

**BANGLADESH
CONTRACEPTIVE
PREVALENCE
SURVEY - 1989**

Final Report



MITRA & ASSOCIATES
Dhaka, Bangladesh.

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S. N. Mitra
Ann Larson
Gillian Foo
Shahidul islam



Mitra and Associates
2/17, Iqbal Road, Mohammadpur
Dhaka-1207, Bangladesh

USAID/Dhaka Staff
Reference Library

Reviewed by : Sheryl Keller
USAID Mission, Dhaka

Typed by : Jaynal Abdin
Secretary
Mitra and Associates

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FOREWORD

The Contraceptive Prevalence Survey, collecting information on contraceptive knowledge and use remains an important evaluative tool for monitoring population control programmes. It provides a rapid feedback to policy makers and programme managers on the strengths and weaknesses of the programme, based on which, policies and strategies can be suitably revised incorporating changes wherever necessary.

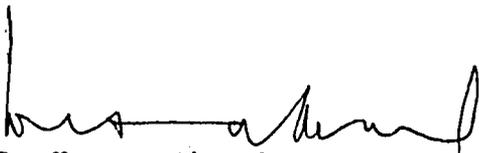
The 1989 Bangladesh National Contraceptives Prevalence Survey was the fifth CPS undertaken in Bangladesh. Prior surveys were done in 1979, 1981, 1983 and 1985/6. As a result we now have 10 years of data to document the considerable progress made in the Bangladesh family planning program.

These data show a steady rise in the use of contraceptives. In addition, the 1989 CPS is the first to conclusively demonstrate that this increase in contraceptive use has had the desired result: a significant decline in fertility. This is great news, in which policy-makers and program managers can take pride. Alongside, the 1989 CPS clearly documents areas for improvement such as the need to increase field worker coverage and to mount special efforts for low performing areas like Chittagong.

The responsibility for conducting the 1989 CPS was entrusted to Mitra and Associates, a private Bangladeshi research organization. I am happy to note that Mitra and Associates have completed the task with professional excellence.

A Technical Review Committee was constituted by the Government with the National Institute for Population Research and Training (NIPORT) at the apex to provide technical guidance to the CPS. This work of the Technical Review Committee comprising representatives of the Government, USAID, Mitra and Associates and several prominent Bangladeshi researchers is yet another milestone in the cooperation among Government, donors, researchers and private sector, typical of the family planning program in Bangladesh.

I thank them all for this excellent report, the findings of which will be of use to us in setting the direction of the future program .


S. Hasan Ahmad
Secretary
Ministry of Health & Family Welfare
Government of Bangladesh
June 1990

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PREFACE

As the chair of the Technical Review Committee (TRC) for the 1989 Contraceptive Prevalence Survey, I am pleased to introduce this final report.

The 1989 Contraceptive Prevalence Survey is the fifth survey of its kind to be conducted in Bangladesh since 1973 for the purpose of providing rapid feedback on key indicators of the family planning program.

The TRC composed of high level of members of the technical sections of the Ministry of Health and Family Planning as well as other population experts. The TRC's participation helped to ensure that the 1989 CPS collected data needed by the family planning program and that the results were disseminated in a timely and useful manner. The preliminary results were already released in September 1989, only one month after the data collection was completed. The TRC also plans to host a workshop to discuss the findings and their implications for family planning policy which emerge from the 1989 CPS.

On behalf of TRC - 1989 CPS, I express my heart felt thanks to all officers of Mitra and Associates for their hard work in completing this study on time.



(Md. Najmul Huq)
Director General
Family Planning Directorate and
Convener of the TRC-1989 CPS

Acknowledgement

The 1989 Contraceptive Prevalence Survey (CPS) was the fifth CPS undertaken to obtain periodical assessment of performances of family planning programs in the country. Like the previous CPSSs, it was sponsored by the Government of Bangladesh and funded by the United States Agency for International Development (USAID). We are grateful to both the Government of Bangladesh and the USAID for awarding us the contract to conduct the survey.

Although Mitra and Associates had the sole responsibility to implement the survey, its successful completion would not have been possible without the cooperation of the Directorate of Family Planning, National Institute of Population Research and Training (NIPORT), and the USAID. We gratefully acknowledge the support we received from these organizations at different stages of the survey operations.

Our special thanks are due to the Technical Review Committee (TRC) constituted by the Government with high level experts from within and outside the Ministry of Health and Family Planning to oversee the work of the survey. TRC's participation not only improved the survey methodology but also greatly facilitated the smooth execution. We owe an enormous debt to Mr. Najmul Huq, the convenor of the TRC for the whole hearted cooperation he extended to us by ensuring TRC's participation at all stages of the survey work from the beginning to the end.

We are extremely thankful to Ms. Sheryl Keller of USAID/Dhaka for the important role she played in guiding the survey to its successful completion as well as for her time and tireless efforts in reviewing the draft of this report. We are also indebted to Mr. Sk. Ali Noor and Ms. Rahmina Beauty of USAID for the pains they undertook in monitoring the field work of the survey.

Dr. Ann Larson and Dr. Gillian Foo put in hard work in the preparation of this report. They deserve our deepest gratitude for their tireless efforts and excellent professional work.

The personnel of the Ministry of Health and Family Planning deserves our heartfelt thanks for the excellent cooperation that they extended to the interviewing teams. Without their active support, it would have been impossible for the interviewing teams to successfully complete the data collection work.

Personnel of Mitra and Associates carried out their responsibilities for the survey by performing every task assigned to them with utmost diligence. While extending our deep appreciation to all of them, a special word of thanks should go to Mr. Shahidul Islam, the Deputy Project Director of the survey. With his long experiences in the survey taking operations, Mr. Islam worked long hours to make sure that the successful completion of the survey became a reality.

Finally, we remain ever grateful to the thousands of respondents interviewed in the survey who gave their valuable time in participating in the survey.



S. N. Mitra
Project Director
Contraceptive Prevalence Survey-1989

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EXECUTIVE SUMMARY

Methodology

The 1989 Contraceptive Prevalence Survey used a two stage probability sample design. A sample of 120 rural and 80 urban areas was drawn and each area was mapped and all households listed. At the second stage a sample of households was selected from each area. In total, 11,947 households were chosen, of which 11,224 were successfully interviewed. From the household interviews 11,997 ever-married women under 50 years old who had slept in the household the night before were identified. Completed interviews were conducted with 11,607 eligible women.

A couple sample was also drawn using a subsample of the selected areas. Successful interviews were held separately and simultaneously with 2,013 currently married women under 50 years old and their husbands.

All interviews took place between March and July 1989 with 11 teams, each comprising four interviewers and two supervisors.

Nationally, the sample design is fully comparable to previous Bangladesh CPSs. However, the definition of urban areas was broadened for the 1989 CPS so comparisons within rural and urban stratum between surveys are not valid.

Background Characteristics

Bangladesh has historically been characterized by universal and early marriage for females. Recently there has been a slow rise in the age at marriage. The singulate mean age at marriage for females has increased 1.3 years since 1975, equalling 17.7 years in 1989.

The level of schooling of ever-married women is low; 63.6 percent have never had any formal schooling and only 10.0 percent have been educated beyond primary school.

Agriculture is the most important economic activity: 39.4 percent of ever-married women are or were married to a landowner or agricultural worker. A further 24.0 percent are married to laborers. Only 15.4 percent of the eligible women are themselves employed for cash or kind. The average household possesses 2.2 out of a list of six consumer durables.

Fertility

The 1989 CPS documents that Bangladesh has experienced an appreciable decline in fertility in the recent past, although the precise level of current fertility is still subject to debate. The 1989 Bangladesh Fertility Survey has observed a similar decline in fertility.

The mean number of total births for ever-married women under age 50 is 3.7. Because of the young age structure of the population and the low age at marriage, a substantial proportion -- 26 percent -- of ever-married women have had no birth or only one live birth. Women over age 40 have had a mean in excess of seven live births, but it is unlikely that younger women will eventually have as many children. Already, the mean total number of births for women aged 25 to 39 is approximately one-half a child lower than reported in 1986 and one child fewer than reported in the 1975 Bangladesh Fertility Survey. The mean number of total births in urban areas is 3.8, while it is 3.5 in rural areas. Chittagong division has higher average cumulative fertility. Respondent's education is related to lower fertility for those women who have completed at least primary school. Significantly, even the subgroups with the highest total number of births in 1989 had a lower mean than all ever-married women had in 1975.

Five-year birth histories were collected from ever-married women. The derived fertility rates produce a total fertility rate (TFR) of 5.1 for the previous five years and 4.9 for the year preceding the interview. This is consistent with estimates derived from the 1989 BFS and with cross-national studies of the relationship between TFRs and the percent of married women currently practicing contraception. The TFR in the mid-1970s is thought to have been approximately 7.0, therefore a current TFR of about 5.0 represents a substantial and rapid decline.

Family Planning

The level of current contraceptive use continues to rise steadily. The best estimate of the prevalence of contraceptive use in 1989, based on a working rate composed of husbands' reported use of condoms and vasectomies and eligible women's reports of all other methods, is 32.8 percent of currently married women under age 50. Since 1979 the contraceptive prevalence rate has risen an average of two percentage points per annum. The three percentage point rise since the 1986 CPS is entirely attributable to an increased use of modern methods.

Awareness of at least one family planning method is nearly universal and there have been appreciable gains since 1986 in the percentage of ever-married women who have heard of the IUD, injectables and menstrual regulation.

Ever use has grown by a substantial 11.7 percentage points since 1986; in 1989 44.2 percent of ever-married women had used a family planning method at least once. The greatest increase has been in ever use of the oral pill, from 14.3 percent in 1986 to 23.3 percent in 1989.

Urban and rural areas in Chittagong division have substantially lower ever use and current use than the remainder of the country. This finding is consistent with the higher fertility estimated for the division. Serious consideration should be given to strengthening family planning programs in Chittagong division.

Supply and Service

Between 1986 and 1989 there has been a shift towards a larger proportion of pill and condom users receiving their supplies from family planning fieldworkers. The change has been particularly pronounced in the case of oral pill users: the percentage receiving pills from fieldworkers increased from 32.3 percent to 45.1 percent.

Sources of supply as verified by the brands of oral pills and condoms shown to interviewers confirm the increased role played by community-based distribution systems. In 1986 36.4 percent of pill users were using BDG/NGO brands: in 1989 the percentage was 62.0. For condom users the percentage using BDG/NGO brands grew from 26.6 to 34.8 percent. The proportion of currently married women relying on BDG/NGO pills increased significantly, from 1.9 to 5.7 percent. There was little change in the percent of married women relying on Social Marketing Project pills or condoms.

Only one quarter of married women reported having been visited by a family planning worker in the past six months. This represents a slight deterioration in coverage since 1986. When fieldworkers do visit, they play an important role in supplying pills and condoms. In rural areas 21.9 percent of women visited by fieldworkers were using modern non-clinical methods compared to only 5.4 percent of women who were not visited. The differential is equally great in urban areas: 38.7 percent for women visited by a fieldworker versus 13.1 percent for those not visited. The total contraceptive prevalence rate for rural women visited by a family planning worker was 44.1 percent.

Contraceptive Use Dynamics

The desire to control fertility is widespread. More than half (56 percent) of currently married women want no more children and an additional 22.1 percent want to wait for at least

two years before giving birth. However, there is a substantial gap between potential contraceptors who want to avoid pregnancy and the percentage who are actually contracepting. Almost 50 percent of married women want to curtail or delay future childbearing but are not contracepting.

Oral pills are overwhelmingly the most popular method for first time users, but condoms, female sterilization and the safe period are also common first methods. Many current users of condoms and traditional methods use a combination of these methods.

Knowledge of how often the oral pill is taken or of the frequency of injections required for injectable contraceptives is not widespread among women who report that they have heard of these methods. However, ever users and current users of these methods have a correct understanding of how they should be used. On the other hand, the safe period in the menstrual cycle is widely misunderstood by both users and non-users of the method.

Approximately one-half of current users of the principal modern methods report experiencing side effects. Headaches and weakness are frequently cited by users of many of the methods.

Husbands and Wives

The couple sample provides a unique opportunity to investigate husbands' knowledge and attitudes towards family planning. Husbands know of almost as many contraceptive methods as wives and are more familiar with where to obtain condoms, although less knowledgeable about sources for clinical methods. There is a very narrow gap between the level of current use reported by husbands and by wives.

Husbands are slightly more likely to say that they want no more children than wives (63 percent versus 59 percent). This difference can be largely attributed to a greater desire on wives' part for one or two sons. Husbands are also more inclined to approve of a newly married couple adopting family planning.

Child Health Care and Child Survival

Bangladesh women breastfeed for a long period. Mothers report having breastfed their last child for an average of 30.6 months, and there are no differentials by geographical, social or economic variables.

The percentage of one-year-olds who had received at least one vaccination by mid-1989 lies between a minimum estimate of 20.1 and a maximum estimate of 42.4. A major problem for the

immunization program is the high proportion of children who do not complete the series of recommended immunizations: less than 60 percent of one- to three-year-olds whose mothers showed an immunization card had received all eight recommended injections.

The 1989 CPS found that 31 percent of under-five-year-olds had had diarrhea in the past month. The survey documented that 61 percent of these diarrheal episodes were treated with an oral rehydration solution but this high treatment rate will need to be confirmed by other national surveys. Thirty-five percent of under-five-year-olds had received a Vitamin A capsule in the six months prior to the interview.

Infant mortality rates could not be measured precisely but the evidence suggests that it is still at approximately 120 deaths per 1000 live births. The proportion of children surviving is lowest among the poor and uneducated women living in urban areas.

Chapter 1

INTRODUCTION

Contraceptive prevalence surveys, popularly known as CPSs, are designed to provide rapid feedback to improve family planning performance by collecting information that is of immediate value to family planning program implementors and policy makers. The 1989 CPS is fifth in a series conducted since 1979.

1.1. History of the Contraceptive Prevalence Surveys in Bangladesh

Fieldwork for the first CPS was undertaken during September 1979 to January 1980. Under an agreement with the Bangladesh government, the survey was funded by USAID through Westinghouse Health Systems as part of USAID's global CPS project. The 1981 CPS was funded directly by the USAID mission in Dhaka, but responsibility for design, fieldwork and analysis was with the Management Information Systems Unit of the Ministry of Health and Population Control. Interviewing took place between May and August.

USAID and the Bangladesh government awarded a contract to produce the 1983 CPS to a private firm, Mitra and Associates. This survey represented a departure from convention in that three samples were selected and interviewed. The first and largest sample was of ever-married women under age 50, and was comparable to the 1979 and 1981 samples. In addition, a smaller nationally representative sample was taken of currently married men and

another sample taken of married couples in which each spouse was interviewed separately but simultaneously. Data were collected between October 1983 and January 1984.

Mitra and Associates were also awarded the contract to conduct the 1985 CPS. The name "1985 CPS" is something of a misnomer as interviewing for the ever-married women sample actually took place between December 1985 and April 1986 and the couple sample survey was conducted from May through July 1986. In this report the 1985 CPS will be referred to as the 1986 CPS to make it explicit that there was a three-year difference between that survey and the 1989 survey. Separate samples of married men and women were not collected.

The 1989 CFS has also been conducted by Mitra and Associates on behalf of USAID and the Bangladesh government. This survey covered a wider range of topics than had been customary in the past. Nonetheless, the national-level results from the ever-married woman and couple samples are fully comparable with those of previous CPSs.

1.2. A Brief Profile of Bangladesh

Bangladesh is a small country with a land area of only 55,598 square miles, bounded by the Bay of Bengal on the south and by India on the other three sides except for a short border with Burma in the south-east. Bangladesh is one of the largest delta lands in the world. It is essentially a flat alluvial plain crisscrossed by the mighty rivers Padma, Meghna and Jamuna and their innumerable tributaries. These rivers are of primary

importance in the economic and social life of the people, whilst their periodic flooding is one of a number of natural calamities that Bangladeshis have learned to face.

The current administrative structure of the country was established in 1983-4. The country as a whole is divided into four divisions, 64 districts and 492 upazilas. Upazilas are further sub-divided into unions, unions being a cluster of villages. In 1989 there were 4,401 unions (Bangladesh Bureau of Statistics, 1989).

Eighty-five percent of Bangladeshis live in villages. There were, however, thirteen urban centers with populations over 100,000 in 1981. The three principal cities are Dhaka, Chittagong and Khulna. Although the urban population is growing more rapidly than the country as a whole, a trend which is likely to continue, Bangladesh will remain a predominantly rural country for many years to come.

Agriculture is the most important economic activity. The World Bank estimates that in 1987 it constituted 47 percent of gross domestic product (GDP), and according to the 1981 census the sector employed 61 percent of the labor force (World Bank Development Report, 1989). Rice, jute, sugar cane, tea, tobacco, oil seeds and potatoes are the principal crops. Manufacturing contributes only 7 percent of GDP; the main industrial activities include the manufacture of jute, paper and newsprint, sugar, cement, chemical fertilizers, garments, textiles and light engineering.

Bangladesh is also one of the poorest countries in the world, with an estimated gross national product of \$US160 per capita in 1987. Between 1965 to 1987, during which time the country experienced a devastating liberation war in 1971, per capita GNP grew at an average of 0.3 percent annually (World Bank Development Report, 1989).

Women's employment opportunities are constrained by both lack of economic opportunity and the practice of purdah, the traditional seclusion of women. However, there are many signs that change is occurring, albeit slowly. Labor force participation rates for women are now estimated to be slightly under 10 percent (Bangladesh Bureau of Statistics, 1989).

Illiteracy is widespread. The 1981 census found that only 16 percent of females and 31 percent of males over five years of age were literate.

Islam is the predominant religion: in the 1981 census 86.6 percent of the population was Muslim. Hindus constitute 12.1 percent. Only 0.9 percent are Christians and Buddhists. In general the people share a single ethnic origin, but there are some ethnically distinct tribal populations, constituting 1.2 percent of the population, residing in the hilly regions of the country.

1.3. Population Problems

Although Bangladesh is a small country in terms of land, it has a large population. The adjusted total from the 1981 census was 89.9 million. Projections to 1989 place the current population size at approximately 110 million. This makes Bangladesh one of the most densely populated countries in the world, with almost 2,000 persons per square mile.

Fertility has only recently begun to decline in Bangladesh, a topic which is discussed in Chapter 4 of this report. Mortality is still high in Bangladesh; most estimates place life expectancy at birth in the low fifties for both men and women. Nonetheless, a considerable gap between the crude death rates and the crude birth rates exists. There is uncertainty about the precise levels of these rates; however the birth rate is probably in the mid-thirties, while the current crude death rate is in the vicinity of 11 to 13 per 1000 persons. This means that Bangladesh is growing at a rate above 2 percent per annum, which will cause a doubling of the population in less than 30 years.

Such a rapid rate of population growth in a country which is already densely populated will impede any efforts to improve the average Bangladeshi's standard of living. Because of the population momentum established by high fertility rates, a reduction in the fertility rate in the near future will have a much greater effect on the ultimate population size of Bangladesh than a similar reduction ten years from now.

1.4. The National Family Planning Effort

The long, uninterrupted series of CPSs reflects the Bangladesh government's continuing commitment to family planning.

Private, voluntary efforts to promote family planning began as early as 1953. In 1965 the government of what was then East Pakistan launched a full-fledged program implemented by an autonomous Family Planning Board. However, the lead-up to the liberation war and its aftermath, spanning 1969 to 1972, considerably hampered the program.

The new Bangladesh government's First Five Year Plan (1973-1975) called for an integrated approach to family planning and health care services. However, this approach was abandoned in 1975. Family planning was redesigned as maternal and child health care based. An important innovation introduced at this time was the appointment of full time fieldworkers to work at the grassroots level to educate, motivate and provide services.

The Second Five Year Plan (1980-85) stressed an expansion of information, education and communication activities, as well as other strategies to enlist the support of health workers and community groups and leaders. The ambitious target of raising the contraceptive prevalence rate to 38 percent was not achieved.

The Third Five Year Plan (1985-90) also set ambitious goals. To meet them, the existing administrative and service structure has evolved, based on the systems which were developed earlier. Clinical services are available at upazila and many union health

centers, for which the medical and family planning officers share responsibility. Cadres of family welfare assistants (FWAs) are the core of the community-based distribution system, and paramedically trained family welfare visitors (FWVs) perform most of the clinical procedures and, in many areas, conduct outreach clinical work. Both FWAs and FWVs are women. Community-based distribution systems are also conducted by non-governmental organizations in many parts of the country. In addition, oral pills and condoms are available commercially throughout the country. The non-profit Social Marketing Project (SMP), now renamed the Social Marketing Company, distributes them through small retail outlets (such as cigarette/pan stalls and pharmacies) at highly subsidized prices.

1.5. Topics Covered in the 1989 CPS

A similar set of questions have formed the basis of all the CPSs. Each has had a principal concern in assessing knowledge and practice of family planning. Therefore ever-married women were always asked about which methods they had heard of and, of those, which they had ever used. Currently married women were asked if they were doing something to avoid pregnancy at present. Knowledge of source of supply and the specific source from which the current method was obtained has also been a regular feature of the CPSs. Because of the pivotal role played by family planning fieldworkers in the national program, all married women have also been asked if and when they have had contact with such workers. Fertility measurement has played a secondary role in previous CPSs; questions have usually been confined to

ascertaining the total number of live births, surviving and deceased, women have had, and the number of births to women in the one year prior to the survey, followed by queries regarding their desires for more children.

The 1989 CPS retained the emphasis on programmatic family planning variables. However, a number of new concerns were also addressed. For the first time, information was sought on the economic status of the household. Knowledge of family planning was investigated more thoroughly and ever users were asked about their experience of side-effects. In an effort to obtain a more accurate measure of fertility, interviewers collected a history of all births born in the previous five years. Mothers were asked a range of questions about the health care services their under-five-year-olds had received. Lastly, this CPS Report is the first to present the findings of the couple sample, examining the attitude of husbands towards limiting family size and using contraception.

Chapter 2

METHODOLOGY

This chapter describes the sample design, the questionnaires, fieldwork procedures, and other implementation strategies of the 1989 CPS.

2.1. Sample Design

The 1989 CPS was carried out with two nationally representative samples, an eligible woman sample and a couple sample. The eligible woman sample is the principal sample consisting of ever-married women under 50 years of age. Currently married women under age 50 and their husbands make up the smaller couple sample.

2.2. Selection of Samples

The process of choosing the respondents for the 1989 CPS involves a number of steps which will be described in detail in the following sections. The first stage is selecting a random sample of locations in which to conduct interviews. The nation is divided into urban and rural strata and for each stratum small areas, known as sample areas, are drawn. Each sample area is of approximately equal population size. Sample areas are selected from each stratum. At the second stage all households in each selected sample area are identified and a specific number of households are randomly selected to be part of the eligible woman sample or couple sample. Finally, members of the selected

households are enumerated to identify any women or couples living there who are eligible for the surveys. This entire procedure is similar to the process followed in the 1983 and 1986 CPSs which helps to guarantee that the results of all three surveys are comparable. The following sections detail this process.

2.2.1. Selection of Sample Areas

The only major difference between the 1989 CPS and earlier surveys is the definition of the rural and urban stratum. In the 1989 CPS the two strata were constructed according to the 1981 census definition of urban places, while previous CPSs adhered to the 1974 census definition. In the 1974 census, a place was treated as urban if it had a municipality or a town committee or a cantonment board, or if it was a contiguous collection of houses having a population of at least 5,000 persons while having, as well, public utilities like roads, street lighting, water supply, sanitation, a sewerage system, etc. The 1981 census broadened the definition of urban places to include all the upazila headquarters as well as other localities having electrified hats (small market places) and bazaars. Thus, there were some areas included as urban in the 1989 CPS that would have been considered rural in previous CPSs. One effect was a proportional increase in the urban population. The 1989 CPS estimated that 14.4 percent of households are urban, compared to the 1986 CPS estimate of 9.8 percent. The definition change affects the comparability of the urban-rural differentials between CPSs.

Sample areas were selected by constructing sampling frames (first stage sampling frames) from the village/urban mahalla specific list of household counts of the 1986 Economic Census (EC), the most recent national census conducted by the Government of Bangladesh. In these frames selection units were labeled as Primary Sampling Units (PSUs). In most cases, a rural PSU was equivalent to a 1986 Economic Census village, and an urban PSU the same as a 1986 Economic Census mahalla/block. However, for the purpose of the 1989 CPS, rural and urban PSUs had to have between 150 and 500 households. If a census village or mahalla/block had more than 500 households it was split into two PSUs and if it had less than 150 households it was merged with a nearby census village or mahalla/block -- depending on the strata.

The first stage sampling frame was constructed separately for each of the rural and urban strata. After the frames had been constructed, 120 sample areas (PSUs) were selected from the rural frame and 80 sample areas (PSUs) from the urban frame using the PPES (Probability Proportional to Estimated Size) sampling method. The estimated size was taken from the 1986 Economic Census count for each area.

The couple sample was based on a subset of the selected sample areas comprising 30 randomly selected sample areas from the rural stratum and 20 sample areas from the urban stratum.

2.2.2. Selection of Households

Households in the selected sample areas (PSUs) were prelisted through house-to-house visits to create an up-to-date sampling frame for selection of households at the second stage of sampling. Within each stratum the eligible woman sample was drawn assigning equal probability of selection to every household. Thus the number of households selected from a sample area varied depending on its size, with the selections averaging 75 households for a rural area and 38 for an urban area. Households in the couple sample were drawn in the same way. When a sample area was also part of the couple sample, the households for the eligible woman sample were selected first and the couple household sample was drawn after excluding households already designated for the eligible woman sample.

2.2.3. Selection of Eligible Respondents

As in the other CPSs, respondents for the eligible woman sample were ever-married women under 50 years of age who had slept in a sample household the night preceding the interview date. For the couple sample, data were collected from currently married women under 50 years of age who had slept in the selected household the night preceding the interview date, and from their husbands. Interviews for the couple sample were conducted simultaneously but separately with the husband and wife of each couple and if one spouse could not be interviewed, for example because he or she was temporarily away, the other spouse was also not interviewed. The same procedure was adopted in the collection of data for the 1986 CPS couple sample.

2.3. The Distribution of Sample Areas

Table 2.1 gives a tally of sample areas by division, region(1) and urban-rural strata. Since the sample areas were selected based on equal probabilities proportional to population size, the four national divisions are represented by a different number of sample areas. However, efforts were taken to ensure an adequate number of areas in each strata for every division so that division-level estimates of key variables could be made. In total 48 sample areas were in Rajshahi, 38 in Khulna, 63 in Dhaka and 51 in Chittagong. A map of Bangladesh showing the location of the sample areas is provided on page 15. The survey was successful in collecting data from all but two sample areas, one urban area in Dhaka city and one rural area in Chittagong Hill Tracts. Non-coverage of the two areas is unlikely to have any bearing on the national representativeness of the sample.

2.4. The Eligible Woman Sample

A total of 11,947 household were selected in the eligible woman sample, with 9,007 households from the rural stratum and 2,940 households from the urban stratum (Table 2.2). Of these households, contacts for interviews could be successfully established in 11,224 households, including 8,531 households from the rural stratum and 2,693 from the urban stratum. Thus the survey had a household non-response rate of only 5.3 percent for

(1) Regions refer to 21 districts in the old district administrative structure of the country prevailing prior to the reorganization introduced by the government in early 1985. Under the reorganized structure, there are now 64 districts in the country, created by splitting the 21 old districts.

Table 2.1

DISTRIBUTION OF SAMPLE AREAS BY
DIVISION AND REGION(1)

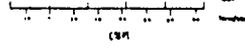
(The Eligible Woman Sample, 1989 CPS)

Division	Region	Number of sample areas		
		Total	Rural	Urban
RAJSHAHI	Rajshahi	11	8	3
	Rangpur	15	10	5
	Dinajpur	7	5	2
	Bogra	7	5	2
	Pabna	8	5	3
	Sub-total	48	33	15
KHULNA	Khulna	11	5	6
	Barisal	4	3	1
	Kushtia	9	6	3
	Jessore	11	7	4
	Patuakhali	3	2	1
	Sub-total	38	23	15
DHAKA	Dhaka	29	10	19
	Mymensingh	15	10	5
	Jamalpur	4	3	1
	Tangail	5	4	1
	Faridpur	10	7	3
	Sub-total	63	34	29
CHITTAGONG	Chittagong	15	5	10
	Comilla	13	10	3
	Noakhali	11	8	3
	Sylhet	8	6	2
	Chittagong Hill Tracts	4	1	3
	Sub-total	51	30	21
TOTAL:		200	120	80

(1) Regions refer to old districts existing prior to the introduction of new administrative systems in early 1985.

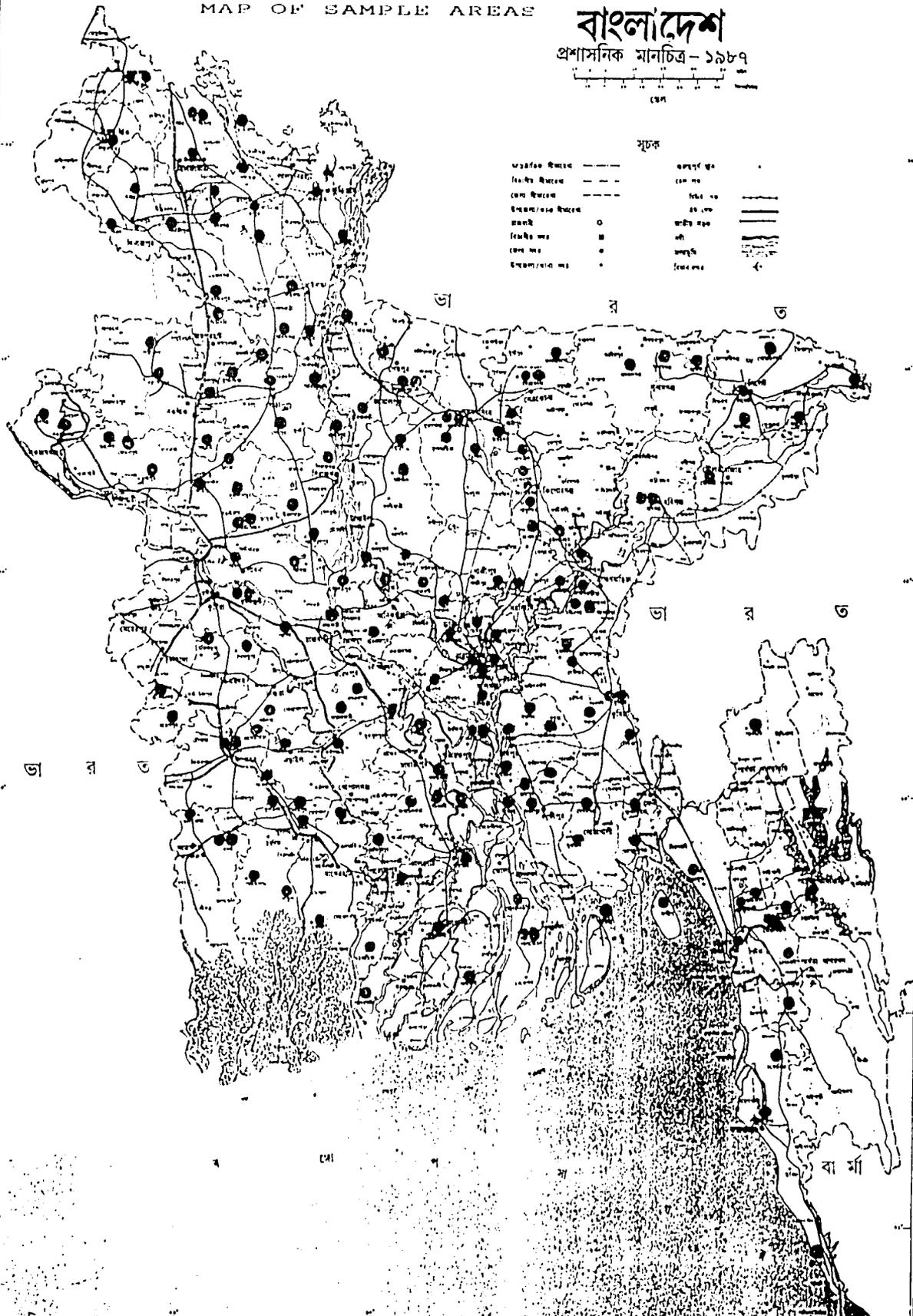
MAP OF SAMPLE AREAS

বাংলাদেশ
প্রশাসনিক মানচিত্র - ১৯৮৭



সূচক

আঞ্চলিক সীমানা	-----	সড়ক	—
জেলা সীমানা	-----	১০ মি	—
জেলা সীমানা	-----	১৫ মি	—
উপজেলা/থানা সীমানা	-----	২০ মি	—
গ্রামাঞ্চল	○	জাতীয় সড়ক	=====
জেলা সদর	●	স্টেট	=====
জেলা সদর	●	সমুদ্র	~~~~~
উপজেলা/থানা সদর	●	বৈদেশিক সীমা	—



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the rural stratum and 8.4 percent for the urban stratum (Table 2.3), with the most common reason being that the dwelling was vacant (Table 2.4). There were no discernible variations in the household non-response rate among the four divisions of the country: it ranged from 4.8 percent in Rajshahi division to 6.2 percent in Chittagong division for the rural stratum, and from 6.8 percent in Rajshahi division to 9.3 percent in Dhaka division for the urban stratum.

A total of 11,997 women were identified as eligible for interview in the successfully contacted households; 11,607 of them were successfully interviewed (Table 2.2). The non-response rate for individual interviews was quite low: only 2.9 percent for the rural stratum and 4.2 percent for the urban stratum (Table 2.5). Within stratum, the non-response rate was similar across divisions. The interviewer made as many as four visits to a respondent before classifying the case in the non-response category. The most frequent reason for individual interview non-response in both rural and urban strata was 'respondent not available' (Table 2.6).

2.4.1. Weighting

Relative to rural areas, a larger proportion of urban sample areas were selected. This was to ensure better estimates for the urban population than would have been possible from a smaller number of urban areas. However, the most common use of the CPS is for national estimates, so it is necessary to adjust the urban

Table 2.2

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

(The Eligible Woman Sample, 1989 CPS)

Stratum	Number of households		Number of eligible respondents	
	Selected	Interviewed	Selected	Interviewed
Rural	9007	8531	9027	8761
Urban	2940	2693	2970	2846
Total	11947	11224	11997	11607

Table 2.3

NON-RESPONSE RATE FOR HOUSEHOLD
INTERVIEWS BY DIVISION

(The Eligible Woman Sample, 1989 CPS)

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	2574	2450	4.8	542	505	6.8
Khulna	1722	1636	5.0	562	512	8.9
Dhaka	2507	2377	5.2	1052	954	9.3
Chittagong	2204	2068	6.2	784	722	7.9
Total	9007	8531	5.3	2940	2693	8.4

Table 2.4

REASONS FOR HOUSEHOLD NON-RESPONSE
(The Eligible Woman Sample, 1989 CPS)

Reasons	Rural		Urban	
	Number	Percentage	Number	Percentage
No competent respondent	11	2.3	5	2.0
Deferred	1	0.2	-	-
Refused	7	1.5	4	1.6
Dwelling vacant	279	58.6	150	60.7
Address not found	22	4.6	40	16.2
Address not existing	76	16.0	34	13.8
Other	80	16.8	14	5.7
Total	476	100.0	247	100.0

Table 2.5

NON-RESPONSE RATE FOR INDIVIDUAL
INTERVIEWS BY DIVISION

(The Eligible Woman Sample, 1989 CPS)

Division	Number of rural respondents		Rural non-response rate (percentage)	Number of urban respondents		Urban non-response rate (percentage)
	Identified	Successfully interviewed		Identified	Successfully interviewed	
Rajshahi	2648	2587	2.3	571	552	3.3
Khulna	1710	1659	3.0	563	537	4.6
Dhaka	2418	2348	2.9	1021	972	4.8
Chittagong	2251	2167	3.7	815	785	3.7
Total	9027	8761	2.9	2970	2846	4.2

sample to reflect its true proportion in the national population. Another difference between the urban and rural stratum is the larger non-response rates of urban households and urban individuals. National estimates need to be adjusted to reflect the entire population, not just those who responded, which would underrepresent the urban areas.

The weights used for national estimates are given in Table 2.7. The design weight for the urban eligible woman sample was 0.514250(2), while the rural weight was unity. When the adjustment for differences in the non-response rate between rural and urban strata was applied, keeping the rural weight equal to unity for both the household and the individual (ever-married) sample, the urban weight changed to 0.53155 for the household sample and 0.53835 for the individual sample. Thus the size of the weighted national household sample was 9,963 while the weighted national individual sample was 10,293.

(2) The number of households in the sampling frame was 2,164,194 for the urban stratum and 12,893,015 for the rural stratum while the eligible woman sample included 2,940 households selected from the urban stratum and 9,007 households from the rural stratum. Thus, the design weight for the urban eligible woman sample was estimated

$$\text{as } \left[\left(\frac{2164194}{12893015} \right) \times (9007) / 2940 \right]$$

or 1511.8958 / 2940

or 0.514250

Table 2.6

REASONS FOR INDIVIDUAL INTERVIEW
NON-RESPONSE

(The Eligible Woman Sample, 1989 CPS)

Reasons	Rural		Urban	
	Number	Percentage	Number	Percentage
Incomplete	12	4.5	4	3.2
Respondent not available	175	65.8	85	68.5
Deferred	3	1.1	2	1.6
Refused	31	11.7	11	8.9
Other	45	16.9	22	17.7
Total	266	100.0	124	100.0

Table 2.7

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

(The Eligible Woman Sample, 1989 CPS)

Stratum	Number of households			Number of ever-married women		
	Un-weighted	Weights	Weighted	Un-weighted	Weights	Weighted
Rural	8531	1.00000	8531	8761	1.00000	8761
Urban	2694	0.53155	1432	2846	0.53835	1532
Total	11225		9963	11607		10293

2.5. The Couple Sample

Tables detailing the couple sample are available in Appendix B. A total of 2,013 couples were interviewed in the sample, 1,531 couples in the rural stratum and 482 couples in the urban stratum. The rural stratum had a non-response rates of 4.5 percent for household interviews and 9.8 percent for couple interviews, and the urban stratum had a non-response rate of 5.8 percent for household interviews and 11.6 percent for couple interviews. For national estimates the urban weights were 0.52570 for household units and 0.53595 for couple units, while the corresponding rural units were unity in each case.

