 1983 CPS questionnaires. Items of

information collected in the 1985 CPS questionnaires are listed below:

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

(ii) background characteristics: age, religion, own and husband's education, employment status, family ownership of agricultural land;

(iii) fertility: number of children ever born and still living, childbirth during last one year, pregnancy status, desire for additional children;

(iv) knowledge of family planning methods;

(v) family planning ever use status;

(vi) current family planning use status;

(vii) a. Sources of supply for current users of contraception;

b. brand names for pill and condom users; the brands were identified by showing samples;

(viii) reasons for non-use of and future intention to use contraceptives; and

(ix) duration and timing of ever use in the last two years.

Fertility data were not collected in the male questionnaire as it was difficult to obtain fertility data from male interviews that would be comparable to those obtained in the female interviews.

2.3. Fieldwork:

Fieldwork for the survey consisted of pretest interviewing, updating of household listings, and data collection operations.

2.3.1. Pretest interviewing:

Pretest interviewing provided an indication of the length of interview, feedback on the suitability of the questions, and the sequence flow of questions. Pretest interviewing was conducted in purposively selected areas. The urban pretest area was located in Dhaka city and the rural pretest area in Sonargaon (which is about 25 miles outside Dhaka city).

2.3.2. Updating of household listing:

The household lists of the 1983 CPS for all the 120 rural and 80 urban sample areas were updated prior to the selection of households for the 1985 samples. Updating of household listings in each sample spot involved visits to each household to determine if there was a new household created or to ensure that listed households still existed. The updated lists were used as frames for selection of households from the sample spots.

A team of two listers/mappers were deployed to conduct the updating work in an area. In all, 6 listing teams were employed to complete the updating work for all the sample areas and they completed the work in three and a half months. To ensure quality of the listing work, 4 listing supervisors were appointed to verify randomly the work done by the listing teams. Listing teams also collected information about the sample area such as communication facilities, availability of accommodation, and local influential persons in order to facilitate the subsequent visit of the interviewing team.

2.3.3. Data collection:

Data collection for the survey included field interviewing and quality control checking.

2.3.3.1. Field interviewing:

Interviewing of respondents in the survey was carried out using interviewing teams. In each team, there were four female interviewers, one male supervisor, one female supervisor and one field assistant. However, this composition was changed to two male interviewers and two female interviewers instead of four female interviewers when a subsample area involving interviews of male respondents was visited. While the interviewers did the actual interviewing, the supervisors ensured the quality of the interview taken. The supervisors also helped the interviewers deal with difficult respondents and made random checks on interviewers in the actual interviewing situation. In addition, the male supervisor was responsible for distribution of tasks among the interviewers, arranging accommodation for the team, hiring transport for the team and so forth. The two supervisors were also assigned with the responsibility of doing the field editing of completed questionnaires.

Respondents whose questionnaires contained inconsistent responses were reinterviewed. Non-response cases were visited as many as four times so as to minimize the level of non-response.

Field interviewing was accomplished with 12 teams in nine phases. After a phase was over, the interviewing team was allowed to rest for about 7 days.

2.3.3.2. Quality control checking:

Six quality control teams were employed to make random checks to ensure that interviewing teams were working in strict compliance with the survey design. Each quality control team had one female and one male quality control officer. The quality control team checked the work of the interviewing team in the actual work situation in randomly selected sample areas. Their tasks included: (i) reinterviewing respondents to ensure the accuracy of data being collected in the individual interview and (ii) checking interviewed households to ensure the accuaracy of the field sampling procedures. The quality control team also ensured that non-response in the sample was due to valid reasons.

In addition to the quality control teams, senior professional staff of 'Mitra and Associates' visited the interviewing teams in the field to supervise their work. Representatives of USAID/Dhaka made visits to sample spots to verify that the data were collected properly.

2.4. Training:

Survey personnel were trained in several phases. Listers were trained at the first phase, interviewers for the woman sample at the second phase, supervisors and quality control officers for the woman sample at the third phase, editors/coders at the fourth phase, validators at the fifth phase, interviewers for the couple sample at the sixth phase. Duration of training at the first phase was 12 days; at the second phase, 38 days; at the third phase, 3 days; at the fourth phase, 24 days, at the fifth phase, 3 days, and at the sixth phase, 12 days. Training was offered by the professional staff of 'Mitra and Associates'.

2.5. Data management:

Data management activities comprised registration of interviewing schedules, monitoring of interviewers' work and data processing.

2.5.1. Registration of schedules:

Each interviewing schedule was entered in registers, recording its ID number, household interviewing status, individual interviewing status, etc. As soon as schedules from the field were received, they were registered in the registration book. One research officer was responsible for overseeing the registration work.

2.5.2. Monitoring of interviewers' work:

A monitoring cell was established to monitor work of the interviewing teams. The monitoring was done by taking responses for key variables from a particular interviewer and reviewing them question by question. If an abnormal response pattern was discerned, it was assumed that the interviewer was not completing the questionnaires according to instructions. The monitoring results were reviewed on a regular basis by the Project Director and the Deputy Project Director to ascertain that fieldwork was being properly carried out. The monitoring results were utilized in guiding movement of the quality control teams. In addition, the monitoring results were used to provide quick feedback of the survey results.

2.5.3. Data processing:

Data processing work included editing, coding, and categorization of open-ended questions. For this, 7 editors, 6 edit verifiers, 22 coders and 18 coding verifiers were recruited.

Editing: Editing was done to verify that the survey questionnaires were correctly completed, that items of information recorded or responses obtained to interrelated questions were consistent; that all questions in the questionnaire were asked, and so forth. Editing work was done by the editors and edit verifiers under the guidance of two senior professional staff members. While one hundred percent of the edited questionnaires were verified by the edit verifiers, 10 percent of the verified

questionnaires were checked by the senior professional staff members.

Coding: Information on the questionnaire was coded onto specially designed code cards. Code cards contained blank cells specified by numbers and variable names, indicating in which cell or cells a particular item of information/response for a particular question would be coded. Code cards were made thick enough so that they were convenient for hand-sorting. Provisions were made for coding information on both sides of the coding sheet. There were as many as eleven cards needed per schedule to code the information collected in the survey. To facilitate later computer entry, each code card contained 80 columns.

Tabulation: The 1985 CPS data were tabulated using the IBM-XT Computers of Mitra and Associates. This activity involved:

(i) entering data into the computer;

(ii) conducting validation checks and revalidation checks to ensure that data have been correctly entered into the computer;

(iii) preparation of output tables for the different reports;

(iv) ensuring that the output tables were accurate.

2.6. Executive agency of the survey:

'Mitra and Associates' a private Bangladeshi research organization, conducted the 1985 CPS on behalf of the Bangladesh Government and USAID. 'Mitra and Associates' was founded in early

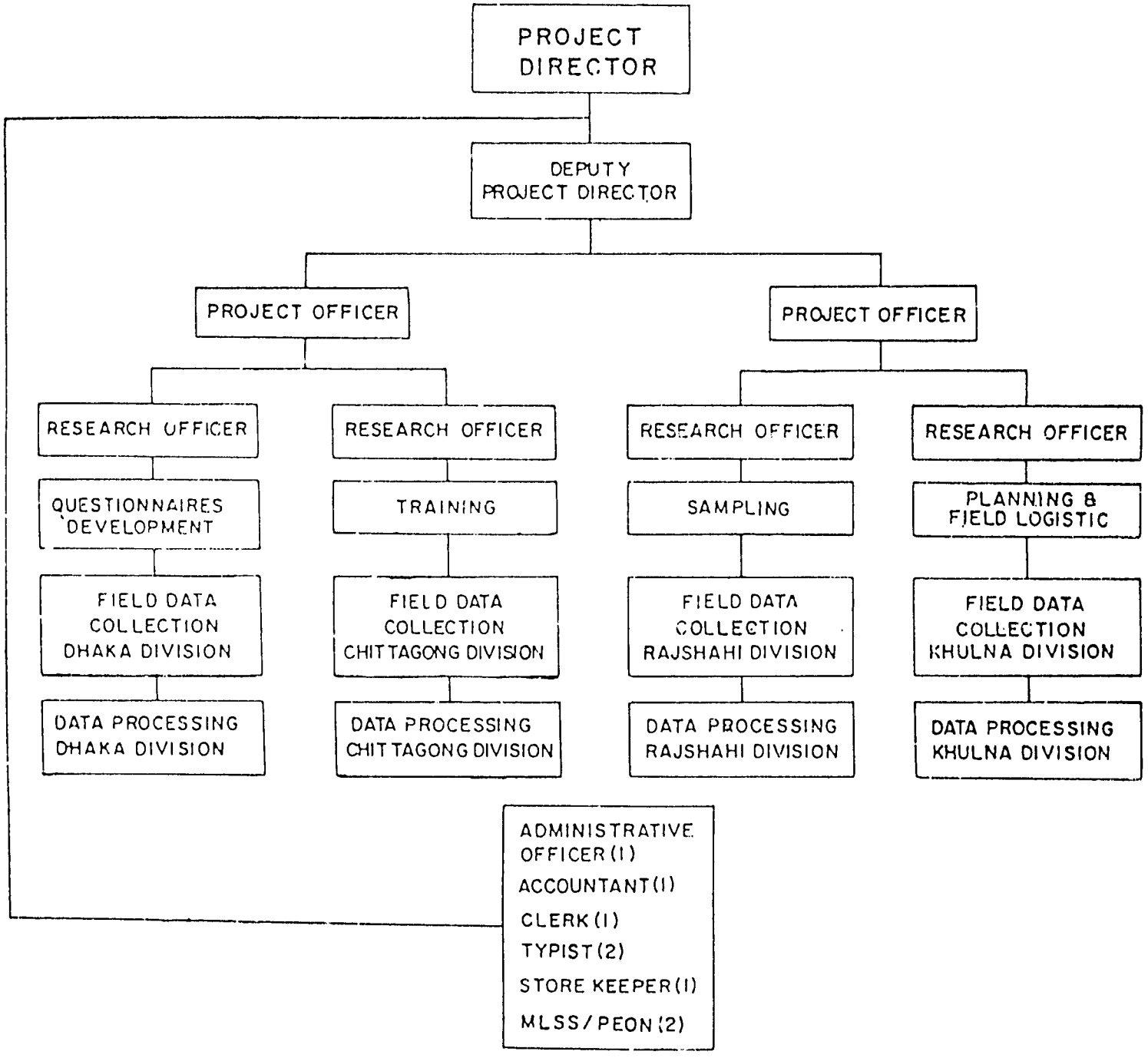
1983 by a group of researchers in order to create a private institution capable of conducting social research, especially in the field of population, with sustained professionalism. Although a relatively new organization, 'Mitra and Associates' has established an organizational base with required manpower and physical facilities including a micro computer data processing unit.

2.7. Organizational structure:

The organizational structure of the 1985 CPS is given on the next page. The Executive Director of 'Mitra and Associates' was the Project Director, and assumed the overall responsiblity for implementing the survey. The Director (Research) of 'Mitra and Associates' was the Deputy Project Director and was responsible for providing professional guidance as well as planning and organizing the data processing work.

The organizational structure included five different sections to ensure the smooth implementation of the survey. The five sections were: (i) sampling (ii) questionnaire development (iii) training (iv) planning and field logistics and (v) administrative. Each section was assigned with specific tasks delineated in the organization structure.

ORGANIZATIONAL STRUCTURE OF BANGLADESH CONTRACEPTIVE PREVALENCE SURVEY-1985



In addition to the Executive Director and the Director (Research), other professional and administrative personnel of 'Mitra and Associates' were involved in the planning and execution of the survey. Manpower recruited specifically for the survey included:

(i)	Assistant Project Director	1
(ii)	Project Officer	3
(iii)	Research Officers	6
(iv)	Quality Control Teams:	
	a. Male Quality Control Officers	6
	b. Female Quality Control Officers	6
(v)	Listing Team:	
	a. Listing Supervisors	4
	b. Listers	12
(vi)	Field Interviewing Teams:	
	a. Male Supervisors	12
	b. Female Supervisors	12
	c. Male Interviewers	24
	d. Female Interviewers	40
(vii)	Data Processing Teams:	
	a. Editors	7
	b. Editing Verifiers	6
	c. Coders	22
	d. Coding Verifiers	18

(viii) Administrative Staff:

a. Administrative Officer	1
b. Accountant	1
c. Store-keeper	1
d. Typists	2
e. Clerk	1
f. Field Assistants (for interviewing teams)	12
g. MLSS (For office)	2

2.8. Time schedule:

Tasks/Activities	Starting date	Finishing date
A. Sample selection:		
i. Listing of the selected sample areas by upazila, district and division from the records of the 1983 CPS and marking of these areas on the country map	Aug.02,1985	Aug.05,1985
ii. Development of strategies/plans for the updating of household lists	Aug.02,1985	Aug.07,1985
iii. Photocopying of the listing schedules	Aug.07,1985	Aug.12,1985
iv. Preparation of the households list updating schedule	Aug.08,1985	Aug.14,1985
v. Selection of households	Sep.05,1985	Dec.05,1985
B. Recruitment of personnel:		
i. Placement of executives/ professionals	Aug.01,1985	Aug.01,1985

ii.	Trainee listers	Aug.02,1985	Aug.05,1985
iii.	Trainee interviewers	Oct.01,1985	Oct.12,1985
iv.	Field Assistants/MLSS for field teams	Nov.25,1985	Nov.29,1985
v.	Trainee editors	Dec.25,1985	Dec.30,1985
vi.	Trainee coders	Dec.25,1985	Dec.30,1985
vii.	Trainee validators	Apr.25,1986	Apr.30,1986

C. Development of questionnaires:

i.	Preparation of the draft schedules	Aug.02,1985	Aug.25,1985
ii.	Review and approval of the draft schedules by MOHFP and USAID/Dhaka	Sep.01,1985	Oct.04,1985
iii.	Finalization of the draft schedules, and preparation of the multiple copies for interviewers's training	Oct.05,1985	Oct.10,1985
iv.	Pretesting of the schedules	Oct.29,1985	Nov.02,1985
v.	Analysis of the pretest results and finalization of the schedules	Nov.02,1985	Nov.06,1985
vi.	Review and approval of the final schedules by MOHFP and USAID/Dhaka, preparation of mimeograph materials for training purposes	Nov.06,1985	Nov.10,1985
vii.	Printing of the schedules	Nov.08,1985	Nov.15,1985

D. Preparation of manuals:

i.	Manual for listers	Aug.03,1985	Aug.07,1985
ii.	Manual for interviewing	Nov.05,1985	Nov.20,1985
iii.	Manuals for editors, for coders, and for validators	Dec.01,1985	Dec.30,1985

E. Training of staff:

i.a. Listers	Aug.05,1985	Aug.15,1985
b. Test and final selection of listers and listing supervisors	Aug.16,1985	Aug.16,1985
ii.a. Interviewers	Oct.15,1985	Nov.24,1985
b. Test and final selection of interviewers, supervisors and quality control officers	Nov.25,1985	Nov.26,1985
iii. Supervisors and quality control officers	Nov.24,1985	Nov.27,1985
iv. Editors	Jan.02,1986	Jan.30,1986
v. Coders	Jan.02,1986	Jan.30,1986
vi. Validators	May.02,1986	May.04,1986

F. Fieldwork:

i. Household listing	Aug.18,1985	Nov.30,1985
ii. Field interviewing	Dec.01,1985	Jul.30,1986
iii. Quality control checking	Dec.05,1985	Jul.30,1986

G. Preparation of tabulation plan:	Dec.01,1985	Dec.31,1985

H. Data processing:

i. Editing of schedules	Feb.01,1986	Aug.31.1986
ii. Construction of codes for open ended questions	Nov.10,1986	Jul.08,1986
iii. Coding of schedules	Apr.01,1986	Oct.30,1986
iv. Putting of data onto computer and cleaning of tapes	May.25,1986	Nov.15,1986
v. Contruction of key tables	Jun.15,1986	Oct.15,1986
vi. Construction of complete set of tables	Nov.15,1986	Mar.15,1987

I. Writing of reports:

i.	'Key Results' report	Dec.01,1986	Jan,31,1987
ii.	Final report	Jul.01,1987	Dec.31,1987

Chapter-3

BACKGROUND CHARACTERISTICS

Background characteristics of respondents in the CPS are as follows: (i) age of female household members enumerated in samples; (ii) proportions never married among women, (iii) age of respondents, (iv) current marital status, (v) number of children ever born, (vi) number of living children, (vii) pregnancy status, (viii) education, (ix) employment status, (x) religion, and (xi) land ownership. This chapter is devoted to examination of variations in these characteristics between the 1983 and 1985 CPS eligible woman samples.

As the purpose of the 1985 CPS was assessing progress in family planning performance since 1983, all analyses presented in this report involve comparisons between the 1983 and 1985 CPS samples. Examination of variations in background characteristics are therefore needed to ascertain the extent to which the two samples were comparable. The other intention of this analysis is to reflect changes (if any) in demographic and socio-economic factors that could influence trends in family planning program performance.

3.1. Age of female household members:

Age distributions of female members enumerated among interviewed households in the 1983 and 1985 CPS eligible woman samples are shown in table-3.1. Age compositions of the female population covered in the 1985 sample were similar to those of the 1983 sample. The 1985 CPS sample had about the same proportion of enumerated female members in the reproductive age range (45.1 percent) as the 1983 CPS eligible sample (44.8 percent).

3.2. Proportions never married among female members:

Table-3.2 shows the age specific proportions of never married female household members for the 1985 CPS sample, along with the comparable proportions from the 1983 CPS. There was a larger percentage of never married females in the 1985 sample (50.9 percent) than in the 1983 sample (48.0 percent) and the difference was evident for both rural and urban areas.

As in the 1983 CPS sample, few female members aged 25 years or above were reported as never married in the 1985 CPS sample. There were also virtually no variations in the proportion never married among female members under 15 years of age between the samples. There were very few married women aged less than 15

Table-3.1

PERCENTAGE DISTRIBUTION OF FEMALE MEMBERS(1)
OF INTERVIEWED HOUSEHOLDS BY AGE GROUP
1983 AND 1985 CPSs

(The Eligible Woman Sample)

Age group	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
< 15	44.3	45.1	4..4	45.2	43.7	44.2
15-19	11.9	11.8	11.7	11.6	13.4	13.4
20-24	8.7	8.5	8.6	8.4	9.7	9.2
25-29	7.9	7.8	7.8	7.7	9.2	9.2
30-34	5.3	6.0	5.3	5.9	5.2	6.7
35-39	4.4	4.7	4.4	4.7	4.7	4.6
40-44	3.5	3.3	3.5	3.3	3.2	2.7
45-49	3.1	3.0	3.2	3.1	2.5	2.3
50-54	3.5	3.9	3.5	4.1	3.0	2.8
55-59	2.5	2.2	2.6	2.2	1.7	1.9
60 +	4.9	3.7	5.0	3.8	3.7	3.1
Total	100.0	100.0	100.0	100.0	100.0	100.1
N	21314a	22300a	19142b	20016b	6266b	6974
Median age (years)	17.4	17.1	17.4	17.6	17.3	17.2

(1) Only those female members who slept last night in an interviewed household prior to the interviewing day were included in the enumeration.

(a) Weighted total of female members in the sample, excluding NS (Not Stated) cases.

(b) Unweighted total of female members in the sample, excluding NS cases. In 1983 the number of NS cases was 13 for rural and 4 for urban. In 1985 it was 3 for rural.

years (98.0 percent were never married in the 1983 CPS sample and 98.7 percent in the 1985 CPS sample).

However, the two samples had significant variations with respect to the enumeratd female population in the 15-19 year age group. Whereas 34.2 percent of females aged 15-19 years were reported as never married in the 1983 CPS sample, the percentage was 47.5 percent in the 1985 CPS sample. Variations were also relatively pronounced with respect to the proportions never married in the 20-24 year age group, ranging from 4.0 percent in the 1983 CPS sample to 7.5 percent in the 1985 CPS sample. These differences may be indicative of an increase in age at marriage among Bangladeshi women over the period 1983-1985.

Although the proportions never married in the age groups 15-19 years and 20-24 years remained higher in urban areas than in rural areas, they increased more rapidly in rural than in urban areas. In rural areas, the percentage of never married women in the 15-19 year age group rose from 32.2 to 46.0 percent and in urban areas from 49.5 to 58.5 percent. Similar trends were discernible in the proportions for the 20-24 year age groups, varying from 3.0 to 6.5 percent in rural areas and from 11.7 to 12.2 percent in urban areas.

Table-3.2

PERCENTAGE OF NEVER MARRIED FEMALE MEMBERS BY AGE GROUP(1) 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Age group	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
< 15	98.0	98.7	98.0	98.6	98.6	99.0
15-19	34.2	47.5	32.2	46.0	49.5	58.5
20-24	4.0	7.1	3.0	6.5	11.7	12.2
25-29	0.7	1.0	0.5	0.8	1.7	1.9
30-34	0.4	0.1	0.3	0.1	0.6	0.4
35-39	0.0	0.0	0.0	0.0	0.0	0.0
40-44	0.1	0.0	0.1	0.0	0.0	0.5
45-49	0.1	0.0	0.2	0.0	0.0	0.0
50-54	0.7	0.6	0.7	0.5	0.0	2.1
55-59	1.5	1.0	1.4	1.1	1.9	0.0
60 +	0.8	1.5	0.8	1.5	0.4	1.9
All	48.0	50.9	47.7	50.7	51.0	53.1

(1) In 1983 the number of Not Stated (NS) cases for age and marital status were 13 for rural and 4 for urban; in 1985 it was 3 for rural. These cases have been excluded from the table.

3.3. Age of ever married women:

Age compositions of ever married women between the 1983 and 1985 CPS eligible woman samples are shown in table-3.3. Except for those aged under 20 years, there were no sizable variations in the proportion of ever married women for any age group between the two samples. Proportions of ever married women under 20 years of age were lower in the 1985 CPS sample. Whereas 21.5 percent of ever married women were under 20 years of age in the 1983 CPS sample, the percentage was only 17.2 percent in the 1985 CPS sample. For rural areas this difference amounted to 4.3 points (from 21.7 percent to 17.4 percent) and for urban areas 3.5 points (from 18.8 percent to 15.3 percent).

Ever married women in the 1985 CPS sample were, on average, slightly older than those in the 1983 CPS sample. The median age was 28.1 years in the 1985 sample and 27.2 years in the 1983 CPS sample.

3.4. Proportions not currently married:

Table-3.4 shows the proportion of women not currently married among ever married women in the 1985 and 1983 CPS eligible woman samples. For every age group, there were relatively fewer ever married women not currently married in the 1985 CPS sample than in the 1983 CPS sample.

Table-3.3

PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY AGE GROUP 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Age group	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
< 15	2.0	1.4	2.0	1.4	1.5	0.9
15-19	19.5	15.8	19.7	16.0	17.3	14.4
20-24	20.2	20.3	20.2	20.2	20.8	20.9
25-29	19.1	19.8	18.7	19.5	22.6	22.8
30-34	12.7	15.2	12.7	15.1	13.0	16.9
35-39	10.7	11.6	10.7	11.6	11.0	11.9
40-44	8.3	8.3	8.3	8.4	7.8	6.7
45-49	7.6	7.6	7.8	7.8	6.1	5.6
Total	100.1a	100.0	100.1a	100.0	100.1a	100.1a
N	8523b	8541b	7677c	7682c	2440c	2623c
Median age (years)	27.2	28.1	27.1	28.2	27.3	28.0

(a) Total is more than 100 percent due to rounding errors.

(b) Weighted total of ever married women in the sample.

(c) Unweighted totals of ever married women in the sample.

The overall proportion not currently married among ever married women was 8.4 percent in the 1985 sample, while the percentage was 10.1 percent in the 1983 CPS sample. The difference was almost equally distributed between the rural and urban areas. For rural areas the difference ranged from 10.0 to 8.4 percent and for the urban areas from 11.2 to 8.6 percent.

Table-3.5 shows the variation in age composition between ever married and currently married women in the 1983 and 1985 CPS samples. In both samples, ever married women were slightly older than currently married women. In the 1985 CPS sample, the median age was 28.1 years for those who were ever married and 27.8 years for those who were currently married. In the 1983 CPS sample, the comparable statistics were 27.2 years and 26.8 years respectively.

3.5. Number of children ever born:

Distributions of respondents by number of children ever born in the 1983 and 1985 CPSs are shown in table-3.6. The 1985 CPS sample was similar to the 1983 CPS in composition of respondents by number of children ever born. The mean number of children ever born among ever married women was 4.0 in both the 1983 and 1985 CPS samples.

Table-3.4

PERCENTAGE NOT CURRENTLY MARRIED AMONG
EVER MARRIED WOMEN UNDER 50
YEARS OF AGE BY AGE GROUP
1983 AND 1985 CPSs

(The Eligible Woman Sample)

Age group	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
< 15	6.4	0.8	5.8	0.9	13.9	-
15-19	7.4	5.0	7.5	5.0	6.7	5.8
20-24	6.7	6.6	6.5	6.6	8.3	6.0
25-29	7.3	8.8	7.2	6.8	8.3	6.2
30-34	8.9	7.8	8.3	7.9	13.6	7.5
35-39	13.1	9.8	12.9	9.7	14.2	10.9
40-44	18.2	12.7	18.2	12.2	18.8	18.8
45-49	23.1	20.7	23.0	20.5	23.6	23.3
All	10.1	8.4	10.0	8.4	11.2	8.6
N	8523a	8541a	7677b	7682b	2440b	2623b

(a) Weighted total of ever married women in the sample.

(b) Unweighted totals of ever married women in the sample.

Table-3.5

PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN AND CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE BY AGE GROUP 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Age group	1983		1985	
	Ever married	Currently married	Ever married	Currently married
< 15	2.0	2.1	1.4	1.5
15-19	19.5	20.1	15.8	16.4
20-24	20.2	21.0	20.3	20.7
25-29	19.1	19.6	19.8	20.2
30-34	12.7	12.9	15.2	15.3
35-39	10.7	10.4	11.6	11.5
40-44	8.3	7.5	8.3	7.9
45-49	7.6	6.5	7.6	6.5
Total	100.1a	100.1a	100.0	100.0
N	8523b	7662c	8541b	7822c
Median age (years)	27.2	26.8	28.1	27.8

(a) Total is more than 100 percent due to rounding errors.

(b) Weighted total of ever married women in the sample.

(c) Unweighted totals of ever married women in the sample.

The proportion of ever married women having no children ever born remained about the same in the two samples - 12.6 percent in the 1985 CPS and 12.3 percent in the 1983 CPS. There were also no discernible variations in the proportion having specific numbers of children ever born. In the 1983 CPS sample, 27.1 percent had one or two children ever born, 22.0 percent had three or four children ever born and 38.3 percent had five or more children ever born. The corresponding percentages in the 1985 CPS were only slightly different, namely, 25.7, 23.0 and 39.0 percent respectively.

As can be seen in table-3.7, the mean number of children ever born among currently married women was exactly the same in the two samples for the nation as a whole, and was similar in both rural and urban areas. Comparisions of the two samples by number of living children among ever married women are shown in table-3.8 and for currently married women in table-3.9. As for ever born children, there were no variations between the two samples by numbers of living children. For ever married women, the mean number of living children (3.0) was the same in both the 1983 CPS and 1985 CPSs. Similarities were also noticeable in the case of currently married women.

3.6. Pregnancy:

The current pregnancy status of currently married women in the 1983 and 1985 CPS eligible woman samples are shown in table-3.10. Pregnancy status in both samples was evaluated by asking the

Table-3.6

PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY NUMBER OF CHILDREN EVER BORN 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Number of children ever born	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
0	12.3	12.6	12.4	12.6	11.8	12.1
1	13.9	12.6	13.8	12.4	15.3	14.2
2	13.2	13.1	13.0	12.8	14.8	16.0
3	12.1	11.8	12.0	11.6	12.4	13.8
4	9.9	11.2	9.9	11.2	10.3	11.3
5	9.2	9.4	9.2	9.5	9.3	8.8
6	8.4	8.3	8.5	8.4	7.7	6.9
7	6.3	6.7	6.3	6.8	6.1	5.4
8	5.3	5.0	5.4	5.1	4.5	4.4
9	4.0	3.6	4.1	3.6	3.3	3.0
10	2.7	3.0	2.8	3.2	2.0	1.8
11	1.4	1.3	1.5	1.3	1.2	1.1
12 +	1.3	1.5	1.3	1.5	1.2	1.1
Total	100.0	100.1a	100.1a	100.0	99.8a	99.9a
N	8523b	8541b	7677c	7682c	2440c	2623c
Mean	3.9	4.0	4.0	4.0	3.7	3.6

(a) Total is more or less than 100 percent due to rounding errors.

(b) Weighted total of ever married women in the sample.

(c) Unweighted totals of ever married women in the sample.

Table-3.7

PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE BY NUMBER OF CHILDREN EVER BORN 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Number of children ever born	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
0	11.7	12.2	11.8	12.3	11.3	11.5
1	13.7	12.3	13.5	12.0	15.2	14.5
2	13.4	13.1	13.2	12.8	15.1	16.1
3	12.3	12.1	12.3	11.8	12.7	14.1
4	10.0	11.3	10.0	11.3	10.7	11.3
5	9.3	9.3	9.3	9.4	9.5	9.0
6	8.3	8.4	8.4	8.6	7.3	6.8
7	6.3	6.7	6.3	6.9	6.1	5.3
8	5.3	5.0	5.4	5.1	4.3	4.4
9	4.0	3.6	4.1	3.7	3.2	3.0
10	2.8	3.0	2.9	3.2	2.1	1.7
11	1.5	1.3	1.5	1.4	1.2	1.1
12 +	1.3	1.5	1.3	1.5	1.3	1.1
Total	99.9a	99.8a	100.0	100.0	100.0	99.9a
N	7662b	7822b	6911c	7037c	2167c	2397c
Mean	4.0	4.0	4.0	4.1	3.7	3.6

(a) Total is more or less than 100 percent due to rounding errors.

(b) Weighted total of currently married women in the sample.

(c) Unweighted totals of currently married women in the sample.

Table-3.8

PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY NUMBER OF LIVING CHILDREN 1983 AND 1985 CPSs

(The eligible woman sample)

Number of living children	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
0	14.8	14.4	14.9	14.5	13.7	13.6
1	17.5	15.8	17.3	15 6	19.1	17.0
2	16.1	16.6	16.0	16.4	17.1	18.7
3	14.0	14.9	14.0	14.7	13.9	16.6
4	11.6	12.5	11.6	12.6	11.7	11.7
5	9.9	10 2	10.0	10.4	8.6	9.1
6	6.9	7.1	6.9	7.2	6.7	5.5
7	4.7	4.3	4.7	4.4	4.9	3.7
8	2.8	2.4	2.8	2.4	2.5	2.4
9 +	1.7	1.9	1.7	1.9	1.9	1.6
Total	100.0	100.1a	99.9a	100.1a	100.1a	99.9a
N	8523b	8539b	7677c	7680c	2440c	2623c
Mean	3.0	3.0	3.0	3.1	3.0	2.7

(a) Total is more or less than 100 percent due to rounding errors.

(b) Weighted total of ever married women in the sample.

(c) Unweighted totals of ever married women in the sample, excluding NS (Not Stated) cases. In 1985 the number of NS cases was 2 for rural.

Table-3.9

PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE BY NUMBER OF LIVING CHILDREN 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Number of living children	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
0	13.9	13.8	14.1	13.9	12.7	12.7
1	17.1	15.4	17.0	15.2	18.9	17.3
2	16.4	16.7	16.2	16.5	17.6	18.9
3	14.6	15.1	14.6	14.9	14.5	16.5
4	11.8	12.6	11.8	12.6	11.9	12.0
5	9.9	10.2	10.1	10.3	8.8	9.4
6	6.9	7.3	6.9	7.5	6.5	5.3
7	4.7	4.5	4.7	4.6	4.6	3.9
8	2.8	2.4	2.9	2.4	2.4	2.4
9 +	1.9	2.0	1.8	2.0	2.1	1.7
Total	100.0	100.0	100.1a	99.9a	100.0	100.1a
N	7662b	7820b	6911c	7035c	2167c	2396c
Mean	3.0	3.0	3.0	3.1	3.0	2.9

(a) Total is more or less than 100 percent due to rounding errors.

(b) Weighted total of currently married women in the sample.

(c) Unweighted totals of currently married women in the sample, excluding NS (Not Stated) cases. In 1985 the number of NS cases was 2 for rural.

following question of all currently married respondents, "Are you pregnant ?". The given distributions were constructed excluding the respondents answering 'don't know' in reply to the question. (The number of excluded respondents has been provided as a foot note in table-3.10).

There were fewer currently pregnant women in the 1985 CPS sample than in the 1983 CPS sample. In the 1983 CPS sample, 13.2 percent of all currently married women were pregnant. In the 1985 CPS sample, 10.5 percent were pregnant. Variations were, however, less pronounced in urban than in rural areas. In urban areas, the variation was from 12.2 to 10.3 percent, while in rural areas the change was from 13.4 to 10.6 percent. These figures suggest that fertility may have declined over the 1983-1985 period.

3.7. Education:

The educational composition of ever married women in the 1983 and 1985 CPS eligible woman samples is shown in table-3.11.

In the 1983 and 1985 CPS samples, approximately 7 out of every 10 ever married women never attended school. There were also no pronounced differences between the two samples when comparing married women who had attended schools. For example, the proportion having an education up to primary level varied from 6.6 percent of ever married women in the 1983 CPS to 7.9 percent in

the 1985 CPS. However variations were somewhat more marked for women who had an education above the primary level. In the 1983 CPS, 13.6 percent of all ever married women were educated up to primary level or above. This figure increased to 16.1 percent in the 1985 CPS.

Urban ever married women were generally better educated in the 1985 sample than in the 1983 sample. In the 1983 sample, 51.6 percent of urban ever married women never attended school, while the percentage dropped to 48.4 percent in the 1985 sample.

As is shown in table 3.12, there were no pronounced variations between the two samples in the composition of ever married women by husband's level of education. The higher proportions of women in each educational category primarily resulted from improved reporting in the 1985 CPS. Whereas in the 1983 sample there were 9.5 percent of women saying 'don't know' in replies to the question about husband's education, there were no 'dont know' respondents in the 1985 sample. The two samples were about equally comparable by husband's education in both urban and rural areas.

3.8. Employment status:

Table-3.13 shows the distribution of ever-married women by employment status in the 1983 and 1985 CPS samples. Employment status in the CPS is evaluated by asking the following question,

Table-3.10

PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED
WOMEN UNDER 50 YEARS OF AGE BY
CURRENT PREGNANCY STATUS
1983 AND 1985 CPSs

(The Eligible Woman Sample)

Pregnancy status	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
Pregnant	13.2	10.5	13.4	10.6	11.2	10.3
Not currently pregnant	86.8	89.5	86.6	89.4	88.8	89.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	7558a	7822a	8618b	6986b	2134b	2387b

(a) Weighted total of currently married women in the sample excluding the 'Don't Know'(DK) cases. There were 104 DK cases in 1983 and 61 in 1985.

(b) Unweighted totals of currently married women in the sample, excluding DK cases. In 1983 there were 93 DK cases for rural and 33 for urban; in 1985 the corresponding numbers were 57 and 11 respectively.

"Aside from doing normal household work, do you do any other work, on a regular basis such as agricultural work, making things (for sale), selling things in the market, or anything else"? If the respondent says, 'yes', she is then asked, "Did you earn any money for this work during the last year ?".

Table-3.11

PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN
UNDER 50 YEARS OF AGE BY EDUCATION
1983 AND 1985 CPSs

(The Eligible Woman Sample)

Educational level	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
Never attended school	68.8	69.4	70.7	71.7	51.6	48.4
Less than primary level	17.6	14.7	17.8	14.7	15.1	14.5
Completed primary level	6.6	7.9	6.3	7.8	9.1	8.8
Class VI-VII	2.8	3.1	2.4	2.7	6.8	6.7
Class VIII-IX	2.4	2.9	1.7	2.2	8.4	8.8
SSC and HSC	1.6	1.9	0.9	0.9	7.5	10.4
Degree and above	0.2	0.3	0.1	0.1	1.6	2.3
Total(1)	100.0	100.2	99.9	100.1	100.1	99.9
N	8514a	8539a	7669b	7680b	2438b	2623b

(1) Total is more or less than 100 percent due to rounding errors.

(a) Weighted total of ever married women in the sample excluding NS (Not Stated) cases. For the nation as a whole there were 9 NS cases in 1983 and 2 NS cases in 1985.

(b) Unweighted totals of ever married women in the sample excluding NS cases. In 1983 the number of NS cases was 8 for rural and 2 for urban and in 1985 it was 2 for rural.

Table-3.12

PERCENTAGE DISTRIBUTION OF EVER MARRIED
WOMEN UNDER 50 YEARS OF AGE
BY HUSBAND'S EDUCATION
1983 AND 1985 CPSs

(The Eligible Woman Sample)

Husband's education level	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
Never attended school	49.4	51.8	51.5	54.2	30.6	30.3
Less than primary level	10.4	14.5	10.6	14.7	8.8	13.0
Completed primary level	6.6	8.0	6.8	8.1	4.7	7.2
Class VI-VII	4.8	5.6	4.6	5.5	6.7	6.7
Class VIII-IX	7.6	8.0	7.4	7.8	9.8	10.3
SSC and HSC	8.5	9.1	7.4	8.0	17.7	19.4
Degree and above	3.1	2.7	2.1	1.7	12.1	11.9
Other	0.1	0.2	0.1	0.1	-	1.1
Don't know	9.5	-	9.5	-	9.5	-
Total	100.0	99.9a	100.0	100.1a	99.9a	99.9a
N	8516b	8540b	7670c	7682c	2440c	2621c

(a) Total is more or less than 100 percent due to rounding errors.

(b) Weighted total of ever married women in the sample.

(c) Unweighted totals of ever married women in the sample. In 1985 the number of NS cases was 2 for urban.

The three classifications of employment status in table-3.13 --- paid employment, unpaid employment and not employed -- were developed in the following way. Respondents undertaking any work aside from normal household duties were considered to be employed, while those not doing any such work were treated as not employed. Among employed respondents, those earning money from their work were categorised as having paid employment and those not earning any money from their work as having unpaid employment.

There were fewer employed women in the 1985 CPS sample than in the 1983 CPS sample. While in the 1983 CPS sample 10.7 percent of ever married women were reportedly employed, the percentage was only 6.9 percent in the 1985 CPS sample. This decline was discernible in both categories of employed women; namely, those with paid employment and those with unpaid employment.

Differences in employment status between the two samples were similar for both rural and urban women. For rural women the difference in the proportion employed ranged from 10.5 percent in the 1983 sample to 6.6 percent in the 1985 sample, while for urban women the change was from 11.9 to 9.1 percent.

3.9. Religion:

Religious compositions of ever married women in both the 1983 and 1985 CPS eligible woman samples are shown in table-3.14.

In each sample the Non-muslim category included Hindus, Buddhists and Christians. The reason for including all Non-muslim women under one category was the small size of the Non-muslim sample. However, it should be remembered that the vast majority of Non-muslims were Hindu in both samples.

