

PN - ARMY - 533

BANGLADESH CONTRACEPTIVE PREVALENCE SURVEY 1991

KEY FINDINGS



PJ-ABM-533
1991

BANGLADESH CONTRACEPTIVE PREVALENCE SURVEY 1991

KEY FINDINGS

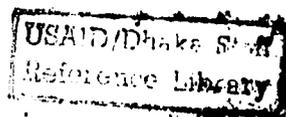
S.N. Mitra, Charles Lerman, and Shahidul Islam



MITRA AND ASSOCIATES

2/17, IQBAL ROAD, MOHAMMADPUR
DHAKA, BANGLADESH

July 1992



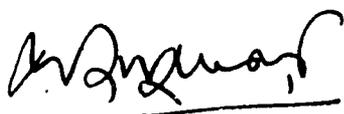
PREFACE

The 1991 Bangladesh Contraceptive Prevalence Survey is the sixth CPS undertaken in Bangladesh. It shows steady improvements in contraceptive use and fieldworker visitation and highlights areas of further programmatic need, such as improving low performance in Chittagong Division. I am confident that these Key Findings will be of great assistance in policy formulation and strategic planning in all population-related sectors.

As the Chairman of the 1991 Bangladesh CPS Technical Review Committee, I am pleased to write the Preface of this Report. The Technical Review Committee is composed of representatives from the Government of Bangladesh and USAID and prominent Bangladeshi researchers. It meets to guide and approve the Contraceptive Prevalence Surveys and exemplifies the close cooperation which presently exists between the Government of Bangladesh and the donor and research communities.

Mitra and Associates, a private Bangladeshi research firm, was responsible for conducting the 1991 CPS. I am proud that this organization was able to complete the study with such a high degree of expertise and professionalism.

As Chairman, on behalf of the Technical Review Committee, I would like to thank the Research Division of the National Institute for Population Research and Training (NIPORT) and Mitra and Associates for their timely completion of these Key Findings.



Md. Najmul Huq
Director General
NIPORT
July 1992

FORWARD

The Bangladesh Contraceptive Prevalence Survey is an important tool to evaluate the achievement of our National Family Planning Program. It is a scientific way to determine the Program's current status, identify its strengths and weaknesses and predict its likely future directions.

I find many of the findings of the 1991 Contraceptive Prevalence Survey encouraging. They document the increasing use of contraceptives in our country as well as significant improvements in fieldworker visitation and contraceptive distribution through field-based programs. Nevertheless, we at the Ministry of Health and Family Welfare are well aware of the formidable demographic challenges facing Bangladesh and the need to remain vigilant against any slackening of program effort. If we are to reach our mid-decade objectives, we will need to continue to mobilize our resources to promote contraceptive use by a growing pool of eligible couples. Our goal is to provide every Bangladeshi couple with the opportunity to have a small and healthy family.

I would like to thank Mitra and Associates for conducting this study with professional excellence and NIPORT for coordinating this study successfully. USAID also deserves thanks for its generous financial support and technical assistance.



Syed Ahmed
Secretary
Ministry of Health and Family Welfare
Government of Bangladesh
July 1992

EXECUTIVE SUMMARY

*F*amily planning awareness and use now stand at historically high levels in Bangladesh. The vast majority of ever married women under age 50 know about contraceptive methods, nearly half have used modern methods and nearly two-fifths of currently married women now use some method. The pace of this contraceptive use has also recently increased. The two most popular contraceptive methods in Bangladesh are pills and tubectomies, with over 13 percent of currently married women below age 50 using pills and slightly less than 10 percent using tubectomies. Pills and injectables have gained in popularity, tubectomies have declined in popularity, and the other methods, including the traditional methods, have remained relatively stable over time. Contraceptive use has also expanded more rapidly among older women and less educated women compared with other family planning groups. Thirty-six percent of married women below age 50 reported a visit by a fieldworker during the previous six months, a proportion substantially higher than in earlier years. Nearly two-thirds of women reported receiving their pills and condoms from fieldworkers and one-quarter reported receiving them from shops and pharmacies. Over time, the proportion of women supplied with pills and condoms by fieldworkers has increased sharply, with a parallel decrease in the proportion supplied through shops and pharmacies. Regionally, there is lower contraceptive use and fieldworker visitation in Chittagong Division than in the other three divisions.



INTRODUCTION

Since 1979, the Contraceptive Prevalence Survey (CPS) has been a major monitoring tool for the periodic assessment of family planning program performance in Bangladesh. The 1991 CPS is the sixth in a series, and like previous ones, it was sponsored by the Government of Bangladesh and funded by the United States Agency for International Development.

The 1991 CPS is a national survey of households. It used a probability sample of 200 sampling spots — 120 in rural areas and 80 in urban areas — yielding interviews with a total of 12,050 ever married women below age fifty — 8,973 in rural areas and 3,077 in urban areas. The findings can be analyzed as nationally representative and also representative of the country's rural and urban areas and four administrative divisions. The survey took place between June 7 and October 15, 1991. It was designed to be comparable with previous CPSs in order to identify and evaluate program performance trends.

The 1991 CPS asked women about their social and economic status, their fertility behavior and intentions, their knowledge and current and past practice of contraception, and their use of selected primary health care interventions. This Key Findings Report describes variables that are most relevant to program managers, project officers, and social scientists responsible for assessing National Family Planning Program performance. These variables may be grouped into five categories: contraceptive awareness, ever contraceptive use, current contraceptive use, fieldworker visitation, and source of supplies.

THE NATIONAL FAMILY PLANNING PROGRAM IN BANGLADESH

At the time Bangladesh gained independence in 1971, there were good reasons to believe that achieving rapid fertility decline would be an exceedingly difficult, if not impossible, task. The country was characterized by virtually none of the modernizing conditions social scientists thought necessary for such decline. It was among the poorest and most densely populated nations in the world, with high illiteracy, low urbanization and industrialization, extensive land fragmentation and landlessness, an overexploitation of resources, and widespread female seclusion.

Nevertheless, Bangladesh's recent experience challenges this assessment. National-level contraceptive prevalence and fertility surveys over the years have consistently documented growth in contraceptive prevalence rates and decline in fertility rates. Even though social and



economic conditions have changed little over the years, some pilot project and NGO program areas in Bangladesh have achieved contraceptive prevalence rates rivaling those in the most developed areas of South Asia. It has thus become apparent that social and economic development is not necessarily a precondition for Bangladesh's initial fertility decline. Indeed, in a country laboring under such severe demographic and ecological pressure, this transformation may only become possible after fertility decline is well underway.

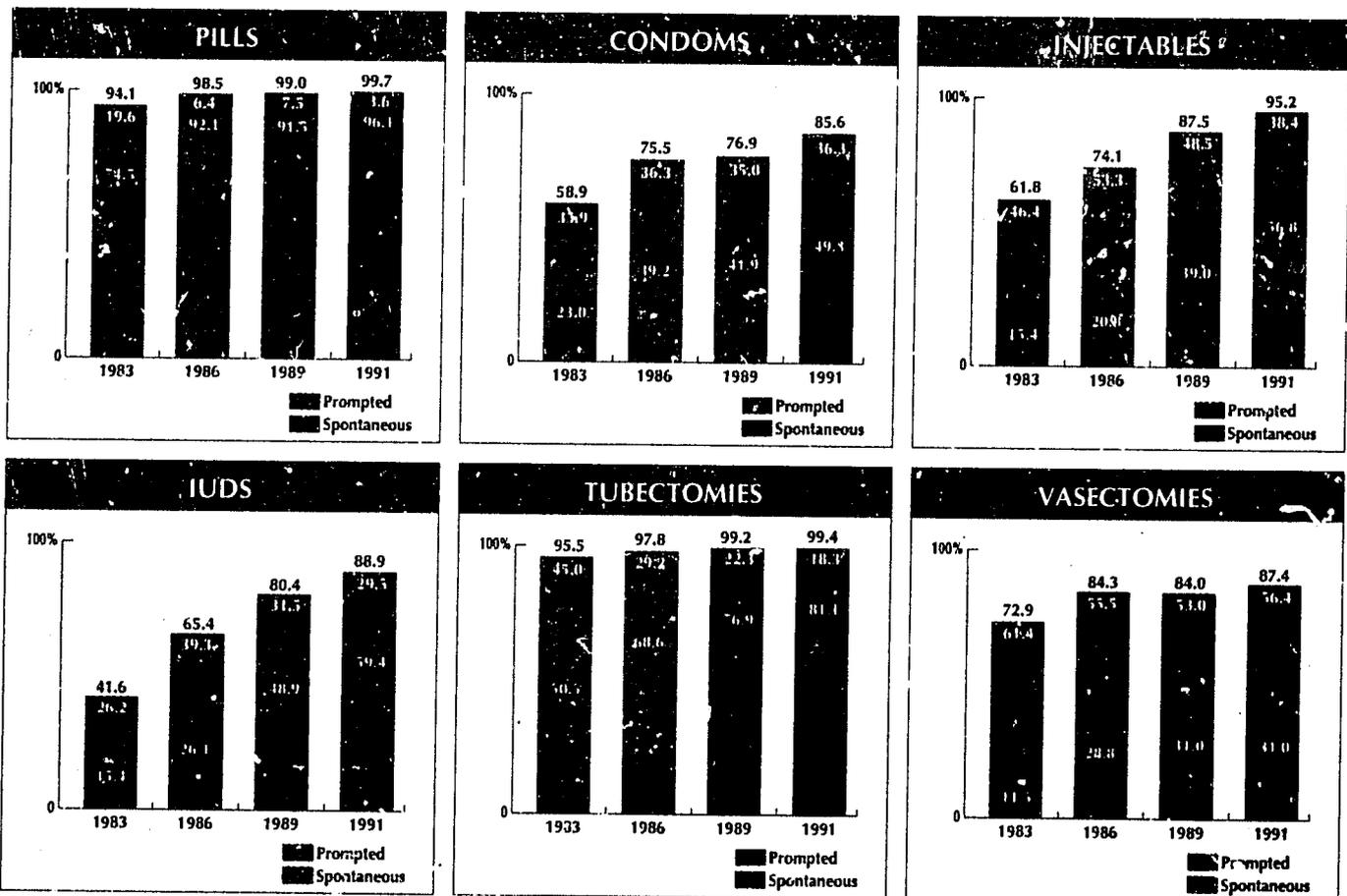
Over the years, the three major components of the National Family Planning Program — the Government of Bangladesh, NGOs, and the subsidized commercial sector — have taken numerous measures to make family planning acceptable and accessible in Bangladesh. All three components have emphasized increasing public awareness of family planning, delivering commodities and services to local communities, and supplying conventional contraceptives either free-of-charge or at nominal cost.