2.6. Interview Schedules

As in the 1986 CPS, data in the 1989 CPS were collected using two questionnaires, a female questionnaire and a male questionnaire. Each questionnaire consisted of a household schedule and an individual schedule. The household schedule was used to identify respondents eligible to be interviewed in the survey and the individual schedule to interview the eligible respondent. In the household schedule of the female questionnaire, all male and female members who had slept in the sample household the night preceding the interview date were listed according to age and marital status in order to identify eligible woman respondents. The household schedule of the male questionnaire, used to identify couples to be interviewed in the couple sample, 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. If only one spouse was physically present and available for the interview, the couple was not considered eligible for interview.

The questionnaires were developed by the staff of Mitra and Associates. A draft of the female questionnaire was first developed, using as prototypes the 1986 CPS questionnaires and the DHS (Demographic and Health Survey) questionnaires. The male questionnaire was drafted using the female questionnaire as a prototype. Where appropriate husbands and wives were asked the same questions. The drafts were submitted to USAID/Dhaka and the Technical Review Committee(TRC)(3) for their review and approval. The modified questionnaires were then pretested and subsequently finalized. The final questionnaires were also submitted to USAID/Dhaka and the TRC for review and approval, following which the questionnaires were printed. The English translations of the household schedule and the eligible woman questionnaire are provided in Appendix A.

2.6.1. Pretesting of Schedules

The draft questionnaires were pretested in two sites; one was in the rural area of Bhaluka upazila and the other in Dhaka city. Pretest interviewing was conducted by the staff of Mitra and Associates who had worked on the 1986 CPS. The objectives of the pretest were to ascertain the length of the interview, the suitability of the questions, and the sequence flow of the questions.

(3) The Technical Review Committee was constituted by the Government of Bangladesh to monitor implementation of the 1989 CPS.

2.7. Fieldwork

Fieldwork for the survey consisted of household listing and data collection operations.

2.7.1. Household Listing

Households in each sample area were prelisted through house-to-house visits by listing teams, each comprising two members. Twenty-eight team months of effort were spent to complete the listing work in four months. Four listing supervisors were employed to supervise the work of the listing teams.

2.7.2. Data Collection Operations

Data collection operations of the survey included field interviewing, quality control checking, and monitoring of interviewers' work.

2.7.2.1. Field Interviewing of Respondents

Interviewing was carried out between 27 March 1989 and 2 August 1989 by 11 interviewing teams. Each team had four female interviewers, one male supervisor, one female supervisor and one field assistant. When working in an area selected for the couple sample, the teams included two male interviewers and two female interviewers (instead of four female interviewers). While the interviewers did the actual interviewing, the supervisors ensured the quality of the interview by helping the interviewers deal with difficult respondents, and making 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, etc. The two supervisors were also assigned the responsibility to field edit questionnaires. Respondents whose questionnaires contained inconsistent responses were reinterviewed.

2.7.2.2. Quality Control Checking

Four quality control teams were deployed to ensure that the interviewing team worked in strict compliance with the survey design. Each quality control team comprised one male quality control officer and one female quality control officer. Sample areas for quality control checks were randomly selected. The quality control team visited a selected sample area during the time when the interviewing team was working in the area. Quality control officers reinterviewed randomly selected respondents who had already been interviewed. The reinterviewing was done by administering two or more sections of the questionnaire. Later they cross-checked their schedules with those completed by the regular interviewer. Officers also confirmed that selected households had been accurately identified, pinpointed defects in interviewing technique, and suggested remedies.

In addition to the quality control teams, there were four field officers deployed to verify the work of field personnel including the quality control officers. Senior professional staff of Mitra and Associates also visited the interviewing teams in the field to supervise their work. Representatives of

USAID/Dhaka also made frequent field visits to monitor the data collection operations to verify that the data were collected properly.

2.7.2.3. Monitoring of Interviewers' Work

As in the 1986 CPS, a monitoring cell was established to monitor work of interviewers by reviewing responses in their completed questionnaires. The reviewing was done as follows:

- (i) Field interviewing in the survey was carried out in five phases, each between three and four weeks long. As soon as schedules completed in a phase were received at the office, responses to some selected variables in those questionnaires were tabulated by sample areas covered by an interviewing team.
- (ii) The tabulated data of all the interviewing teams were compared; if the comparison showed any deviations in the data for a team, from the normal pattern of variations, the responses for that team were further tabulated by individual interviewers of the team, in order to ascertain if the deviations were real or were the result of any interviewer(s) not conducting interviews properly.

Such monitoring served as a cautionary signal to an interviewer and contributed greatly towards ensuring collection of reliable data.

2.8. Data Management

Data management activities included registration of questionnaires, data processing and computer processing.

2.8.1. Registration of Schedules

When survey questionnaires were received from the field they were entered in the schedule register which recorded the

household identification number, household interviewing status, the number of eligible respondents found in the household, the number actually interviewed there, individual interviewing status, etc.

2.8.2. Data Processing

This task comprised editing, coding, and categorization of open-ended questions.

Editing Office editing was done to verify that survey questionnaires had been correctly filled in, the respondents were included under the correct sample, that items of information recorded or responses to questions obtained were consistent with one another in each questionnaire, that all questions in a questionnaire were asked, that skip instructions were correctly followed, etc.

Editing of schedules was done by editors and verified by edit verifiers. Project managers checked 10 percent of edited schedules after verification, and one assistant project director checked five percent of the work done by the project managers. The editing work was completed over a period of three months.

Coding Information in the survey schedules was coded onto code sheets, as was done in the previous CPSs. Ten code cards were required to code the information from the survey. A total of 132 person months of efforts were spent to complete the coding work.

Categorization of Responses to Open-ended Questions

Responses to an open-ended question were categorized following seven steps. Step 1 was to transfer to the working sheets the responses of about 100 respondents (the respondents were selected randomly). Step 2 was to identify and separate out all possible answers given to the question. Step 3 entailed the development of categories, combining all similar answers together under a common category. Step 4 involved evaluating the importance of a category by studying the relative frequency of answers (if the category was found rarely mentioned, it was merged with the category "other"). Step 5 consisted of classifying the categories into major groups, labeling each major group as a "net" code and the sub-categories making up the group as "sub-net" codes. Step 6 required reviewing the categories before the coding scheme was finally adopted, and Step 7 the assignation of codes to the categories. After the categorizations for all open-ended questions were completed and the coding scheme finally accepted, responses to the open-ended questions were coded.

2.8.3. Computer Processing of Data

As in the 1986 CPS, data of the 1989 CPS were computerized using the computer facilities of Mitra and Associates. Computerization of data involved a number of activities: (a) data entry into the computer file, (b) checking accuracy of data in the file, (c) validation of data in the file, (d) construction of working computer files to produce tables for preparation of reports, and (e) merging all sub-files into one main file.

2.9. Training

Survey personnel were trained in phases. Listers were trained in the first phase for one week and the interviewers in the second phase for three weeks. Training was organized for supervisors and quality control officers in the third phase, for editors in the fourth phase and for coders in the fifth phase. Training sessions were conducted by the professional staff of Mitra and Associates. Training methods included classroom lectures, demonstration interviews, role playing, field practice, and reviews of problems encountered and their suggested solutions.

2.10. Executive Agency

Mitra and Associates was the executive agency of the survey, and its Executive Director was the project director, having the overall responsibility for successful implementation of the survey. The senior Deputy Director of Mitra and Associates was the deputy project director and was responsible for day-to-day survey activities. The listing below shows the amount of manpower required for this undertaking.

<u>Survey Position</u>	<u>Number of persons</u>
Project Director	1
Deputy Project Director	1
Assistant Project Director	2
Project Manager	4
Data Processing Manager	1
Administrative Officer	1
Accounts Officer	1
Clerk	1
Store keeper	1
Typist	2

Messenger	2
Field Officer	4
Quality Control Officer	4
a. Male	4
b. Female	4
Supervisor	
a. Male	11
b. Female	11
Interviewer	
a. Male	12
b. Female	42
Field Assistant	11
Listing Supervisor	4
Listers	22
Editor	12
Editing verifier	12
Coder	30
Coding verifier	30

2.11. Time Schedule

Time schedule of the survey activities is given below.

	Tasks/Activities	Starting date	Finishing date
A.	Recruitment of personnel	Jul.07,1988	Jun.09,1989
B.	Sample selection	Jul.08,1988	May 31,1989
C.	Development of survey schedules	Jul.08,1988	Mar.24,1989
D.	Preparation of manuals	Jul.08,1988	May.20,1989
E.	Training of staff	Jul.12,1988	Jun.08,1989
F.	Households listing	Feb.01,1989	May 21,1989
G.	Field data collection	Mar.27,1989	Aug.02,1989
H.	Data processing	May 25,1989	Feb.28,1990
I.	Submission of reports	Aug.31,1989	May 31,1990

Chapter 3

BACKGROUND CHARACTERISTICS

This chapter presents a description of the background characteristics of ever-married women of reproductive age interviewed in the survey. These include the demographic and socio-economic variables of age, rural/urban residence, education, husband's education, age at marriage, current marital status, number of living children, employment status, husband's occupation, landownership and ownership of consumer durables. Where appropriate, in order to identify changes and to map trends in these variables, comparisons are made with findings from the previous CPSs.

3.1 Age

3.1.1. Age of Female Household Members

The age distributions of female members enumerated in the household interviews for the 1986 and 1989 CPSs are presented in Table 3.1. The proportion of enumerated female household members in the reproductive age range in the 1989 CPS is 45.9 percent which is similar to the 45.1 percent found in the 1986 CPS.

3.1.2. Age of Eligible Women

The eligible woman sample, comprising ever-married women under 50 years of age, was drawn from the female members enumerated in the household interviews. Table 3.2 shows the age distributions of the eligible woman samples for the 1983, 1986

Table 3.1

PERCENTAGE DISTRIBUTION OF FEMALE MEMBERS(1)
OF INTERVIEWED HOUSEHOLDS BY AGE GROUP,
1986 AND 1989 CPSs

(The Eligible Woman Household Schedules)

Age group	National		Rural		Urban	
	1986	1989	1986	1989	1986	1989
< 15	45.1	43.3	45.2	43.7	44.2	41.0
15-19	11.8	11.4	11.6	11.1	13.4	13.0
20-24	8.5	10.2	8.4	10.1	9.2	10.7
25-29	7.8	7.9	7.7	7.7	9.2	8.7
30-34	6.0	6.0	5.9	5.9	6.7	6.5
35-39	4.7	4.6	4.7	4.5	4.6	4.9
40-44	3.3	3.3	3.3	3.3	2.7	3.1
45-49	3.0	2.7	3.1	2.8	2.3	2.5
50-54	3.9	3.3	4.1	3.4	2.8	2.8
55-59	2.2	2.7	2.2	2.8	1.9	2.2
60 +	3.7	4.8	3.8	4.8	3.1	4.7
Total(a)	100.0	100.2	100.0	100.1	100.1	100.0
N	22300b	29119b	20016c	24695c	6974c	8217c
Median age (years)	17.1	17.9	17.6	17.8	17.2	18.5

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

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

(b) Weighted total of female members in the sample, excluding NS (Not Stated) cases. In 1986 the number of NS cases was 3 for the national sample.

(c) Unweighted total of female members in the sample, excluding NS cases. In 1986 the number of NS cases was 3 for the rural sample.

and 1989 CPSs. The decreasing proportions of ever-married women in the younger age groups, under 20 years, are evident when the figures for 1983 are compared with those for 1986 and 1989: in 1983, 21.5 percent of eligible women were under 20 years whereas the comparable figures for 1986 and 1989 are 17.2 percent and 15.3 percent respectively. Although the declines were sharper between 1983 and 1986, the 1989 figures nevertheless confirm this trend, are consistent for both rural and urban areas, and reflect the increasing age at marriage in Bangladesh.

The median age of ever-married women in the 1989 sample is 27.0 years. Urban women whose median age is 28 years are, on average, a year older than rural women.

3.2. Rural/Urban Area and Division

Table 3.3 shows the distribution of the eligible woman sample according to rural/urban area and division. Based on weighted totals (see Section 2.3.3), 85.1 percent of the sample are rural and 14.9 percent urban. In terms of divisions, 27.9 percent of the sample of ever-married women are in Dhaka, 28.0 percent in Rajshahi, 25.2 percent in Chittagong, and 18.9 percent in Khulna. Compared to the other three divisions, Rajshahi division has a notably lower proportion urban; in contrast, Dhaka is more urban relative to the other three divisions.

Table 3.2

PERCENTAGE DISTRIBUTION OF EVER-MARRIED WOMEN UNDER
50 YEARS OF AGE BY AGE GROUP, 1983, 1986
AND 1989 CPSS

(The Eligible Woman Samples)

Age group	National			Rural*			Urban*		
	1983	1986	1989	1983	1986	1989	1983	1986	1989
<15	2.0	1.4	1.0	2.0	1.4	1.1	1.5	0.9	0.6
15-19	19.5	15.8	14.3	19.7	16.0	14.6	17.3	14.4	12.9
20-24	20.2	20.3	22.5	20.2	20.2	22.6	20.8	20.9	21.6
25-29	19.1	19.8	19.9	18.7	19.5	19.6	22.6	22.8	21.4
30-34	12.7	15.2	15.3	12.7	15.1	15.0	13.0	16.9	17.0
35-39	10.7	11.6	11.6	10.7	11.6	11.5	11.0	11.9	12.3
40-44	8.3	8.3	8.4	8.3	8.4	8.5	7.8	6.7	8.2
45-49	7.6	7.6	6.9	7.8	7.8	7.1	6.1	5.6	6.0
Total(a)	100.1	100.0	100.0	100.1	100.0	100.0	100.1	100.1	100.0
N	8523b	8541b	10293b	7677c	7682c	8761c	2440c	2623c	2846c
Median age (years)	27.2	28.1	27.0	28.2	28.2	27.0	27.3	28.0	28.0

(a) Total may differ from than 100 percent due to rounding.

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

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

* Different definitions of urban and rural strata were used in the 1989 CPS than had been used in the 1983 and 1986 CPSS (see Chapter 2).

3.3. Educational Attainment

The majority of Bangladeshi women have never received any formal schooling. In the 1989 CPS, 63.6 percent of the ever-married women under 50 years of age surveyed had not attended school. As is evident in Table 3.4, the differential in educational status between rural and urban women is pronounced: 66.8 percent of rural women have never attended school as opposed to 45.5 percent of urban women. While 25.9 percent of urban women surveyed had received some level of secondary schooling (Class VI to Higher School Certificate), only 6.9 percent of rural women had attained the equivalent level of schooling. However, as may also be seen from Table 3.4, some improvement has occurred in the educational status of Bangladeshi women, particularly at the lower levels of schooling, between 1986 and 1989.

When the educational attainment of ever-married women is examined by specific age cohorts (see Table 3.5), it is apparent that although there has been a decline in the proportion of women who have received no education (from 74.4 percent for the 45-49 years cohort to 58.9 percent for those between 15-19 years), the steepest improvements occurred twenty or more years ago between the cohorts aged 45-49 and 35-39. The figures for women under

Table 3.3

PERCENTAGE DISTRIBUTION OF EVER-MARRIED WOMEN
UNDER 50 YEARS OF AGE BY AREA AND DIVISION

(The Eligible Woman Sample, 1989 CPS)

Religion	Rural	Urban	Weighted N
Dhaka	81.8	18.2	2871
Rajshahi	89.7	10.3	2884
Chittagong	83.7	16.3	2590
Khulna	85.2	14.8	1948
Total	85.1	14.9	10293

age 35 suggest that between approximately 1965 and 1980 improvements in female educational attainment may actually have plateaued. It is only at the upper secondary level and above where a secular improvement is evident.

3.4. Husband's Educational Attainment

Table 3.6 compares the educational attainment of eligible women and that of their husbands by level of schooling. From these figures it is immediately apparent that Bangladeshi men are better educated than their wives. While 46 percent of husbands were reported as having received no schooling, the corresponding proportion for their wives is 63.6 percent. As striking is the discrepancy between husbands and wives in terms of higher education: 21.3 percent of husbands were reported as having

Table 3.4

PERCENTAGE DISTRIBUTION OF EVER-MARRIED WOMEN
UNDER 50 YEARS OF AGE BY EDUCATION,
1986 AND 1989 CPSs

(The Eligible Woman Samples)

Educational level	National		Rural*		Urban*	
	1986	1989	1986	1989	1986	1989
Never attended school	69.4	63.6	71.7	66.8	48.4	45.5
Less than primary level	14.7	17.7	14.7	17.9	14.5	16.2
Completed primary level	7.9	8.7	7.8	8.4	8.8	10.5
Class VI-VII	3.1	3.8	2.7	3.1	6.7	8.2
Class VIII-IX	2.9	3.6	2.2	2.7	8.8	9.0
SSC and HSC	1.9	2.3	0.9	1.1	10.4	8.7
Degree and above	0.3	0.3	0.1	0.1	2.3	1.9
Total(a)	100.2	100.0	100.1	100.1	99.9	100.0
N	8539b	10293b	7680c	8761c	2623c	2846c

(a) Total may differ from 100 percent due to rounding.

(b) Weighted total of ever-married women in the sample excluding NS (Not Stated) cases. For the nation as a whole there were only 2 NS cases in 1986.

(c) Unweighted total of ever-married women in the sample excluding NS cases. In 1986 the number of NS cases was 2 for rural.

* Different definitions of urban and rural strata were used in the 1986 and 1989 CPSs (see chapter 2).

Table 3.5

PERCENTAGE DISTRIBUTION OF EVER-MARRIED WOMEN UNDER
50 YEARS BY AGE GROUP ACCORDING TO LEVEL OF
EDUCATION ATTAINED

(The Eligible Woman Sample, 1989 CPS)

Level of education attained	< 15	15-19	20-24	25-29	30-34	35-39	40-44	45-49
No education	61.5	58.9	62.0	58.1	63.3	69.4	72.9	74.4
Some primary	26.3	19.0	16.9	19.5	17.7	15.6	16.1	15.9
Completed primary	9.4	11.1	9.1	8.8	8.9	8.1	6.2	5.8
Lower secondary	2.4	4.8	4.5	4.6	3.1	3.0	2.6	2.2
Upper secondary and above	0.5	6.2	7.5	9.1	6.9	4.0	2.2	1.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Weighted N	107	1474	2314	2044	1572	1201	867	714

received upper secondary schooling and above whereas only 6.2 percent wives had attained this level of education. It is also evident from Table 3.6 that wife's level of schooling is closely related to her husband's educational background. However, a substantial gap between spouses' education is common. For example, a quarter of wives with only a few years of primary schooling are married to men who have received at least upper secondary education.

3.5. Religion

In terms of religion, the majority of women in the eligible women sample are Muslim. Because those comprising non-Muslims are

primarily Hindu, with Christians and Buddhists accounting for under one percent of the total sample of women, it was decided to include only Muslim and Hindu women when analyses are undertaken employing religion as a variable. Table 3.7 shows the distribution of the sample of eligible women by religion.

Table 3.6

CORRESPONDENCE BETWEEN EDUCATIONAL ATTAINMENT OF EVER-MARRIED WOMEN UNDER 50 YEARS AND OF HUSBANDS: PERCENTAGE DISTRIBUTION OF EVER-MARRIED WOMEN BY EDUCATIONAL ATTAINMENT ACCORDING TO EDUCATIONAL ATTAINMENT OF THEIR HUSBANDS

(The Eligible Woman Sample, 1989 CPS)

Educational attainment of husbands	Educational attainment of eligible women					Total
	No education	Some primary	Completed primary	Lower secondary	Upper secondary and above	
No education	63.3	29.5	12.5	5.3	1.4	46.8
Some primary	18.1	23.3	9.8	7.1	1.7	16.9
Completed primary	8.0	12.2	16.3	7.9	2.4	9.1
Lower secondary	4.1	10.3	10.7	9.1	2.8	5.9
Upper secondary and above	6.5	24.6	50.6	70.7	91.7	21.3
Total	63.6	17.6	8.7	3.8	6.2	100.0
Weighted N	6547	1817	897	394	639	10293

3.6. Nuptiality/Marriage

In Bangladesh where marriage is a key determinant of fertility because it defines when a woman is exposed to the risk of pregnancy, marriage generally occurs at a young age for females and is associated with the early onset of childbearing and high fertility. Although Bangladeshi women have yet to experience a marriage transition as radical as that which has occurred in other Asian countries in the past two to three decades, there is nevertheless evidence that the age at marriage for females is steadily increasing.

This section, which considers nuptiality patterns in Bangladesh, focuses on trends in age at marriage using various measures of age at marriage, and presents the current marital status of ever-married women in the 1989 CPS.

3.6.1. Proportions Never Married

In reviewing the distribution of eligible women enumerated in the household survey according to the proportions who have never married within each age group, as found in the 1975 BFS and in the CPSs of 1981, 1983, 1986 and 1989 (see Table 3.8), it is apparent that although marriage for Bangladeshi women continues to be universal, there has nevertheless been a significant rise in the proportions never married in the younger age groups under 29 years of age. Over this period of nearly a decade and a half, the most marked increase in the proportion of never married women has occurred in the 15-19 age group where the increment has been

Table 3.7

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

(The Eligible Woman Sample, 1989 CPS)

Religion	National	Rural	Urban
Muslim	88.8	89.1	87.1
Hindu	10.4	10.1	12.5
Christian	0.5	0.5	0.4
Buddhist	0.3	0.3	0.0
Total	100.0	100.0	100.0
N	10293a	8761b	2846

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

(b) Un-weighted total of ever-married women in the sample.

by 16 percentage points, although the exact proportions have fluctuated somewhat from survey to survey. Above age 30, the variations in proportions never married are slight and not significant, and practically all eligible women 30 years and older are married. These trends in the distribution of never married women by age cohorts are consistent with a rising age at first marriage for women.

3.6.2. Age at First Marriage

3.6.2.1. Reported Age at First Marriage

Trends in age at first marriage may also be obtained by reviewing respondents' reported age at marriage by age cohorts. In the individual interviews, eligible women were asked when they were first married. Their age at first marriage was derived from the stated date. Table 3.9 presents the percentage distribution of eligible women, grouped according to current age, by the age at first marriage (grouped). Obviously, eligible women in the younger age cohorts qualifying for this sample would have married at the lower end of the age spectrum. Nevertheless, it is apparent from this table that most women--95.6 percent--claimed to have married before the age of 20 years. Of these women, 67.9 percent reported they were married when they were under 15 years and 27.7 percent between the ages of 15 and 19 years. Only 3.8 percent were married in their early twenties, between 20 and 24 years of age.

3.6.2.2. Mean Age at First Marriage

Mean age at first marriage for every five-year age cohort of eligible women was calculated from respondents' reported age at first marriage. These are shown in Table 3.10 which presents the mean age at first marriage for ever-married women under 50 years of age, disaggregated by age and by selected background characteristics.

Table 3.8

PERCENT OF FEMALE HOUSEHOLD MEMBERS NEVER MARRIED
AND SINGULATE MEAN AGE AT MARRIAGE (SMAM) BY
CURRENT AGE AND AREA, 1975-1989(1)

Current age	National					Rural*				Urban*			
	1975	1981	1983	1986	1989	1981	1983	1986	1989	1981	1983	1986	1989
<15	91.2	97.8	98.0	98.7	96.4	97.4	98.0	98.6	96.1	98.7	98.6	99.0	98.0
15-19	29.8	37.1	34.2	47.5	45.8	29.8	32.2	46.0	43.2	54.8	49.5	58.5	58.1
20-24	4.6	6.0	4.0	7.1	9.3	2.2	3.0	6.5	7.8	14.4	11.7	12.2	17.6
25-29	1.0	1.0	0.7	1.0	1.6	0.4	0.5	0.8	0.9	2.4	1.7	1.9	5.2
30-34	0.2	1.1	0.4	0.1	0.5	0.7	0.3	0.1	0.4	2.1	0.6	0.4	0.4
35-39	0.4	0.1	0.0	0.0	0.5	0.0	0.0	0.0	0.4	0.0	0.0	0.0	1.2
40-44	0.2	0.4	0.1	0.0	0.2	0.4	0.1	0.0	0.1	0.5	0.0	0.5	0.4
45-49	0.0	0.5	0.1	0.0	0.1	0.3	0.2	0.0	0.0	1.0	0.0	0.0	0.5
SMAM	16.4	17.0	16.7	17.7	17.7	16.4	16.6	17.6	17.4	18.2	18.1	18.6	18.8

(1) Sources: 1975 figures are the from 1975 BFS; 1981, 1983, 1986 and 1989 figures are from the CPSs.

* The same definitions urban and rural strata were used in the 1981, 1983 and 1986 CPSs. However, new definitions were adopted with the 1989 CPS (see chapter 2).

The mean for the whole sample is 13.5 years; for rural women the mean is 13.4 years, slightly younger than the mean of 14.2 years for urban women. Because nearly all women in Bangladesh are married by age 20 (as shown in Table 3.9), the five-year age cohorts over age 20 can be examined for evidence of a change over time. Looked at in this way, Table 3.10 shows a small but steady rise over time.

Table 3.9

PERCENTAGE DISTRIBUTION OF EVER-MARRIED WOMEN
GROUPED BY AGE, BY AGE AT FIRST
MARRIAGE (GROUPED)

(The Eligible Woman Sample, 1989 CPS)

Current age (years)	Age at first marriage (years)(1)				
	< 15	15-19	20-24	25-29	30-34
< 15	100.0	-	-	-	-
15-19	65.5	34.5	-	-	-
20-24	60.3	35.4	4.2	-	-
25-29	64.5	28.4	6.4	0.7	-
30-34	73.5	21.9	3.8	0.6	0.2
35-39	73.2	21.7	3.8	1.2	0.2
40-44	76.1	19.9	3.0	0.6	0.4
45-49	71.2	23.9	3.6	1.1	0.3
Totals	67.9	27.7	3.8	0.5	0.1

(1) No woman in the sample reported to have been married at 35 years of age or above.

More direct evidence of the rising age at marriage is obtained when the mean age at first marriage by the year of marriage is considered: Table 3.11 shows these trends over time in five-year segments. The mean age at first marriage for those women who were married between 1956 and 1960 is 12 years; the corresponding figure for those who married between 1986 and 1988 is 16.1 years. Over approximately two decades, the mean age at first marriage has increased by four years.

Table 3.10 also presents the mean age at first marriage by educational attainment for the national, rural and urban samples of eligible women. As is evident, mean age at first marriage increases with every level of educational attainment: the mean age at marriage for those women who have completed primary school is 14.1 years; this is two years higher than that for women who have had no education. However, the impact of education on age at marriage is most apparent at the upper secondary level and above: it is at this age when schooling clearly competes with marriage.

Table 3.10 shows that with the exception of Chittagong division, mean age at first marriage is comparable for Dhaka, Rajshahi and Khulna divisions (13.5, 13.2 and 13.1 years respectively). It is not clear what factors account for the higher mean age at first marriage for Chittagong division (14.2 years) but this finding is consistent with those of other surveys. As may be seen from Table 3.10, across all age groups age at first marriage for Hindu women is one-half to a full year higher than that for Muslim women.

Table 3.10

MEAN AGE AT FIRST MARRIAGE BY CURRENT AGE AND
SELECTED BACKGROUND CHARACTERISTICS

(The Eligible Woman Sample, 1989 CPS)

Background characteristics	Current age								Total
	< 15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
<u>Area:</u>									
National	11.9 (107)	13.7 (1473)	14.0 (2314)	13.9 (2046)	13.2 (1569)	13.1 (1195)	12.75 (865)	13.0 (712)	13.5 (10282)
Rural	11.9 (98)	13.6 (1277)	13.9 (1982)	13.8 (1719)	13.1 (1309)	12.9 (1006)	12.6 (740)	12.9 (619)	13.4 (8750)
Urban	11.9 (17)	14.0 (365)	14.7 (616)	14.7 (608)	13.9 (483)	13.9 (351)	13.5 (233)	14.1 (172)	14.2 (2845)

<u>Educational attainment</u>									
None	11.9 (66)	13.4 (868)	13.7 (1434)	13.5 (1190)	12.8 (994)	12.7 (827)	12.5 (630)	12.8 (529)	12.2 (6537)
Some primary	11.75 (28)	13.6 (280)	13.9 (391)	13.5 (399)	13.0 (277)	13.35 (188)	13.0 (130)	13.0 (114)	13.4 (1815)
Completed primary	12.2 (10)	14.2 (164)	14.4 (211)	14.1 (179)	13.7 (140)	14.0 (97)	13.5 (54)	14.5 (41)	14.1 (897)
Lower secondary	12.6 (3)	14.1 (71)	14.8 (105)	14.5 (93)	14.05 (49)	14.2 (36)	14.6 (22)	14.2 (16)	14.4 (394)
Upper secondary and above	13.0 (1)	15.2 (91)	16.6 (173)	16.9 (185)	16.5 (108)	16.35 (47)	15.3 (20)	15.4 (13)	16.3 (640)
<u>Division</u>									
Dhaka	12.0 (35)	13.5 (386)	14.05 (642)	14.0 (582)	13.1 (443)	13.1 (341)	12.7 (254)	13.3 (186)	13.5 (2868)
Rajshahi	12.1 (36)	13.5 (477)	13.6 (678)	13.6 (560)	12.8 (431)	12.9 (298)	12.2 (226)	12.05 (174)	13.2 (2880)
Chittagong	11.7 (6)	14.3 (323)	14.9 (546)	14.5 (524)	14.0 (407)	13.9 (328)	13.3 (228)	14.0 (228)	14.3 (2589)
Khulna	11.7 (31)	13.6 (388)	13.7 (448)	13.4 (381)	13.0 (288)	12.3 (229)	12.7 (157)	12.4 (124)	13.1 (1945)

continued

Table-3.10 (continued)

Respondents religion

Muslim	11.9 (98)	13.7 (1351)	14.0 (2060)	13.8 (1819)	13.1 (1362)	13.0 (1034)	12.8 (783)	12.9 (621)	13.4 (9128)
Hindu	12.4 (9)	14.1 (121)	14.5 (233)	14.7 (209)	14.0 (194)	13.8 (149)	12.8 (77)	13.6 (82)	14.1 (1074)

3.6.2.3. Singulate Mean Age at Marriage

Although obtaining a summary measure of age at first marriage for a given population would appear straightforward, this is not the case in a society like Bangladesh where a majority of the population is not literate, marriages are not subject to civil registration, and identifying the timing of an event is open to considerable respondent recall error. Surveys conducted in Bangladesh have found that when age at marriage is predicated upon a respondent's recall, there is a general tendency to underreport the age (see BFS 1989), so that the mean age at first marriage presented here may underestimate the actual timing of marriage. An alternative summary measure of age at first marriage, the singulate mean age at marriage (SMAM), is also discussed here since it is a measure which is free of respondent recall error. To calculate SMAMs for the CPSSs, it is necessary to use data collected from the household enumeration.

The SMAM is a synthetic summary measure generated from the distributions of the proportions single at each age group. It is calculated by finding the age at which a person of a hypothetical

cohort marrying by age 50, and experiencing the same age-specific probabilities of remaining single as in the cross-sectional population covered by this survey, is married.

While derivation of the SMAM is independent of respondent recall, it is not completely free of bias. First, the SMAM suffers from bias induced by current age misstatement. To date there is little evidence on the net effect of current age misstatement in Bangladesh, but if young wives are most likely to report inflated ages, age misstatement would bias the SMAM upwards. Age misstatement is also likely to have biasing effects on the estimation of reported mean age at first marriage because the age at marriage is often reported by a respondent (or estimated by an interviewer) with reference to the given current age. For example, if the given current age is higher than the

Table 3.11

TRENDS OVER TIME IN MEAN AGE
AT FIRST MARRIAGE

(The Eligible Woman Sample, 1989 CPS)

Year of marriage	Mean age	Weighted number
1956-1960	12.0	803
1961-1965	12.2	1056
1966-1970	12.8	1255
1971-1975	13.0	1598
1976-1980	13.9	1989
1981-1985	14.9	2008
1986-1988	16.1	1088

Table 3.12

PERCENTAGE DISTRIBUTION OF EVER-MARRIED WOMEN
UNDER 50 YEARS OF AGE BY AGE GROUP
AND BY MARITAL STATUS

(The Eligible Woman Sample, 1989 CPS)

Marital status	<15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	All
Currently married	92.9	94.2	92.4	92.6	90.8	88.6	84.7	80.1	90.5
Separated	0.9	2.1	2.4	2.7	2.4	1.7	0.9	1.3	2.1
Widowed	-	-	1.0	1.5	4.5	7.4	12.8	17.1	4.3
Divorced/ Deserted	6.2	3.6	4.2	3.2	2.3	2.3	1.5	1.6	3.0
Total	100.0	100.0	99.9	100.0	100.0	100.0	99.9	100.0	99.9
N	107	1474	2314	2044	1572	1201	867	714	10293

higher than the respondent's actual current age, her age at first marriage will be overstated. At the same time, with respect to the reported mean age at first marriage, by including only ever-married women in the sample, women under age 20 who may marry at later ages are excluded; thus the reported mean is lower than the actual mean for the reference population. Finally, the reported mean age at marriage is not representative of the age at which women in Bangladesh are likely to marry today because age at marriage in Bangladesh is rising, and the majority of ever-married women (68 percent, see Table 3.11) were married at least eight years ago.

Table 3.13

PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED
WOMEN UNDER 50 YEARS OF AGE BY
NUMBER OF LIVING CHILDREN,
1986 AND 1989 CPSs

(The Eligible Woman Samples)

Number of living children	National		Rural*		Urban*	
	1986	1989	1986	1989	1986	1989
0	13.8	13.3	13.9	13.5	12.7	12.3
1	15.4	16.9	15.2	16.7	17.3	17.9
2	16.7	17.9	16.5	17.5	18.9	19.9
3	15.1	15.8	14.9	15.8	16.5	15.5
4	12.6	11.6	12.6	11.5	12.0	12.6
5	10.2	9.8	10.3	10.0	9.4	9.0
6	7.3	6.4	7.5	6.4	5.3	6.2
7	4.5	4.4	4.6	4.6	3.9	3.3
8	2.4	2.2	2.4	2.2	2.4	1.8
9 +	2.0	1.7	2.0	1.8	1.7	1.5
Total	100.0	100.0	99.9a	100.0	100.1a	100.0
N	7820b	9318b	7035c	7953c	2396c	2536c
Mean	3.0	3.0	3.1	3.0	2.9	2.9

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

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

(c) Unweighted total of currently married women in the sample, excluding NS (Not Stated) cases. In 1986 the number of NS cases was 2 for rural.

* The 1986 and 1989 CPSs used different definitions of urban and rural strata (see chapter 2)

In sum, although both summary measures of age at marriage suffer from age misstatement bias and survey bias, and may also be misleading if age at marriage has changed over time, the SMAM is a superior measure because, unlike the reported mean age at first marriage, it is free of recall error of age at first marriage which, in Bangladesh, has been found to be a serious problem. It is also more sensitive to recent marriage patterns.

From the proportions of women never married as found in the five national surveys conducted between 1975 and 1989, shown in Table 3.8, the SMAMs for each survey, and for the national, rural and urban samples of eligible women, are derived. The SMAM for the eligible woman sample as a whole is 17.7 years: urban women have a higher SMAM by over a year compared to rural women--18.8 years versus 17.4 years. The SMAM of 17.7 years for the national sample obtained here is very close to the estimate of 18.0 years obtained by the 1989 BFS.

Table 3.8 also presents trends in the SMAM over a 15-year period, between 1975 and 1989. The SMAM for all Bangladeshi females increased by 1.3 years. Between 1981 and 1989, the SMAM for rural women increased by one year, a slightly larger increase than that for urban women.

3.6.3. Current Marital Status

In the individual interviews, respondents were asked what their marital status was. As is apparent from Table 3.12 which shows the distribution of married women under 50 years of age, grouped by current age by their current marital status. the

majority of respondents, 90.5 percent, are married and residing with their husbands. Women who are separated are those who are currently married but who are residing apart from their husbands for an extended period (e.g. for a year and longer because of factors such as overseas employment); these women constitute 2.1 percent of the sample. Women who are divorced/deserted comprise 3.0 percent, and those who are widowed 4.3 percent. It is

Table 3.14

MEAN NUMBER OF LIVING CHILDREN OF EVER-MARRIED
WOMEN BY AGE GROUP

(The Eligible Woman Sample, 1989 CPS)

Age group	Mean number of living children
< 15	0.0
15-19	0.59
20-24	1.61
25-29	2.71
30-34	3.79
35-39	4.58
40-44	4.58
45-49	5.51
-----	-----
Total	2.93
Weighted N	10293
-----	-----

Table 3.15

MEAN NUMBER OF LIVING CHILDREN OF EVER-MARRIED
WOMEN BY EDUCATIONAL ATTAINMENT

(The Eligible Woman Sample, 1989 CPS)

<u>Educational attainment</u>	<u>Mean number of living children</u>
No education	3.04
Some primary	3.01
Completed primary	2.75
Lower secondary	2.57
Higher secondary and above	1.97
-----	-----
Total	2.93
Weighted N	10293
-----	-----

interesting to note that there is a high proportion of divorced/deserted women in the under 15 years age group relative to those in the other age groups. On the other hand, as is to be expected, the percentage of women who are widowed rises with age. The urban and rural samples are generally comparable although the proportion of women who are separated and divorced/deserted is slightly higher in the urban sample.

In terms of marital history, the majority of respondents-- 88.7 percent--had been married once, 10.6 twice, and the remainder of under 1 percent three or four times. Muslim women are more likely than Hindu women to have been married more than once (12.4 percent versus 1.7 percent).

3.7. Number of Living Children

Table 3.13 shows the distribution of currently married women under 50 years of age by the number of living children for the 1986 and 1989 CPSs. As is evident, the majority of women have between one and four living children, with the national mean at 3.0 living children per currently married woman under 50 years, the rural at 3.0, and the urban at 2.9. No significant change is registered between the 1986 and 1989 CPSs in terms of the mean number of living children although the figures suggest that there is a general trend towards a decreasing proportion of women having four and more children. It should also be noted that because of the young age structure of the population and the relatively large proportion of women in the younger age groups, 30 percent of ever-married women under age 50 have no living children or only one.