There were almost no variations in the religious composition of respondents between the 1983 and 1985 CPS samples. In the 1983 CPS sample, 11.4 percent of ever married women were Non-muslim compared to 88.6 percent Muslim. The ratio remained about the same in the 1985 CPS sample.

3.10. Land ownership:

Table-3.15 shows the distribution of family's land ownership for ever married women in the 1983 and 1985 CPS samples. In the CPS, data on land ownership is collected by asking the respondent the following question, "Does your family own any agricultrural land ?".

As mentioned in the 1981 CPS final report, Bangladesh is mostly an agricultural country and ownership of agricultural land is a key index of economic wellbeing. Families, particularly in the rural areas, that own no agricultural land are generally also poor (MIS, 1983). Thus, land ownership data are useful in studying differentials in family planning use by economic status.

Ownership of agricultural land differed strikingly between the urban and rural areas, showing a larger percentage of families having no agricultural land in urban areas than in the rural areas. The proportion of ever married women from families having no agricultural land in the 1985 CPS was 34.0 percent in rural areas. The percentage was 55.5 percent in the urban areas. Similar urban-rural differentials were also documented in the 1983 CPS sample.

Table-3.13

PERCENTAGE DISTRIBUTION OF EVER MARRIED
WOMEN UNDER 50 YEARS OF AGE
BY EMPLOYMENT STATUS
1983 AND 1985 CPSs

(The Eligible Woman Sample)

Employment status	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
Paid employment	8.7	5.8	8.5	5.6	9.9	7.9
Unpaid employment	2.0	1.1	2.0	1.0	2.0	1.2
Not employed	89.3	93.2	89.4	93.4	88.1	91.0
Not stated	0.1	a	0.1	a	a	a
Total	100.1b	100.1b	100.0	100.0	100.0	100.1b
N	8523c	8541c	7677d	7682d	2440d	2623d

(a) The figure is smaller than 0.1 percent but greater than 0.0 percent.

(b) Total is more than 100 percent due to rounding errors.

(c) Weighted total of ever married women in the sample.

(d) Unweighted totals of ever married women in the sample.

Table-3.14

PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN
UNDER 50 YEARS OF AGE BY RELIGION
1983 AND 1985 CPSs

(The Eligible Woman Sample)

Religion	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
Muslim	88.6	89.4	88.6	89.6	89.3	89.2
Non-muslim	11.4	10.6	11.4	10.6	10.7	10.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	8523a	8541a	7677b	7682b	2440b	2623b

(a) Weighted total of ever married women in the sample.

(b) Unweighted totals of ever married women in the sample.

There are a number of explanations for the noted urban-rural differentials in land ownership. Urban population growth in Bangladesh has been partly the result of rural to urban migration, and the scarcity of agricultural land in the villages has been documented as a dominant factor inducing this migration (Choudhury, 1981). Urban families are, therefore, more likely not to be owning agricultural land. In addition, landholding urban dwellers are not dependent on income from agricultural land as they have other income sources. It is, therefore, possible that many landholding urban respondents failed or were reluctant to report the agricultural land that their families actually owned. Mis-reporting of land ownership may also be a factor in that urban

dwellers often do not have direct links with their landed property.

There were increased proportions of ever married women from families having no land in the 1985 CPS compared to the 1983 CPS. In the 1983 CPS sample, 33.9 percent of women reported that their families had no agricultural land. The percentage was 36.5 percent in the 1985 CPS sample. In rural areas the proportion varied from 31.8 to 34.0 percent and in the urban areas from 53.6 to 55.5 percent. Although the variations were not pronounced, they suggest a trend toward increasing landlessness among families.

Table-3.15

PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN
UNDER 50 YEARS OF AGE BY LAND OWNERSHIP
1983 AND 1985 CPSs

(The Eligible Woman Sample)

Land ownership	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
Owns land	66.1	63.8	68.2	66.0	46.4	44.5
Does not own land	33.9	36.2	31.8	34.0	53.6	55.5
Total	100.0	100.0	100.0	100.0	100.1a	100.0
N	8518a	8541a	7673b	7682b	2436b	2622b

(a) Weighted total of ever married women in the sample, excluding NS (Not Stated) cases. There were 5 NS cases for national in 1983.

(b) Unweighted totals of ever married women in the sample, excluding NS cases. In 1983 there were 4 NS cases for rural and 4 NS cases for urban and in 1985 there was 1 NS case for urban.

Chapter-4

KNOWLEDGE OF FAMILY PLANNING METHODS

In the CPS, knowledge refers to whether a respondent knows of or has heard of a family planning method(s). This definition is consistent with determining the proportion of the target population who are aware of family planning and know specific methods. Hence, reported knowledge of a CPS respondent about a method should not be taken as an indication that s(he) understands the contraceptive effect of the method or its use.

4.1. Measurement of knowledge:

Data on knowledge are collected through a series of questions applying spontaneous recall and prompting procedures (WHS,1982). A respondent is first asked to mention the method(s) that s(he) knows of or has heard of. The interviewer then prompts for each of the methods the respondent has failed to mention. Knowledge ascertained without prompting is referred to as unprompted or spontaneous knowledge.

Prompting techniques are applied in the collection of data on knowledge of family planning methods, as some respondents are not able to recall in the interviewing situation all the methods that they know. When these techniques are applied, it is likely that knowledge is, to some extent, overstated. This is because

the respondent, after having being prompted, may provide affirmative answers either to please the interviewer or to avoid the embarrassment of being less knowledgeable. Thus, both measures of knowledge remain open to biased reporting - unprompted (spontaneous) to underreporting and prompted to overreporting.

4.1.1. Indices of knowledge:

As in the 1981 and 1983 CPSs, knowledge in the 1985 CPS was examined in terms of the following indices:

(i) the percentage of ever married women under 50 years of age having knowledge of at least one family planning method;

(ii) the percentage distribution of ever married women under 50 years of age having knowledge of a selected family planning method; and

(iii) the percentage distribution of the number of methods known to ever married women under 50 years of age.

4.2. Levels of knowledge:

4.2.1. Knowledge of at least one method:

Data on knowledge of at least one method as obtained from the eligible woman samples of the 1983 and 1985 CPSs are presented in three measures: (a) ever use of any method, (b) ever use of modern methods and (c) ever use of traditional methods. In constructing this table, the proportion having prompted knowledge has been combined with the proportion having unprompted knowledge.

Knowledge of at least one method is a good index of family planning awareness. This knowledge was found to be near universal in the 1983 CPS. In the eligible woman sample of that survey, 98.6 percent of respondents reported that they knew or had heard of at least one modern method. The 1985 CPS reinforced this universality, showing the percentage as 99.6 percent.

Compared to modern methods, knowledge of traditional methods continues to remain low. In the rural areas, the proportion having knowledge of at least one traditional method increased from 53 percent in the 1983 CPS to 62 percent in the 1985 CPS, while in the urban areas the proportion remained unchanged between the two surveys.

4.2.2. Method specific knowledge:

Method specific knowledge as derived from the eligible woman sample of the 1985 CPS is shown in table-4.3, along with estimates from the 1983 CPS. The table contains all the measures obtained in the surveys - unprompted knowledge, prompted knowledge and overall knowledge. Overall knowledge is the sum of unprompted and prompted knowledge.

In both surveys, spontaneous knowledge remained significantly lower than overall knowledge, revealing influences of prompting on measures of knowledge among the target population. In the 1983 CPS only 23 percent of ever married women could spontaneously report the knowledge of condoms, compared to 59

Table-4.1

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING KNOWLEDGE OF: AT LEAST ONE FAMILY PLANNING METHOD, AT LEAST ONE MODERN METHOD(1), AT LEAST ONE TRADITIONAL METHOD(2); 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Having knowledge of:	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
At least one method	98.6	99.6	98.5	99.5	99.8	99.7
At least one modern method	98.4	99.5	98.3	99.5	99.7	99.7
At least one traditional method	54.8	62.8	53.0	62.0	70.5	70.2
N	8523a	3541a	7677	7682	2440	2623

(1) Modern methods: Oral pill, condom, vaginal method, injection, IUD, tubectomy, vasectomy, and induced abortion/MR.

(2) Traditional methods: Safe period, withdrawal, abstinence, and 'other methods'.

(a) Weighted total of ever married women in the samples.

percent having knowledge of the method on the overall measure. In the 1985 CPS the ratio was 39.2/75.5. Similar variations between spontaneous and overall knowledge were evident in both surveys for the remaining methods, suggesting that neither the spontaneous nor the overall measure is the true indicator of knowledge. The true level of knowledge will lie somewhere between the overall and spontaneous measures.

As in the 1983 CPS, every ever married women in the 1985 CPS was generally aware of oral pill and tubectomy. The next known method was vasectomy followed by condom, injection, and the IUD. The least known modern method was the vaginal method, which was reported by only 26.3 percent of ever married women. As in the 1983 CPS, knowledge of traditional methods remained low. Even the best known of all traditional methods, the 'safe period', was reported by no more than 41.2 percent of the sample.

4.3. Trends:

4.3.1. Overall trends:

Trends in knowledge of at least one method over the period 1979-1985 are shown in table-4.2. Data show sustained near universality of family planning awareness among the target population.

Table-4.2

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING KNOWLEDGE(1) OF AT LEAST ONE METHOD, BANGLADESH 1979, 1981, 1983, AND 1985

(The CPS Eligible Woman Samples)

Year	Percentage
1979	94.8
1981	98.2
1983	98.6
1985	99.6

(1) Unprompted and prompted knowledge combined.

4.3.2. Method specific trends over 1983-1985:

Data in table-4.3 show substantial improvements in knowledge of family planning methods between 1983 and 1985. Whereas in the 1983 CPS the overall knowledge of condom was reported at 59.0 percent of ever married women, in the 1985 CPS the proportion rose to 75.5 percent. Except for the already universally known oral pill and tubectomy in the 1983 CPS, evidence of pronounced increases in overall knowledge was discernible for the remaining methods in the table.

There were also remarkable increases in spontaneous knowledge for every modern method. While 23 percent of ever married women could spontaneously mention condoms in the 1983 CPS, the percentage increased to 39.2 percent in the 1985 CPS. Similar variation between the two surveys was also registered in the spontaneous knowledge of all other modern methods except MR/induced abortion. There were, however, almost no changes in spontaneous knowledge of traditional methods between the two surveys. Proportions spontaneously mentioning a traditional method were negligible in the 1985 CPS (as in the 1983 CPS).

Table-4.3

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING KNOWLEDGE OF SELECTED FAMILY PLANNING METHODS(1)

(The Eligible Woman Sample)

Methods (A)	Knowledge					
	Unprompted (B)		Prompted (C)		Overall (D)=(B)+(C)	
	1983	1985	1983	1985	1983	1985
Oral pill	74.5	92.1	19.6	6.4	94.1	98.6a
Condom	23.0	39.2	35.9	36.3	59.0b	75.5b
Vaginal method	6.5	7.0	12.9	19.3	19.4	26.3
Injection	15.4	20.8	46.4	53.3	61.8	74.1
IUD	15.4	26.1	26.2	39.3	41.6	65.4
Tubectomy	50.5	68.6	45.0	29.2	95.5	97.8
Vasectomy	11.5	28.8	61.4	55.5	72.9	84.3
Induced abortion/MR	1.0	2.5	44.0	54.8	45.1b	57.3b
Safe period	0.7	1.9	25.7	39.3	26.4	41.2
Withdrawal	0.4	0.7	19.4	20.0	19.8	20.8a
Abstinence	0.2	0.4	18.3	21.0	18.5	21.4
Other	2.1	3.1	31.4	33.7	33.5	36.8

(1) The weighted totals of ever married women are 8523 in the 1983 sample and 8541 in the 1985 sample. The percentage for a method has been computed using as N the weighted total of ever married women excluding NS (Not Stated) cases, if any, for the question about knowledge of the method.

The number of NS cases in the 1983 sample was 1 for oral pill, 1 for vasectomy, 3 for safe period, 4 for abstinence, and 5 for other. There was no NS case in the 1985 sample.

(a) Because of rounding errors, the sum of the prompted and unprompted knowledge for oral pill is 98.5 instead of 98.6 and that of withdrawal is 20.7 instead of 20.8

(b) Because of rounding errors, the sum of the prompted and unprompted knowledge for condom is 58.9 instead of 59.0 and for induced abortion/MR, is 45.0 instead of 45.1.

4.4. Urban-rural variations:

Variations in knowledge of specific methods between rural and urban areas are shown in table-4.4. In general, the increase in knowledge for specific methods was higher in rural areas than in urban areas. Whereas the increase in the overall knowledge of condoms was 7.6 percentage points in the urban areas, it was 17.5 points in the rural areas. For injection the difference was from 5.5 percentage points in urban areas to 13 points in rural areas, and for the IUD from 13.7 points to 24.9 points. Increases, though not so pronounced, were also generally noticeable in the case of other methods. Nevertheless, knowledge of all methods was still lower in rural areas than in urban areas, which emphasizes the need for family planning communication programs oriented toward rural areas.

4.5. Differentials in overall levels of knowledge:

Differentials in overall levels of knowledge of family planning methods by selected demographic and socio-economic characteristics were analysed by describing results in terms of two statistics - the proportion having knowledge of at least 5 methods and the mean number of methods known.

4.5.1. Current marital status:

Differentials in the distribution of the number of family planning methods known by current marital status and by age group are presented in table-4.5. Awareness of family planning methods

Table-4.4

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING KNOWLEDGE OF SELECTED FAMILY PLANNING METHODS BY RURAL-URBAN AREA(1); 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Methods	Rural		Urban	
	1983	1985	1983	1985
Oral pill	93.6	98.5	98.3	99.2
Condom	56.5	74.0	81.7	89.3
Vaginal method	16.6	23.5	44.5	51.9
Injection	59.7	72.7	80.9	86.4
IUD	38.8	63.7	67.1	80.8
Tubectomy	95.2	97.7	98.4	98.5
Vasectomy	72.2	84.0	79.5	86.8
Induced abortion/MR	42.9	55.4	64.6	74.7
Safe period	25.1	40.0	37.9	51.8
Withdrawal	18.6	19.4	30.9	33.2
Abstinence	17.3	20.2	29.8	32.3
Other	32.5	36.8	42.3	36.7

was lower among ever married women who were not currently married than among those who were currently married. This was evident both in the proportion having knowledge of 5 or more methods and in the mean number of methods known. The proportion having knowledge of 5 or more family planning methods was 83 percent among ever married women who were currently married, while the percentage was 73 percent for those who were not currently married. Similarly, the mean number of methods known to ever married women varied from 6.2 methods for those who were not currently married to 7.1 methods for those who were currently married.

Lower awareness of family planning methods among past married women may be due to the fact that those women were no longer exposed to the risk of pregnancy and therefore were not interested either in knowing about or remembering family planning methods. In addition, such women were usually older, and obviously had less exposure to family planning information when they were in their prime reproductive ages. The differentials, therefore, partly reflect improvements in dissemination of knowledge over time.

4.5.2. Age:

As shown by the data in table-4.5, there were no pronounced variations in knowledge of family planning methods by age group

among ever married women. Except for those under 15 years of age and those in the two oldest age groups, 40-44 years and 45-49 years, the proportion having knowledge of 5 or more methods by age group varied only from 80 percent to 86 percent, and the mean number of methods known by age group ranged from 6.8 methods to 7.4 methods. Among women under 15 years of age, the proportion having knowledge of 5 or more methods was 61.3 percent and the mean number of methods known was 5.2 methods, while among those aged 40-49 years the figures were 72-76 percent and 6.1 - 6.5 methods respectively.

4.5.3. Children ever born and living children:

Differentials in the distribution of the number of methods known by the number of children ever born are shown in table-4.6, and those by the number of living children in table-4.7. As in the case of age, there were no remarkable variations in knowledge of family planning methods by the number of children ever born. Except for those who had no child ever born and those who had more than 7 children ever born, the proportion of ever married women having knowledge of at least 5 methods by the number of children ever born varied only from 80 to 86 percent. Evidence of such small differentials in knowledge was even more apparent in the mean number of methods known.

Table-4.5

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

(The 1985 CPS Eligible Woman Sample)

Sub-groups	No.of ever married women (Weighted)	Number of methods known						Mean
		0	1	2	3	4	5+	
Marital status								
Currently married	7822	0.4	1.0	2.9	5.0	8.1	82.5	7.1
Not currently married	719	1.3	2.1	4.6	8.1	11.0	73.0	6.2
Age group								
< 15	119	1.7	2.5	5.9	11.8	16.0	61.3	5.2
15-19	1350	0.4	1.1	3.5	5.0	9.8	80.2	6.8
20-24	1733	0.1	1.1	1.8	4.9	7.7	84.2	7.3
25-29	1691	0.3	0.7	2.2	3.9	7.0	85.9	7.4
30-34	1302	0.5	0.8	2.6	4.6	6.8	84.8	7.2
35-39	995	0.8	1.1	3.1	5.8	8.1	81.1	6.9
40-44	707	0.7	1.6	4.8	7.5	9.5	76.0	6.5
45-49	645	0.5	1.7	5.9	7.8	12.1	72.1	6.1
All	8541	0.4	1.1	3.1	5.3	8.4	81.7	7.0

Table-4.6

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

(The 1985 CPS Eligible Woman Sample)

Numbers of children ever born	No.of ever married women (Weighted)	Number of methods known						Mean
		0	1	2	3	4	5+	
0	1072	0.7	1.8	4.0	5.7	10.4	77.5	6.6
1	1074	0.4	1.4	2.7	6.4	9.0	80.1	7.0
2	1121	0.2	0.6	2.1	4.0	7.0	86.0	7.4
3	1012	0.3	1.2	2.6	4.1	8.2	83.6	7.4
4	956	0.5	0.7	2.1	4.0	7.8	84.8	7.3
5	806	0.4	0.4	3.1	6.9	6.3	82.8	7.1
6	706	0.1	0.6	2.8	4.4	8.1	83.9	7.0
7	571	0.5	1.2	4.7	5.3	8.8	79.5	6.8
8	429	0.5	1.9	4.2	5.4	6.1	82.1	6.8
9	305	-	1.0	3.3	7.5	11.8	76.4	6.4
10	258	0.7	1.6	4.7	7.8	11.2	74.0	6.3
11	107	1.9	0.9	3.7	7.5	13.1	72.9	6.0
12 +	124	1.6	1.6	4.0	5.6	7.3	79.8	6.2
Not stated	2	-	-	-	-	-	100.0	7.5
All	8541	0.4	1.1	3.1	5.3	8.4	81.7	7.0

Table-4.7

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

(The 1985 CPS Eligible Woman Sample)

Numbers of living children	No.of ever married women (Weighted)	Number of methods known						Mean
		0	1	2	3	4	5+	
0	1227	0.8	1.8	4.0	6.2	9.9	77.2	6.6
1	1345	0.4	1.1	2.7	5.9	9.2	80.8	7.0
2	1418	0.4	0.8	2.4	4.2	7.8	84.6	7.3
3	1269	0.2	0.7	1.9	5.5	6.9	84.8	7.2
4	1071	0.5	0.7	3.3	4.1	8.3	83.0	7.1
5	875	0.2	0.8	3.4	5.6	9.5	80.5	7.0
6	603	0.5	1.5	3.6	5.5	7.1	81.9	6.8
7	369	0.5	1.9	5.7	4.6	8.7	78.6	6.7
8	202	1.0	1.0	3.5	8.4	6.4	79.7	6.8
9 +	160	0.6	1.3	1.9	5.0	9.4	81.8	6.9
Not stated	2	-	-	50.0	-	-	50.0	-
All	8541	0.4	1.1	3.1	5.3	8.4	81.7	7.0

4.5.4. Living children:

Differentials in knowledge of family planning methods by the number of living children were even less pronounced than those for the number of children ever born. For the proportion having knowledge of at least 5 methods, the usual variation by the number

of living children ranged from 81 to 85 percent and for the mean number of methods known from 6.8 to 7.3 methods.

4.5.5. Education:

Differentials in the distribution of methods known by education, by religion and by employment status are shown in table-4.8. Among all the characteristics considered in the differential analyses, education showed the strongest relationship with knowledge of family planning methods. With every increase in the level of education, knowledge of family planning methods increased among ever married women. Among ever married women having never attended school the mean number of methods known was 6.4. 10.8 methods were known among ever married women with the highest level of education. However, the variations were less pronounced among women having knowledge of at least 5 methods and who had completed primary education.

4.5.6. Religion and employment status:

There was little variation in the number of family planning methods known by religion (table-4.8). Among Muslim women, 82 percent reported having knowledge of at least 5 methods, while the percentage was only slightly lower (79 percent) among Non-muslim women. Absence of variation was even more evident in the mean number of methods known.

Table-4.8

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

(The 1985 CPS Eligible Woman Sample)

Sub-groups	No.of ever married women (Weighted)	Number of methods known						Mean
		0	1	2	3	4	5+	
Education level								
Never attended school	5922	0.6	1.4	4.0	6.8	10.5	76.8	6.4
Less than primary level	1253	0.4	0.6	1.5	2.9	5.6	89.0	7.6
Completed primary level	673	-	0.4	0.7	1.8	2.7	94.4	8.3
Class VI-VII	265	-	-	0.8	0.8	1.5	96.6	8.8
Class VIII-IX	244	-	-	-	-	0.8	99.2	9.5
SSC and HSC	159	-	-	-	-	-	99.4	10.3
Degree and above	24	-	-	-	-	-	100.0	10.8
Not stated	2	-	-	-	-	-	100.0	9.5
Religion								
Muslim	7636	0.4	1.0	3.0	5.2	8.3	82.1	7.0
Non-muslim	905	0.4	1.8	3.6	6.4	9.3	78.5	6.8
Employment status								
Paid employment	494	0.2	1.0	2.6	5.1	7.7	83.4	7.3
Unpaid employment	90	-	-	4.4	6.7	6.7	82.2	7.0
Not employed	7956	0.5	1.1	3.1	5.3	8.4	81.6	7.0
All	8541	0.4	1.1	3.1	5.3	8.4	81.7	7.0

4.5.7. Employment status:

Differentials in knowledge were also almost non-existent by employment status of ever married women. The mean number of methods known was 7.3 methods among women who had paid employment, and 7 methods among those who had unpaid employment or who were unemployed. Negligible variations were also evident in the proportion having knowledge of at least 5 methods.

4.5.8. Division:

Differentials in the distribution of methods known by division and rural-urban area are shown in table-4.9. Knowledge of family planning methods was considerably lower among women in Chittagong division. Among women in Chittagong division, the proportion having knowledge of at least 5 methods was 74 percent and the mean number of methods known was 6.3, while estimates were not less than 81 percent and 7.4 methods respectively for women in other divisions. Among other divisions, levels of knowledge were highest in Dhaka.

4.5.9. Rural-urban:

Higher knowledge of family planning methods in urban than in rural areas is evident in table-4.9. The proportion having knowledge of at least 5 methods varied from 81 percent in rural areas to 91 percent in urban areas and the mean number of methods known from 7 methods in rural areas to 8 methods in urban areas.

4.6. Differentials in method specific knowledge:

Differentials in knowledge of individual modern family planning methods by selected characteristics of respondents are shown in tables-4.10 to 4.14 and those of individual traditional methods in tables-4.15 to 4.19.

4.6.1. Oral pill and tubectomy:

Oral pill and tubectomy were almost universally known and thus, as expected, there was little variation in levels of knowledge by socio-economic and demographic characteristics of ever married women. Even among ever married women under the age of 15, 95.8 percent reported having knowledge of oral pills and 92 percent of tubectomy.

4.6.2. Vasectomy:

As in the case of the oral pill and tubectomy, there was little variation in knowledge of vasectomy. For example, there were almost no variation in knowledge of vasectomy by age. Except for the under 15 year age group, the percentage of ever married women having knowledge of vasectomy was within the narrow range of 82-86 percent in every age group (table-4.10). Even for the under 15 year age group, the proportion was not appreciably different (77 percent). There were also few discernible variations in knowledge of vasectomy by the other characteristics considered in the differential analyses, with the exception being education and

Table-4.9

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

(The 1985 CPS Eligible Woman Sample)

Sub-groups	No.of ever married women (Weighted)	Number of methods known						Mean
		0	1	2	3	4	5+	
Division								
Rajshahi	2283	0.1	0.8	1.7	4.5	7.5	85.4	7.4
Khulna	1663	-	0.5	1.8	3.3	6.2	88.2	7.6
Dhaka	2551	0.4	0.8	3.7	5.1	9.4	80.5	9.9
Chittagong	2043	1.3	2.2	4.7	8.0	9.8	74.0	6.3
Area								
Rural	7682	0.5	1.1	3.2	5.6	8.9	80.7	6.9
Urban	2623	0.3	0.6	1.4	2.6	4.2	91.0	8.2
All	8541	0.4	1.1	3.1	5.3	8.4	81.7	7.0

administrative division. As can be seen in table-4.13, the knowledge of vasectomy increased by level of education. Whereas the proportion having knowledge of vasectomy was 81.4 percent among ever married women having never attended school, it was 100 percent for those having attained the highest level of education (degree or above). Table-4.14 indicates that among the divisions, knowledge of vasectomy was lowest in Chittagong (75.3 percent), intermediate in Dhaka (81.1 percent), and highest in Khulna (92.5 percent) and Rajshahi (89.7 percent).

4.6.3. Condom:

Unlike the oral pill, tubectomy and vasectomy, there were notable differentials in condom knowledge. The proportion having knowledge of condoms was only 73 percent among ever married women who were not currently married, while it was 76 percent for those who were currently married. Similarly, the proportion varied by age group, rising from only 62 percent among women in the youngest age group (under 15 years) to a high of 81 percent among those in the 20-24 year age group, and declining thereafter to 59 percent among those in the oldest age group (44-49 years). Substantial variations were also evident in condom knowledge in relation to the number of children ever born. The proportion having knowledge of condoms was 77 percent among childless women, rising to 81 percent among those having two children ever born, and then declining to less than 75 percent for women with more than five children ever born. The number of living children also had a curvilinear relationship with the knowledge of condoms, although compared with children ever born the relationship was not so pronounced.

Condom knowledge varied strikingly by education. Woman were much more likely to have knowledge of condoms if they were more highly educated. This is evident from variations in the knowledge of condoms, ranging from 69 percent among women having never attended school to 100 percent among those having the highest level of education (degree or above). There were, however, no pronounced variations in knowledge of condoms by employment status or by religion.

Among the four administrative divisions, knowledge of condoms was highest in Khulna (82.3 percent) and Rajshahi (79.6 percent), followed Dhaka (73.7 percent) and Chittagong (67.9 percent).

4.6.4. IUD:

Substantial differentials by demographic and socio-economic characteristics also existed for IUD knowledge. Whereas only 57.0 percent of ever married women who were not currently married said they knew or had heard of the IUD, the percentage was 66.1 percent for those who were currently married. By age, IUD knowledge varied from a low of 33.6 percent among ever married women in the under 15 year age group to 69.5 - 72.8 percent among those in the 20-34 year age group. Variations by the number of children ever born followed an inverted 'J' shape pattern. The proportion of women having knowledge of the IUD was 56.5 - 58.0 percent among women with less than 2 children ever born, increasing to 70.7 - 71.1 percent for women with 2-4 children ever born, and then declining to a low of 54.0 percent among those having 12 or more children ever born. Variations were less pronounced in knowledge of the IUD by the number of living children.

Only 57 percent of women having never attended school knew of the IUD. However, knowledge rose sharply with an increase in education, reaching 100 percent among women with the highest level of education. There were, however, no sizable variations

in IUD knowledge either by employment status or by religion. Among the four administration divisions, the IUD was best known in Rajshahi (71.3 percent), followed by Khulna (69.2 percent), Dhaka (64.1 percent) and Chittagong (57.3 percent).

4.6.5. Injection, MR/Induced abortion, and vaginal methods:

As in the case of condom and IUD, knowledge of injection, MR/induced abortion and vaginal methods followed a curvilinear relationship with age, number of children ever born and number of living children. Injection, MR/induced abortion and vaginal methods were better known among ever married women who were currently married than among those who were not, more known among women who were more educated, and less known among women in Chittagong division than in the other divisions. There were also no pronounced variations in these methods by religion and employment status, save the following two exceptions. Injection was relatively more known among Muslim women than among Non-muslim women, while induced abortion/MR was less known among women who were not employed than among those who were employed.

4.6.6. Traditional methods:

Since levels of knowledge for traditional methods are generally low, socio-economic and demographic differentials are unlikely to be conclusive (see tables 4.15 - 4.19). In view of this, no discussions have been included in this report of

differentials in the knowledge of these methods. However, among the patterns that can be identified, traditional method differentials were similar to those for modern methods. For example, there was a clear positive association between levels of educational attainment and traditional method knowledge.

4.7. 1983-85 trend analysis:

Differentials in knowledge of family planning methods over the 1983-1985 period were examined by investigating differences in the following two indicators; (i) the percentage of ever married women having knowledge of at least 5 methods and (ii) the mean number of methods known to ever married women. The results are documented in tables-4.20 to 4.24.

Except for education, employment status and division, there were no notable differentials between 1983 and 1985 among ever married women in relation to an increase in knowledge of family planning methods. As can be seen from table-4.20, for almost every age group, the percentage of women having knowledge of at least 5 methods rose by 13-15 points and the mean number of methods known increased by about one method. Therefore, it would appear that there were significant increases in knowledge of family planning methods among ever married women across all age groups over the period 1983-1985.

Table-4.10

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

(The 1985 CPS Eligible woman Sample)

Sub-groups	No.of ever married women (Weighted)	Oral pill	Con-dom	Vagi-nal meth-od	In-ject-tion	IUD	Tu-bec-tomy	Va-sec-tomy	Abor-tion/ MR
Marital status									
Currently married	7822	98.8	76.4	27.1	74.9	66.1	98.0	84.7	58.0
Not currently married	719	96.4	66.1	18.4	65.1	57.0	96.1	79.7	50.1
Age group									
< 15	119	95.8	62.2	19.3	56.3	33.6	92.4	77.3	36.1
15-19	1350	98.3	77.3	27.9	74.7	61.6	98.1	82.2	57.2
20-24	1733	99.1	81.0	32.0	78.2	69.5	97.9	84.9	60.9
25-29	1694	99.3	80.4	29.5	78.0	72.8	97.9	85.3	60.3
30-34	1302	98.7	78.0	27.4	75.3	69.5	98.3	85.6	60.4
35-39	995	98.0	73.4	21.2	72.5	65.7	98.1	86.1	54.8
40-44	707	97.9	63.2	18.7	66.8	56.4	97.2	82.2	51.2
45-49	645	97.2	58.8	14.9	62.9	49.3	96.9	82.0	48.4
All	8541	98.6	75.5	26.3	74.1	65.4	97.8	84.3	57.3

Table-4.11

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

(The 1985 CPS Eligible woman Sample)

Numbers of children ever born	No.of ever married women (Weighted)	Oral pill	Condom	Vaginal method	Injection	IUD	Tubectomy	Vasectomy	Abortion/MR
0	1072	97.9	76.7	27.9	71.8	58.0	96.6	81.9	55.3
1	1074	98.5	77.3	31.7	74.2	65.5	97.2	82.2	57.4
2	1121	99.6	80.9	31.6	78.2	70.7	98.7	86.6	62.7
3	1012	98.8	79.5	28.7	78.2	71.1	97.8	85.6	62.3
4	956	98.8	79.0	29.3	76.3	70.9	98.1	86.9	60.0
5	806	99.0	78.0	26.6	73.7	66.6	98.1	83.7	58.3
6	706	98.7	73.9	21.2	73.1	64.4	98.2	86.5	53.7
7	571	98.2	68.3	20.1	73.2	65.7	97.9	82.7	53.2
8	429	97.9	68.1	18.9	70.4	62.2	97.9	83.7	54.3
9	305	98.4	63.9	14.4	66.2	57.4	98.7	85.9	50.5
10	258	97.3	64.3	15.5	68.6	51.9	96.9	77.1	48.8
11	107	93.5	56.1	15.9	67.3	53.3	97.2	80.4	42.1
12 +	124	98.4	60.0	19.4	66.9	54.0	96.8	79.8	53.2
Not stated	2	100.0	100.0	0.0	100.0	100.0	100.0	100.0	50.0
All	8541	98.6	75.5	26.3	74.1	65.4	97.8	84.3	57.3

Table-4.12

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

(The Eligible woman Sample)

Numbers of living children	No.of ever married women (Weighted)	Oral pill	Condom	Vaginal method	Injection	IUD	Tubectomy	Vasectomy	Abortion/MR
0	1227	97.6	76.0	27.6	71.4	58.2	96.3	81.5	54.8
1	1345	99.0	76.9	30.0	74.3	65.5	97.8	83.6	58.7
2	1418	99.2	80.0	28.5	77.3	70.2	98.2	86.0	60.4
3	1269	98.7	78.4	27.1	76.5	69.0	98.3	86.0	60.8
4	1071	98.8	75.9	27.1	73.8	67.6	97.6	85.4	55.7
5	875	99.0	72.9	23.1	72.8	64.1	98.6	83.4	55.8
6	603	97.8	69.0	19.7	72.8	63.3	98.0	83.7	50.9
7	369	97.0	64.8	19.8	69.6	60.4	97.6	80.8	55.3
8	202	98.5	68.3	18.3	69.3	62.4	98.0	85.6	56.9
9 +	160	98.1	68.1	25.0	75.0	63.1	98.1	86.9	56.9
Not stated	2	100.0	100.0	0.0	100.0	100.0	100.0	100.0	50.0
All	8541	98.6	75.5	26.3	74.1	65.4	98.7	84.3	57.3

Table-4.13

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

(The 1985 CPS Eligible woman Sample)

Sub-groups	No.of ever married women (Weighted)	Oral pill	Con-dom	Vagi-nal meth-od	In-ject-tion	IUD	Tu-bec-tomy	Va-sec-tomy	Abor-tion/ MR
Education level									
Never attended school	5922	98.1	69.2	16.5	68.9	57.9	97.3	81.4	51.1
Less than primary level	1254	99.0	83.8	33.5	81.7	75.8	98.4	88.3	65.1
Completed primary level	672	99.9	92.9	48.5	85.6	83.2	99.0	90.3	72.2
Class VI-VII	265	100.0	95.8	64.9	90.6	89.4	99.6	92.8	72.
Class VIII-IX	244	100.0	98.8	76.6	95.1	93.9	100.0	94.7	82.8
SSC and HSC	159	100.0	98.7	90.6	96.9	95.6	100.0	97.5	95.0
Degree and above	24	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Not stated	2	100.0	100.0	0.0	100.0	100.0	100.0	100.0	50.0
Religion									
Muslim	7636	98.8	75.9	26.6	74.9	65.4	98.0	84.5	57.6
Non-muslim	905	96.6	72.7	24.3	67.2	65.0	96.4	82.0	54.9
Employment status									
Paid employment	494	98.4	73.9	28.5	75.9	69.6	98.4	83.2	65.4
Unpaid employment	90	97.8	68.9	22.2	75.6	62.2	100.0	81.1	72.2
Not employed	7956	98.6	75.7	26.2	74.0	65.2	97.8	84.4	56.6
All	8541	98.6	75.5	26.3	74.1	65.4	97.8	84.3	57.3

Table-4.14

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING KNOWLEDGE OF SELECTED MODERN FAMILY PLANNING METHODS BY DIVISION

(The 1985 CPS Eligible woman Sample)

Division	No.of ever married women (Weighted)	Oral pill	Con-dom	Vagi-nal meth-od	In-ject-tion	IUD	Tu-bec-tomy	Va-sec-tomy	Abor-tion/ MR
Rajshahi	2283	98.9	79.6	26.2	72.7	71.3	98.1	89.7	62.3
Khulna	1663	99.5	82.3	30.5	82.0	69.2	99.0	92.5	57.1
Dhaka	2551	98.7	73.7	28.5	75.8	64.1	98.6	81.1	59.4
Chittagong	2043	97.1	67.9	20.3	67.3	57.3	95.4	75.3	49.3
All	8541	98.5	75.5	26.3	74.1	65.4	97.8	84.3	57.3

Table-4.15

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

(The 1985 CPS Eligible woman Sample)

Sub-groups	No.of ever married women (Weighted)	Safe period	With-drawal	Absti-nence	Other
Marital status					
Currently married	7822	42.2	21.5	22.0	37.6
Not currently married	719	30.2	13.5	15.3	27.8
Age group					
< 15	119	12.6	2.5	10.1	20.2
15-19	1350	33.6	17.6	17.6	33.3
20-24	1733	42.7	23.9	22.5	36.4
25-29	1691	46.9	25.0	23.3	39.6
30-34	1302	44.5	23.3	23.3	40.6
35-39	995	44.3	20.1	21.4	37.2
40-44	707	38.8	15.3	22.3	36.2
45-49	645	34.6	13.5	18.6	33.2
All	8541	41.2	20.8	21.4	36.8

Table-4.16

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

(The 1985 CPS Eligible woman Sample)

Numbers of children ever born	No.of ever married women (Weighted)	Safe period	With-drawal	Absti-nence	Other
0	1072	30.2	16.0	17.3	31.4
1	1074	38.1	20.8	19.6	33.4
2	1121	44.3	25.8	23.6	38.5
3	1012	47.6	23.6	24.6	39.9
4	956	43.6	22.3	21.7	38.3
5	806	48.3	23.1	21.5	37.0
6	706	41.5	21.0	24.1	40.4
7	571	41.3	18.2	20.5	37.3
8	429	42.2	22.1	23.3	38.0
9	305	37.4	14.1	16.7	34.1
10	258	38.8	13.6	19.8	39.5
11	107	34.6	10.3	20.6	29.9
12 +	124	33.1	12.1	20.2	39.5
Not stated	2	50.0	50.0	0.0	0.0
All	8541	41.2	20.8	21.4	36.8

Table-4.17

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

(The 1985 CPS Eligible woman Sample)

Numbers of living children	No.of ever married women (Weighted)	Safe period	With-drawal	Absti-nence	Other
0	1227	30.4	16.4	17.8	31.2
1	1345	38.6	20.2	18.5	34.8
2	1418	45.0	25.4	23.3	36.7
3	1269	43.7	20.9	21.7	39.4
4	1071	45.2	23.2	23.6	37.7
5	875	44.9	20.2	22.9	38.6
6	603	42.5	19.9	23.7	38.8
7	369	41.5	17.6	20.1	40.9
8	202	41.6	16.8	22.8	39.1
9 +	160	40.6	18.1	24.4	41.3
Not stated	2	50.0	50.0	0.0	0.0
All	8539	41.2	20.8	21.4	36.8

Table-4.18

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

(The 1985 CPS Eligible woman Sample)

Sub-groups	No.of ever married women (Weighted)	Safe period	With-drawal	Absti-nence	Other
Education level					
Never attended school	5922	34.9	14.3	17.3	34.6
Less than primary level	1254	46.9	26.0	25.0	41.0
Completed primary level	672	57.6	32.6	28.6	43.5
Class VII-VII	265	63.0	42.3	33.6	37.0
Class VIII-IX	244	65.6	52.0	43.0	43.0
SSC and HSC	159	80.5	76.1	56.0	46.5
Degree and above	24	87.5	83.3	79.2	29.2
Not stated	2	100.0	-	100.0	100.0
Religion					
Muslim	7636	41.2	20.7	21.3	36.4
Non-muslim	905	41.7	21.5	22.0	39.7
Employment status					
Paid employment	494	46.8	23.9	26.5	42.1
Unpaid employment	90	35.6	20.0	34.4	28.9
Not employed	7956	41.0	20.6	21.0	36.6
All	8541	41.2	20.8	21.4	36.8

Table-4.19

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING KNOWLEDGE OF SELECTED TRADITIONAL FAMILY PLANNING METHODS BY DIVISION

(The 1985 CPS Eligible woman Sample)

Division	No.of ever married women (Weighted)	Safe period	With-drawal	Absti-nence	Other
Rajshahi	2283	44.2	21.8	26.9	44.0
Khulna	1663	45.2	23.9	23.8	52.1
Dhaka	2551	38.7	19.8	19.7	28.6
Chittagong	2043	37.8	18.4	15.6	26.5
All	8541	41.2	20.8	21.4	36.8

Variations in knowledge of family planning methods were evident by education between 1983 and 1985. The percentage of ever married women having knowledge of at least 5 methods rose from 66.5 to 81.7 percent between 1983 and 1985. Among ever married women who had never attended school, knowledge of at least 5 methods rose from 58.6 to 76.8 percent. For those who had less than primary education, the increase was from 77.1 to 89.0 percent, and for those with completed primary education the gain was from 89.3 to 94.4 percent. However, there was almost no change in contraceptive knowledge for those who had education attainment at the class VIII-IX level or above. This trend was

likely due to the fact that knowledge was already higher among those who were more educated in the 1983 CPS and as such there was less scope for improvement in knowledge.