The government program includes two directorates specifically designated for family planning and maternal-child health; eight units under these directorates specializing in administration, personnel, logistics, IEC, reporting and recording, MCH services, research, and training; clinical service provision including counseling, follow-up management, sterilizations, IUDs, and injectables; and outreach service provision including promotion, referrals, pills, and condoms. Both the NGO sector and the commercial sector, mainly the Social Marketing Company, are well-established and account for an important share of the contraceptive market. More than one-hundred NGOs provide family planning services in Bangladesh. They offer a full range of contraceptives and operate widely in the country. To date, NGOs have been most responsible for family planning outreach delivery in urban areas. Commercial sector pills and condoms are sold throughout Bangladesh. Through its distribution system, the Social Marketing Company alone supplies contraceptive products to more than 130,000 retail outlets nation-wide.

CONTRACEPTIVE AWARENESS

Public awareness of contraceptive methods is high in Bangladesh (Figure 1). By 1991, virtually all married women under age 50 had heard of pills and tubectomies and above 85 percent had heard of condoms, injectables, IUDs and vasectomies. Almost 100 percent of these women spontaneously answered pills when asked if they had heard of contraceptive methods. Similarly, four-fifths spontaneously answered tubectomies, between one-half and three-fifths answered condoms, injectables or IUDs, and almost one-third answered vasectomies. Awareness about contraceptive methods has risen steadily over time.

Figure 1: Awareness of Contraceptive Methods Among Ever Married Women Under Age 50, 1983-1991.



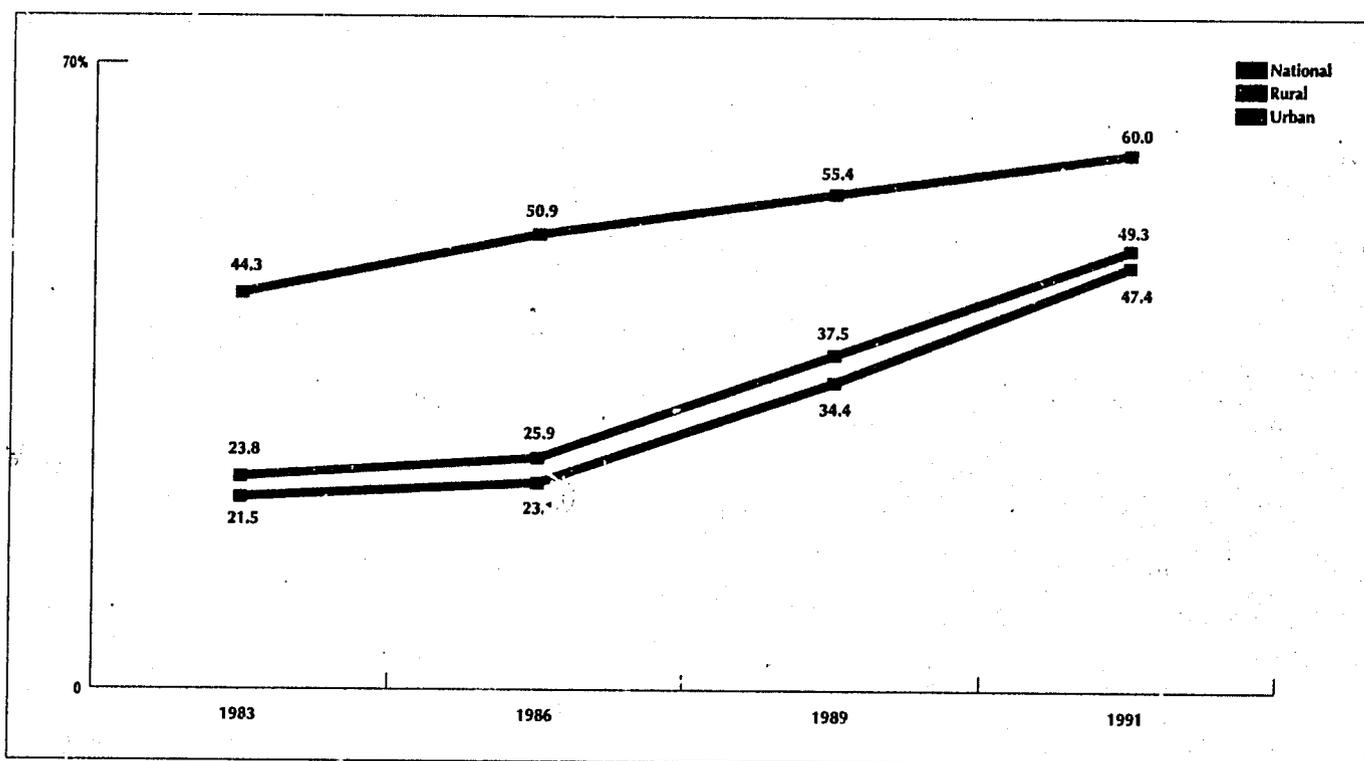
Source: 1991 Bangladesh Contraceptive Prevalence Survey.



EVER CONTRACEPTIVE USE

By 1991, 49.3 percent of ever married Bangladeshi women under age 50 reported that they or their husbands had ever used modern contraceptives (pills, condoms, injectables, IUDs, and sterilization) — 47.4 percent of those living in rural areas and 60.0 percent of those living in urban areas (Figure 2). (Because approximately four-fifths of Bangladeshis live in rural areas, national percentages will closely resemble rural ones.) The proportion of Bangladeshi couples ever using contraception has consistently risen over time, especially in rural areas.