From Table 3.14 it may be seen that there is a clear relationship between age and number of living children, which is to be expected given the association between age and parity. There is also a distinct inverse relationship between female educational attainment and number of living children, as Table 3.15 shows. Chapters 5 and 9 will discuss the countervailing tendencies for better educated women to have fewer births in total, but a higher proportion of births surviving childhood.

3.8. Employment Status

Of the eligible women interviewed, 13.4 percent were engaged in paid employment, 2.0 percent in unpaid employment, and the

majority--84.6 percent-- were not employed. Employment status varies according to current marital status: a higher proportion of women who are widowed or divorced/deserted are engaged in both paid (for cash) and unpaid (in kind) employment (see Table 3.16), thus indicating that the greater economic need faced by women without husbands may be the primary impetus for gainful employment.

Table 3.16

PERCENTAGE DISTRIBUTIONS OF EVER-MARRIED WOMEN
UNDER 50 YEARS OF AGE BY EMPLOYMENT STATUS
AND BY CURRENT MARITAL STATUS

(The Eligible Woman Sample, 1989 CPS)

Marital status	National	Rural	Urban
CURRENTLY MARRIED			
Paid employment	11.9	11.8	12.8
Unpaid employment	1.9	2.0	1.3
Unemployed	86.2	86.3	88.9
SEPARATED			
Paid employment	11.7	10.3	17.1
Unpaid employment	0.7	0.6	1.2
Unemployed	87.6	89.1	81.7
WIDOWED			
Paid employment	29.3	29.1	30.4
Unpaid employment	3.7	4.0	2.4
Unemployed	67.0	66.9	67.2
DIVORCED/DESERTED			
Paid employment	35.7	33.6	45.6
Unpaid employment	4.8	5.5	1.9
Unemployed	59.4	60.9	52.4

3.9. Husband's Occupation

The distribution of eligible women by husband's occupation is presented in Table 3.17. As is to be expected, a larger proportion of rural husbands are engaged in agricultural occupations while a higher proportion of urban husbands are to be found in skilled and service jobs and in professional occupations. Husband's level of education is consistent with expectations of husband's occupation (see Table 3.18): men in professional occupations constitute the highest percentage of those with higher education (73.0 percent) while agricultural workers and labourers comprise the highest proportion of uneducated husbands (approximately 70 percent for each group)

3.10. Landownership

Table 3.19 shows the distribution of respondents according to whether their families own land. Among those who own land, the amount owned ranges from one decimal to 8,000 decimals. Ten percent own less than 24 decimals, 20 percent 40 decimals, 30 percent 66 decimals and 40 percent less than 96 decimals (100 decimals equal one acre).

3.11. Ownership of Consumer Items

In a departure from earlier CPSs, a set of questions aimed at gauging the economic status of a household was introduced in the 1989 CPS. In the individual eligible woman questionnaire, respondents were asked whether their household was in possession of any of the following items: almirah, table/chair/bench,

Table 3.17

PERCENTAGE DISTRIBUTION OF EVER-MARRIED WOMEN
UNDER 50 YEARS OF AGE BY HUSBAND'S
OCCUPATION AND BY AREA

(The Eligible Woman Sample, 1989 CPS)

Husband's occupation(d)	National	Rural	Urban
Landowner	28.2	31.9	6.9
Agricultural worker	11.2	12.3	4.1
Labourer	24.0	24.6	21.3
Skilled worker and service	22.7	20.1	37.4
Upper-level professionals	11.6	8.8	27.9
Other	2.4	2.3	3.1
Total	100.0	100.0	100.0
N	10281ac	8749bc	2846b

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

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

(c) The number of NS cases was 12 for rural and 12 for national.

(d) The occupational categories comprise the following specific occupations:

Landowner: agriculturalist cultivating own land or engaging labour to cultivate own land.

Agricultural worker: cultivating other person's land on share basis or agricultural labourer.

Labourer: Daily labourer

Upper-level professionals: government servants, teachers, professionals, businessmen.

Other: Includes other occupational not covered by above categories and dependents/unemployed.

Table 3.18

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

(The Eligible Woman Sample, 1989 CPS)

Husband's occupation	Husband's level of education				Total
	None	Some primary	Completed primary	Secondary and above	
Landowner	47.0	19.2	10.9	22.9	29.9 (3880)
Agricultural worker	69.7	17.4	5.8	7.1	9.4 (969)
Labourer	70.2	16.7	5.9	7.1	23.9 (2459)
Skilled worker and service	32.0	17.9	12.7	37.4	22.7 (2333)
Upper level professional	11.2	8.6	7.2	73.0	11.6 (1191)
Other	33.2	17.3	8.4	41.0	2.4 (246)

Table 3.19

PERCENTAGE DISTRIBUTION OF EVER-MARRIED WOMEN
UNDER 50 YEARS OF AGE BY LANDOWNERSHIP

(The Eligible Woman Sample, 1989 CPS)

Land ownership	National	Rural	Urban
Own land	48.7	53.6	20.9
Does not own land	51.3	46.4	79.1
Total	100.0	100.0	100.0
N	10291a	8759b	2846

(a) Weighted total of ever-married women in the sample, excluding NS (Not Stated) cases. There were 2 NS cases for national.

(b) Unweighted total of ever-married women in the sample, excluding NS cases. There were 2 NS case for rural.

watch/clock, cot, radio, cycle/boat. The number of these types of items owned was summed and a mean score developed; this serves as an indicator of economic status. Table 3.20 shows the mean number of items owned according to husband's occupation. As is to be expected, households where the husband is in a professional occupation score highest on the mean number of items owned, while households of agricultural workers and labourers own the fewest number of items. It is also apparent that ownership of items is higher in urban households compared to rural.

Table 3.20

HUSBAND'S OCCUPATION BY MEAN NUMBER
OF ITEMS OWNED BY AREA(1)

(The Eligible Woman Sample, 1989 CPS)

Husband's occupation	National	Rural	Urban
Landowner	2.3	2.3	2.6
Agricultural worker	1.0	1.0	1.6
Labourer	1.0	0.9	1.5
Skilled worker and service	2.6	2.4	3.3
Upper level professionals	3.8	3.6	4.3
Others	2.5	2.4	3.2
Total	2.2	2.1	2.8

(1) Respondents in the eligible women sample were asked whether their household was in possession of any of the following items: almirah, table/chair/bench/watch/clock, etc. cot, radio, cycle/boat. The number of items owned was summed and a mean score developed.

Chapter 4

FERTILITY

Previous Bangladesh CPSs did not place a high priority on estimating fertility. Factors directly relevant to family planning such as contraceptive knowledge and use, source of supply, and attitudes towards fertility control received the most attention. These matters are also addressed in the 1989 CPS but, since lower fertility, along with improved maternal and child health, is a central objective of the Bangladesh family planning program, new questions were included to ascertain the present level of fertility.

The extra effort put into the 1989 CPS to study fertility has been well rewarded. Whereas previous CPSs have only been able to speculate that fertility may have fallen to some extent, the fertility measures from the 1989 CPS document a substantial decline in fertility in Bangladesh in recent years.

This chapter examines the recent trends in fertility in detail, utilizing data from the 1989 CPS as well as earlier CPSs and national surveys. In addition, differentials in fertility between subgroups of women by socio-economic characteristics are analyzed.

Two approaches to measuring fertility are presented in this chapter. The first is cumulative fertility which is the total number of live births a woman has had up to the time of

interview. It is an excellent method for examining differences in fertility between groups of women as well as for identifying fertility trends. However, it is a poor measure of recent childbearing because some births to respondents may have happened many years ago. The second method is fertility rates. They measure the level of current fertility by calculating the likelihood of a woman giving birth in a particular year. A fertility rate is the number of births in a given period divided by the number of women or reproductive ages in that year; it is estimated from data obtained by asking ever-married women for the birth dates of all their live births.

Cumulative and current fertility are prone to some of the same measurement errors. On occasion women neglect to mention births, particularly ones born many years ago, ones that died shortly after birth or those that are not living with their mother. Well-trained interviewers and carefully designed questionnaires can reduce these errors considerably. In the 1989 CPS, extra questions were included specifically to remind respondents about these "forgettable" births. Another weakness, in common with all surveys about past events, is that the births to women who have died in the interim are excluded.

4.1. Cumulative Fertility

The CPS asked respondents, all of whom were currently married or had been married at one time, how many live births they had had. The distribution, presented by respondents' current ages and marital status, is given in Table 4.1 for women

who are currently married, women who have ever been married and for all women.

Childbearing starts early in Bangladesh. More than half (55 percent) of women aged 15 to 19 who have been married have at least one child, although most of them have had only one. At ages 20 to 24, 61 percent of ever-married women have had two or more births and 10 percent have already had at least four. Fifty-five percent of women in their early thirties have had five or more children.

Marital status has a direct effect on the average number of children ever born. Among the youngest women a sizable proportion have not yet married, so the average number of children born to all women under age 20 is lower than the average for women of that age who are or have ever been married. After age 20 virtually all women have been married so the average number of children is the same for all women and ever-married women. Widowhood becomes more common at age 40, and from that age the average number of children for currently married women exceeds that of all ever-married women.

One striking feature of Table 4.1 is the low level of primary sterility. The desire for at least one child is virtually universal, so the 2 percent of women with no children by the time they are thirty approximates the percentage of couples unable to produce children. Previous surveys have documented similarly low levels of permanent childlessness in Bangladesh.

Table 4.1

PERCENTAGE DISTRIBUTION AND MEAN NUMBER OF CHILDREN
EVER BORN BY WOMEN'S AGE, FOR CURRENTLY
MARRIED, EVER-MARRIED AND ALL
WOMEN AGED 15 TO 49

Marital status/ number of live births	15-19	20-24	25-29	30-34	35-39	40-44	45-49	Total
Currently married women								
0	45	10	3	2	2	2	2	11
1	42	26	8	3	1	1	1	15
2	11	33	19	8	4	1	2	15
3	1	20	24	13	6	4	4	13
4	0	8	22	17	11	5	2	11
5	0	2	14	20	15	11	8	10
6		0	7	17	17	12	11	8
7		0	2	11	16	14	17	6
8		0	1	6	10	16	13	4
9 +			0	4	17	34	42	8

Total	100	100	100	100	100	100	100	100
Mean	0.7	2.0	3.4	4.9	6.1	7.4	7.8	3.8
Weighted cases	1389	2139	1897	1427	1060	736	571	9219

Ever-married women								
0	46	12	4	3	2	2	1	11
1	42	27	9	4	3	1	1	15
2	11	32	19	9	5	3	3	15
3	1	19	24	13	7	5	4	13
4	0	8	21	17	12	7	5	11
5	0	2	13	19	15	11	9	9
6		0	7	16	17	13	12	8
7		0	2	11	15	13	16	6
8		0	1	5	10	15	12	4
9 +			0	4	15	30	37	8

Total	100	100	100	100	100	100	100	100
Mean	0.7	1.9	3.3	4.7	5.9	7.0	7.5	3.7
Weighted cases	1474	2315	2047	1571	1197	868	714	10186

Contd. (Table 4.1)

Table 4.1 (Contd.)

Marital status/ number of live births	15-19	20-24	25-29	30-34	35-39	40-44	45-49	Total
All women								
0	69	19	5	3	2	2	2	21
1	24	25	9	4	2	1	1	13
2	6	29	19	9	5	3	3	13
3	1	17	24	13	7	5	4	11
4	0	7	21	17	12	7	5	10
5	0	2	13	19	15	11	9	8
6		0	7	16	17	13	11	7
7		0	2	11	15	13	16	5
8		0	1	5	9	15	12	7
9 +			0	4	15	30	37	7
Total	100	100	100	100	100	100	100	100
Mean	0.4	1.8	3.3	4.7	5.9	7.0	7.5	3.3

Another striking and important point illustrated by Table 4.1 is the high proportion of Bangladeshi women at low parities. More than one-quarter of currently married and ever-married women, and about a third of all women aged 15 to 49, have never had a birth or have had only one. While almost half of currently married and ever-married women under age 50 have had four or more births, Bangladesh's young age structure results in a substantial proportion of women who are just beginning to start their families. Any programs addressing matters of maternal health and fertility control need to meet the special needs of this very large group of women.

Judging by the average of seven live births that women in their forties report having had, fertility in Bangladesh was once very high. However, it is more difficult to use Table 4.1 to determine the relative magnitude of younger women's cumulative fertility. Table 4.2 provides a comparative perspective by

Table 4.2

MEAN NUMBER OF CHILDREN EVER BORN TO EVER MARRIED
WOMEN AGED 15 TO 49 BY FIVE-YEAR AGE
GROUPS, SELECTED SURVEYS 1975-1989

Respondent's age	BFS 1975	CPS			
		1981	1983	1986	1989
15-19	0.8	0.8	0.9	0.7	0.7
20-24	2.4	2.1	2.3	2.1	1.9
25-29	4.2	3.7	3.8	3.6	3.3
30-34	5.7	5.4	5.5	5.1	4.7
35-39	6.7	6.4	6.5	6.5	5.9
40-44	7.1	7.3	7.4	7.4	7.0
45-49	6.7	7.6	7.5	7.2	7.5
All ages	4.0	4.0	3.9	3.7	3.7

showing the average number of children born to ever-married women recorded in the CPSs and the 1975 BFS. In 1989 women of every age had fewer children than women their age did in the past. The decline since 1975 is striking: one-half birth fewer among women 20-24, and one birth fewer for the three five-year age groups between ages 25 and 39. At least half of this decrease occurred after 1983. The conclusion must be that women who had not completed their childbearing by 1989 will end their reproductive years with fewer births than their predecessors had.

4.1.1. Fertility Differentials

Table 4.3 presents the mean number of children ever born to ever-married women in five-year age groups, disaggregated by various background characteristics. When family planning is initially growing in popularity, it is usually the economically

and socially advantaged urban residents who are the first to adopt contraceptives and have smaller families. The 1989 data in Table 4.3 present another pattern. The modest differences in average number of children ever born found by the 1989 CPS suggest that this is now occurring in Bangladesh. Differences in cumulative fertility are most marked among women aged 25 to 39, which is the age when women are most likely to be using contraception.

Specifically, urban women aged 25 to 39 have lower average cumulative fertility than their rural peers. Chittagong division has higher fertility. Hindu women have had fewer births than Muslim women. In terms of the social and economic variables, women who have completed primary school or continued to secondary school have lower cumulative fertility. Women in households that possess five or more consumer durables also have a smaller average number of births, as do women married to men who have attended secondary school. Employed women aged 30-44 have also had fewer births.

Table 4.3

MEAN NUMBER OF CHILDREN EVER BORN TO EVER-MARRIED
WOMEN AGED 15 TO 49 BY FIVE-YEAR AGE GROUPS
AND VARIOUS BACKGROUND CHARACTERISTICS

(The Eligible Woman Sample, 1989 CPS)

Background characteristics	All ever-married ever	15-9	20-4	25-9	30-4	35-9	40-4	45-9	Weighted N
Area									
Rural	3.75	0.7	1.9	3.4	4.8	6.0	7.1	7.5	8761
Urban	3.46	0.7	1.8	2.9	4.3	5.3	6.6	7.3	2846
Division									
Dhaka	3.70	0.7	1.9	3.3	4.6	6.0	6.9	7.5	2871
Rajshahi	3.48	0.7	2.0	3.2	4.6	5.7	6.8	7.5	2884
Khulna	3.68	0.7	2.0	3.4	4.7	5.8	7.5	7.4	1948
Chittagong	4.00	0.	1.8	3.5	5.0	6.1	7.1	7.5	2590
Respondent's religion									
Islam	3.74	0.7	1.9	3.4	4.8	6.0	7.1	7.6	9140
Hinduism	3.52	0.8	1.8	3.0	4.3	5.2	6.2	6.8	1074
Respondent's schooling									
None	3.97	0.8	2.0	3.4	4.9	6.0	7.1	7.5	6547
Some primary	3.72	0.7	1.9	3.5	5.0	6.2	7.4	7.5	1817
Completed primary	3.23	0.6	1.7	3.3	4.6	5.6	6.4	7.4	897
High school and higher	2.48	0.4	1.5	2.5	3.5	4.6	5.7	6.6	1033
Husband's schooling									
None	3.79	0.7	2.0	3.4	4.9	6.1	7.0	7.5	4820
Some primary	3.93	0.7	2.1	3.6	4.9	6.0	7.3	7.6	1738
Completed primary	3.90	0.7	1.9	3.5	5.2	6.2	7.2	7.9	940
High school and higher	3.37	0.6	1.7	3.0	4.3	5.5	6.7	7.2	2796
Respondent's employment status									
Employed	3.78	0.8	1.9	3.2	4.2	5.4	6.4	7.3	1585
Unemployed	3.70	0.7	1.9	3.3	4.9	6.0	7.1	7.5	8708
Consumer durables									
0	3.65	0.8	2.1	3.5	4.7	5.9	6.8	7.2	2470
1-2	3.86	0.8	2.0	3.5	4.9	6.1	7.2	7.3	3929
3-4	3.85	0.6	1.8	3.3	4.8	6.0	7.2	8.1	2467
5-6	3.16	0.5	1.5	2.8	4.1	6.6	6.5	7.1	1427

Despite the differences shown in Table 4.3 the fertility decline is not confined to specific subgroups alone. This is apparent when the average number of live births by age of mother for the highest fertility groups (for example, rural women or those who never attended school) is compared to the average number of live births for the entire population in 1975 or 1983 presented in Table 4.2. In 1989 even these women had lower fertility than was typical of Bangladeshi women only a few years ago. Therefore, while differentials in cumulative fertility exist, all segments of society are contributing to the lower fertility levels, not only the most advantaged.

4.1.2. Age at Marriage and Cumulative Fertility

The steady rise in age at first marriage discussed in Chapter 3 makes some contribution to smaller family size in Bangladesh. Table 4.4 shows that unless marriage is postponed until the woman is at least 14, an additional year of being single has no effect on cumulative fertility. In all age groups, women who married at age 13 and under have approximately the same average family size. Very young brides have a low probability of conceiving so their additional years of marriage do not result in a larger number of children. Delaying marriage beyond age 14 does reduce the number of total births, and, in recent years, no less than 80 percent of first marriages have involved women who are at least 14 years old. Nevertheless, as Table 4.4 shows, unless age at marriage increases well above age 14, fertility will not be greatly affected. Among women in their thirties and

Table 4.4

MEAN NUMBER OF CHILDREN EVER BORN TO EVER-MARRIED
WOMEN BY AGE AT FIRST MARRIAGE AND
AGE AT THE SURVEY

(The Eligible Woman Sample, 1989 CPS)

Age at first marriage	Current age						
	15-9	20-4	25-9	30-4	35-9	40-4	45-9
< 11	1.1 (84)	2.5 (192)	3.9 (227)	5.2 (221)	6.2 (261)	7.5 (174)	7.8 (146)
11	1.1 (77)	2.5 (155)	3.8 (161)	5.5 (143)	6.3 (143)	7.4 (90)	7.7 (77)
12	1.1 (199)	2.4 (331)	3.8 (291)	5.1 (257)	6.1 (193)	7.1 (147)	7.8 (101)
13	0.9 (317)	2.4 (387)	3.8 (337)	5.1 (297)	6.4 (185)	7.2 (143)	7.8 (97)
14	0.6 (288)	2.1 (334)	3.5 (301)	4.7 (231)	5.9 (133)	6.6 (103)	7.2 (82)
15	0.5 (213)	1.8 (253)	3.2 (183)	4.3 (141)	5.5 (106)	6.8 (74)	7.0 (66)
16	0.3 (158)	1.4 (204)	3.0 (154)	4.3 (74)	5.5 (60)	6.6 (49)	7.4 (46)
17 +	0.1 (136)	0.9 (461)	2.0 (393)	3.4 (205)	4.8 (159)	6.4 (86)	6.8 (98)

forties, the difference in total number of live births between those who married at 14, 15 and 16 is very small. The present rise in age at marriage is not yet sufficient to make a great impact on Bangladesh fertility levels.

4.2. Current Fertility

Period fertility rates can be directly calculated from survey data by asking women for the birth dates of their live

births. Previous Bangladesh CPSs have attempted to measure recent fertility by inquiring about births occurring in the twelve months prior to the interview. However, it has been found in Bangladesh and elsewhere that this method usually leads to recent births being underreported. The 1989 CPS made a special effort to collect reliable data that could be used to measure current fertility because there was so little recent information on which to make realistic current estimates. The benefits of improving the fertility component of the questionnaire have proved to be great. The data are internally consistent and of high quality, and it would be possible to be reasonably confident of the findings for that reason alone. There was also the unexpected advantage that the 1989 Bangladesh Fertility Survey (BFS), conducted at approximately the same time, has independently estimated a similar level of fertility.

This section first introduces the methodology of collecting birth dates. The 1989 CPS data are evaluated for possible omissions and the direct estimates of fertility are presented. Supporting information from the 1989 BFS and cross-national studies is also discussed.

4.2.1. Methodological Issues

The most reliable method of collecting information on birth dates is to ask women for the dates of birth for all their children, starting at either the first or the most recent birth. Unfortunately, compiling a complete birth history from every respondent is time consuming and expensive. The 1989 CPS

compromised by collecting a truncated birth history. Interviewers asked for the birthdate, sex and survival status of all births born since January 1984 and also noted the date of the last birth prior to that period. However, only births which occurred within five years of the interview date are used in the fertility analysis.

Several errors are common to birth histories which can bias the estimates. One error is the omission of births, which is, of course, a feature of retrospective reports of total number of births as well. A problem unique to birth histories is time reference errors. Respondents may systematically lengthen or shorten intervals between births and since the last birth, resulting in birth dates pushed forwards or backwards in time. A common tendency is for the birthdates of recent births to be pushed back and births in the most distant past to be pushed forward in time. This can give an exaggerated appearance of a recent fertility decline (Pottor, 1979).

In addition, the survey misses some children born during the previous five years because their mothers were in their late forties and by mid-1989 were over age 50 and not eligible to be a respondent. Fortunately, fertility at that age is very low, so the loss of some births to women in their late forties has little effect on the estimated number of total births.

Simple checks of the truncated birth histories collected in the 1989 CPS suggest that systematic omission of certain types of births occurred but was a relatively minor problem. The sex ratio of births (expressed as the ratio of males to 100 females) born in the five years prior to the interview was 109 in rural areas and 108 in urban areas compared to an expected sex ratio at birth of 106.

4.2.2. Direct Estimates of Current Fertility

Fertility rates for the five years before the survey are given in Table 4.5. The rates are organized by years prior to the survey and not specific calendar years; since most of the interviews were conducted between April and July 1989, the rates refer approximately to the periods June 1988-May 1989 back to June 1984-May 1985. Rates for each age group (known as age-specific fertility rates) are calculated as a ratio of births in a given period to all women of a specific age, divided by all women who were that age at that time. In practice only women who have ever been married are asked about births, but to express the likelihood of having a child for all women, the number of ever-married women is inflated by dividing by the proportion ever-married taken from the household survey. Urban births and urban women are weighted by the reciprocal of the urban sampling fraction to represent their true proportion in the national population. Summing the age-specific rates and multiplying by five to represent the five years spanned by each age group gives the total fertility rate (TFR). This is the most useful indicator of current fertility because it can be interpreted as

the number of children a woman would bear if she experienced throughout her life the probabilities of giving birth prevalent at that time.

Finally, the fertility rates themselves are given in Table 4.5. The TFR for the latest year 1988-9 is 4.88; the average for the five years prior to the survey is 5.05. A significant fertility decline over the last five years is evident from the reported TFRs of about 5.5 for the earliest years, 1984-5 and 1985-6.

The annual fluctuations suggest that the data are not free from time reference errors. For example, the derived rates for the second, third, and fifth years appear too low. When birth history data are subject to time reference errors some annual estimates may be too high, some too low. This is because there are countervailing errors which, for any given year, may or may not cancel each other out. For instance, consider births that were actually born in 1987. Some of these mothers might exaggerate their child's age and say he or she was born in 1986. Other mothers might give 1988 as the birth year. The estimate for 1987 will be underestimated because these births are not reported, but will be inflated by births which actually occurred before or after 1987 but were reported as 1987 births. It is partly a matter of chance as to which errors dominate and whether, in a given year the estimate is too high, too low, or just right.

Nonetheless, even though the direct estimates cannot give a definitive level of fertility, there is corroborating evidence which suggests that the TFR of 4.9 reported for the most recent year is approximately correct. The 1989 BFS collected a full birth history from their respondents. Interviewing occurred only a few months before the 1989 CPS went into the field. The 1989 BFS birth history started with the woman's earliest birth and the CPS birth history, because it was truncated, started with the most recent. The direct measures of annual TFRs for 1984 to 1988 from the 1989 BFS are:

1988	4.64
1987	4.86
1986	5.00
1985	5.55
1984	5.93
1984-8	5.18

Compared to the CPS, the BFS found a steeper decline in fertility over the past five years and a lower rate for the latest year (4.64 versus 4.88). However the five-year estimate from the two surveys are similar and it is clear that both sets of rates capture the same magnitude of the recent fertility decline.

Another confirmation of a current TFR of approximately 5.0 is that such a range is consistent with international experience of the relationship between the contraceptive prevalence rate (CPR) and TFR. Several simple regression equations have been proposed to predict TFRs from CPRs using data from a range of developing and developed countries. A recent compendium of this

literature presented five equations that demonstrate a strong relationship internationally between contraceptive use and fertility (Blanc 1989)(1). Inserting 32.8, the Bangladesh working rate for contraceptive prevalence discussed in Section 5.3.2, into each equation produces TFRs ranging from 4.8 to 5.2.

4.2.3. Differentials in Current Fertility

Total fertility rates by urban and rural areas, divisions and women's schooling are shown in Table 4.6. To minimize the problem of a small number of births in some categories, average annual TFRs for the last five years are given. Current fertility

(1) The equations are $TFR = 7.30 - 6.42U$ ($R^2=0.72$), $TFR = 6.83 - 6.20U$ ($R^2=0.85$), $TFR = 7.38 - 7.20U$ ($R^2=0.87$), $TFR = 7.28 - 6.55U$ ($R^2=0.85$), and $TFR = 7.15 - 6.56U$ ($R^2=0.93$) where U is the proportion of currently married women practicing contraception.

Table 4.5

AGE-SPECIFIC FERTILITY RATES FOR FIVE YEARS PRIOR TO THE SURVEY

(The Eligible Woman Sample, 1989 CPS)

Age at mid interval	Months prior to survey								
	1-12	13-24	25-36	37-48	49-60	1-36	25-60	1-60	
15-19	.1736	.1655	.1732	.1760	.1902	.1708	.1796	.1756	
20-24	.2502	.2274	.2461	.2753	.2653	.2414	.2618	.2521	
25-29	.2159	.2197	.2143	.2392	.2381	.2168	.2303	.2248	
30-34	.1556	.1413	.1848	.1845	.1737	.1602	.1811	.1673	
35-39	.1100	.0990	.1188	.1270	.1195	.1090	.1219	.1143	
40-44	.0596	.0442	.0536	.0671	.0781	.0526	.0660	.0599	
45-49	.0111	.0175	.0131	.0286	.0443	.0135	.0212	.0161	
TFR	4.88	4.57	5.02	5.49	5.55	4.82	5.31	5.05	

Note: Age-specific rates have been adjusted to reflect the fact that births occurred on average in the middle of the year when women were six months younger. The TFR is unaffected by this adjustment.

Table 4.6

TOTAL FERTILITY RATES FOR THE LAST FIVE YEARS, BY
AREA, DIVISION AND WOMEN'S SCHOOLING

(The Eligible Woman Sample, 1989 CPS)

Background characteristics	TFRs
Area	
Rural	5.3
Urban	3.8
Division	
Dhaka	4.8
Rajshahi	5.1
Khulna	4.9
Chittagong	5.4
Women's schooling	
No schooling	5.4
Some primary	5.0
Completed primary	4.4
High school or higher	3.3

is much lower in urban than in rural areas. At present fertility levels, young urban women can expect to have less than four children while rural women will have more than five. Chittagong has noticeably higher fertility than the other divisions. Women's schooling has a pronounced effect on current fertility levels. Even women who attended but did not finish primary school have lower fertility than women with no schooling. Completing primary school, however, reduces expected fertility by one birth.

4.3. Conclusions

Fertility has declined in Bangladesh in recent years. In the 1986 CPS there were only suggestions of a decline -- ambiguous differentials in children ever born and measures of current fertility based on births in the past twelve months. Although some uncertainty still surrounds the exact level of fertility, the fact of a significant decline is now incontrovertible.

Women in their thirties are reporting that they have had on average as much as one-half child fewer than reported by women of the same age in the 1983 and 1986 CPSs, and one child fewer than reported in the 1975 BFS. There are differentials by area, respondent's and husband's education, and number of consumer items owned which suggest that the most advantaged members of society are leading the fertility decline. However fertility decline is evident among all subgroups: it is not limited to the most educated or those of higher economic status.

The truncated birth histories collected by the 1989 CPS have been shown to be a valid means of collecting information about recent fertility levels and documenting the clear decline in period rates. Women in their forties have had an average in excess of seven live births, but if current fertility rates persist women beginning their reproductive careers now can expect to have about five births in their lifetime. This implies a fall in the TFR from around 7.0 in the mid-1970s to the current level of approximately 5.0. The direct estimate from the 1989 CPS of a TFR of 4.9 for the most recent year (June 1988-May 1989) is

probably as good a figure to use for the current level of fertility as can be made without more detailed analysis. This estimate is also consistent with the more detailed findings available from the 1989 BFS and with cross-national estimates. Some differentials in current fertility exist, but the outstanding fact is that the average TFR for the past five years has been under 5.5 for women from every region and educational background.

Chapter 5

FAMILY PLANNING

This chapter describes the family planning situation as assessed by the 1989 CPS, highlighting changes that have occurred since the 1986 CPS was undertaken. The descriptions have been organized in five sections as follows: (i) awareness and knowledge of family planning methods, (ii) ever use of family planning methods, (iii) current use of family planning methods, (iv) differentials in contraceptive prevalence, and (v) trends in contraceptive prevalence.

5.1. Awareness and Knowledge of Family Planning Methods

Awareness about family planning methods refers to whether a respondent knows of or has heard of specific methods to prevent pregnancy. The CPS assesses awareness through a series of questions combining spontaneous recall and prompting procedures. A respondent is first asked to name the methods that she knows of or has heard of. The interviewer then prompts for each of the methods the respondent has failed to mention. Awareness ascertained without prompting is referred to as "unprompted" or "spontaneous" awareness, and that determined after prompting as "prompted" awareness.

Prompting techniques are used to collect data on awareness of family planning methods because some respondents cannot recall in the interviewing situation all the methods that they know. When these techniques are applied, it is likely that

awareness 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 awareness remain open to biased reporting--unprompted (spontaneous) to underreporting and prompted to overreporting.

The ability to name or to recognize the name of a family planning method is a minimal test of a respondent's knowledge. The 1989 CPS introduced an additional series of questions to assess whether the respondents understood the fundamental features of the methods that they acknowledged. The questions asked whether the method was used by a male or female, the proper use of the oral pill and foam tablet, how frequently injectables are administered, if the IUD, vasectomy and tubectomy are permanent or temporary methods, and about when the safe period occurs during the menstrual cycle. Some of this data will be presented in Chapter 7; in this chapter, however, special attention is paid to the answers on who uses each method since this was asked for most of the methods.

5.1.1. Overall Awareness

Table 5.1 shows changes in awareness about family planning methods over the 1986-1989 period. Awareness of at least three modern methods(1) is almost universal among eligible women in the 1989 CPS, as it was among those in the 1986 CPS.

(1) Modern methods include: oral pill, condom, vaginal methods, contraceptive injection, IUD, tubectomy, vasectomy, and induced abortion/menstrual regulation(MR).

Relatively more respondents mentioned traditional methods(2) in 1989 than in 1986. For example, while the proportion having knowledge of at least one traditional method was 62.8 percent in the 1986 CPS, it rose to 71.8 percent in the 1989 CPS. Nevertheless, women still remain less aware of traditional methods than of modern methods.

Considerable variations are, however, evident in spontaneous awareness of modern methods between the two surveys, revealing improvements in degrees of awareness over the 1986-1989 period (Table 5.2). The ability to immediately recall a specific method during an interview suggests a greater cognizance of that method over those acknowledged only after prompting. In 1986 only 55 percent spontaneously mentioned the names of at least three modern methods. In the 1989 CPS the proportion has risen to 70 percent.

5.1.2. Method-specific Awareness

Table 5.3 shows the percentage of women aware of specific methods in the 1989 CPS, together with the percentage having accurate knowledge of a method. The latter is defined as correctly stating whether the method is used by a male or female. Awareness about the oral pill is universal among ever-married women in the 1989 CPS, with 91.5 percent spontaneously mentioning the name of the method and 7.5 percent stating, after prompting,

(2) Traditional methods include: safe period, withdrawal, abstinence, and other methods including such indigenous methods as herbal medicines.

Table 5.1

PERCENTAGE OF EVER-MARRIED WOMEN UNDER 50 YEARS OF AGE
 AWARE OF ANY METHOD, ANY MODERN METHOD(1),
 AND ANY TRADITIONAL METHOD(2),
 1986 AND 1989 CPSs

(The Eligible Woman Samples)

Number of methods known	Any method		Modern method		Traditional method	
	Unprompted + Prompted		Unprompted + Prompted		Unprompted + Prompted	
	1986	1989	1986	1989	1986	1989
0	0.4	0.1	0.5	0.1	37.2	28.3
1	1.1	0.5	1.3	0.5	28.8	29.8
2	3.1	1.3	3.6	1.5	17.2	22.8
3	5.3	2.7	6.6	3.6	10.6	13.1
4 +	90.1	95.4	88.0	94.3	6.3	5.9
Total	100.0	100.0	100.0	100.0	100.1	99.9
Weighted number	8541	10293	8541	10293	8541	10293
Mean	7.0	7.7	5.8	6.3	1.2	1.4

- (1) Modern methods: oral pill, condom, vaginal methods, contraceptive injection, IUD, tubectomy, vasectomy, and induced abortion/MR.
- (2) Traditional methods: safe period, withdrawal, abstinence, and other methods (including such indigenous methods as herbal medicines)

that they had heard of or known of the method(3). Awareness is also universal for tubectomy, but only 76.5 percent of the respondents could spontaneously mention its name to register their unprompted awareness of the method. For injectables,

- (3) Men are the correct users of the condom, vasectomy, and withdrawal while women are the users of the oral pill, vaginal methods, the IUD, injectables and tubectomy. There were no questions asked about the right user for MR/induced abortion, safe period, abstinence and other traditional methods.

Table 5.2

PERCENTAGE OF EVER-MARRIED WOMEN UNDER 50 YEARS OF AGE
HAVING UNPROMPTED AWARENESS OF ANY METHOD(1), ANY
MODERN METHOD, AND ANY TRADITIONAL METHOD(2),
1986 AND 1989 CPSS

(The Eligible Woman Samples)

Number of methods known	Any method		Modern methods		Traditional methods	
	Unprompted		Unprompted		Unprompted	
	1986	1989	1986	1989	1986	1989
0	4.0	4.2	4.0	4.4	94.9	87.7
1	16.2	8.6	16.7	8.9	4.4	10.8
2	24.1	15.5	24.3	16.5	0.4	1.4
3	22.8	21.4	23.2	22.1	0.2	0.1
4 +	32.9	50.3	31.8	48.1	0.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Weighted number	8541	10293	8541	8541	8541	10293
Mean	2.9	3.5	2.9	3.4	0.1	0.1

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

(2) Traditional methods: safe period, withdrawal, abstinence, and other methods (including such indigenous methods as herbal medicines).

vasectomy and the IUD, awareness is not universal but is nevertheless appreciably high at over 80 percent. The condom and induced abortion/MR are relatively less known. Awareness of traditional methods remains low, and most women who mentioned these methods did so after prompting.

Almost everyone aware of the oral pill knows that it is taken by females. The correct users of tubectomy, vasectomy and withdrawal are also well known. However, there are somewhat appreciable variations notable between the awareness and accurate knowledge percentages for the condom, injectables and vaginal methods, which suggest that a considerable number of women who are aware of these methods are unclear as to how they are used.

Table 5.4 contains comparisons of method-specific awareness between the 1986 and 1989 CPSs. Such comparisons could not be made for the accurate knowledge data since they were not collected in the 1986 CPS. Except for the IUD, injectables and MR, there are almost no changes in awareness levels for any modern methods over the 1986-1989 period. However, awareness of the IUD rose substantially from 65.4 to 80.4 percent and similar increases have occurred in the awareness of injectables and MR. These changes are a rural phenomenon, which is, of course, where more than 85 percent of the population live. Little change is apparent in urban areas where awareness of methods was already very high in 1986. However, comparing urban and rural trends between 1986 and 1989 is frustrated by the fact that the definition of "urban" was changed in the 1989 CPS (see Chapter 2). The new definition included some areas that would have previously been categorized as rural. Since rural areas lag behind urban areas in virtually every family planning indicator, this results in an apparent lowering of urban performance in 1989 compared to 1986, and is probably an artifact of the change in

Table 5.3

PERCENTAGE OF EVER-MARRIED WOMEN UNDER 50 YEARS OF
AGE HAVING AWARENESS AND ACCURATE KNOWLEDGE
OF SPECIFIC FAMILY PLANNING METHODS(1)

(The Eligible Woman Sample, 1989 CPS)

Methods (A)	Awareness			Accurate know- ledge(2)
	Unprompted	Prompted	Overall	
	(B)	(C)	(D)=(B)+(C)	
	1989	1989	1989	
Oral pill	91.5	7.5	99.0	96.4
Condom	41.9	35.0	76.9	67.8
Vaginal method	7.3	18.5	25.8	20.1
Injectables	39.0	48.5	87.5	78.0
IUD	48.9	31.5	80.4	75.9
Tubectomy	76.9	22.3	99.2	98.0
Vasectomy	31.0	53.0	84.0	82.8
Induced abor- tion/MR	3.8	70.1	73.9	N/A
Safe period	4.6	35.5	40.1	N/A
Withdrawal	1.4	13.0	14.4	13.1
Abstinence	0.6	28.4	28.9a	N/A
Other	7.5	47.7	55.1a	N/A

(1) The weighted totals of ever-married women is 10293 in the 1989 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, with knowledge of the method. The number of NS cases in the 1989 sample was 2 for MR, 1 for withdrawal, 4 for abstinence and 2 for other methods.