Among the divisions, Chittagong had greater increases in knowledge between 1983 and 1985. In Chittagong division, the percentage having knowledge of at least 5 methods registered a gain of 20 percent compared to 13-16 percent in the other divisions. The mean number of methods known, however, increased most rapidly in Dhaka division. Since the mean number of methods known is subjected to the influence of extreme values, the percentage of respondents knowing of a method should be treated as the more informative indicator.

Analyses of increases in knowledge between 1983 and 1985 support the view that the family planning program has achieved considerable success in disseminating family planning information uniformly across most segments of the target population, and that there were considerable improvements achieved in enhancing knowledge of family planning methods among subgroups of the population who were less informed about family planning in the 1983 CPS.

Table-4.20

THE PERCENTAGE HAVING KNOWLEDGE OF AT LEAST FIVE METHODS AND THE MEAN NUMBER OF METHODS KNOWN, AMONG EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY CURRENT MARITAL STATUS AND AGE GROUP 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Sub-groups	Knowledge of at least 5 methods			Mean number of methods known		
	1983 (A)	1985 (B)	Difference (C)=(B)-(A)	1983 (D)	1985 (E)	Difference (F)=(E)-(D)
Marital status						
Currently married	67.5	82.5	15.0	6.0	7.1	1.1
Not currently married	57.6	73.0	15.4	5.2	6.2	1.0
Age group						
< 15	46.4	61.3	14.9	4.5	5.2	0.7
15-19	64.7	80.2	15.5	5.7	6.8	1.1
20-24	70.9	84.2	13.3	6.2	7.3	1.1
25-29	72.1	85.9	13.8	6.3	7.4	1.1
30-34	67.1	84.8	17.7	5.9	7.2	1.3
35-39	67.8	81.1	13.3	6.8	6.9	0.1
40-44	60.7	76.0	15.3	5.4	6.5	1.1
45 +	54.0	72.1	18.1	5.1	6.1	1.0
All	66.5	81.7	15.2	5.9	7.0	1.1

Table-4.21

THE PERCENTAGE HAVING KNOWLEDGE OF AT LEAST FIVE METHODS AND THE MEAN NUMBER OF METHODS KNOWN, AMONG EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY NUMBERS OF CHILDREN EVER BORN 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Numbers of children ever born	Knowledge of at least 5 methods			Mean number of methods known		
	1983 (A)	1985 (B)	Difference (C)=(B)-(A)	1983 (D)	1985 (E)	Difference (F)=(E)-(D)
0	61.0	77.5	16.5	5.4	6.6	1.2
1	67.6	80.1	12.5	6.0	7.0	1.0
2	68.9	86.0	17.1	6.2	7.4	1.2
3	69.3	83.6	13.8	6.1	7.4	1.3
4	69.8	84.8	15.0	6.1	7.3	1.2
5	66.5	82.8	16.3	5.9	7.1	1.2
6	68.3	83.9	15.6	6.0	7.0	1.0
7	66.2	79.5	13.3	5.7	6.8	1.1
8	63.4	82.1	18.7	5.6	6.8	1.2
9	61.4	76.4	15.0	5.5	6.4	0.9
10	60.1	74.0	13.9	5.2	6.3	1.1
11	65.0	72.9	7.9	5.7	6.0	0.3
12 +	60.4	79.8	19.4	5.6	6.2	0.6
All	66.5	81.7	15.2	5.9	7.0	1.1

Table-4.22

THE PERCENTAGE HAVING KNOWLEDGE OF AT LEAST FIVE METHODS AND THE MEAN NUMBER OF METHODS KNOWN, AMONG EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY NUMBERS OF LIVING CHILDREN 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Numbers of living children	Knowledge of at least 5 methods			Mean number of methods known		
	1983 (A)	1985 (B)	Difference (C)=(B)-(A)	1983 (D)	1985 (E)	Difference (F)=(E)-(D)
0	60.6	77.2	16.6	5.4	6.6	1.2
1	66.9	80.8	13.9	5.9	7.0	1.1
2	69.0	84.6	15.6	6.1	7.3	1.2
3	69.9	84.8	14.9	6.1	7.2	1.1
4	66.9	83.0	16.1	6.0	7.1	1.1
5	67.3	80.5	13.2	5.9	7.0	1.1
6	64.5	81.1	17.4	5.8	6.8	1.0
7	65.4	78.6	13.2	5.8	6.7	0.9
8	64.0	79.7	15.7	5.6	6.8	1.2
9 +	70.5	81.8	11.3	6.1	6.9	0.8
All	66.5	81.7	15.2	5.9	7.0	1.1

Table-4.23

THE PERCENTAGE HAVING KNOWLEDGE OF AT LEAST FIVE METHODS AND THE MEAN NUMBER OF METHODS KNOWN, AMONG EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY EDUCATION, BY RELIGION, AND BY EMPLOYMENT STATUS . 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Sub-groups	Knowledge of at least 5 methods			Mean number of methods known		
	1983 (A)	1985 (B)	Difference (C)=(B)-(A)	1983 (D)	1985 (E)	Difference (F)=(E)-(D)
Education level						
Never attended school	58.6	76.8	18.2	5.2	6.4	1.2
Less than primary level	77.1	89.0	11.9	6.6	7.6	1.0
Completed primary level	89.3	94.4	5.1	7.6	8.3	0.7
Class VI-VII	92.6	96.6	4.0	8.3	8.8	0.5
Class VIII-IX	95.5	99.2	- 0.3	9.2	9.5	0.3
SSC and HSC	98.8	99.4	0.6	10.0	10.3	0.3
Degree and above	100.0	100.0	0.0	10.0	10.8	0.8
Religion						
Muslim	66.7	82.2	15.4	5.9	7.0	1.1
Non-muslim	64.8	78.5	13.7	5.8	6.8	1.0
Employment status						
Paid employment	66.5	83.4	16.9	5.9	7.3	1.4
Unpaid employment	56.8	82.2	25.4	5.2	7.0	1.8
Not employed	66.7	81.6	14.9	5.9	7.0	1.1
All	66.5	81.7	15.2	5.9	7.0	1.1

Table-4.24

THE PERCENTAGE HAVING KNOWLEDGE OF AT LEAST FIVE METHODS AND THE MEAN NUMBER OF METHODS KNOWN, AMONG EVER MARRIED WOMEN UNDER 50 YEARS OF AGE BY DIVISION AND BY RURAL-URBAN AREAS 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Sub-groups	Knowledge of at least 5 methods			Mean number of methods known		
	1983 (A)	1985 (B)	Difference (C)=(B)-(A)	1983 (D)	1985 (E)	Difference (F)=(E)-(D)
Division						
Rajshahi	69.4	85.4	16.0	6.0	7.4	1.4
Khulna	76.4	88.2	11.8	6.4	7.6	1.2
Dhaka	67.9	80.5	12.6	6.1	9.9	3.8
Chittagong	54.3	74.0	19.7	5.1	6.3	1.2
Area						
Rural	64.4	80.7	16.3	5.7	6.9	1.2
Urban	86.1	91.0	4.9	7.6	8.2	0.6
All	66.5	81.7	15.2	5.9	7.0	1.1

(1) The percentage for a method has been computed using as N the total of ever married women excluding NS (Not Stated) cases, if any, for the question about knowledge of the method. In the 1983 sample the number of NS cases for rural was 1 for oral pill, 3 for safe period, 4 for abstinence, and 5 for other; and that for urban was 1 for vasectomy. There were no NS cases in the 1985 sample.

Chapter-5

EVER USE OF FAMILY PLANNING METHODS

In CPS surveys, ever use of family planning methods refers to the use of any method at any time without distinguishing between past and current use. Any respondent who reported having ever used some form of contraception is treated as an ever user, regardless of the duration of use.

Collection and analysis of ever use data has special significance for the population control and family planning program. Such data give the proportion of the target population having used contraceptives at least once. Therefore, data on ever use suggest to what extent the program has been successful in promoting family planning. Second, the data point out the relative importance of different contraceptive methods in the diffusion of family planning use. Third, they give an indirect indication of the frequency of method change among users of family planning. Data on ever use, together with data on current use, can also be used to study rates of contraceptive prevalence among users, providing indirect evidence as to the level of contraceptive continuation. For example, "in places where contraceptive continuation is high, the proportion of ever users currently using will be high" (Tsui et al.,1981).

In the CPS, the question relating to ever use is asked following questions about knowledge of family planning methods. Any respondent having either prompted or unprompted knowledge of a method is asked if they had ever used the method. In this way a respondent is not asked about ever use of a method if s(he) has no knowledge about the method.

5.1. Indices of ever use:

Ever use in the 1985 CPS was described in terms of the following indices:

(i) the percentage of ever married women under 50 years of age having ever used at least one family planning method;

(ii) the percentage having ever used a selected family planning method; and

(iii) the percentage distribution of the number of family planning methods ever used by ever users as well as the mean number of methods used.

5.2. Levels of ever use:

5.2.1. Overall ever use rates:

Ever use rates of family planning methods, as derived from the 1985 CPS are shown in table-5.1. The rates are based on three measures: (i) ever use of at least one method (any method), (ii) ever use of at least one modern method, and (iii) ever use of at least one traditional method. The table does not show any appreciable achievement in the recruitment of first time users (or new acceptors) during the period 1983-1985. According to the 1985

Table-5.1

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED: AT LEAST ONE FAMILY PLANNING METHOD, AT LEAST ONE MODERN METHOD(1), AT LEAST ONE TRADITIONAL METHOD(2)

(The 1985 CPS Eligible Woman Sample)

Having ever used	National	Rural	Urban
At least one method	32.5	29.9	55.3
At least one modern method	25.9	23.1	50.9
At least one traditional method	11.9	11.5	16.2
N	8541a	7682	2623

(1) Modern methods: Oral pill, condom, vaginal method, injection, IUD. tubectomy, vasectomy, and induced abortion/MR.

(2) Traditional methods: Safe period, withdrawal, abstinence, and 'other methods'.

(a) Weighted totals of ever married women in the sample.

CPS, two thirds of ever married women in the reproductive age group still remained unexposed to contraceptive practice, while only a quarter of the respondents mentioned that they had ever used a modern family planning method. In the urban areas, however, the rate of ever use among ever married women was more than 50.0 percent (55.3 percent for any method and 51.0 percent for modern methods).

Given the universality of knowledge of at least one modern method among ever married women, the large proportion remaining unexposed to any form of contraceptive practice may be taken as indicative of a large knowledge-use gap. One might also conclude that dissemination of knowledge about family planning methods is not a powerful means to bring about improvement in contraceptive use in Bangladesh. However, it should be borne in mind that knowledge is assessed only in its most rudimentary form, indicating simply whether or not a respondent knew of or had heard of a method(s). Thus, as mentioned in the 1983 CPS report, knowledge reported in these surveys was possibly less than required to lead to the adoption of contraception, (Mitra and Kamal,1985).

5.2.2. Method specific rates:

Method specific ever use rates as reported in the eligible woman sample of the 1983 and 1985 CPSs are shown in table-5.4. In the eligible woman sample of the 1983 CPS, the oral pill had the highest ever use rate, followed by the safe period. The other widely ever used methods in this sample were condom, tubectomy and withdrawal. The ever use rates of all other methods were low. This order of magnitude remained largely unchanged in the 1985 eligible woman sample. However, in the 1985 CPS, tubectomy gained in relative importance and was as popular as the safe period. Thus, in the 1985 CPS, the oral pill had the highest ever use rate

(14.3 percent of ever married women), followed by safe period (7.8 percent), tubectomy (7.4 percent), and condom (5.7 percent). For all other remaining methods the percentage was lower than 2.9 percent.

5.3. Trends in ever use:

5.3.1. Overall trends during 1979-1985:

Table-5.2 shows the trends in ever use rates of family planning methods from CPS data over the period 1979-1985. Ever use of modern methods followed a steadily increasing trend over the reference period, from 15.8 percent in the 1979 CPS to 25.9 percent in the 1985 CPS. There were, however, variations in the rate of increase in ever-use between the surveys. Between the 1979 and 1981 CPSs, ever use of modern methods increased from 15.8 to 20.2 percent and between the 1981 and 1983 CPSs from 20.2 to 23.8 percent. The inter-survey increase in modern method use rose more slowly between 1983 and 1985; namely, from 23.8 to 25.9 percent. The declining trend suggests that with increasing use rates of family planning methods, recruitment of new acceptors is becoming more difficult, and hence more vigorous efforts will be needed to increase the prevalence rate from its current level.

The trend in ever use for any method was inconsistent with the change occurring for modern methods. The ever user rate for any method increased significantly between the 1979 and 1981

CPSs. In the 1979 CPS, the proportion of ever married women having ever used any methods was 19.6 percent. The figure nearly doubled (to 35.7 percent) in the 1981 CPS. However, after the 1981 CPS, the rate of increase decelerated. This trend was inconsistent with the increase documented above for modern methods and may result from overreporting of traditional methods in the 1981 survey.

Table-5.2

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED FAMILY PLANNING METHODS, BANGLADESH 1979, 1981, 1983, 1985

(The CPS Eligible Woman Sample)

Methods	1979	1981	1983	1985
Any method	19.6	35.7	33.4	32.5
Modern/effective method(1)	15.8	20.2	23.8	25.9

(1) In the 1979 CPS and the 1981 CPS, the rate was computed for effective methods while it was done for modern methods in the 1983 and 1985 CPSs. The difference is unlikely to affect the comparability, since the ever use rate for vaginal method was very negligible in all the surveys.

5.3.2. Overall trend during 1983-1985:

Ever use rates of family planning methods between the eligible woman samples of the 1983 and 1985 CPSs are compared in table-5.3. Ever use of at least one modern method registered only a slight increase between the 1983 CPS and 1985 CPS. In the eligible woman sample of the 1983 CPS, 23.8 percent of ever married women under 50 years of age reported having ever used at least one modern method. The rate increased to 25.9 percent in the 1985 CPS. This trend was most pronounced in rural areas where the increase in ever use was from 21.5 to 23.1 percent. In urban areas the ever use of modern methods rose substantially (from 44.3 to 50.9 percent).

There were declines in the reported use of traditional methods, from 17.3 percent in the 1983 CPS to 11.9 percent in the 1985 CPS. The declining trend was evident in both rural and urban areas. In rural areas the decline was from 16.6 to 11.5 percent and in urban areas from 23.4 to 16.2 percent. The reported declines may result from actual declines in ever use of traditional methods among younger women, or misreporting of traditional method use in either the 1983 or 1985 survey.

Thus, there were slight declines in the overall ever use rate for the country as whole; namely, from 33.4 percent in the 1983 CPS to 32.5 percent in the 1985 CPS, and for the rural areas from 31.3 to 29.9 percent. However, for the urban areas the overall ever use rate rose from 52.1 to 55.3 percent, despite declines in the reported use of traditional methods.

Table-5.3

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED: AT LEAST ONE FAMILY PLANNING METHOD, AT LEAST ONE MODERN METHOD(1), AT LEAST ONE TRADITIONAL METHOD(2); 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Having ever used	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
At least one method	33.4	32.5	31.3	29.9	52.1	55.3
At least one modern method	23.8	25.9	21.5	23.1	44.3	50.9
At least one traditional method	17.3	11.9	16.6	11.5	23.4	16.2
N	8523a	8541a	7677	7682	2440	2623

(1) Modern methods: Oral pill, condom, vaginal method, injection, IUD, tubectomy, vasectomy, and induced abortion/MR.

(2) Traditional methods: Safe period, withdrawal, abstinence, and 'other methods'.

(a) Weighted totals of ever married women in the sample.

5.3.3. Method specific trends during 1983-1985:

Increases in ever use rates for specific methods between the 1983 and 1985 CPSs can be seen from table-5.4. Tubectomy was the only method registering an increase in ever use between the 1983 and 1985 CPSs, rising from 5.8 to 7.4 percent. The IUD increased from 2.2 to 2.7 percent. There was no marked increase in other modern methods.

Ever use of traditional methods declined between 1983 and 1985. In the 1983 CPS, 11.0 percent of ever married women reported that they had ever used the safe period. The percentage declined to 7.8 percent in the 1985 CPS. Similar decreases were also evident for other traditional methods. While ever use rates are unlikely to decline over a period as short as two years, the observed decreases are suggestive of inconsistencies in reporting the use of traditional methods between the 1983 and 1985 CPSs.

Decreases were also registered in the ever use of condoms. Ever use of condoms was reported by 5.7 percent of ever married women in the 1985 CPS, while the figure was 7.1 percent in the 1983 CPS.

Table-5.4

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED SELECTED FAMILY PLANNING METHODS(1) 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Methods	1983a	1985b
Oral pill	14.1	14.3
Condom	7.1	5.7
Vaginal method	2.2	1.6
Injection	1.2	1.3
IUD	2.2	2.7
Tubectomy	5.8	7.4
Vasectomy	1.4	1.6
Induced abortion/MR	1.0	0.9
Safe period	11.0	7.8
Withdrawal	5.3	2.9
Abstinence	3.1	1.2
Other	3.5	2.7

(1) The percentage for a method has been computed using as N the weighted total of ever married women excluding NS (Not Stated) cases, if any, for the question about ever use of the method.

(a) In the 1983 survey the number of NS cases was 11 for oral pill, 10 for condom, 4 for vaginal method, 11 for injection, 7 for IUD, 11 for tubectomy, 7 for vasectomy, 6 for MR, 11 for safe period, 5 for withdrawal, 10 for abstinence, and 13 for other.

(b) In the 1985 survey the number of NS cases was 1 each for oral pill, condom, injection, tubectomy, abstinence and other, and 4 for vaginal method, 3 for MR and 2 each for safe period and withdrawal.

5.4. Urban-rural variations:

Comparisons of urban-rural differentials relating to method specific ever use rates between the 1983 and 1985 CPS are shown in table-5.5. In both surveys, the ever use rate remained considerably higher in urban than in rural areas for almost every method. The only exception to this trend was vasectomy, which gained in the level of ever use in rural areas.

There were marked variations between the rural and urban areas with regard to increases in the ever use rates of different methods. Ever use rates for tubectomy and vasectomy rose between the 1983 and 1985 CPSs in rural areas while the IUD and oral pill rates increased only in urban areas. There were also discernible differences for injection between the rural and urban areas. While in the rural areas the ever use of injection varied from 0.8 percent in 1983 to 1.0 percent in 1985, in the urban areas it registered a drop from 4.7 percent in 1983 to 4.0 percent in 1985. Variations for other methods between urban and rural areas were not remarkable.

5.5. Differentials in overall levels:

As there were small changes in ever use rates between the 1983 and 1985 CPSs, it was not thought productive to conduct analyses of differentials of the ever use trend by using the data of the two surveys. In view of this, this report contains the differentials analysis only for the levels of ever use as found in the 1985 CPS.

Table-5.5

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED SELECTED FAMILY PLANNING METHODS BY RURAL-URBAN AREA(1); 1983 AND 1985 CPSs

(The Eligible woman Sample)

Methods	Rural		Urban	
	1983a	1985b	1983a	1985b
Oral pill	12.2	11.8	31.4	36.3
Condom	6.0	4.5	17.6	16.1
Vaginal method	1.9	1.3	5.5	4.6
Injection	0.8	1.0	4.7	4.0
IUD	2.0	2.1	4.3	8.0
Tubectomy	5.5	7.3	8.7	8.5
Vasectomy	1.4	1.7	0.8	0.9
Induced abortion/MR	0.7	0.5	3.6	3.9
Safe period	10.5	7.5	15.1	10.8
Withdrawal	5.0	2.6	7.5	6.0
Abstinence	2.9	1.1	4.4	2.0
Other	3.5	2.7	4.3	2.3

(1) The percentage for a method has been computed using as N the total number of ever married women excluding NS (Not Stated) cases.

(a) The number of NS cases in the 1983 survey for rural was 10 for oral pill, 10 for condom, 4 for vaginal method, 10 for injection, 6 for IUD, 11 for tubectomy, 6 for vasectomy , 5 for MR, 9 for safe period, 4 for withdrawal, 9 for abstinence, 13 for other; and that for urban was 1 each for oral pill, injection, IUD, tubectomy, vasectomy, and abstinence, and 2 for safe period.

(b) The number of NS cases in the 1985 survey for rural was 1 each for oral pill, condom, vasectomy, MR, and safe period and 3 for vaginal method; and that for urban was 1 each for vaginal method, injection, tubectomy, safe period, abstinence and other method, and 2 for vasectomy and withdrawal and 4 for MR.

5.5.1. Current marital status:

Differentials in ever use rates by current marital status and by age group are presented in table-5.6. As noted in earlier CPSs, the rate of ever use appeared significantly higher among ever married women who were currently married than among those who were not currently married. Whereas the proportion having ever used a method was only 9.7 percent among ever married women who were not currently married, the percentage was 34.6 percent for those who were currently married. This striking difference was also evident in the rate for modern methods, varying from 7.6 percent among those who were not currently married to 27.6 percent among those who were currently married.

There are two reasons for these observered differentials by current marital status. First, women who were not currently married were not exposed to the risk of pregnancy and hence, they did not need to use contraception. Second, these women were usually older and were therefore less likely to be using contraception.

5.5.2. Age:

As shown by the data in table-5.6, age still remains a major determinant of exposure to contraceptive use among the target population. The proportion having ever used a method was only 5.9

percent among ever married women in the youngest age group (under 15 years of age), while it was 41-44 percent among women aged 35-39 years and 19.1 percent in the oldest age group (44-49 years). The ever use rate for modern methods followed a similar trend. It rose from 4.2 percent among ever married women in the youngest group to a peak of 32-37 percent among those in the 25-39 year age group and thereafter declined to 13.3 percent in the oldest age group (44-49 years).

Decreased ever use among older women (aged 40-49 years) is assumed to reflect the long term trend towards greater contraceptive use. "Each subsequent group of women born in a 5 year period is more likely to use contraception than groups born in earlier periods. Older groups pass through their peak reproductive years when contraceptives were less available and less accepted. Therefore, they are less likely to know about and to use contraception" (Population Reports, 1985). Plausible causes of lower contraceptive use among younger women (under 25 years of age) have been stated in subsection, 6.4.1 (chapter-6).

5.5.3. Children ever born:

Differentials in ever use rates by the number of children ever born are presented in table-5.7. Proportions having ever used a family planning method were highest (40-43 percent) among ever married women having 3-6 children ever born. Among women having fewer than 3 children the proportion dropped, reaching a

Table-5.6

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

(The Eligible Woman Sample)

Sub-group	No.of ever married women (Weighted)	Used at least one method(1)	Used at least one modern method(2)
Marital status			
Currently married	7822	34.6	27.6
Not currently married	719	9.7	7.6
Age group			
< 15	119	5.9	4.2
15-19	1350	14.8	11.0
20-24	1733	31.0	25.0
25-29	1691	42.3	36.5
30-34	1302	43.5	35.2
35-39	995	40.8	31.6
40-44	707	31.0	21.6
45 +	645	19.1	13.3
All	8541	32.5	25.9

(1) Any method: All modern methods plus any traditional method.

(2) Modern method: Oral pill, condom, vaginal method, injection, IUD, tubectomy, vasectomy abortion/MR.

low of 9 percent for women with no children. Among women having more than 6 children, the ever use rate was also lower, reaching 23-27 percent for those with 11 or more children. Similar ever use patterns by the number of children ever born were evident for modern methods. The proportion having ever used a modern method was 31-37 percent among women having 3-6 children, while among women with no children the ever use level was 7 percent.

Patterns of variation by the number of children ever born indicate that women remain reluctant to use any control over their fertility as long as they have fewer than 2 children ever born. Thus, in order to improve contraceptive prevalence in the target population, the family planning program should reinforce its motivational efforts to encourage women to delay their first births and adequately space births.

5.5.4. Living children:

Differentials by the number of living children are presented in table-5.8. Ever use rates by the number of living children followed patterns similar to those for the number of children ever born. The proportion having ever used a family planning method was 10 percent among women who had no living children, rose to 40-44 percent among those who had 3-6 living children, and declined

Table-5.7

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

(The 1985 CPS Eligible Woman Sample)

Children ever born	No.of ever married women (Weighted)	Used at least one method(1)	Used at least one modern method(2)
0	1072	9.0	6.7
1	1074	21.8	16.6
2	1121	34.3	27.7
3	1012	40.3	34.7
4	956	43.2	36.7
5	806	41.3	33.0
6	706	40.2	31.3
7	571	37.1	27.8
8	429	37.8	27.7
9	305	35.1	28.5
10	258	30.6	22.9
11	107	23.4	19.6
12 +	124	27.4	16.9
Not stated	2	0.0	0.0
All	8541	32.5	25.9

(1) Any method: All modern methods plus any traditional method.

(2) Modern method: Oral pill, condom, vaginal method, injection, IUD, tubectomy, vasectomy abortion/MR.

Table-5.8

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

(The 1985 CPS Eligible Woman Sample)

Living children	No.of ever married women (Weighted)	Used at least one method(1)	Used at least one modern method(2)
0	1227	9.6	7.2
1	1345	23.0	17.8
2	1418	35.8	28.8
3	1269	40.2	34.9
4	1071	44.3	36.0
5	875	39.1	29.9
6	603	39.8	29.5
7	369	36.6	27.9
8	202	40.6	32.2
9 +	160	37.5	26.3
Not stated	2	0.0	0.0
All	8541	32.5	25.9

(1) Any method: All modern methods plus any traditional method.

(2) Modern method: Oral pill, condom, vaginal method, injection, IUD, tubectomy, vasectomy abortion/MR.

to a low of 38 percent among those who had 9 or more living children. Similar trends are discernible in the proportion having ever used a modern family planning method, varying from 7 percent among women who had no living children to 30-36 percent among those who had 3-6 living children. The rates for women having 8 living children were somewhat irregular, which was possibly the result of sampling fluctuations.

5.5.5. Education:

Differentials in ever use rates by education are shown in table-6.9. Among women who had never attended school, only 27 percent had never used a family planning method. The rate rose to 37 percent for women with less than primary school education and then to 48 percent for those having completed primary education. With further advances in education the rate increased, reaching a high of 92 percent for those having attained the highest level of education (degree and above).

Given the above findings, it is apparent that one of the major obstacles to improvements in family planning in Bangladesh is the low level of female education. It is questionable whether Bangladesh can attain significantly higher levels of contraceptive use without major gains in female educational attainment.

5.5.6. Religion:

Muslim and Non-muslim women varied greatly with respect to their ever use rates of family planning methods (see table-5.9). Whereas the proportion having ever used a method was only 32 percent among Muslim women, the percentage was higher (41 percent) among Non-muslim women. Similarly, the proportion having ever used a modern method varied from only 25 percent among Muslim women to a high of 33 percent among Non-muslim women.

5.5.7. Employment status:

Differentials in ever use rates by employment status for ever married women are also shown in table-5.9. Ever use rates were lowest among women who were unemployed and highest among those who had paid employment. When the variations are considered, it is apparent that female employment status had a substantial influence on the ever use rate of family planning methods. Whereas the proportion having ever used a method was 32 percent among women having no employment, it rose to 38 percent for those with unpaid employment and to 43 percent for those with paid employment.

5.5.8. Division:

Differentials in ever use rates by divisions are shown in table-5.10. Among the four administration divisions, ever use

Table-5.9

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

(The 1985 CPS Eligible Woman Sample)

Sub-group	No.of ever married women (Weighted)	Used at least one method(1)	Used at least one modern method(2)
Educational level			
Never attended school	5922	26.9	20.8
Less than primary level	1254	36.4	28.7
Completed primary level	672	45.8	36.9
Class VI-VII	265	50.9	45.7
Class VIII-IX	244	59.0	52.9
SSC and HSC	159	72.3	67.3
Degree and above	24	91.7	83.3
Not stated	2	100.0	0.0
Religion			
Muslim	7636	31.5	25.1
Non-muslim	905	40.9	32.7
Employment status			
Paid employment	494	42.5	35.4
Unpaid employment	90	37.8	32.2
Not employed	7956	31.8	25.3
All	8541	32.5	25.9

(1) Any method: All modern methods plus any traditional method.

(2) Modern method: Oral pill, condom, vaginal method, injection, IUD, tubectomy, vasectomy abortion/MR.

rates were lower in Chittagong division. In other divisions, the proportion of ever married women having ever used at least one method was between 33-39 percent. In Chittagong division, the ever use rate was only 21.3 percent. Similar variations were also noted in the ever use rate for modern methods. Among the other divisions, ever use rates for any method and modern methods were somewhat higher in Rajshahi division than in Khulna and Dhaka divisions.

Table-5.10

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

(The 1985 CPS Eligible Woman Sample)

Sub-group	No.of ever married women (Weighted)	Used at least one method(1)	Used at least one modern method(2)
Division			
Rajshahi	2283	39.0	30.8
Khulna	1663	36.3	28.0
Dhaka	2551	33.0	27.6
Chittagong	2043	21.3	16.6
All	8541	32.5	25.9

(1) Any method: All modern methods plus any traditional method.

(2) Modern method: Oral pill, condom, vaginal method, injection, IUD, tubectomy, vasectomy abortion/MR.

5.6. Differentials in method specific rates:

Differentials in method specific ever use rates are presented in tables-5.11a to 5.15b.

5.6.1. Oral pill:

Ever use of oral pills was notably different between ever married women who were currently married and those who were not. Fifteen percent of currently married women reported having ever used a method. In contrast, the rate was only 4 percent for those not currently married (table-5.11a).

Ever use rates for oral pills varied by age group among ever married women. The method was not used among ever married women aged under 15 years, while being used by only 7 percent of ever married women in the 15-19 year age group. The ever use rate was 15 percent among women in the 20-24 year age group, and 20 percent among those in the 25-34 year age group. Thereafter the rate decreased among older women, reaching a low of 6 percent in the oldest age group (44-49 years) (table-5.11a).

Noticeable differentials were also evident in the ever use rate of oral pills by the number of children ever born. Whereas the rate was 18-20 percent among women having 3-5 children ever born, it declined among women having fewer than 3 children ever born, reaching 3.5 percent for ever married women with no

children ever born. Among women with more than 5 children ever born the rate decreased, reaching a low of 10 percent for those who had 11 or more children ever born (table-5.12a).

The number of living children and the number of children ever born were similarly associated with the use of oral pill. However, variations in ever use among women that had two or more living children were not as pronounced as in the case of children ever born (table-5.13a).

As mentioned in earlier CPS reports, the low use of oral pill among women having fewer than two children may be an indication that they were reluctant to use the method until they had had at least two children. This reluctance could be because women are concerned that the oral pill could have an adverse effect on their fecundity.

The most remarkable differential in the ever use of oral pills was by education of ever married women (see table-5.14a). Whereas the method was used by only 9 percent of women having never attended school, the rate rose to 17 percent for those having less than primary level of education, to 27 percent among those having completed primary education, and finally to 67 percent among those having the highest level of education (degree and above).

There were, however, no variations in the ever use of oral pills between Muslim and Non-muslim women. Both groups reported ever use of the method at the same rate (14.3 percent). There was also little variation in the ever use of oral pills by employment status of ever married women (table-5.14a).

As in the case of the overall ever use rate, method specific ever use rates for oral pills were remarkably lower in Chittagong division than in other divisions. Among other divisions, the ever use rate of the method varied from 14.6 percent in Khulna division to 17 percent in Dhaka division (table-5.15a).

5.6.2. Condom:

The pattern of ever use for condoms was similar to that noted for oral pills. This is evident from comparisons of ever use rates, which indicate that condoms were more likely to be ever used by women who were currently married than by those who were not currently married (table-5.11a); more by women aged 20-34 years than by those who were younger (less than 20 years) or who were older (35 years or more) (table-5.11a); more by women who had 2-4 children than those who had fewer children or who had more children ever born (tables-5.12a and 5.13a); and more by women who were highly educated than those who were less educated (table-5.14a).

There were also variations in the ever use of condoms by religion and employment status. Condoms were relatively more utilized among Muslim women than among Non-muslim women, and more among women who were employed than among those who were unemployed (table-5.14a).

In Chittagong division condoms were ever used by only 3.1 percent while the percentage was 7.7 percent in Rajshahi division, 6.6 percent in Khulna division and 5.4 percent in Dhaka division (table-5.15a).

5.6.3. Tubectomy:

Ever use of tubectomy varied considerably by current marital status, by age, by number of children ever born, and by number of living children, showing the highest prevalence among women who were currently married, among women in the 25-34 year age group, among women having 4-6 children ever born and among women having 3-4 children. The method was rarely mentioned by those who were under 20 years of age, and those who had fewer than 2 children (table-5.11a, 5.12a and 5.13a).

Contrary to the findings for the oral pill and condom, tubectomy had higher ever use rates among women who were less educated than among those who were more educated. Whereas the ever use of tubectomy was reported by fewer than 5 percent of women who had completed primary education or over, the percentage was 6.7

percent among those who had less than primary education and 8.3 percent among those who had never attended school (table-5.14a).

Ever use of tubectomy also had striking variations by religion and employment status; 6.5 percent of Muslim women reported having accepted the method, while the rate was 15.2 percent for Non-muslim women. By employment status, the rate varied from 6.9 percent among women who were not employed to a high of 15.8 percent among those who had paid employment (table-5.14a).

The ever use rate of tubectomy was 5.1 percent among ever users in Chittagong division, compared to 8-9 percent in the other divisions (table-5.15a).

5.6.4. Other modern methods:

The ever use rates for other modern methods were low. Thus, differentials for these methods are not generally meaningful and may not lead to valid conclusions. However, there were some findings that may be of value to family planning program administrators.

The IUD was almost equally popular among women across the age range from 20 to 39 years, with lower ever use rates obtained for women who were under 19 years of age and over 40 years of age (table-5.11a). There were also no pronounced variations in IUD ever use by the numbers of children ever born and the numbers of

living children, except for those having fewer than 3 children ever born or those having fewer than 2 living children (tables-5.12a and 5.12b).

As in the case of tubectomy, acceptance of vasectomy in the 1985 CPS was inversely related to education. Vasectomy, in relative terms, was equally popular among both Muslims and Non-muslims (table-5.14a).

5.6.5. Safe period:

The ever use of the safe period method was reported more frequently by women who were currently married than by those who were not currently married, and more frequently by women who were more educated than by those who were less educated. Among currently married women, 8.3 percent did report having ever used the safe period method as opposed to only 2.5 percent for women not currently married (table-5.11a). Variations in the proportion of women using the safe period by education were even more striking, ranging from only 6 percent among those who had never attended school to a high of 33 percent among those who had achieved the highest level of education (table-5.14b).

Variations in the ever use of safe period by age, number of children ever born and number of living children were not pronounced. Excluding women under 19 years of age and those in the oldest age group (45-49 years), the rate of ever use for the

safe period by five-year age group varied between 8-9 percent (table-5.11b). Similar variations were evident by the number of children ever born and number of living children (tables-5.12b and 5.13b).

Unlike oral pills, the safe period method was more readily used among Non-muslim than Muslim women. The safe period method had the highest ever use among women who had paid employment, intermediate use among those who were unemployed and the lowest rate among those who had unpaid employment (tables-5.14a and 5.14b).

The ever use of safe period recorded striking variations in ever use rates by division. The proportion of ever married women having ever used the method was only 5-6 percent in Dhaka and Chittagong divisions, but as high as 11 percent in Rajshahi and Khulna divisions (table-5.15a).

5.6.6. Other traditional methods:

The ever use rates for other traditional methods - withdrawal, abstinence and 'other' -- were extremely low. In view of this outcome, these differentials have been excluded from this discussion.

Table-5.11a

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

(The 1985 CPS Eligible woman Sample)

Sub-groups	No.of ever married women (Weighted)	Oral pill	Con-dom	Vagi-nal meth-od	In-ject-tion	IUD	Tu-bec-tomy	Va-sec-tomy	Abor-tion/ MR(1)
Marital status									
Currently married	7822	15.2	6.0	1.7	1.4	2.9	7.9	1.7	0.9
Not currently married	719	3.8	2.1	0.6	0.3	0.3	2.4	1.0	0.1
Age group									
< 15	119	-	2.5	-	-	-	-	-	-
15-19	1350	6.8	4.1	0.7	0.5	1.1	0.5	0.1	0.1
20-24	1733	14.9	7.5	1.8	1.2	2.7	3.8	1.3	0.9
25-29	1691	19.9	7.9	2.3	1.7	4.4	11.5	1.7	1.1
30-34	1302	19.5	6.5	2.6	1.7	3.5	12.7	1.9	1.6
35-39	995	16.5	4.2	1.7	1.7	3.3	11.4	3.2	1.1
40-44	707	10.2	3.1	0.3	1.7	1.1	8.5	2.4	0.6
45-49	645	6.4	2.2	0.3	0.2	1.2	4.2	1.7	0.3
All	8541	14.3	5.7	1.6	1.3	2.7	7.4	1.6	0.9

(1) Abortion means induced abortion.