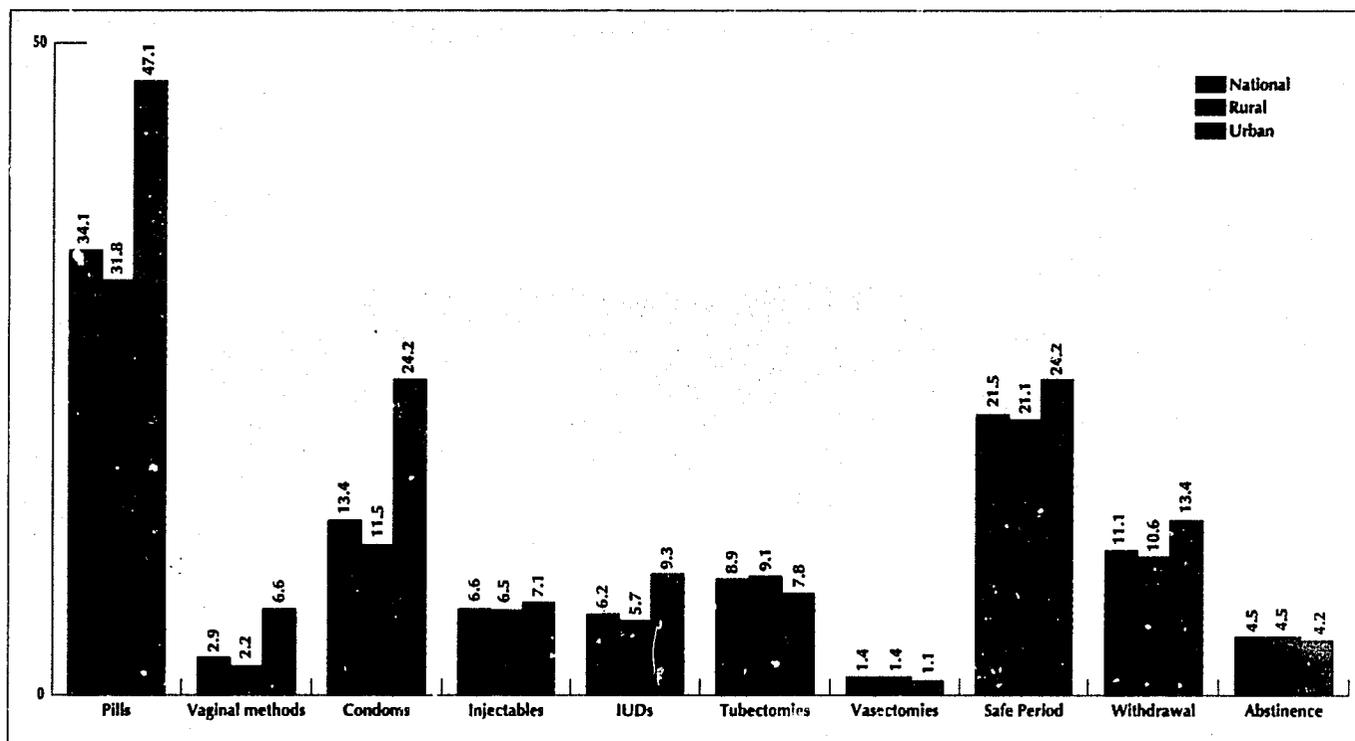
Figure 2: Ever Use of at Least One Modern Contraceptive Method Among Ever Married Women Under Age 50 by Area, 1983-1991.



Sources: 1986 and 1991 Bangladesh Contraceptive Prevalence Surveys.

Nationally, 34.1 percent of ever married women under age 50 reported that they had ever used pills (Figure 3). Similarly, 21.5 percent reported ever use of the safe period, 13.4 percent condoms and 11.1 percent withdrawal. Between 5 percent and 10 percent reported ever use of injectables, IUDs or tubectomies and less than 5 percent ever use of vaginal methods, vasectomies, or abstinence. Urban ever use of contraceptive methods is higher than rural ever use except for sterilization (tubectomies and vasectomies) and abstinence.

Figure 3: Ever Contraceptive Use by Method Among Ever Married Women Under Age 50 by Area, 1991.



Source: 1991 Bangladesh Contraceptive Prevalence Survey.

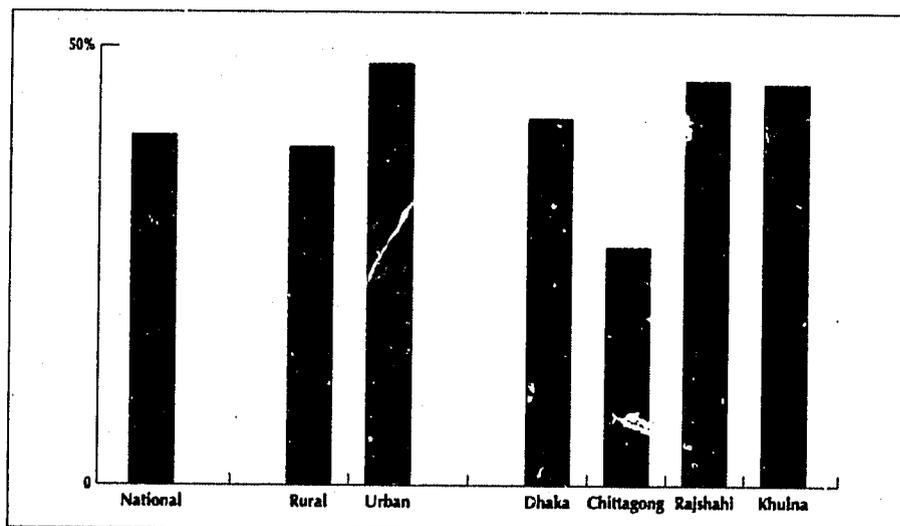
CURRENT CONTRACEPTIVE USE

Nationally, 39.9 percent of currently married Bangladeshi women under age 50 reported that they or their husbands currently use contraception (*Figure 4*). Contraceptive use is higher in urban areas (48.0 percent) than in rural areas (38.5 percent). Only 27.1 percent of women in Chittagong Division reported current use, compared with 41.8 percent in Dhaka Division, 45.7 percent in Khulna Division, and 46.1 percent in Rajshahi Division.

The two most popular contraceptive methods in Bangladesh are pills and tubectomies, with 13.9 percent and 9.1 percent, respectively, of all currently married women reporting use of these methods (*Table 1*). Less than 5 percent reported that they or their husbands use any other method. 31.2 percent reported use of modern methods and 8.7 percent traditional methods. Urban women reported higher use of the non-clinical methods — pills and condoms — and traditional methods than rural women, but rural women reported higher tubectomy use than urban women. With the exception of Chittagong, no pronounced differences in contraceptive use exist between divisions. In Chittagong Division, pill use is about one-third lower and tubectomy use about 40 percent lower than in the other three divisions.

Contraceptive use rose from 19.1 percent of currently married women in 1983 to 25.3 percent in 1986, 31.4 percent in 1989 and 39.9 per-

Figure 4: Contraceptive Use Among Currently Married Women Under Age 50 by Area and Division, 1991.



Source: 1991 Bangladesh Contraceptive Prevalence Survey.

Section 5 continued

Table 1: Contraceptive Use Among Currently Married Women Under Age 50 by Method, 1991.

Methods	Area			Division			
	National	Rural	Urban	Dhaka	Chittagong	Rajshahi	Khulna
Modern Methods	31.2 ^a	30.0 ^a	38.3 ^a	32.9	20.5 ^a	37.3 ^a	34.6
Pills	13.9	13.1	18.8	14.6	9.8	17.3	13.7
Condoms	2.5	2.0	5.9	2.9	2.0	2.7	2.5
Injectables	2.6	2.6	2.3	2.2	1.4	2.9	4.4
IUDs	1.8	1.7	2.4	2.2	1.3	1.3	2.7
Tubectomies ¹	9.1	9.3	7.7	10.3	5.8	10.6	9.7
Vasectomies	1.2	1.2	1.1	0.7	0.3	2.4	1.6
Traditional Methods	8.7	8.6 ^a	9.7 ^a	8.9	6.6 ^a	8.8 ^a	11.1 ^a
Safe Period	4.7	4.5	5.5	4.6	3.9	4.2	6.4
Withdrawal	2.0	1.9	2.5	2.1	1.2	2.2	2.8
Abstinence	0.5	0.5	0.6	0.5	0.4	0.7	0.7
Other	1.5	1.6	1.0	1.7	1.2	1.8	1.3
Any Method	39.9	38.5 ^a	48.0	41.8	27.1 ^a	46.1	45.7
No Method	60.1	61.5	52.0	58.2	72.9	53.9	54.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	9745 ^b	8282 ^c	2815 ^c	2854 ^b	2462 ^b	2554 ^b	1876 ^b

Source: 1991 Bangladesh Contraceptive Prevalence Survey.

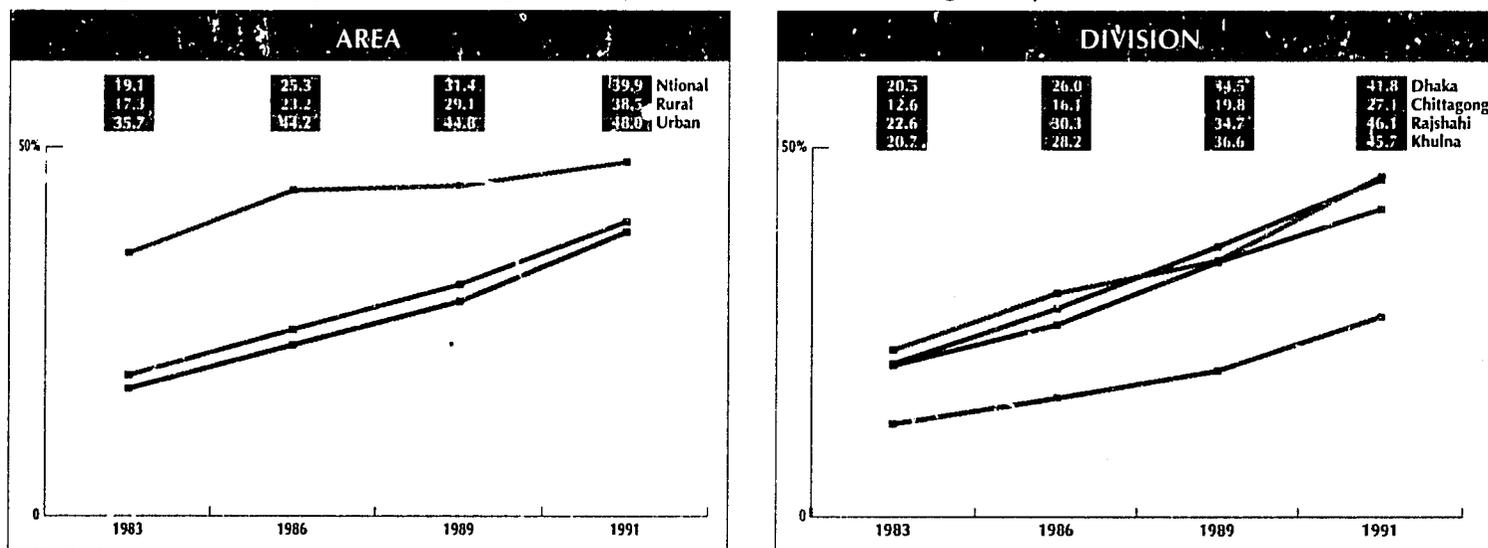
¹ There were 0.2 percent of currently married women who reported that they and their husbands were both sterilized. These users were included in the tubectomy category.