(2) Measure of accurate knowledge was based on very minimal criteria indicating if a respondent knew of who is the correct user of a specific method -- men or women. This question was not asked for MR, safe period, abstinence or other methods.

definition. It must be kept in mind, therefore, that rural-urban comparisons between 1986 and 1989 cannot be made from these two surveys. However, it seems reasonable to say that there has been significant improvement in rural areas while urban areas are more or less unchanged. Although some of the convergence in the level of contraceptive awareness in rural and urban areas between 1986 and 1989 may be accounted for by the change in definition, the increased awareness of some methods in rural areas is so large that it can be safely assumed that a genuine narrowing of the urban-rural knowledge gap is occurring.

5.1.3. Differentials in Number of Methods Known

The number of methods known to ever-married women varies somewhat according to selected characteristics of age, number of living children, education, religion, employment status, administrative division, and rural-urban area. For example, respondent's education has the strongest relationship with number of methods known. Women who never attended school mentioned or recognized 7.1 methods on average, while those who had attended at least some secondary school named 9.4 methods. However, the important point is not the differential but the fact that the average uneducated woman knew seven out of twelve methods. The high level of awareness found in every subgroup attests to the successful dissemination of information to all eligible women. There is, however, room to increase awareness of specific methods such as the IUD.

5.2. Ever Use of Family Planning Methods

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 family planning program. Such data give the proportion of the target population having used contraceptives at least once. Therefore, data on ever use reveal the success of the program in promoting actual use of family planning among the target population. In addition, ever use data together with current use data are valuable for studying couples who withdraw from contraceptive use.

5.2.1. Overall Ever Use

Overall ever use rates of family planning methods between the 1986 and 1989 CPSs are shown in Table 5.5. Ever use of family planning methods is considerably higher in 1989. In the 1986 CPS 32.5 percent of the eligible woman sample said they had ever used at least one method; in the 1989 CPS the proportion is 44.2 percent--an increase of 11.6 points. Most of the increase, it should be emphasized, is due to increased use of modern methods--thus indicating the achievements of the family planning program in diffusing modern family planning practices since 1986. Ever use of modern methods in the eligible woman sample has increased by as much as 11.6 points from 25.9 percent in the 1986 CPS to 37.5 percent in the 1989 CPS. Ever use of traditional methods has also increased but only by 3.4 points.

Table 5.4

PERCENTAGE OF EVER-MARRIED WOMEN UNDER 50 YEARS OF AGE
 AWARE OF SELECTED FAMILY PLANNING METHODS BY
 RURAL-URBAN AREA (1,2),
 1986 AND 1989 CPSs

(The Eligible Woman Samples)

Methods	National		Rural*		Urban*	
	1986	1989	1986	1989	1986	1989
Oral pill	98.6	99.0	98.5	99.0	99.2	99.4
Condom	75.5	76.9	74.0	75.2	89.3	86.8
Vaginal method	26.3	25.8	23.5	22.2	51.9	46.2
Injectables	74.1	87.5	72.7	87.1	86.4	89.4
IUD	65.4	80.4	63.7	79.3	80.8	86.6
Tubectomy	97.8	99.2	97.7	99.1	98.5	99.2
Vasectomy	84.3	84.0	84.0	83.8	86.8	84.9
Induced abortion/MR	57.3	73.9	55.4	73.0	74.7	78.9
Safe period	41.2	40.1	40.0	39.1	51.8	46.1
Withdrawal	20.8	14.4	19.4	13.2	33.2	21.3
Abstinence	21.4	28.9	20.2	28.6	32.3	31.0
Other	36.8	55.1	36.8	55.4	36.7	53.9

(1) Prompted and unprompted awareness, combined.

(2) 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 awareness of the method. N was 10293 (weighted) for national, 8761 for rural and 2846 for urban in the 1989 sample and 8541 (weighted) for national, 7682 for rural and 2623 for urban in the 1986 sample. The number of NS cases in the 1989 sample for rural was 1 for MR, 1 for safe period, 1 for withdrawal, 3 for abstinence, and 2 for other method; and that for urban was 1 for MR and 2 for abstinence. There was no NS case in the 1986 sample.

* The definition of urban changed in 1989. As a result, some areas are included in the urban strata in 1989 were considered rural in 1986 (see Chapter 2).

Increases in ever use rates between 1986 and 1989 are associated with an impressive growth of 11.3 percentage points in reported ever use of modern methods in rural areas, from 23.1 to 34.4 percent. In urban areas, ever use rates of modern methods increased by 4.5 percent. In interpreting the slower growth in urban ever use relative to that in rural areas the change in rural-urban definition must be born in mind. The new definition produces urban areas that have a more rural character than was the case in the 1986 CPS.

Table 5.5

PERCENTAGE OF EVER-MARRIED WOMEN UNDER 50 YEARS OF AGE WHO HAVE EVER USED AT LEAST ONE FAMILY PLANNING METHOD, AT LEAST ONE MODERN METHOD(1), AND AT LEAST ONE TRADITIONAL METHOD(2), 1986 AND 1989 CPSS

(The Eligible Woman Samples)

Having ever used	National		Rural*		Urban*	
	1986	1989	1986	1989	1986	1989
At least one method	32.5	44.2	29.9	41.5	55.3	59.8
At least one modern method	25.9	37.5	23.1	34.4	50.9	55.4
At least one traditional method	11.9	15.3	11.5	14.7	16.2	18.5
N	8541a	10293a	7682	8761	2623	2846

(1) Modern methods: oral pill, condom, vaginal method, contraceptive 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 sample.

* Different definitions of urban and rural strata were used in the 1986 and 1989 CPSS (see Chapter 2).

Another important feature about the level of ever use in Bangladesh is its considerable regional variation (Tables 5.6 and 5.7). The comparison by divisions highlights pronounced differences. Whereas Dhaka, Rajshahi and Khulna divisions have ever use rates in the range of 49 to 51 percent, only 29 percent of ever-married women in Chittagong report having ever used a family planning method. The divisional differences remain within urban and rural strata as well. Urban ever use rates range from 67 percent in Dhaka to 64 percent in Rajshahi, but is only 45 percent in urban Chittagong--a rate which is equivalent to the rural rates in the other divisions.

Table 5.6

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

(The Eligible Woman Sample, 1989 CPS)

Division	Ever use of any method	Ever use of modern method
Dhaka	48.5	42.5
Rajshahi	48.8	41.3
Chittagong	29.3	24.4
Khulna	50.7	42.0

Table 5.7

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

(The Eligible Woman Sample, 1989 CPS)

Division	Ever use of any method		Ever use of modern method	
	Rural	Urban	Rural	Urban
Dhaka	44.4	67.1	37.8	63.5
Rajshahi	47.0	63.8	39.2	59.8
Chittagong	26.3	44.6	21.1	41.1
Khulna	48.3	64.8	39.3	57.2

5.2.2. Method-specific Ever Use

Table 5.8 shows changes in method-specific ever use rates between the 1986 and 1989 CPSs. Again, the changed definition of urban means that apparent changes in urban method-specific ever use should not be taken as definitive. Ever use of the oral pill rose strikingly over the 1986-1989 period, from 14.3 percent to 23.3 percent. The marked increase was due to greater use of this method by rural women. In rural areas, the number of women having ever used oral pills rose from 11.8 percent to 20.2 percent. Urban areas probably had a less pronounced increase. The condom had the next highest increase in ever use rates, from 5.7 percent to 9.3 percent, principally as a result of an increase in urban use rates. Over one-fifth of urban women now say their husbands have used condoms at least once. Rural ever use rates for the IUD and injectables had a small absolute

increase but a large proportional increase because the rates were so low in 1986. Increases in ever use rates for any of the traditional methods generally remain at modest levels.

5.2.3. Number of Methods Ever Used

Table 5.9 shows that the majority of ever users have their contraceptive experiences limited to one method. However, more than one-third (39.3 percent) of ever users reported having ever used two or more family planning methods, and 32.3 percent have tried two or more modern methods. Thus the average user in the 1989 CPS eligible woman sample had ever used 1.6 methods.

5.2.4. Age-specific Differentials in Ever Use Rates

As in the previous CPSs, ever use rates in the 1989 CPS vary significantly according to the age of the eligible women. Among women aged 15-19, 24.8 percent reported having ever used a family planning method, while the figure for women in the next age group, 20-24 years, rises to a high 40.7 percent (Table 5.10). The highest ever use rates are found among women in the 30-34 year age group, followed by a lower rate of ever use at 44.0 percent and less among those women 40 years and older. Ever use rates for modern methods describe the same age pattern, rising from 20.2 percent among women aged 15-19 to a peak at 47.8 percent among women in the 30-34 year age group, and then declining to 35.5 percent or less among women in the older age groups.

Table 5.8

PERCENTAGE OF EVER-MARRIED WOMEN UNDER 50 YEARS OF AGE
HAVING EVER USED SELECTED FAMILY PLANNING
METHODS(1), 1986 AND 1989 CPSS

(The Eligible Woman Samples)

Methods	National		Rural*		Urban*	
	1986b	1989a	1986	1989	1986	1989
Oral pill	14.3	23.3	11.8	20.2	36.3	40.9
Condom	5.7	9.3	4.5	7.0	16.1	22.0
Vaginal method	1.6	2.4	1.3	1.7	4.6	6.0
Injectables	1.3	2.8	1.0	2.4	4.0	4.9
IUD	2.7	4.6	2.1	3.8	8.0	9.2
Tubectomy	7.4	8.7	7.3	8.8	8.5	8.4
Vasectomy	1.6	1.6	1.7	1.8	0.9	0.7
Induced abortion/MR	0.9	2.1	0.5	1.6	3.9	4.6
Safe period	7.8	9.7	7.5	9.3	10.8	12.3
Withdrawal	2.9	3.6	2.6	3.1	6.0	6.0
Abstinence	1.2	0.9	1.1	0.9	2.0	1.1
Other	2.7	3.8	2.7	3.9	2.3	3.2

(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. N was 10293 (weighted) for national, 8761 for rural and 2846 for urban in the 1989 survey and 8541 (weighted) for national, 7682 for rural and 2623 for urban in the 1986 sample.

(a) The number of NS cases in the 1989 sample for rural was 1 for induced abortion/MR, 1 for withdrawal, 3 for abstinence, and 1 for other method. For urban the number of NS cases was 1 for induced abortion/MR and 1 for abstinence.

(b) The number of NS cases in the 1986 survey for the rural strata was 1 each for oral pill, condom, vasectomy, MR and safe period and 3 for vaginal methods. For the urban strata the number of NS cases was 1 each for vaginal method, injectables, tubectomy, safe period, abstinence and other methods, 2 for vasectomy and 4 for withdrawal.

* The definition of urban changed in 1989. As a result, some areas are included in the urban strata in 1989 were considered rural in 1986 (see Chapter 2).

Table 5.9

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

(The Eligible Woman Sample, 1989 CPS)

Number of methods ever used	Any method	Modern methods
1	60.7	67.7
2	23.8	22.0
3	9.0	7.5
4+	6.5	2.8
Total	100.0	100.0
Weighted number	4549	3860
Mean	1.6	1.5

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

5.3. Current Use of Family Planning Methods

In CPSs, current use rates of family planning methods are evaluated by asking these two questions: "Are you or is your spouse now using any family planning method?"; and if the respondent answers in the affirmative, "Which method are you or is your spouse using?". Thus, rates of current use reported here refer to the number who were using family planning methods at the time when the survey was undertaken. The same definition was used in the 1975 and 1989 Bangladesh Fertility Surveys.

Table 5.10

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

(The Eligible Woman Sample, 1989 CPS)

Age group	No. of ever-married women (Weighted)	Used at least one method(1)	Used at least one modern method(2)
< 15	107	9.9	8.0
15-19	1474	24.8	20.2
20-24	2315	40.7	34.6
25-29	2047	53.1	46.5
30-34	1571	57.2	49.8
35-39	1197	52.6	44.2
40-44	868	44.3	35.5
45+	714	32.3	25.3
All ages	10293	44.2	37.5

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

(2) Modern methods: oral pill, condom, vaginal method, injectables, IUD, tubectomy, vasectomy, abortion/MR.

5.3.1. Reliability of Estimates

Rates of current use as reported in the 1989 CPS are presented in Table 5.11, along with those available from the 1989 BFS. It is evident that the two surveys have produced almost identical estimates of contraceptive prevalence. In the 1989 CPS, 31.4 percent of currently married women in the eligible woman sample reported that they were currently practicing family planning with 24. percent using modern methods and 7.0 percent

using traditional methods. The rates of current use obtained by the 1989 BFS are comparable, being 30.8 percent overall, with 23.2 percent using modern methods and 7.6 percent traditional methods. Method-specific current use rates from the two surveys are also almost identical: 9.6 percent of currently married women in the 1989 BFS reported that they were currently using the oral pill, and the corresponding figure for the 1989 CPS is 9.1 percent. Similar negligible variations may be noted for the remaining methods.

5.3.2. Estimated Prevalence

Women in Bangladesh are thought to be reticent about reporting the use of the condom and vasectomy which are male methods. As such, contraceptive prevalence rates based exclusively on women's responses are believed to be underestimates. Because of this, a working rate is provided in the CPS, as an alternative to the prevalence rate obtained solely from the eligible woman sample. The working rate is identical to the contraceptive prevalence rate derived from the reports of currently married women in the eligible women sample except that the proportion relying on condoms and vasectomies is replaced with the proportion of husbands in the couple sample reporting that they are using these methods. The rationale is that men are considered to be more reliable reporters of vasectomy and condom use and as such the working rate is assumed to be a more accurate indicator of the level of contraceptive use.

Table 5.11

CURRENT USE OF CONTRACEPTION AMONG CURRENTLY MARRIED
WOMEN UNDER 50 YEARS OF AGE BY METHOD IN THE
ELIGIBLE WOMAN SAMPLE OF THE 1989 CPS
AND IN THE 1989 BFS

Contraceptive use	CPS 1989	BFS 1989
Modern methods (total)	24.4a	23.2
Oral pill	9.1	9.6
Condom	1.9	1.8
Vaginal method	0.2	0.1
Injectables	1.1	0.6
IUD	1.7	1.4
Tubectomy(1)	9.0	8.5
Vasectomy	1.5	1.2
Traditional methods (total)	7.0	7.6
Safe period	3.8	4.0
Withdrawal	1.2	1.8
Abstinence	0.5	1.0
Other	1.5	0.8
Any method	31.4	30.8
No method	68.6	69.2
Total	100.0	100.0
Weighted N	9318	10,907

(1) In the 1989 CPS, there were 0.2 percent of currently married women who reported that they and their husbands were both sterilized. These current users have been included under tubectomy.

(a) Differences between the total percentage and the sum of the percentages for individual methods are due to rounding.

The working rate from the 1989 CPS is shown in Table 5.12, together with that from the 1986 CPS. According to these rates, contraceptive prevalence rose from 29.8 percent in the 1986 CPS to 32.8 percent in the 1989 CPS, or by three percentage points

over the 1986-1989 period. Almost all of the increase was due to increase reported use of modern methods--from 22.9 percent to 25.8 percent--as there was almost no difference in reported use of traditional methods between the two surveys.

In the 1989 CPS, more users of modern methods were using reversible methods than permanent methods. The shift towards modern reversible methods is largely a function of significant increased use of the oral pill over the 1986-1989 period. In the 1986 CPS the proportion using the oral pill was 5.1 percent, while it nearly doubled to 9.1 percent in the 1989 CPS. Although the percentage of women using injectables doubled over this period, absolute increases in the use of modern reversible methods other than the pill are not of any appreciable magnitude. Tubectomy prevalence rose only from 7.9 percent to 9.0 percent, while vasectomy prevalence decreased.

5.3.3. Rural-Urban Prevalence

Rural-urban variations in the working rate for contraceptive prevalence are shown in Table 5.13. Comparisons between the 1986 and 1989 CPSs by urban/rural strata cannot be made because of the change in definition of strata between the two surveys. Nonetheless, the rural prevalence in 1989 is high enough that an increase within the rural strata between 1986 and 1989 is clearly inferred. Table 5.13 is more useful in documenting the very different mix of methods used in rural and urban areas in 1989. Use rates of male and female sterilization and of traditional methods are approximately equal in the two strata. Married

Table 5.12

ESTIMATED WORKING RATE(1) OF CURRENT USE,
1986 AND 1989 CPSS

Contraception status	CPSS	
	1986	1989
----- Modern methods(total) -----	22.9	25.8
Oral pill	5.1	9.1
Condom	4.0	3.1
Vaginal method	0.2	0.2
Injectables	0.5	1.1
IUD	1.4	1.7
Tubectomy	7.9	9.0
Vasectomy	3.8	1.6
----- Traditional methods(total) -----	6.9	7.0
Safe period	3.8	3.8
Withdrawal	0.9	1.2
Abstinence	0.5	0.5
Others	1.7	1.5
----- Any method -----	29.8	32.8

(1) Working rate consists of use rates taken from the eligible woman sample for oral pill, tubectomy, injectables, IUD, vaginal methods and all traditional methods, and from the responses of husband in the couple sample for condom and vasectomy.

couples in urban areas, however, are twice as likely to be using the oral pill and IUD and almost three times as likely to be relying on condoms.

5.4. Differentials

Differentials in contraceptive prevalence are examined here in order to identify first those sub-groups who may be particularly successful or unsuccessful in using contraception, and second, the broader set of programmatic and non-programmatic factors which influence contraceptive behaviour. The following exogenous variables were included in the differential analyses undertaken in this section: age, number of children, husband's occupation, education, religion, employment status, family's landownership, household possessions, number of contraceptive methods known, fieldworkers' visitation, and administrative division.

5.4.1. Age

Differentials in current use rates of family planning methods by age of currently married women are given in Table 5.14. Current use rates are presented in four measures, with one measure showing the prevalence of modern permanent methods, the second the prevalence of modern temporary methods, the third the prevalence of traditional methods, and the fourth the overall prevalence (that is, the use rate for all methods). Modern permanent methods include tubectomy and vasectomy; modern temporary methods include the oral pill, the condom, vaginal methods, injectables, the IUD; and traditional methods include the safe period, withdrawal, abstinence, and other traditional means such as herbal medicines.

Table 5.13

ESTIMATED WORKING RATE(1) OF CURRENT USE BY
RURAL AND URBAN AREAS, IN THE
1986 AND 1989 CPSs

Methods	National		Rural*		Urban*	
	1986	1989	1986	1989	1986	1989
Modern methods (total)	22.9	25.8	20.9	23.5	40.2	37.9
Oral pill	5.1	9.1	3.9	7.9	15.8	16.4
Condom	4.0	3.1	3.5	2.4	8.0	6.8
Vaginal methods	0.2	0.2	0.2	0.1	0.3	0.4
Injectables	0.5	1.1	0.4	1.0	0.9	1.4
IUD	1.4	1.7	1.1	1.5	4.6	3.0
Tubectomy	7.9	9.0	7.7	9.0	9.0	8.9
Vasectomy	3.8	1.6	4.1	1.6	1.6	1.0
Traditional methods (total)	6.9	7.0	6.8	6.8	7.4	8.0
Safe period	3.8	3.8	3.8	3.7	4.3	4.5
Withdrawal	0.9	1.2	0.8	1.1	1.7	1.8
Abstinence	0.5	0.5	0.5	0.5	0.5	0.5
Other	1.7	1.5	1.7	1.5	0.9	1.1
Any method (total)	29.8	32.8	27.7	30.3	47.6	45.9

(1) Working rate consists of use rates taken from the eligible woman sample for oral pill, tubectomy, contraceptive injection, IUD, vaginal methods and all traditional methods and from the responses of husband in the couple sample for condom and vasectomy.

* The definition of urban changed in 1989. As a result, some areas included in the urban strata in 1989 were considered rural in 1986 (see Chapter 2).

Age variations in contraceptive use are similar to the previous CPSs, with use highest among women in their thirties. Current use rates rise steadily from under 15 percent for those below 20 years of age, to 25 percent for women in the 20-24 age group, peak at 44 percent for women between 30-39 years of age, and decline to 22 percent for women in the 45-49 years age group. Lower contraceptive use among women in the 40-49 year age group may be due to the fact that many of these women have either already completed or are about to complete their reproductive life. The lower rates among young women suggest that special efforts may be required to motivate them to adopt family planning. Nonetheless, in opposition to the long-accepted belief that young wives are eager to prove their fertility and are therefore not interested in contraception, the fact that use rates of 15-19 and 20-24 year olds are as high as they are means that a large minority of couples are deliberately controlling their fertility early in marriage.

As expected, the pattern of contraceptive prevalence varies by method. Married women in their thirties are the most likely to be using permanent methods, while the highest use rates of modern temporary methods is to be found among those in the 25-29 year age range. Traditional method use is most frequently reported by women in the 35-39 year age range. The mean age of women using family planning is 33.5 years for modern permanent methods, 27.5 years for modern temporary methods and 30.3 years for traditional methods.

Table 5.14

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, 1989 CPS)

Age group	No. of currently married women (Weighted)	Users by categories of methods(1)			Total users
		Modern methods		Traditional methods	
		Perma- nent	Tempo- rary		
< 20	1489	0.4	10.3	3.9	14.6
20-24	2139	3.9	15.7	5.4	25.1
25-29	1897	10.5	18.5	7.4	36.4
30-34	1427	19.4	16.3	8.5	44.2
35-39	1060	19.4	14.3	11.0	44.8
40-44	736	17.8	7.7	9.4	34.9
45-49	571	12.8	4.0	4.9	21.7
All	9318a	10.5	14.0	7.0	31.4
Mean age		33.5	27.5	30.3	30.1

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

(a) Weighted total of currently married women adds to 9319 instead of 9318 due to rounding.

5.4.2. Number of Living Children

Differentials in current use rates by number of living children are shown in Table 5.15. Current use is below 25 percent among women having only one living child and below 10 percent for those having no living child. The rates of current

use rise to over 40 percent after women have had four living children. Declines in current use after five living children may be due to women's self-perception of infecundity associated with their advancing age.

There are some variations in parity-use associations by method. For example, women with 4-6 living children are the most likely to be using a permanent method, and use rates of modern temporary methods are highest among those having 2-4 living children. Women with five or more living children reported the greatest use of traditional methods. The typical user of permanent methods has an average of 3.8 living children. Modern temporary method users have an average of 3.1 living children. Traditional method users have about the same average number of children as modern method users.

5.4.3. Education

Differentials in current use rates by education of currently married women are shown in Table 5.16. Contraceptive prevalence is subject to significant variations associated with education of women. While only 27.4 percent are currently using a family planning method among currently married women having never attended school, the proportion rises to over 33 percent with those who completed primary school or who obtained some primary education. Among those women with education above the primary level, the rate of current use rises further, reaching a high 54 percent for those who have been educated up to Class VIII or above. A strong association of family planning use with

education is not a new finding. Similar results were documented in all the previous CFSs, revealing the importance of education in the promotion of family planning in Bangladesh. It is interesting to note, however, that this positive association of education with contraceptive use does not apply in the case of permanent methods of contraception. With more education, women are less likely to be sterilized. While 12 percent of currently married women having never attended school reported using permanent methods, the corresponding rate for those who had completed primary school or above ranges from 5.8 percent to 3.1 percent. Nevertheless, it is obvious that overall contraceptive prevalence in Bangladesh is positively associated with women's education.

Cross-national studies have found a persistent, strong relationship between women's education and contraceptive use (Brackett, 1980; UN, 1983), but they have also shown that education makes less difference to contraceptive use where family planning programs are strong (Population Reports, 1985). On average, women in Bangladesh receive very little schooling and it is those with the least education who have the lowest levels of contraceptive use. Nonetheless, use rates among uneducated women have risen particularly rapidly. In 1983 16 percent of women who never went to school reported using a method, while in 1986 21.0 percent reported using. By 1989 the figure was 27.4 percent.

Table 5.15

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

(The Eligible Woman Sample, 1989 CPS)

Number of living children	No. of currently married women (Weighted)	Users by categories of methods(a)			% using any method
		Modern methods Perma- nent	Tempo- rary	Tradi- tional methods	
0	1243	0.9	3.9	2.9	7.8
1	1576	2.4	14.7	5.1	22.2
2	1664	10.8	20.0	6.3	37.1
3	1468	16.1	16.3	7.5	39.9
4	1085	16.9	16.0	10.5	43.3
5 or more	2283	14.4	12.1	8.9	35.4

All	9318a	10.5	14.0	7.0	31.4

Mean number		3.8	3.1	3.6	3.4

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

(b) Weighted total of currently married women adds to 9319 instead of 9318 due to rounding.

Table 5.16

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

(The Eligible Woman Sample, 1989 CPS)

Education	No. of currently married women (Weighted)	Users by categories of methods(1)			% using any method
		Modern methods Perma- nent	Tempo- rary	Tradi- tional methods	
Never attended school	5843	12.4	9.4	5.6	27.4
Less than primary level	1684	10.0	15.3	8.5	33.8
Completed primary level	835	5.8	19.8	8.1	33.7
Class VI-VII	364	5.6	25.8	11.5	42.9
Class VIII or above	592	3.1	39.4	11.4	53.7
All	9318a	10.5	14.0	7.0	31.4

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

(a) Weighted total of currently married women adds to 9319 instead of 9318 due to rounding.

5.4.4. Employment Status

Differentials by employment status of women are displayed in Table 5.17. Rates of current use are more than 10 percentage points higher among employed women than among unemployed women. The difference is largely a result of much greater use of permanent methods by employed women. While only 9.3 percent

of unemployed women were currently using a permanent method, the corresponding rate is over 17.0 percent for women who are employed.

5.4.5. Religion

Differentials in current use rates between Muslims and Hindus are also shown in Table 5.17. Other religious groups (Christians and Buddhists) are not included in the comparison as they account for a very small proportion of the population. In Bangladesh, the Muslim-Hindu disparity in family planning use rates is a long-standing survey finding: a Hindu woman is more likely to use a family planning method than a Muslim woman. In the 1989 CPS, 39.5 percent of Hindu women are currently using a family planning method compared to 30.3 percent of Muslim women.

5.4.6. Husband's Occupation

Differentials in current use rates among currently married women by their husband's principal occupation are presented in Table 5.18. Mean CPRs were calculated for each major occupation. Husbands engaged in agricultural labour and semi-skilled workers tend to have the lowest prevalence, while teachers, professionals and those in government service have the highest. Among agricultural workers, the use of modern temporary methods was more frequently reported by women whose husbands cultivated their own land as opposed to those share-cropping or employed as labourers by others.

Table 5.17

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, 1989 CPS)

Status	No. of currently married women (Weighted)	Users by categories of methods(1)			% using any method
		Modern methods Perma- nent	Tempo- rary	Tradi- tional methods	
<u>Employment status</u>					
Employed	1284	17.7	16.0	6.8	40.5
Not employed	8034	9.3	13.6	7.0	30.0

All	9318	10.5	14.0	7.0	31.4

<u>Religion</u>					
Muslim	8248	9.7	13.8	6.7	30.3
Hindu	997	15.7	14.7	9.2	39.5

All	9245a	10.4	13.9	7.0	31.3

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

(a) Weighted total of currently married women in the sample excluding the Christians and Buddhists.

5.4.7. Landownership

Differentials in current use rates by family's ownership of agricultural land are provided in Table 5.19. In rural areas there is no significant difference in overall current use rates by landownership. However, rural women are more likely to rely on permanent methods if they are from landless families than if they are from landowning families, while the reverse is true for temporary methods. In urban areas, use of both permanent and temporary methods is higher among the landless, although the difference for temporary methods is not as pronounced as the difference for permanent methods.

5.4.8. Household Possessions

Household possessions were assessed in terms of how many of the following household items a respondent had in her family when she was interviewed: almirah, table/chair/bench, cot, wrist watch/clock, radio, bicycle/boat. These possessions are assumed to be an index of the socio-economic status of a family. Table 5.20 shows the differentials in current use rates by household possessions of currently married women.

In general, contraceptive prevalence is higher in households owning four or more items. Among currently married women in families having three or less items, contraceptive prevalence varies over a narrow 28-30 percent range. The rate rises appreciably to 35.1 percent with currently married women from families owning four items, to 41.5 percent for those from families with five items, and to 46.3 percent for those from families having all six items. A reversal in this relationship

Table 5.18

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

(The Eligible Woman Sample, 1989 CPS)

Husband's occupation	No. of currently married women (Weighted)	Users by categories of methods(1)			% using any method
		Modern permanent	Temporary	Traditional methods	
<u>Low prevalence occupations</u>					
Semi-skilled worker (such as mason, carpenter, blacksmith)	277	10.6	10.8	4.7	26.0
Agriculturist (cultivating own land)	2579	8.0	11.8	7.3	27.1
Agriculturist (employing labourers to cultivate own land)	112	6.2	12.5	8.5	27.7
Agriculturist (share-cropping)	452	10.9	10.2	7.3	28.3
Agricultural labourer	585	14.8	8.6	5.3	28.7
Dependent/un-employed/retired	178	9.5	13.0	5.7	28.1

<u>Intermediate prevalence occupations</u>					
Non-agricultural labourer	2249	15.1	9.8	5.4	30.3
Trader	1183	9.9	16.7	6.9	33.6
Non-government service holder	549	8.3	20.1	8.8	37.2

<u>High prevalence occupations</u>					
Teacher	161	3.4	26.3	11.1	41.0
Professional	43	4.7	23.8	13.4	41.9
Businessman	378	8.6	26.4	8.1	43.4
Government service holder	511	5.9	29.4	9.8	45.0
Don't know	3	-	-	-	-

All(2)	9508a	10.5	14.0	7.0	31.4

- (1) Tubectomy and vasectomy are classified as modern permanent methods, all other modern methods are included in the modern temporary category; all traditional methods are included in the traditional methods category.
- (2) There were 48 cases listed under 'other occupations' Prevalence rates for those cases are not shown in the table.
- (a) Weighted total of currently married women in the sample, excluding 10 'Not Stated (NS)' cases.

Table 5.19

PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS
OF AGE USING CONTRACEPTION BY BROAD CATEGORIES
OF METHOD AND BY LANDOWNERSHIP

(The Eligible Woman Sample, 1989 CPS)

Landowner- ship	No. of currently married women	Users by categories of methods(1)			% using any method
		Modern methods Perma- nent	Tempo- rary	Tradi- tional methods	
<u>National</u>					
Own land	4660	8.2	13.5	7.5	29.1
Does not own land	4656	12.8	14.5	6.5	33.7

All	9316a	10.5	14.0	7.0	31.4

<u>Rural</u>					
Own land	4371	8.3	12.9	7.5	28.6
Does not own land	3580	13.5	10.3	6.0	29.8

All	7951b	10.6	11.7	6.8	29.1

<u>Urban</u>					
Own land	537	7.1	22.5	7.6	37.2
Does not own land	1999	10.3	28.5	8.1	46.8

All	2536c	9.6	27.2	8.0	44.8

(a) Weighted total of currently married women in the sample, excluding NS (Not Stated) cases for the question about ownership of family's agricultural land. The number of NS cases was 2 for national and 2 for rural.

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

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

becomes apparent when the use rates of permanent methods are considered. These methods are more frequently used by those from poorer families. Thus, the proportion of currently married women relying on permanent methods is found lowest (4.2 percent) among families having all the enumerated items and highest (15.8 percent) among those with no household items.

Table 5.20

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

(The Eligible Woman Sample, 1989 CPS)

Household possessions (number of items)	No. of currently married women (Weighted)	Users by categories of methods(1)			% using any method
		Modern methods Perma- nent	Tempo- rary	Tradi- tional methods	
0	2174	15.8	8.5	5.0	29.3
1	2086	12.7	9.1	6.1	27.9
2	1484	9.0	11.0	8.0	28.0
3	1213	8.1	15.4	6.4	29.8
4	1065	7.3	19.3	8.4	35.1
5	844	4.7	27.3	9.5	41.5
6	451	4.2	31.6	10.3	46.3
All	9318	10.5	14.0	7.0	31.4

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

5.4.9. Division

Differentials in current use rates by the four administrative divisions of the country are shown in Table 5.21. Contraceptive prevalence is much lower in Chittagong division. Only 19.8 percent of currently married women in that division reported themselves as current users of a family planning method, while in the other divisions the rate is approximately 35 percent. With the exception of Chittagong division, the levels of use for each of the three categories of methods by division are also comparable.

Table 5.21

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

(The Eligible Woman Sample, 1989 CPS)

Division	No. of currently married women (Weighted)	Users by categories of methods(1)			% using any method
		Modern methods Perma- nent	Tempo- rary	tradi- tional methods	
<u>Division</u>					
Rajshahi	2649	11.1	15.6	8.0	34.7
Khulna	1802	13.1	14.8	8.7	36.6
Dhaka	2629	11.7	15.9	6.9	34.5
Chittagong	2238	6.2	9.1	4.5	19.8
All	9318	10.5	14.0	7.0	31.4

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

The divisional differences in current use are also present within urban and rural strata (Table 5.22). About one-third of currently married rural women in the divisions of Dhaka (31.1 percent), Rajshahi (33.5 percent) and Khulna (33.9 percent) report current use of a contraceptive method, but only 17.4 percent of rural women in Chittagong are current users. Urban current use rates are 49.7 percent in Dhaka, 45.9 percent in Rajshahi and 51.7 percent in Khulna, but, in contrast, only 32.2 percent in Chittagong.

5.5. Trends in Current Contraceptive Use

Since 1975 seven national surveys have been conducted to measure the level of contraceptive use in Bangladesh. Because the two most recent surveys, the 1989 CPS and 1989 BFS, report virtually the same prevalence, the 1989 BFS is not explicitly included in this discussion. Table 5.23 presents the growth in the percentage of married women using contraception during the last one and a half decades. Use rates remained at a low level through 1979, then they started to climb. The degree of improvement which occurred between any two surveys is open to question, especially after the working rate was introduced which meant that in 1983, 1986 and 1989 there are two different rates that can be quoted. However, overall, the decade from 1979 to 1989 has experienced continual growth in the contraceptive prevalence rate, with an average increase of two percentage points a year.

Table 5.22

PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF
AGE CURRENTLY USING CONTRACEPTION BY DIVISION,
AGE, NUMBER OF LIVING CHILDREN, ACCORDING
TO RURAL-URBAN AREAS

(The Eligible Woman Sample, 1989 CPS)

Category	Urban	Rural
<u>Division</u>		
Dhaka	49.7	31.1
Rajshahi	45.9	33.5
Chittagong	32.2	17.4
Khulna	51.7	33.9
<u>Age</u>		
15-19	24.1	13.8
20-24	39.0	22.8
25-29	49.8	33.8
30-34	54.8	42.2
35-39	58.8	32.4
40-44	50.0	32.4
45-49	31.2	20.3
<u>Number of living children</u>		
0	11.2	7.1
1	37.6	19.4
2	52.4	34.2
3	56.7	37.1
4	56.1	41.0
5+	47.6	33.6

Table 5.23

TRENDS IN THE PERCENTAGE OF CURRENTLY MARRIED WOMEN
USING CONTRACEPTION, SELECTED SURVEYS 1975-1989

Survey	Eligible woman samples		Working rates	
	Modern methods	Any method	Modern methods	Any method
1975 BFS	4.8	7.7	N/A	N/A
1979 CPS	8.9	12.7	N/A	N/A
1981 CPS	10.9	18.6	N/A	N/A
1983 CPS	13.8	19.1	16.2	21.7
1986 CPS	18.4	25.3	22.9	29.8
1989 CPS	24.4	31.4	25.8	32.8

Bangladesh's increase in contraceptive use is almost entirely the result of the increased use of modern methods. Traditional methods have made a generally constant contribution to the total level. The percentage of currently married women reporting that they were using a traditional contraceptive method has fluctuated somewhat. It rose from 2.9 percent in 1975 to 7.7 percent in 1981, before it declined again. The 1986 and 1989 CPSS recorded about 7 percent of married women using traditional methods.

5.6. Conclusions

Awareness of family planning methods is widespread in Bangladesh. On average, women can name or recognize the name of seven different methods of avoiding pregnancy. At least three-quarters of ever-married women have heard of each of the modern methods except MR and the vaginal methods. There is still room

for improvement, however, in so much as only the oral pill and tubectomy are mentioned by more than 90 percent. The new questions on whether methods are used by males or females produced the reassuring findings that almost all women who said that they were aware of the oral pill, male and female sterilization, and withdrawal gave the correct answer. Condoms and injectables produced a higher proportion of wrong answers and "don't knows", suggesting that more information on these two methods should be made available to the target population.

The family planning indicator which increased the most from 1986 to 1989 was the percentage of ever-married women who reported that they had used a contraceptive method at least once: from 32.5 percent to 44.2 percent. The increase is largely attributable to increased ever use rates of the oral pill by rural women, but ever use rose for almost all methods and in both urban and rural areas. Unfortunately, strict comparisons of rural-urban trends of ever use and all other indicators addressed by the 1989 CPS are impossible because the definition of what constituted "urban" was broadened in 1989.

The 1989 CPS measures the overall level of contraceptive use by a working rate which uses males' reports of their use of condoms and vasectomies. The working rate increased three percent age points between 1986 and 1989, from 29.8 percent to 32.8 percent. All of the change occurred from increases in the use of modern methods, in particular, use of the oral pill.

Differentials in current use were presented by women's level of schooling, women's employment status, religion, husbands' occupation, landownership and household possessions. Substantial variation was found; for example, about 45 percent of women who had obtained some secondary schooling or those married to men in some of the professions are current users. However, an important finding is that none of the subgroups studied appear to be resisting family planning. Every subgroup reported a contraceptive prevalence rate which was at least in the high twenties.