Table-5.11b

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

(The 1985 CPS Eligible woman Sample)

Sub-groups	No.of ever married women (Weighted)	Safe period	With-drawal	Absti-nence	Other
Marital status					
Currently married	7822	8.3	3.1	1.3	2.9
Not currently married	719	2.5	0.7	-	0.3
Age group					
< 15	119	3.4	1.7	-	-
15-19	1350	4.1	2.1	0.5	0.4
20-24	1733	7.7	3.5	0.8	1.4
25-29	1691	9.0	4.1	1.1	2.6
30-34	1302	10.5	3.5	1.0	4.6
35-39	995	9.4	2.5	2.5	4.8
40-44	707	8.3	1.1	2.3	4.5
45-49	645	5.0	1.2	1.7	2.8
All	8541	7.8	2.9	1.2	2.7

Table-5.12a

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

(The 1985 CPS Eligible woman Sample)

Numbers of Children ever born	No.of ever married women (Weighted)	Oral pill	Con-dom	Vagi-nal meth-od	In-ject-tion	IUD	Tu-bec-tomy	Va-sec-tomy	Abor-tion/ MR(1)
0	1072	3.5	2.9	0.4	0.3	0.0	0.1	0.4	-
1	1074	11.0	5.9	1.4	0.5	1.6	1.2	0.7	0.7
2	1121	15.2	7.9	2.1	1.5	3.8	5.4	1.2	0.9
3	1012	19.6	8.5	2.6	1.9	4.4	9.5	2.5	1.2
4	956	18.6	7.4	2.6	1.6	3.5	13.5	2.4	0.9
5	806	18.1	5.7	2.2	1.5	3.0	12.3	2.0	0.6
6	706	16.1	4.1	1.0	1.1	2.7	12.7	2.4	0.6
7	571	15.8	3.9	1.4	1.8	2.8	8.4	1.6	0.9
8	429	13.8	5.6	0.9	2.8	3.0	9.3	1.6	0.9
9	305	15.7	4.9	1.0	1.0	3.0	8.9	2.0	2.6
10	258	13.6	2.7	0.4	1.6	2.7	7.0	1.2	1.9
11	107	10.3	1.9	0.0	1.9	0.0	5.6	0.9	0.9
12 +	124	10.5	0.8	0.0	0.0	2.4	2.4	2.4	0.8
Not stated	2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
All	8541	14.3	5.7	1.6	1.3	2.7	7.4	1.6	0.9

(1) Abortion means induced abortion.

Table-5.12b

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

(The 1985 CPS Eligible woman Sample)

Numbers of Children ever born	No.of ever married women (Weighted)	Safe period	With-drawal	Absti-nence	Other
0	1072	2.8	1.9	0.1	0.2
1	1074	6.5	3.2	0.5	0.2
2	1121	8.7	3.7	1.2	1.0
3	1012	8.6	4.1	1.4	2.0
4	956	9.5	4.1	1.2	3.5
5	806	10.9	3.5	1.5	4.0
6	706	8.8	1.3	1.7	4.7
7	571	7.9	1.8	1.2	6.5
8	429	11.0	4.0	3.0	4.4
9	305	7.2	2.3	0.7	5.6
10	258	6.6	1.9	3.1	5.0
11	107	3.7	0.0	1.9	3.7
12 +	124	5.6	0.0	2.4	7.3
Not stated	2	-	-	-	-
All	8541	7.8	2.9	1.2	2.7

Table-5.13a

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

(The 1985 CPS Eligible woman Sample)

Numbers of Living children	No.of ever married women (Weighted)	Oral pill	Con-dom	Vagi-nal meth-od	In-ject-tion	IUD	Tu-bec-tomy	Va-sec-tomy	Abor-tion/ MR
0	1227	3.8	2.7	0.4	0.2	-	0.4	0.5	0.2
1	1345	10.9	6.1	1.3	0.7	1.8	2.0	1.0	0.5
2	1418	15.2	7.1	1.9	1.4	3.9	6.7	1.6	1.1
3	1269	18.3	7.1	2.5	1.9	3.9	12.3	2.8	0.9
4	1071	19.2	6.7	2.0	1.4	3.7	13.4	1.9	1.0
5	875	17.7	4.9	1.7	1.3	1.9	10.3	1.8	1.0
6	603	15.8	5.1	1.2	2.0	3.2	10.0	2.2	1.0
7	369	15.7	3.8	1.1	2.2	3.8	7.0	1.9	1.6
8	202	17.8	6.9	2.0	1.5	3.5	10.9	1.5	2.0
9 +	160	17.5	3.8	0.6	2.5	3.1	3.8	0.6	1.3
Not stated	2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
All	8541	14.3	5.7	1.6	1.3	2.7	7.4	1.6	0.9

Table-5.13b

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

(The 1985 CPS Eligible woman Sample)

Numbers of Living children	No.of ever married women (Weighted)	Safe period	With-drawal	Absti-nence	Other
0	1227	2.7	1.7	0.2	0.2
1	1345	6.8	2.7	0.5	0.3
2	1418	9.0	4.2	1.6	1.3
3	1269	8.0	2.9	0.9	2.4
4	1071	10.0	3.8	1.7	3.9
5	875	9.9	2.4	1.8	5.3
6	603	10.6	1.8	2.2	6.1
7	369	6.8	1.6	1.6	7.6
8	202	9.4	5.4	3.0	5.9
9 +	160	8.1	1.9	2.5	7.5
Not stated	2	-	-	-	-
All	8541	7.8	2.9	1.2	2.7

Table-5.14a

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

(The 1985 CPS Eligible woman Sample)

Sub-groups	No.of ever married women (Weighted)	Oral pill	Con-dom	Vagi-nal meth-od	In-ject-tion	IUD	Tu-bec-tomy	Va-sec-tomy	Abor-tion/ MR(1)
Educational level									
Never attend-ed school	5922	9.3	2.2	0.4	0.9	1.5	8.3	2.0	0.4
Less than primary level	1254	17.1	7.7	2.6	1.8	3.7	6.7	0.8	1.2
Completed primary level	672	26.5	11.9	3.3	1.8	5.1	4.5	0.7	1.8
Class VI-VII	265	32.8	17.0	6.4	3.0	7.2	5.3	0.4	2.6
Class VIII-IX	244	38.1	25.0	5.3	2.5	7.0	3.3	0.4	3.7
SSC or HSC	159	49.7	37.7	13.8	2.5	10.7	3.1	-	5.7
Degree or above	24	66.7	37.5	16.7	8.3	25.0	4.2	-	12.5
Not stated	2	-	-	-	-	-	-	-	-
Religion									
Muslim	7636	14.3	5.9	1.7	1.4	2.6	6.5	1.6	0.9
Non-muslim	905	14.3	4.0	1.0	0.4	3.9	15.2	1.7	0.8
Employment status									
Paid employment	494	16.2	7.7	1.8	1.2	4.9	15.8	2.8	0.6
Unpaid employment	90	15.6	7.8	2.2	1.1	-	6.7	5.6	-
Not employed	7956	14.1	5.5	1.6	1.3	2.6	6.9	1.5	0.9
All	8541	14.3	5.7	1.6	1.3	2.7	7.4	1.6	0.9

(1) Abortion means induced abortion.

Table-5.14b

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

(The 1985 CPS Eligible woman Sample)

Sub-groups	No.of ever married women (Weighted)	Safe period	With-drawal	Absti-nence	Other
Educational level					
Never attended school	5922	6.0	1.3	0.9	2.8
Less than primary level	1254	10.0	3.9	1.5	2.8
Completed primary level	672	12.2	6.5	1.6	3.4
Class VI-VII	265	9.8	7.9	1.9	2.3
Class VIII-IX	244	14.3	12.3	2.5	0.4
SSC or HSC	159	22.6	12.6	4.4	0.6
Degree or above	24	33.3	16.7	8.3	-
Not stated	2	100.0	-	50.0	-
Religion					
Muslim	7636	7.5	2.8	1.1	2.7
Non-muslim	905	10.4	3.6	2.0	2.5
Employment status					
Paid employment	494	10.3	3.8	1.6	4.7
Unpaid employment	90	4.4	3.3	3.3	2.2
Not employed	7956	7.7	2.8	1.2	2.6
All	8541	7.8	2.9	1.2	2.7

Table-5.15a

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

(The 1985 CPS Eligible woman Sample)

Division	No.of ever married women (Weighted)	Oral pill	Con-dom	Vagi-nal meth-od	In-ject-tion	IUD	Tu-bec-tomy	Va-sec-tomy	Abor-tion/ MR(1)
Rajshahi	2283	16.1	7.7	1.3	1.8	2.8	7.8	2.9	0.9
Khulna	1663	14.6	6.6	2.1	1.3	2.8	8.9	1.9	1.0
Dhaka	2551	16.9	5.4	1.7	1.6	2.7	7.9	0.7	1.0
Chittagong	2043	8.7	3.1	1.3	0.2	2.5	5.1	1.0	0.6
All	8541	14.3	5.7	1.6	1.3	2.7	7.4	1.6	0.9

(1) Abortion means induced abortion.

Table-5.15b

PERCENTAGE OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING EVER USED SELECTED TRADITIONAL FAMILY PLANNING METHOD BY DIVISION

(The Eligible woman Sample)

Division	No.of ever married women (Weighted)	Safe period	With-drawal	Absti-nence	Other
Rajshahi	2283	10.9	3.6	2.0	3.1
Khulna	1663	10.8	4.5	1.4	2.7
Dhaka	2551	5.7	2.3	0.8	3.0
Chittagong	2043	4.7	1.7	0.7	1.9
All	8541	7.8	2.9	1.2	2.7

Chapter-6

CURRENT USE OF FAMILY PLANNING METHODS

In the CPS, current use is defined as those "now using" a family planning method. That is, any respondent reporting "using a family planning method" in reply to the following questions is counted as a current user. "Are you or is your spouse now using any family planning method ?"; and (if yes), "Which method are you or is your spouse using ?.

6.1. Levels of use:

6.1.1. Overall rates:

Levels of current use of contraception, as observed in the eligible woman sample of the 1985 CPS, are shown in table-6.1. 25.3 percent of currently married women reported that they or their husbands were currently practicing family planning, with the rate being 18.4 percent for those using a modern method and 6.9 percent for those using a traditional method. It was found that traditional methods still make up a substantial portion of contraceptive prevalence in Bangladesh, accounting for 27.3 percent of all current users in the sample.

The wide use of traditional methods is not a phenomenon observed only among Bangladeshi couples. Their wide use has been consistently noted among couples in many other developing countries such as Malaysia (Chander and Palan,1977); Paraguay

(Morris and Others,1978); Mauritius (Hein,1977) and Turkey (Fisek,1974). Traditional methods date back to antiquity (Heer,1968; Thomlinson,1965) and their continued use to date is an obvious indication that modern contraceptives can never completely replace traditional methods.

The significance of the reported use of traditional methods may be questioned. However, the sizable contribution of traditional methods to overall contraceptive prevalence deserves special attention by the family planning program. There is evidence that if correctly taught, correctly understood and consistently practiced (Heer,1968; Tietze,1968; Tietze and Potter,1962), traditional methods can be effective. The family planning program should give some attention to disseminating knowledge about traditional methods, so that those who use these methods can employ them more effectively.

6.1.2. Method specific rate:

Among individual methods, tubectomy continued to claim the highest prevalence rate, followed by oral pills (table-6.1). The proportion of currently married women reporting the acceptance of tubectomy was 7.9 percent, while oral pill use was 5.1 percent. The safe period method was used by 3.8 percent of currently married women. Injection (0.5 percent), abstinence (0.5 percent) and vaginal methods (0.2 percent) were the least prevalent methods of contraception.

Table-6.1

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

(The 1985 CPS Eligible Woman Sample)

Contraception status	Number of currently married women (Weighted)	Percentage(1)
	1985	1985
Modern methods (total)	1439	18.4
Oral pill	399	5.1
Condom	139	1.8
Vaginal method	15	0.2
Injection	37	0.5
IUD	113	1.4
Tubectomy(2)	615	7.9
Vasectomy	121	1.5
Traditional methods (total)	540	6.9
Safe period	298	3.8
Withdrawal	71	0.9
Abstinence	41	0.5
Other	130	1.7
Any method	1979	25.3
No method	5843	74.7
Total	7822	100.0

(1) All the rates have been computed directly from the actual number of users.

(2) There were 0.09 percent of the currently married women who reported that they and their husbands were both sterilized. These current users have been included under tubectomy.

6.2. Trends:

6.2.1. Trends over 1979-1985:

Trends in current use rates of family planning methods over the period 1979-1985 are shown in table-6.2. Data show a steady increase in the current use of modern methods over the reference period. From 8.9 percent in the 1979 CPS, prevalence rose to 18.4 percent in the 1985 CPS. Between 1979 and 1981, the current use rate of modern methods rose by 2 percentage points, between 1981 and 1983 by 2.9 points, and between 1983 and 1985 by 4.6 points. This accelerating trend, if it can be sustained, should generate substantial improvements in current use of modern methods by 1990.

The increasing trend in the use rate for all methods has not been consistent over time. For example, there was an increase of only 0.5 percentage points between 1981 and 1983 compared to the 5.9 percentage points shown between 1979 and 1981 and 6.2 percentage points obtained between 1983 and 1985. This erratic pattern was possibly the result of overreporting in the use of traditional methods in the 1981 CPS.

6.2.2. Trends over 1983-1985:

Increases in current use of family planning methods over the period 1983-1985 are examined in table-6.3 by comparing the rates obtained in the eligible woman samples of the 1983 and 1985 CPSs.

Table-6.2

PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE USING CONTRACEPTION 1979, 1981, 1983, 1985

(The CPS Eligible Woman Sample)

Methods	1979	1981	1983	1985
Modern methods	8.9	10.9	13.8	18.4
Any methods	12.7	18.6	19.1	25.3

The results show significant increases in current use of family planning methods between the two surveys. In the eligible woman sample of the 1983 CPS, 19.1 percent of currently married women reported using a family planning method, while the rate was 25.3 percent in the 1985 CPS. For modern methods, the increase was from 13.8 to 18.4 percent. For traditional methods the increase was from 5.4 to 6.9 percent.

The 1983-1985 increase in current use was largely due to greater use of modern methods. Of the total increase, modern methods accounted for about 75 percent, with traditional methods making up only about 25 percent. Therefore, it is possible to conclude that the family planning program has attained progress in promoting the use of modern methods since 1983.

6.2.3. Method specific current use rates:

Among individual methods, substantial improvements were discernible in the current use rates of the oral pill and tubectomy between 1983 and 1985. In the 1983 CPS, the current use rate for oral pills in the eligible woman sample was 3.3 percent and for tubectomy 6.2 percent. In the 1985 CPS, the rates increased to 5.1 and 7.9 percent respectively. There were also appreciable increases in the use rate of the IUD, rising from 1.0 percent in the 1983 CPS to 1.4 percent in the 1985 CPS. Except for vaginal methods, the use rates for other modern methods also increased, although these gains were not as pronounced.

Among traditional methods, the use of the safe period increased considerably; namely, from 2.4 percent of currently married women in the 1983 CPS to 3.8 percent in the 1985 CPS. Among the other traditional methods, there were no major variations in levels of reported use between 1983 and 1985.

More than 77.0 percent of the increase in current use between 1983 and 1985 was due to three methods - oral pill, tubectomy and the safe period. The oral pill accounted for 28.6 percent of the increase, tubectomy 27.0 percent, and the safe period 22.2 percent(1).

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(1) While estimating these statistics, vaginal methods were excluded.

Table-6.3

CURRENT USE OF CONTRACEPTION AMONG CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE BY METHOD; 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Contraception status	Number of currently married women (Weighted)		Percentage(1)	
	1983	1985	1983	1985
Modern methods (total)	1055	1439	13.8	18.4
Oral pill	255	399	3.3	5.1
Condom	117	139	1.5	1.8
Vaginal method	20	15	0.3	0.2
Injection	19	37	0.2	0.5
IUD	78	113	1.0	1.4
Tubectomy(2)	472	615	6.2	7.9
Vasectomy	95	121	1.2	1.5
Traditional methods (total)	413	540	5.4	6.9
Safe period	184	298	2.4	3.8
Withdrawal	98	71	1.3	0.9
Abstinence	27	41	0.4	0.5
Other	104	130	1.4	1.7
Any method	1467	1979	19.1	25.3
No method	6195	5843	80.9	74.7
Total	7662	7822	100.0	100.0

(1) All the rates have been computed directly from the actual number of users.

(2) i. In the 1983 CPS, there were 0.2 percent of the currently married women who reported that they and their husbands were both sterilized. These current users have been included under tubectomy.

ii. In the 1985 CPS, there were 0.09 percent of the currently married women who reported that they and their husbands were both sterilized. These current users have been included under tubectomy.

6.3. Urban-rural variations:

Urban-rural variations in rates of current use between 1983 and 1985 are shown in table-6.4. In the 1985 CPS, as in the 1983 CPS, wide disparities in current use rates were noted between rural and urban areas. In the 1985 CPS, the proportion of currently married women in rural areas using a family planning method was only 23.1 percent, compared to 44.2 percent for urban areas. This rural-urban disparity was mostly due to the use rate of modern methods, ranging from 16.3 percent in rural areas to 36.8 percent in urban areas. However, contrary to all other modern methods, the use rate for vasectomy remained higher in rural areas (1.6 percent) than in urban areas (0.8 percent). There was a small variation in the rate for traditional methods between the two areas.

Greater increases in current use of modern methods were discernible in urban areas than in rural areas. Whereas in rural areas the proportion of currently married women using a modern method in the eligible woman sample increased by 4.2 percentage points (from 12.1 percent in 1983 to 16.3 percent in 1985) the corresponding increase for the urban areas was 8.0 points (from 28.8 percent in 1983 to 36.8 percent in 1985). The relatively higher increase in the urban use rate for modern methods may be due to the wider availability of those methods in urban areas.

Table-6.4

CURRENT USE OF CONTRACEPTION AMONG CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE BY METHOD AND RURAL-URBAN AREA(1) 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Methods	Rural		Urban	
	1983	1985	1983	1985
Modern methods (total)	12.1	16.3	28.8	36.8a
Oral pill	2.6	3.9	10.4	15.8
Condom	1.1	1.4	5.2	5.5
Vaginal method	0.2	0.2	0.7	0.3
Injection	0.2	0.4	0.7	0.9
IUD	0.9	1.1	1.8	4.6
Tubectomy(2)	5.8	7.7	9.3	9.0
Vasectomy	1.3	1.6	0.7	0.8
Traditional methods (total)	5.2	6.8	6.9	7.4
Safe period	2.3	3.8	3.6	4.3
Withdrawal	1.3	0.8	1.3	1.7
Abstinence	0.4	0.5	0.3	0.5
Other	1.3	1.7	1.7	0.9
Any method(3)	17.3	23.2	35.7	44.2
No method	82.7	76.8	64.3	55.8
Total	100.0	100.0	100.0	100.0
N	6911	7037	2167	2397

(1) The rates have been computed directly from the actual number of users.

(2) In rural areas, 0.1 percent of currently married women reported that they and their husband were both sterilized. The corresponding figure for the urban area was .04 percent. These current users have been included under tubectomy.

(3) The sum of rural individual rate of modern method (16.3) and traditional method (6.8) is 23.1 instead of 23.2. The difference is due to rounding errors.

(a) The sum of urban individual rate of modern method is 36.9 instead of 36.8.

Unlike modern methods, the use rate of traditional methods registered higher increases in rural areas. This may again be a function of the lower availability of modern methods in the rural areas, as some researchers believe that the use of traditional methods is occasionally due to the inaccessibility of modern methods.

However, when considering the overall current use rate, the increase still remained higher in urban than in rural areas. In urban areas, the increase in the overall use rate was 8.5 percentage points (from 35.7 to 44.2 percent) while in rural areas the increase was 5.8 percentage points (from 17.3 to 23.2 percent).

There were also remarkable variations between the rural and urban areas with regard to increases in current use rates by specific methods. In urban areas, there were substantial increases in the use of the oral pill between 1983 and 1985. In the eligible woman sample of the 1983 CPS, the proportion of currently married women using the oral pill was 10.4 percent in urban areas. In the 1985 CPS, the increase was to 15.8 percent. However, in the rural areas the increase in oral pill use rose only from 2.6 percent in 1983 to 3.9 percent in 1985.

Variations in rates of increase were even more striking between the urban and rural areas for tubectomy and the IUD. While in rural areas there was a discernible rise in the

proportion of currently married women relying on tubectomy (from 5.8 percent in the 1983 CPS to 7.7 percent in the 1985 CPS), in urban areas the use rate for this method remained almost unchanged between the two surveys, revealing a plateauing effect in the acceptance of sterilization among urban women. On the other hand, while the use rate for the IUD increased substantially in urban areas (from 1.8 percent in 1983 to 4.6 percent in 1985), its use in rural areas increased only slightly (from 0.9 to 1.1 percent). Urban-rural variations for the remaining methods were not so pronounced.

The largest contributor to the increase in current use of modern methods in rural areas was tubectomy followed by the oral pill. In urban areas, the oral pill registered the greatest gain, followed by the IUD. Of the total increase in current use rates of modern methods in rural areas, tubectomy accounted for 45 percent and the oral pill for 31 percent, while in the urban areas the oral pill accounted for 64.3 percent and the IUD for 33 percent(1).

6.4. Differentials in levels:

6.4.1. Age:

Table-6.5 shows the differentials in current use of contraception by age group and three broad categories of method. The three categories of method include tubectomy and vasectomy under the modern permanent method category, all other methods

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(1) These estimates were derived, excluding vaginal methods.

(oral pill, condom, vaginal method, injection, IUD) under the modern temporary method category, and all traditional methods (safe period, withdrawal, abstinence, other traditional means such herbal medicines) under the traditional method category.

Pronounced variations persisted in current use rates by age of currently married women, following a curvilinear relationship of contraception with age. Among currently married women under 15 years of age, only 5 percent reported that they were using a family planning method. The percentage rose to 22 percent among those in the 20-24 year age group, and peaked at 34-37 percent in the age groups 24-29 and 35-39 years. The rate decreased to 26 percent for those in the 40-44 year age group and then to a low of 15 percent for those in the age group 45-49 years.

Relatively low use of contraception by younger women under 25 years of age may be explained in terms of the relationship of contraception with the number of children. These women had, on average, fewer than 2 children (table-6.5) and there is evidence that women with fewer than 2 children are less likely to use a family planning method (tables-6.6a and 6.6b). Younger women's lack of autonomy to use contraception may also be a factor partly responsible for their lower use of contraception. Another reason may be that they have less exposure/access to family planning methods.

The decreased use of contraception among older women (40-49 years) is generally attributed to their self-perception of

infecundity (Kamnuansilpa and Chamratrithirong,1985; Fisek,1974; Population Reports,1985). That is, many of these women consider that they are no longer exposed to the risk of pregnancy. Therefore, they are less interested in using a family planning method.

Table-6.5

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

(The Eligible Woman Sample)

Age group	No.of currently married women (Weighted)	Users by categories of methods(1)			Total users
		Modern methods		Traditional methods	
		Perma-nent	Tempo-rary		
< 15	118	0.0	1.7	3.4	5.1
15-19	1282	0.7	5.1	3.4	9.2
20-24	1619	5.2	10.7	5.7	21.7
25-29	1577	13.6	13.1	6.7	33.5
30-34	1200	15.2	11.3	9.1	35.6
35-39	897	15.3	8.1	11.0	34.4
40-44	617	12.2	5.0	9.2	26.4
45-49	512	6.6	2.7	5.7	15.0
All	7822	9.4	9.0	6.9	25.3
Mean age	-	31.8	27.6	30.6	30.1

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

Methods of contraception were also related to age. For modern permanent methods (tubectomy and vasectomy) peak use occurred among women in the 30-39 year age group, while for modern temporary methods it was located in the 25-29 age group and for traditional methods in the 35-39 year age group. Thus, current users of modern permanent methods were on average 4 years older than users of modern temporary methods. The mean age for the former group was 31.8 years, while for the latter group it was 27.6 years. This difference is not unexpected, since older women are more likely to limit rather than space births, with the reverse being true for youger women. There was, however, little variation in the mean age of modern permanent and traditional method users.

6.4.2. Parity:

Differentials in current use rates were considerable. This is evident from data in both tables-6.6a and 6.6b. For example, the proportion of eligible women using contraception was 25 percent for women with 2 children ever born and 32-36 percent among those with 3-6 children ever born. Only 16 percent of eligible women with one child ever born were using contraception, while among women with no children, only 6 percent were currently using. Similar trends were noticeable in the current use of contraception by the number of living children.

The current-use parity relationship varied by method of contraception. The use of modern permanent methods was highest among women having 4-6 ever born children. Modern temporary methods were most likely to be used by women with 3-4 children ever born and traditional methods by women with more than 5 children. Similar variations in current use were found in relation to the number of living children. Users of modern permanent methods were from higher parity groups than were women using modern temporary methods. The former group had on average 5 children ever born (with 3.9 children still living), while the corresponding numbers for the latter group were 3.9 and 3.3 respectively.

The use of modern permanent methods, as expected, was rarely reported by women with fewer than 2 children ever born. The principle of voluntary sterilization, adopted by the Bangladesh government, does not allow a person to undergo a sterilization operation until (s)he has had two children (PCFPD,1981). Also, since in Bangladesh desired family size is still no less than 4 children, a woman or her husband is unlikely to accept a permanent method until s(he) has had at least two children ever born (Mitra and Kamal,1985).

Table-6.6a

PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE USING CONTRACEPTION BY BROAD CATEGORIES(1) OF METHODS AND BY NUMBER OF CHILDREN EVER BORN

(The Eligible Woman Sample)

Number of children ever born	No.of currently married women (Weighted)	Users by categories of methods(1)			Total users
		Modern methods		Traditional methods	
		Permanent	Temporary		
0	955	0.5	2.7	2.8	6.0
1	960	1.7	8.5	5.6	15.8
2	1028	7.0	11.9	6.0	24.9
3	944	12.4	13.2	6.1	31.8
4	886	16.3	12.0	7.3	35.6
5	731	15.0	10.1	9.2	34.3
6	656	16.2	8.5	9.0	33.7
7	525	10.9	7.6	9.9	28.4
8	391	11.0	8.6	10.7	30.4
9	284	11.3	6.0	9.5	26.8
10	237	8.0	5.9	7.6	21.5
11	105	7.6	3.8	1.9	13.3
12 +	118	5.0	1.7	6.7	13.4
Not stated	2	-	-	-	-
All	7822a	9.4	9.0	6.9	25.3
Mean number		5.0	3.9	4.0	4.5

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

(a) Weighted total of currently married women adds to 7823 instead of 7822 due to rounding errors.

Table-6.6b

PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE USING CONTRACEPTION BY BROAD CATEGORIES(1) OF METHODS AND BY NUMBER OF LIVING CHILDREN

(The Eligible Woman Sample)

Number of living children	No.of currently married women (Weighted)	Users by categories of methods(1)			Total users
		Modern methods		Traditional methods	
		Permanent	Temporary		
0	1077	0.7	2.6	2.7	6.0
1	1207	3.1	8.2	5.6	16.9
2	1308	8.6	12.2	5.6	26.3
3	1178	15.5	11.3	6.6	33.4
4	982	16.2	12.1	8.6	36.9
5	797	13.0	8.3	9.8	31.1
6	571	12.4	6.8	11.2	30.5
7	353	9.1	9.6	9.6	28.3
8	190	12.1	8.9	10.7	31.6
9 +	157	4.5	6.4	7.6	18.5
Not stated	2	-	-	-	-
All	7822	9.4	9.0	6.9	25.3
Mean number		3.9	3.3	3.8	3.7

6.4.3. Education:

Differentials in current use by education of currently married women are given in table-6.7. The differentials demonstrate the importance of education in relation to current use. The proportion of women using contraception consistently increases by level of education. Whereas among women who had never attended school the proportion currently using was only 22 percent, it rose to 33 percent for those having completed primary school, and reached a high of 71 percent for those having the highest level of education.

The strong influence of education on contraceptive use is consistent with findings in many other countries (Brackett,1980; UN,1983). However, there is evidence that "education made the least difference to contraceptive use where family planning programs were strong or where levels of socio-economic development were high" (Population Reports,1985). Given this relationship, and recognizing the sizable educational differentials in the 1985 CPS data, one might conclude that further improvements in the Bangladesh family planning program are necessary in order to facilitate contraceptive use among the less educated, and thus encourage higher overall levels of contraceptive use in the country.

Table-6.7

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

(The 1985 CPS Eligible Woman Sample)

Education	No.of currently married women (Weighted)	Users by categories of methods(1)			Total users
		Modern methods		Traditional methods	
		Permanent	Temporary		
Never attended school	5368	10.9	5.2	5.8	21.9
Less than primary level	1168	7.5	10.4	8.4	26.3
Completed primary level	628	5.4	17.4	9.9	32.6
Less VI-VII	252	5.2	20.6	7.1	32.9
Less VIII-IX	229	3.9	29.3	12.2	45.4
SSC and HSC	151	2.6	40.4	12.6	55.6
Degree or above	24	4.2	50.0	16.7	70.8
Not stated	2	-	-	100.0	100.0
All	7822a	9.4	9.0	6.9	25.3

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

(a) Weighted total of currently married women adds to 7823 instead of 7822 due to rounding errors.

The current use rates for modern temporary methods and traditional methods followed similar trends to the overall use rate. However, deviations were evident in the case of modern permanent methods, with current use following an inverse relationship with education. The proportion of currently married women relying on modern permanent methods was highest (10.9 percent) among those who had never attended school. Current use of permanent modern methods declined among women having attained higher levels of education, reaching 2.6 percent among those who had attained education at the SSC and HSC levels. Similar inverse relationships of modern permanent methods with education were also documented in the 1983 CPS.

6.4.4. Employment status:

Differentials in current use by employment status are shown in table-6.8. There were significant variations in contraceptive prevalence by employment status, with the highest rate of current use among women having paid employment, an intermediate rate among those having unpaid employment and the lowest rate among those who were unemployed. Among women with paid employment, 42 percent reported currently using a family planning method. The proportion dropped to 33 percent for those with unpaid employment and to 24 percent for those who were unemployed.

Modern permanent methods were used primarily by women who had paid employment, followed by those who had unpaid employment and

the unemployed. Patterns for temporary modern methods and traditional methods were, however, at variance with the overall use pattern. Temporary methods were less utilized by women in the paid employment and unemployment categories than by those in the unpaid employment category. Traditional methods were less frequently employed by women in both the unpaid employment and unemployed categories than by those in the paid employment category.

6.4.5. Religion:

Differentials in current use rates by religion are also shown in table-6.8. Large disparities in current use between Muslim and Non-muslim women were obtained in the 1985 CPS. While among Muslim women only 24 percent reported using a family planning method, the percentage rose to 37 percent for Non-muslim women. The disparity between the two groups was in part due to higher use levels for modern permanent and traditional methods among Non-muslim women. Among Non-muslim women, 12.7 percent reported using a modern method and 10.5 percent a traditional method as opposed to 6.7 and 6.5 percent respectively among Muslim women. For modern temporary methods there were little variation between Muslim (9.1 percent) and Non-muslim women (8.5 percent).

Table-6.8

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

(The Eligible Woman Sample)

Status	No.of currently married women (Weighted)	Users by categories of methods(1)			Total users
		Modern methods		Traditional methods	
		Permanent	Temporary		
Employment status					
Paid employment	378	22.2	9.3	10.1	41.5
Unpaid employment	69	14.5	13.0	5.8	33.3
Not employed	7375	8.7	8.9	6.7	24.4
Religion					
Muslim	6994	8.4	9.1	6.5	23.9
Non-muslim	828	17.9	8.5	10.5	36.8
All	7662	9.4	9.0	6.9	25.3

(1) The table has been constructed from table-7.6a of this report and table-7.6 of the 1983 CPS report.

6.4.6. Number of methods known:

Differentials in current use by number of methods known to currently married women are shown in table-6.9. The more methods a woman knew the more she was likely to be a user of

contraception. Among women knowing only one method, the rate of current use was 2.6 percent. Current use rose as the number of methods known increased, reaching a high of 56.5 percent among those who knew all 12 methods of contraception. Similar trends were evident in use rates for specific categories of methods.

If the number of methods known is taken as a rough index of contraceptive knowledge, it is then obvious that use has a strong positive relation with knowledge of methods. Strong positive relationships between this measure of knowledge and use were also observed in all previous CPSs. It is therefore important that the family planning program disseminate information and knowledge about all available family planning methods among women of reproductive ages.

6.4.7. Land ownership:

Differentials in current use by land ownership are shown in table-6.10. There were no major variations in the overall level of contraceptive prevalence between women who were from land owning families (25.2 percent) and those who were from landless families (25.5 percent). However, considerable variation emerged when current use rates for specific methods were considered. Both modern temporary and traditional methods were more likely to be used by currently married women coming from landowning families

Table-6.9

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

(The 1985 CPS Eligible Woman Sample)

Number of methods known	No.of currently married women (Weighted)	Users by categories of methods(1)			Total users
		Modern methods		Traditional methods	
		Permanent	Temporary		
0	29	-a	-a	-a	-a
1	77	2.6	-a	-a	2.6
2	228	5.7	1.3	-a	7.0
3	394	8.9	0.5	1.3	10.7
4	637	5.7	1.1	1.3	8.0
5	826	7.5	2.8	2.4	12.7
6	1009	7.7	5.0	3.7	16.4
7	1135	9.6	7.0	6.1	22.6
8	1090	12.1	9.0	7.6	28.7
9	887	11.7	14.1	10.5	36.3
10	683	11.1	18.6	12.4	42.3
11	526	9.3	20.7	16.9	46.9
12 +	299	13.0	26.8	16.7	56.5
All	7822	9.4	9.0	6.9	25.3

(1) The table has been constructed from table-7.6a of this report and table-7.6 of the 1983 CPS report. The figure with the negative sign indicates decreases in the percentage of users between the 1983 and 1985 CPSs.

(a) There were no users in the 1985 CPSs.

Table-6.10

PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE USING CONTRACEPTION BY BROAD CATEGORIES(1) OF METHODS AND BY LAND OWNERSHIP

(The 1985 CPS Eligible Woman Sample)

Land ownership	No.of currently married women (Weighted)	Users by categories of methods(1)			Total users
		Modern methods		Traditional methods	
		Permanent	Temporary		
National					
Own land	5079	7.0	10.1	8.1	25.2
Not own land	2743	13.9	6.9	4.6	25.5
All	7822	9.4	9.0	6.9	25.3

(1) The table has been constructed from table-7.6a of this report and table-7.6 of the 1983 CPS report.

than by those coming from landless families, while the reverse was true for modern permanent methods, with women of landless families reporting higher use rates for these methods than women from landowning families. Among women from landless families, 13.9 percent were relying on modern permanent methods, while among from landowning families the rate was 7.0 percent.

6.4.8. Division:

Differentials in contraceptive prevalence by administrative division of the country are shown in table-6.11. Except for

Chittagong, there were no pronounced variations among administrative divisions with respect to contraceptive prevalence. In Chittagong division, current use of family planning methods was low (16.1 percent) compared to other divisions; namely, Rajshahi (30.3 percent), Khulna (28.2 percent) and Dhaka (26.0 percent). Lower contraceptive prevalence in Chittagong was also documented in earlier CPSs.

Table-6.11

PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE CURRENTLY USING CONTRACEPTION BY BROAD CATEGORIES OF METHODS AND BY DIVISION

(The 1985 CPS Eligible Woman Sample)

Division	No.of currently married women (Weighted)	Users by categories of methods(1)			Total users
		Modern methods		Traditional methods	
		Permanent	Temporary		
Division					
Rajshahi	2099	11.2	10.3	8.8	30.3
Khulna	1544	11.1	8.9	8.2	28.2
Dhaka	2337	9.0	10.9	6.1	26.0
Chittagong	1842	6.4	5.1	4.7	16.1
All	7822	9.4	9.0	6.9	25.3

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

(a) Weighted total of currently married woman adds to 7823 instead of 7822 due to rounding errors.

There were some notable differentials in use rates by method when comparing administrative divisions. Rajshahi and Khulna had the highest prevalence for modern permanent methods, followed by Dhaka and Chittagong. The same order was evident in the case of traditional methods. However, for modern temporary methods the order differed, with Dhaka and Rajshahi having the highest prevalence for these methods.

6.5. Differentials in 1983-1985 current use:

6.5.1. Age:

Table-6.12a shows, by age group and broad method categories, differences in current use between the 1983 and 1985 CPSs. The highest increase in current use between 1983 and 1985 was among women aged 25-34 years followed by those in the 35-49 year age range. In the former group the rate of current use increased by 9 percentage points and in the latter group by 5-7 points. In the two youngest age groups (<15 years and 15-19 years), current use remained about the same between 1983 and 1985, while in the 20-24 year age group the increase was less than 4 points. It is therefore apparent that the family planning program was not very successful in increasing contraceptive prevalence among women under 25 years of age.

The use of modern permanent methods increased most rapidly among women in the 25-29 year age group. The proportion of currently married women aged 25-29 depending on these methods

rose by 3.2 percentage points between the 1983 and 1985 CPSs. Increases in modern permanent methods were also substantial among older women (with the exception of women aged 45-49 years).

Modern temporary methods increased most markedly among women in the 25-29 and 30-34 year age groups. The next highest increase in modern temporary methods occurred among women aged 20-24 years. In other age groups, the increase in temporary method use was not appreciable. Traditional methods increased substantially only among women in the two oldest age groups (40-44 years and 45-49 years).

Table-6.12b gives the relative contribution of specific methods to the 1983-85 increase in current use. Substantial increases among women in the 25-39 year age group were largely due to modern methods. Modern temporary methods accounted for 44 percent of the increase in current use and modern permanent methods another 35 percent. Modern permanent methods also accounted for a major share (37 percent) of the increase in current use among women in the 44-49 year age group. The increase among women under 25 years of age was largely due to gains in modern temporary methods.

Table-6.12a

DIFFERENCES IN PERCENTAGES OF CURRENT USERS BETWEEN 1983 AND 1985 CPSs BY BROAD CATEGORIES OF METHODS AND AGE GROUP(1)

(The Eligible Women Sample)

Age group	Permanent methods	Temporary methods	Traditional methods	Total
< 15	a	- 0.2	- 0.8	- 1.0
15-19	- 0.2	+ 0.1	0.2	+ 0.1
20-24	- 0.4	3.0	0.9	+ 3.6
25-29	3.2	4.3	1.7	9.3
30-34	2.7	4.3	1.9	8.9
35-39	2.5	1.6	0.9	5.0
40-44	2.6	1.8	3.0	7.4
45-49	1.3	0.0	2.3	3.6
All	2.0	2.6	1.5	6.2

(1) The table has been constructed from table-7.6a of this report and table-7.6 of the 1983 CPS report. The figure with the negative sign indicates decreases in the percentage of users between the 1983 and 1985 CPSs.

(a) There were no users in either of the 1983 and 1985 CPSs.

6.5.2. Parity:

Differences in percentages of current users between the 1983 and 1985 CPSs by number of children ever born are shown in table-6.13a and by number of living children in table-6.13b. The

Table-6.12b

RELATIVE CONTRIBUTIONS OF SPECIFIC CATEGORIES OF METHODS TOWARDS INCREASES IN CURRENT USE RATES BETWEEN 1983 AND 1985 CPSs BY BROAD AGE GROUPS(1)

(The Eligible Woman Sample)

Children ever	Permanent methods	Temporary methods	Traditional methods	Total
< 25	0.0	75.0	25.0	100.0
25-39	35.4	43.9	20.7	100.0
40-49	37.3	16.9	45.8	100.0
All	33.9	41.9	24.2	100.0

(1; This table has been derived from table-7.6b.

1983-85 increases in contraceptive prevalence were associated with substantial gains in current use of family planning methods by women having 3-8 ever born children. The greatest increase in use was among women having 3-4 children ever born (9.6 points), while the lowest gain was noted among women with no children ever born.