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

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

^c Unweighted total of currently married women in the sample.

Figure 5: Contraceptive Use Among Currently Married Women Under Age 50 by Area and Division, 1983-1991.



Sources: 1986 and 1991 Bangladesh Contraceptive Prevalence Surveys.

cent in 1991 (Figure 5). The trend has accelerated over the past two years. The average increase was 4.25 percentage points per year between 1989 and 1991, compared with only 2.05 percentage points per year between 1983 and 1989. Contraceptive use grew much more rapidly in rural areas than in urban areas where the growth has been relatively flat between 1986 and 1991. It also grew in all four divisions. Even though contraceptive use is markedly lower in Chittagong Division than in the other three divisions, its rate of change has roughly kept pace with them over the past two years.

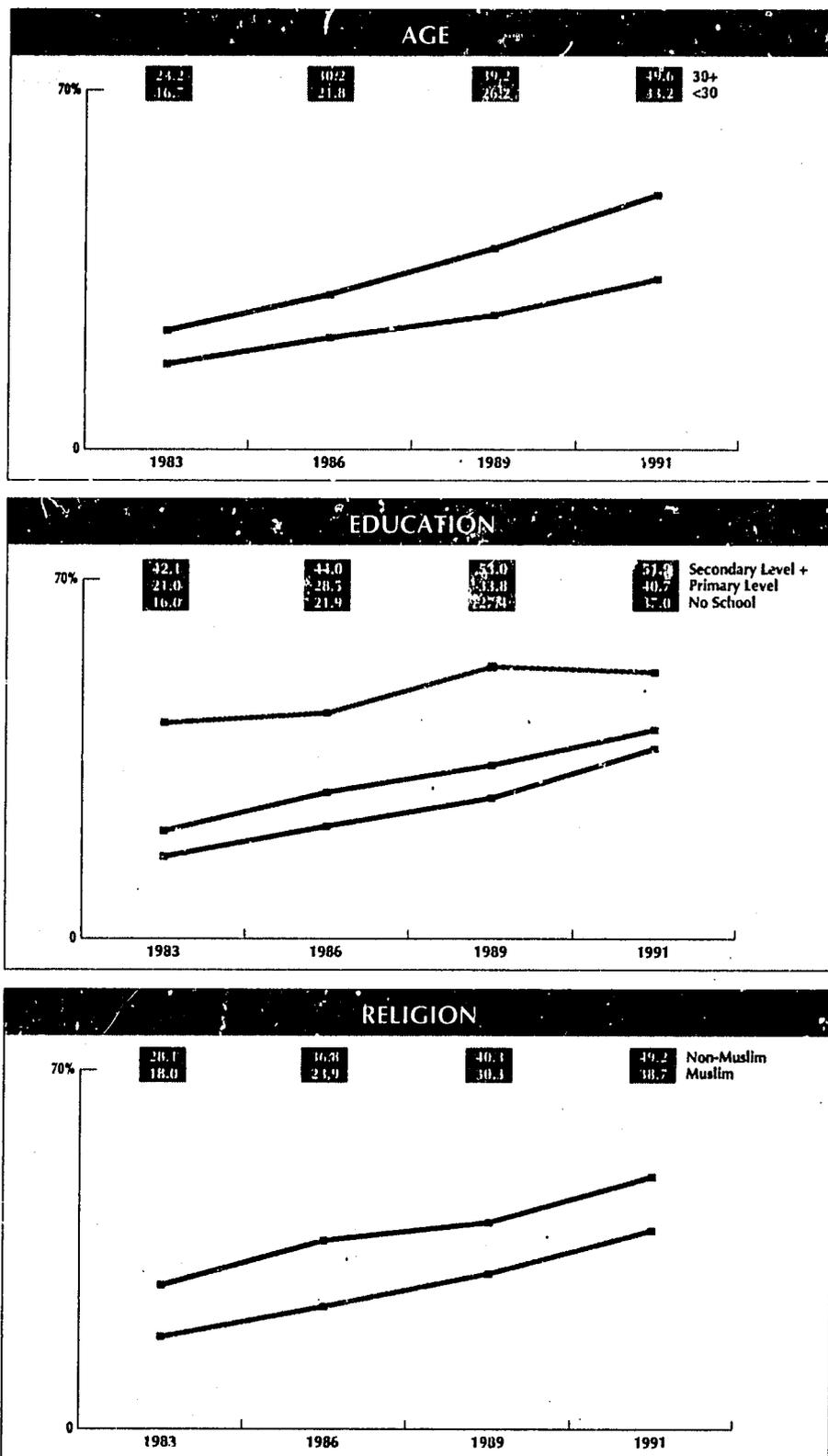
Nationally, 57.0 percent of women 35-39 years of age and 52.5 percent of women 30-34 years of age reported that they or their husbands use contraception, compared with somewhat lower percentages of women in the 40-44 and 25-29 age ranges (Table 2). Only one-third of women in the 20-24 age range reported such use. Except for women in the oldest age group, urban women are much more likely to use contraception than rural women. Nationally, 60.9 percent of women who completed secondary school education and above reported contraceptive use, followed by 48.1 percent of women with lower secondary education, 40.8 percent of women with full primary level schooling, 40.7 percent of women with partial primary level schooling, and 37.0 percent of women with no education. Residence by rural or urban area has far more impact on contraceptive use by women with some education than women with no education. Nationally, 38.7 percent of Muslim women and 49.2 percent of non-Muslim women reported contracep-

Table 2: Contraceptive Use Among Currently Married Women Under Age 50 by Selected Characteristics, 1991

Characteristics	National	Rural	Urban
Age			
<20	18.7	17.7	25.3
20-24	32.6	31.1	41.0
25-29	45.6	44.2	53.1
30-34	52.5	51.1	60.2
35-39	57.0	55.7	63.7
40-44	46.4	45.0	53.6
45-49	29.9	29.8	30.8
Schooling			
Never Attended School	37.0	36.7	39.4
Less Than Primary	40.7	39.5	48.0
Completed Primary	40.8	39.4	47.7
Lower Secondary	48.1	44.3	57.1
Secondary and Above	60.9	56.1	66.6
Religion			
Muslim	38.7	37.3	46.3
Non-Muslim	49.2	47.3	59.0

Source: 1991 Bangladesh Contraceptive Prevalence Survey.

Figure 6: Contraceptive Use Among Currently Married Women Under Age 50 by Selected Characteristics, 1983-1991.



Sources: 1986 and 1991 Bangladesh Contraceptive Prevalence Surveys.

¹ Education data standardized by age.