Two issues emerged from the discussion of family planning indicators presented in this chapter. First, the proportion of users under age 25 and those with no children or with only one living child is no longer negligible. Although use rates for these groups are still the lowest in the country, they are high enough to indicate that there are young couples willing to use family planning early in marriage to control the timing as well as the number of children. This is an encouraging trend which suggests that new programmatic strategies need to be developed to target the young, low parity group.

The second issue is the poor performance of Chittagong division. Both the urban and rural areas in this division have much lower levels of ever use and current use than found in other divisions. The disparity requires further study to assist in designing program interventions to bring Chittagong division (which includes Bangladesh's second largest city) in line with the rest of the country.

Chapter 6

SUPPLY AND SERVICE

In Bangladesh, contraceptive supplies and services are available through a variety of sources -- clinics/hospitals, medical practitioners (including both qualified doctors and traditional healers), depot holders, commercial outlets (such as pharmacies, general retail stores, wayside pan/cigarette shops). In addition, there are a large number of family planning fieldworkers deployed throughout the country to provide domiciliary health and family planning services, undertaking routine home visitations to couples in the reproductive age groups. The intention of all these efforts is to make family planning supplies and services widely available and easily accessible.

The current chapter presents the 1989 CPS findings on (i) use and awareness of the different supply and service sources, and (ii) coverage of different supply channels including fieldworkers' domiciliary contacts. The data are expected to help strengthen and improve the supply and service delivery system.

6.1. Use of Supply/Service Sources

Data on sources are important for two main reasons. One is to identify the relative efficacy of the different types of supply/service sources in meeting contraceptive requirements.

The second is to ascertain the relative contribution of different organizations involved in the provision of family planning services.

Provision of services varies widely between clinical and non-clinical contraceptive methods. Clinical methods (injectables, IUD, tubectomy, and vasectomy) are provided only by trained health personnel, doctors, and paramedics (and, in most cases, in 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 contributions of different sources need to be assessed for both clinical and non-clinical methods.

The percentage distributions of current users of non-clinical family planning methods in the 1986 and 1989 CPSs by their usual source of service/supply are presented in Tables 6.1a and 6.1b. The corresponding distributions for users of clinical family planning methods are to be found in Tables 6.2a and 6.2b. The distributions were constructed from responses to the following question asked of users of a modern family planning method: "From where do (did) you (your husband) (usually) obtain the supply/service"?.

As in the 1986 CPS, shops and fieldworkers remained the most common sources of supply for non-clinical methods in the 1989 CPS. However, in a marked reversal from the 1986 CPS, more users of non-clinical methods reported obtaining their supplies from family planning fieldworkers. This change is largely a rural phenomenon. In urban areas commercial outlets continue to be the most common source of non-clinical methods despite considerable gains in importance achieved by fieldworkers there as well. It is actually the greater use of fieldworkers' oral pill supplies which explains why they have become the principal source of non-clinical methods. In the 1986 CPS 32.3 percent of pill users obtained their supplies from fieldworkers while 49.4 percent relied on shops. In the 1989 CPS, the respective proportions are 45.1 percent from fieldworkers and 36.2 percent from stores. There were also increases in the number of condom users obtaining supplies from fieldworkers but the gains were not enough to affect the importance of commercial outlets as the major supplier of condoms.

For clinical methods, clinics/hospitals were the only major source of services in both the rural and urban areas in 1986 and this trend remained practically unchanged in 1989. In the 1989 CPS, 93 percent of vasectomy acceptors and 96 percent of tubectomy acceptors obtained their sterilization services from clinics/hospitals as did 68 percent of those using injectables and 79 percent of IUD acceptors.

Table 6.1a

PERCENTAGE DISTRIBUTION OF CURRENT USERS OF
NON-CLINICAL(1) FAMILY PLANNING METHODS
BY REPORTED SOURCE OF SUPPLY;
1986 AND 1989 CPSS

(The Eligible Woman Samples)

Source of supply	National		Rural*		Urban*	
	1986	1989	1986	1989	1986	1989
Shop (including pharmacy)	51.3	39.6	45.4	36.2	65.3	47.6
Traditional doctor	4.3	2.5	6.0	3.4	0.4	0.3
Qualified doctor	3.1	1.7	3.4	1.5	2.5	2.1
Mobile camp	-	0.1	-	-	-	0.2
Depot holder	0.2	-	0.3	-	-	-
Clinic/Hospital	5.8	8.7	6.3	9.2	4.7	7.5
Fieldworker	30.6	42.4	33.6	44.6	23.5	37.3
Other	0.7	2.7	1.0	2.6	0.2	2.9
Don't know	4.0	2.4	4.2	2.3	3.5	2.6
Total	100.0	100.1a	100.2a	99.8a	100.1a	100.2a
N	553b	1039bc	384	728c	515	577c

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

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

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

(c) There was one NS (Not Stated) case each for the national, rural, and urban samples in 1989.

* Different definitions of urban and rural strata were used in the 1986 and 1989 CPSS (see Chapter 2).

Table 6.1b

PERCENTAGE DISTRIBUTION OF CURRENT USERS OF A
NON-CLINICAL(1) FAMILY PLANNING METHOD
BY REPORTED SOURCE OF SUPPLY;
1986 AND 1989 CPSs

(The Eligible Woman Samples)

Source of supply	Oral pill		Condom		Vaginal method	
	1986	1989	1986	1989	1986	1989
Shop (including pharmacy)	49.4	36.2	56.9	52.4	46.7	63.3
Traditional doctor	4.0	3.0	5.8	0.6	-	-
Qualified doctor	4.0	2.1	0.7	-	-	-
Mobile camp	-	0.1	-	-	-	-
Depot holder	-	-	-	-	6.7	-
Clinic/Hospital	6.8	9.0	2.9	6.8	6.7	11.1
Fieldworker	32.3	45.1	25.9	32.1	26.7	7.2
Other	1.0	2.9	-	1.8	-	-
Don't know	2.5	1.6	7.2	5.0	13.3	18.3

Total	100.0	100.0	100.1a	100.1a	100.1a	99.9a
N(2)	399	849b	139	175b	15	14

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

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

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

(b) There was one NS (Not Stated) case for oral pill and one NS case for condom.

Table 6.2a

PERCENTAGE DISTRIBUTION OF CURRENT USERS OF
CLINICAL(1) FAMILY PLANNING METHODS
BY REPORTED SOURCE OF SUPPLY
1986 AND 1989 CPSS

(The Eligible Woman Samples)

Source of supply	National		Rural		Urban	
	1986	1989	1986	1989	1986	1989
Shop (including pharmacy)	0.1	0.2	-	0.1	-	-
Traditional doctor	0.6	0.6	0.7	0.6	-	0.6
Qualified doctor	0.6	0.8	0.5	0.4	1.1	2.8
Mobile camp	2.7	1.7	3.0	2.0	0.5	0.3
Depot holder	0.1	-	0.1	-	-	-
Clinic/Hospital	92.3	92.2	92.0	92.5	95.6	91.0
Fieldworker	1.9	3.0	2.0	3.0	1.4	3.1
Other	0.2	0.9	0.1	0.9	0.8	0.8
Don't know	1.5	0.7	1.6	0.7	0.5	1.4

Total	100.0	100.1a	100.0	100.2a	99.9a	100.0
N	886b	1238b	766	1047	367	355

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

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

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

Table 6.2b

PERCENTAGE DISTRIBUTION OF CURRENT USERS OF
A CLINICAL(1) FAMILY PLANNING METHOD
BY REPORTED SOURCE OF SERVICE;
1986 AND 1989 CPSs

(The Eligible Woman Samples)

Source of supply	Injection		IUD		Tubectomy		Vasectomy	
	1986	1989	1986	1989	1986	1989	1986	1989
Shop (including pharmacy)	-	1.0	-	-	-	-	-	-
Traditional doctor	7.9	6.0	1.8	0.7	-	-	-	-
Qualified doctor	7.9	3.5	0.9	1.6	0.2	0.4	-	0.4
Mobile camp	-	3.0	2.7	-	2.9	2.1	1.7	0.7
Depot holder	-	-	0.9	-	-	-	-	-
Clinic/Hospital	73.7	67.7	77.9	79.2	96.4	97.1	92.5	95.5
Fieldworker	5.3	14.2	13.3	14.1	-	-	-	-
Other	2.6	2.5	0.9	3.8	-	0.2	-	-
Don't know	2.6	2.0	1.8	0.6	0.5	0.2	5.8	3.3

Total	100.0	99.9	100.2a	100.0	100.1a	100.0	100.0	99.9
N(2)	38	100	113	161	615	841	120	136

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

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

6.2. Contraceptive Distribution Channels

In Bangladesh, contraceptives are made available to the public through four channels: the Bangladesh Government (BDG) program, Non-Government Organizations (NGOs), the Social Marketing Project (SMP) (subsidized private sector), and private

manufacturers. Oral pills are available from all channels, but condoms are supplied only by the BDG program, the NGO program and the SMP.

The brand names of oral pills and condoms supplied by the different channels are listed in Table 6.3. Since the BDG and NGO programs supply the same brands of oral pills and condoms, there is no way to distinguish between NGO and BDG supplies in the CPS. Thus, analyses in this section combine the BDG/NGO programs.

Products are given free of charge from the BDG/NGO programs, at subsidized prices from the SMP, and at commercial prices from private manufacturers. A major focus of the CPS since 1983 has been to ascertain the trend in the importance of the four channels in terms of the use of their products.

As in the previous CPSs, current brands of oral pills and condoms used were physically verified to obtain precise estimates of the proportion of oral pill and condom users dependent on a particular channel. The physical verification was done by employing the following questions:

- (i) "Do you have oral pills/condoms in your house now?"
(If yes) "Can you show them to me?"
- (ii) For those who were unable to show the method the interviewer displayed samples of all brands of oral pills and condom and asked, "Is it one of these?"

About 92 percent of respondents using oral pills could show the brand they were currently using. But, among condom users only 59 percent were able to show their current brands. The relatively low proportion of condom users whose brands could be physically

Table 6.3

BRAND NAMES OF ORAL PILLS AND CONDOMS
BY DISTRIBUTION CHANNELS

Products	BDG and NGO program	SMP	Private manufacturers
Condoms	Tahiti	Raja	
	Sultan	Panther	
	Old brands (such as Gent, Circle Rubber, Durex, etc.)	Majestic	-(a)
Oral pills		Maya	Ovostat
		Ovacon	Marvelon
	Combination-5		Lyndiol
	Ovral		Nordette
	Noriday		Restover Minolar

(a) Condoms are not manufactured in the private sector in Bangladesh.

verified means that the overall contribution of each supplier could be skewed by an unrepresentative sample.

Changes in contraceptive supplies by distribution channels, as noted in the physical verifications, are shown in Table 6.4a. Associated with the significant increased use of the oral pill, there were increases in the supplies of oral contraceptives from the BDG/NGO channels as well as from the SMP channel, over the

1986-1989 period. In the 1986 CPS, only 1.9 percent of currently married women reported using BDG/NGO oral pills, while the rate rose to 5.7 percent in the 1989 CPS. The rise for the SMP channel was from 1.3 percent to 1.9 percent. Contrary to the rising trends, use of private pills declined, from 1.9 to 1.5 percent.

There were, however, no appreciable changes in use rates for either the BDG/NGO brands of condoms or for the SMP brands of condom. Nonetheless, all three channels had to maintain an increased supply of their brands in 1989 compared to 1986. With the population increasing at over 2 percent per annum, the number of currently married women in the reproductive age range was obviously larger in the 1989 CPS than in the 1986. Thus, a larger number of couples used SMP condoms in the 1989 CPS with the reported rate of 1.1 percent than in the 1986 CPS with the reported rate of 1.3 percent. For the BDG/NGO brands the trend is similar; their use rates are also reported at about the same level in both surveys.

Although contraceptive supplies rose for both the BDG/NGO programs and the SMP, the rise was much more significant for the BDG/NGO programs. In consequence, the relative importance of the BDG/NGO programs as the oral pill supply channel was found to have increased significantly in 1989. While in the 1986 CPS only 36.4 percent of oral pill users were found using a BDG/NGO brand of oral pills, the rate was a higher 62 percent for those brands in the 1989 CPS (Table 6.4b).

Table 6.4a

PERCENTAGE OF CURRENTLY MARRIED WOMEN USING ORAL
PILLS AND CONDOMS BY PHYSICALLY VERIFIED BRAND
CATEGORIES, 1986 AND 1989 CPSs

(The Eligible Woman Samples)

Brand categories	Percentage	
	1986	1989
<u>ORAL PILLS</u>		
BDG/NGO Brands	1.9	5.7
SMP Brands	1.3	1.9
Private Manufacturer Brands	1.9	1.5
Others	0.0	0.1
Not Stated	0.0	0.0

All	5.1	9.1
N(1)	7822	9318

<u>CONDOMS</u>		
BDG/NGO Brands	0.5	0.7
SMP Brands	1.3	1.1

All	1.8	1.9
N(1)	7822	9318

(1) N in this table is the total number of currently married women in the sample.

Table 6.4b

PERCENTAGE DISTRIBUTION OF CURRENT USERS OF ORAL
PILLS AND CONDOMS BY PHYSICALLY VERIFIED
BRAND NAMES, 1986 AND 1989 CPSS

(The Eligible Woman Samples)

Brand names	Percentage	
	1986	1989
<u>ORAL PILLS</u>		
<u>BDG/NGO Brands</u>	<u>36.4</u>	<u>62.0</u>
Noriday	5.2	0.7
Ovral	8.3	22.7
Combination-5	22.9	38.5
<u>SMP Brands</u>	<u>25.6</u>	<u>20.7</u>
Maya	15.5	6.1
Ovacon	10.1	14.6
<u>Private Manufacturers</u>	<u>37.2</u>	<u>16.2</u>
Ovostat	31.3	12.3
Marvelon	0.5	1.6
Lyndiol	4.6	1.1
Nordette	0.3	1.2
Restover	0.5	-
<u>Other</u>	<u>0.6</u>	<u>0.8</u>
<u>Not Stated</u>	<u>0.3</u>	<u>0.2</u>

Total	100.1	99.9
N(1)	399	850

<u>CONDOMS</u>		
<u>BDG/NGO Brand</u>	<u>26.6</u>	<u>34.8</u>
Tahiti	10.3	0.3
Sultan	15.3	33.9
Gent	1.0	-
Circle Rubber	-	-
Durex	-	0.6
<u>SMP Brand</u>	<u>72.9</u>	<u>60.2</u>
Raja	50.9	41.3
Panther	12.5	9.5
Majestic	9.5	9.4
<u>Other</u>	<u>=</u>	<u>0.9</u>
<u>Not Stated</u>	<u>0.5</u>	<u>2.4</u>

Total	100.0	100.0
N(1)	139	176

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

There have also been significant improvements in the relative status of the BDG/NGO programs as a condom supplier, although the SMP still remained the most important supplier of condoms, with SMP brands accounting for a high 60 percent of condom users in the 1989 CPS. Enhanced use of the BDG/NGO contraceptives was due to considerable increases in the use of the two pill brands, Ovrall and Combination-5, and the Sultan brand of condoms: Ovrall rose from 8.3 percent in 1986 to 22.7 percent in 1989, Combination-5 from 22.9 percent to 38.6 percent, and Sultan from 15.3 percent to 33.9 percent.

6.3. Knowledge of Sources

Tables 6.5a and 6.5b contain data on method-specific knowledge of sources from both the 1986 and 1989 CPSs. As is evident from the tables, there were considerable improvements between 1986 and 1989 in knowledge of sources. For example, in the 1989 CPS the proportion not knowing sources of injectables was only 9.6 percent among non-current users of the method who were aware of it while the rate was a higher 26.2 percent in the 1986 CPS. The 1989 CPS found that notably more women knew of clinics/hospitals as the source of clinical methods compared to the 1986 CPS. Improved knowledge of sources was also evident for the non-clinical methods such as oral pills and condoms.

6.4. Fieldworkers' Home Visitation

Family planning fieldworkers constitute a key component of the Bangladesh family planning service delivery system and a key

strategy in the program's educational and motivational efforts to popularize family planning practices. A major goal of the CPS since 1983 has been to evaluate the performance of these workers by assessing the coverage of their home visitations to currently married women in the reproductive age groups.

Table 6.6 presents the percentage distribution of currently married respondents in the eligible woman sample of the 1989 CPS who reported that they were visited by a fieldworker in the six months prior to the interview date. The table also contains the comparable data from the 1986 CPS to show trends in fieldworkers' home-visitation over the 1986-1989 period. From the data it may be seen that the goal of every eligible woman being visited is extremely ambitious and has yet to be achieved. Only a quarter of the eligible women reported being visited by a fieldworker in the previous six months, representing a decline in the fieldworker's home visitation coverage since the 1986 CPS. Decreased coverage may be due to rising women/worker ratios with the expanding number of married women in the reproductive age group over time. It may also represent a deterioration in the absolute number of field workers' actual home visits over time. Whatever the reasons for this trend may be, the program should take measures to improve fieldworkers' home contacts with the target population.

Table 6.5a

PERCENTAGE DISTRIBUTION OF EVER-MARRIED WOMEN UNDER 50
YEARS OF AGE AWARE OF A SPECIFIC CLINICAL FAMILY
PLANNING METHOD BY KNOWLEDGE OF SOURCE OF
SERVICE OF THE METHODS, 1986
AND 1989 CPSs

(The Eligible Woman Samples)

Source	Injectables		IUD		Tubectomy		Vasectomy		MR	
	1986	1989	1986	1989	1986	1989	1986	1989	1986	1989
Shop including pharmacy	1.1	3.1	-	0.2	-	-	-	-	-	-
Village doctor	1.5	2.0	0.2	0.1	-	-	-	-	0.4	1.9
Graduate doctor	2.6	6.2	0.4	0.6	0.1	0.2	0.1	0.2	0.7	2.6
Mobile camp	0.2	0.2	0.7	0.4	1.2	0.2	1.0	0.2	0.4	0.1
Clinic	67.1	74.6	79.5	85.7	92.4	96.8	90.5	95.6	81.5	85.8
Field worker	1.3	4.1	3.7	5.8	0.0	-	0.0	-	0.1	-
Other	0.0	-	0.0	0.0	0.0	0.0	0.0	0.0	1.1	1.3
Don't know any source	26.2	9.6	15.5	7.2	6.2	2.7	8.4	3.9	15.7	8.3
Total(a)	100.0	99.9	100.0	100.0	99.9	99.9	100.0	99.9	99.9	100.0
N(1)	6286	8881b	5463	8107b	7748	9355b	7067	8484b	4887	7569b

(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 may differ from 100 percent due to rounding.

(b) The number of NS cases was 21 for injection, 9 for IUD, 12 for tubectomy, 9 for vasectomy and 38 for MR in 1989.

Table 6.5b

PERCENTAGE DISTRIBUTION OF EVER-MARRIED WOMEN UNDER 50
YEARS OF AGE AWARE OF A SPECIFIC NON-CLINICAL
FAMILY PLANNING METHOD BY KNOWLEDGE OF
SOURCE OF SUPPLY OF THE METHOD,
1986 AND 1989 CPSs

(The Eligible Woman Samples)

Source of supply	Oral pill		Condom		Vaginal method	
	1986	1989	1986	1989	1986	1989
Shop including pharmacy	17.4	20.7	30.9	41.1	30.7	36.3
Village doctor	2.5	1.4	2.4	1.1	2.1	1.2
Graduate doctor	1.0	2.4	0.9	1.5	2.4	4.5
Mobile camp	0.0	-	0.0	0.0	0.0	-
Clinic	17.1	26.3	14.0	19.7	18.6	26.5
Fieldworker	44.4	39.8	34.9	26.5	18.0	12.9
Other	0.1	-	0.1	-	-	-
Don't know any source	17.5	9.3	16.8	10.1	28.0	18.6
Total(a)	100.0	99.9	100.0	100.0	99.8	100.0
N(1)	8027	9335b	6309b	7729b	2237	2619b

(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 may differ from 100 percent due to rounding.

(b) In 1989 there were 8 NS cases for oral pill, 8 for condom, 19 for vaginal methods. In 1986 there was only 1 NS case for the condom.

Table 6.6

PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED WOMEN
UNDER 50 YEARS OF AGE REPORTING BEING VISITED
BY FIELDWORKER DURING LAST SIX MONTHS
1986 AND 1989 CPSs

(The Eligible Woman Samples)

Status of visit	Percentage	
	1986	1989
Visited	27.3	24.9
Not visited	72.7	75.1
Total	100.0	100.0
N(1)	7820a	9317

(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 2 for 1986 CPS.

The importance of fieldworkers' home contacts in promoting contraceptive prevalence is shown in the differentials in current use rates in Table 6.7. In both the rural and urban areas, currently married women who were visited by a worker had much higher contraceptive prevalence than did those who were not visited by a worker. For the rural areas contraceptive prevalence was 24.7 percent among women who were not visited by a fieldworker compared to 44.1 percent among visited women; for the urban areas the corresponding figures are 36.7 percent and 58.1 percent respectively. Workers' visits clearly enhance the use of non-clinical modern methods such as the oral pill and the condom. This is to be expected as fieldworkers supply the non-clinical methods; however, their effect on clinical and traditional method use is more ambiguous.

Table 6.7

PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS
OF AGE USING CONTRACEPTION BY BROAD CATEGORIES
OF METHODS AND BY WHETHER VISITED BY
FIELDWORKER IN THE LAST SIX
MONTHS AND BY AREA

(The Eligible Woman Sample, 1989 CPS)

Status of visit	No. of currently married women	CPR by categories of methods(1)			Total CPR for all methods
		Modern non-clinical	Clinical	Traditional methods	
<u>Rural</u>					
Visited by field worker	1802	21.9	14.4	7.8	44.1
Not visited	6151	5.4	12.8	6.5	24.7

All	7953a	9.2	13.2	6.8	29.1

<u>Urban</u>					
Visited by field worker	959	38.7	11.6	7.8	58.1
Not visited	1577	13.1	15.5	8.1	36.7

All	2536a	22.8	14.0	8.0	44.8

(1) Oral pill, condom and vaginal methods are included in modern non-clinical category; all other modern methods in modern clinical method category; and all traditional methods in traditional method category.

(a) Un-weighted total of currently married women in the sample.

6.5. Conclusions

In the 1989 CPS, all current users of modern methods were asked where they had obtained their supplies or services. It was found that in terms of the source of supply for pills and condoms -- the only methods available from all three of the most common sources, namely, the community-based distribution system, clinics and commercial outlets -- a marked shift occurred between 1986 and 1989. In contrast to 1986, users in 1989 were more likely to obtain their pills and condoms from field workers. The change has been particularly pronounced in the case of oral pill users: the percentage receiving pills from fieldworkers increased from 32.3 percent to 45.1 percent.

Sources of supply as verified by the brands of oral pills and condoms shown to interviewers confirm the increased role played by community-based distribution systems. In 1986 36.4 percent of pill users were using BDG/NGO brands: in 1989 the percentage was 62.0. For condom users the percentage using BDG/NGO brands grew from 26.6 to 34.8 percent. The proportion of currently married women relying on BDG/NGO pills increased significantly, from 1.9 to 5.7 percent.

Only one quarter of married women reported having been visited by a family planning fieldworker in the past six months. This represents a slight deterioration in coverage since 1986 when 28 percent of married women reported a visit. Yet, those couples the fieldworkers do visit are much more likely to be

using pills and condoms. In rural areas 21.9 percent of women visited by fieldworkers were using modern non-clinical methods compared to only 5.4 percent of women who were not visited. The differential is equally great in urban areas: 38.7 percent for women visited by a fieldworker versus 13.1 percent for those not visited. The total contraceptive prevalence rate for rural women visited by a family planning worker was 44.1 percent.

Chapter 5 discussed the high proportion of women who have heard of specific family planning methods. Encouragingly most of these women were also able to say where the methods could be obtained. Except for vaginal methods, only 10 percent or fewer of women who knew of a method did not also know a source of supply.

Chapter 7

NEED FOR CONTRACEPTION AND CONTRACEPTIVE USE DYNAMICS

To achieve a lower fertility rate and better health for mothers and children, the national family planning program must increase the proportion of married women of reproductive age who are using contraception. In the short run this can best be accomplished through a two-pronged approach. One strategy is to encourage couples who are interested in controlling their fertility but who are not currently contracepting to adopt contraception. The second is to promote the continued use of contraception among couples who adopt family planning. The 1989 CPS investigated a number of issues of direct relevance to both program objectives, and the findings are discussed here.

The first section of this chapter describes the stated fertility intentions of married Bangladeshi women and examines the extent of contraceptive use among those who wish to curtail or postpone future childbearing. The sequence of method choice among ever users of family planning is investigated in the second section, along with the number of children women have when they initially commence contraception. The simultaneous use of two methods is also discussed. Another section examines the accuracy of women's reports on the proper use of the oral pill and injectables and when the safe period occurs during the menstrual cycle. Finally, the chapter considers current and past users' reports of the side effects they have experienced while using their method.

7.1. Desire to Avoid Pregnancy and the Use of Family Planning

A simple definition of potential contraceptors is currently married women of reproductive age who either want no more children or wish to delay the next birth but are not at present practicing family planning. Even though some of these women do not have an immediate need for contraception because they are pregnant, their husband is away, or they are postpartum amenorrheic, they will be potential family planning acceptors in time. By their own stated desires, they are receptive towards family planning, and the national family planning program must reach them if it is to expand.

7.1.1. Fertility Intentions

All currently married women of reproductive age were asked about their prospective fertility desires. If a woman had not had any births she was simply asked how many children she wanted. However, the majority were first asked if they wanted any more children and, if yes, how many more. Pregnant women were asked about their desires for additional births after delivering the child they were carrying.

Over half (56.0 percent) of married Bangladeshi women under age 50 want to have no more children. As Table 7.1 shows, even women who are relatively young and who have few children say they want to stop childbearing. Half of women with two children (49.8 percent) do not want any more, and another 5.8 percent are undecided. Sixty percent of married women in their late twenties are ready to stop childbearing. Another important point

Table 7.1

DESIRE FOR ADDITIONAL CHILDREN BY NUMBER OF LIVING CHILDREN
(INCLUDING CURRENT PREGNANCY) AND AGE AMONG CURRENTLY
MARRIED WOMEN UNDER 50 YEARS OF AGE

(The Eligible Woman Sample, 1989 CPS)

	Wants more	Wants no more	Undecided	Weighted number
All currently married women	40.1	56.0	3.9	9318

<u>Number of living children</u>				
0	97.3	1.5	1.2	932
1	86.8	8.1	4.8	1630
2	44.3	49.8	5.8	1744
3	24.5	71.3	4.3	1507
4	13.4	82.5	4.0	1157
5 +	4.8	92.7	2.4	2347

<u>Age at interview</u>				
< 15	95.4	0.0	4.6	100
15-19	88.3	7.1	4.5	1389
20-24	62.6	31.2	5.9	2139
25-29	35.4	60.2	4.4	1897
30-34	17.9	78.9	3.2	1427
35-39	8.6	88.9	2.4	1060
40-44	5.0	93.8	1.1	736
45-49	2.6	96.9	0.5	571

illustrated in Table 7.1 is the small degree of uncertainty about fertility intentions. The percentage undecided about whether they want more children is above 5 percent only among women with two living children and those in their early twenties.

The 1989 CPS documents strong support among Bangladeshis for a two-child family. As Table 7.2 shows, women with no living children most frequently give two as their desired family size; one more child is the most common response of women with one child; among mothers with two living children more than one-half

say they want no more. Three children is the second most frequently desired number of children. Very few women say they want no children or that they want only one. Equally, there is very little interest in having four or more children among women who have not exceeded that number already. On average, women under age 30 and those with less than three surviving children report a desired completed family size of under three children.

Table 7.2

NUMBER OF ADDITIONAL CHILDREN DESIRED AND MEAN DESIRED COMPLETED FAMILY SIZE (NUMBER OF LIVING CHILDREN PLUS ADDITIONAL NUMBER WANTED) BY NUMBER OF LIVING CHILDREN AND AGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE

(The Eligible Woman Sample, 1989 CPS)

	Weighted cases	Number of additional children wanted					Undecided	Mean of living +wanted
		0	1	2	3	4+		
Total	9318	59.9	14.5	12.9	4.5	2.8	5.3	3.9
<hr/>								
<u>Number of living children(1)</u>								
0	932	3.3	3.7	41.4	22.5	15.4	13.6	2.5
1	1630	12.9	34.7	29.2	9.9	4.7	8.5	2.6
2	1744	55.6	24.1	12.8	1.5	1.6	4.4	2.7
3	1507	75.5	13.5	5.4	1.1	0.6	3.8	3.3
4	1157	86.6	7.6	2.0	0.1	0.3	3.4	4.1
5 +	2347	95.1	1.5	0.6	0.1	0.2	2.5	6.3
<u>Age</u>								
< 15	100	5.6	4.6	40.4	27.8	6.0	15.6	2.5
15-19	1389	11.7	22.0	32.5	15.0	10.3	8.5	2.8
20-24	2139	37.2	25.3	20.8	5.9	3.5	7.3	2.9
25-29	1897	64.6	17.3	9.2	2.2	1.3	5.5	3.4
30-34	1427	82.1	8.3	4.6	0.6	0.6	3.7	4.2
35-39	1060	91.4	3.3	1.5	0.4	0.3	3.2	4.9
40-44	736	95.2	1.4	1.1	0.3	0.4	1.7	5.8
45-49	571	97.4	1.1	0.6	--	0.1	0.8	5.8

(1) Number of living children includes current pregnancy.

Family planning is not only for women who want to terminate childbearing. Delaying the birth of the first child and spacing subsequent pregnancies is also an important reason for using contraception. The 1989 CPS found that virtually all women who wanted another child were able to say when they wanted the next one. Only 0.9 percent said that the timing was up to God and 0.1 percent simply said they did not know. The remainder gave answers that ranged from immediately to ten years later, but the mean was 27 months and the median 24 months. Clearly there is interest in birth spacing.

Somewhat arbitrarily a desired waiting time of 24 months or more is used as the definition of a desire to delay pregnancy. As shown in Table 7.3, the majority (55.3 percent) of women who want more children want to wait for at least two years. More than two-thirds of married women with one or two children are interested in having an interval of two or more years between births, and 27 percent of women with no living children also want to wait. The percentage wanting to delay is lower among older women and those with many children, but these women are unusual. Most of their peers do not want to have more children (see Table 7.1).

The prospective fertility desires of currently married women are presented in the first three columns of Table 7.4. Fully 78.1 percent state that they want to curtail or space future childbearing. In fact, according to the table, only 17 percent

of married women want to give birth in the near to medium future. Rural and urban women report remarkably similar fertility intentions.

Table 7.3

PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE
WANTING TO WAIT AT LEAST TWO YEARS BEFORE GIVING
BIRTH AMONG THOSE WHO WANT MORE CHILDREN

(The Eligible Woman Sample, 1989 CPS)

	% wanting to wait two or more years	Weighted number of cases
All married women wanting (another child)	55.3	3732
<u>No. of living children(1)</u>		
0	27.3	907
1	68.0	1414
2	67.9	773
3	59.1	369
4	56.8	156
5 +	27.9	113
<u>Age</u>		
< 15	49.8	95
15-19	62.1	1127
20-24	61.8	1340
25-29	47.9	672
30-34	31.9	256
35-39	19.4	91
40-44	8.2	37
45-49	6.8	15

(1) Number of living children include the current pregnancy for pregnant women.

7.1.2. Fertility Intentions and Contraceptive Use

Table 7.4 also presents the relationship between women's stated desire for future childbearing and current use of contraception. Not surprisingly, women who want another child soon are the least likely to be using a method. The second lowest prevalence group is those who are undecided. As one would expect, those who want no more children have the highest level of use. Women who want to delay a birth for at least two years also have a pressing reason to practice family planning but in fact are less likely to be doing so.

The rural-urban differences presented in the last three columns of Table 7.4 are pronounced. In all groups contraceptive use is much higher in urban areas. Particularly notable is the relatively extensive use of contraception by urban women who are undecided as to whether or not they want more children, compared to rural women (27.0 percent versus 7.1 percent). For both urban and rural women, there is a considerable difference in contraceptive use rates between those interested in stopping and those interested in spacing, but the gap is more pronounced for rural women. Urban women do not have different fertility goals but they are more likely to be using contraception to achieve them.

7.1.3. Fertility Intentions, Contraceptive Use and the Need for Family Planning

These data on fertility intentions and contraceptive use from the 1989 CPS show that there is a considerable gap between fertility intentions and contraceptive use and that there is a

Table 7.4

FUTURE INTENTIONS OF CURRENTLY MARRIED WOMEN TO STOP OR
DELAY CHILDBEARING AND THE PERCENTAGE USING CONTRA-
CEPTION ACCORDING TO FERTILITY INTENTIONS

(The Eligible Woman Sample, 1989 CPS)

Fertility intentions	Percentage distribution of currently married women			Percentage using contraception		
	National	Rural	Urban	National	Rural	Urban
Wants child within two years	17.3	17.5	16.3	7.9	6.7	15.3
Wants child after two years	22.1	22.2	21.6	24.3	21.4	41.5
Wants no more children	56.0	55.8	57.3	43.2	41.0	55.8
Undecided	4.5	4.4	4.6	10.2	7.1	27.0
All currently married women	100.0	100.0	100.0	31.5	29.2	44.8
Number of cases	9318	7953	2536	-	-	-

substantial population of married women in Bangladesh who have a demand for contraception because they want to space childbearing or to terminate it altogether, yet are not currently using a method to avoid conception. Table 7.5 provides an indication as to the magnitude of this group of women. Nationally, 79 percent of married women say they want to avoid pregnancy. More importantly, over half (49 percent) want to avoid pregnancy but are not currently contracepting. The desire to avoid or space births is almost identical in rural and urban areas; nevertheless, significantly, the percentage of married women who need contraception but are not using it is much lower in urban

areas. Furthermore, except for women with no living children, nationally at least 40 percent and frequently more than 50 percent of married women of every age and family size have a need to control their fertility, but are not using contraception. Unmet need is not exclusive to older or high parity women.

Some of these women who state that they would like to avoid pregnancy but are not contracepting are not at risk of conceiving at the present. They may be pregnant, amenorrheic from a previous pregnancy, temporarily separated from their husband, or no longer fertile. Analysis of the 1989 BFS which specifically asked women about their biological ability to conceive found that at the time of the interview 19 percent of currently married Bangladeshi women under age 50 still had amenorrhea from their previous pregnancy, 9 percent were currently pregnant and a remaining 8 percent were either separated from their husbands or had not menstruated for three months. Hence, 38 percent of married women were not currently at risk of pregnancy. Nonetheless, the BFS analysis found that exposure to risk did not completely account for the large proportion of non-contracepting women who want to avoid or delay a future pregnancy; by that survey's estimates 24 percent of married women do not want to become pregnant, are at risk of conception and are not using contraception. The conclusion is that even when the women who are not at risk of conception are eliminated, there is still a substantial gap--one-quarter of married women under age 50--who have an immediate need to control their fertility but are not practicing family planning.

The existence of the gap between future fertility desires and contraceptive use underscores that a large segment of the population is interested in and motivated to use contraception. The policy implication is that there is not a need to stimulate demand to control fertility. Bangladeshi women already want to limit and space their births. What is required is that the family planning program enable these couples to adopt family planning through accessible and culturally appropriate distribution systems which offer a range of methods to suit diverse needs. One important point in this discussion is that young women who want to space births should be an important target group.

7.2. Contraceptive Use Dynamics

Encouraging women to continue contracepting once they have adopted family planning is as important to the success of the family planning program as recruiting new users. One way to improve the ability to retain users is to understand the dynamics of use: method preference, reasons for stopping a method and whether new methods are adopted or any form of contraception is abandoned.

Table 7.5

PERCENTAGE OF CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE
WANTING TO STOP OR POSTPONE CHILDBEARING AND THE
PERCENTAGE WANTING TO STOP OR POSTPONE
CHILDBEARING BUT NOT CURRENTLY
CONTRACEPTING

	National		Rural		Urban	
	Want to avoid births	Want to avoid births and not using	Want to avoid births	Want to avoid births and not using	Want to avoid births	Want to avoid births and not using
All currently married women	79	49	78	51	79	38
<u>Number of living children(1)</u>						
0	27	21	27	22	26	17
1	67	49	67	51	68	39
2	80	47	79	49	83	37
3	86	48	85	50	88	38
4	90	50	90	52	91	38
5 +	94	60	94	62	94	48
<u>Age</u>						
< 15	50	46	49	46	57	50
15-19	62	50	62	50	63	44
20-24	70	48	70	50	72	38
25-29	77	44	77	46	78	33
30-34	85	41	85	43	85	32
35-39	91	47	91	50	89	33
40-44	95	60	94	62	95	46
45-49	97	75	98	77	95	63

(1) Number of living children include the current pregnancy for pregnant women.

7.2.1. Sequence of Adopting Specific Family Planning Methods

Table 7.6 provides some evidence regarding the order in which women adopt specific contraceptive methods. The first column gives the percent distribution of the first method chosen

by all currently married ever users. Oral pills lead as the single most common first method adopted. Condoms, tubectomy and the safe period each account for more than 10 percent of first users.

To a large extent, the choice of the first method reflects the choice of users in general, but some methods are decidedly more popular among first-time users. This is illustrated in the second column of Table 7.6., which gives the percentage of ever users of a method for whom that was the first method ever used. Oral pills again stand out; 78.2 percent of ever users of the oral pill had never tried another method before they adopted the pill. Sterilization is also most frequently adopted by women and men who have had no prior contraceptive experience. On the other hand, those who have used menstrual regulation, vaginal methods and withdrawal had tried other methods first.

The next three columns explore subsequent usage patterns. They give the percentage of first users of each method that were using that method at the time of the interview, the percentage using other methods and the percentage who were not using any method. These figures should be interpreted cautiously because a great deal of time could have passed between when a respondent first adopted family planning and when she was interviewed. Also, it is expected that many women using reversible methods will eventually stop contracepting in order to have a planned pregnancy. Nevertheless, the results show that 32.5 percent of married women whose first method was a reversible one are still using their first method. First users of the safe period and

withdrawal are the most likely to be still using their initial choice. Those who first tried condoms or vaginal methods are the least likely to have continued with their method.

Fortunately, women's choice of first method appears to have little effect on the probability of not using any method of contraception in the future. The percentage of married first users of reversible methods who were not currently using

Table 7.6

FIRST METHOD OF CONTRACEPTION EVER USED BY CURRENTLY MARRIED WOMEN, THEIR CURRENT USE STATUS AND THE NUMBER OF BIRTHS THEY HAD WHEN THEY FIRST ADOPTED

(The Eligible Woman Sample, 1989 CPS)

First method adopted	N	% dis- tri- bu- tion	% ever users for whom the first method used	Initial users of reversible methods now using:			Mean no. of births when first used
				Same method	Another method	Not using	
Oral	1811	42.8	78.2	34.4	25.6	40.0	2.9
Condom	465	10.8	50.8	16.5	41.5	42.0	1.8
Vaginal methods	71	1.6	30.9	2.8	56.0	41.2	2.1
Injectables	131	3.1	47.8	31.6	34.4	34.0	3.9
IUD	234	5.4	51.2	29.0	34.2	36.8	3.4
Tubectomy	581	13.5	69.0	-	-	-	4.9
Vasectomy	100	2.3	62.9	-	-	-	4.3
Menstrual regulation	32	0.7	15.5	-	55.7	44.3	2.5
Safe period	524	12.2	54.8	43.2	22.7	34.1	2.7
Withdrawal	109	2.5	1.2	41.3	23.4	35.3	2.5
Abstinence	51	1.2	56.0	29.7	24.8	45.5	4.4
Others	194	4.5	50.8	36.1	23.4	40.5	5.0
Totals	4305	100.0	-	32.5	28.5	39.0	3.2

contraception ranges from about 35 to 45 percent. Initial users of the safe period, IUD and injectables are the least likely to have stopped all contraception and initial pill users are in the middle of the range, at 40.0 percent.

As the next section will discuss, the loyalty of users of the safe period to that method is troubling as most women are not able to practice it effectively. On the other hand, considering that the oral pill is the method most likely to be adopted first, it is reassuring that initial pill use is not associated with unusually high rates of subsequent non-contraception.

Among women first adopting contraception, those choosing the condom or vaginal methods have had the fewest number of live births: 1.8 and 2.1 respectively. First users adopting the oral pill, menstrual regulation and withdrawal also have had, on average, less than three live births. At the other extreme, the average parity of first users adopting female or male sterilization, abstinence or other traditional methods is above four. Again, these figures should be treated as historical patterns because many of these women first became contraceptors a considerable number of years ago.

7.2.2. Use of Multiple Methods

The contraceptive prevalence rate and method-specific current use rates are effective summary measures. However, to gain a more complete picture of the methods couples use to avoid pregnancy, greater detail is often necessary. Studying the

concomitant use of two or more methods is one example of the insights into contraceptive use patterns which may be obtained by examining method use behavior more closely.

Many couples find it convenient to use two or more methods to protect themselves from pregnancy. According to the 1989 CPS, 3.7 percent of contraceptors currently use more than one method. Quite reasonably, multiple use is most common among users of the least reliable methods. Only 2.5 percent of modern contraceptive users reported using a second current method, but 8.2 percent of users of traditional methods use more than one method. In addition, 14 percent of the relatively few currently married women who reported using condoms said they used another method as well.

The use of multiple methods most frequently involves some combination of condoms, withdrawal or safe period. Among respondents who said that they were using more than one method, 45 percent mentioned condoms as one of the methods, 70 percent mentioned the safe period and 46 percent mentioned withdrawal. Although relatively few women report combining methods, it does suggest that users of coitus-dependent methods are relatively flexible in finding the most convenient way to be protected. The practice of relying on multiple methods may help to explain the high ever use of condoms compared to low current use and the continuing popularity of traditional contraceptive methods.

Table 7.7 shows the modest effect that the concurrent use of two methods has on method-specific use rates. The percentage of

currently married women reporting primary use of each method is contrasted with the percentage using each as either a first or second method. In this way the use-rates of condoms, safe period, and withdrawal are increased slightly.

Table 7.7

METHOD-SPECIFIC CURRENT USE RATES OF PRIMARY CONTRACEPTIVE METHOD AND PRIMARY PLUS SECONDARY METHOD CURRENTLY USED FOR CURRENTLY MARRIED WOMEN UNDER 50 YEARS OF AGE

(The Eligible Woman Sample, 1989 CPS)

Method	Percent using as primary method	Percent using as primary or secondary method
Oral pill	9.1	9.2
Condom	1.9	2.1
Vaginal method	0.2	0.2
Injectables	1.1	1.1
IUD	1.7	1.7
Tubectomy	8.9	8.9
Vasectomy	1.5	1.5
Safe period	3.8	4.3
Withdrawal	1.2	1.5
Abstinence	0.5	0.5
Others	1.5	1.5

Total	31.4	-

Weighted number of currently married women	9318	

7.3. Effective Use of Contraceptives

In Bangladesh there is considerable concern that many couples practicing family planning are not using the method properly and may be exposing themselves to the risk of an unwanted pregnancy. Such events are not only personal tragedies for couples who believed they were acting to avoid conception; they also have serious implications for the family planning

program should stories of a method's apparent unreliability circulate.

An important mechanism for improving the quality of use is to ensure that each woman thoroughly understands the correct use of the method of her choice. The 1989 CPS assessed knowledge through open-ended questions on the use of the pill, foam tablet, injectables, safe period and withdrawal. Because the foam tablet and withdrawal are not frequently used in Bangladesh they will not be discussed here.

The answers to questions on proper use reported in Table 7.8 were open-ended; they were initially coded into a variety of categories reflecting the actual wording of the response. For Table 7.8 each of those coded categories was further classified as a correct or wrong answer; this left a residue of "other" responses that could not be classified.

The answer to the correct use of the oral pill was considered to be that one pill a day should be taken. It was also acceptable if the woman added that it should be started anytime between the first and seventh day after the beginning of menstruation. Some women were also able to explain that if one pill was missed, two pills should be taken the following day. Wrong answers were unmistakably wrong, such as stating that two or three pills should be taken every day. Instructions for the oral pill are straightforward and it is not surprising that they are fairly widely known. However, it is interesting that 30 percent of women who said they were aware of the pill told the

interviewer that they did not know how it was used. Despite the near universal awareness of the oral pill (see Chapter 5), many women are still unfamiliar with how it should be used. On the other hand, more than 95 percent of ever users and current users gave a correct answer.

Two types of injectables are available in Bangladesh, Depo-Provera and Noristerat. Their injection regimes are slightly different: the former requires an injection every three months; for the latter the initial injection is followed by a second in two months, and subsequent injections are given at three-month intervals. Answers of two months, three months and two or three months were accepted as accurate. The responses for injectables followed the same pattern as the pill. "Don't know" and incorrect responses were quite common among those who were aware of the method, but almost all ever users and current users knew how often injections were given.

Previous chapters and sections have stressed the importance of the safe period as a relatively popular method. For this reason the results in Table 7.8 are disturbing. A correct answer was defined as one in which an interval after and before menstruation are safe and the middle of the cycle is unsafe. All of the correct answers in fact used blocks of ten days to define the cycle. Partly correct answers were responses that said up to 21 days after menstruation are unsafe or that intercourse is safe during menstruation. All of the wrong answers identified some interval of seven to 18 days after menstruation as unsafe. If

women were to follow those instructions, they would resume intercourse precisely during the fertile period. Among all groups of women less than 10 percent gave a correct response. Experience with the method makes no difference in the quality of knowledge. In fact, if anything, the proportion of wrong answers is highest among current users.

Table 7.3

KNOWLEDGE OF THE PROPER USE OF ORAL PILLS, INJECTABLES
AND THE SAFE PERIOD AMONG WOMEN AWARE OF THE METHODS,
EVER USERS OF THE METHODS AND CURRENT USERS
OF THE METHODS

(The Eligible Woman Sample, 1989 CPS)

Method/answer	Women aware at the method	Ever users of the method	Current users of the method
Oral pill			
Correct	62.2	96.4	97.5
Wrong	4.9	1.2	0.3
Other	2.0	1.5	1.1
Doesn't know	30.6	0.5	0.5
Not stated	0.3	0.4	0.6
Weighted no.	10194	2396	850
Injectables			
Correct	33.4	80.5	88.8
Wrong	19.5	13.5	7.6
Other	17.4	4.3	3.5
Doesn't know	28.9	1.2	-
Not stated	0.8	0.2	-
Weighted no.	9002	285	100
Safe period			
Correct	5.7	8.2	7.9
Partly correct	29.2	29.5	30.5
Wrong	51.0	55.9	56.6
Other	5.6	4.6	3.5
Doesn't know	6.1	0.5	0.6
Not stated	2.3	1.4	0.9
Weighted no.	4132	1001	358

7.4. Side effects

No contraceptive method is perfect. Even if women have timely, culturally appropriate and affordable access to contraception, each woman must weigh many considerations before making her choice. These factors include reliability, ease of use, and comfort. All women do not make the same decision: for some women the convenience of traditional methods outweighs the fact that they are less effective; while many women may tolerate occasional discomfort from the IUD in exchange for complete confidence in the method, other women may feel that the cramping and heavy bleeding which may accompany its use are unacceptable. For many methods, the principal reason women continue or stop a method depends on her willingness to tolerate the side effects. A family planning program should be able to anticipate the side effects that users will encounter, educate and counsel them to expect specific problems, find ways of easing them, and, ultimately, provide alternative methods if a client chooses to discontinue.

The 1989 CPS was designed to learn more about the role of side effects in contraceptive behavior. Users were asked about any problems they had with their current method. Those who had used another method were also asked why they had stopped using that particular one and specifically prompted to mention any side effects they may have experienced. Women who had used a method in the past but not at the time of the interview were similarly questioned about their most recent period of use. This series of questions sheds some light on the prevalence of side

effects and the role they play in women's decisions to continue, stop or change their method.

Problems with modern methods are ubiquitous, as Table 7.9 shows. Although only 35 percent of all current users mentioned that they were having a problem with their method, almost half of the current users of the most popular modern methods (that is, oral pill, injectables, the IUD and tubectomy) reported a problem. Current users who had used another method previously were even more likely to have had problems with that method. Oral pills, injectables and the IUD are again the methods most likely to give problems. Women who are not currently contracepting but have used a method in the past do not report a higher level of side effects than women who switched to another method, but they are more likely to report having experienced side effects than current users.

The questions about side effects were open-ended so more detailed information on the types of side effects experienced are available. The discussion here is restricted to the major problems with current methods. Multiple responses were permitted.

Headaches were the most frequently mentioned side effect to the oral pill: out of 850 (weighted) current users, 39 percent reported having had headaches. Another 18 percent mentioned feeling weak, 11 percent felt a burning sensation in their bodies, 10 percent had had nausea and 6 percent reported menstrual problems.

Table 7.9

PERCENTAGE OF WOMEN MENTIONING PROBLEMS AND/OR SIDE
EFFECTS WITH THEIR CURRENT, PREVIOUS OR PAST
(NON-USERS) METHOD

(The Eligible Woman Sample, (1989 CPS))

Method	Current method		Previous method of current users		Past method of current non-users	
	%	N	%	N	%	N
Oral pill	45.2	850	64.6	546	55.1	714
Condom	11.4	176	18.2	233	15.2	186
Vaginal method	14.3	14	45.3	41	20.2	186
Injectables	45.0	100	58.6	62	54.6	52
IUD	47.2	161	70.2	112	65.1	84
Tubectomy(1)	50.4	841	-	-	-	-
Vasectomy(1)	21.3	136	-	-	-	-
Safe period	0.1	358	3.6	158	3.5	187
Withdrawal	1.8	109	11.4	32	2.7	57
Abstinence	2.3	44	0.0	7	0.0	5
Other	18.1	138	12.2	66	10.8	97
All users	34.9	2927	43.4	1262	37.5	1410

(1) As permanent methods, sterilization cannot be a previous or past method.

Twenty-four percent of current users of the IUD mentioned menstrual problems associated with their method. Almost as many, 21 percent, said that they felt pain due to using the IUD. Weakness was reported by 12 percent and headaches by 7 percent.

Injectables caused irregular menstruation for 32 percent of users, and headaches for 22 percent.

Female sterilization caused pain to 30 percent of sterilized women. Nineteen percent report having headaches or feeling giddy. Another common complaint, expressed by 21 percent, was physical weakness. Lastly, 12 percent mentioned menstrual problems.

Despite the fact that many if not most users of modern reversible methods experience some side effects, the side effects themselves do not appear to be associated with women curtailing all contraceptive use. The higher percentage of women reporting side effects with their previous method compared to their current method suggests that side effects may influence a decision to switch methods. However, as can be seen from Table 7.10, there is no clear tendency for past users who are not using any method at present to cite side effects as their reason for stopping that method any more frequently than for current users to give that reason regarding their previous method.

Table 7.10

PERCENTAGE OF WOMEN CITING SIDE EFFECTS AS A
REASON FOR STOPPING USE OF A PAST
METHOD FOR CURRENT USERS AND
CURRENT NON-USERS

(The Eligible Woman Sample, 1989 CPS)

Method	Previous method of current users	Past method of current non-users
Oral pill	59.7	55.1
Condom	17.8	15.0
Vaginal methods	42.8	20.2
Injectables	44.6	51.6
IUD	61.7	58.4

7.5. Conclusion

This chapter has discussed two aspects of contraceptive use. The first was an assessment of the unmet need for contraception. Fifty-six percent of married women want to have no more births. The desire to wait for at least two years until the next birth is also common, even among women with no living children. Yet many of these women, who must avoid pregnancy if they are to achieve their fertility desires, are not using contraception. In total, 49 percent of married women are not currently contracepting although they say they want to stop or delay future childbearing.

The second issue was factors related to the use of family planning methods. Oral pills, condoms, tubectomy and the safe period are the methods most frequently adopted by first-time users. On average, women have had 3.2 births when they first

accept family planning. Women who start with the safe period are the most likely to continue using their first method, but none of the first methods is associated with unusually higher rates of non-contraception at the time of the interview.

A sizable minority of current condom, safe period and withdrawal users use two of the three methods simultaneously.

Knowledge of how frequently the pill is taken is not universal among women who have heard of the method, but is nearly universal among current and past users. The correct frequency of injections is also better understood by women who have actually used injectables. However, considerable misunderstanding exists about the nonfertile period during the menstrual cycle which must make the safe period an extremely ineffective method for those women who rely on it.

The experience of side effects is widespread among past and current users of modern reversible methods. A relationship between side effects and discontinuing the method can be seen for women who subsequently took up another method. However, the experience of side effects was not greater among women who are not using any method than among those who have changed their method. Helping women to ease their side effects or to find another method that is more suitable is an important program objective but greater experience of side effects does not appear to be the reason for women discontinuing all contraception.

Chapter 8

HUSBANDS AND WIVES

The 1989 CPS continued a practice started in 1983 of interviewing a nationally representative sample of married couples in which the wife was under age 50. In 1989, 2013 couples were selected and successfully interviewed. The original rationale for the couple sample was that simultaneously asking husbands and wives about their knowledge and attitudes regarding family planning and their contraceptive behavior would provide a validity check on the data obtained from women only. On most matters relating to fertility and child health and many matters having to do with family planning it was assumed that women give the most accurate responses. However, researchers and policy makers suspected that on some matters, particularly use of male controlled contraception, women were not the best respondents. Analysis of the 1983 CPS confirmed that men were more likely to report use of condoms and vasectomy than their wives. The practice evolved of substituting husbands' responses on current use of condoms and vasectomy for the use rates of those methods derived from the larger sample of currently married women. Although this modification has been useful in assessing the true level of contraceptive use in Bangladesh, very little additional advantage has been taken of the couple sample, which is a unique and high quality data set. This chapter presents some of the basic information on family planning from the perspective of married Bangladeshi men. Where appropriate, husbands' responses will be compared with what their wives reported.

This chapter briefly presents a range of information from the 1989 CPS couple sample which is relevant to the national family planning effort. This includes husbands' ages and the differences in spouses' ages, percentage of husbands and wives knowing each method of family planning, percentage aware of where to obtain modern methods, the ever use of contraceptives, and spouses' reports of current use. Husbands' and wives' desires about future childbearing and their attitudes towards family planning are also discussed.

8.1. Husband's Age

All of the husbands were married to women under age 50 as one of the criteria of selection. The mean age of the husbands was 39 years. Less than 1 percent of the men were under age 20 and only five percent were over 60 years old, so the men in the sample were not considerably older than the women. Table 8.1 shows that while the average couple has a ten-year difference in age, there is a tendency for younger men to be married to women closer to their own age. This pattern may be due to older men being more likely to be in their second marriage; and/or to age structure effects. This same trend was also reported by the 1989 BFS.

8.2. Contraceptive Knowledge and Ever Use

Husbands and wives were asked the same series of questions on contraceptive awareness and ever use which were administered

Table 8.1

MEAN DIFFERENCE IN AGE BETWEEN WIVES AND HUSBANDS

(Couple Sample, 1989 CPS)

Husbands age at interview	Mean difference in spouses ages(1)	Weighted no. of cases(2)
<20	2.4	9
20-24	4.6	83
25-29	6.4	260
30-34	8.8	314
35-39	8.8	314
40-44	9.5	228
45-49	10.9	200
50-54	13.1	144
55-59	16.3	109
60 +	23.9	89

All husbands	9.9	1788

(1) Husbands' ages as reported by the husband and wives' ages as reported by the wife.

(2) One case not stated.

to ever-married women in the larger sample. Immediately after the knowledge questions, interviewers asked the respondents if they had ever used the method. Later in the interview respondents were asked if they knew where to obtain each of the modern methods with which they were familiar. Table 8.2 summarizes the proportions of husbands and wives who have heard of each contraceptive method, know a place where it can be obtained, and have ever used it.

Men are almost as knowledgeable as women. The average number of methods known (both spontaneous and prompted knowledge)

is 7.3 for husbands and 7.8 for wives. Both spouses have near-universal knowledge of the oral pill and female sterilization; male sterilization is also widely known. Husbands are more likely to mention condoms and vaginal methods, probably because the latter have been marketed as a companion to condoms and are available at many of the same retail outlets. Wives are somewhat more likely than husbands to be aware of injectables and are much more familiar with the IUD. Menstrual regulation, abstinence and other methods are also more widely known by wives.

For every modern method, some people who have heard of the method do not know where to obtain it. If knowing a source is taken as an index of effective knowledge, then none of the methods, including the oral pill, is universally known. In fact, more than 15 percent of both spouses who know of the pill could not say where it could be obtained. The gap in knowledge is also large for injectable contraceptives and the IUD. About ten percent of the husbands and wives who have heard of these methods do not know a source of supply.

Compared to the high percentage of husbands and wives who know of each method, ever use is comparatively low. In total, 53.8 percent of the husbands and 52.9 percent of the wives reported that they had ever used family planning. The greatest sex difference in reported ever use is in condoms; 18 percent of husbands and only 12 percent of wives say they have ever used one. For all other methods the discrepancy is less than two percentage points. Nonetheless, one can see a slight pattern in wives reporting higher ever use of methods which they use on

their own, such as injectables, the IUD, menstrual regulation and other methods, which are primarily magical or herbal. The notable exception is husbands' higher reported ever use of oral pills.

Table 8.2

PERCENTAGE OF HUSBANDS AND WIVES WHO KNOW OF EACH FAMILY PLANNING METHOD, A SOURCE FOR THE METHOD AND HAVE EVER USED THE METHOD

(Couple sample, 1989 CPS)

Method	Husbands			Wives		
	Knows method	Knows source	Ever used	Knows method	Knows source	Ever used
Oral pill	99.0	82.9	31.1	99.6	81.6	29.4
Condom	91.9	84.6	17.9	77.7	68.0	12.4
Vaginal methods	36.2	30.6	3.3	24.9	20.3	2.2
Injection	82.1	73.8	4.2	90.3	79.8	4.5
IUD	60.8	52.8	6.0	84.5	76.6	6.7
Female sterilization ¹	98.9	87.0	9.4	99.6	87.5	9.6
Male sterilization	93.9	89.6	2.0	86.1	82.0	2.0
Menstrual regulation	44.8	41.6	3.0	74.9	68.8	3.7
Safe period	48.2		13.2	44.2		11.5
Withdrawal	11.8		2.6	12.8		3.5
Abstinence	18.2		1.5	28.0		1.5
Other	40.2		4.4	57.9		5.8
Weighted number	1789			1789		

8.3. Current Use

Husbands' and wives' reports of current contraceptive practices are quite similar: 34.6 percent of husbands and 35.2 percent of wives in the couple sample say that they are using some form of contraception. The percentages by method are shown in Table 8.3. As in the case of ever use, men are more likely to report the use of condoms, the safe period and oral pills.

The similarity of spouses' reports holds up even when each couple's responses are compared: 88.5 percent agree. This represents some improvement over past years. In the couple sample for the 1983 CPS, 14.5 percent of couples gave different answers; in 1989, 11.5 percent did. From a closer examination of the couples who disagreed in 1989, it is apparent that many of them rely on the safe period. There were 91 (weighted) couples among whom the wife said they were contracepting and the husband said they were not; 43 percent of these wives said they were only having intercourse when it was safe. There were 114 (weighted) couples in which the husband reported using a method and his wife did not; 53 percent of these husbands said they were using the safe period. Further analysis will be necessary to understand why this method is particularly responsible for inconsistent reporting. However, it may be that the safe period is used by couples who are particularly tentative about practicing family planning and perhaps are even reluctant to discuss it with each other, let alone with an interviewer. The important point is that the users of the safe period are unique: in general there is remarkable consistency in spouses' reports which suggests an openness and commitment to family planning, at least to the extent that husbands and wives are equally willing to discuss contraception with interviewers.

Table 8.3

PERCENTAGE OF HUSBANDS AND WIVES REPORTING CURRENT USE
OF CONTRACEPTION, BY METHOD

(Couple sample, 1989 CPS)

Method	Husbands	Wives
Oral pill	10.6	9.9
Condom	3.1	2.5
Vaginal methods	0.1	0.1
Injection	1.4	1.8
IUD	1.7	1.8
Female sterilization(1)	9.5	9.6
Male sterilization	1.5	1.4
Safe period	5.6	4.2
Withdrawal	0.9	0.8
Abstinence	0.6	0.8
Other	1.5	2.1
Any method (total)	36.4	35.2
Weighted number	1789	1789

(1) 9 husbands and 8 wives reported that both spouses were sterilized. They have been included under those protected by female sterilization.

8.4. Fertility Intentions

The respondents in the couple sample were asked about their desires for additional children. Men and women with no living children were simply assumed to want at least one, but all of the others were specifically asked if they wanted any more children, and if so, how many, and when he or she would like the next one. Couples who were expecting a child were asked about their desires for additional children after the current pregnancy.

Husbands as a group are actually more likely to want no more children than wives; 63.3 percent of husbands and 58.8 percent of wives want to stop childbearing. They are also equally certain; only 5.4 percent of husbands and 5.8 percent of wives say they are not decided about whether they want another child. Table 8.4 disaggregates the percentage wanting no more children further by the number of living children and the number of living sons(1). The first panel suggests that husbands are more willing to stop with only two or three children: indeed, more than 60 percent of husbands with only two living children would like to stop at that number. Perhaps one reason for husbands' greater interest in limiting the size of their family may be that wives are less likely to be content with no sons or with only one son; their present social standing and future well-being are more dependent on having a surviving son than are their husbands'.

8.5. Attitudes Towards Family Planning

Not only is knowledge of several family planning methods nearly universal in Bangladesh, but most married men and women have some exposure to contraception, if only vicariously. As few as 14.4 percent of husbands and 11.3 percent of wives told interviewers that they did not know any couple practicing family planning.

(1) The number of living children that wives report refers to all of their children, from the current and previous marriages. The number of children of the husband refers only to his children from the current wife.

Table 8.4

PERCENTAGE OF HUSBANDS AND WIVES WHO DO NOT WANT ANY
MORE CHILDREN BY NUMBER OF LIVING CHILDREN
AND NUMBER OF LIVING SONS

(Couple Sample, 1989 CPS)

	Husbands		Wives	
	Want no more	Weighted number	Want no more	Weighted number
Total	63.3	1789	58.9	1789
Number of living children				
0	6.0	185	1.2	176
1	22.1	260	19.7	255
2	61.1	340	48.5	348
3	76.1	301	65.2	303
4	84.5	233	84.9	239
5+	92.0	464	92.4	468
Number of living sons				
0	17.2	422	11.9	410
1	60.3	517	53.4	518
2	82.1	420	78.6	430
3	90.4	251	88.3	249
4	90.8	109	92.9	107
5 +	94.3	70	90.7	75

Note: Weighted numbers for husbands and wives are different because some spouses reported different number of children ever born. The number of children reported by the husband refers to all of his children born to the wife who is also being interviewed. The number of children reported by the wife refers to the number of children from all of her marriages. In this table the number of children does not include a current pregnancy. Most respondents with no living children were not asked directly if they wanted more children because they had never had a live birth. Nonetheless, the percentages refer to all respondents with no living child or no living son.

The respondents who knew contracepting couples were asked what they thought their reasons for using family planning were. Almost 90 percent of both husbands and wives said that it was to avoid having children or to have a small family. Very few mentioned delaying births as a reason. Multiple answers were permitted and about two-thirds of the husbands (64.1 percent) and wives (69.8 percent) gave some answer to the effect that family planning would make it possible to provide better care to children either through better education, better food or in general rearing the children properly. Although some of these answers have economic implications, economic constraints to larger families were specifically mentioned by only one-quarter of respondents (24.6 percent of husbands and 26.7 percent of wives). Clearly both sexes perceive the reasons for contracepting in much the same terms. Furthermore, reasons are couched in positive terms, that is, providing better care to existing children.

The sexes have considerably different attitudes about the appropriate time to begin using contraceptives, and again it is the husbands who are more receptive towards family planning. More than one-half of husbands (52.4 percent) thought a newly married couple should adopt family planning, but only 35.3 percent of their wives were of that opinion.

8.6. Conclusion

Husbands' responses in the 1989 CPS couple survey demonstrate that Bangladeshi men are knowledgeable about family planning, and generally supportive of efforts to control fertility. In fact, in many respects men are more in favor of family planning than women. The most notable examples are a greater willingness on the part of husbands to stop childbearing when the family still has no living sons or only one son, and their greater tendency to approve of initiating the use of contraception early in marriage. Another encouraging sign is that husbands and wives now report very similar levels of family planning knowledge, ever use and current use. These findings suggest that the national program's family planning messages and the force of exogenous social and economic change have equally influenced men and women.

Chapter 9

CHILD HEALTH CARE AND CHILD SURVIVAL

In addition to data on contraception and fertility, the 1989 CPS also collected data both directly and indirectly related to health issues. Since pregnancy, breast-feeding and the number and ages of children were topics which were already included in the questionnaires, it was relatively simple to ask a few additional questions about childhood morbidity and mortality and the utilization of health care services. This chapter addresses these topics. First, it reviews the key findings on breastfeeding in Bangladesh; second it discusses the prevalence of reproduction-related maternal and infant mortality. Immunizations, Vitamin A capsule distribution and diarrheal prevalence and treatment are discussed in a section on child health. Lastly, infant mortality estimates are presented together with differentials in the probability of surviving childhood.

9.1. Duration of Breastfeeding

Breastfeeding practices are important to understand because of the close links between breastfeeding, fertility and child survival. Since breastfeeding inhibits ovulation, societies with a practice of lengthy breastfeeding tend to have longer average intervals between births and consequently fewer total number of births per woman. Breastfeeding also performs a complex role in promoting child health by protecting infants from infectious diseases through the mother's immunity, ensuring an adequate standard of nutrition, as well as other mechanisms.

The 1989 CPS asked all mothers if they had ever breastfed their most recent child. The answer was virtually unanimous: 97.6 percent of mothers had. Then, for all surviving last births less than three years old, mothers were also asked if they were still breastfeeding or, if they had stopped, how long they had breastfed. Since women tend to round their period of breastfeeding to the nearest year, the information on current breastfeeding practice gives the most accurate picture of average duration. It must be noted, however, that the information refers only to the last birth and is not representative of all births in the past three years because some under-three-year-olds have been followed by the birth of another sibling. The arrival (or late pregnancy) of another child usually results in the mother weaning the older child. Therefore, average duration of breastfeeding based on last births is an overestimate. Nonetheless, as shall be seen, the data from the 1989 CPS are comparable to other estimates.

In Bangladesh women continue to breastfeed their children for a long period of time. Nationally, mothers were still breastfeeding 88 percent of the births born 11 to 13 months before the interview. Most of the births not being breastfed at one year had died; weaning at that age is very rare. Among the last births born within 23 to 25 months of the interview, 85 percent were being breastfed, 6 percent had died and 9 percent had been weaned. Only at about two and one-half years do the proportions still breastfeeding start to decline although they remain well above 50 percent. Of births born 29 to 31 months

before the interview, 71 percent were being breastfed, 22 percent had been weaned and 6 percent had died.

An epidemiological technique estimates average duration from the ratio of prevalence (current status) to incidence (number starting at a certain time). This can be applied to breastfeeding data by dividing the number of infants that are still being breastfed at the time of the survey by the average number of births per month. It should be noted that ideally this method should be used with all births and not just last births under a specific age. Table 9.1 shows that the method produces reasonable estimates of average duration of breastfeeding. The national average is 30.6 months, with very small differences between rural and urban areas. Women's schooling and the number of consumer durables have no effect on average duration. Even employment does not appear to change breastfeeding practices.

As has already been discussed, the estimated durations are based on last births, not all births. However, the durations in Table 9.1 are very similar to durations estimated from all births. Both the 1975 and 1989 Bangladesh Fertility Surveys found that births were breastfed for an average of between 28 and 29 months. The 1989 BFS found, as the 1989 CPS has found, that there are no significant variations between socio-economic groups (Huq and Cleland, 1990). Of course, it is possible that there are differences in breastfeeding practices which these surveys have

Table 9.1

ESTIMATED AVERAGE DURATION OF BREASTFEEDING BASED ON
LAST BIRTHS BORN WITHIN THREE YEARS BEFORE THE
INTERVIEW BY SELECTED CHARACTERISTICS

(The Eligible Woman Sample, 1989 CPS)

Characteristics	Estimated duration (in month)	No. still breasted
National	30.6	4159
Area		
Rural	30.9	3663
Urban	28.6	922
Sex of child		
Boy	30.5	2163
Girl	25.6	1997
Respondent's schooling		
None	31.0	2717
Some primary	30.5	1730
Completed primary	29.8	341
Secondary or higher	29.2	372
Division		
Dhaka	30.6	1132
Rajshahi	30.9	1161
Chittagong	29.9	1096
Khulna	31.2	771
Respondent's employment status		
Employed	30.2	557
Not employed	30.7	3603
Number of consumer durables owned		
0	31.2	1089
1	30.7	947
2	30.9	701
3-4	30.8	961
5-6	28.6	461

not captured. For example, future studies should also investigate when mothers introduce supplementary foods.

9.2. High-risk Pregnancies and Births

During the past decade, evidence has mounted that populations with high fertility levels have an increased risk of maternal and infant mortality. The reproduction-related risks are approximately the same for mothers and children and can be considered together. Women under age 18 and over age 35 who give birth and the infants they deliver are especially vulnerable. Having five or more live deliveries or being a high order birth is also associated with high mortality. Additionally, having births in rapid succession are a risk factor for both mother and child (National Research Council, 1989).

Because in Bangladesh women marry young and fertility is still relatively high, many, if not most, mothers and infants face above-average mortality risks resulting from reproduction-related factors. Table 9.2 quantifies the magnitude of this problem. The first column is the percent of currently married women who fall into one of several high-risk categories: they are either very young or old; they have already given birth within the past two years; or they have already had at least four live births. By these criteria three-quarters of married Bangladeshi women under age 50 would have a risky pregnancy if they were to deliver a child in the near future; about half of married women have had four or more live births, and more than one risk factor can be attributed to 37 percent.

Fully half of recent births belonged to one of the risk categories. Being a fifth or higher order birth is the most frequent risk factor but it is also the one that an active family planning program can address most successfully. Among the women who have had four or more live births, 89 percent want no more. Presently only 38 percent of married women at these high parities are currently contracepting; if more adopted family planning there would be fewer unwanted births, lower infant mortality and lower maternal mortality. It is also notable that almost one-fifth of recent births were born within 24 months of the previous birth. More detailed analysis is required to determine the proportion of these births which followed a child that had died shortly after birth. Nonetheless, this percentage suggests that despite the universal practice in Bangladesh of breastfeeding for more than two years, many women have short birth intervals which put themselves and their children at risk.

Table 9.2

PERCENTAGE OF CURRENTLY MARRIED WOMEN AND OF BIRTHS IN THE
12 MONTHS PRIOR TO THE SURVEY TO WOMEN WHO BELONG
TO VARIOUS CATEGORIES OF MORTALITY RISK

(The Eligible Woman Sample, 1989 CPS)

Risk category	Currently married women	Infants born within last 12 months
Under age 18	7.6	8.2
Age 35 or older	25.4	10.4
Last occurred with past 24 months	36.9	18.1
Fifth or higher order birth(1)	46.1	30.2
In at least one category	74.8	49.6
In two or more categories	37.2	15.9
Weighted number	9318	1945

(1) For currently married women this means at risk of having a fifth or higher order birth, for births it means being the fifth or higher order birth.

9.3. Child Health Care

A new feature of the 1989 CPS is questions on childhood vaccinations, Vitamin A capsule distribution and prevalence and treatment of diarrhea. Each is the focus of aggressive national health care programs. Relevant information was collected by using the truncated birth histories covering children who were born within the last five years. Mothers of surviving under-five year-olds were asked about the health care their children had received. Their answers can be used as indicators of the programs' successes and as baseline figures to judge future performance.

9.3.1. Immunizations

The campaign to immunize children against life-threatening diseases has a long history in Bangladesh. The national program began to intensify its efforts in 1979 when it established an Expanded Program of Immunization (EPI). The program was further strengthened in 1985. The approach taken was to work initially with a small number of upazilas to develop the skills to implement an aggressive immunization program with fixed and outreach centers providing frequent services. Over the years the number of upazilas joining the program has grown. In mid-1989 when the CPS was taken, only one-half of the upazilas were covered; by the end of the year the program had been established throughout the country.

Because the program has changed so rapidly, the 1989 CPS provides only a brief view of the program as it was in the past. The results do not describe the situation as it exists now, but it does give an excellent baseline for the extent of immunization coverage prior to the full implementation of EPI.

9.3.1.1. Percentage of Under-five-year-olds Ever Immunized

The only way of being certain that a child has been vaccinated and to identify which immunizations he or she has received is to consult the immunization card mothers are given when they first take their child for a vaccination. On this card, health care staff record the immunizations administered together with the date, and instruct mothers to bring the card when they return for the other injections. Unfortunately, for the 1989 CPS, cards were available for only 12.2 percent of

children under five years old. Urban mothers were more likely to have cards; interviewers saw cards for 19.2 percent of urban children and 11.1 percent of rural children. This can be taken as a minimum estimate of the proportion of under-five-year olds who have ever had any immunizations.

Undoubtedly, some of the children without cards also received at least one vaccination. Mothers who could not show a card were asked if that child had ever had a vaccination. By this method an additional 20.5 percent of vaccinated children under age five were identified. This also varied by urban and rural areas: 28.1 percent of urban children and 19.5 percent of rural children were reported by their mothers as having received at least one vaccination. At present it is not possible to judge how many of these children were actually immunized, but it is best to assume that some mothers reported inaccurately. The one conclusion that may be drawn is that the percentage of under-five-year-olds who have had at least one vaccination lies between a minimum estimate of 12.2 percent and a maximum estimate of 32.7 percent (12.2 plus 20.5). The upper bound for urban children is 47.3 percent, while it is only 30.6 percent for rural children.

Because all the recommended vaccinations and injections should be administered before a child's first birthday, immunization programs are interested in the proportion of one-year-olds (ages 12 to 24 months) who have been immunized. Again, the 1989 CPS can only provide a range of rates that refer to the likelihood that a child had received at least one immunization.

The 1989 minimum estimate percentage of one-year olds ever-vaccinated is based on those who had immunization cards; the maximum estimate includes those children whose mothers reported that the child had been vaccinated although they could not show a card.

	Minimum	Maximum
National	20.1	42.4
Urban	31.0	62.0
Rural	18.5	39.4

Table 9.3 gives percentages of under-five-year-olds who have been vaccinated derived from those with immunization cards and those whose mothers reported that they had had a vaccination. It shows that boys were only slightly more likely to be immunized than girls and that one- and two-year-olds have the greatest probability of being vaccinated. The smaller percentages in the older ages probably reflects a number of factors, such as a greater chance of misplacing or destroying the card and problems of recollecting vaccinations given several years earlier. At the same time it also reflects the expansion of the immunization program which took place around 1986. Mothers who have been to school, particularly those who have completed at least primary school, are more likely to have had their children immunized. Fathers' schooling is not as relevant. Mothers under age 30 are more likely to avail themselves of services, or at least report that they have used them. Children from better-off households (measured by the number of consumer durables) also have a greater chance of being immunized.

9.3.1.2. Complete Immunization

Up to this point this chapter has only considered whether children ever received any vaccinations. However, for complete protection the Bangladesh immunization program recommends that every child receive a BCG vaccination, a series of three doses of both DPT and polio vaccinations, and a measles vaccination. These are not and should not be administered at the same time; the measles vaccination should be given to children at nine months; the others should start soon after birth and be completed before the child is six months old. The goal of the national program is to have all children fully immunized; a partly immunized child receives far less protection against life-threatening diseases, and, indeed, may receive no protection at all.

The 1989 CPS did not ask mothers which vaccinations their children had received. However, if the mother was able to produce an immunization card, the interviewer noted the type of vaccination and the date it was administered. Since all of the children with immunization cards received at least one vaccination, these data record the rate at which children who come to the program drop out before receiving all of the shots. The data do not give national coverage rates because they are based only on children with cards. As such they suggest that the program is not yet successful in bringing mothers back to complete their children's immunization course. Only 33.6 percent of all under-five-year-olds who had immunization cards received all eight immunizations.

Table 9.3

PERCENTAGE OF UNDER-FIVE-YEAR-OLDS WHO HAVE
RECEIVED AT LEAST ONE VACCINATION, BY
SELECTED BACKGROUND VARIABLES

(The Eligible Woman Sample, 1989 CPS)

Characteristics	Percentage receiving at least one injection		Weighted number of children
	Shown vaccination card	No card but reported ever vaccinated	
Child's sex			
Boys	12.5	34.4	4296
Girls	11.8	31.0	3962
Child's age			
<6 months	8.9	15.2	756
6-12 months	18.7	36.9	975
12-17 months	20.2	41.2	815
18-23 months	20.0	43.6	770
24-35 months	14.7	42.3	1648
36-47 months	7.5	30.3	1702
48-59 months	4.3	21.7	1593
Mother's age			
15-19	15.0	36.6	855
20-24	13.9	35.6	2598
25-29	12.0	33.2	2236
30-34	10.4	30.3	1356
35-39	8.3	25.6	765
40-44	10.3	26.2	342
45-49	7.6	26.4	106
Mother's schooling			
None	10.2	27.8	5309
Some primary school	13.0	33.8	1508
Completed primary school	14.7	41.6	700
Secondary school and higher	22.1	57.7	741
Father's schooling			
None	10.4	28.0	3913
Some primary school	11.8	30.8	1516
Completed primary school	10.9	30.6	787
Secondary school and higher	16.4	44.1	2042
Number of consumer durables owned			
0	9.9	26.5	2072
1	10.2	29.5	1909
2	12.7	30.6	1428
3-4	13.3	36.6	1905
5-6	18.1	48.3	944

Table 9.4 shows the percentage of children with complete coverage disaggregated by the age of the child. The pattern of immunization coverage which is evident for children age one and above results from several factors. First, women appear to delay completing their child's series of vaccinations, producing a peak among two and three-year-olds. Second, recent expansion of the program may have resulted in a larger proportion of children being reached, but a smaller proportion of those reached actually completing the course of injections. However, the proportion of four-year olds who had all of the injections suggests that three or more years earlier dropout rates were higher than they were in 1988 and 1989.

Table 9.5 shows which vaccinations children who had an immunization card had received, disaggregated by age. Dropout rates were substantial when the CPS was taken, although most of the injections recorded would have been given at least one year earlier. Less than 60 percent of one to three-year-olds had had a complete series of either DPT or polio. Similarly low proportions had been immunized against measles.

A child's family background influences whether he or she receives the complete course of injections once the initial contact with an immunization center has been made. Table 9.6 gives the percentage of children aged one to three years with immunization cards who had all of the recommended vaccinations. As is evident, children are almost equally likely to dropout of the immunization program irrespective of sex and whether they are from an urban or rural area. Mother's education has a strong

relationship with continuing the recommended course, but the greatest impact is to be found among those women who completed at least primary school, and even so, about 50 percent of their children do not complete the course. Husband's schooling has a weaker relationship. Employed women are more likely to take their children to have all of the injections. Lastly, the number of consumer items owned is only weakly related to completing the immunization program. These socio-economic differentials suggest that although the more advantaged families have higher continuation rates they too need to be improved. Social disadvantage is not the only impediment to complete immunization coverage.

Table 9.4

PERCENTAGE OF UNDER-FIVE-YEAR-OLDS WITH IMMUNIZATION
CARD WHO HAD RECEIVED ALL EIGHT VACCINATIONS
BY CHILD'S AGE

(The Eligible Woman Sample, 1989 CPS)

Child's age	Rural	Urban	National
Under 1 year	9.8 (183)	13.7 (124)	10.9 (250)
1 year old	41.7 (254)	35.8 (120)	40.5 (319)
2 years old	40.0 (205)	44.1 (68)	40.6 (242)
3 years old	46.3 (108)	42.9 (35)	45.8 (127)
4 years old	38.0 (50)	32.4 (34)	36.5 (108)

Note: Unweighted cases for rural and urban areas and weighted cases for national are in parentheses.

9.3.2. Prevalence and Treatment of Childhood Diarrhea

Diarrhea is still a major cause of death among infants and children in Bangladesh. It has also been the focus of an intensive campaign to alert mothers to the dangers of diarrhea and to teach them to prevent life-threatening dehydration by administering an electrolyte solution of sugar, salt and water. These solutions can be made up at home with purchased ingredients or with packaged oral rehydration salts (ORS) which are widely available at subsidized prices.

Table 9.5

PERCENTAGE OF UNDER-FIVE-YEAR-OLDS WITH IMMUNIZATION
CARD WHO RECEIVED SPECIFIC VACCINATIONS BY AGE

(The Eligible Woman Sample, 1989 CPS)

Vaccination	Child's age				
	Less than one year	One year	Two years	Three years	Four years
BCG	76.7	82.0	86.5	78.0	72.4
First DPT	97.1	97.2	98.8	93.6	91.8
Second DPT	67.0	78.9	79.0	78.7	76.9
Third DPT	43.3	61.2	56.2	58.8	52.6
First Polio	88.6	91.6	94.1	91.6	82.2
Second Polio	63.5	72.8	86.7	78.2	72.5
Third Polio	40.7	57.0	52.1	57.2	50.3
Measles	15.7	54.4	64.6	63.3	57.9
Weighted number of children	250	319	242	127	68

Table 9.6

PERCENTAGE OF ONE-THREE YEAR OLDS (12 TO 47 MONTHS) WITH
AN IMMUNIZATION CARD WHO HAVE RECEIVED ALL EIGHT
RECOMMENDED VACCINATION BY SELECTED
BACKGROUND CHARACTERISTICS

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(The Eligible Woman Sample, 1989 CPS)

Background characteristics	Percentage	N(1)
Area		
Rural	42.0	567
Urban	39.5	223
Respondent's schooling		
None	36.2	381
Some primary	44.2	138
Completed primary	53.7	70
Secondary or higher	50.0	98
Husband's schooling		
None	36.5	284
Some primary	45.2	128
Completed primary	34.6	60
Secondary or higher	47.9	216
Sex		
Boys	40.4	363
Girls	42.9	324
Respondent's employment status		
Employed	46.4	97
Not Employed	40.7	590
Number of consumer items owned		
0	33.4	143
1	37.1	138
2	43.7	129
3-4	48.5	176
5-6	44.4	101

(1) Unweighted Ns for rural and urban strata, weighted Ns for the remainder.

Table 9.7 details the frequency of diarrheal episodes in Bangladesh. Mothers reported that 31 percent of under-five-year-olds had had diarrhea in the past month. This is the same order of magnitude as has been found in previous studies, although exact comparisons cannot be made. A 1987-88 national survey, the Diarrheal Morbidity and Treatment Survey (DMTS), found that 23 percent of rural and urban under-five year olds had had diarrhea in the past two weeks (Mitra et al, 1988). It is reasonable that the one-month prevalence measured by the 1989 CPS is higher. The CPS found that the risk of having diarrhea is closely related to age: it is low among children under six months, almost all of whom are breastfed, and it reaches a broad peak from six months to two years when supplementary foods are introduced. Older children have developed immunities and are more resistant to diarrhea so the prevalence declines. Other than by the age of the child, there are very few differentials in one-month diarrheal prevalence. Children are equally at risk whether they live in urban or rural areas, are boys or girls, and despite their parents' level of schooling or material well-being.

If the child had had diarrhea during the previous month, interviewers asked mothers if they gave their sick child a sugar-salt solution. A very high percentage of mothers (61 percent) said that they had; 25 percent administered a homemade solution

Table 9.7

PERCENTAGE OF SURVIVING UNDER-FIVE-YEAR OLDS WHO HAVE
HAD DIARRHEA IN THE PAST MONTH AND WHO HAVE
RECEIVED A VITAMIN A CAPSULE IN THE
PAST SIX MONTHS

(The Eligible Woman Sample, 1989 CPS)

Characteristics	Weighted no. of children	% with diarrhea	% who given Vitamin A
National	8238	31	35
Child's current age			
<6 months	754	18	6
6-11 months	975	38	28
12-17 months	815	44	34
18-23 months	771	40	41
24-35 months	1642	34	41
36-47 months	1696	28	40
48-59 months	1586	23	
Child's sex			
Males	4285	32	36
Females	3953	31	34
Area			
Rural	7165	31	35
Urban	1985	31	32
Mother's schooling			
None	5292	32	34
Some primary	1506	33	36
Completed primary	700	27	36
Secondary school or higher	740	35	35
Mother's employment status			
Employed	1101	34	33
Not employed	7138	31	35
Number of consumer durables			
0	2068	32	32
1	1904	31	35
2	1426	32	36
3-4	1899	30	37
5-6	942	32	36

and 36 percent a solution made from packaged salts. This is a higher treatment rate than recorded by the 1987/88 national survey which found that only 32 percent of urban children and 29 percent of rural children who had had diarrhea in the past two weeks had been treated with any kind of oral rehydration therapy. The considerable rise in the proportion of children treated in a little over a year is so large that it should probably be regarded with skepticism until it can be confirmed by other studies. Without more detailed analysis it is impossible to say if the 1987/88 DMTS underreported treatment or if the 1989 CPS overreported it.

9.3.3. Vitamin A Capsule Distribution

Another major child health program in Bangladesh is the distribution of Vitamin A capsules. These supplements ward off nutritional blindness in children. It is recommended that between ages six months and six years all children should be given one capsule every six months. Table 9.7 shows that roughly one-third of under-five-year-olds had taken a Vitamin A supplement in the previous six months. This is consistent with the findings of the 1987/88 DMTS.

The Vitamin A program is conducted with the help of male health outreach workers and at clinics and immunization centers. Tabulations by the background characteristics of the children who have received Vitamin A supplements suggests that this program is largely responsible for the present prevalence. There is little variation according to mother's schooling or ownership of

consumer durables which is consistent with the hypothesis that it is the program that reaches out to the women and not the women who search out the program or seek the same service from commercial providers. Nonetheless, with only one-third of Bangladeshi children being served, there is still considerable scope for expansion of this program.

9.4. Infant and Child Mortality

The task of measuring the probability that infants will survive has a number of parallels with fertility measurement. Two approaches can be taken with survey data. The indirect method uses ratios of the average number of children born to mothers and the average number still surviving when she was interviewed. When these ratios are calculated for women in five-year age groups, inferences can be made about the probability of survival because by knowing the mother's age one can make a reasonable estimate of the age distribution of her children. The weakness with this method is that when fertility is declining and age at marriage is rising it may not be valid to estimate the average age of children and hence impossible to judge accurately the proportion of children surviving to specific ages.

As in the case of fertility analysis, the direct method of infant and child mortality measurement is the most appropriate for Bangladesh. This method calculates how many children born in a specific year died before they reached a certain age. This information is available from the 1989 CPS. For every birth

within the previous five years mothers were asked if the child was still alive and, if not, at what age he or she had died.

9.4.1. Direct Measures of Infant Mortality

Table 9.8 gives three indicators of mortality in the first year of life. Neonatal mortality refers to deaths in the first month of life. Since almost all of the children born one to 12 calendar months before the interview had been born at least one month earlier, a neonatal mortality rate is available for every year. Post-neonatal mortality is deaths to children one to 11 months old. The infant mortality rate is the sum of the neonatal and post-neonatal mortality rates and is the probability of a child dying during his or her first year. The post-neonatal and infant mortality rates can be derived only for birth cohorts born one to four years prior to the date of interview; more recent births had not been exposed to the full risk of dying during their first year of life.

The mortality rates presented in Table 9.8 suggest that over the past five years Bangladesh's infant mortality rate has been approximately 100 deaths per 1000 live births. This is much lower than most recent estimates for Bangladesh which put the current infant mortality rate at 118 or 120 (UNICEF, 1990). The 1989 Bangladesh Fertility Survey also found unexpectedly low estimates of infant mortality in the most recent years; their national estimates ranged from 111 to 84 between 1985 and 1987. It would be unwise to accept the results of the 1989 CPS and BFS without further corroborating evidence. Mothers may be reluctant

Table 9.8

MORTALITY RATES FOR INFANTS DERIVED FROM THE
FIVE-YEAR TRUNCATED BIRTH HISTORY
(DEATHS PER 1000 LIVE BIRTHS)

(The Eligible Woman Sample, 1989 CPS)

Mortality rate/number of years prior to survey of birth	National	Male	Female
Infant mortality			
1	102	107	96
2	90	91	88
3	99	107	91
4	107	113	100
1-4	99	105	94
Neonatal mortality			
0	68	75	61
1	57	59	54
2	57	64	49
3	73	80	49
4	67	74	60
0-4	64	71	58
Post neonatal mortality			
1	45	48	42
2	33	27	39
3	27	27	26
4	40	39	40
1-4	36	35	37

to report a very recent death, although it is usually the case that it is the more distant deaths that are most likely to be underreported. Omission of children that died has very little effect on fertility rates but can seriously distort mortality rates. Even if all deaths were reported, deaths are sufficiently rare that a survey of more than 11,000 ever-married women such as the CPS will inevitably produce annual fluctuations which are difficult to interpret.

9.4.2. Proportions Surviving and Differentials of Childhood Mortality

Although the proportion of all children ever born who have survived is not a valid measure of current infant and child mortality levels, it can still serve as an index of child mortality and be useful in identifying the social and economic factors associated with greater risk of infant and child deaths. Table 9.9 presents these proportions for various background variables. All of the ratios are based on the experience of total children ever born to ever-married women aged 25 to 29 years so as to avoid the confounding effects of age and survivorship since younger women on average have younger children than older women and therefore have a greater chance of their children being alive at the time of the interview.

Rural-urban differences in child survival are relatively small. Children living in urban areas have only about a 2 percent greater chance of survival. Similarly, there are only minor differences between divisions although child mortality appears to be lowest in Chittagong. Social factors are much more significant. In particular, mother's education and economic well-being (as measured by number of consumer durables owned by the household) stand out as important determinants. As with a number of other behaviors measured by the 1989 CPS, mothers who have attended a few years of school are not very different from those who have had no education. On the other hand, women who have completed primary school or who have attended some secondary school are much more likely to have children who survive.

However, as in the case of immunization coverage, their husband's education does not have as strong a relationship with improved child survival. Economic status as measured by consumer durables is associated with greater child survival, but only among households with three or more items.

Table 9.9

PROPORTION OF CHILDREN SURVIVING OF ALL CHILDREN
BORN TO EVER-MARRIED WOMEN AGED 25-29 BY
SELECTED BACKGROUND CHARACTERISTICS

(The Eligible Woman Sample, 1989 CPS)

Background characteristics	Proportion of children surviving	Weighted Number of children
Area		
Rural	.815	5850
Urban	.834	954
Division		
Dhaka	.804	1889
Rajshahi	.822	1805
Chittagong	.829	1830
Khulna	.815	1280
Mother's schooling		
None	.795	4095
Some primary	.815	1408
Completed primary	.870	592
High school or higher	.908	709
Father's schooling		
None	.788	3015
Some primary	.807	1186
Completed primary	.857	593
High school or higher	.857	2010
Number of consumer items		
Zero	.781	1645
One	.801	1617
Two	.804	1146
Three or four	.842	1590
Five or six	.898	806

The importance of female education and economic conditions helps to explain the modest urban-rural differences in child survival. Table 9.10 shows that urban mothers with no education and those with fewer than three consumer durables actually have a worse experience with child survival than their rural counterparts. Only the most advantaged urban residents fare better, presumably because more services exist in the urban areas for those who can afford or demand them.

Table 9.10

PROPORTION OF CHILDREN SURVIVING OF ALL CHILDREN BORN
TO EVER-MARRIED WOMEN AGED 25-29 BY MOTHER'S
SCHOOLING, OWNERSHIP OF CONSUMER DURABLES
AND URBAN-RURAL LOCALITY

(The Eligible Woman Sample, 1989 CPS)

Background characteristics	Urban		Rural	
	Proportion surviving	Weighted number	Proportion surviving	Weighted number
Mother's schooling				
None	.774	403	.798	3692
Some primary	.822	191	.813	1217
Completed primary	.910	111	.861	481
High school or higher	.908	249	.909	460
Number of consumer items				
Zero	.700	130	.787	1515
One	.788	137	.803	1480
Two	.782	110	.807	1036
Three or four	.865	340	.835	1250
Five or six	.916	237	.891	569

9.5. Conclusions

This chapter has discussed a number of topics covered in the 1989 CPS related to child health care and child survival. The information on breastfeeding indicates that the average woman

breastfed her last birth for about two and a half years, a duration also found by the 1975 BFS. The 1989 CPS also noted that there is no apparent tendency for any particular groups of women to curtail breastfeeding early or not to breastfeed at all; this suggests that there has not been a decrease in the length of breastfeeding and that such a pattern is not likely to happen in the near future.

In terms of immunization coverage, to the extent that immunization could be measured by the 1989 CPS, the results show that there has been an improvement in recent years. In mid-1989 between 20 and 42 percent of one-year-olds had received at least one vaccination. Since that time the program has expanded considerably. Approximately the same proportion of children were being reached by the Vitamin A distribution program. More than one-third of under-five-year-olds had received a Vitamin A capsule in the last six months. While this is an achievement, it is clear that program efforts could be intensified to reach more children. In terms of diarrheal disease among infants and children, oral rehydration therapy treatment rates are apparently high, but this finding needs to be confirmed by other studies.

With respect to infant and child mortality, the findings of the 1989 CPS underscore the continuing high mortality risks faced by Bangladeshi infants. High fertility results in many children being born to mothers who have already had many pregnancies or who had already given birth in the past two years. Infant mortality rates are still above 100, indicating that more than

one out of ten children born alive will die before his or her first birthday. It is the urban poor that face the highest mortality risks. Poor, uneducated urban mothers have a lower proportion of children surviving than their counterparts in rural areas.

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**BANGLADESH CONTRACEPTIVE
PREVALENCE SURVEY-1989**

Interview Schedule
(Eligible Woman Sample)

Mitra and Associates
2/17, Iqbal Road, Mohammadpur
Dhaka-7, Bangladesh

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 | | | |

INTERVIEW INFORMATION

Interview call	1	2	3	4
Date				
Result Code*				

Interviewer Code | | | | No. of ER's _____

- *RESULT CODE:
- | | | | |
|-------------------------|---|------------------------|---|
| Completed | 1 | Dwelling vacant | 5 |
| No competent Respondent | 2 | Address not found | 6 |
| Deferred | 3 | Address not existing | 7 |
| Refused | 4 | Others (Specify) _____ | 8 |

Scrutinized	Reinterviewed
By	or spot checked
Date _____	By
	Date _____

Batch No. _____

HOUSEHOLD MEMBERS

Please tell the names of people who usually live in your household and any guests/visitors who are staying with you now. I would like you to tell first the names of females and then the names of males.

Females

Line No.	Name of woman	Does she usually live here?	Did she sleep here last night?	How old is she (completed year)?	Education		Has she ever been married? Yes/No	Inter-view eligibility (Please Tick)
					Did she go to school? Yes/No	If 'yes' what is the highest class passed		
F01								
F02								
F03								
F04								
F05								
F06								
F07								
F08								
F09								
F10								

NUMBER OF ELIGIBLE WOMEN: _____

- 204

Males

Line No.	Name of man	Does he usually live here?	Did he sleep here last night?	How old is he (completed year)?	Education		Has he ever been married? Yes/No
					Did he go to school? Yes/No	If 'yes' what is the highest class passed	
M01							
M02							
M03							
M04							
M05							
M06							
M07							
M08							
M09							
M10							

INDIVIDUAL PART

Village or Mohalla _____ Time Started _____

Line No. of Respondent

--	--	--

Converted H.H. Serial No.

--	--	--	--	--

INTERVIEW INFORMATION

Interview Call	1	2	3	4												
Date																
Result Code*																
Interviewer's Code Number	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			

*INTERVIEWER: For each call, enter the appropriate result code as follows.

Completed	1
In complete	2
Respondent not available	3
Deferred	4
Refused	5
Others (Specify)	8 _____

Scrutinized <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			Reinterviewed <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			Edited <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			Coded <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
or spot checked													
By <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				By <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				By <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			By <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
Date _____	Date _____	Date _____	Date _____										

208

SECTION - I

BACKGROUND CHARACTERISTICS

101. How old are you ? (PROBE)

Age _____ (completed years)

102. Did you ever attend school ?

Yes

No

(SKIP TO 105)

103. Was it a Primary school, Madrasa, Secondary school or higher that you attended last ?

Primary
school

High school

College/
University

Madrasa

Other

(Specify)

104. What was the highest class you passed ?

_____ class

105. | INTERVIEWER: CHECK THE APPROPRIATE BOX |

Class V
or above

Less than
class V

(GO TO 107)

106. Do you know how to write a letter in Bangla ?

Yes 1 No 2

107. What is your religion ?

Islam	<u> 1 </u>	Christianity	<u> 3 </u>
	-----		-----
Hinduism	<u> 2 </u>	Buddhism	<u> 4 </u>
	-----		-----
Other	<u> </u>		
	(Specify)	<u> 8 </u>	

108. 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 201)

109. Did you earn any money from this work during the last year ?

Yes 1 No 2

SECTION-II

REPRODUCTION, PREGNANCY STATUS, BREASTFEEDING, MARRIAGE,
CHILD CARE, AND FERTILITY PREFERENCEReproduction

201. I would like to ask you some questions about child bearing.
Have you ever given birth ?

Yes

1

No

2

(SKIP TO 205a)

202a. Do you have any sons or daughters you have given birth to
who are now living with you?

Yes

1

No

2

(SKIP TO 203a)

202b. How many sons live with you?

_____ Sons

202c. How many daughters live with you?

_____ Daughters

202d. That makes a total of _____ children who are now living
with you. Is that right ?

Yes

1

No

2

(Correct the responses
in 202b and 202c)

203a. Do you have any sons or daughters you have given birth to
who are alive, but do not live with you?

Yes

1

No

2

(SKIP TO 204)

203b. How many sons are alive, but do not live with you?

_____ Sons

203c. How many daughters are alive, but do not live with you?

_____ Daughters

203d. You have a total of _____ children not living with you. Is that right ?

Yes

1

No

2

(Correct the responses)

204. INTERVIEWER: FILL-IN THE SPACES BELOW FROM 202b, 202c, 203b AND 203c. THEN ASK:

Thus, you now have _____ living sons and _____ living _____ daughters? Is that right ?

Yes

1

No

2

(Correct the responses above)

205a. Have you ever given birth to a boy or a girl who was born alive but later died even a few minutes or hours after birth? If NO, PROBE: Any boy or girl who cried or showed any sign of life but only survived a few hours or days?

Yes

1

No

2

(SKIP TO 206a)

205b. How many boys have died ?

_____ Boys Died

212

205c. How many girls have died ?

_____ Girls Died

205d. Any other sons or daughters who cried or moved after birth but only survived a few minutes or hours?

Yes

 1

No

 2

(Correct the responses to 205b and 205c)

206a. | INTERVIEWER: FILL-IN THE SPACES BELOW FROM |
204, 205b AND 205c.

(i) Number of sons born alive _____

(ii) Number of daughters born alive _____

(iii) Total number of children born alive (live births) _____

206b. I find from your responses that so far you have given birth to _____ children, _____ sons and _____ daughters. Is that right ?

Yes

 1

No

 2

(Correct the responses above)

206c. | INTERVIEWER: CHECK 206a AND TICK THE APPROPRIATE BOX |

One live 1
birth or more -----

No

 2

(SKIP TO 217)

207. Now I would like to ask you some specific questions about your births, whether still alive or not, starting with the last one you had.

213

208a. Please think back to the time you last gave birth to a child that cried or moved after birth. In what month and year did that birth occur?

Month _____ Year _____

208b. What name was given to the child?

Name _____

208c. After (NAME) was born, did you have any other live birth, that is, did you give birth to any other child who cried or moved after it was born? I mean, any child who showed any sign of life after birth even if the child lived for only a few minutes or hours.

Yes | 1 |

No | 2 |

(SKIP TO The First Row of BHT and Enter the date of birth from 208a and name from 208b)

208d. After (NAME) was born, how many additional live births did you have?

Number _____

208e. (Interviewer: If more than one birth, ask for the most recent birth). In what month and year did (that birth or the most recent) birth occur?

Month _____ Year _____

208f. What name was given to the child?

Name _____

(Enter the date of birth from 208e) and name from 208f)

214

BIRTH HISTORY

209 Before _____ was (Name) born, did you give birth to any other child who moved or cried after it was born? If yes, what name was given to the baby.	210 In what month and year was (NAME) born? PROBE: What is his/her birthday OR: In what season?	211 Is (NAME) a boy or a girl?	212 Is (NAME) still alive?	213 IF DEAD: How old was (NAME) when he/she died? RECORD DAYS IF LESS THAN MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.	214 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED	215 IF ALIVE: Is he/she living with you?
(1)	(2)	(3)	(4)	(5)	(6)	(7)

<u>01</u> _____ (NAME)	<u>Beng/Eng</u> MONTH. YEAR.. BIRTH AFTER JAN'84 YES.....1 NO.....2 (GO TO 217)	BOY..1 GIRL.2	YES..1 (GO TO 214) NO...2	DAYS...1 MONTHS.2 YEARS..3 (GO TO NEXT BIRTH)	AGE IN YEARS NO...2	YES..1 NO...2
------------------------------	---	------------------	---------------------------------	--	--	------------------

<u>02</u> _____ (NAME)	<u>Beng/Eng</u> MONTH. YEAR.. BIRTH AFTER JAN'84 YES.....1 NO.....2 (GO TO 217)	BOY..1 GIRL.2	YES..1 (GO TO 214) NO...2	DAYS...1 MONTHS.2 YEARS..3 (GO TO NEXT BIRTH)	AGE IN YEARS NO...2	YES..1 NO...2
------------------------------	---	------------------	---------------------------------	--	--	------------------

(1)	(2)	(3)	(4)	(5)	(6)	(7)
03 ----- (NAME)	<u>Beng/Eng</u>					
	MONTH.	BOY..1	YES..1	DAYS...1		AGE
	YEAR..	GIRL.2	(GO TO 214)	MONTHS.2		IN
	BIRTH AFTER JAN'84		NO...2	YEARS..3		YEARS
	YES.....1			(GO TO NEXT BIRTH)		YES..1
						NO...2
04 ----- (NAME)	<u>Beng/Eng</u>					
	MONTH.	BOY..1	YES..1	DAYS...1		AGE
	YEAR..	GIRL.2	(GO TO 214)	MONTHS.2		IN
	BIRTH AFTER JAN'84		NO...2	YEARS..3		YEARS
	YES.....1			(GO TO NEXT BIRTH)		YES..1
						NO...2
05 ----- (NAME)	<u>Beng/Eng</u>					
	MONTH.	BOY..1	YES..1	DAYS...1		AGE
	YEAR..	GIRL.2	(GO TO 214)	MONTHS.2		IN
	BIRTH AFTER JAN'84		NO...2	YEARS..3		YEARS
	YES.....1			(GO TO NEXT BIRTH)		YES..1
						NO...2

Pregnancy status

217. Are you currently pregnant? I mean, are you carrying a baby?

 1 Currently
----- pregnant

 2 Not currently
----- pregnant

(SKIP TO 222)

 3 Don't know

218. How many months have passed since your menses stopped?

Months _____

219. Since you have been pregnant, have you been given any injection to prevent the baby from getting tetanus, that is, convulsions after birth?

Yes 1

No 2

Don't 3
remember -----

220. Did you see a doctor or anyone else for a check on this pregnancy?

Yes 1

No 2

(SKIP TO 222)

221. Who did you see?

Doctor	<u> 1 </u>	Trained nurse/ midwife	<u> 2 </u>
Traditional birth attendant	<u> 3 </u>	Other _____ (specify)	<u> 4 </u>

Breast-feeding

 222. | INTERVIEWER: CHECK 206a AND TICK THE APPROPRIATE BOX |

No live birth	<u> 1 </u>	One live birth or more	<u> 1 </u>
---------------	--------------	---------------------------	--------------

(SKIP TO 225)

223. Did you ever breast-feed _____?
 (NAME OF LAST CHILD)

Yes	<u> 1 </u>	No	<u> 2 </u>
-----	--------------	----	--------------

(SKIP TO 225)

 224a. | INTERVIEWER: CHECK THE BIRTH HISTORY
 | FOR _____ AND TICK THE APPROPRIATE BOX
(Name of last child)

224b. Whether _____ alive or not alive?
 (Name of last child)

Alive	<u> 1 </u>	Not alive	<u> 2 </u>
-------	--------------	-----------	--------------

(SKIP TO 224e)

224c. Whether _____ aged less than 3 years or aged
 (Name of last child)
 3 years or more?

Less than 3 years	<u> 1 </u>	3 years or more	<u> 2 </u>
----------------------	--------------	--------------------	--------------

(SKIP TO 224e)

215

224d. Are you still breast feeding _____?
 (Name of last child)

Yes 1

No 2

(SKIP TO 225)

224e. For how many months altogether did you breast-feed
 _____?
 Name of last child

Months _____

Marriage

225. Now I have some questions about your married life. Are you
 now married, widowed, divorced or separated.

 1 Currently married (SKIP TO 227a)

 2 Widowed

 3 Divorced

 4 Separated

 5 Deserted

226. In what month and year did you stop living with the husband,
 or did your husband die?

Month _____ Year _____

(SKIP TO 229)

227a. Does your husband ordinarily live in your household? (PROBE)

Yes 1

No 2

(SKIP TO 229)

227b. Is he away only for the time being, or have you stopped living together for ever?

Away for 1 Stopped for 2
time being ----- ever -----

(SKIP TO 228)

227c. How long will he be away from you?

_____ (Years) _____ (months)
(SKIP TO 229)

228. When did you stop living with him?

Month _____ Year _____

229. What is (was) the name of your husband?

Name _____

230. In what month and year were you and _____ married?
(Name)

Month _____ Year _____

231. A woman may have more than one marriage. I would like to know if you have been married more than once. (PROBE)

Once 1 More than 2
----- once -----

(SKIP TO 236)

Former Marriages

232 What was the name of the person you married before _____ (name)	233 In what month and year you married _____ (name)	234 How did the marriage end	235 In what month and year did the marriage end
(1)	<u>Beng/Eng</u> Month _____ Year _____ Years ago _____	[1] Death [2] Divorce [3] Separation [4] Desertion	<u>Beng/Eng</u> Month _____ Year _____ Years ago _____
(2)	<u>Beng/Eng</u> Month _____ Year _____ Years ago _____	[1] Death [2] Divorce [3] Separation [4] Desertion	<u>Beng/Eng</u> Month _____ Year _____ Years ago _____
(3)	<u>Beng/Eng</u> Month _____ Year _____ Years ago _____	[1] Death [2] Divorce [3] Separation [4] Desertion	<u>Beng/Eng</u> Month _____ Year _____ Years ago _____
(4)	<u>Beng/Eng</u> Month _____ Year _____ Years ago _____	[1] Death [2] Divorce [3] Separation [4] Desertion	<u>Beng/Eng</u> Month _____ Year _____ Years ago _____

236. | INTERVIEWER: CHECK 206a AND TICK THE APPROPRIATE BOX |

1

One live birth
or more

2

No live birth

(SKIP TO 244)

237. | INTERVIEWER: ENTER THE NAME, LINE NUMBER, AND SURVIVAL
| STATUS OF EACH BIRTH SINCE FEB. 1984. BEGIN WITH THE LAST
| BIRTH. THE HEADINGS IN VACCINATION TABLE SHOULD BE EXACTLY
| THE SAME AS THOSE AFTER Q.209. ASK THE QUESTIONS ONLY FOR
| LIVING CHILDREN. |

Vaccination Table

Line Number From Q.209	(1)	(2)	(3)	(4)
	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM- LAST NAME _____	THIRD-FROM LAST NAME _____
	ALIVE _____ GO TO 238	ALIVE _____ GO TO 238	ALIVE _____ GO TO 238	ALIVE _____ GO TO 238
	DEAD _____ NEXT BIRTH	DEAD _____ NEXT BIRTH	DEAD _____ NEXT BIRTH	DEAD _____ GO TO 244
238. Do you have a vac- cination card(NAME)? IF YES: May I see it, please?	YES, SEEN.....1 YES, NOT SEEN..2 (SKIP TO 240) NO CARD.....3 (SKIP TO 240)	YES, SEEN.....1 YES, NOT SEEN..2 (SKIP TO 240) NO CARD.....3 (SKIP TO 240)	YES, SEEN....1 YES, NOT SEEN.2 (SKIP TO 240) NO CARD.....3 (SKIP TO 240)	YES, SEEN....1 YES, NOT SEEN.2 (SKIP TO 240) NO CARD.....3 (SKIP TO 240)
239.RECORD DATES OF IMMUNIZA- TIONS FROM HEALTH CARD	NOT GIVEN DA MO YR	NOT GIVEN DA MO YR	NOT GIVEN DA MO YR	NOT GIVEN DA MO YR
BCG	1	1	1	1
DPT 1	1	1	1	1
POLIO 1	1	1	1	1
DPT 2	1	1	1	1
POLIO 2	1	1	1	1
DPT 3	1	1	1	1
POLIO 3	1	1	1	1
MEASLES	1	1	1	1
	(SKIP TO 241)	(SKIP TO 241)	(SKIP TO 241)	(SKIP TO 241)
240. Has (NAME) ever had a vac- cination to prevent him/her from gett- ing dis- eases?	YES.....1 NO.....2 DK.....7	YES.....1 NO.....2 DK.....7	YES.....1 NO.....2 DK.....7	YES.....1 NO.....2 DK.....7

	(1)	(2)	(3)	(4)
241. Has (NAME) taken a Vitamin A capsule since [=six months ago]?	YES.....1 NO.....2 DK.....7	YES.....1 NO.....2 DK.....7	YES.....1 NO.....2 DK.....7	YES.....1 NO.....2 DK.....7
242. Has (NAME) ever had diarrhea in the last month?	YES.....1 NO.....2 (GO TO NEXT COL) DK.....7	YES.....1 NO.....2 (GO TO NEXT COL) DK.....7	YES.....1 NO.....2 (GO TO NEXT COL) DK.....7	YES.....1 NO.....2 (SKIP TO 244) DK.....7
243. The last time (NAME) had diarrhea, was he/she given a sugar-salt water solution?	YES Homemade ORS 1 Packet ORS 2 NO.....3 DK.....7 (ALL GO TO NEXT COLUMN)	YES Homemade ORS 1 Packet ORS 2 NO.....3 DK.....7 (ALL GO TO NEXT COL)	YES Homemade ORS 1 Packet ORS 2 NO.....3 DK.....7 (ALL GO TO NEXT COL)	YES Homemade ORS 1 Packet ORS 2 NO.....3 DK.....7 (ALL GO TO 244)

Fertility Preferences

244. | INTERVIEWER: CHECK 225 AND TICK THE APPROPRIATE BOX |

Currently married | 1 |

Not currently married | 2 |
(SKIP TO 301)

 245. | INTERVIEWER: CHECK 217 AND TICK THE APPROPRIATE BOX |
 | BELOW |

Currently	<u> 1 </u>	Not	<u> 2 </u>	Don't	<u> 3 </u>
pregnant	-----	currently	-----	know	-----
		pregnant			
		(SKIP TO 246b)		(SKIP TO 246b)	

245a. Would you like to have more children in the future in addition to the one you are now expecting? (Tick the response in 247)

246b. Interviewer: Check 204 If the respondent has no living child, SKIP TO 248. Otherwise, ask the following question. Would you like to have more children in future? (Tick the response in 247).

247. Desire for children

<u> 1 </u>	Yes	<u> 2 </u>	No	<u> 3 </u>	Not
-----		-----		-----	decided
		(SKIP TO 301)		(SKIP TO 301)	

248. How many (more) children would you like to have in future?

_____ (Number)

249. How long would you like to wait from now before the birth of a (another) child ?

_____ (Years)

_____ (Months)

SECTION - III

CONTRACEPTION

301. Now I would like to talk about a different topic. There are various ways or methods that a couple can use to delay or avoid a pregnancy. Which of these ways or methods do you know of or have you heard about? CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303 BEFORE PROCEEDING TO THE NEXT METHOD.

TABLE-1

Methods (1)	302 Have you ever heard of (METHOD)? (2)	*303 Have you (has your husband) ever used (METHOD) (3)
01. PILL	Yes/SPONT.....1 Yes/PROBED.....2 No.....3	Yes.....1 No.....2
*02. CONDOM	Yes/SPONT.....1 Yes/PROBED.....2 No.....3	Yes.....1 No.....2
03. DIAPHRAGM/FOAM/JELLY	Yes/SPONT.....1 Yes/PROBED.....2 No.....3	Yes.....1 No.....2
04. INJECTION	Yes/SPONT.....1 Yes/PROBED.....2 No.....3	Yes.....1 No.....2
05. I.U.D	Yes/SPONT.....1 Yes/PROBED.....2 No.....3	Yes.....1 No.....2
06. FEMALE STERILIZATION	Yes/SPONT.....1 Yes/PROBED.....2 No.....3	Yes.....1 No.....2

Contd...

Table-1 (Contd.)

*07. MALE STERILIZATION	Yes/SPONT.....1	Yes.....1
	Yes/PROBED.....2	
	No.....3	No.....2
08. M.R.	Yes/SPONT.....1	Yes.....1
	Yes/PROBED.....2	
	No.....3	No.....2
09. SAFE PERIOD	Yes/SPONT.....1	Yes.....1
	Yes/PROBED.....2	
	No.....3	No.....2
*10. WITHDRAWAL	Yes/SPONT.....1	Yes.....1
	Yes/PROBED.....2	
	No.....3	No.....2
11. ABSTINENCE	Yes/SPONT.....1	Yes.....1
	Yes/PROBED.....2	
	No.....3	No.....2
12. OTHER	Yes/SPONT.....1	Yes.....1
	Yes/PROBED.....2	
	No.....3	No.....2
a. _____ (Specify)		Yes.....1 No.....2
b. _____ (Specify)		Yes.....1 No.....2
c. _____ (Specify)		Yes.....1 No.....2

 304. | INTERVIEWER: CHECK 303 AND TICK THE APPROPRIATE BOX |

Not a single
 "Yes" circled | 1 |
 (Never user) -----

At least one
 "Yes" circled | 2 |
 (Ever user) -----

(SKIP TO 307)

305. Just to be sure, have you or has your husband ever used anything or tried in any way to delay or avoid getting pregnant?

Yes | 1 |

No | 2 |

(SKIP TO 307)

306. What have you used or done? (CORRECT 302-303 AND THEN START WITH 307).

 307. | INTERVIEWER: CHECK 225 AND TICK THE APPROPRIATE BOX |

Currently
 married | 1 |

Not currently
 married | 2 |

(SKIP TO 316)

 308. | INTERVIEWER: CHECK 217 AND TICK THE APPROPRIATE BOX |

Not currently
 pregnant or
 don't know | 1 |

Currently
 pregnant | 2 |

(SKIP TO 315a)

309. 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 315a)

310. What is that method ?

CIRCLE BELOW THE METHOD THE RESPONDENT HAS MENTIONED

- 01 Pill
- 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)

SKIP TO 311b

311a. For how long have you been using _____
 (CURRENT METHOD)
 continuously.

Months _____ Years _____

311b. Have you experienced any problems from using _____
 (CURRENT METHOD) ?

Yes | 1 |

No | 2 |

(SKIP TO 313a)

312a. What are the problems you experienced? (PROBE and Get all
 the problems experienced)

 (a) Foam tablet, jelly, emko, cream, diaphragm.

 312b. | INTERVIEWER: TICK THE APPROPRIATE BOX |

Didn't mention | 1 |
 side effects -----

Mentioned | 2 |
 side effects -----

(SKIP TO 313a)

312c. Besides the problems you have mentioned, have you experienced any side effects from using _____?
 (CURRENT METHOD)
 (If yes, ask:) What are the side effects you have experienced? (PROBE)

313a. At any time during the same month, do you regularly use any method other than (CURRENT METHOD) ?

Yes | 1 |

No | 2 |

(SKIP TO 314a)

313b. Which method is that ?

Additional method _____

314a. Have you (or has your husband) ever used any other method or done anything else before _____ to avoid getting pregnant? (Check the response with 303, and reconcile in case there is any discrepancy)
 (CURRENT METHOD)

Yes | 1 |

No | 2 |

(SKIP TO 316)

314b. Which method did you use before _____ ?
 (CURRENT METHOD)

Method Before current _____

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314c. In what month and year did you start using _____ (METHOD BEFORE CURRENT) (the last time)?

Month _____ Year _____

314d. For how long had you been using _____ (METHOD BEFORE CURRENT) before you stopped using it (last time)

Months _____ Years _____

314e. What were the main reasons you stopped using _____ (METHOD BEFORE CURRENT) then? (PROBE and get all the reasons)

314f. | INTERVIEWER: TICK APPROPRIATE BOX |

Mentioned | 1 |
side effects -----
(SKIP TO 316)

Didn't mention | 2 |
side effects -----

314g. Besides the reasons you have mentioned, did you experience any side effects from using (METHOD BEFORE THE CURRENT)? (If yes ask:) What are the side effects you experienced? (PROBE)

(SKIP TO 316)

315a. | INTERVIEWER: CHECK 303 AND TICK THE APPROPRIATE BOX |

No 'Yes'
codes | 1 |
circled -----
(Never user)

At least one
'Yes' code | 2 |
circled -----
(Ever user)

(SKIP TO 322)

315b. You have said that you had ever used family planning method
Which was the last method you used?

Last Method _____

315c. In what month and year did you start using _____
(last time)? (LAST METHOD)

Month _____ Year _____

315d. For how long had you been using _____ before you
stopped using it (last time)? (LAST METHOD)

Months _____ Years _____

315e. What were the main reasons you stopped using (Last Method)?
(PROBE and Get all the reasons experienced)

315f. | INTERVIEW: TICK THE APPROPRIATE BOX |

Didn't mention | 1 |
side effects -----

Mentioned | 2 |
side effects -----

(SKIP TO 317)

315g. Besides the reasons you have mentioned, have you experienced
any side effects from using _____? (If yes, ask:)
(LAST METHOD)

What are the side effects you have experienced? (PROBE)

(SKIP TO 317)

ORAL PILL

323a. Who uses the oral pill ?

Male

Female

Both

Don't know

323b. How is the oral pill used ? (PROBE)

CONDOM

324. Who uses the condom ?

Male

Female

Both

Don't know

FOAM TABLET

325a. Who uses the foam tablet ?

Male

Female

Both

Don't know

325b. How is the foam tablet used ? (PROBE)

IUD

326a. Who uses the IUD ?

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
<input type="checkbox"/>	Both	<input type="checkbox"/>	Don't know

326b. Where do you get the IUD ?

<input type="checkbox"/>	Clinic	<input type="checkbox"/>	Market
<input type="checkbox"/>	Field worker	<input type="checkbox"/>	Don't know

326c. Is the IUD permanent method ?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Don't know		

VASECTOMY

327a. Who uses the vasectomy ?

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
<input type="checkbox"/>	Both	<input type="checkbox"/>	Don't know

327b. Is the vasectomy permanent method ?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Don't know		

TUBECTOMY

328a. Who uses the tubectomy ?

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
<input type="checkbox"/>	Both	<input type="checkbox"/>	Don't know

328b. Is the tubectomy permanent method ?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Don't know		

INJECTABLE

329a. Who uses the injectable ?

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
<input type="checkbox"/>	Both	<input type="checkbox"/>	Don't know

329b. How frequent is the injection used ? (PROBE)

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SAFE PERIOD

330. What time is safe period ? (PROBE)

 WITHDRAWAL

331a. Who uses the withdrawal ?

 Male

 Female

 Both

 Don't know

331b. When is the withdrawal used ? (PROBE)

- 09 Safe period
- 10 Withdrawal
- 11 Abstinence (SKIP TO 410b)
- 12 Other _____
(Specify)

405. Have you any _____ in your house now ?
method

Yes | 1 |

No | 2 |

(SKIP TO 407a)

406. Can you show them to me ?

Shown | 1 |

Not shown | 2 |

(SKIP TO 407b)

407a. | INTERVIEWER: Show samples and then ask this question; is
| it one of these ? (PROBE) |

407b. | 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)

(SKIP TO 410a)

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409. When did you accept the IUD (coil) you are now wearing?

Month _____ Year _____

410a. 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? (Tick the response in 411)

410b. Why are you not using any modern method of family planning? (PROBE)

410c. Did you ask anybody or visit any place to obtain instructions as to how to use (current method)

Yes 1

No 2

(SKIP TO 501)

410d. Which person/place? (Tick the response in 411)

411. Sources of supplies/services/instructions

Pharmacy

Shop (specify the type below)

Traditional doctor

(SKIP TO 501)

Qualified doctor

Mobile camp

Depot-holders

Other source _____
(specify)

- Clinic/hospital (_____)
Name
- Field worker (SKIP TO 414)
- Don't know (SKIP TO 501)

412. 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 (SKIP TO 501)
- Government
- Don't know

413. Where is the clinic/hospital located ?

- Knows 1
- Don't know 2 (SKIP TO 501)

INTERVIEWER: Write the location identification here

INTERVIEWER: If possible, try to ascertain from available local FP personnel, the category of the clinic/hospital and if ascertained, write the category

(SKIP TO 501)

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SECTION - V

ATTITUDES TOWARDS FAMILY PLANNING

501. Do you know any couple who are using family planning ?

Yes 1

No 2

(SKIP TO 503)

502. Why do you think they adopted family planning ? (PROBE)

503. Do you know any couple who are not using family planning ?

Yes 1

No 2

(SKIP TO 505)

504. Why do you think they are not using it ? (PROBE)

505. In your opinion, should a young couple who have recently become married, adopt family planning ?

Yes 1

No 2

506. | INTERVIEWER: CHECK 225 AND TICK APPROPRIATE BOX |

Currently	<u> 1 </u>	Not	<u> 2 </u>
married	-----	currently	-----
		married	

(SKIP TO 601)

507. Do you think that your husband is in favour or not in favour of using methods to avoid pregnancy ?

In favour	<u> 1 </u>	Not in favour	<u> 2 </u>
	-----		-----
Don't know	<u> 3 </u>		

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SECTION - VI
AVAILABILITY

601. | CROSS OUT (X) THE METHOD CODE IN THE FIRST ROW OF
 TABLE-V PAGE _____

1. IF A CODE 3 IS CIRCLED FOR 302 IN TABLE-I
 (SEE PAGE _____)

2. IF THE CODE FOR THAT METHOD IS CIRCLED IN
 310

| IF ALL METHODS ARE CROSSED OUT, GO TO 605 PAGE _____ |

602. | FOR EACH METHOD NOT CROSSED OUT ASK: |

From where would you obtain _____ ?
 method

Field worker | |

Clinic/ hospital | |

(SKIP TO 603)

(SKIP TO 604)

Any other source | |

 |

Don't know | |

 |

| CIRCLE THE RESPONSE IN TABLE-II. IF THE QUESTION FOR
 EACH METHOD NOT CROSSED OUT, HAS BEEN ASKED, SKIP TO 605;
 OTHERWISE ASK THE QUESTION 602 FOR THE NEXT METHOD NOT
 CROSSED OUT

603. 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-II

CIRCLE THE RESPONSE OF 603 UNDER 'WOULD BE COLLECTED FROM FIELD WORKER' IN TABLE-II

IF THE QUESTION FOR EACH METHOD NOT CROSSED OUT, HAS BEEN ASKED, SKIP TO 605; OTHERWISE ASK THE QUESTION 602 FOR THE NEXT METHOD NOT CROSSED OUT

604. Is it a government, private or voluntary clinic ?

Government

Voluntary

Private

Don't know

CIRCLE THE RESPONSE IN TABLE-II. IF THE QUESTION FOR EACH METHOD NOT CROSSED OUT, HAS BEEN ASKED, SKIP TO 605; OTHERWISE ASK THE QUESTION 602 FOR THE NEXT METHOD NOT CROSSED OUT

TABLE-II								
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.
Source								
[] 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
[] Traditional doctor	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
<u>Clinic/Hospital</u>								
[] 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
<u>Would be collected from field worker</u>								
<u>Home delivery</u>	11	11	11	11	11	11	11	11
[] Don't know any source	12	12	12	12	12	12	12	12
[] Don't know any source	13	13	13	13	13	13	13	13

605. | INTERVIEWER: CHECK 225 AND TICK THE APPROPRIATE BOX |

Currently
married

1

Not currently
married

2

(SKIP TO 701)

606. -----
INTERVIEWER: CHECK 309 AND TICK THE APPROPRIATE BOX

Currently using family planning	<u> 1 </u> -----	Not currently using family planning	<u> 2 </u> -----
---------------------------------------	-----------------------	---	-----------------------

(SKIP TO 608a)

607. -----
INTERVIEWER: CHECK 416 AND TICK THE APPROPRIATE BOX

Mentioned home delivery by field worker	<u> 1 </u> -----	Other	<u> 2 </u> -----
---	-----------------------	-------	-----------------------

(SKIP TO 608b)

608a. 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	<u> 1 </u> -----	No	<u> 2 </u> -----
-----	-----------------------	----	-----------------------

(SKIP TO 701)

608b. -----
 | 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.) How many times did the worker visit you in the last six months?

<u> 1 </u> -----	One time
<u> 2 </u> -----	Two times
<u> 3 </u> -----	Three times
<u> 4 </u> -----	Four times
<u> 5+ </u> -----	Five times or more

609. Who was this person? (PROBE)

01 Field worker

02 Others _____
(specify)

(SKIP TO 701)

610a. 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

610b. When the worker came to you last time, what were the reasons
of his coming to you ? (PROBE)

SECTION-VII

HUSBAND'S BACKGROUND AND HOUSEHOLD ASSETS

701. I would now like to ask you some questions about your husband.

(Interviewer: Check 231 and Tick the appropriate box).

Married 1
once -----

Married more 2
than once -----

702. | If married more than once, ask about the last husband |

703. In what year was your (last) husband born ? PROBE

Year of birth _____

704. Did your husband ever attend school ?

Yes

No 1

(SKIP TO 707)

705. Was it a Primary school, Madras, Secondary school or higher that he attended last ?

Primary 2
school -----

High school 3

College/
University 4

Madrasa 5

Don't know 6

Other _____ 8
(Specify) -----

(SKIP TO 708)

250

706. What was the highest class he passed ?

_____ Class

707. | INTERVIEWER: CHECK THE APPROPRIATE BOX BELOW |

1	Class V	2	Less than
-----	or above	-----	Class V

(GO TO 709)

708. Does (did) he know how to write a letter in Bangla ?

1	Yes	2	No
-----		-----	

709. What is (was) the principal occupation of your husband ?
(PROBE)

(Write in detail)

710a. Now I wish to ask you about any agricultural land that your household owns or uses. Do you have any land which is owned and worked by household members ?

1	Yes	2	No
-----		-----	

How much? _____

710b. Do you have any land mortgaged in/rented or sharecropped and worked by household members ?

1	Yes	2	No
-----		-----	

How much? _____

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710c. Do you have any land owned but rented out or mortgaged out or given in sharecropping to others?

 1 Yes 2 No

How much? _____

710d. Do you have any land owned but worked by others on sharecropping basis?

 1 Yes 2 No

How much? _____

711. Interviewer: record the construction materials of the dwelling structure under the given categories.

Categories	Concrete	Tin	Katcha	Other (specify)
Roof				
Wall				
Floor		XXXXXXXX		

712. Does your household (or any member of the household) have the following items ?

<u> 1 </u> -----	Almirah _____	<u> 2 </u> -----	Cot _____
<u> 3 </u> -----	Table/Chair Bench _____	<u> 4 </u> -----	Radio _____
<u> 5 </u> -----	Watch/ clock _____	<u> 6 </u> -----	Cycles/boat _____

713.

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:

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Initial Tables
of
The Couple Sample

B2
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Table-1.1DISTRIBUTION OF SAMPLE AREAS BY
DIVISION AND REGION(1)

(The Couple Sample, 1989 CPS)

Division	District	Total	Rural	Urban
RAJSHAHI	Rajshahi	3	2	1
	Dinajpur	3	2	1
	Bogra	1	1	-
	Rangpur	3	2	1
	Pabna	2	1	1
	Sub-total	12	8	4
KHULNA	Khulna	3	2	1
	Barisal	3	1	2
	Kushtia	1	1	-
	Jessore	2	1	1
	Patuakhali	1	1	-
	Sub-total	10	6	4
DHAKA	Dhaka	7	2	5
	Mymensingh	3	2	1
	Tangail	1	1	-
	Jamalpur	2	1	1
	Faridpur	4	3	1
	Sub-total	17	9	8
CHITTAGONG	Chittagong	3	1	2
	Chittagong	1	-	1
	Hill Tracts			
	Comilla	3	3	-
	Noakhali	1	1	-
	Sylhet	3	2	1
Sub-total	11	7	4	
TOTAL:		50	30	20

(1) Regions refer to old districts existing prior to the introduction of new administrative systems in early 1986.

Table-1.2

NUMBER OF HOUSEHOLDS AND NUMBER OF
ELIGIBLE COUPLES(1) SELECTED AND
INTERVIEWED, BY STRATUM

(The Couple Sample, 1989 CPS)

Stratum	Number of households		Number of eligible couples(2)	
	Selected	Interviewed	Selected	Interviewed
Rural	2288	2186	1698	1531
Urban	741	698	545	482
Total	3029	2884	2243	2013

(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, 1989 CPS)

Division	Number of rural Households			Number of urban Households		
	Selected	Successfully interviewed	Rural non-response rate (percentage)	Selected	Successfully interviewed	Urban non-response rate (percentage)
Rajshahi	633	607	4.1	153	143	6.5
Khulna	463	451	2.6	152	144	5.3
Dhaka	652	613	6.0	297	277	6.7
Chittagong	540	515	4.6	139	134	3.6
Total	2288	2186	4.5	741	698	5.8

Table-1.4

REASONS FOR HOUSEHOLD NON-RESPONSE

(The Couple Sample, 1989 CPS)

Reasons	Rural		Urban	
	Number	Percentage	Number	Percentage
No competent respondent	2	2.0	-	-
Deferred	-	-	-	-
Refused	-	-	1	2.3
Dwelling vacant	53	52.0	25	58.1
Address not found	9	8.8	5	11.6
Address not existing	13	12.7	10	23.3
Other	25	24.5	2	4.7
Total	102	100.0	43	100.0

Table-1.5

NON-RESPONSE RATE FOR INDIVIDUAL INTERVIEWS BY DIVISION

(The Couple Sample, 1989 CPS)

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	476	434	8.8	110	104	5.5
Khulna	370	334	9.7	119	105	11.8
Dhaka	480	428	10.8	224	184	17.9
Chittagong	372	335	9.9	92	89	3.3
Total	1698	1531	9.8	545	482	11.6

Table-1.6REASONS FOR INDIVIDUAL INTERVIEW
NON-RESPONSE

(The Couple Sample, 1989 CPS)

Reasons	Rural		Urban	
	Number	Percentage	Number	Percentage
Incomplete	3	1.8	2	3.2
Either spouse not available	132	79.0	55	87.3
Neither spouse available	10	6.0	-	-
Both spouses or either refused	6	3.6	3	4.8
Other	16	9.6	3	4.8
Total	167	100.0	63	100.1a

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

Table-1.7WEIGHTED NUMBER OF HOUSEHOLDS AND
ELIGIBLE COUPLES(1) IN THE
OBTAINED SAMPLE

(The Couple Sample, 1989 CPS)

Areas	Number of households			Number of eligible couples		
	Un-weighted	Weights	Weighted	Un-weighted	Weights	Weighted
Rural	2186	1.00000	2186	1531	1.00000	1531
Urban	698	0.52570	367	482	0.53595	258
Total	2884	-	2553	2013	-	1789

(1) Eligible couples are couples with wife under 50 years of age.

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Table-1.8

PERCENTAGES OF WIVES AND HUSBANDS HAVING UNPROMPTED
 AWARENESS OF: AT LEAST ONE METHOD(1), AT LEAST
 ONE MODERN METHODS; AT LEAST ONE
 TRADITIONAL METHOD(2)

(The Couple Sample, 1989 CPS)

Having unprompted awareness of	National		Rural		Urban	
	Wives	Husbands	Wives	Husbands	Wives	Husbands
At least one method	97.4	94.7	97.3	94.3	98.5	97.5
At least one modern method	97.3	94.6	97.1	94.1	98.5	97.5
At least one tra- ditional method	18.2	10.3	17.6	9.9	22.0	12.4
N	1789a	1789a	1531	1531	482	482

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

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

(a) Weighted total of eligible couples in the sample.

Table-1.9

NUMBER OF FAMILY PLANNING METHODS KNOWN AMONG
WIVES AND HUSBANDS (UNPROMPTED AWARENESS)

(The Couple Sample, 1989 CPS)

Number of method known	Any method		Modern method		Traditional method	
	Wives	Husbands	Wives	Husbands	Wives	Husbands
0	2.6	5.3	2.7	5.4	2.7	89.7
1	5.4	7.6	5.8	7.9	5.8	9.0
2	11.2	14.1	11.9	14.9	11.9	0.9
3	18.9	19.8	20.3	19.9	20.3	0.5
4	21.6	22.2	23.6	22.8	23.6	0.2
5	19.9	16.2	20.1	17.0	20.1	a
6	12.6	8.9	11.9	8.6	11.9	a
7	4.8	3.8	3.2	2.8	3.2	a
8	2.1	1.2	0.6	0.8	0.6	a
9	0.6	0.5	a	a	a	a
10	0.1	0.1	a	a	a	a
11	0.1	0.1	a	a	a	a
12	0.1	0.1	a	a	a	a
Total	100.0	99.9b	100.1b	100.0	100.0	99.9b
N(3)	1789	1789	1789	1789	1789	1789
Mean	4.04	3.63	3.83	3.51	0.21	0.12

(a) In Bangladesh, total number of usually available modern methods is 8, and that of usually known traditional methods is 4 including indigenous methods such as herbs.

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

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Table-1.10

PERCENTAGES OF WIVES AND HUSBANDS HAVING
AWARENESS OF SELECTED FAMILY
PLANNING METHODS(1)

(The Couple Sample, 1989 CPS)

Methods (A)	Knowledge					
	Unprompted (B)		Prompted (C)		Overall D=(B+C)	
	Wives	Husbands	Wives	Husbands	Wives	Husbands
Oral pill	94.5	88.0	5.2	11.0	99.7	98.9
Condom	50.5	63.3	27.3	28.6	77.8	92.0
Vaginal method	7.8	10.1	17.1	26.1	24.9	36.2
Injection	48.6	32.1	41.8	50.0	90.3	82.1
IUD	56.6	25.0	27.9	35.9	84.5	60.9
Tubectomy	83.7	73.3	15.9	25.6	99.7	98.9
Vasectomy	37.8	56.5	48.3	37.4	86.1	93.9
Induced abortion/MR	4.4	2.6	70.5	42.2	74.9	44.8
Safe period	8.2	5.8	35.9	42.5	44.2	48.3
Withdrawal	1.6	1.4	11.2	10.4	12.8	11.8
Abstinence	1.0	0.6	27.0	17.6	28.0	18.2
Other	10.0	4.2	48.0	36.0	58.0	40.2

(1) Weighted total of couples or of wives/husbands in the sample is 1789. The percentage for a method has been computed using as N the weighted total excluding NS (Not Stated) cases, if any, for the question about knowledge of the method. The number of NS cases for wives was 2 for abstinence.

Table-1.11

PERCENTAGES OF WIVES AND HUSBANDS HAVING
 AWARENESS(1) OF SELECTED FAMILY PLANNING
 METHODS BY RURAL-URBAN AREA(2)

(The Couple Sample, 1989 CPS)

Methods	National		Rural		Urban	
	Wives	Husbands	Wives	Husbands	Wives	Husbands
Oral pill	99.7	98.9	99.6	98.8	99.8	99.8
Condom	77.8	92.0	76.0	91.0	87.8	97.5
Vaginal method	24.9	36.2	20.5	32.3	50.6	58.9
Injection	90.3	82.1	90.1	81.7	91.5	84.4
IUD	84.5	60.9	83.5	59.0	90.2	71.4
Tubectomy	99.7	98.9	99.6	98.8	99.8	99.6
Vasectomy	86.1	93.9	85.8	93.6	87.8	95.4
Induced abortion/MR	74.9	44.8	73.6	43.1	82.6	54.6
Safe period	44.2	48.3	42.5	47.2	53.7	54.8
Withdrawal	12.8	11.8	11.3	10.8	21.6	17.4
Abstinence	28.0	18.2	26.2	17.0	38.8	24.9
Other	53.0	40.2	57.0	40.8	63.3	36.9
N	1789a	1789a	1531	1531	482	482

(1) Prompted knowledge and unprompted knowledge, combined.

(2) The percentage for a method has been computed using as N the total in the sample of couples or wives/husbands, number of 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 2 for abstinence.

(a) Weighted total of couples or of wives/husbands in the sample.

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Table-1.12

PERCENTAGES OF WIVES AND HUSBANDS HAVING AWARENESS(1)
OF SELECTED FAMILY PLANNING METHODS IN THE
1983, 1986 AND 1989 CPSs

(The Couple Sample)

Methods	CPSs(2)					
	Wives			Husbands		
	1983	1986	1989	1983	1986	1989
Oral pill	94.0	99.3	99.7	93.7	97.3	98.9
Condom	60.4	83.3	77.8	78.7	92.5	92.0
Vaginal method	16.3	25.5	24.9	28.4	39.5	36.2
Injection	60.8	76.5	90.3	60.9	73.9	82.1
IUD	41.6	69.5	84.5	31.4	49.4	61.9
Tubectomy	96.5	99.1	99.7	95.0	97.6	98.9
Vasectomy	74.6	87.1	86.1	85.2	95.8	93.9
Induced abortion/MR	49.8	62.9	74.9	32.2	46.7	44.8
Safe period	35.8	48.3	44.2	47.4	44.1	48.3
Withdrawal	21.7	26.5	12.3	21.5	24.8	11.8
Abstinence	21.8	29.4	28.0	33.5	32.7	18.2
Other	34.8	33.0	58.0	24.7	29.9	40.2

(1) Prompted knowledge and unprompted knowledge, combined.

(2) The couple sample was not interviewed in the 1979 and 1981 CPSs.

Table-1.13

PERCENTAGES OF WIVES AND HUSBANDS HAVING EVER
USED: AT LEAST ONE FAMILY PLANNING METHOD;
AT LEAST ONE MODERN METHOD(1); AT
LEAST ONE TRADITIONAL METHOD(2)

(The Couple Sample, 1989 CPS)

Having ever used	National		Rural		Urban	
	Wives	Husbands	Wives	Husbands	Wives	Husbands
At least one method	53.0	53.6	50.3	50.7	68.9	71.0
At least one modern method	44.9	46.7	41.7	43.3	63.9	66.6
At least one traditional method	18.9	18.4	18.1	17.7	24.3	22.4
N	1789a	1789a	1531	1531	482	482

(1) Modern methods: Oral pill, condom, vaginal method, contraceptive 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.

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Table-1.14

PERCENTAGES OF WIVES AND HUSBANDS HAVING
EVER USED SELECTED FAMILY PLANNING
METHODS(1)

(The Couple Sample, 1989 CPS)

Methods	National		Rural		Urban	
	Wives	Husbands	Wives	Husbands	Wives	Husbands
Oral pill	29.4	31.0	25.8	27.4	50.4	52.8
Condom	12.4	17.9	9.8	15.3	27.4	33.2
Vaginal method	2.2	3.3	1.2	2.2	8.1	10.4
Injection	4.5	4.2	4.1	4.0	6.6	5.4
IUD	6.7	6.0	5.7	5.2	12.7	10.4
Tubectomy	9.6	9.4	9.8	9.7	8.1	8.1
Vasectomy	2.0	2.0	2.2	2.1	1.0	1.0
Induced abortion/MR	3.7	3.0	3.1	2.2	6.8	7.9
Safe period	11.5	13.2	11.0	12.4	14.7	18.0
Withdrawal	3.3	2.6	2.7	2.4	6.8	4.4
Abstinence	1.3	1.4	1.2	1.1	1.9	3.3
Other	5.8	4.4	5.8	4.7	5.8	2.5
N	1789a	1789a	1531	1531	482	482

(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 husband was 1 for other method. The number of NS cases for wives was 1 for abstinence.

(a) Weighted total of couples or of wives/husbands in the sample.

Table-1.15

PERCENTAGES OF WIVES AND HUSBANDS HAVING EVER USED
 FAMILY PLANNING METHODS IN THE
 1983, 1986 AND 1989 CPSS
 BY RURAL-URBAN AREAS

(The Couple Sample)

Methods	CPSS(1)					
	Wives			Husbands		
	1983	1986	1989	1983	1986	1989
<u>Any method</u>						
National	44.1	46.4	53.0	56.1	50.0	53.6
Rural	41.9	44.3	50.3	54.1	47.8	50.7
Urban	65.5	64.2	68.9	74.8	69.1	71.0

<u>Modern method(2)</u>						
National	28.9	46.4	44.9	38.1	50.0	46.7
Rural	25.91	44.3	41.7	35.4	47.8	43.3
Urban	57.1	64.2	63.9	64.1	69.1	66.6

(1) The couple sample was not interviewed in the 1979 and 1981 CPSSs.

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

Table-1.16

PERCENTAGES OF WIVES AND HUSBANDS HAVING EVER USED
SELECTED FAMILY PLANNING METHODS IN THE
1983, 1986 AND 1989 CPSs

(The Couple Sample)

Methods	CPSs(1)					
	Wives			Husbands		
	1983	1986	1989	1983	1986	1989
Oral pill	15.8	21.8	29.4	22.3	24.7	31.0
Condom	9.2	11.9	12.4	18.5	18.9	17.9
Vaginal method	2.1	2.8	2.2	5.0	5.1	3.3
Injection	1.6	2.4	4.5	1.6	2.1	4.2
IUD	2.4	4.6	6.7	2.3	4.2	6.0
Tubectomy	7.3	8.8	9.6	7.3	8.8	9.4
Vasectomy	2.8	4.3	2.0	2.8	4.7	2.0
Induced abortion/MR	1.5	1.6	3.7	2.1	1.3	3.0
Safe period	19.0	10.0	11.5	28.3	13.5	13.2
Withdrawal	5.8	4.9	3.3	7.2	4.4	2.6
Abstinence	5.8	1.6	1.3	13.9	2.8	1.4
Other	4.4	3.8	5.8	5.5	3.1	4.4

(1) The couple sample was not interviewed in the 1979 and 1981 CPSs.

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Table-1.17CURRENT USE OF CONTRACEPTION AMONG WIVES
AND HUSBANDS, BY METHOD

(The Couple Sample, 1989 CPS)

Contraception status	Wives		Husbands	
	Weighted number(1)	Percent-age(2)	Weighted number(1,5)	Percent-age(2,3)
Modern methods (total)	489	27.3	501	28.0
Oral pill	178	9.9	190	10.6
Condom	46	2.6	55	3.1
Vaginal method	2	0.1	3	0.2
Injection	32	1.8	26	1.5
IUD	33	1.8	31	1.7
Tubectomy(4)	172	9.6	169	9.4
Vasectomy	26	1.4	27	1.6
Traditional methods(total)	143	8.0	154	8.6
Safe period	76	4.2	100	5.6
Withdrawal	15	0.9	16	0.9
Abstinence	14	0.8	10	0.6
Other	38	2.1	28	1.6
Any method	630	35.2	653	36.5
No method	1159	64.8	11136	63.5
Total	1789	110.0	1789	100.0

(1) Due to rounding after weighting the sum of modern methods (489) and traditional methods (143) comes to 632 instead of 630.

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

(3) Because of rounding errors, the sum of individual rates for traditional method is 8.7 instead of 8.6 and in consequence, that for any method comes to 36.6 instead of 36.5.

(4) In either of the groups, (wives or husbands) respondents reporting both themselves and their spouses as sterilized were counted under tubectomy. Among the husbands, 0.4 percent reported that they and their wife were both sterilized.

(5) Due to rounding after weighting the sum of modern method (501) and traditional method (154) come to 655 instead of 653.

Table-1.18

CURRENT USE OF CONTRACEPTION AMONG WIVES AND HUSBANDS,
BY METHOD AND BY RURAL-URBAN AREA(1)
(The Couple Sample, 1989 CPS)

Method	Rural		Urban	
	Wives(5)	Husbands(4)	Wives(3)	Husbands
Modern methods (total)	25.2	25.7	39.0	41.3
Oral pill	8.5	8.9	18.5	20.5
Condom	1.9	2.4	6.4	6.8
Vaginal method	-	0.1	0.6	0.6
Injection	1.8	1.4	1.7	1.5
IUD	1.6	1.5	2.9	2.9
Tubectomy(2)	9.9	9.7	8.1	7.9
Vasectomy	1.5	1.6	0.8	1.0
Traditional method(total)	7.8	8.6	9.0	8.3
Safe period	4.2	5.6	4.1	5.4
Withdrawal	0.8	0.8	1.0	1.5
Abstinence	0.7	0.5	1.2	0.8
Other	2.0	1.7	2.7	0.6
Any method	33.1	34.3	48.1	49.6
No method	66.9	65.7	51.9	50.4
Total	100.0	100.0	100.0	100.0
N	1531	1531	482	482

- (1) All the rates have been computed directly from the actual number of users.
- (2) In any subgroup, the proportion of respondents reporting both themselves and their spouses or sterilized was included under tubectomy. This proportion was as follows for the different subgroups: rural husband 0.5 percent; rural wives 0.5 percent.
- (3) Because of rounding errors, the sum of individual rates for traditional method is 9.0 instead of 9.1 and consequence, that for any method come to 48.0 instead of 48.1.
- (4) Because of rounding errors, the sum of individual rates for modern methods is 25.6 instead of 25.7.
- (5) Because of rounding errors, the sum of individual rate for traditional method is 7.7 instead of 7.8 and in consequence, that for any method comes to 32.9 instead of 33.1.

Table-1.19

CURRENT USE OF CONTRACEPTION AMONG WIVES AND
HUSBANDS BY METHODS IN THE 1983,
1986 AND 1989 CPSS

(The Couple Sample)

Methods	CPSS(1)					
	Wives			Husbands		
	1983	1986	1989	1983	1986	1989
Modern methods(total)	16.3	24.3	27.3	17.3	25.7	28.0
Oral pill	3.6	6.2	9.9	3.8	6.4	10.6
Condom	1.8	3.3	2.6	2.7	4.0	3.1
Vaginal method	0.2	0.3	0.1	0.4	0.5	0.2
Injection	0.1	0.2	1.8	0.2	0.4	1.5
IUD	0.1	1.9	1.8	0.9	1.8	1.7
Tubectomy	7.2	8.8	9.6	7.3	8.8	9.4
Vasectomy	2.4	3.6	1.5	2.3	3.8	1.6
Traditional method(total)	7.8	8.6	7.9	11.8	9.2	8.6
Safe period	3.4	4.4	4.2	6.0	5.5	5.6
Withdrawal	1.0	1.2	0.8	1.3	0.9	0.9
Abstinence	0.8	0.7	0.8	1.9	1.0	0.6
Other	2.5	2.3	2.1	2.7	1.8	1.6
Total use rate	24.1	32.9	35.2	29.5	34.9	36.5

(1) The couple sample was not interviewed in the 1979 and 1981 CPSSs.

Table-1.20

PERCENTAGE DISTRIBUTION OF CURRENT USERS OF
NON-CLINICAL(1) FAMILY PLANNING METHODS
BY REPORTED SOURCE OF SUPPLY(2)

(The Couple Sample, 1989 CPS)

Source of supply	National		Rural		Urban	
	Wives	Husbands	Wives	Husbands	Wives	Husbands
Pharmacy	29.4	36.9	22.2	28.2	47.2	59.3
General stores	6.8	9.6	6.3	11.5	8.1	5.2
Pan/cigarette shop	1.2	1.2	0.6	1.1	2.4	0.7
Unspecified shop	-	-	-	-	-	-
Don't know shop category	0.7	-	0.6	-	0.8	-
Traditional doctor	1.1	0.8	1.3	0.6	0.8	0.7
Qualified doctor	1.1	0.4	1.3	0.6	0.8	-
Mobile camp	-	-	-	-	-	-
Clinic/hospital	13.4	13.3	15.8	15.5	6.5	7.4
Field worker	41.5	35.7	46.2	40.8	30.9	25.2
Other	2.7	1.6	3.2	1.7	1.6	0.7
Don't know	2.0	0.4	2.5	-	0.8	0.7
Total	100.0	99.9a	100.0	100.0	99.9a	99.9a
N(3)	225b,c	246b	158c	174	123	135

(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.

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

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

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

Table-1.21

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

(The Couple Sample, 1989 CPS)

Source of supply	Wives			Husbands		
	Oral pill	Con-dom	Vaginal method	Oral pill	Con-dom	Vaginal method
Pharmacy	29.8	24.9	100.0	40.0	24.0	100.0
General store	0.6	31.3	-	-	43.4	-
Pan/Cigarette shop	0.6	3.5	-	-	4.6	-
Unspecified shop	-	-	-	-	-	-
Don't know shop	1.1	-	-	-	-	-
Traditional doctor	1.7	-	-	1.1	-	-
Qualified doctor	1.1	2.2	-	0.5	-	-
Mobile camp	-	-	-	-	-	-
Depot holder	-	-	-	-	-	-
Clinic/Hospital	14.0	8.9	-	14.7	7.4	-
Field worker	45.5	26.9	-	41.1	20.5	-
Other	3.4	-	-	1.1	-	-
Don't know	2.2	2.2	-	0.5	-	-
Total	100.0	99.9a	100.0	100.0	99.9a	100.0
N(2)	178	46	2	190	55	3

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

(2) Weighted totals of current users of non-clinical family planning methods in the samples.

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

Table-1.22

PERCENTAGE DISTRIBUTION OF CURRENT USERS OF A
CLINICAL(1) FAMILY PLANNING METHODS
BY REPORTED SOURCE OF SUPPLY(2)

(The Couple Sample, 1989 CPS)

Source of supply	National		Rural		Urban	
	Wives	Husbands	Wives	Husbands	Wives	Husbands
Pharmacy	-	-	-	-	-	-
General stores	-	-	-	-	-	-
Pan/cigarette shop	-	-	-	-	-	-
Unspecified shop	-	-	-	-	-	-
Don't know shop category			-	-	-	-
Traditional doctor	0.4	-	0.4	-	-	-
Qualified doctor	0.4	1.0	-	0.5	3.0	4.7
Mobile camp	1.5	1.2	1.8	1.4	-	-
Clinic/hospital	91.9	93.4	91.6	93.1	93.9	95.3
Field worker	4.8	4.0	5.3	4.6	1.5	-
Other	-	-	-	-	-	-
Don't know	1.0	0.4	0.9	0.5	1.5	-
Total	100.0	100.0	100.0	100.1a	99.9a	100.0
N(3)	262b	252b	227	218	66	64

(1) Clinical methods: contraceptive 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.

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

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

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Table-1.23

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

(The Couple Sample, 1989 CPS)

Source of supply	Wives				Husbands			
	Injec- tion	IUD	Tubec- tomy	Vasec- tomy	Injec- tion	IUD	Tubec- tomy	Vasec- tomy
Pharmacy	-	-	-	-	-	-	-	-
General store	-	-	-	-	-	-	-	-
Pan/Cigarette shop	-	-	-	-	-	-	-	-
Unspecified shop	-	-	-	-	-	-	-	-
Don't know shop category	-	-	-	-	-	-	-	-
Traditional doctor	3.1	-	-	-	-	-	-	-
Qualified doctor	1.7	-	0.6	-	6.0	1.8	0.3	-
Mobile camp	3.1	-	1.8	-	3.9	-	1.2	-
Depot holder	-	-	-	-	-	-	-	-
Clinic/hospital	70.5	78.1	97.1	96.1	66.9	85.1	97.9	100.0
Field worker	18.6	21.9	-	-	23.3	13.1	-	-
Other	-	-	-	-	-	-	-	-
Don't know	3.1	-	0.6	3.8	-	-	0.6	-
Total	100.1a	100.0	100.1a	99.9a	100.1a	100.1a	100.0	100.0
N(3)	32	32	171	26	26	31	169	27

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

(2) The percentage for a source has been computed using N in 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 excluding NS cases.

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