Method specific increases by number of children ever born show erratic patterns. Nevertheless, it is evident that substantial increases in modern permanent methods were associated

Table-6.13a

DIFFERENCES IN PERCENTAGES OF CURRENT USERS BETWEEN 1983 AND 1985 CPSs BY BROAD CATEGORIES OF METHODS AND NUMBER OF CHILDREN EVER BORN(1)

(The Eligible Woman Samples)

Number of children ever born	Permanent methods	Temporary methods	Traditional methods	Total
0	0.1 (0.4)	- 0.2 (2.9)	0.2 (2.6)	0.1 (5.9)
1	0.5 (1.2)	1.6 (6.9)	2.1 (3.5)	4.2 (1[illegible].6)
2	1.1 (5.9)	3.6 (8.3)	1.0 (5.0)	5.7 (19.2)
3	3.9 (8.5)	4.9 (8.3)	0.8 (5.3)	9.6 (22.1)
4	3.7 (12.6)	4.6 (7.4)	1.3 (6.0)	9.6 (26.0)
5	2.9 (12.1)	2.4 (7.7)	2.8 (6.4)	8.1 (26.2)
6	3.3 (12.9)	2.1 (6.4)	2.4 (6.6)	7.8 (25.9)
7	0.0 (10.9)	3.6 (4.0)	3.2 (6.7)	6.8 (21.6)
8	2.4 (8.6)	3.6 (5.0)	3.1 (7.6)	9.1 (21.2)
9	1.4 (9.9)	1.2 (4.8)	0.7 (8.8)	3.3 (23.5)
10	0.9 (7.1)	1.9 (4.0)	3.3 (4.3)	6.1 (15.4)
11	3.4 (4.2)	- 3.0 (6.8)	-13.2 (15.1)	-12.8 (26.1)
12 +	- 1.3 (6.3)	- 1.3 (3.0)	4.4 (2.3)	1.8 (11.6)
All	2.0 (7.4)	2.6 (6.4)	1.5 (5.4)	6.2 (19.1)

(1) This table has been constructed from table-7.7a of this report and table-7.7 of the 1983 CPS report. The figure with the negative sign indicates decreases in the percentage of users between the 1983 and 1985 CPSs.

with women having 3-4 children ever born, while for modern temporary methods, the greatest gains were among women with 2-5 children ever born and for traditional methods among women with 5-8 children ever born.

6.5.3. Education:

Increases in current use between 1983-85 by level of education are shown in table-6.14. The 1983-85 increase in current use was largely due to greater use by less educated women, i.e. by those with educational attainment at the primary level or below (including the never attended school group). Among the more educated (class VI-VII level or above), increases were not pronounced. The rise of 13 percentage points shown against the highest educational category, degree or above, was based on small numbers of observations and was therefore not a reliable trend indicator.

Among less educated women who completed primary level or less of schooling (the primary target group for the family planning program), current use rose by 6-7 percentage points and a substantial proportion (72-73 percent) of this rise was due to modern methods. This finding represents a significant achievement for the program during the 1983-85 period.

Table-6.13b

DIFFERENCES IN PERCENTAGES OF CURRENT USERS BETWEEN 1983 AND 1985 CPSs BY BROAD CATEGORIES OF METHODS AND NUMBER OF LIVING CHILDREN(1)

(The Eligible Woman Samples)

Number of living children	Permanent methods	Temporary methods	Traditional methods	Total
0	0.1 (0.6)	0.0 (2.6)	0.4 (2.3)	0.5 (5.5)
1	1.3 (1.8)	1.9 (6.3)	2.4 (3.2)	5.6 (11.3)
2	1.2 (7.4)	3.8 (8.4)	0.3 (5.3)	5.2 (21.1)
3	4.7 (10.3)	3.4 (7.9)	0.9 (5.7)	9.0 (24.4)
4	3.7 (12.5)	5.6 (6.5)	1.8 (6.8)	11.1 (25.8)
5	1.1 (11.9)	1.5 (6.8)	1.9 (7.9)	4.5 (26.6)
6	0.5 (11.9)	0.7 (6.1)	3.6 (7.6)	4.9 (25.6)
7	0.6 (8.5)	3.2 (6.4)	2.3 (7.3)	6.1 (22.2)
8	1.9 (10.2)	5.9 (3.0)	3.0 (7.5)	10.9 (20.7)
9 +	2.1 (2.4)	- 1.9 (8.3)	- 1.1 (8.7)	- 0.9 (19.4)
All	2.0 (7.4)	2.6 (6.4)	1.5 (5.4)	6.2 (19.1)

(1) This table has been constructed from table-7.7b of this report and table-7.8 of the 1983 CPS report. The figure with the negative sign indicates decreases in the percentage of users between the 1983 and 1985 CPSs.

Table-6.14

DIFFERENCES IN PERCENTAGES OF CURRENT USERS BETWEEN 1983 AND 1985 CPSs BY BROAD CATEGORIES OF METHODS AND AGE GROUP(i)

Education level	Permanent methods	Temporary methods	Traditional methods	Total
Never attended school	2.4 (8.5)	1.9 (3.3)	1.6 (4.2)	5.9 (16.0)
Less than primary level	2.0 (5.5)	3.3 (7.1)	1.9 (6.5)	7.2 (19.1)
Completed primary level	- 0.1 (5.5)	4.9 (12.5)	2.1 (7.8)	6.8 (25.8)
Class VI-VII	0.4 (4.8)	7.1 (13.5)	- 6.0 (13.1)	1.5 (31.4)
Class VIII-IX	0.7 (3.2)	- 1.6 (30.9)	2.9 (9.3)	2.0 (43.4)
SSC and HSC	0.5 (2.1)	- 4.1 (44.5)	2.5 (10.1)	- 1.1 (56.7)
Degree and above	2.3 (1.9)	7.7 (42.3)	3.1 (13.6)	13.0 (57.8)
All	2.0	2.6	1.5	6.2

(i) (i) The table has been constructed from table-7.9 of the 1983 CPS report and table- of this report. The figure with the negative sign indicates decreases in the percentage of users between the 1983 and 1985 CPSs.

(ii) The figure within parentheses is the percentage of users in the 1983 CPS.

6.5.4. Employment status:

Differences in current use between the 1983 and 1985 CPSs by employment status and broad method categories are shown in table-6.15. Between 1983 and 1985, there were substantial increases in

prevalence among women with paid employment. In this group, the proportions using a family planning method rose by as much as 12.2 percentage points, which was double the increase among women who were unemployed. Women having unpaid employment registered the slowest gain in contraceptive use (4.8 percentage points).

The large increases noted among women having paid employment were due to substantial gains in the use of both modern permanent and traditional methods. The percentage of current users relying on modern permanent methods rose by 5.8 points and those for traditional methods by 5.3 points. The use of modern temporary methods increased by as much as 10 points among women with unpaid employment. This rise was not reflected in the overall trend for these women due to the decreased reporting of both modern permanent methods and traditional methods.

6.5.5. Religion:

Table-6.15 also shows trends in prevalence by religion between the 1983 and 1985 CPSs. Non-muslim women reported higher rates of increase in use between the 1983 and 1985 CPSs. Among Muslim women the proportion reporting increased use of family planning methods was 6.9 percent, while among Non-muslim women it was 8.8 percent. This difference appeared even more striking when the increased use of modern permanent methods was considered. Among Non-muslim women, use of these methods rose by 5.5 points and among Muslim women by only 1.7 points. However, for modern

temporary methods, the Muslim - Non-muslim dichotomy was in the opposite direction, with Muslim women having higher increased use of modern temporary methods. Thus, modern methods accounted for more than 60 percent of the increase in prevalence among Non-muslim women, while for Muslim women, modern methods were responsible for only 25 percent of the overall gain in prevalence.

6.5.6. Number of methods known:

Trends in current use by the number of methods known between the 1983 and 1985 CPSs are shown in table-6.16. It is interesting to note that the increase in contraceptive prevalence between 1983-85 was associated with only two groups of women - (a) those who knew 3 methods or less (least knowledgeable about contraceptives) and (b) those who knew 10 methods or more (most knowledgeable about contraceptives). Among women having contraceptive knowledge at the mid-level (knowing 4-9 methods), there was little change in current use between the 1983 and 1985 CPSs.

However,the two groups (the least knowledgeable and the most knowledgeable) varied considerably with respect to trends in specific categories of methods. The use of modern permanent methods rose most rapidly among the least knowledgeable women, while the increase in use of traditional methods was most pronounced among the most knowledgeable women. Modern temporary

Table-6.15

DIFFERENCES IN PERCENTAGES OF CURRENT USERS BETWEEN 1983 AND 1985 CPSs BY BROAD CATEGORIES OF METHODS AND BY EMPLOYMENT STATUS AND BY RELIGION

(The Eligible Woman Sample)

Status	Permanent methods	Temporary methods	Traditional methods	Total
Employment status				
Paid employment	5.8 (16.4)	1.1 (8.2)	5.3 (4.8)	12.2 (29.4)
Unpaid employment	- 3.5 (18.0)	+10.0 (3.0)	- 1.7 (7.5)	4.8 (28.5)
Not employed	2.2 (6.5)	2.6 (6.3)	1.3 (5.4)	6.1 (18.2)
Religion				
Muslim	1.7 (6.7)	2.8 (6.3)	1.5 (5.0)	6.9 (18.0)
Non-muslim	5.5 (12.4)	1.4 (7.1)	1.9 (8.6)	8.8 (28.1)
All	2.0 (7.4)	2.6 (6.4)	1.5 (5.4)	6.2 (19.1)

(1) This table has been constructed from table-7.7b of this report and table-7.8 of the 1983 CPS report. The figure with the negative sign indicates decreases in the percentage of users between the 1983 and 1985 CPSs.

methods registered negligible increases among both groups of women. However, modern permanent methods (sterilization) accounted for 83 percent of the increase among the least knowledgeable women and only 34 percent among the most knowledgeable.

Table-6.16

DIFFERENCES IN PERCENTAGES OF CURRENT USERS BETWEEN 1983 AND 1985 CPSs BY BROAD CATEGORIES OF METHODS AND NUMBER OF METHODS KNOWN(1)

(The Eligible Woman Sample)

Number of methods known	Permanent methods	Temporary methods	Traditional methods	Total
1-3	3.1 (4.1)	0.4 (0.3)	0.2 (0.6)	3.7 (5.0)
4-6	0.0 (7.1)	0.3 (2.9)	- 0.6 (3.2)	- 0.2 (13.2)
7-9	1.6 (9.4)	0.1 (9.6)	- 0.6 (8.5)	1.1 (27.6)
10-12	1.3 (9.5)	0.5 (20.4)	2.0 (12.9)	3.8 (42.8)
All	2.0 (7.4)	2.6 (6.4)	1.5 (5.4)	6.2 (19.1)

(1) The table has been constructed from table-7.6a of this report and table-7.6 of the 1983 CPS report. The figure with the negative sign indicates decreases in the percentage of users between the 1983 and 1985 CPSs.

(a) There were no users in either of the 1983 and 1985 CPSs.

6.5.7. Land_ownership:

Trends in contraceptive prevalence by landownership between the 1983 and 1985 CPSs are shown in table-6.17. Women of landowning families had higher increases in current use than did those from landless families. However, the difference was not very pronounced. Among women in the former group, the percentage

of current users rose by 6.5 points and in the latter group by 5.4 points. Use rates for both modern temporary and traditional methods increased more rapidly among women from landowning than landless families, while the reverse was true for modern permanent methods. Modern permanent methods accounted for 44 percent of the increase among women from landless families, but only 25 percent in the case of women from landownimg families.

6.5.8. Division:

Trends in contraceptive prevalence between the 1983 and 1985 CPSs by administrative division are shown in table-6.18. The highest increase in contraceptive prevalence was registered in Rajshahi and Khulna divisions and the lowest increase in Chittagong division, with Dhaka division reporting an intermediate level of increase in current use. This trend was somewhat different when considering specific method categories. Dhaka had the lowest increase in modern permanent method use while Chittagong registered the highest increase for these methods. For modern temporary methods, there were few variations among the divisions, with only Chittagong having unusually low gains in use for these methods. For traditional methods, increases were highest in Rajshahi, intermediate in Khulna and Dhaka, and lowest in Chittagong.

Table-6.17

DIFFERENCES IN PERCENTAGES OF CURRENT USERS BETWEEN 1983 AND 1985 CPSs BY BROAD CATEGORIES OF METHODS AND LANDOWNERSHIP(1)

(The Eligible Woman Sample)

Landownership	Permanent methods	Temporary methods	Traditional methods	Total
Ownland	1.6 (5.4)	2.7 (7.4)	2.0 (6.1)	6.5 (18.7)
Do not ownland	2.4 (11.5)	2.3 (4.6)	0.6 (4.0)	5.4 (20.1)
All	2.0 (7.4)	2.6 (6.4)	1.5 (5.4)	6.2 (19.1)

(1) The table has been constructed from table-7.6a of this report and table-7.6 of the 1983 CPS report.

Table-6.18

DIFFERENCES IN PERCENTAGES OF CURRENT USERS BETWEEN 1983 AND 1985 CPSs BY BROAD CATEGORIES OF METHODS AND BY DIVISION(1)

(The Eligible Woman Sample)

Division	Permanent methods	Temporary methods	Traditional methods	Total
Division				
Rajshahi	2.0 (9.2)	3.4 (6.9)	2.3 (6.5)	7.7 (22.6)
Khulna	2.6 (8.5)	3.2 (5.7)	1.7 (6.5)	7.5 (20.7)
Dhaka	1.1 (7.9)	3.3 (7.6)	1.1 (5.0)	5.5 (20.5)
Chittagong	2.5 (3.9)	0.3 (4.8)	0.8 (3.9)	3.5 (12.6)
All	2.0 (7.1)	2.6 (6.4)	1.5 (5.4)	6.2 (19.1)

(1) The table has been constructed from table-7.6a of this report and table-7.6 of the 1983 CPS report.

Chapter-7

CURRENT LEVELS OF CONTRACEPTIVE PREVALENCE

This chapter is devoted to estimating the current level of contraceptive prevalence by taking evidence from both samples interviewed in the 1985 CPS; namely, the eligible woman sample and the couple sample.

7.1. Reporting differentials:

Table-7.1 gives the current use rates reported by the three groups of respondents in the two samples - women in the eligible woman sample and husbands and wives in the couple sample. As in the 1983 CPS, there were discernible reporting differentials among the different groups, with eligible women reporting the lowest use rate, husbands the highest use rate, and wives an intermediate use-level rate. Differentials in the use rate for any method were from 25.3 to 34.9 percent, for modern methods from 18.4 to 25.7 percent and for traditional methods from 6.9 to 9.2 percent.

7.2. Concept of working rates:

There is no basis to accept any one group of respondents as being more reliable. Reporting differentials are only suggestive of biases in reporting of contraceptive use, leading to confusion about the true level of contraceptive prevalence in the country. Thus, in the 1983 CPS, an indirect approach was followed to estimate the current level of contraceptive prevalence by selecting a set of working rates, with the reported use data taken

from the husband sample for vasectomy and condom, and from the eligible women sample for all other methods.

The working rates were selected in two steps. First, the rates for modern methods were chosen assuming that female methods are subjected to less reporting biases among females and male methods among males. Therefore, the working rates consisted of use rates taken from the eligible woman sample for oral pill, tubectomy, injection, IUD, and vaginal method, and from the husband sample for condom and vasectomy.

The working rates for traditional methods were selected at the second step. Traditional methods are not classifiable as male traditional methods and female traditional methods, as their practice involves almost equal participation of both partners. This precluded establishing working rates for traditional methods.

The use of traditional methods is often assumed to be over-reported in surveys. Therefore, a major concern in the selection of working rates for traditional methods was that they not exaggerate the estimation of contraceptive prevalence. The rates for traditional methods reported in the eligible woman sample were taken as the final working rates, considering that even if there was an upward bias associated with the reporting of traditional methods, it was least in evidence among respondents in the eligible woman sample.

Table-7.1

CURRENT USE(1) OF CONTRACEPTION IN THE ELIGIBLE WOMAN SAMPLE AND THE COUPLE SAMPLE, BY METHOD

Methods	The eligible woman sample	The couple sample	
	Women	Wives	Husbands
Modern methods (Total)	18.4	24.3	25.7
Oral pill	5.1	6.2	6.4
Condom	1.8	3.3	4.0
Vaginal method	0.2	0.3	0.5
Injection	0.5	0.2	0.4
IUD	1.4	1.9	1.8
Tubectomy(2)	7.9	8.8	8.8
Vasectomy	1.5	3.6	3.8
Traditional methods (Total)	6.9	8.6	9.2
Safe period	3.8	4.4	5.5
Withdrawal	0.9	1.2	0.9
Abstinence	0.5	0.7	1.0
Other	1.7	2.3	1.8
Any methods	25.3	32.9	34.9
No method	74.7	67.1	65.1
Total	100.0	100.0	100.0
N(3)	7822	1645	1645

(1) All the rates have been computed directly from the actual number of users.

(2) The proportion reporting both the husband and the wife as sterilized were included under tubectomy. The proportion was 0.09 percent for the eligible woman sample; 0.90 percent and 0.80 percent in the couple sample for the husbands and wives respectively.

(3) N in this table is the weigthed total of the eligible respondents in a sample.

7.3. Levels of working rates:

Following the approach adopted in the 1983 CPS, a set of working rates were selected for the 1985 CPS as a means to estimate contraceptive prevalence. However, in the 1983 CPS the working rates for condom and vasectomy were based upon use rates reported by husbands in the husband sample, while in the 1985 CPS these rates were obtained from husbands in the couple sample, since the husband sample was not interviewed in the 1985 survey. This difference will not substantially affect the comparability of the working rates between the two surveys, since the 1983 CPS documented little variation in the reported use rates of condom and vasectomy between husbands of the husband sample and husbands in the couple sample (Mitra and Kamal,1985).

Table-7.2 gives the selected working rates of the 1985 CPS and levels of prevalence for all modern and traditional methods. Also shown in the table are the standard errors and ninety-five percent confidence limits of the estimates. The width of the confidence interval, expressed as a percentage of the concerned estimate, is given in the last column. Procedures for computing the standard errors are described below in sub-section 7.4.

Method specific working rates were highest for tubectomy, with 7.9 percent of eligible couples relying on this method. The oral pill (5.1 percent) had the next highest rate, followed by condom (4.0 percent), vasectomy (3.8 percent) and the safe period (3.8 percent). The working rates for the remaining methods were low, ranging from 0.5 to 1.4 percent.

The overall working rate for current use, estimated by adding the working rates for all individual methods, was 29.8 percent, with the rate for modern methods 22.9 percent, and for traditional methods 6.9 percent. Given the variations between the three sets of data in table-7.1, it should be emphasised that the actual current use rate may be slightly different from the final working rate.

Table-7.2

WORKING RATES OF CURRENT USE

Methods	Rates	Standard errors	95 percent confidence limits Lower	Upper	Width of confidence interval(1)
Modern methods	22.9	1.430	20.0	25.6	12.2
Oral pill	5.1	0.414	4.3	5.9	15.9
Condom	4.0	0.613	2.8	5.2	30.0
Vaginal method	0.2	0.054	0.1	0.3	52.9
Injection	0.5	0.148	0.2	0.8	58.0
IUD	1.4	0.164	1.1	1.7	23.0
Tubectomy	7.9	0.561	6.7	8.9	13.9
Vasectomy	3.8	1.063	1.7	5.9	54.8
Traditional methods	6.9	0.472	6.0	7.8	13.4
Safe period	3.8	0.379	3.1	4.5	19.5
Withdrawal	0.9	0.141	0.6	1.2	30.7
Abstinence	0.5	0.105	0.3	0.7	41.2
Other	1.7	0.220	1.3	2.1	25.4
Any methods	29.8	1.505	26.7	32.7	9.9

(1) The width of confidence interval is given as a percentage of the estimate.

7.4. Standard errors and confidence limits:

Since the samples of the 1985 CPS are two stage stratified cluster samples, the following procedures were adopted in calculating standard error estimates.

First, the variance for an estimate, CUR_i {or $V(CUR_i)$} was calculated using the following formula documented in Kish (1965) for the two stage stratified cluster sample.

$$V(CUR_i) = \frac{1}{\sum_h (W_h CM_h)^2} \left[\sum_h W_h^2 V(CU_{hi}) + (CUR_i)^2 \sum_h W_h^2 V(CM_h) - 2 (CUR_i) \sum_h W_h^2 \, Cov(CU_{hi}, CM_h) \right] \quad \ldots\ldots\ldots\ldots(1)$$

Where, CUR_i = The estimate of the current use rate for the ith method. The estimate was derived as

$$CUR_i = \frac{\sum W_h CU_{hi}}{\sum (W_h CM_h)}$$

W_h = The assigned weight for the hth stratum.

CU_{hi} = The number of current users of the ith method in the hth stratum.

CM_h = The number of currently married women in the hth stratum.

The values of $V(CU_{hi})$, $V(CM_h)$ and $Cov(CU_{hi}, CM_h)$ in the formula were computed as

$$(A) \quad V(CU_{hi}) = \frac{(1 - f_h)}{a_h - 1} \left(a_h \sum_k CU_{hik}^2 - CU_{hi}^2 \right)$$

$$(B) \quad V(CM_h) = \frac{(1 - f_h)}{a_h - 1} \left(a_h \sum_k^{a_h} CM_{hk}^2 - CM_h^2 \right)$$

$$(C) \quad V(CU_{hi,h} \; CM_h) = \frac{(1 - f_h)}{a_h - 1} \left(a_h \sum_k^{a_h} CU_{hik} \; CM_{hk} - CU_{hi} \; CM_h \right)$$

Where, f_h = The sampling fraction in the hth stratum.

a_h = The number of sample areas in the hth stratum.

CU_{hik} = The number of current users of the ith method in the k th sampling area of the hth stratum.

CM_k = The number of currently married women in the k th sample area of the hth stratum.

Variances of the estimates for modern, traditional, and all methods were computed in the following manner.

(1) $V(CUR_a) = \sum V(CUR_i)$ (Sum over all methods)

(2) $V(CUR_m) = \sum V(CUR_i)$ (Sum over all modern methods)

(3) $V(CUR_t) = \sum V(CUR_i)$ (Sum over all traditional methods)

As indicated by the width of the confidence interval, the estimate of the overall working rate was subject to error margins not exceeding +/- 9.9 percent, while the comparable figure for the estimate for modern methods was +/- 12.3 percent and for traditional methods +/- 13.4 percent. It is thus seen that the

overall prevalence estimate was more reliable than separate prevalence estimates for modern and traditional methods.

Among the individual methods, the working rates for tubectomy and the oral pill were the most reliable. The rate for tubectomy was associated with error margins of +/-14.1 percent and that for oral pill with +/- 15.9 percent. Safe period had the next most reliable rate, followed by the IUD, condom, and withdrawal. The other rates were associated with wider error margins exceeding more than +/- 40.0 percent.

Chapter-8

SUPPLY AND SERVICE

Ensuring easy accessibility of contraceptive supplies and services is a prerequisite for promoting effective family planning practice. Thus, major efforts are expended in the family planning program for making contraceptive services and supplies widely available. A wide range of data are collected in the CPS to conduct an evaluation of these efforts. These data may be categorised under three headings: (i) utilization of sources of supply/service among current users, (ii) awareness about sources of supply/service by method among non-users and (iii) field-workers' home-visitation. The current chapter is devoted to the presentation of these data as obtained in the 1985 CPS.

8.1. Utilization of sources of supply/service:

In the CPS, data on utilization of sources of supply/service are collected by asking every current user of modern family planning methods the following question, "From where do you (did) you (your husband) (usually) obtain the supply/service"?. These data are needed to assess the relative efficacy of the different types of supply/service sources in meeting contraceptive requirements. Second, there are many organisations involved in the provision of family planning services, and the data on utilization of supply/service sources provide scope to ascertain the relative contribution of different organisations.

Provision of services varies widely between clinical and non-clinical contraceptive methods. Clinical methods (injection, IUD, tubectomy, and vasectomy) cannot be provided by other than trained health personnel, doctors, and paramedics (and in most cases, without clinical facilities). On the other hand, non-clinical methods (oral pill, condom, and vaginal methods) can be dispensed through any source, with or without institutional facilities and/or trained health personnel. Thus, the relative contribution of different sources need to be studied for clinical and non-clinical methods separately.

8.1.1. Non-clinical methods:

Table-8.1 shows the percentage distribution for non-clinical methods by source of supply. There were no significant variations in this distribution between the 1983 and 1985 CPSs, except for the proportion listed as 'don't know'. In the 1983 CPS, 13.6 percent of current users of non-clinical methods reported that they did not know the source of their method, but the percentage was only 4.0 percent in the 1985 CPS. The difference could be an indicator of better interviewer probing in the 1985 CPS as well as improvements in knowledge of method source.

In both the 1983 and 1985 CPSs, pharmacies were the largest source of supply for non-clinical methods, followed by field workers. In 1983, 41 percent of current users of non-clinical

methods mentioned that they obtained their contraceptives from pharmacies while the proportion mentioning fieldworker was 30.6 percent. The corresponding figures in the 1985 CPS were only slightly different; namely, 38.5 and 29.5 percent respectively.

After pharmacies and fieldwokers, the next most important sources of non-clinical methods were general stores and clinics/ hospitals. In the 1985 CPS, 8.3 percent of current users of non-clinical methods obtained their supplies from general stores and 5.8 percent from clinics/hospitals. In the 1983 CPS, the proportions were 6.0 and 8.2 percent respectively.

There was, however, one notable difference between the 1983 and 1985 CPSs. Whereas quacks and qualified doctors were rarely mentioned as sources of supply in the 1983 CPS, 7.4 percent of current users of non-clinical methods were found dependent on those two sources in the 1985 CPS, with 4.3 percent of current users mentioning quacks and 3.1 percent specifying qualified doctors. This difference may be indicative of improved utilization of these two sources over the 1983-85 period and improved reporting by respondents in the 1985 CPS.

Table-8.1 also shows the distribution of sources of supply, separately for rural and urban areas. There were variations in the relative importance of supply sources between the two areas.

Pharmacies were the most important source of supply in urban areas, while fieldworkers were the most important source in rural areas. In the 1985 CPS, as many as 6 out of every 10 current users of non-clinical methods reported that they were obtaining their supplies from pharmacies in urban areas, while the proportion was only 33.1 percent for rural areas. The proportion of current users of non-clinical methods dependent on fieldworkers varied from 23.5 percent in urban areas to 33.6 percent in rural areas.

Table-8.2 shows the distributions of sources of supply for individual non-clinical methods. The relative importance of sources of supply varied among individual methods. In the 1985 CPS, 43.4 percent of oral pill users, 46.7 percent of vaginal method users and 33.8 percent of condom users were dependent for their supplies on pharmacies. The reduced importance of pharmacies for condom users was due to a substantial portion of the condom supply being met through general stores and pan/ cigarette shops(1). In the 1985 CPS, 23.1 percent of condom users mentioned that they were procuring their supplies from general stores (14.7 percent) or pan/cigarette shops (5.8 percent). In contrast, only 6 percent of pill users and zero percent vaginal method users mentioned either source.

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(1) Pan/cigarette shops are small way side shops selling mostly betel leaves and cigarettes.

Table-8.1

PERCENTAGE DISTRIBUTION OF CURRENT USER OF NON-CLINICAL(1) FAMILY PLANNING METHODS BY REPORTED SOURCE OF SUPPLY

(The Eligible Woman Sample)

Source	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
Pharmacy	38.5	41.0	31.2	33.1	54.4	59.2
General store	6.0	8.3	6.3	9.9	5.4	4.7
Pan/cigarette shop	2.1	1.8	1.9	2.1	2.5	1.2
Quack	0.8	4.3	1.1	6.0	-	0.4
Qualified doctor	0.6	3.1	0.7	3.4	0.3	2.5
Depot-holder	-	0.2	-	0.3	-	-
Clinical/hospital	8.2	5.8	9.3	6.3	5.7	4.7
Fieldworker	29.5	30.6	34.5	33.6	18.4	23.5
Other	0.8	0.7	0.4	1.0	1.7	0.2
Don't know	13.6	4.0	14.5	4.2	11.6	3.5
Unspecified	-	0.2	-	0.3	-	0.2
Total	100.1a	100.0	99.9a	100.2a	100.0	100.1a
N(2)	391b	553b	269	384	353	515

(1) Non-clinical methods: Oral pill, condom, and vaginal method.

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

(b) Weighted total of current users of non-clinical family planning methods.

There were also variations in the importance attributed to fieldworkers by method. Fieldworkers were relatively more important for oral pills than for condom and vaginal methods. The proportion obtaining supplies from fieldworkers in the 1985 CPS was 25.9 percent for condom users, 26.7 percent for vaginal method users, and 32.3 percent for pill users.

Clinics were relatively less useful for the supply of condoms. In the 1985 CPS, only 2.9 percent of condom users mentioned the clinic/hospital source, compared to 6.8 percent among pill users and 6.7 percent among vaginal method users.

One notable finding in table-8.2 is the increased utilization of 'general store' and 'quack' sources in the supply of oral pills and condoms in the 1985 CPS. In the 1983 CPS, 1.8 percent of pill users obtained their supplies from general stores and 1.2 percent from quacks. In the 1985 CPS, the corresponding rates were 5.5 and 4.0 percent respectively. While no condom users reported having obtained their supplies from quacks in the 1983 CPS, the proportion dependent on that source in the 1985 CPS was 5.8 percent. In addition, utilization of general stores increased from 14.7 percent in 1983 to 17.3 percent in 1985. There were also improvements in the extent to which supplies of oral pills were made through qualified doctors: from only 0.8 percent in 1983 to 4.0 percent in 1985.

Table-8.2

PERCENTAGE DISTRIBUTION OF CURRENT USER OF A NON-CLINICAL(1) FAMILY PLANNING METHOD BY REPORTED SOURCE OF SUPPLY: 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Source of supply	Oral pill		Condom		Vaginal method	
	1983	1985	1983	1985	1983	1985
Pharmacy	45.7	43.4	21.0	33.8	48.4	46.7
General store	1.8	5.5	14.7	17.3	8.7	-
Pan/cigarette shop	0.5	0.5	5.8	5.8	-	-
Quack	1.2	4.0	-	5.8	-	-
Qualified doctor	0.8	4.0	0.3	0.7	-	-
Depot-holder	-	-	-	-	-	6.7
Clinic/hospital	6.6	6.8	8.9	2.9	24.0	6.7
Fieldworker	34.2	32.3	22.1	25.9	12.0	26.7
Other	0.8	1.0	0.9	-	-	-
Don't know	8.3	2.5	26.2	7.2	6.9	13.3
Unspecified	-	-	-	0.7	-	-
Total	99.9	100.0	99.9	100.1a	100.0	100.1a
N(2)	255	399	117	139	20	15

(1) Non-clinical methods: Oral pill, condom, and vaginal method.

(2) Weighted total of current users of non-clinical family planning methods.

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

8.1.2. Clinical methods:

Table-8.3 shows the distribution of service source for current users of clinical methods. In the 1983 CPS, clinics/ hospitals were the most important sources of service for clinical methods. 89.8 percent of current users of clinical methods reported that they obtained their method from the clinic/hospital in the national sample, 88.9 percent in the rural sample and 94.8 percent in the urban sample. The 1985 CPS reported corresponding percentages of 92.3, 92.0 and 95.6 percent respectively.

Table-8.4 provides information on sources of service by individual clinical methods. Clinics/hospitals remained the single most important source of service for every clinical method in the 1983 and 1985 CPS surveys. However, there were sizable proportions of IUD and injection users indicating that they obtained their method from a source other than clinics/hospitals. In the 1985 CPS, 13 percent of IUD users said they obtained supplies from fieldworkers referring, possibly, to the paramedic FWVs (Family Welfare Visitors) providing IUD insertions in organised temporary clinics. Among injection users in the 1985 CPS, 7.9 percent obtained services from qualified doctors, 7.9 percent from quacks and 5.3 percent from fieldworkers.

Table-8.3

PERCENTAGE DISTRIBUTION OF CURRENT USER OF CLINICAL(1) FAMILY PLANNING METHODS BY REPORTED SOURCE OF SERVICE(2)

(The Eligible Woman Sample)

Source of supply	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
Pharmacy	0.2	-	0.2	-	0.4	-
General store	-	0.1	-	-	-	-
Pan/cigarette shop	-	-	-	-	-	-
Quack	0.5	0.6	0.5	0.7	-	-
Qualified doctor	0.6	0.6	0.5	0.5	0.7	1.1
Mobile camp	4.1	2.7	4.7	3.0	0.4	0.5
Depot-holder	-	0.1	-	0.1	-	-
Clinical/hospital	89.8	92.3	88.9	92.0	94.8	95.6
Fieldworker	1.9	1.9	2.1	2.0	0.4	1.4
Other	0.2	0.2	0.2	0.1	0.4	0.8
Don't know	2.8	1.5	2.8	1.6	2.9	0.5
Unspecified	-	-	-	-	-	-
Total	100.1a	100.0	99.9	100.0	100.0	99.9a
N	661b	886b	570	766	272	367

(1) Clinical methods: Injection, IUD, tubectomy, and vasectomy.

(2) Weighted total of current users of non-clinical family planning method.

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

(b) The number of NS cases was 1 for national and 1 for rural.

Table-8.4

PERCENTAGE DISTRIBUTION OF CURRENT USER OF A CLINICAL(1) FAMILY PLANNING METHOD BY REPORTED SOURCE OF SERVICE

Source	Injection		IUD		Tubectomy		Vasectomy	
	1983	1985	1983	1985	1983	1985	1983	1985
Pharmacy	7.3	-	-	-	-	-	-	-
General store	-	-	-	-	-	-	-	-
Pan/cigarette shop	-	-	-	-	-	-	-	-
Quack	16.2	7.9	-	1.8	-	-	-	-
Qualified doctor	5.4	7.9	1.7	0.9	0.3	0.2	-	-
Mobile camp	5.4	-	7.7	2.7	3.5	2.9	4.2	1.7
Depot-holder	-	-	-	0.9	-	-	-	-
Clinical/ hospital	56.7	73.7	74.7	77.9	95.4	96.4	80.7	92.5
Fieldworker	1.9	5.3	15.4	13.3	-	-	-	-
Other	-	2.6	-	0.9	0.3	-	-	-
Don't know	7.3	2.6	0.1	1.8	0.6	0.5	15.1	5.8
Unspecified	-	-	-	-	-	-	-	-
Total	100.2	100.0	99.9	100.2a	100.1	100.1a	99.9	100.0
N	19	38b	78	113	472	615	95	120b

(1) Clinical methods: Injection, IUD, tubectomy, and vasectomy.

(b) Due to rounding after weighting, the sum of injection users comes to 38 instead of 37. For the same reason, the sum of vasectomy users come to 120 instead of 121.

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

(b) Weighted total of current users of non-clinical family planning methods

8.2. Contraceptive distribution channels:

There are three contraception distribution channels in Bangladesh: the Bangladesh Government (BDG) program, the Social Marketing Project (SMP) (subsidized private sector), and private manufacturers. Oral pills are supplied by all three channels, but condoms are available only from the the BDG program and SMP. In Bangladesh, condoms are not manufactured and/or sold by private companies. Supplies are available free of cost from the BDG program and at subsidized prices from the SMP. In contrast, private manufacturers sell oral pills at profitable prices. A major focus of the CPS since 1983 has been on measuring the usefulness of the three distribution channels by ascertaining the proportions of the pill and condom users dependent on supplies from each of the channels.

Products supplied through a channel are identified with specific brand names. Brand names of the products (oral pill and condom) supplied by the different channels are specified in table-8.5.

The proportions dependent on a channel are ascertained through physical verifications of the brand of the oral pill/condom currently being used. The physical verification is conducted by asking all respondents currently using oral pills/condoms a series of questions in the following order:

(i) "Do you have any oral pills/condoms in your house now?" (If yes) "Can you show them to me ?"

(ii) If unable to show: "What is the reason that you are unable to show the method, although you have told me that you have the method in the house ?" (Probe)

(iii) If the method was not in the house: "Why do you not have the method in the house ?"

(iv) For those who were unable to show the method the interviewer displayed samples of all brands of oral pills and condoms and asked, "Is it one of these ?"

Table-8.5

BRAND NAMES OF ORAL PILLS AND CONDOMS
BY DISTRIBUTION CHANNELS

Products	BDG program	SMP	Private manufacturers
Condoms	Tahiti Sultan Gent Circle Rubber	Raja Panther Majestic	-a
Oral pills	Noriday Nordette Combination-5	Maya Ovacon	Ovostat Marvelon Lyndiol Ovral Restover

(a) Condoms are not manufactured at private level in Bangladesh.

8.2.1. Ability_to_show_the_method:

Table-8.6 shows the proportions of condom and pill users who were able to show the method they were currently using to the interviewer in the 1985 CPS, along with the comparable proportions obtained in the 1983 CPS. There were significant improvements in the physical verification between the two surveys. In the 1983 CPS, 82 percent of the oral pill users could show the method, while the proportion was 92 percent in the 1985 CPS. For condom users, the improvement was even greater: from only 59 percent in the 1983 CPS to 86 percent in the 1985 CPS. This improvement is likely a reflection of the improved skills of interviewers in the 1985 CPS compared to the 1983 CPS.

In both the 1983 and 1985 CPS surveys, the majority of users who were unable to show the method said that they did not have the method in the house. However, the proportion was significantly lower in the 1985 CPS compared to the 1983 CPS. In the 1983 CPS, 15.3 percent of pill users and 30.8 percent of condom users did not have their method in the house. These percentages declined to 6.8 and 12.2 percent respectively in the 1985 CPS, showing improvements in the ready (on hand) availability of pills and condoms among users.

Table-8.6

PERCENTAGE DISTRIBUTION OF CURRENT USERS OF ORAL PILL AND CONDOMS BY ABILITY TO SHOW THE METHODS; 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Ability to show	Oral pills		Condoms	
	1983	1985	1983	1985
(1) Able to show the method	82.3	92.0	59.0	85.6
(2) Not able to show the method:				
(a) for not having it in the house	15.3	6.8	30.8	12.2
(b) for other reasons	2.4	1.3	10.2	2.2
Total	100.0	100.0	100.0	100.0
N(1)	255	399	117	139

(1) N in this table is the weighted current users of oral pills/ condoms.

8.2.2. Results of physical verifications:

Table-8.7 gives the percentage distribution of oral pill and condom users by physically verified brand names. Private manufacturers were the most important providers of oral pills. In the 1983 CPS, 41 percent of oral pill users were using brands of oral pills sold by private manufacturers. This proportion increased to 45 percent in the 1985 CPS. There were also

increases in the share of SMP brands; from 19 percent of oral pill users in the 1983 CPS to 26 percent in the 1985 CPS. The proportion of pill users depending on BDG supplied brands declined from 39 percent in 1983 to 28 percent in 1985.

SMP was the most important provider of condoms. In the 1983 CPS, 64 percent of condom users were using SMP supplied brands. In the 1985 CPS, the proportion rose to 74 percent, resulting in reductions in the proportion of users dependent upon brands supplied by the BDG program (from 33 percent in 1983 to 26 percent in 1985).