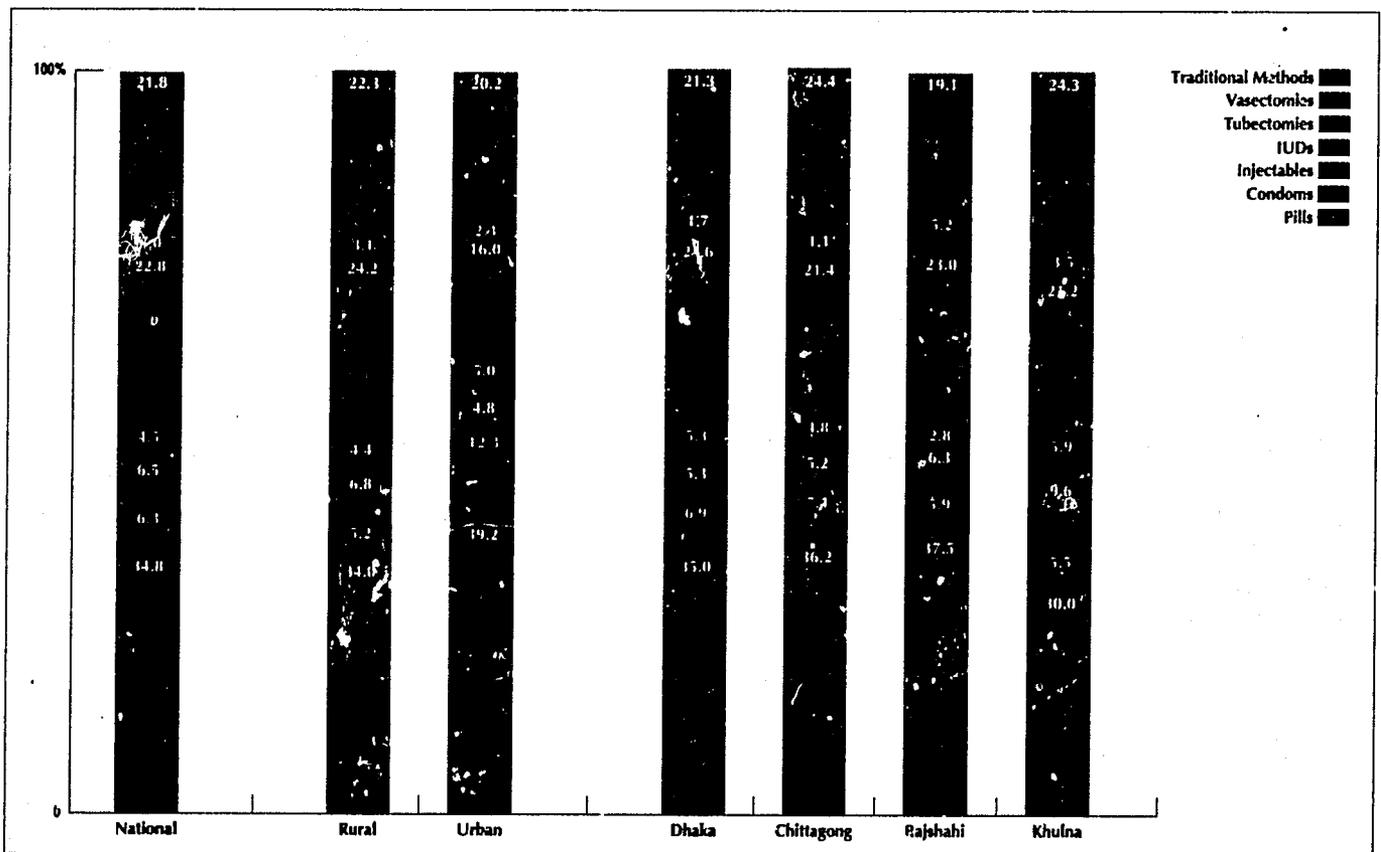
tive use, with this difference basically staying the same between rural and urban areas.

The growth in contraceptive use was greatest among the older age groups. Between 1983 and 1991, contraceptive use grew by 26.4 percentage points among women age 30 and above compared with only 16.5 percentage points among women under age 30 (Figure 6). This increase has also been greatest for the least educated women. Between 1983 and 1991, contraceptive use rose by 21.0 percentage points for those with no formal schooling, 19.7 percentage points for those with partial or full primary level schooling, and 9.8 percentage points for those with higher education. Contraceptive use grew equally for Muslims and non-Muslims between 1983 and 1991, each by about 20 percentage points.



Pills constitute the greatest share of contraceptive use in Bangladesh, with one-third of all currently contracepting women using this method (Figure 7). Tubectomies and traditional methods constitute the next greatest shares, each with slightly more than one-fifth of the total. Condoms, injectables, IUDs, and vasectomies each contribute less than 10 percent to the total. Pills and condoms are relatively more dominant in urban areas, and tubectomies are relatively more dominant in rural areas. There are no dramatic differences in method mix between the four divisions, although vasectomies as a share of total contraceptive use are relatively high and IUDs relatively low in Rajshahi Division. Similarly, injectables are relatively high and pills relatively low in Khulna Division.

Figure 7: Method Mix (Share of Specific Methods) Among Currently Married Women Under Age 50 by Area and Division, 1991.

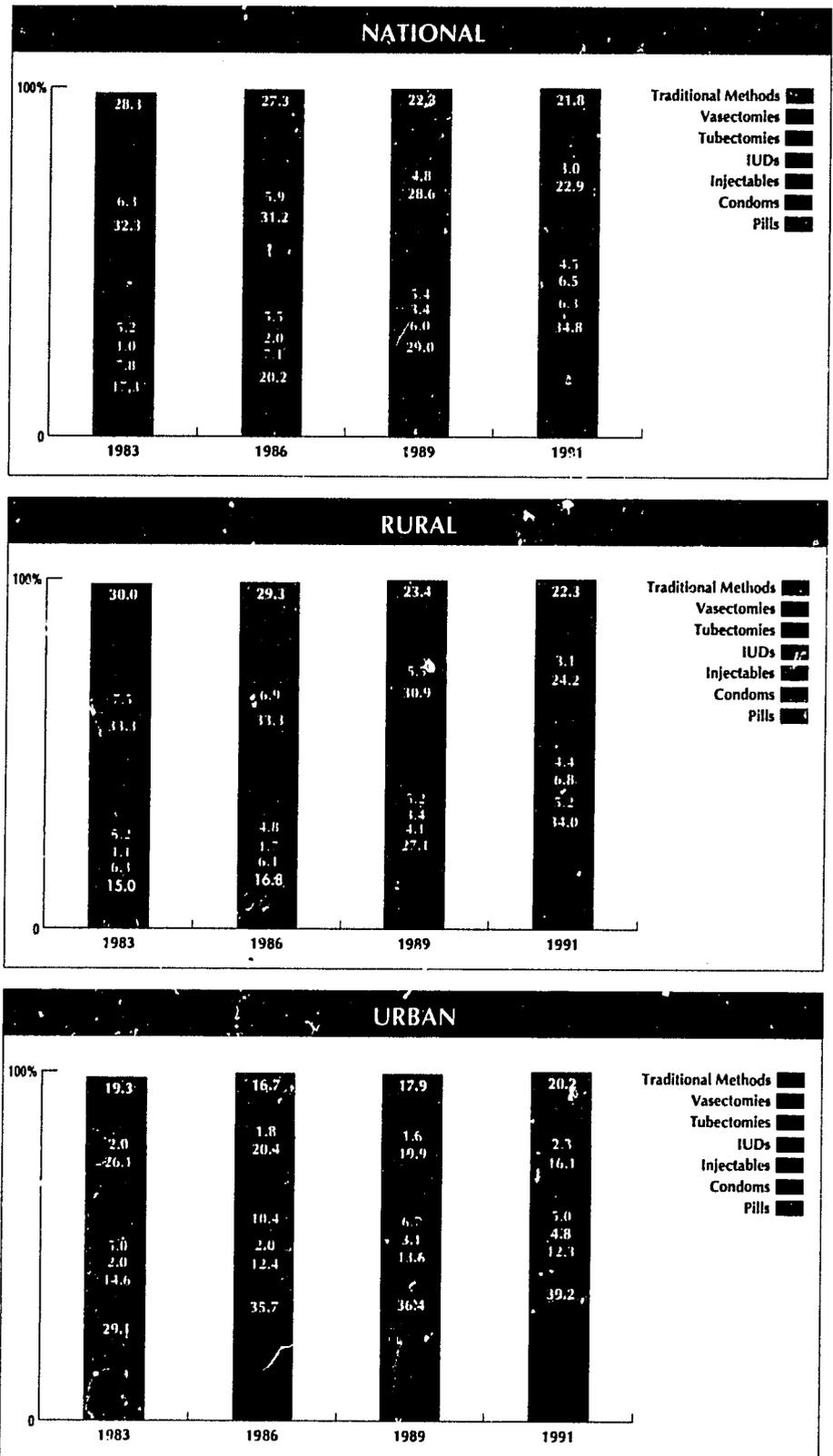


Sources: 1986 and 1991 Bangladesh Contraceptive Prevalence Surveys.
 Note: Columns may not add up to 100 percent because of rounding error.

Nationally, growth in pill use remained high over time (Figure 8). Pill use as a proportion of total contraceptive use grew by 8.8 percentage points between 1986 and 1989 and by 5.8 percentage points between 1989 and 1991. This rapid upward trend mainly characterized rural areas. Urban areas experienced moderate growth in pill use between 1983 and 1986, but since then it has leveled off. Nationally, condom use has largely been flat in Bangladesh, hovering around 6 to 7 percent of total use, although urban use has remained roughly double that of rural use over time. Injectable use gradually rose from 1.0 percent to 6.5 percent of total use between 1983 and 1991, and the rural advantage for this method has widened somewhat over time. IUD use has generally been static at approximately 5 percent of total use over time except for a temporary doubling in urban use between 1983 and 1986.

Tubectomy use as a proportion of total contraceptive use fell from 32.3 percent to 22.9 percent of total use between 1983 and 1991, a trend found in both rural and urban areas. The decline in the relative popularity of this method, however, began several years earlier.

Figure 8: Method Mix (Share of Specific Methods) Among Currently Married Women Under Age 50 by Area, 1983-1991.

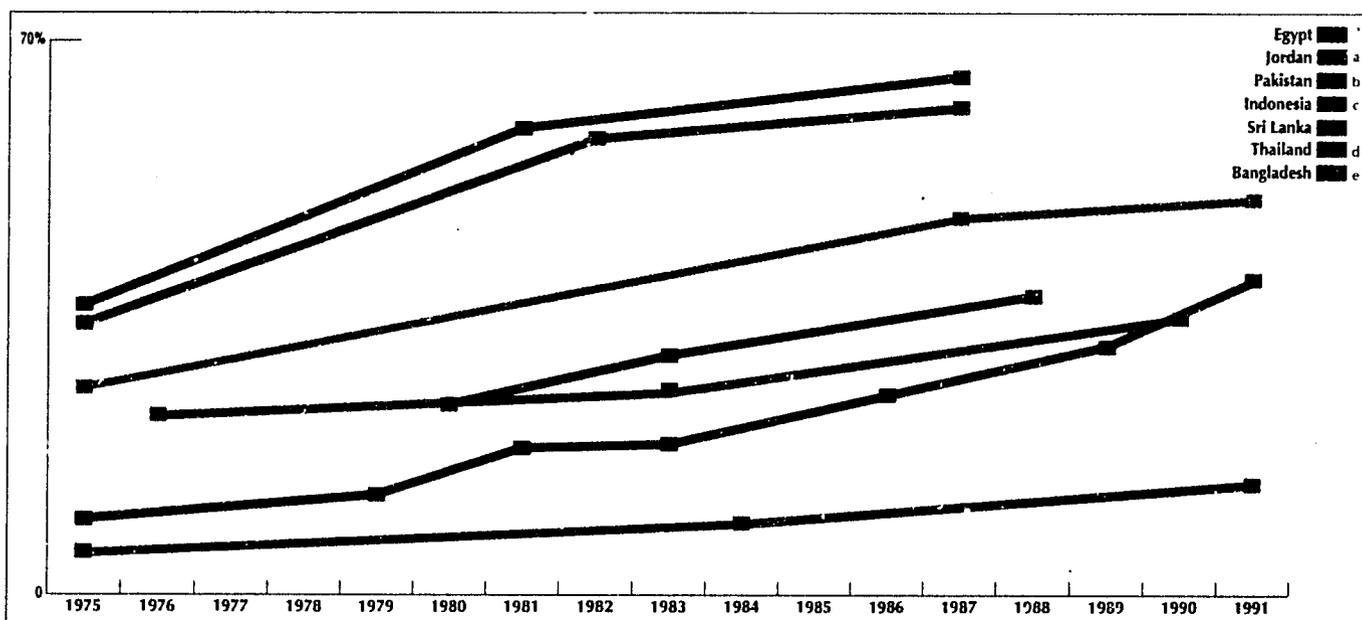


Sources: 1986 and 1991 Bangladesh Contraceptive Prevalence Surveys.
 Note: Columns may not add up to 100 percent because of rounding error. Small percentages of vaginal methods are not shown for 1983, 1986, and 1989.

er in urban areas than in rural areas. Vasectomy use declined from 6.3 percent to 3.0 percent of total use between 1983 and 1991, a trend mainly reflected in rural areas. Vasectomy use in urban areas remained constant at approximately 2 percent of total contraceptive use over time. Nationally, use of traditional methods declined from 28.3 percent to 21.8 percent of all use between 1983 and 1991, a downward trend also characterizing rural areas. Urban traditional method use, however, remained relatively stable, fluctuating between one-sixth and one-fifth of all use between 1983 and 1991.

Except for Pakistan, Bangladesh's contraceptive prevalence rate was lower than selected other Muslim or Asian country rates in the mid- to late 1970s (*Figure 9*). Since then, however, it has started to catch up. Thailand and Sri Lanka, two countries which had high contraceptive prevalence in the late

Figure 9: Trends in International Contraceptive Prevalence Rates, 1975-1991.



Source: Unless otherwise noted, Table 5.2, *Comparative Studies 6: Knowledge and Use of Contraception*, Demographic and Health Surveys, Institute for Resource Development, July 1991.

^a Sources: 1976 Jordan Fertility Survey; 1983 Jordan Fertility and Family Health Survey; *Demographic and Health Surveys Newsletter*, Vol. 5, No. 1, 1992.

^b Sources: 1975 Pakistan Fertility Survey; 1984-85 Pakistan Contraceptive Prevalence Survey; *Demographic and Health Surveys Newsletter*, Vol. 5, No. 1, 1992.

^c Java-Bali only in 1976; 1987 Indonesia Contraceptive Prevalence Survey; *Demographic and Health Surveys Newsletter*, Vol. 5, No. 1, 1992.

^d Women age 15-44 in 1981.

^e Sources: 1975 Bangladesh Fertility Survey; 1979-1991 Bangladesh Contraceptive Prevalence Surveys.

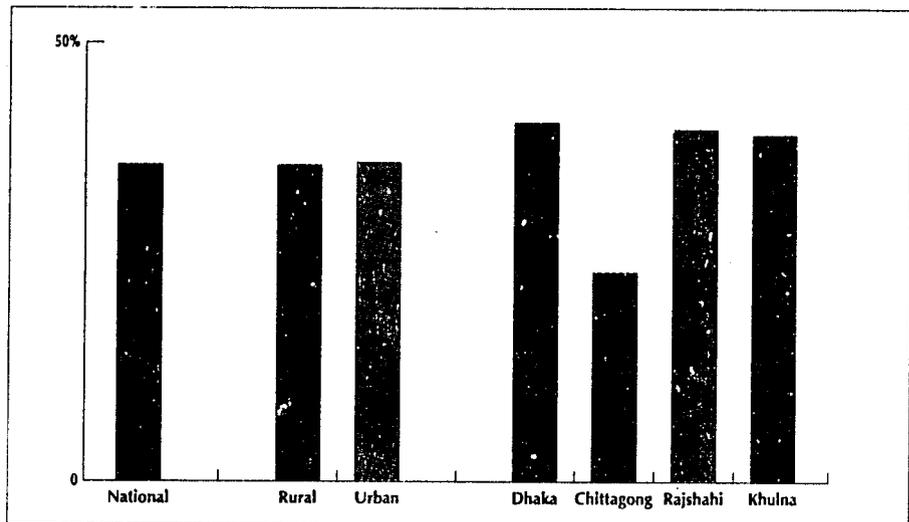
1970s, continued to rise at a slower pace during the mid-1980s. Indonesia and Egypt, like Bangladesh, were on rapid upward trajectories throughout the mid-1980s. Indonesia, however, experienced a significant leveling off of contraceptive prevalence rate growth between 1987 and 1991. (Recent CPR information is not available for Egypt.) CPR growth was more modest in Jordan and Pakistan than in Bangladesh throughout the 1980s.

FIELDWORKER VISITATION

Nationally, 36.1 percent of women reported that they were visited by a fieldworker within 6 months of the interview, with virtually no difference in visitation between rural and urban areas (Figure 10). Fieldworkers reportedly visited two-fifths of the women in Dhaka Division, Rajshahi Division, and Khulna Division, but less than one-quarter of the women in Chittagong Division.

Fieldworkers visited two-fifths or more of women between the ages of 20 and 34 (Table 3). They contacted fewer women in the other age groups — slightly more than one-third of women 35-39 and one-quarter of women 40-44 and below age 20. They also contacted almost 45 percent of women with secondary level education and above, somewhat more than one-third of women with full or partial primary level education, and one-third of women with no education. There was no difference in visitation

Figure 10: Fieldworker Visitation Among Currently Married Women Under Age 50 by Area and Division, 1991.



Source: 1991 Bangladesh Contraceptive Prevalence Survey.

Table 3: Fieldworker Visitation Among Currently Married Women Under Age 50 by Selected Characteristics, 1991.