In the 1985 CPS, the most widely used brand of oral pills was Ovostat followed by Combination-5. The next widely used Oral pill brands were Maya, Ovacon, and Ovral. Among Condom brands, Raja was the most popular, followed by Sultan, Panther, Tahiti, and Majestic.

There was a noticeable shift in the relative popularity of BDG brands of oral pills between the 1983 and 1985 CPSs. In the 1983 CPS, Noriday was among the most popular brands, being used by 38 percent of oral pill users; Combination-5 was the least popular brand, being used by only 2 percent of oral pill users. In the 1985 CPS, the percentage of Noriday oral pill users dropped to 5 percent while Combination-5 increased to 23 percent. These

findings reflect the fact that after 1983 Combination-5 became the major brand supplied by the BDG program.

Notable among the oral pill brands showing increased use over the 1983-1985 period were Maya, Ovacon and Ovral, in addition to Combination-5. The use of Maya increased from 13 percent in 1983 to 16 percent in 1985, Ovacon from 7 to 10 percent, and Ovral from 1 to 8 percent.

Among SMP condom brands, Majestic rose from zero percent in the 1983 CPS to 9 percent in the 1985 CPS and Panther from 8 to 13 percent. Over the same period, Raja declined from 56 to 51 percent. Among BDG condom brands, the use of Sultan rose from zero to 15.3 percent, while Tahiti decreased from 27.7 to 10.1 percent. This shift can be explained by the decreased supply of Tahiti condoms in the BDG program between 1983-85.

8.3. Knowledge of sources:

Method specific knowledge of sources, as obtained in the 1985 CPS, are shown in tables-8.8(a) and 8.8(b). The tables also contain comparable data from the 1983 CPS. Between 1983 and 1985, there were significant improvements in knowledge of supply/service sources for every method - clinical and non-clinical. In the 1983 CPS, 49.9 percent of respondents having

knowledge of injection but not currently using it, did not know of the sources for the method. In the 1985 CPS, the proportion decreased to 26.2 percent {table-8.8(a)}. Similar decreases occurred for other clinical methods: for IUD from 38.3 to 15.5 percent, for tubectomy from 20.9 to 6.2 percent, for vasectomy from 32.4 to 8.4 percent, and for MR/induced abortion from 35.6 to 15.7 percent. Decreases were also pronounced for all non-clinical methods, namely, oral pills, condoms, and vaginal methods {table-8.8(b)}.

8.3.1.Oral pills:

'Home delivery by government fieldworkers' was the best known source of supply for the oral pill, while clinics/hospitals and pharmacies were the second best known sources. Other sources for oral pills constituted less than 6.9 percent in the 1985 CPS eligible woman sample.

Except for 'home delivery by government fieldworkers', there were improvements in knowledge of every supply source for oral pills between 1983 and 1985. Whereas the proportion of eligible women knowing that they could collect oral pills from a government fieldworker's house was 1.7 percent in the 1983 CPS,

Table-8.7

PERCENTAGE DISTRIBUTION OF CURRENT USERS OF ORAL PILLS AND CONDOMS BY PHYSICALLY VERIFIED BRAND NAMES; 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Brand names	Percentage	
	1983	1985
ORAL PILLS		
BDG Brands:	39.0	28.4
Noriday	37.6	5.2
Nordette	-	0.3
Combination-5	1.4	22.9
SMP Brands:	19.3	25.6
Maya	12.8	15.5
Ovacon	6.5	10.1
Private Manufacturers:	40.6	45.0
Ovastate	33.5	31.3
Marvelon	-	0.5
Lyndiol	6.1	4.6
Ovral	1.0	8.3
Restover	-	0.5
Other:	0.7	0.6
Not Stated:	0.4	0.3
Total	100.0	99.9
N(1)	255	399

Contd...

Table-8.7 (Contd.)

Brand names	Percentage	
	1983	1985
CONDOMS		
BDG Brand:	33.4	26.0
Tahiti	27.7	10.3
Sultan	-	15.3
Gent	-	1.0
Circle Rubber	5.7	-
SMP Brand:	64.0	73.9
Raja	55.6	50.9
Panther	8.4	12.5
Majestic	-	9.5
Other:	0.9	-
Not Stated:	1.7	0.5
Total	100.0	100.0
N(1)	117	139

(1) N in this table is the weighted total of current users of oral pills/condoms.

it increased to 6.8 percent in the 1985 CPS. Similarly, the proportion mentioning pharmacies increased from 5.7 to 6.8 percent and for clinics/households from 13.8 to 16.7 percent. Proportions having knowledge of other sources for oral pills (such as general stores, village doctors) was very low.

8.3.2. Condoms:

'Home delivery by government fieldworkers' was also the best known source for condoms. Among the next best known sources were clinics/hospitals, pharmacies, general stores, and pan/ cigarette shops.

There was no change in the level of knowledge of home delivery between 1983 and 1985. However, improvements were evident for all sources other than general stores. The most pronounced improvements were registered for knowledge of pan/cigarette shops. The proportion of respondents mentioning this source for condoms was only 3.6 percent in the 1983 CPS, while it rose to 12.2 percent in the 1985 CPS.

8.3.3. Vaginal method:

There were substantial improvements in knowledge of pharmacies as the source of obtaining vaginal method services. While 18.8 percent mentioned pharmacy as the source for vaginal methods in the 1983 CPS, the percentage rose to 24 percent in the

1985 CPS. The next best known sources for vaginal methods were government clinics/hospitals and 'home delivery by government fieldworkers'.

8.3.4. Clinical methods:

As in the 1983 CPS, government clinics/hospitals remain the most widely known source for every clinical method. This is not unusual, since information about other sources for clinical methods is rarely disseminated. In addition, services cannot be procured free of cost from any of the other sources (except voluntary clinics).

Significant improvements in knowledge of clinics/hospitals as the source of supply/service for clinical methods were reported in the 1985 CPS. The proportion having knowledge of clinics/hospitals as a source for tubectomy was mentioned by 75.6 percent in the 1983 CPS, while the percentage was 91.6 percent in the 1985 CPS. Similar increasing trends were evident in the percentages for other clinical methods, rising from 43.0 to 65.7 percent for injection, from 55.4 to 77.9 percent for the IUD, from 65.3 to 89.8 percent for vasectomy, and from 58.0 to 80.2 percent for induced abortion/MR.

8.4. Fieldworkers:

Large numbers of Ministry of Health and Family Planning fieldworkers are deployed throughout the country to provide

domiciliary health and family planning services. Their responsibilities in the area of MCH and family planning usually include:

(1) carrying out routine home-visitations among the target population in the specific area the worker has been assigned, contacting every eligible woman at regular intervals by covering all the households successively in a cyclical fashion;

(2) identifying the needs of the couple at every contact and making available the service(s) the couple may need. Specific services usually offered by the field-worker include:

- motivating and educating, face to face, all individual (eligible) women, emphasising the need for their adoption/continuation of family planning practices;

- disseminating knowledge and information about all available family planning methods;

- providing supplies of contraceptives such as oral pills and condoms to couples;

- referring clients of clinical methods to the appropriate service centres (such as clinics, hospitals);

- following-up acceptors of sterilization and the IUD methods;

- counselling FP users about treatments of the side-effects they may have experienced with their method(s);

- educating mothers about their own health and the health of their children, including discussions about MCH interventions.

Table-8.8a

PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN UNDER 50 YEARS OF AGE HAVING KNOWLEDGE OF A SPECIFIC CLINICAL FAMILY PLANNING METHOD BY KNOWLEDGE OF SOURCE OF SERVICE OF THE METHODS 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Source	Injection		IUD		Tubectomy		Vasectomy		MR	
	1983	1985	1983	1985	1983	1985	1983	1985	1983	1985
Pharmacy	0.8	1.1	0.0	-	-	-	-	-	-	-
General store	-	-	-	-	-	-	-	-	-	-
Pan/cigarette shop	-	-	-	-	-	-	-	-	-	-
Village doctor	0.7	1.5	0.1	0.2	-	-	-	-	1.0	0.4
Graduate doctor	1.6	2.6	0.2	0.4	0.1	0.1	-	0.1	1.2	0.7
Mobile camp	-	0.2	0.3	0.7	1.6	1.2	1.1	1.0	0.1	0.4
Govt. clinic/ hospital	43.0	65.7	55.4	77.9	75.6	91.6	65.3	89.8	58.0	80.2
Voluntary/private clinic hospital	1.2	1.2	0.9	1.3	0.6	0.7	0.4	0.5	1.0	1.1
Clinic/hospital (Unspecified)	0.8	0.2	0.4	0.3	1.1	0.1	0.7	0.2	0.5	0.2
Govt. field-workers house	0.3	0.3	0.5	0.8	-	0.0	-	0.0	-	0.0
Home delivery by Govt.fieldworker	1.4	0.8	3.7	2.8	-	-	-	0.0	0.4	0.0
Home delivery and unspecified fieldworker	0.1	0.2	-	0.1	-	-	-	0.0	0.1	0.1
Other	0.1	0.0	0.1	0.0	-	0.0	-	0.0	2.1	1.1
Don't know any source	49.9	26.2	38.3	15.5	20.9	6.2	32.4	8.4	35.6	15.7
Total	99.9a	100.0	100.0	100.0	99.9a	99.9	99.9a	100.0	100.0	99.9
N(1)	5242b	6286	3461b	5463	7663	7748	6110b	7067	3833b	4887

Foot notes to this table are given on page-214.

Table-8.8b

PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN UNDER 50 YEARS YEARS OF AGE HAVING KNOWLEDGE OF A SPECIFIC NON-CLINICAL FAMILY PLANNING METHOD BY KNOWLEDGE OF SOURCE OF SUPPLY OF THE METHOD 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Source of supply	Oral pill		Condom		Vaginal method	
	1983	1985	1983	1985	1983	1985
Pharmacy	5.7	10.1	7.7	10.1	18.8	24.0
General store	1.0	3.0	10.5	8.6	2.7	4.0
Pan/cigarette shop	0.3	4.3	3.6	12.2	0.2	2.7
Village doctor	0.2	2.5	0.2	2.4	0.4	2.1
Graduate doctor	0.2	1.0	0.1	0.9	0.7	2.4
Mobile camp	-	0.0	-	0.0	-	0.0
Government clinic/ hospital	13.8	16.7	11.4	13.7	16.7	17.9
Voluntary/private clinic hospital	0.3	0.2	0.2	0.1	0.4	0.5
Clinic/hospital (Unspecified)	0.1	0.2	0.1	0.2	0.1	0.2
Govt. field-workers house	1.7	6.8	1.4	5.4	1.1	3.4
Non-govt. field-worker/Don't know	-	0.3	-	0.2	-	0.2
Home delivery by Govt. fieldworker	40.6	36.7	28.3	28.8	14.3	14.1
Home delivery and Non-govt.unspecified fieldworker	0.4	0.6	0.2	0.5	0.2	0.3
Other	0.1	0.1	0.2	0.1	-	-
Don't know any service	33.4	17.5	36.2	16.8	44.4	28.0
Total	99.8a	100.0	100.1a	100.0	100.0	99.8
N(1)	7756	8027	4904	6309	1632b	2237

Foot notes to this table are given on page-214

Thus, fieldworkers make up a key component of the family planning service delivery system and a key strategy in the family planning program's educational and motivational efforts to popularise family planning practices. Successful implementation of the family planning program depends, to a large extent, on the effective deployment of fieldworkers. A major goal of the CPS since 1983 has been to evaluate the performance of these workers by assessing the coverage and frequency of their home-visitation to eligible women in the reproductive age group.

The coverage and frequency of fieldworker's home-visitation in the CPS is ascertained by asking a series of questions:

(a) During the last six months, has any one visited you in your home to talk to you about family planning or to give you any family planning methods ?

(b) Who was this person ? (probe)

(c) Do you know if this worker is a government worker or non-government worker ?

(d) Is the worker male or female ?

(e) (You have mentioned that family planning worker comes to your house to give supply of your method.) When was the last time the worker visited you in your home ? (probe)

Foot note to Table-8.8b:

(1) N in this table is the total number of ever married women having knowledge of specific family planning methods and sources of supply/service, excluding current users of the specific method and NS(Not Stated) cases, if any, for the question about knowledge on sources of supply/service for specific methods.

(a) Total is more or less than 100 percent due to rounding errors.

(b) The number of NS cases was 1 for oral pill, 2 for vaginal method in 1983 and 1 for condom in 1985

8.4.1. Coverage of home-visitation:

Table-8.9 shows the percentage distribution of currently married women in the 1985 CPS eligible woman sample according to whether they were visited by any fieldworker during the last six months. The table also contains the comparable distribution obtained in the 1983 CPS eligible woman sample.

In the 1983 CPS, the vast majority of respondents reported that they were not visited by a fieldworker in their home during the last six months preceding the interview date (either to talk to them about family planning or to provide a family planning method). Data from the 1985 CPS revealed that the level of fieldworker home-visitation deteriorated rather than improved over the period between the two surveys. As can be seen from table-8.9, in the 1983 CPS, 30.1 percent of currently married women reported having ever been visited by a family planning worker in the last six months prior to the interview date. The percentage dropped to 27.3 percent in the 1985 CPS. This finding should signal concern for all those involved with the management of the family planning program.

8.4.2. Frequencies of home-visitation:

Table-8.10 shows the period of time since the last visit of fieldworkers. In the 1983 CPS, 80 percent of respondents reporting visits by fieldworkers were visited in the last three

Table-8.9

PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE SHOWING VISITS TO THEM DURING LAST SIX MONTHS BY ANYONE FOR DISCUSSION ON FAMILY PLANNING BY TYPE OF WORKER; 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Status of visit/ type of worker	Percentage	
	1983	1985
Yes (Net)	30.1	27.3
Fieldworkers	30.0	27.3
Others	0.1	0.0
No (Net)	69.9	72.7
Total	100.0	100.0
N(1)	7656a	7820a

(1) N in this table is the total number of currently married women, excluding NS (Not stated) cases, if any for the question about visits to them during last six months by anyone for discussion on family planning and by type of worker.

(a) The number of NS (Not stated) cases was 6 for 1983 and 2 for 1985.

months, with 67 percent reporting that they were visited in the last 2 months from the date of interview and another 13 percent between 2 and 3 months of the interveiw. The same time pattern of

home-visitation emerged in the 1985 CPS, showing the corresponding figures at 76, 61 and 15 percent respectively. The average time interval since the last visit remained the same in both surveys, providing indications that fieldworkers - almost all of whom are female (as shown in table-8.12) -- do their routine home-visitation work by limiting it to a small selected group of women in the target population, repeating visits almost every month for those women, while occasionally or almost never visiting the others.

8.4.3. Categories of workers:

As indicated earlier, there are many NGOs involved in the promotion of family planning in Bangladesh. Since the 1983 CPS, a special effort has been made to evaluate the contributions of NGOs by ascertaining the proportion of eligible women visited by their workers. This involved collection of information on whether or not the worker visiting a respondent is a government or non-government worker. Unfortunately, in most instances, respondents do not know the category of their fieldworker.

Table-8.11 shows the distribution of fieldworkers by government/non-government categories as evaluated in the eligible woman sample of the 1985 CPS. The table also contains the same distribution from the 1983 CPS eligible woman sample.

Table-8.10

PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE WHO WERE VISITED BY FIELDWORKERS IN LAST SIX MONTHS SHOWING THE TIME SINCE THE LAST VISIT OF A FIELD WORKERS 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Last visit by the field worker was within	Percentage	
	1983	1985
< 1 month	49.2	36.1
1 to <2 months	17.6	24.5
2 to <3 months	12.8	14.9
3 to <4 months	6.6	9.6
4 to <5 months	4.9	6.8
5 to <6 months	6.9	7.2
Don't know	2.1	0.9
Total	100.0	100.0
N(1)	2104a	2114a
Mean(2)	1.1	1.2

(1) N in this table is the total number of currently married women who reported that they were visited by any fieldworker during the last six months, excluding NS (Not stated) cases, if any.

(2) Mean has been computed excluding the "don't know" cases from the table.

(a) The number of NS (Not Stated) cases was 16 in 1985 and 203 in 1985.

Categories of workers in the 1985 CPS were evaluated by following the same techniques as used in the 1983 CPS. Before starting the data collection from a sample spot, the interviewing team identified all family planning fieldworkers (government or non-government) covering the spot and collected all particulars about the workers (such as their name, address, sex, age, etc.). Using this information, the interviewer determined the category of a reported worker in case the respondent was unable to report the category or if the interviewer was in doubt that the respondent reported the category correctly. As in the 1983 CPS, the category in most cases had to be ascertained by the interviewer, with most of the respondents not being able to report whether the worker was a government or a non-government worker.

As mentioned in the 1983 CPS final report, there are few family planning workers in most localities. Therefore, it is not difficult for the interviewing team to identify all the workers covering a sample spot. In addition, the CPS interviewing teams received assistance from BDG family planning field personnel. As a result, the team members personally know almost all government fieldworkers in their sample spots. Thus, it is not likely that a government worker was erroneously coded as a non-government worker or would go unspecified in the sample.

Table-8.11

PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE WHO WERE VISITED BY FIELDWORKER IN THE LAST SIX MONTHS BY CATEGORY OF WORKER 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Category of field worker	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
Government worker	97.0	96.6	97.6	96.9	90.8	93.4
Non-Government worker	0.6	2.3	0.2	2.2	4.3	3.2
Don't know	2.4	1.1	2.2	0.8	4.9	3.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
N(1)	2295a	1972a	2085a	1757	607a	656a

(1) N in this table is the total numbers of currently married women who reported that they were visited by fieldworker in the last six months, excluding NS (Not Stated) cases, if any, for the question about whether anyone visited the respondent in the last six months.

(a) The number of NS cases was 12 in the national sample, 10 for the rural sample, and 5 for the urban sample. The difference between the number of NS cases in the national sample, and in sum of those in the rural and urban sample was due to weighting in 1983 and 1 for urban area in 1985.

However, data for urban areas need to be treated with some caution. It is not an easy task, as in rural areas, to identify all workers in sample spots of major urban centres such as Dhaka and Chittagong, where many NGOs are involved in the provision of family planning services. It is likely that many unspecified workers in the CPS are non-government workers. This conclusion is partly supported by the data in table-8.11 showing higher

proportions of unspecified workers in urban than rural areas. In the 1983 CPS, the proportion of workers remaining unspecified was 2.2 percent in rural areas compared to 4.9 percent in urban areas; and in the 1985 CPS, it was 0.8 percent compared to 3.4 percent.

In the 1983 and 1985 CPSs, proportions of eligible women visited by NGO workers remained extremely low. In the 1985 CPS, only 2.3 percent of respondents reporting receipt of visits from fieldworkers in the last six months said they were visited by an NGO worker, with the rate being 2.2 percent for the rural sample and 3.2 percent for the urban sample. Even if unspecified workers are included, NGO workers do not make up more than 3.4 percent of the visited respondents in the national sample, and more than 3.0 percent in the rural sample. This low proportion may be due to the fact that NGOs are primarily active in urban areas. However, even for the urban sample, the proportion of NGO workers does not rise to more than 6.4 percent, even when unspecified workers in urban areas are counted as NGO workers.

8.4.4. Sex composition of workers:

Table-8.12 shows the sex distribution of reported workers. There were no variations in the reported sex composition of workers between the 1983 and 1985 CPSs, with the proportion of female workers remaining at 97.8 percent in the 1985 CPS. Thus,

the 1985 CPS upheld the finding of the 1983 CPS that female FWAs remain the main provider of family planning services in the country, with grass-root male health workers expending little effort in the provision of family planning services.

Table-8.12

PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE WHO WERE VISITED BY FIELDWORKER IN THE LAST SIX MONTHS BY SEX OF WORKERS 1983 AND 1985 CPSs

Status of visit/ type of worker	Percentage	
	1983	1985
Male	2.4	2.1
Female	97.6	97.9
Total	100.0	100.0
N(1)	2294a	1972a

(1) N in this table is the total number of currently married women who reported that they were visited by fieldworker in the last six months, excluding NS (Not Stated) cases, if any, for the question about sex of the field worker.

(a) The number was NS cases was 2 for rural area and 2 for national.

Chapter-9

CONTINUATION RATES OF CONTRACEPTIVE PRACTICE(1)

A special effort was made in the 1985 CPS to collect data on the duration of contraceptive use over the period between January, 1983 and the 1985 CPS interview date. The intention was to study continuation rates and their differentials by applying a cross-sectional approach proposed by Laing (1985), and to provide policy makers and planners with information about the relative usefulness of different methods in increasing the level of contraceptive protection.

9.1. The life table approach:

Conventionally, the study of contraceptive continuation is accomplished through application of life table techniques originally developed for clinical trials of contraceptive methods (Potter, 1969). In the life table approach, continuation rates are expressed in terms of cumulative probabilities for specific numbers of months following acceptance of a contraceptive method. Such rates provide an excellent basis to interpret relative effectiveness of different contraceptive methods. However, the life table approach is subject to restricted applications. It involves following up samples of acceptors and obtaining

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(1) Analyses of data, included in this chapter, were accomplished at the Population Council Office at Bangkok, under the guidance of Dr. John E. Laing, Dr. Laing is a Senior Associate of the Council.

retrospective information of their contraceptive experiences since acceptance. The selection of the follow up sample is dependent upon the availability of complete and accurate records from family planning centers and clinics about acceptors. In addition, those who obtain their supplies from commercial sources or who rely on non-program methods such as the safe period cannot be included in the follow up samples, as there are no records available for these users. Therefore, the Life Table Approach cannot be used to generate nationally representative rates of contraceptive continuation.

9.2. The cross-sectional approach:

In the cross-sectional approach, continuation rates are obtained in two steps. First, the Monthly Continuation Rate (MCR) is derived by dividing the number of users of a method in two adjacent months by the total number of users of the method during the first of the two months. This rate can be computed for each pair of adjacent months, starting with the beginning month of an estimating period and continuing until the end month of the period. The results of all possible pairs are aggregated to yield a single monthly continuation rate for any given method by dividing the sum of the numerators for successive pairs of adjacent months for the entire estimating period by the sum of the corresponding denominators.

Mathematically, the procedure may be described as follows:

Let

(i) The estimating period be the 1985 calendar year.

(ii) $N_{i,\ i+1}$ be the number of users reported for both the ith month and (i+1)th month; and Di be the number of users reported only for the ith month (i=1 refers to January, i=2 to February and so on).

Then the procedure for computing the single monthly rate for the 1985 calendar year shall be

$$MCR\ (1985) = \frac{\sum_{i=1}^{11} N_{i,\ 1+1}}{\sum_{i=1}^{11} D_i}$$

(As there are 12 months in the estimating period, the number of pairs of two adjacent months cannot be more than 11).

The monthly continuation rate is often high, generally ranging from .95 to .99, and cannot be used as a basis for differential analysis of contraceptive continuation. In view of

this, the monthly continuation rates are converted to Annual Continuation Rates (ACRs) expressed as percentages in the manner shown below (Laing, 1985).

$$ACR = 100\ (MCR)^{12}$$

Continuation rates that are not specific to duration of use after acceptance might well be misleading since monthly continuation rates often vary with duration since acceptance and users of different methods are likely to be distributed differently by duration. Nevertheless, the cross-sectional approach can be advantageously used for some purposes such as understanding the relative efficiency of a method in reducing fertility in a population or in assessing the relative usefulness of a method in achieving contraceptive protection in a subgroup of the population by permitting analyses of continuation differentials. In these cases, duration of use after acceptance is not so important and can be ignored. (For additional discussion of the advantages of the cross-sectional approach, see Laing (1985)).

9.3. Contraceptive calendar:

The data on duration of contraceptive use were obtained by collecting a month-by-month history of contraceptive practice from the respondents through administering a monthly contraceptive calendar. The calendar and the way it was administered can be seen from the survey questionnaire appended to this report

(Appendix-A). The calendar was administered to a respondent by reviewing the information already obtained during the interview on contraceptive use.

For a current user, the interviewer completed the calendar by asking questions starting with the current method and working backward through time until the entire calendar was covered. In completing the calendar the following procedure was followed. A particular method was coded for each of the months the method was reportedly used during the period included in the calendar. Months of non-use were kept blank and there were no questions asked about the reasons for non-use. There were also no data collected in the calendar about pregnancies.

There were no variations in the administration of the calendar between past and current users, except that for past users the interviewer determined the method and month of last use and then began questioning from the last method and month of use. The calendar was not administered to a respondent if he/she was a never user or did not use any method over the period covered in the calendar.

9.4. Evaluation of data:

There is evidence that the reliability of even current contraceptive use leaves much to be desired and that the reliability of information on past use tends to be lower still.

Thus, it is natural to doubt the capacity of respondents to accurately provide the information sought in the calendar. In view of this, initial efforts were directed toward evaluating the quality of data obtained over different periods of the calendar. First, the calendar was split into six month periods ending in June and December of each year covered and estimates of annual continuation rates were produced independently from data reported for each of the six month periods. The quality of reporting over the different periods was then examined by checking consistencies of estimates for one period with those of other periods.

Table-9.1 shows the method specific annual continuation rates as derived from data of the specific six month period. The table also contains for each of the periods a simple arithmetic average of the method specific rates and for each method a median rate for all six month periods. Data on tubectomy and vasectomy were not included in the current analyses, as these methods are irreversible. Also, the following reversible methods were excluded from the analyses as they accounted for small numbers of woman-months of use (600 woman-months or less) in the sample: vaginal methods, injection and abstinence.

It appears from comparisons of estimates across rows that data from the February 1983 - June 1983 period were subject to biased reporting by respondents. The average annual continuation rates for individual methods was 74 percent in the February 1983 -

June 1983 period, while it remained below 67 percent for all other periods. Except for the IUD, similar variations were also noticeable in the individual rates for specific methods. While continuation rates are less likely to be higher in the remote past than in the recent past, it is possible that respondents may have overreported the continuation use rate for the February 1983 - June 1983 period of the calendar.

There were also indications in the table of overreporting of continuous use for the July 1983 - December 1983 period, with all estimates (except for withdrawal) remaining much above their respective medians. Whereas the median rate for oral pill was 53 percent, the rate for the method in the June 1983 - December 1983 period was 66 percent. Similar deviations were also in evidence for other methods.

Data for the January 1986 - May 1986 period were also considered to be deficient, since the total sample for every month of the period was not covered. While interviewing for the sample occurred over the period December 1985 through May 1986, information on use could not be obtained from respondents interviewed in December 1985 for the months of January 1986 - May 1986; from those interviewed in January 1985 for the months, February 1986 through May 1986; and so on. The deficiency was evident with the January 1986 - May 1986 period, showing the lowest average of continuation for individual methods.

Table-9.1

ESTIMATES OF METHOD SPECIFIC ANNUAL CONTINUATION RATES(ACR) BY SIX MONTH PERIODS, 1985 CPS

(The Eligible Woman Sample)

Six month periods	Rates for specific methods(1)					Average of all methods(2)
	Pill	Condom	IUD	Safe period	With-drawal	
Feb.83 - Jun.83	73	56	80	83	76	74
Jul.83 - Dec.83	66	41	86	82	61	63
Jan.84 - Jun.84	50	33	81	58	69	58
Jul.84 - Dec.84	59	36	72	68	55	58
Jan.85 - Jun.85	52	35	66	66	61	56
Jul.85 - Dec.85	53	46	69	66	70	66
Jan.86 - May 86	38	32	67	76	62	55
Median(3) Estimates	53	36	72	68	62	58

(1) Rates are given as the percentage of users of a method who are likely to continue the method for a year.

(2) Simple arithmetic average of the individual rates in the row.

(3) Median of the period specific estimates for each method.

9.5. Levels of continuation rates:

On the basis of the analyses presented in the foregoing paragraphs, continuation rates were studied by employing data from the January 1984 - December 1985 period.

Continuation rates were highest for the IUD, with 72 percent of IUD users likely to continue using the device for a year. In comparison, the continuation rate was lowest for condom, with woman reporting the probability of her husband continuing the use of condom for a year at 38 percent. The annual continuation rate for the oral pill was 53 percent, while for safe period it was 65 percent and for withdrawal 63 percent.

9.6. Differential analyses:

Continuation rates by age group were examined by employing data from the selected period and the total period. This comparative analysis was undertaken to determine if differentials varied between the two data sets.

Findings from selected period data are shown in the upper pannel of table-9.3 and those of the total period shown in the lower pannel of the table. It should be noted that age specific continuation rates were obtained by matching the reported use with the age of the respondent at the time of use. This was done by adjusting the current age of the respondent back in time.

There were no variations between the estimates of the selected period and the total period with respect to the age pattern of continuation for specific methods. According to estimates of the selected period, the annual continuation rate for the oral pill is generally higher as the age of respondent increases. The same pattern emerged when estimates for the total

Table-9.2

COMPARISONS OF THE SELECTED PERIOD ESTIMATES WITH THE TOTAL PERIOD ESTIMATES, 1985 CPS

(The Eligible Woman Sample)

Periods	Rates for specific methods(1)					Average of all methods(2)
	Pill	Condom	IUD	Safe period	With-drawal	
Selected period (Jan.84 - Dec.85)(a)	53 (8173)	38 (2442)	72 (2251)	65 (5609)	63 (1325)	58
Total period (Feb.83 - May 86)(a)	56 (11791)	39 (3420)	73 (3015)	69 (8043)	64 (1834)	60

(1) Rates are given as the percentage of users of a method who are likely to continue the method for a year.

(2) Simple arithmetic average of the individual rates in the row.

(a) The figure within parentheses is the weighted woman months of use, on which the estimate was based.

period were considered. Similar estimates from the two periods were also evident in relation to the age patterns of continuation for other methods. In view of the observed similarities for age differentials between the two periods, all other differentials (such as continuation by number of living children, education, etc.), were studied only in terms of estimates from the selected period.

9.6.1. Age:

The age pattern of continuation for the oral pill suggests that older women were more likely to continue the use of the oral

pill than were younger women (table-9.3). The reversal of this trend among women aged 35-39 years appears to be a spurious finding. In the case of condom, the continuation rate followed a curvilinear relationship with the age of the respondents. As can be seen from the table, the probability of a respondent having her husband continuing to use condoms increased as her age increased, reaching a peak at age 30-34 years and then declining with further advances in age. The curvilinear relationship of women's age with continuation of use was also in evidence for the IUD. The estimate showing the highest rate of continuation for women in the 40-49 year age group was derived from fewer than 300 woman months of use and is therefore likely to be unstable as an indicator of the continuation rate.

9.6.2. Living children:

Table-9.4 shows differentials in annual continuation rates by number of living children. The probability of continued use of the oral pill increased with women having more living children. While the annual continuation rate for the oral pill was 37 percent among respondents having one living child, it increased to 49 percent among those having 2-3 living children and then to 61 percent among those having 4 or more living children. There were also indications in the data of a positive relationship between the number of living children and the continued use of the safe period.

Table-9.3

METHOD SPECIFIC ANNUAL CONTINUATION RATES BY AGE GROUP ACCORDING TO THE PERIOD OF ESTIMATION(1)

Period of estimation	Age group	Rates for specific methods(2)				
		Pill	Condom	IUD	Safe period	With-drawal
Selected period (Jan.84 - Dec.85)	15-19	38	30	(63)	63	(65)
	20-24	49	35	63	54	(45)
	25-29	52	40	77	57	69
	30-34	64	50	76	72	(73)
	35-39	54	(41)	(64)	77	(60)
	40-49	68	(18)	(84)	65	(82)
Total period (Feb.83 - May 86)	15-19	44	31	(65)	69	72
	20-24	52	35	66	60	52
	25-29	55	44	79	61	60
	30-34	64	52	75	77	(74)
	35-39	56	41	70	80	(59)
	40-49	69	(19)	(88)	69	(86)

(1) The estimate within parentheses is derived from fewer than 300 woman-months of use and hence is assumed to be unstable.

(2) Rates are given as the percentage of users of a method who are likely to continue the method for a year.

The continuation rate for condom use showed no clear relationship by the number of living children. Nevertheless, one may conclude from table 9.4 that a woman had the least probability

of having her husband continuing to use condoms when she had only one living child. While the observed continuation rate was at least 33 percent among women having 2 or more living children, it was only 22 percent for women who had only one living child. There were no clear relationships between the number of living children and the continued use of withdrawal and the IUD. The absence of any relationship for withdrawal was possibly due to the small sample size obtained for this method.

9.6.3. Desire for additional children:

Table-9.5 shows differentials in method specific continuation rates among respondents by their desire for additional children. Continued use of the oral pill was strongly associated with a woman's desire for additional children. She was more likely to continue the use of the method if she had no desire for additional children than if she wanted additional children, with the difference widening with a desire for greater numbers of children. Whereas the annual continuation rate of the oral pill was 58 percent among women having no desire for additional children, it dropped to 48 percent among those wanting only one additional child and to 45 percent among those desiring two or more additional children.

Table-9.4

METHOD SPECIFIC ANNUAL CONTINUATION RATES BY THE NUMBER OF LIVING CHILDREN(1), 1985 CPS

(The Eligible Woman Sample)

Number of living children	Rates for specific methods(2)				
	Pill	Condom	IUD	Safe period	With-drawal
1	37	22	(70)	61	(67)
2	55	55	69	56	52
3	49	36	73	67	(61)
4	65	33	70	67	(61)
5 or more	61	42	73	67	76

(1) Estimates within parentheses were derived from fewer than 300 woman-months of use, and hence, they are assumed to be unstable.

(2) Rates are given as the percentage of users of a method who are likely to continue the method for a year.

Differentials in the desire for additional children were also evident in relation to the continued use of condoms and the safe period method. The continuation rate for condoms was 42 percent among women having no desire for additional children, and declined to 23 percent among those desiring one living child. The figure of 45 percent among women desiring two or more children was calculated from a small population base and was therefore considered unreliable. In the case of the safe period method,

there were no differences in the continuation rate for women having no desire for additional children and those desiring only one additional child. However, the continuation rate declined noticeably for women desiring two or more children. Whereas the annual continuation rate of the safe period method was 65 percent among women in the former two groups, it was only 53 percent among those who desired two or more children.

There were almost no variations in the continuation rate of the IUD between women having no desire for additional children and those wanting one additional child. Women desiring two or more children accounted for fewer than 100 months of use for the entire estimating period (January 1985 to December 1985). Therefore, this estimate of IUD continuation was not included in table-9.5.

There were no clear trends between the desire for additional children and continuation rates for the withdrawal method. One reason may be that estimates of the method were subjected to erratic fluctuations, with two of three values obtained from fewer than 300 woman-months of use.

9.6.4. Education:

Table-9.6 shows differentials in method specific continuation rates by selected socio-economic characteristics, including education of respondents. There were only three categories of education employed in the analyses. This was done to ensure that there were sufficient numbers of woman-months of use for each of the categories employed.

Table-9.5

METHOD SPECIFIC ANNUAL CONTINUATION RATES BY DESIRE FOR ADDITIONAL CHILDREN(1), 1985 CPS

(The Eligible Woman Sample)

Desire for additional children	Rates for specific methods(2)				
	Pill	Condom	IUD	Safe period	With-drawal
Desired no additional children	58	42	73	65	68
Desired one additional child	48	23	72	65	(58)
Desired 2 for more additional children	45	(45)	(a)	53	(69)

(1) Estimates within parentheses were derived from fewer than 300 woman months of use, and hence, they are assumed to be unstable.

(2) Rates are given as the percentage of users of a method who are likely to continue the method for a year.

(a) The estimate was not included in the table as it was derived from fewer than 100 woman-months of use.

Education was negatively associated with the continuation rate for oral pills, indicating that a woman was less likely to continue the use of the method if she was more educated than if she was less educated. While the continuation rate for oral pills was highest (58 percent) among women who had never attended school, it decreased to 55 percent among those who had education up to completed primary level or less and to 45 percent among

those who had more than primary education. Similar decreasing trends by level of educational attainment were evident for continuation rates of the safe period method, ranging from 71 percent among women in the never attended school category, to 45 percent among those in the above primary category. Although the data do not show such clear associations between education and continued use of the IUD, it was obvious that women in the never attended school category (79 percent) were more likely to retain the device than were those who had ever attended school (65-68 percent).

Unlike the oral pill, IUD and the safe period method, continuation rates for condoms were curvilinear in relation to women's education. The probability of continuing to use condoms was greater among women with education 'primary or less' than among those who 'never attended school' or attained 'above primary level' education.

Continued reliance on withdrawal does not appear to have a strong association with women's education, with the rate for this method varying over a narrow range (from 62 to 65 percent).

9.6.5. Religion:

There were sizable differentials in continuation rates by religious status, with Non-muslim rather than Muslim couples

consistently having higher continuation rates (table-9.6). Among Muslim couples the continuation rate for oral pills was 52 percent, while it was 64 percent among Non-muslim couples. Similar differences were also evident in continuation rates for other methods. For condoms, the difference ranged from 37 percent among Muslim couples to 51 percent among Non-muslim couples, for the IUD from 70 to 80 percent, for the safe period method from 64 to 69 percent and for withdrawal from 62 to 75 percent.

9.6.6. Employment status:

The employment status of women appears to have had a negative effect on continuation of oral pill use (table-9.6). Among women who were not employed, the annual continuation rate for oral pills was 54 percent. The rate declined to 43 percent among those who were employed. There were, however, no discernible variations between the two groups with respect to continuation rates for other methods - condom, IUD, and safe period. However, one should be cautious in drawing conclusions from this finding, since estimates for condoms and the safe period were derived from fewer than 300 women months of use, and as such were subject to large sampling fluctuations.

There were also no reliable estimates to examine the relationship of employment status with the continuation rate of the withdrawal method. The estimate for employed women was based on fewer than 100 woman-months of use. The estimate was therefore considered to be unreliable and was not included in the analyses.

9.6.7. Land ownership:

The 1985 CPS data show considerable variations in continuation rates for condom and withdrawal when comparing women from land owning families and landless families (table-9.6). Among respondents from landless families, the continuation rate for condom was 30 percent and for withdrawal 56 percent. The corresponding rates for women from land owning families were 40 and 65 percent respectively. Since condom and withdrawal are male methods of contraception, this reported use attests to the initiatives of husbands with respect to family planning. Thus, the above findings indicate that husbands of land owning families were more likely to continue practicing family planning than were their counterparts in landless families.

In the case of other methods, variations between the two groups of women were not pronounced for oral pill and the IUD. However, the continuation rate for the safe period was higher among women who were from landless families (71 percent) than among women from landowning families (63 percent), a finding contrary to the trends noted for condom and withdrawal methods.

9.6.8. Rural-urban area:

Except for the IUD, every method had higher continued use in rural areas than in urban areas (table-9.6). Whereas the annual continuation rate for condoms was only 29 percent in urban

areas, it was 43 percent in rural areas. Large variations between the two areas were also reported for the safe period and withdrawal. For the safe period, the variation was from 47 percent in urban areas to 67 percent in rural areas and for withdrawal from 56 percent urban to 66 percent rural. However, in the case of oral pills, the variation was relatively low, ranging from 49 percent in urban areas to 55 percent in rural areas. The rate for the IUD remained about the same in both rural and urban areas.