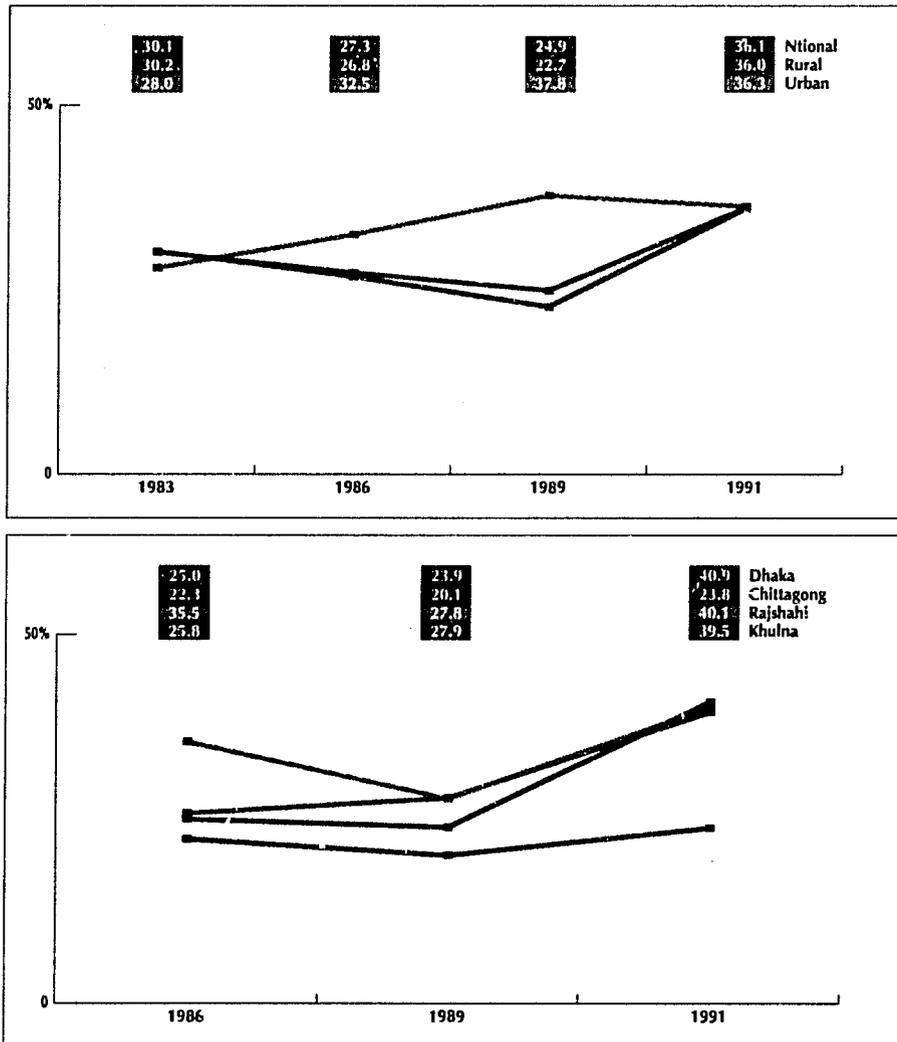
Characteristics	National	Rural	Urban
Age			
<20	26.3	26.4	25.5
20-24	40.0	40.6	36.4
25-29	44.7	44.5	46.0
30-34	40.6	40.3	42.5
35-39	36.3	36.4	35.7
40-44	27.1	26.2	31.6
45-49	17.0	17.7	13.0
Schooling			
Never Attended School	33.1	33.5	30.1
Less Than Primary	38.9	38.5	41.7
Completed Primary	37.5	38.5	33.1
Lower Secondary	44.8	45.4	43.3
Secondary and Above	44.0	44.4	43.6
Religion			
Muslim	36.2	36.2	36.2
Non-Muslim	35.6	35.3	36.9

Source: 1991 Bangladesh Contraceptive Prevalence Survey.

between Muslims and non-Muslims — somewhat more than one-third of women in each group.

Different trends characterize fieldworker visitation patterns by area and division (Figure 11). Nationally and in rural areas, fieldworker visitation

Figure 11: Fieldworker Visitation Among Currently Married Women Under Age 50 By Area, 1983-1991, and Division, 1986-1991.



Sources: 1986 and 1991 Bangladesh Contraceptive Prevalence Surveys.

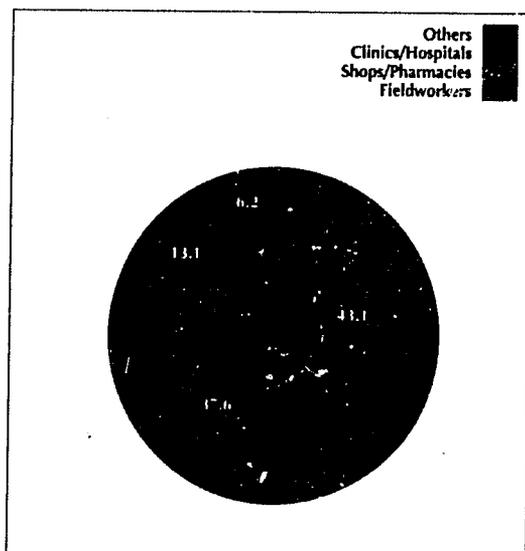
declined from less than one-third of women in 1983 to less than one-quarter in 1989, but rose again to more than one-third in 1991. (Fieldworker visitation by division data were not available in 1983.) In urban areas, visitation increased from more than one-quarter of women in 1986 to almost two-fifths in 1989, only to level off between 1989 and 1991. In both Dhaka and Khulna Divisions, fieldworker visitation remained low and constant at about one-quarter of women between 1986 and 1989, but increased to two-fifths of women between 1989 and 1991. In Rajshahi Division, fieldworker visitation declined steeply from approximately one-third to

one-quarter of women between 1986 and 1989, but rose sharply to two-fifths of women between 1989 and 1991. Fieldworker visitation at slightly more than one-fifth of women was only marginally lower in Chittagong Division than in Dhaka and Khulna Divisions in 1986 and 1989, but Chittagong Division, unlike the other two divisions, essentially remained at this level between 1989 and 1991.

SOURCE OF SUPPLIES

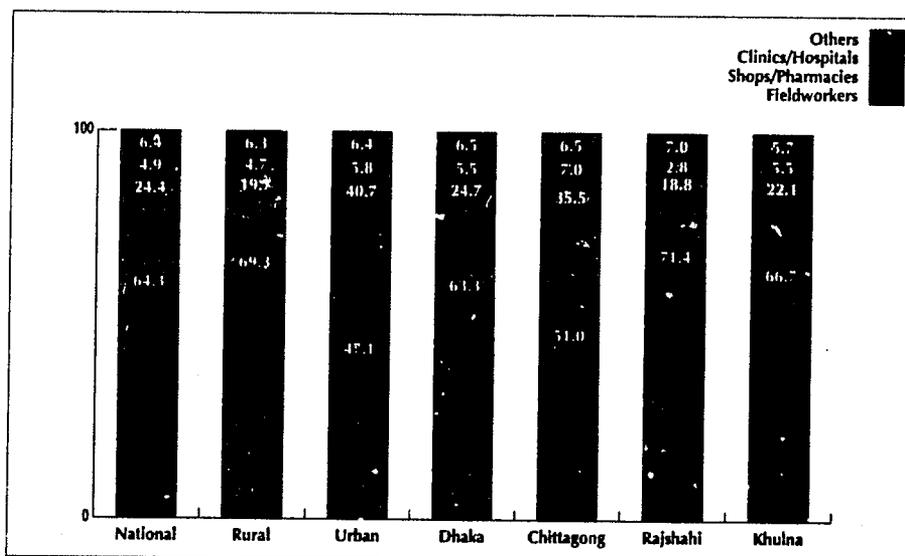
Nationally, 43.1 percent of users of modern contraceptive methods (pills, condoms, injectables, IUDs, and sterilization) received their supplies from clinics (including hospitals and satellite clinics), 37.6 percent from fieldworkers, and 13.1 percent from pharmacies and shops (Figure 12). Again nationally, 64.3 percent of women reported receiving pills and condoms, the non-clinical methods, from fieldworkers and 24.4 percent reported receiving them from shops and pharmacies (Figure 13). Fieldworkers

Figure 12: Supply Sources of Modern Contraceptive Methods Among Currently Married Women Under Age 50, 1991.



Source: 1991 Bangl. Jesh Contraceptive Prevalence Survey.

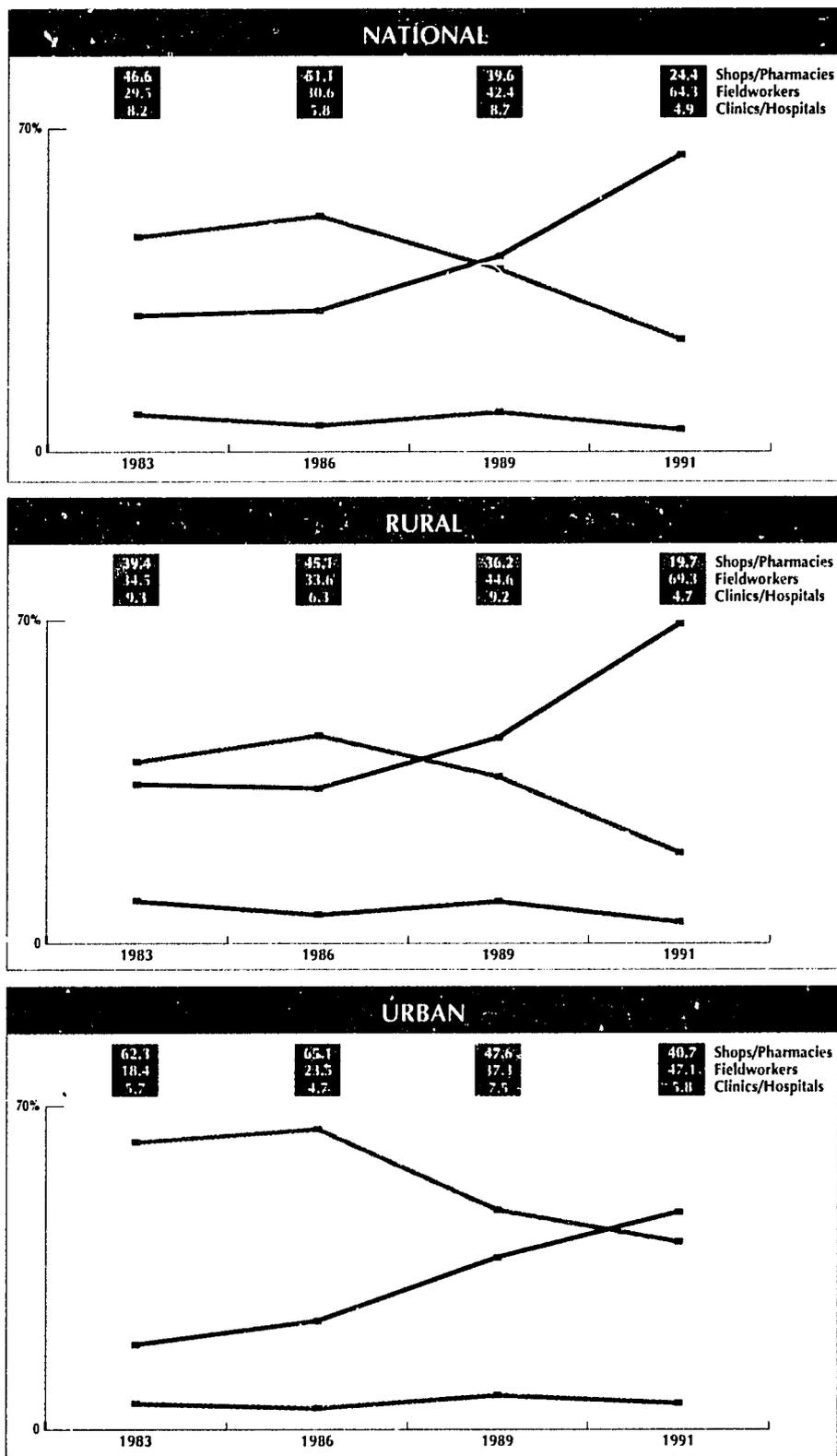
Figure 13: Supply Source Mix (Share of Specific Sources) of Non-clinical Contraceptive Methods (Pills and Condoms) Among Currently Married Women Under Age 50 by Area and Division, 1991.



Source: 1991 Bangladesh Contraceptive Prevalence Survey.

supplied over two-thirds of the total share of pills and condoms in rural areas but less than one-half of this share in urban areas. Shops supplied one-third of the non-clinical methods in Chittagong Division. By contrast, they supplied only one-fifth to one-quarter of these methods in Dhaka Division, Rajshahi Division and Khulna Division.

Figure 14: Supply Source Mix (Share of Specific Sources) of Non-clinical Contraceptive Methods (Pills and Condoms) Among Currently Married Women Under Age 50 by Area, 1983-1991.



Sources: 1986 and 1991 Bangladesh Contraceptive Prevalence Surveys.

Over time, the proportion of pills and condoms supplied by fieldworkers has increased and the proportion supplied through shops has decreased (Figure 14). Nationally, in 1986 about one-half of women reported receiving their supply of pills and condoms from shops and another 30 percent reported receiving them from fieldworkers. By 1991 however, one-quarter of women reported that they received their pills and condoms from shops and almost two-thirds from fieldworkers. In rural areas, over 45 percent of women reported receiving their pills and condoms from shops in 1986, but less than one-half that percent so reported in 1991. This crossover effect was not so pronounced in urban areas. In 1986, over three-fifths of urban women reported receiving pills and condoms from shops; by 1991 this proportion had dropped to two-fifths. Nationally, the proportion of pills and condoms supplied by hospitals and clinics remained stable over time, fluctuating between 5 and 10 percent of the total share.



CONCLUSIONS AND RESEARCH RECOMMENDATIONS

The contemporary level of contraceptive use and its rate of growth are unprecedented in Bangladesh's history. The vast majority of married women below age 50 know about contraceptive methods, nearly half have ever used them, and two-fifths currently use them. Analysis of trends indicate that contraceptive use in rural areas, pill use, fieldworker visitation and fieldworker source of supply have registered the greatest gains over time. These trends suggest that the community-based delivery system accounts for a large share of recent program success.

Comparative trends of contraceptive prevalence rate growth over the past fifteen years suggest that Bangladesh's CPR is starting to converge with the CPRs of other Muslim and Asian countries which historically have enjoyed higher rates. On a cautionary note, Indonesia's recent experience shows that sharp upward CPR growth should not be taken for granted, and that major challenges still remain for achieving demographic rates consonant with sustained social and economic development. In particular, the National Family Planning Program will need to continue to pay close attention to management, monitoring and quality-of-care issues.

These Key Findings are generally positive and indicate that the National Family Planning Program is on track in accomplishing its objectives. Some topics, however, stand out as warranting further investigation. They include the following:

- The proportion of wives or their husbands using traditional methods remained stable over recent years at approximately one-fifth of all contraceptive users. Are traditional methods used because modern meth-

ods are not readily available? Are they used because of poor side effects management or poor counseling with the modern methods? Given that traditional methods are usually used less effectively than modern methods, should the Program actively promote modern method use rather than traditional method use?

- Contraceptive use, fieldworker visitation, and contraceptives supplied through shops and pharmacies have leveled off in urban areas. Contraceptive use by women with higher education has also leveled off. It is important for the Program to understand the reasons for this flat growth. Has demand faltered for urban or more educated women, and if so, what does this portend for rural or less educated women? What do these results suggest about NGO and commercial contraceptive supply?
- Even though the percentage of married women below age 50 reporting tubectomy use remained stable over the past two years, as a proportion of total use it has declined considerably. One explanation for this decline may be that other methods, primarily pills and injectables, became more popular between 1989 and 1991. Importantly, it happened in a context where the greatest growth in contraceptive use was among older women, precisely those for whom long-term or permanent clinical methods are most recommended. Further, sterilization has declined more in urban areas than in rural areas. Do these trends indicate falling demand for sterilization, problems with referrals or the quality of clinical service delivery, or increased efforts by fieldworkers to promote non-clinical contraceptive methods?
- Contraceptive use and fieldworker visitation in Chittagong Division are consistently below those of the other three divisions. Even though contraceptive use grew at roughly the same rate for Chittagong Division as for the other three divisions between 1989 and 1991, such was not the case with fieldworker visitation. What are the reasons for the relatively poor performance of Chittagong Division, and what are the best steps that can be taken to improve this performance?

REVIEWERS

1991 CPS Technical Review Committee Reviewers:

Najmul Huq, Director General, National Institute of Population Research and Training
A.K.M. Rafiquzzaman, Director General, Directorate of Family Planning
Azizul Karim, Deputy Chief, Planning Cell, Ministry of Health and Family Welfare
M. Nawab Ali, Director of Research, National Institute of Population Research and Training
M. A. Taher, Director, Management Information System, Directorate of Family Planning
Bazlur Rahman, Director, Population Development and Evaluation Unit, Planning Commission
Barkat-E-Khuda, Professor, Department of Economics, Dhaka University
Shahadat Hossain, Director, Bangladesh Bureau of Statistics
M. Alauddin, Country Representative, Pathfinder Fund International
Abbas Bhuiya, Demographer, Population Science and Extension Division, ICDDR,B

USAID/Dhaka Office of Population and Health Reviewers :

William R. Goldman, Director
David Piet, Deputy Director
Sk. Ali Noor, Research, Evaluation, and Monitoring Unit Head

* * *

Mitra and Associates would like to thank the National Institute of Population Research and Training (NIPORT) and the officers and staff of the survey for their contributions to this survey. It would also like to thank the field personnel of the Ministry of Health and Family Welfare for their help in the data collection stage of the survey. Ann Larson, Sheryl Keller and Elma Chowdhury from USAID and Shahin Sultana from NIPORT also deserve thanks for their technical support.

Technical editing by Maryce Ramsey and design by Maryce Ramsey and M. Atiqur Rahman.
Photographs by Golam Rabbani and Johns Hopkins University/Center for Communications Programs.

This publication was supported by the United States Agency for International Development under the Family Planning Health Services Project Grant Agreement 388-0071 and under Contract C-00-1001-01. The contents of this document do not necessarily reflect the views or policies of the U.S. Agency for International Development.

Computer Graphics and Printed by DIALOGUE PUBLICATIONS LIMITED, DHAKA, BANGLADESH.