9.6.9. Numbers of methods known/ever used:

Table-9.7 gives differentials in method specific continuation rates by the number of methods known and the number of methods ever used. Continuation rates were, in general, inversely related to the number of methods known and the number of methods ever used. Women were less likely to continue the use of a particular method if they knew/ever used more methods than if they knew/ever used fewer methods. The annual continuation rate for condoms was 79 percent among women having knowledge of one method, with the percentage declining with knowledge of additional methods, reaching a low of 26 percent among those who knew four or more methods. Similar trends were noted in continuation rates by the number of methods ever used, declining from 69 percent among women having ever used one method to 21 percent among those having ever used three methods.

Table-9.6

METHOD SPECIFIC ANNUAL CONTINUATION RATES BY SELECTED SOCIO-ECONOMIC CHARACTERISTICS(1), 1985 CPS

(The Eligible Woman Sample)

Socio-economic characteristics	Rates for specific methods(2)				
	Pill	Condom	IUD	Safe period	With-drawal
Education level					
Never attended school	58	34	79	71	63
Primary or less	55	42	65	63	62
Above primary	45	37	68	45	65
Religion					
Muslim	52	37	70	64	62
Non-muslim	64	(51)	80	69	(75)
Employment status					
Employed	43	(39)	(70)	69	(a)
Not employed	54	38	71	64	64
Land ownership of family					
Owns land	54	40	71	63	65
Does not own land	51	30	73	71	(56)
Area					
Rural	55	43	71	67	66
Urban	49	29	72	47	56

(1) Estimates within parentheses were derived from fewer than 300 woman months of use, and hence, they are assumed to be unstable.

(2) Rates are given as the percentage of users of a method who are likely to continue the method for a year.

(a) The estimate was not included in the table as it was derived from fewer than 100 woman-months of use.

Table-9.7

METHOD SPECIFIC ANNUAL CONTINUATION RATES BY THE NUMBER OF METHODS KNOWN AND THE NUMBER OF METHODS EVER USED(1), 1985 CPS

(The Eligible Woman Sample)

Number of methods known/ever used	Rates for specific methods(2)				
	Pill	Condom	IUD	Safe period	With-drawal
Number of methods known					
1	56	79	71	75	(a)
2	60	40	76	79	(81)
3	55	43	71	58	58
4 +	45	26	67	58	66
Number of methods ever used					
1	69	69	82	80	74
2	44	32	70	49	66
3	32	21	61	44	54

(1) Estimates within parentheses were derived from fewer than 300 woman months of use, and hence, they are assumed to be unstable.

(2) Rates are given as the percentage of users of a method who are likely to continue the method for a year.

(a) The estimate was not included in the table as it was derived from fewer than 100 woman-months of use.

Strong inverse relationships between continuation rates and the number of methods known/ever used were also evident in the case of oral pills, IUD, the safe period and withdrawal. However, contrary to the inverse relationship, women having knowledge of one method reported higher continuation rates for those methods than did women having knowledge of two methods. Reasons for this contray finding cannot be ascertained with the available data.

Chapter-10

NON-USE AND INTENTION TO USE CONTRACEPTION IN THE FUTURE

Since 1983, the CPS in Bangladesh has been collecting data from non-users of contraception to ascertain: (i) reasons for their not using any family planning method; (ii) their intention to use family planning in the future; and (iii) if having the intention to use, their preference for specific contraceptive methods and the expected time of starting use. These data have programatic value, helping in (a) identifying obstacles to family planning use, (b) improving motivational and educational efforts, (c) developing IEC (Information Education and Communication) strategies; (d) understanding trends in demand for family planning services, and (e) planning and (re)organising family planning services in line with the preference of users. The current chapter is devoted to a comparative analysis of data from the 1983 and 1985 CPSs in order to analyse and document changes (if any) that occurred in reasons for non-use of contraception and in intentions to use family planning.

10.1. Reasons for non-use:

In both the 1983 and 1985 CPSs, reasons for non-use of contraception were ascertained by asking the following question of currently married respondents who were not pregnant and not using any family planning method at the time of the survey: "What is the

main reason that you are not using any family planning method now"?. Table-10.1 shows the responses obtained in the 1983 and 1985 CPSs. In both surveys, responses were classified in the following categories.

(a) desire for additional child

(b) objections (disapproval) by husband

(c) health reasons

(d) religions beliefs

(e) fear of side-effects

(f) perceived infecundity: respondents believed that she could not have any more children

(g) non-availability of methods: respondent did not have access to contraceptive services/supplies

(h) breast feeding

(i) post partum amenorrhoea

(j) other: a variety of dissimilar reasons that were relatively infrequent in the sample; hence, they could not be classified as independent categories.

As shown in both the 1983 and 1985 CPSs, desire for additional children is the predominant reason for non-use of contraception in Bangladesh. The next most important reasons are perceived infecundity and post-partum amenorrhea. Other specific reasons, with the exception of religious belief, are not as important, although they together account for a substantial proportion of non-use of contraception.

Before going into details of the analysis, one should note that there was significantly improved reporting of reasons for non-use of contraception in the 1985 CPS compared to the 1983 CPS. In the 1983 CPS, 6.4 percent of non-users were unable to give any specific reasons for not using contraception ('don't know' category). The proportion was only 2.0 percent in the 1985 CPS. The noted improvement was, however, primarily among rural respondents rather than urban respondents. In urban areas, the 'don't know' proportion declined from 5.5 percent in 1983 to 3.7 percent in 1985, while in the rural areas it fell from 6.5 to 1.9 percent.

There were also decreases in the proportion of non-users giving a variety of dissimilar responses coded under the other category. In the national sample the proportion dropped from 5.2 to 2.3 percent, while in the rural sample the decline was from 5.2 to 2.2 percent and in the urban sample from 7.3 to 3.9 percent.

Between the 1983 and 1985 CPSs, there were also variations in the reporting of specific reasons for non-use. Desire for additional children, the most common reason, appeared with greater prominence in the 1985 CPS than in the 1983 CPS. In the 1983 CPS, 36.2 percent of non-users mentioned 'desire for additional children' for their non-use of contraception. The proportion increased to 40.2 percent in the 1985 CPS. Though not pronounced,

increases were also noted in proportions for other specific reasons, except for 'fear of side effects' and 'disapproval based on religions belief'. However, these increases were largely due to improved reporting in the 1985 CPS, with relatively more of the respondents in that survey giving specific responses for non-use than in the 1983 CPS.

While other specific reasons for non-use were generally higher in the 1985 CPS than in the 1983 CPS, declines were noticeable over the period between the two surveys in the case of 'fear of side-effects' and 'religious belief'. Although the declines were not appreciable, they may tend to indicate a trend toward reduction of fear relating to modern methods and a weakening of religious taboos against family planning use. In rural areas, mention of 'fear of side-effects' declined from 4.5 to 2.7 percent and in urban areas from 4.2 to 1.8 percent. Similarly, religious beliefs declined from 8.8 to 7.5 percent in the rural areas, and from 4.2 to 3.4 percent in the urban areas.

Given the importance of 'desire for additional children' as a reason for non-use of contraception, table-10.2 presents further analysis by the number of living children of the proportion mentioning 'desire for additional children'. In both the 1983 and 1985 CPSs, a woman was more likely to be a non-user if she had fewer children. Among non-contracepting women having no living

Table-10.1

PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE NOT CURRENTLY USING CONTRACEPTIVES BY THE MAIN REASONS FOR NON-USE 1983 and 1985 CPSs

(The Eligible Woman Sample)

Main reasons	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
Desire for additional children	36.2	40.2	36.4	40.4	33.1	37.7
Objection by husband	4.7	5.0	4.5	5.1	6.2	3.9
Health reasons	4.1	5.1	3.9	5.0	7.0	7.0
Fear for side-effects	4.4	2.7	4.5	2.7	4.2	1.8
Religious reasons	8.4	7.2	8.8	7.5	4.2	3.4
Perceived indecundity	14.4	16.3	14.4	16.1	14.4	18.1
Non-availability of methods	2.2	2.3	2.3	2.4	1.0	1.2
Breast feeding	1.4	3.9	1.4	3.9	1.7	4.1
Post amenorrhoea	12.5	13.0	12.3	12.8	15.4	15.3
Other	5.2	2.3	5.0	2.2	7.3	3.9
Don't know/no reason	6.4	2.0	6.5	1.9	5.5	3.7
Total	99.9a	100.0	100.0	100.0	99.9a	100.0
N(1)	5204bc	5016bc	4804b	4659bc	1153	1090

(1) N in this table is the total number of currently married women, excluding those who were currently pregnant current users and the NS (Not Stated) cases, if any, for the question about the main reason nor non-use of contraceptives.

(a) Total is less than 100 percent due to rounding errors.

(b) The number of NS cases was 3 for national and 3 for rural in 1985 and 1 for national and 1 for urban in 1983.

(c) Weighted total.

children in the 1985 CPS, 90 percent mentioned 'desire for additional children', as a reason for non-use. The proportion sharply decreased to 66.8 percent among those who had one living child, 45.5 percent among those with two living children, 27.3 percent among those who had 3 living children, and 5 percent among women having 7 living children or more.

It is clear that the predominence of 'desire for additional children' was concentrated among women who had 3 children or less. In the 1983 CPS, 82.5 percent of women mentioning desire for additional children had 3 children or less, while this proportion was 90.2 percent in the 1985 CPS.

10.2. Intention to use:

In the CPS, intention to use family planning in the future is assessed by asking every non-user the following question, "Do you think you or your husband will do something in the future to avoid getting pregnant"?. Table-10.3 shows the responses obtained in the 1983 and 1985 CPSs.

There were notable increases in intention to use family planning among non-users over the period between the two surveys. While in the 1983 CPS, 38 percent of non-users reported their intention to use family planning in the future, the percentage rose to 48 percent in the 1985 CPS. Although 'intention to use' is a weak indicator of demand potential, this increase may indicate a shift to more favourable attitudes regarding family planning acceptance.

Table-10.2

PERCENTAGE MENTIONING 'DESIRE FOR ADDITIONAL CHILDREN' AS THE MAIN REASON FOR NON-USE BY NUMBER OF LIVING CHILDREN

Number of living children	No. of non-pregnant currently married women not currently using		Desire for additional children	
	1983	1985	1983	1985
0	776	798	82.7	91.0
1	941	848	61.1	66.4
2	808	825	41.7	45.5
3	713	681	26.7	27.3
4	573	542	13.2	16.1
5	502	495	8.3	9.9
6	350	362	2.3	4.1
7	266	230	3.9	4.3
8	161	124	1.9	1.6
9 +	113	113	-	1.8
All	5204ab	5017ab	36.2	40.2

(a) The number of NS case was 3 in weighted sample in 1985 and 1 for 1983.

(b) Weighted total of non-pregnant currently married women in the sample, who were not current users excluding the NS (Not Stated) cases, if any for the question about the main reasons for non-use of contraceptives.

The increased intention to use family planning was due to women turning from uncertainty about intention to a definite decision as well as from non-intention to intention. Over the 1983-1985 period the proportion of non-users who were uncertain about their intention to use family planning dropped from 18.1 to 11.9 percent, and the proportion who had no intention to use family planning declined from 44.3 to 39.6 percent.

The proportion of respondents reporting intention to use family planning in the future was higher in urban areas than in rural areas. However, over the period 1983-1985, the difference between the two areas declined as a result of relatively higher gains in intention to use among rural as opposed to urban women. In urban areas, the proportion of respondents intending to use family planning rose from 53.3 percent in 1983 to 56.0 percent in 1985. In rural areas, the increase over the same period was from 36.3 to 48 percent.

10.3. Reasons for non-intention/uncertainty of intention:

Reasons for not intending to use family planning in the future were evaluated by asking respondents reporting 'non-intention to use family planning' the following question, "What is the principal reason that you will not try to use any family planning method in the future"?. Table-10.4 shows the responses obtained in the 1983 and 1985 CPSs.

Table-10.3

PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE NOT CURRENTLY USING CONTRACEPTION BY FUTURE INTENTION TO USE 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Future intention to use	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
Intend to use	37.6	48.6	36.3	48.0	53.3	56.0
Do not intend use	44.3	39.6	45.3	40.0	32.3	34.5
Uncertain	18.1	11.9	18.4	12.0	14.4	9.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
N(1)	6191ab	5835ab	5708a	5398a	1392a	1333

(1) N in this table is the total number of currently married women, excluding the current users and NS (Not Stated) cases, if any for the question about intention of use contraceptives in future.

(a) The number was NS cases was 3 for rural area and 3 for national in 1985 and 1 for national, 1 for rural and 1 for urban in 1983.

(b) Weighted total.

As in the case for non-use, there were significant improvements in the reporting of reasons for non-intention/uncertainty to use family planning in the future. Whereas in the 1983 CPS the proportion reporting 'don't know' was 18.8 percent, it declined to 7.5 percent in the 1985 CPS. The decline was relatively higher in rural than urban areas.

In both the 1983 and 1985 CPSs, predominant reasons for not intending to use family planning in the future were 'desire for additional children', 'perceived infecundity' and 'religious taboos against family planning'. Another specific reason often cited was 'objections by husband'.

Except for 'perceived infecundity', there were no remarkable changes in the reporting of reasons for non-intention or uncertainty about family planning use among non-users. The proportion of non-users citing perceived infecundity for the non-intention/uncertainty to use family planning in the future varied from 19.5 percent in the 1983 CPS to 28 percent in the 1985 CPS. There were no sizable differentials in variation between rural and urban areas.

Table-10.5 examines the percentage stating 'desire for additional children' as the reason for not intending/remaining uncertain to use family planning in the future by the number of living children. As for reasons of non-use, desire for 'additional children' was the main reason for non-intention/ uncertainty to use among those who had less than 4 children in both the 1983 and 1985 CPSs.

Table-10.4

PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE NOT CURRENTLY USING CONTRACEPTIVES BY THE MAIN REASONS FOR NON-INTENTION/UNCERTAINTY TO USE CONTRACEPTIVES IN FUTURE

(The Eligible Woman Sample)

Main reasons	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
Desire for additional children	21.2	23.8	21.2	23.9	19.8	23.3
Objections by husband	8.6	11.1	8.5	11.0	10.3	11.9
Health reasons	2.8	5.0	2.7	4.9	4.3	6.6
Fear for side-effects	3.3	1.9	3.4	1.9	1.8	2.4
Religious belief (taboos)	18.7	19.8	19.2	20.4	10.9	10.1
Perceived infecundity	19.5	27.9	19.1	27.5	25.8	33.4
Method not available	0.1	0.2	0.1	0.2	0.2	-
Others	7.0	7.6	6.9	2.6	9.2	3.4
Don't know	18.8	7.5	18.9	7.5	17.5	8.9
Total	100.0	100.0	100.0	100.0	99.8a	100.0
N(1)	3958bc	2995bc	3633c	2805c	650c	587

(1) N in this table is the total number of currently married women, excluding the current users having intention to use contraceptives in future and the NS (Not Stated) cases, if any for the question about the main reasons for non-intention uncertainty to use contraceptive in future.

(a) Total is less than 100 percent due to rounding errors.

(b) The number was NS cases was 4 for rural area and 4 for national in 1985 and 4 for national, 4 for rural and 1 for urban in 1983.

(c) Weighted total.

10.4. Preferred methods:

In the CPS, method preference among those intending to use family planning in the future is examined by asking the following question, "If you were to use family planning someday in the future, what methods would you choose"?. Table-10.6 gives the distribution of intended users by their preferred methods in both the 1983 and 1985 CPSs.

In the 1983 CPS, there were large numbers of intending users who could not state what method they would refer --- 33.7 percent in the national sample, 33.9 percent in the rural sample and 31.8 percent in the urban sample. Despite significance reductions over the 1983-1985 period, these proportions were still high in the 1985 CPS; namely, 25.7 percent for the national sample, 25.8 percent for the rural sample and 23.6 percent for the urban sample.

In the 1983 CPS, among the most cited methods were oral pills, injection and female sterilization. Although this order remained unchanged in the 1985 CPS, some variations were noted. For example, whereas 28.5 percent of intended users said that they would prefer to use oral pills in the 1983 CPS, the proportion increased to 36.2 percent in the 1985 CPS. Although the difference was not sizable, increasing popularity was also evident for injection. In contrast, the proportion preferring tubectomy declined from 11.4 percent in 1983 CPS to 8.4 percent in the 1985 CPS.

Table-10.5

PERCENTAGE MENTIONING 'DESIRE FOR ADDITIONAL CHILDREN' AS THE MAIN REASON FOR NON-INTENTION, UNCERTAINLY TO USE BY NUMBER OF LIVING CHILDREN

(The Eligible Woman Sample)

Number of living children	No.of currently married women not currently using and not intenting to use		Desire for additional children	
	1983	1985	1983	1985
0	610	435	44.6	60.5
1	657	405	38.0	43.2
2	534	427	27.2	30.4
3	493	394	14.7	18.8
4	439	337	9.7	9.8
5	377	344	4.8	7.6
6	293	267	1.3	2.6
7	223	187	3.8	2.7
8	136	100	3.2	1.0
9 +	97	99	-	-
Total	3858ab	2995a	21.2	23.9

(a) Weighted total.

(b) The number of NS cases was 4 in the weighted sample in 1985 and 4 for 1983.

Urban-rural variations in the reporting of method preference were usually not remarkable. However, one discernible difference was the greater preference for oral pills and tubectomy in the urban areas, with the reverse being the case for injection.

10.5. Expected time to start contraceptive use:

In the CPS, every non-user reporting her intention to use contraception is asked about the time she intended to commence use. The following question was asked, "When will you begin using it (your preferred method)"?. Table-10.7 gives the distribution of the reported time as obtained in the 1983 and 1985 CPSs.

As can be seen in table-10.7, there were no appreciable changes in the reporting of starting times between the 1983 and 1985 CPSs. In the 1983 CPS, a large proportion of intending users (57 percent) could not state their expected starting time. The percentage was only slightly lower (53.8 percent) in the 1985 CPS. The proportion reporting their expected starting time within a year remained exactly the same between the two surveys (26.7 percent).

Table-10.6

PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE NOT CURRENTLY USING CONTRACEPTIVES HAVING INTENTION TO USE IN FUTURE BY METHOD INTENDING TO USE 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Methods	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
Oral pill	28.5	36.2	28.3	35.8	30.1	40.2
Condom	2.2	2.3	2.1	2.3	2.6	2.5
Vaginal method	0.3	0.3	0.3	0.3	0.3	0.1
Injection	16.3	18.2	16.6	18.4	14.6	15.0
IUD	2.1	4.2	1.9	4.2	3.5	4.6
Tubectomy	11.4	8.4	11.2	8.2	12.8	10.7
Vasectomy	0.2	0.2	0.1	0.3	0.3	-
Induced abortion/ MR.	0.2	-	0.1	-	0.3	-
Safe period	1.2	2.1	1.2	2.2	1.5	1.3
Withdrawal	0.6	0.2	0.7	0.2	0.3	0.1
Abstinence	0.1	0.1	0.0	0.1	0.1	-
Other	3.4	2.1	3.6	2.1	2.0	1.9
Uncertain/none of the above methods/don't know	33.7	25.7	33.9	25.8	31.8	23.6
Total	100.0	100.0	100.0	99.9a	100.2a	100.0
N(1)	2329b	2837b	2072	2592c	742c	747

(1) N in this table is the total number of currently married women having intention to use contraceptives in future, excluding the current users and NS (Not Stated) cases, if any, for the question about the methods intended to use in future.

(a) Total is more or less than 100 percent due to rounding errors.

(b) The number was NS cases was 4 for rural and 4 for national in 1985 and 1 for urban in 1983.

Table-10.7

PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE NOT CURRENTLY USING CONTRACEPTIVES HAVING INTENTION TO USE A SPECIFIC METHOD OF CONTRACEPTIVE BY TIME EXPECTED TO START USING THE METHOD 1983 AND 1985 CPSs

(The Eligible Woman Sample)

Expected time to start using contraceptives	National		Rural		Urban	
	1983	1985	1983	1985	1983	1985
Within a year	26.7	26.7	26.2	26.6	30.6	27.5
Between one year and two years	9.5	10.9	9.8	10.9	7.1	11.4
After two years	6.8	8.6	6.8	8.6	6.8	8.1
Din't know/uncertain	57.0	53.8	57.2	53.9	55.8	53.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	1537a	2100	1362a	1913	504a	571

(1) N in this table is the total number of currently married women, having intention to use a specific method of contraception in the future, excluding the current users and NS (Not Stated) cases, if any, for the question about the expected time to start using the method.

(a) In 1985, the number was NS (Not Stated) cases was 11 for rural, 2 for urban and 12 for national and in 1983 if was 8 for rural, 3 for urban and 9 for national.

Chapter-11

SUMMARY AND CONCLUSION

11.1. Introduction:

The Contraceptive Prevalence Survey-1985 is the fourth CPS undertaken in Bangladesh. The major purpose of the 1985 CPS was to assess improvements in family planning program performance since the 1983 CPS was undertaken. The 1985 survey was carried out by collecting data from two samples - the eligible woman sample and the couple sample. Respondents for the eligible woman sample were ever married women under 50 years of age; those for the couple sample were the husbands and wives of each couple.

11.2. Knowledge:

There were substantial improvements in knowledge of family planning methods between 1983 and 1985. Whereas in the 1983 CPS the overall knowledge (prompted plus spontaneous) of condoms was reported at 59.0 percent of ever married women, in the 1985 CPS the proportion rose to 75.5 percent. Except for the already universally known oral pill and tubectomy in the 1983 CPS, evidence of pronounced increases in overall knowledge was also discernible for the remaining methods (such as injection, IUD, etc.).

Increases were also noticeable in spontaneous knowledge for every modern method. While 23 percent of ever married women could

spontaneously report having knowledge of condoms in the 1983 CPS, the percentage increased to 39.2 percent in the 1985 CPS. Similar variations between the two surveys was also registered in the spontaneous knowledge of other modern methods, with the exception of MR/induced abortion.

11.3. Ever use:

There was modest change in the ever use rate between 1983 and 1985. In the eligible woman sample of the 1983 CPS, 23.8 percent of ever married women under 50 years of age reported having ever used at least one modern method. The rate increased to 25.9 percent in the 1985 CPS. This trend was most pronounced in rural areas, where the increase in ever use was from 21.5 to 23.1 percent. However, in urban areas the ever use of modern methods rose substantially (from 44.3 to 50.9 percent). Among individual methods, tubectomy was the only method showing discernible increased ever use between 1983 and 1985, rising from 5.8 to 7.4 percent. The IUD registered a slight increase from 2.2 to 2.7 percent, while there was no marked increase for other modern methods.

11.4. Current use:

Although there were no marked improvements in ever use rates, significant increases in current use of family planning methods between 1983 and 1985 were evident. In the eligible waman

sample of the 1983 CPS, 19.1 percent of currently married women reported currently using a family planning method. The rate rose to 25.3 percent in the 1985 CPS, an increase of 6.2 percentage points. For modern methods, the increase was 4.6 percentage points (from 13.8 to 18.4 percent). For traditional methods the increase was 1.5 points (from 5.4 to 6.9 percent).

The 1983-1985 increase in current use was largely due to the increased use of modern methods. Of the total increase, modern methods accounted for about 75 percent, with traditional methods accounting for the remaining 25 percent. More than 77.0 percent of the increase was due to the following three methods - oral pill, tubectomy and safe period. The oral pill accounted for 28.6 percent of the increase, tubectomy 27.0 percent, and safe period 22.2 percent. Increase in the rate for oral pill was from 3.3 percent in 1983 to 5.1 percent in 1985, for tubectomy from 6.2 to 7.9 percent and for safe period from 2.4 to 3.8 percent. There was also appreciable gains in the use rate of the IUD, rising from 1.0 percent in the 1983 CPS to 1.4 percent in the 1985 CPS.

11.5. Working rates:

As in the 1983 CPS, there were notable reporting differentials in use rates among the different groups of respondents interviewed in the 1985 CPS eligible woman sample and husbands and wives in the couple sample. Eligible women

reported the lowest use rate, husbands the highest use rate, and wives an intermediate use-level rate. Differentials in the use rate for any method were from 25.3 to 34.9 percent, for modern methods from 18.4 to 25.7 percent and for traditional methods from 6.9 to 9.2 percent. In the presence of these differentials, the current level of contraceptive prevalence was estimated by developing a set of working rates, with the reported use data taken from husbands of the couple sample for vasectomy and condom and from women in the eligible woman sample for all other methods.

Method specific working rates were highest for tubectomy, indicating that 7.8 percent of eligible couples relied on this method. Oral pill (5.1 percent) had the next highest rate, followed by condom (4.0 percent), vasectomy (3.8 percent) and safe period (3.8 percent). The working rates for the remaining methods were low, ranging from 0.5 to 1.4 percent.

The overall working rate of current use, calculated by adding the working rate for all individual methods, was 29.8 percent, with the rate for modern methods 22.8 percent and for traditional methods 6.9 percent. Given the variations between the three groups of respondents, it should be emphasised that the actual current use rate may be slightly different from the final working rate.

11.6. Continuation rates:

A special effort was made in the 1985 CPS to collect data on the duration of contraceptive use over the period between January, 1983 and the 1985 CPS interview date. Continuation rates obtained from these data were highest for the IUD, with 72 percent of IUD users likely to continue using the device for a year. In comparison, the continuation rate was lowest for condoms, with woman reporting the probability of her husband continuing use for a year at 38 percent. The annual continuation rate for the oral pill was 53 percent, while for safe period it was 65 percent and for withdrawal 63 percent.

11.7. Source of supply/service:

As in the 1983 CPS, pharmacies and fieldworkers remained the main source of supply for non-clinical family planning methods in the 1985 CPS. In the eligible woman sample of the 1983 CPS, the proportion of current users of non-clinical methods depending on pharmacies was 38.5 percent and for fieldworkers was 29.5 percent. The corresponding figures in the 1985 CPS were only slightly different; namely, 41.0 and 30.6 percent respectively. For clinical methods, clinics/hospitals remained the only major source of services in both the 1983 and 1985 CPSs.

Private manufacturers appeared to be the most prominant providers of oral pills. In the 1983 CPS, 41 percent of oral pill users were found using brands of oral pills sold by private

manufacturers. This proportion increased to 45 percent in the 1985 CPS. There were also increases in the share of SMP brands; from 19 percent of oral pill users in the 1983 CPS to 26 percent in the 1985 CPS. SMP was the most important provider of condoms. In the 1983 CPS, 64 percent of condom users were using SMP supplied brands. In the 1985 CPS, the proportion rose to 74 percent.

Data from the 1985 CPS revealed that the level of fieldworker home-visitation deteriorated rather than improved between the two surveys. In the 1983 CPS, 30.1 percent of currently married women reported having ever been visited by a family planning worker in the last six months prior to the interview date. The percentage dropped to 27.3 percent in the 1985 CPS. To enhance contraceptive supply and motivational effort, the family planning program should take appropriate policy measures to increase the coverage of fieldworker visits.

11.8. Awareness about sources of supply/service:

Method specific knowledge of sources among non-users improved significantly between 1983 and 1985. In the 1983 CPS, 49.9 percent of non-using respondents having knowledge of injection did not know of sources for the method. In the 1985 CPS, the proportion decreased to 26.2 percent. Similar improvements were also noted in the case of other modern methods.

11.9. Reasons for non-use:

In Bangladesh, the predominant reason for non-use of contraception is the desire for additional children. The next most important reasons are perceived infecundity and post-partum amenorrhea. Other specific reasons, with the exception of religious belief, do not appear as important, although they together account for a substantial proportion of non-use of contraception among the eligible population.

There was increased mention of desire for additional children as a reason for the non-use of contraception. In the 1983 CPS, 36.2 percent of non-users mentioned 'desire for additional children' as the explanation for their non-use of contraception. The proportion increased to 40.2 percent in the 1985 CPS. Though not pronounced, increases were also noted in proportions for other specific reasons (except for 'fear of side effects' and 'disapproval based on religions belief'). However, these increases were largely due to improved reporting in the 1985 CPS, with relatively more of the respondents in that survey giving specific responses for non-use than in the 1983 CPS.

11.10. Intention to use:

There were notable increases in intention to use family planning among non-users over the period between the two surveys. While in the 1983 CPS, 38 percent of non-users reported their intention to use family planning in the future, the percentage

rose to 48 percent in the 1985 CPS. Although 'intention to use' is a weak indicator of demand potential, this increase may indicate a shift to more favourable attitudes regarding family planning acceptance.

In the 1983 CPS, women intending to use family planning preferred oral pills, injection and female sterilization. Although this order remained unchanged in the 1985 CPS, some variations were noted. For example, whereas 28.5 percent of intended users said that they would prefer to use oral pills in the 1983 CPS, the proportion increased to 36.2 percent in the 1985 CPS. Although the difference was not sizable, increasing popularity was also evident for injection. In contrast, the proportion preferring tubectomy declined from 11.4 percent in 1983 CPS to 8.4 percent in the 1985 CPS.

11.11. Conclusion:

The 1985 CPS has measured significant increases in current use of family planning methods over the period 1983-1985. In the eligible woman sample of the 1983 CPS, 19.1 percent of currently married women reported currently using a family planning method. The rate was 25.3 percent in the 1985 CPS, which is an increase of 6.2 percentage points. While this increase in current use was largely due to the increased use of modern methods, it is apparent that the family planning program has attained progress in promoting the use of modern methods since 1983.

When trends over the CPS period (1979-1985) are examined, an accelerated rate of increase in current use for modern methods is evident. Between 1979 and 1981, the current use rate of modern methods rose by 2 percentage points in the eligible woman sample, between 1981 and 1983 by 2.9 points, and between 1983 and 1985 by 4.6 percentage points. This accelerating trend, if it can be sustained, should result in substantial improvements in current use of modern methods by 1990.

REFERENCES

AHAMED, MOHI UDDIN
1986 "Infant and Child Mortality" in Bangladesh Contraceptive Prevalence Survey-1983. Secondary Analysis. Dhaka, Mitra and Associates.

ANDERSON, J.E.
1979 "Fertility Estimation: A Comparison of Results of Contraceptive Prevalence Surveys in Paraquay, Sao Paulo State, Brazil, and El Salvador". Reprinted from the American Statistical Association 1979 Proceedings of the Social Statistical Section.

BBS (Bangladesh Bureau of Statistics)
1984 Bangladesh Population Census, 1981-Analytical Findings and National Tables. August, 1984, Dhaka, Bangladesh Bureau of Statistics, Ministry of Finance and Planning.

1980 Statistical Year Book of Bangladesh, 1980. Dhaka, Statistics Division, Government of the People's Republic of Bangladesh.

BES (Bangladesh Economic Survey)
1985 Bangladesh Economic Survey 1984-85,Dhaka, Ministry of Finance, Government of Bangladesh.

BRACKETT. J.W.
1980 The role of family planning availability and accessibility in family planning use in developing countries. (World Fertility Survey Conference, London, July 7-11,1980. Substantive Findings Session No.1) Voorburg, Netherlands, International Statistical Institute,1980. (World Fertility Survey) 30 p.

CHANDER, R and V.T. PALAN
1977 Malaysian Fertility and Family Survey-1974. First Country Report. Kualalampur. Department of Statistics, Malaysia.

CHOWDHURY, R.H.
1981 "Urbanization". Country Monograph Series No.8, Population of Bangladesh. New York. Economic and Social Commission for Asia and the Pacific, Bangkok.

CPD (Committee on Population and Demography)
1981 Report No.5: Estimation of Recent Trends in Fertility and Mortality in Bangladesh. Washington, D.C. National Academy Press.

ELAHI,M. and L.T. RUZICKA
1981 "Trends and Differentials in Mortality". Country Monograph Series No.8, Population of Bangladesh. New York. Economic and Social Commission for Asia and the Pacific, Bangkok.

FISEK, N.H.
1974 "An Integrated Health/Family Planning Program in Etimesgut District, Turkey", Studies in Family Planning. Volum 5, Number 7.

HEER, D.M.
1968 Society and Population. New Jersey. Prentice Hall, Inc., Englewood Cliffs, New Jersey.

HEIN, C.R.
1977 "Family Planning in Mauritus: A National Survey". Studies in Family Planning. Volume-8, Number 12.

HONG, S.
1980 Demographic Characteristics of Bangladesh, Dhaka(USAID).

HUQ, J.A.
1979 "Economic Activities of Women in Bangladesh, the Rural Situation" In Women for Women, Research and Study Group(ed) The Situation of Women in Bangladesh. Dhaka. Women Development Programme, UNICEF, Dhaka.

KAMNUANSILPA, P. AND APHICHAT CHAMRATRITHIRONG
1985 Contraceptive Use and Fertility in Thailand: Results from the 1984 Contraceptive Prevalence Survey, Bangkok, Research Center, National Institute of Development Administration, Bangkok

---
1982 "A New Decade of Fertility and Family Planning in Thailand: 1981 Contraceptive Prevalence Survey" Bangkok Research Center, National Institute of Development Administration, Bangkok.

KHAN, A.R.
1981 "Population Programme and Policy". Country Monograph Series No.8, Population of Bangladesh. New York. Economic and Social Commission for Asia and the Pacific, Bangkok.

KHUDA, B.
1982 The Use of Time and Under-Employment in Rural Bangladesh, the University of Dhaka, Dhaka.

KISH, L.
1965 Survey Sampling. Ann Arbor, Michigan.

LAING, JOHN E.
1985 "Continuation and Effectiveness of Contracepive Practice: A Cross-Sectional Approach". Studies in Family Planning. Vol.16. Number 3, May 1985.

MIS (Management Information System)
1983 Bangladesh Contraceptive Prevalence Survey-1981. Dhaka. Management Information System (MIS) Unit, Ministry of Health and Population Control, Dhaka.

MITRA S.N. and G.M. Kamal
1985 Bangladesh Contraceptive Prevalence Survey-1983, Final Report, Dhaka, Mitra and Associates.

1984 Bangladesh Contraceptive Prevalence Survey-1983. Key Results, Dhaka, Mitra and Associates.

MITRA, S.N.
1979 Infant and Childhood Mortality in Bangladesh - Levels and Differentials. (unpublished M.A. Thesis). Canberra. Department of Demography, Australian National University.

MORRIS, L. and Others
1979 "Contraceptive Prevalence in Paraguay". Studies in Family Planning, Volume-9, Number 10-11.

NIPORT (National Institute for Population Research and Training)
1981 "Bangladesh Contraceptive Prevalence Survey Report-1979. National Institute for Population Research and Training, Ministry of Health and Population Control, Dhaka.

NOMAN, A.
1981 "Status of Women". Country Monograph Series No.8, Population of Bangladesh. New York. Economic and Social Commission for Asia and the Pacific, Bangkok.

PC (Planning Commission)
1987 Memorandum for the Bangladesh Aid Group, 1986-1987. Government of the People's Republic of Bangladesh. Ministry of Planning, Dhaka.

PCFP (Population Control and Family Planning)
1986 Third Five Year Plan. Government of Bangladesh (Chapter-XVI), Dhaka.

PCFPD (Population Control and Family Planning Division)
1981 Population Control and Family Planning Program in Bangladesh. Population Control and Family Planning Division. Ministry of Health and Population Control, Dhaka.

1978 Bangladesh Fertility Survey, 1975, First Report. Dhaka. Ministry of Health and Population Control, Dhaka.

POPULATION REPORTS
1985 "Female Sterilization", Population Reports, Series C, Number 9, May 1985.

POTTER, ROBERT G.
1969 Use Effectiveness of Intra-Uterine Contraceptive as a Problem in Competing Risks. In Ronald Freedman and John Y. Takeshita (eds.) Family Planning in Taiwan: An Experiment in Social Change. Princeton, Princeton University Press.

ROBINSON, W.
1967 "Recent Mortality Trends in Pakistan". In Warren C. Robinson (ed) Stadies in the Demography of Pakistan. Karachi, Pakistan Institute of Development Economics.

RASHID, HAROUN ER
1981 An Economic Geography of Bangladesh, Dhaka, University Press Limited.

SPECIAL TOPICS
1981 "Contraceptive Prevalence Surveys: A New Source of Family Planning Data". Population Reports, Series M, Number 5, May-June 1981.

THOMLISON, R.
1965 "Population Dynamics. New York. Randon House, Inc., New York.

TIETZE, C.
1968 "History of Contraceptive Methods", In Charless B. Nam (ed) Population and Society, Boston. Houghton Mifflin Company, Boston.

TIETZE, C. and R.G. POTTER
1962 "Statistical Evaluation of the Rhythm Method",. American Journal of Obstrics and Gynecology, 84:692-698.

TSUI, O.A. and Others
1981 "Community Availability of Contraceptives and Family Limitation", Demography.

UN(United Nations)
1983 United Nations (UN). Department of International Economic and Social Affairs. Population Division. Recent levels and trends of contraceptive use as assessed in 1983. New York, UN. 119 p.

WDP (Women's Development Programme)
1979 The Situation of Women in Bangladesh, Dhaka. Women's Development Programme. UNICEF, Dhaka.

WHS (Westinghouse Health Systems)
1982 Contraceptive Prevalence Survey: Model Questionnaire. Columbia, Maryland. Westinghouse Health Systems.

1981 Contraceptive Prevalence Surveys Regional Workshop Proceedings. Columbia, Maryland, Contraceptive Prevalence Studies II Project (Westinghouse Health Systems).

APPENDIX-A

Key Tables

OF

THE COUPLE SAMPLE-1985

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Table-1.1

DISTRIBUTION OF SAMPLE AREAS BY DIVISION AND DISTRICT(1)

(The Couple Sample)

Division	District	Total	Rural	Urban
RAJSHAHI	Rajshahi	5	3	2
	Dinajpur	3	2	1
	Bogra	2	2	-
	Pabna	2	1	1
	Sub-total	12	8	4
KHULNA	Khulna	4	2	2
	Barisal	1	1	-
	Kushtia	1	1	-
	Jessore	1	1	-
	Patuakhali	1	1	-
	Sub-total	8	6	2
DHAKA	Dhaka	9	1	8
	Mymensingh	5	3	2
	Tangail	2	1	1
	Faridpur	4	4	-
	Sub-total	20	9	11
CHITTAGONG	Chittagong	5	2	3
	Comilla	2	2	-
	Sylhet	3	3	-
	Sub-total	10	7	3
	TOTAL:	50	30	20

(1) The distribution is based upon the district administrative structure of the country, prevailing prior to the recent reorganisation introduced by the government since early 1985.

Table-1.2

NUMBER OF HOUSEHOLDS AND NUMBER OF ELIGIBLE COUPLES(1) SELECTED AND INTERVIEWED, BY STRATUM

(The Couple Sample)

Stratum	Number of households		Number of eligible couple	
	Selected	Interviewed	Selected	Interview(2)
Rural	1872	1767	1517	1475
Urban	675	628	573	551
Total	2547	2395	2090	2026

(1) Eligible couples are couples with wife under 50 years of age.

(2) A couple was considered interviewed, only when it both partners (husband and wife) were successfully interviewed.

Table-1.3

NON-RESPONSE RATE FOR HOUSEHOLD INTERVIEWS BY DIVISION

(The Couple Sample)

Division	Number of rural Households		Rural non-response rate (percentage)	Number of urban Households		Urban non-response rate (percentage)
	Selected	Successfully interviewed		Selected	Successfully interviewed	
Rajshahi	518	486	6.2	131	126	3.8
Khulna	401	386	3.7	73	70	4.1
Dhaka	544	505	7.2	376	345	8.2
Chittagong	409	390	4.6	95	87	8.4
Total	1872	1767	5.6	675	628	7.0

Table-1.4

REASONS FOR HOUSEHOLD NON-RESPONSE

(The Couple Sample)

Reasons	Rural		Urban	
	Number	Percentage	Number	Percentage
No competent respondent	2	1.9	-	-
Deferred	-	-	-	-
Refused	1	1.0	1	2.1
Dwelling vacant	47	44.8	26	55.3
Address not found	8	7.6	3	6.4
Address not existing	40	38.1	13	27.7
Other	7	6.7	4	8.5
Total	105	100.1a	47	100.0

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

Table-1.5

NON-RESPONSE RATE FOR INDIVIDUAL INTERVIEWS BY DIVISION

(The Couple Sample)

Division	Number of rural Couples		Rural non-response rate (percentage)	Number of urban Couples		Urban non-response rate (percentage)
	Found	Successfully interviewed		Found	Successfully interviewed	
Rajshahi	415	406	2.2	120	112	6.7
Khulna	357	341	4.5	60	59	1.7
Dhaka	448	443	1.1	328	317	3.4
Chittagong	297	285	4.0	65	63	3.1
Total	1517	1475	2.8	573	551	3.8

Table-1.6

REASONS FOR INDIVIDUAL INTERVEIW
NON-RESPONSE

(The Couple Sample)

Reasons	Rural		Urban	
	Number	Percentage	Number	Percentage
Either spouse not available	32	76.2	20	90.9
Neither spouse available	2	4.8	-	-
Both spouses or either refused	1	2.4	-	-
Other	7	16.7	2	9.1
Total	42	100.1a	22	100.1a

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

Table-1.7

WIGHTED NUMBER OF HOUSEHOLDS AND
ELIGIBLE COUPLE(1) IN THE
OBTAINED SAMPLE

(The Couple Sample)

Areas	Number of households			Number of eligible couples		
	Un-weighted	Weights	Weighted	Un-weighted	Weights	Weighted
Rural	1767	1.00000	1767	1475	1.00000	1475
Urban	628	0.30479	191	551	0.30818	170
Total	2395	-	1958	2026	-	1645

(1) Eligible couples are couples with wife under 50 years of age.

Table-2.1

PERCENTAGES OF WIVES AND HUSBANDS HAVING KNOWLEDGE(1) OF: AT LEAST ONE METHOD; AT LEAST ONE MODERN METHODS(2); AT LEAST ONE TRADITIONAL METHOD(3)

(The Couple Sample)

Having knowledge of	National		Rural		Urban	
	Wives	Husbands	Wives	Husbands	Wives	Husbands
At least one method	99.8	99.6	99.7	99.6	100.0	99.6
At least one modern method	99.8	99.6	99.7	99.6	100.0	99.6
At least one traditional method	68.2	66.0	67.6	66.0	73.9	65.3
N	1645a	1645a	1475	1475	551	551

(1) Unprompted or prompted knowledge.

(2) Modern methods: Oral pill, condom, vaginal method, injection, IUD, tubectomy, vasectomy, and induced abortion/MR.

(3) Traditional methods: Safe period, withdrawal, abstinence and 'other methods'.

(a) Weighted total of couple or of wives/husbands in the sample.

Table-2.2

PERCENTAGES OF WIVES AND HUSBANDS HAVING KNOWLEDGE OF SELECTED FAMILY PLANNING METHODS(1)

(The Couple Sample)

Methods	Knowledge					
	Unprompted		Prompted		Overall	
	Wives	Husbands	Wives	Husbands	Wives	Husbands
Oral pill	95.9	87.9	3.5	9.4	99.3	97.3
Condom	42.9	69.5	40.4	23.5	83.3	92.5
Vaginal method	8.4	14.0	17.1	25.5	25.5	39.5
Injection	20.2	18.5	56.4	55.4	76.5	73.9
IUD	27.7	13.1	41.8	36.4	69.5	49.4
Tubectomy	76.7	62.1	22.4	35.6	99.1	97.6
Vasectomy	27.7	53.1	59.3	42.7	87.1	95.8
Induced abortion/MR	1.6	2.1	61.2	44.6	62.9	46.7
Safe period	1.4	4.5	46.9	39.6	48.3	44.1
Withdrawal	0.5	1.8	26.0	23.0	26.5	24.8
Abstinence	0.2	0.8	29.1	31.8	29.4	32.6
Other	3.6	4.9	29.4	25.0	33.0	29.9

(1) Weighted total of couples or of wives/husbands in 1645 in the sample. The percentage for a method has been computed using as N the weighted total excluding NS (Not Stated) cases, if any, forthe question about knowledge of the method. The number of NS cases for husbands was 1 for withdrawal, 1 for abstinence and 1 for other.

Table-2.3

PERCENTAGES OF WIVES AND HUSBANDS HAVING KNOWLEDGE OF SELECTED FAMILY PLANNING METHODS BY RURAL-URBAN AREA(1)

(The Couple Sample)

Methods	National		Rural		Urban	
	Wives	Husbands	Wives	Husbands	Wives	Husbands
Oral pill	99.3	97.3	99.3	97.2	99.8	99.1
Condom	83.3	92.5	82.0	92.1	94.2	96.7
Vaginal method	25.5	39.5	22.8	37.3	48.8	58.8
Injection	76.5	73.9	75.3	73.2	87.3	80.0
IUD	69.5	49.4	68.2	48.3	80.9	59.2
Tubectomy	99.1	97.6	99.0	97.8	99.8	96.4
Vasectomy	87.1	95.8	86.6	96.1	91.7	93.5
Induced abortion/MR	62.9	46.7	61.4	45.6	75.1	56.3
Safe period	48.3	44.1	47.9	43.6	52.5	49.0
Withdrawal	26.5	24.8	24.9	23.8	40.3	33.4
Abstinence	29.4	32.7	29.3	32.7	29.8	32.1
Other	33.0	29.9	32.7	30.5	35.6	24.7
N	1645a	1645a	1475	1475	551	511

(1) The percentage for a method has been computed using as N the total in the sample of couples or wives/husbands, excluding NS (Not Stated) cases, if any, for the question about knowledge of the method. The number of NS cases for rural husbands was 1 for withdrawal, 1 for abstinence and 1 for the other.

(a) Weighted total of couples or of wives/husbands in the sample.

Table-3.1

PERCENTAGES OF WIVES AND HUSBANDS HAVING EVER USED: AT LEAST ONE METHOD; AT LEAST ONE MODERN METHOD(1); AT LEAST ONE TRADITIONAL METHOD(2)

(The Couple Sample)

Having ever used	National		Rural		Urban	
	Wives	Husbands	Wives	Husbands	Wives	Husbands
At least one method	46.4	50.0	44.3	47.8	64.2	69.1
At least one modern method	38.4	42.5	36.2	40.0	57.5	64.2
At least one traditional method	16.4	19.4	16.0	19.3	19.4	20.3
N	1645a	1645a	1475	1475	551	551

(1) Modern methods: Oral pill, condom, vaginal method, injection, IUD, tubectomy, vasectomy, and induced abortion/MR.

(2) Traditional methods: Safe period, withdrawal, abstinence and 'other methods'.

(a) Weighted total of couples or of wives/husbands in the sample.

Table-3.2

PERCENTAGES OF WIVES AND HUSBANDS HAVING EVER USED SELECTED FAMILY PLANNING METHODS(1)

(The Couple Sample)

Methods	National		Rural		Urban	
	Wives	Husbands	Wives	Husbands	Wives	Husbands
Oral pill	21.8	24.7	19.4	22.4	42.8	45.2
Condom	11.9	18.9	10.6	17.0	22.7	35.6
Vaginal method	2.8	5.1	2.4	4.5	5.8	10.0
Injection	2.4	2.1	2.0	1.8	6.4	4.5
IUD	4.6	4.2	4.1	3.7	9.6	8.5
Tubectomy	8.8	8.8	8.4	8.4	12.0	11.6
Vasectomy	4.3	4.7	4.5	5.0	2.5	2.5
Induced abortion/MR	1.6	1.3	1.2	0.9	4.9	4.5
Safe period	10.0	13.5	9.7	13.4	13.1	14.5
Withdrawal	4.9	4.4	4.7	4.1	6.7	6.7
Abstinence	1.6	2.8	1.6	2.6	1.3	3.4
Other	3.8	3.1	3.9	3.2	3.6	2.2
N	1645a	1645a	1475	1475	551	511

(1) The percentage for a method has been computed using as N the total in the sample of couples or wives/husbands, excluding NS (Not Stated) cases, if any, for the question about ever use of the method. The number of NS cases for rural wives was 1 for MR, 1 for for withdrawal, 1 for abstinence. The number of NS cases for rural husbands was 1 for oral pill, 1 for abstinence and 2 for other method. The number of NS cases for urban female was 1 for IUD.

(a) Weighted total of couples or of wives/husbands in the sample.

Table-4.1

CURRENT USE OF CONTRACEPTION AMONG WIVES AND HUSBANDS, BY METHOD
(The Couple Sample)

Contraception status	Wives		Husbands	
	Weighted number(1)	Percentage(2)	Weighted number(1)	Percentage(2)
Modern methods (total)	400	24.3	422	25.7
Oral pill	102	6.2	106	6.4
Condom	54	3.3	65	4.0
Vaginal method	5	0.3	9	0.5
Injection	4	0.2	6	0.4
IUD	32	1.9	30	1.8
Tubectomy	144	8.8	144	8.8
Vasectomy	59	3.6	63	3.8
Traditional methods(total)	141	8.6	152	9.2
Safe period	73	4.4	90	5.5
Withdrawal	19	1.2	15	0.9
Abstinence	12	0.7	17	1.0
Other	38	2.3	30	1.8
Any method	541	32.9	574	34.9
No method	1104	67.1	1071	65.1
Total	1645	100.0	1645	100.0

(1) Due to rounding after weighting the sum of individual traditional method users for wives comes to 142 instead of 141 and therefore that for any method users to 542 instead of 541. For the same reason, the sum of individual modern method users for husbands comes to 423 instead of 422 and therefore that for any method users to 575 instead of 574.

(2) All the rates have been computed directly from the actual number of users.

(3) In either of the groups, (wives or husbands) respondents reporting both themselves and their spouses as sterilized were counted under tubectomy. Among the husbands, 0.9 percent reported that they and their wive were both sterilized. Among the wives, 0.8 percent reported that they and their husbands were both sterilized.

Table-4.2

CURRENT USE OF CONTRACEPTION AMONG WIVES AND HUSBANDS, BY METHOD AND BY RURAL-URBAN AREA(1)

(The Couple Sample)

	Rural		Urban	
	Wives	Husbands	Wives	Husbands
Modern methods (total)	22.8	24.0	36.8	39.9
Oral pill	5.4	5.6	12.9	14.3
Condom	3.0	3.5	5.8	8.0
Vaginal method	0.3	0.5	0.5	0.5
Injection	0.2	0.3	0.5	0.5
IUD	1.8	1.6	3.4	3.3
Tubectomy	8.4	8.4	12.0	11.6
Vasectomy	3.8	4.1	1.6	1.6
Traditional method(total)	8.6	9.6	8.5	6.5
Safe period	4.3	5.6	5.3	4.0
Withdrawal	1.2	0.9	1.1	1.5
Abstinence	0.7	1.1	0.4	0.5
Other	2.4	2.0	1.8	0.5
Any method	31.5	33.6	45.4	46.5
No method	68.5	66.4	54.6	53.5
Total	100.0	100.0	100.0	100.0
N	1475	1475	551	551

(1) All the rates have been computed directly from the actual number of users.

Table-5.1

PERCENTAGE DISTRIBUTION OF CURRENT USERS OF NON-CLINICAL(1) FAMILY PLANNING METHODS BY REPORTED SOURCE OF SUPPLY(2)

(The Couple Sample)

Source of supply	National		Rural		Urban	
	Wives	Husbands	Wives	Husbands	Wives	Husbands
Pharmacy	36.3	43.3	33.9	38.3	46.2	61.1
General stores	9.4	14.4	10.2	16.3	5.7	7.1
Pan/cigarette shop	4.4	-	4.7	-	1.9	0.8
Quack	1.2	3.3	1.6	4.3	0.9	-
Qualified doctor	4.4	-	5.5	-	-	-
Mobile camp	-	-	-	-	0.9	-
Clinic/hospital	6.9	10.6	7.1	9.9	5.7	11.9
Field worker	32.5	27.8	31.5	30.5	34.9	19.0
Other	-	-	-	-	1.9	-
Don't know	5.0	0.6	5.5	0.7	1.9	-
Total	100.1a	100.0	100.0	100.0	100.0	99.9a
N(3)	160b	180	127b	141	106	126

(1) Non clinical methods: oral pill, condom, and vaginal method.

(2) The percentage for a source has been computed using as N the total number of current users excluding NS (Not Stated) cases, if any, for the question about source.

(3) Weighted total of current users of non-clinical family planning methods excluding NS cases.

(a) Total is more or less than 100 percent due to rounding error.

(b) The number of NS cases for wives was 1 for national and 1 for rural.

Table-5.2

PERCENTAGE DISTRIBUTION OF CURRENT USERS OF CLINICAL(1) FAMILY PLANNING METHODS BY REPORTED SOURCE OF SUPPLY(2)

(The Couple Sample)

Source of supply	National		Rural		Urban	
	Wives	Husbands	Wives	Husbands	Wives	Husbands
Pharmacy	-	0.4	-	0.5	-	-
General stores	-	-	-	-	-	-
Pan/cigarette shop	-	-	-	-	-	-
Quack	-	0.4	-	0.5	-	-
Qualified doctor	0.4	0.4	0.5	0.5	-	-
Mobile camp	1.3	0.8	1.0	0.9	3.1	1.1
Clinic/hospital	92.9	95.0	92.8	94.4	93.8	97.9
Field worker	3.3	2.1	3.8	2.3	-	-
Other	0.4	0.4	0.5	0.5	-	-
Don't know	1.7	0.4	1.4	0.5	3.1	1.1
Total	100.0	99.9a	100.0	100.1a	100.0	100.1a
N(3)	239	242	209	213	97	94

(1) Clinical methods: injection, IUD, tubectomy, and vasectomy.

(2) The percentage for a source has been computed using as N the total number of current users excluding NS (Not Stated) cases, if any, for the question about source.

(3) Weighted total of current users of clinical family planning methods.

(a) Total is more or less than 100 percent due to rounding error.

APPENDIX-B

FINALISED QUESTIONNAIRE

BANGLADESH CONTRACEPTIVE PREVALENCE SURVEY-1985

Interview Schedule

(Eligible Woman Sample)

Mitra and Associates
2/17, Iqbal Road, Mohammadpur
Dhaka-7, Bangladesh

BANGLADESH CONTRACEPTIVE PREVALENCE SURVEY - 1985

HOUSEHOLD PART

SAMPLE IDENTIFICATION

NAME OF HOUSEHOLD HEAD ____________________

OCCUPATION OF HOUSEHOLD HEAD ____________________

SAMPLE H.H.NO. | | | | | CONVERTED H.H.NO. | | | | | |

District ____________________ Upazila/Thana ____________________

Union ____________________ Village/Mohalla/Block ____________________

Stratum | | | | | PSU | | | | H.H.Interviewed in 1983 |Yes|No|

INTERVIEW INFORMATION

Interview call	1	2	3	4
Date				
Result Code*				

Interviewer Code | | | |

*RESULT CODE:

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

Scrutinized | | |

By | | | | |

Date ____________________

Reinterviewed or spot checked | | |

By | | | | |

Date ____________________

Batch No. ____________________

HOUSEHOLD MEMBERS

Please tell the names of all members (including very small babies) who slept last night in this household. I would like you to tell first the names of the female members and then the names of the male members.

Female members

Line No.	Name of women	How old is she (completed year)	Has she ever been married ? Yes / No	Interview eligibility (Please Tick)
01				
02				
03				
04				
05				
06				
07				
08				
09				

NUMBER OF ELIGIBLE WOMEN: _____

B4

Male members

Line No. of males	Name of male members	How old is he (completed year)
01		
02		
03		
04		
05		
06		
07		
08		
09		

INDIVIDUAL PART

Village or Mohalla _____ Time Started _____

Line No. of Respondent | | | |

Converted H.H. Serial Number | | | | | | |

Respondent interviewed in 1983 | Yes | No |

INTERVIEW INFORMATION

Interview Call	1	2	3	4
Date				
Result Code*				
Interviewer's Code Number				

*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 or spot checked | | Edited | | Coded | |

By | | | | By | | | | By | | By | | | |

Date_____ Date_____ Date_____ Date_____

SECTION - I

BACKGROUND CHARACTERISTICS

101. How old are you ? (PROBE)

Age _____(completed year)

102. Did you ever attend school ?

Yes		No	1

(SKIP TO 105)

103. Was it a Primary school, Madrasa, Secondary school or higher that you attended last ?

Primary school	2	High school	3
College/ University	4	Madrasa	5

Other _____ (Specify) 8

104. What was the highest class you passed ?

_____ class

105. What is your religion ?

Islam	1	Christianity	3
Hinduism	2	Buddhism	4

Other _____ (Specify) 8

106. Aside from doing normal household work, do you do any other work (for cash or kind) on a regular basis such as agricultural work, making things (for sale), selling things in the market, or anything else ?

Yes [1] No [2]
(SKIP TO 108)

107. Did you earn any money from this work during the last year ?

Yes [1] No [2]

108. Are you a member of community organisations such as mothers club, cooperative society, etc. ? (Interviewer: Record the response ticking the appropriate category below)

a. Family planning group

b. Traditional cultural association

c. Religious group

d. Women's development group

e. Community saving association

f. Cooperative

g. Sports club

h. None

109. Does your family own any agricultural land ?

Yes [1] No [2]

110. Did your husband ever attend school ?

Yes [ ] No [1]
(SKIP TO 113)

111. Was it a Primary school, Madrasa, Secondary school or higher that he attended last ?

Primary school	2	High school	3
College/ University	4	Madrasa	5
Don't know	6	Other_____ (Specify)	8

(SKIP TO 113)

112. What was the highest class he passed ?

_____ Class

113. What is (was) the principal occupation of your husband ?

_____ Occupation

114. Does your house have electricity ?

Yes	1	No	2

115. Do some households in your locality have electricity ?

Yes	1	No	2

SECTION - II

FERTILITY

201. Now I would like to ask you some questions about childbearing. Have you ever given birth to a child ? (Interviewer: If the response is 'No' read out the following statement. I mean even a child who died immediately after its birth)

Yes [1] No [2]

(ASK 208, THEN SKIP TO 215)

202. How many of your children are living with you now ? (Interviewer: be sure that the respondent includes her own children only) _____ (Number)

203. How many of your children do not live with you now ? (Interviewer: be sure that the respondent includes her own children only) _____ (Number)

INTERVIEWER: TOTAL THE NUMBER OF CHILDREN IN 202 AND 203 AND WRITE THE TOTAL IN 204; IF TOTAL IS ZERO, SKIP TO 205

204. Thus, you now have _____ (Total) living children; how many are boys and how many are girls ?

_____ Boys _____ Girls

205. Have you ever given birth to a boy or a girl who later died, including those children who died immediately after their birth ?

Yes [1] No [2]

(Write Zero in the space kept for response to 206a and then SKIP TO 207a)

206a. How many of your children have died ? _____ (Number)

206b. How many among them were boys and how many were girls ?

_____ Boys _____ Girls

206c. Did any of the children (or the child) die in the last one year period, i.e., in between _____ and now
Beginning month

Yes [1] No [2]
(SKIP TO 207a)

206d. Was the child a boy or a girl ?

Boy [1] Girl [2]

206e. What was his/her age, when he/she died ?

_____ Year _____ Month

207a. INTERVIEWER: TOTAL THE NUMBER OF CHILDREN IN 204 AND 206a, AND WRITE THE TOTAL IN 207b

207b. I find from your responses that so far you have had _____ live births. Is it the correct information ?

Yes [1] No [2]
(Correct answers with assistance of the respondent)

208. Now I want to know about your current marital status. Are you now married, widowed, divorced or separated ?

Currently married [1] Widowed [2]
(SKIP TO 213a)

Divorced [1] Separated [2]

209. How long ago did you become widowed/divorced/separated ?

2 years ago or less than 2 years ago [1]

More than 2 years ago [2] (SKIP TO 301)

210. Were you pregnant at the time you became widowed/divorced/separated ?

Yes [1]

No [2] (SKIP TO 301)

211. Did you give birth to any (live) child out of this pregnancy? (Interviewer: If the response is 'No', read out the following statement. I mean even a child who immediately died after birth)

Yes [1]

No [2] (SKIP TO 301)

212. Was the child born in the last one year period, i.e., in between _____ month and now ?
(Beginning month)

Last year [1] (SKIP TO 214a)

Earlier than the last year [2] (SKIP TO 301)

213a. Did you give birth to a child in the last one year period, i.e., in between _____ month and now ?
(Beginning month)
(Interviewer: If the response is 'No' read out the following statment: I mean even a child who immediately died after birth)

Last year [1]

Earlier than the last year [2] (SKIP TO 215)

213b. Was the child a boy or a girl ?

Boy [1] Girl [2]

214a. In what month, was the child born ? _____ Month

214b. Interviewer: If the date of birth falls in the fourth quarter, ask the following question; otherwise SKIP TO 214c. A women may give childbirth twice in a year; therefore, I want to know if you had given birth to any other (live) child in the period between _____ month and now ?
(Beginning month)

Yes [1] No [2]
(SKIP TO 214d) (SKIP TO 215)

214c. Interviewer: If the respondent is currently married and if the date of birth falls in the first quarter, ask the following question; otherwise SKIP TO 215. A woman may give childbirth twice in a year; therefore, I want to know if you had given birth to any other (live) child in the period between _____ month and now ?
(Beginning month)

Yes [1] No [2]
(SKIP TO 215)

214d. In what month, was the child born ?

_____ Month(2nd child)

214e. Was the child a boy or a girl ?

Boy [1] Girl [2]

215. INTERVIEWER: CHECK 208 AND TICK THE APPROPRIATE BOX

Currently married [1] Not currently married [2]

(SKIP TO 301)

216. Are you pregnant now ?

Yes [1] No [2] Don't know [3]

(SKIP TO 217b) (SKIP TO 217b)

217a. Would you like to have more children in the future in addition to the one you are now expecting ?

Yes [1] No [2] Not decided [3]

(SKIP TO 301) (SKIP TO 301)

217b. Interviewer: Check 204. If the respondent has no living children, SKIP TO 218. Otherwise, ask the following question. Would you like to have more children in future ?

Yes [1] No [2] Not decided [3]

(SKIP TO 301) (SKIP TO 301)

218. How many (more) children would you like to have in future ?

_____ (Number)

219. INTERVIEWER: CHECK 204 AND TICK THE APPROPRIATE BOX

Has living child [ ] Other [ ]

(SKIP TO 301)

220. What is the age of your youngest living child ?

Year _____ Month _____

Aged 5 years or below [ ] Aged above 5 years [ ]

(SKIP TO 301)

221. Are you currently breastfeeding your youngest child ?

Yes [ ] (SKIP TO 301)

No [ ]

222. How long did you breastfeed your youngest living child ?

_____ Year

_____ Month

SECTION - III

FERTILITY REGULATION

301. You may know that there are various ways a couple can delay the next pregnancy or avoid having children if they do not want them. Do you know or have you heard of any of these family planning methods ?

Yes [ ] No [ ]
(SKIP TO 303)

RECORD RESPONSES TO 302-304 IN TABLE -1 NEXT PAGE

302. What family planning methods do you know ? PROBE

CIRCLE CODE 1 (YES) IN COLUMN [A] FOR EACH METHOD THE RESPONDENT HAS SPONTANEOUSLY MENTIONED

303. FOR EACH METHOD NOT CIRCLED IN COLUMN [A], ASK

Just to be sure, have you ever heard of _____ ?
(Method)

CIRCLE RESPONSE IN COLUMN [B]

TABLE-1

Methods	(A) Knowledge (Unprompted) 302	(B) Knowledge (Prompted) 303	(C) Source Known ? 304
01. Pill	1 Yes	2 Yes 3 No	1 Yes 2 No
02. *Condom	1 Yes	2 Yes 3 No	1 Yes 2 No
03. Foam tablet/ Jelly/Emko/ Cream/Diaphragm	1 Yes	2 Yes 3 No	1 Yes 2 No
04. Injection	1 Yes	2 Yes 3 No	1 Yes 2 No
05. I.U.D.	1 Yes	2 Yes 3 No	1 Yes 2 No
06. *Female sterilization	1 Yes	2 Yes 3 No	1 Yes 2 No
07. *Male sterilization	1 Yes	2 Yes 3 No	1 Yes 2 No
08. Monthly regulation (MR)	1 Yes	2 Yes 3 No	1 Yes 2 No
09. Safe period	1 Yes	2 Yes 3 No	1 Yes 2 No
10. *Withdrawal	1 Yes	2 Yes 3 No	1 Yes 2 No
11. Abstinence	1 Yes	2 Yes 3 No	1 Yes 2 No
12. Other_____ (Specify)	1 Yes	2 Yes 3 No	1 Yes 2 No

304. FOR EACH METHOD CIRCLED 'YES' IN COLUMN [A] OR COLUMN [B] ASK:

Have you (*has your spouse) ever used _____? (Method)

CIRCLE RESPONSE IN COLUMN [C]

305. INTERVIEWER: CHECK 208 AND TICK THE APPROPRIATE BOX

Currently married	1	Not currently married	2

(SKIP TO 309)

306. INTERVIEWER: CHECK 216 AND TICK THE APPROPRIATE BOX

Not currently pregnant or don't know	1	Currently pregnant	2

(SKIP TO 309)

307. Are you (or is your husband) currently using some family planning method or doing something to avoid a pregnancy ?

Yes	1	No	2

(SKIP TO 309)

308. What is that method ?

CIRCLE BELOW THE METHOD THE RESPONDENT HAS MENTIONED

01	Pill	(SKIP TO 310)
02	Condom	
03	Vaginal methods(a)	
04	Injection	
05	IUD	
06	Female sterilization	
07	Male sterilization	
09	Safe period	
10	Withdrawal	
11	Abstinence	
12	Other _____ (Specify)	

(a) Foam tablet, jelly, emko, cream, diaphragm.

309. INTERVIEWER: CHECK COLUMN [C] OF TABLE-I, PAGE _____, AND TICK THE APPROPRIATE BOX BELOW

At least one 'Yes' code circled	1	No 'Yes' codes are circled	2

(SKIP TO 323)

310. Table-II is given to record duration and timing of contraceptive use over the period from the month of interview to _____ of 1983 by asking questions from ___ to_____. Each cell represents a specific month. To record that 'M' method was used in a month, write the code of the method in the cell for that method. Codes for the different methods are given at the foot of the table. Keep a cell blank only if no method was used in the month it represents

311. Cross out (X) the cells for the months falling after the interviewing month

312. INTERVIEWER: CHECK 307 AND TICK THE APPROPRIATE BOX BELOW

Currently using	1	Not currently using	2

(SKIP TO 314)

313. INTERVIEWER: CHECK 308 AND WRITE THE CODE OF THE METHOD BEING USED IN THE CELL FOR THE INTERVIEWING MONTH. THEN SKIP TO 315

314. What was the (last) method you were using and in what month you stopped using it ? (If the reported month falls outside the range of the table, SKIP TO 318, if not. record the response and ask the next question)

315. In what month and year you began using _____, after which
Method
you have been continuously using it until now or before you stopped it in _____ ? (If the reported month is outside the
month
table, consider January of 1983 as the beginning month)

316. INTERVIEWER: TICK THE APPROPRIATE BOX BELOW

Table completed	1	Table not completed	2

(SKIP TO 318)

317. Were you using any family planning method before you began using _____ in _____ ?
method month

Yes	1	No	2

(SKIP TO 314)

318. INTERVIEWER: CHECK THE TABLE AND FOR EACH PERIOD OF NON-USE ASK THE FOLLOWING QUESTIONS

319. Did you use any other family planning method after you stopped using _____ in _____ (and before you started using _____ (in month) ?
method month
method

Yes	1	No	2

(SKIP TO 322)

320. What was the method you were using and in what month you stopped using ?

321. In what month and year you began using _____, after which you have been continously using it until now or before you stopped it _____ ?
method
month

322. INTERVIEWER: REPEAT 319 TO 321 UNLESS ALL NON-USE PERIODS ARE COVERED

Table-II

Year	Months											
	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
1986												
1985												
1984												
1983												

Method (codes): Oral pill(OP), Condom(C), Vaginal method(V), Injection(IN), IUD(ID), Female sterilization(FS), Male sterilization(MS), MR(MR), Safe period(SP), Withdrawal(W), Abstinence(A), Other(O), No method ( ).

323. INTERVIEWER: CHECK 208 AND TICK APPROPRIATE BOX

Currnetly married [1]

Not currently married [2]

(SKIP TO 601)

324. INTERVIEWER: CHECK 216 AND TICK THE APPROPRIATE BOX

Not currently pregnant or don't know [1]

Currently pregnant [2]

(SKIP TO 502)

325. INTERVIEWER: CHECK 307 AND TICK THE APPROPRIATE BOX BELOW

Currently using [1]

Not currently using [2]

(SKIP TO 501)

SECTION - IV

SOURCE OF SUPPLIES/SERVICES
(only for current users)

401. Check 308 and tick the appropriate code below, then follow the SKIP instructions.

01	Pill	
02	Condom	
03	Vaginal methods(a)	(SKIP TO 408)
04	Injection	
05	IUD	
06	Female sterilization	(SKIP TO 310)
07	Male sterilization	
09	Safe period	
10	Withdrawal	
11	Abstinence	(SKIP TO 601)
12	Other _____ (Specify)	

402. Have you any _____ in your house now ?
method

Yes [1] No [2]

(SKIP TO 405)

(a) Foam tablet, jelly, emko, cream, diaphragm.

403. Can you show them to me ?

Able to show [1] Unable to show [2]

(SKIP TO 407)

404. What is the reason that you are unable to show the method, although you have told me that you have the method in your house ? (PROBE)

(SKIP TO 406)

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

---

406. | INTERVIEWER: Show samples and then ask this question; is it one of these ? (PROBE) |

---

407. | INTERVIEWER: Write down the brand name below |

Brand

408. Who usually gets the method that you are(or your husband is) currently using ?

01 Respondent

02 Husband

03 Other _____
(specify)

409. Now I would like to ask you some questions about the source of your family planning method. From where do (did) you (your husband) (usually) obtain the supply/service?

- [ ] Pharmacy
- [ ] Shop (specify the type below)
  _____
  _____
- [ ] Quack
- [ ] Qualified doctor
- [ ] Mobile camp
- [ ] Depot-holders
- [ ] Other source _____ (specify)

(SKIP TO 601)

- [ ] Clinic/hospital (_____) Name
- [ ] Field worker (SKIP TO 413)
- [ ] Don't know (SKIP TO 601)

410. You may know that there are three categories of clinics/hospitals in our country - government, voluntary, and private. Was it a private, voluntary or government clinic/hospital, from where you (your husband) obtained the supply/service ?

- [ ] Private
- [ ] Voluntary
- [ ] Government

(SKIP TO 601)

- [ ] Don't know

411. Where is the clinic/hospital located ?

Knows [1] — Don't know [2]

(SKIP TO 601)

INTERVIEWER: Write the location identification here

_____

_____

INTERVIEWER: If possible, try to ascertain from any available local FP personnel, the category of the clinic/hospital and if ascertained, write the category

_____

(SKIP TO 601)

413. Was the field worker a government or non-government employee?

Government [1] — Non-government [2] — Don't know [3]

414. Was the worker male or female ?

Male [1] — Female [2] — Don't know [3]

415. Do you (your husband) collect the supply from the worker's house or does this worker come to your house to give you the supply ?

The supply is given at home [1] — The supply is collected from the worker [2]

(SKIP TO 601)

SECTION - V

REASONS NOR NON-USE AND FUTURE INTENTION TO USE

(Only for not current users)

501A. What is the main reason that you are not using any family planning method now ?

01 Want additional children

02 Husband objects

03 Health reasons

04 Fear of side-effects

05 Religious reasons

06 Wife believes she is unable to have children

07 Methods not available

08 Breast-feeding

09 Post partum amennorhoea

10 Other _____
(specify)

11 Don't know/no reason (SKIP TO 502)

B. PROBE: Are there any other reasons in addition to the first one ?

_____
_____
_____

502. Do you think, you or your husband will do something in the future to avoid getting pregnant ?

Yes	No	Don't know not sure
1	2	3
(SKIP TO 504)		

503. What is the principal reason that you will not try to use any family planning method in the future ?

1 Want additional children

2 Husband objects

3 Health reasons

4 Fear of side-effects

5 Religious reasons

6 Wife believes she is unable to have children

7 Methods not available

8 Other _____
(specify)

9 Don't know/no reason (SKIP TO 601)

PROBE: Are there any other reasons in addition to the first one ?

(SKIP TO 601)

504. If you were to use family planning some day in the future, what methods would you choose ?

01 Pill

02 Condom

03 Vaginal methods

04 Injection

05 I.U.D.

06 Female sterilization

07 Male sterilization

09 Safe period

10 Withdrawal

11 Abstinence

12 Other _____
(specify)

97 Undecided/it depends

98 Non

99 Don't know

(SKIP TO 601)

505. When will you begin using it ?

1 Within one year

2 From one to two years

3 After two years

4 Don't know/not sure

SECTION - VI

AVAILABILITY

601. CROSS OUT (X) THE METHOD CODE IN THE FIRST ROW OF TABLE-III PAGE _____

1. IF A CODE 3 IS CIRCLED FOR THAT METHOD IN COLUMN [B] OF TABLE-I (SEE PAGE _____)

2. IF THE CODE FOR THAT METHOD IS CIRCLED IN 308.

IF ALL METHODS ARE CROSSED OUT, GO TO 606 PAGE___

602. FOR EACH METHOD NOT CROSSED OUT ASK:

From where would you obtain _____ ?
method

Field worker [ ] (SKIP TO 603)

Clinic/ hospital [ ] (SKIP TO 605)

Any other source [ ]

Don't know [ ]

CIRCLE THE RESPONSE IN TABLE-III. IF THE QUESTION FOR EACH METHOD NOT CROSSED OUT, HAS BEEN ASKED, SKIP TO 606; OTHERWISE ASK THE QUESTION 602 FOR THE NEXT METHOD NOT CROSSED OUT

603. Is the field worker a government or non-government employee?

Government [1] Non-government [2] Don't know [3]

604. Would you have to collect the supply from the worker's house or would the worker come to your house to give you the supply ?

The supply would be given at home(home delivery)	[ ]	The supply would be collected from the worker (field worker)	[ ]

CIRCLE THE RESPONSE OF 603 UNDER 'HOME DELIVERY IN TABLE-III

CIRCLE THE RESPONSE OF 603 UNDER 'WOULD BE COLLECTED FROM FIELD WORKER IN TABLE-III

IF THE QUESTION FOR EACH METHOD NOT CROSSED OUT, HAS BEEN ASKED, SKIP TO 606; OTHERWISE ASK THE QUESTION 602 FOR THE NEXT METHOD NOT CROSSED OUT

605. Is it a government, private or voluntary clinic ?

Government	[ ]	Voluntary	[ ]
Private	[ ]	Don't know	[ ]

CIRCLE THE RESPONSE IN TABLE-III. IF THE QUESTION FOR EACH METHOD NOT CROSSED OUT, HAS BEEN ASKED, SKIP TO 606; OTHERWISE ASK THE QUESTION 602 FOR THE NEXT METHOD NOT CROSSED OUT

TABLE-III

Source \ Method	01 Oral pill	02 Con-dom	03 Foam tablet Jelly Emko Cream etc.	04 Injec-tion	05 IUD	06 Fe-male ster-iliz-ation	07 Male ster-iliz-ation	08 M.R.
[ ] Pharmacy	1	1	1	1	1	1	1	1
[ ] General store	2	2	2	2	2	2	2	2
[ ] Pan/Ciga-rette shop	3	3	3	3	3	3	3	3
[ ] Quack	4	4	4	4	4	4	4	4
[ ] Qualified doctor	5	5	5	5	5	5	5	5
[ ] Mobile camp	6	6	6	6	6	6	6	6
Clinic/Hospital								
[ ] Government	7	7	7	7	7	7	7	7
[ ] Voluntary	8	8	8	8	8	8	8	8
[ ] Private	9	9	9	9	9	9	9	9
[ ] Don't know	10	10	10	10	10	10	10	10
Would be collected from field worker								
[ ] Government	11	11	11	11	11	11	11	11
[ ] Non-Govern-ment	12	12	12	12	12	12	12	12
[ ] Don't know	13	13	13	13	13	13	13	13
Home delivery								
[ ] Government	14	14	14	14	14	14	14	14
[ ] Non-Govern-	15	15	15	15	15	15	15	15
[ ] Don't know	16	16	16	16	16	16	16	16
[ ] Other source ___ (specify)	17	17	17	17	17	17	17	17
[ ] Don't know any source	18	18	18	18	18	18	18	18

606. INTERVIEWER: CHECK 208 AND TICK THE APPROPRIATE BOX

Currently married	1	Not currently married	2

(SKIP TO 614)

607. INTERVIEWER: CHECK 307 AND TICK THE APPROPRIATE BOX

Currently using family planning	1	Not currently using family planning	2

(SKIP TO 609)

608. INTERVIEWER: CHECK 415 AND TICK THE APPROPRIATE BOX

Mentioned home delivery by field worker	1	Other	2

(SKIP TO 613)

609. During the last six months, has any one visited you in your home to talk to you about family planning or to give you any family planning method ?

Yes	1	No	2

(SKIP TO 614)

610. Who was this person? (PROBE)

01 Field worker

02 Others _____ (SKIP TO 614)
(specify)

611. Do you know if this worker is a government worker or non-government worker ?

Government worker	1	Non-government worker	2	Don't know	3

612. Is the worker male or female ?

Male	1	Female	2

613. INTERVIEWER: READ OUT THE STATEMENT WITHIN BRACKETS, ONLY IF THE RESPONDENT IS A CURRENT USER, AND HAS MENTIONED HOME DELIVERY BY FAMILY PLANNING WORKER

(You have mentioned that family planning worker comes to your house to give supply of your method.) When was the last time the worker visited you in your home ? (PROBE)

1	Last 1 month
2	Last 1 - 2 month
3	Last 2 - 3 month
4	Last 3 - 4 month
5	Last 4 - 5 month
6	Last 5 - 6 month
8	Don't know

TERMINATE THE INTERVIEW. WHEN YOU TERMINATE THE INTERVIEW (AND BEFORE YOU LEAVE THE RESPONDENT):

CHECK BACK OVER THE SCHEDULE AND MAKE SURE THERE IS AN ANSWER TO ALL APPLICABLE QUESTIONS, SKIP INSTRUCTIONS ARE CORRECTLY FOLLOWED AND THAT THE RESPONSES ARE ENTERED ELEGIBLY AND IN THE CORRECT FORM.

THANK THE RESPONDENT FOR HER TIME AND COOPERATION

TIME ENDED _____

INTERVIEWER'S COMMENTS:

SUPERVISOR'S COMMENTS: