

UNDERREPORTING OF CONTRACEPTIVE USE IN BANGLADESH

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The Contraceptive Prevalence Surveys (CPS)<sup>1</sup> of Bangladesh, undertaken in 1979, 1981 and 1983, give estimates of condom use in the country that are substantially below the estimates derived from condom distribution data. For instance, in the 1981 CPS, 1.6% of eligible women reported condom use. In that year, the distribution of condoms through free and commercial channels was about 92.3 million.<sup>2</sup> Using the concept of the "couple year protection" (CYP),<sup>3</sup> one can estimate the number of user couples this distribution would imply. Assuming that one couple would require approximately 100 condoms for one year of contraceptive protection, one can divide the number of condoms distributed by 100. This yields 923,000 user couples. Since the number of eligible couples in Bangladesh in 1981 was estimated to be 17 million, this amount of condom distribution would imply a contraceptive prevalence of about 5%. While there never has been any serious claim to accuracy for the methodology of the "CYP," the difference between these two estimated rates (1.6% vs 5%) is simply too large to be ignored.

There seems to be no satisfactory method of assessing the credibility of distribution data for non-clinical contraceptives, other than carefully designed and executed national prevalence surveys. This is particularly true for contraceptive social marketing operations such as the Social Marketing Project (SMP) in Bangladesh, which now sells approximately half of all the non-clinical contraceptives distributed in the country. The SMP cannot document contraceptive users through its commercial system,<sup>4</sup> just contraceptive purchasers. Thus, for this and other reasons, we need national prevalence surveys. But how accurate are they?

The specific question that prompted this study was one of accountability: what happens to those millions of condoms distributed in the country? In late 1981, Williamson<sup>5</sup> made a comprehensive list of twelve hypotheses that might explain for Bangladesh, in varying degrees of likelihood and impact, what had come to be called the "condom gap": the difference between reported condom use from surveys versus estimates of condom use derived from distribution data that included both sales and free distribution of condoms. Five hypotheses of the original twelve seemed amenable to examination through a further survey and are listed below. The other seven hypotheses (including the possibility that condoms were smuggled out of the country or overstocked throughout the distribution systems) could be investigated by other means than a survey.

In 1983, a "Bangladesh Condom User Survey" was conducted to examine the five hypotheses. The detailed results of the survey have been published elsewhere.<sup>6</sup>

#### Hypotheses

1. That the CPS methodology in Bangladesh may have led to incorrectly low estimates of condom use by relying upon interviews with women who underreport condom use to a significant degree.
2. That some couples receive condoms from the Government's free distribution program or purchase condoms from shops but do not use any or all of them.
3. That significant numbers of condoms are used for purposes other than contraception.
4. That very irregular users of condoms are not accounted for in reports of "current prevalence."
5. That the estimate of 100 condoms per year per couple is too low, and distribution quantities therefore provide protection for fewer couples than had generally been assumed.

The clearest result of this survey and the focus of this paper is that many Bangladeshi women (as well as men) indeed underreport the use of condoms, and that this under-reporting, especially outside the major cities, probably accounts for a substantial part of the "condom gap" described above. The results suggest that misreporting of other methods may represent a problem as well. Survey findings presented elsewhere<sup>6</sup> suggest that hypotheses 2, 3 and 4 above have little or no power to resolve the accountability problem with condoms. And while the survey did generate data that suggest a higher weekly requirement for condoms than was consistent with an annual requirement of 100, the interview schedule did not provide sufficient detail to allow the weekly requirements to be accurately projected on an annual basis.<sup>7</sup>

The survey also produced other useful information, particularly with regard to condom use. But the present paper is concerned with differences between the rates at which contraceptive methods, particularly condoms, were reported by several categories of respondents: men versus women, husbands versus wives, and those whose spouses were interviewed versus those whose spouses were not.

### Research Design

The hypothesis that women underreport condom use can be tested by comparing the rate at which they report condom use versus a standard that is thought to be more reliable. Research done in the late 1960s suggested that both men and women tend to underreport contraceptive use,<sup>8</sup> but women more so than men. It was therefore decided to interview spouses on the theory that underreporting might be minimized by interviewing spouses simultaneously. Supposedly, if a husband or wife were aware that the spouse were also being interviewed about the same subject, there would be pressure toward candor. Results for spouses could then be compared with those of individual men and women whose spouses were not

interviewed. The responses of individual married women would be the reference point because prevalence surveys typically interview individual women only.

In this study, individual married men and women, defined as members of a union in which the wife is of child-bearing age but who have been interviewed without their spouses, are termed simply married (or individual) "males" and "females." "Husbands" and "wives" are the respondents whose spouses were also interviewed. They were subject to the same eligibility criteria as the respondents whose spouses were not interviewed. Whenever possible, spouses were interviewed as nearly simultaneously as possible and prevented from collaborating on their answers.

Because both men and women have underreported even when their spouses were interviewed, a fifth category of response is reported for condom use: that of the "couple." The couple is considered to be using condoms if either or both spouses reported condom use. The validity of this assumption raises some questions and will be considered below in greater detail.

For the purpose of this study, a nationally representative sample was not thought to be necessary. We were not trying to obtain a national prevalence rate for condom use but simply to measure discrepancies, if any, between men's and women's responses. In order to be able to make generalizations about the reporting of condom use as well as statements about condom use itself, it was important to interview a substantial number of condom users. Overall contraceptive prevalence is relatively low in Bangladesh; and condom use represents only a fraction of that prevalence (the 1981 CPS reported a 10.9% prevalence of use of all modern methods and 1.6% for condoms). Thus, special efforts were required to ensure a larger number of condom users than a nationally representative sample would contain. The skewing of the sample toward condom users was consistent with the survey's limited and focused objectives. The 1983 CPS, a nationally representative survey conducted after

the Condom User Survey, would obtain a national prevalence rate for each method. The 1983 CPS also included subsamples of men and couples, in order to further examine the issue of underreporting. Thus, the 1983 CPS attempted (among many other things) to apply on a national basis what this Condom User Survey examined in detail.

Because the tendency toward differential reporting might be associated with socioeconomic factors, it was considered essential to sample both urban and rural populations in Bangladesh. Condom use was known to be higher among the affluent.<sup>9</sup> Consequently, the urban sample was drawn from relatively affluent mahallas (census tracts) in the four major metropolitan centers in Bangladesh: Dhaka, Chittagong, Khulna and Rajshahi.

Semi-rural samples were taken from areas reporting high condom distribution. The SMP accounted for about 70% of condom distribution in 1983. SMP maintains its sales data by subdivision.<sup>10</sup> The subdivisions having the highest sales in each of the four divisions were chosen for sampling. Government condom distribution figures for upazila,<sup>11</sup> the administrative unit below the subdivision, determined the choice of the four upazilas. The union in which the upazila headquarters was located became the unit for rural sampling. Because there is substantial government input at the upazila level, typically including an upazila health complex and other developmental officers, the sample should be considered "semi-rural" rather than "rural." The Bangladesh Social Marketing Evaluation, Research and Training Corporation (B-SMERT) was responsible for conducting the survey in both urban and semi-rural areas.

It was assumed that it would be difficult to find men at home. Thus interviewing was done mainly early in the morning, weekends, holidays and evenings. Interviewers were instructed to interview couples whenever they found them at home in order to lose the fewest husbands. Couples were usually interviewed in separate parts of the house, husbands by male interviewers and wives by female

interviewers. If only one partner was at home, the interview was conducted with that person and several callbacks were made to find the partner. The goal of this sampling approach was to get roughly equal numbers in each of the four groups: individual married males and females, husbands and wives. The sample could be considered a quota sample.

The number of households successfully interviewed in the urban areas was 2,053, and in the semi-rural areas, 1,889. The number of completed interviews was more than this, because approximately one-third of these were couple households where both partners were interviewed. The number of completed interviews, after eliminating the inconsistent interviews, was: Urban--Couples 674, Individual Males 673, and Individual Females 706; and Semi-rural--Couples 626, Individual Males 617, and Individual Females 646.

In order to maximize the number of condom users interviewed, an eligible household was defined as one in which a married couple currently resided together and the wife was between the ages of 18 and 37, because it was known that couples using condoms tend to be younger.<sup>12</sup> The percentage of households successfully interviewed was 73% in the urban sample and 81% in the rural. Refusal to cooperate with the interview was rare and found primarily among the urban affluent sample. A not uncommon attitude among this sample was that such interviews should be confined to the poor. Completed interviews subsequently rejected for gross inconsistencies were about 0.5% of both urban and semi-rural samples.

### Characteristics of Respondents

As expected, the socioeconomic differences between the urban and semi-rural sample were substantial. The urban men averaged 13 years of schooling and their wives, 10. In contrast, the semi-rural men had between four and five years and their wives, two and three. Between 40% and 60% of the urban men had salaried

occupations, compared to only 20-25% in the semi-rural areas. Reported monthly expenditures ranged from Taka 3,300 to 4,000 in the urban areas, but only Taka 1,200 to 1,500 in the semi-rural areas. (One U.S. dollar equalled about 25 takas at the time of the study.) Men in both areas reported substantially lower household expenditures than did women.

Within each group of respondents, there was considerable homogeneity, because interviews were clustered in the sampled neighborhoods. The one exception was that semi-rural couples, both of whom were interviewed, had slightly more formal education than semi-rural males and females (i.e., those married persons whose spouses were not interviewed).

Demographic characteristics of the urban and semi-rural groups were quite similar, following from the rather restricted definition of eligible couples.<sup>6</sup> Age and duration of marriage in both areas were quite similar, although the urban sample was slightly older. The urban sample had somewhat fewer children than their counterparts in the semi-rural areas: 2.3 to 2.5 in the urban and 2.7 to 2.8 in the semi-rural. Only about one-fourth of the urban sample, as opposed to one-half of the semi-rural sample, said they desired more children.

The basic similarities in the characteristics of respondent types within each residential area means that any differences we find in reporting contraceptive use are likely to be due to the respondent's gender and whether his or her spouse was interviewed rather than to selectivity of the sample.

### Reporting Differences

Table 1 gives the percentages of the sample reporting the current use of condoms, other modern methods and traditional methods. The prevalence rates in Table 1 are clearly higher than one would normally expect for Bangladesh, due to the sampling approach. To put these rates in context, the 1983 CPS found that 19.1% of currently married women under age 50 reported current use of

contraception.<sup>1</sup> As expected, this Condom User Survey found that urban affluent respondents of either sex reported much more current contraceptive use than semi-rural respondents.

In Table 1, of eight possible comparisons between males and females and husbands and wives, men reported higher prevalence in seven instances. However, at this aggregate level, the responses of the urban respondents varied only slightly by respondent category. But for semi-rural areas, men clearly reported greater use than women; and couples reported more use of condoms and traditional methods than individuals not interviewed as part of a couple.

Table 1: Percentage of Respondents Reporting Current Use of Condoms and Other Methods by Sample Areas and Respondent Types

Type of Contraceptives Currently in Use	URBAN AFFLUENT				SEMI-RURAL			
	Indiv. Married		Couples		Indiv. Married		Couples	
	Females N=706 %	Males N=673 %	Wives N=674 %	Husb. N=674 %	Females N=646 %	Males N=617 %	Wives N=626 %	Husb. N=626 %
Condoms	29.6	30.2	29.9	30.3	2.8	4.1	4.6	7.2
Other Modern Methods	37.1	36.3	36.6	38.2	20.9	23.6	19.9	23.1
Traditional Methods	7.2	9.4	9.1	9.2	3.6	8.6	5.9	10.0

The substantial discrepancies in the responses among the semi-rural respondents may reflect the ambiguous and often anxious feelings the subject of family planning elicits in rural Bangladesh.<sup>13</sup> In the affluent urban samples, however, spouses may be more open about contraceptive use or communicate better with each other, hence the lack of discrepancy between men and women.

The first hypothesized explanation for the "condom gap" was that women underreport condom use. However, it could be argued that the data indicate

overreporting of condom use by men. After all, the Government of Bangladesh has been attempting to encourage family planning as a patriotic and social duty. Men might be expected to be more aware of and sensitive to such encouragement. Moreover, the interviewer's polite interest would seem best satisfied by a positive response.

Such an interpretation, however, must contend with several questions: Why would semi-rural men selectively overreport condom and traditional method use in response to a question that does not suggest a specific method? Why don't they overreport sterilization, which receives much more emphasis from the Government? or hormonal contraception, which is medicinal, "scientific" and more "modern" than condoms?

And more significantly, why would semi-rural men report significantly more condom use and use of traditional methods when their responses presumably would be compared with those of their wives? If the individual married men or women were overreporting condom use, one would assume the rate at which "husbands" and "wives" report condom use to be lower, because they would expect their responses to be cross-checked with those of their spouses. This alternative explanation, viz. that the individual females are reporting condom use most accurately, and that the other, higher values represent overreporting, would require attitudes that have yet to be suggested: there seems to be no cultural pressure to overreport condom use.<sup>14</sup> Also, the length and detail of the interview schedule very likely discouraged falsely high figures on contraceptive use.

From Table 1, it appears that interviewing the semi-rural couple acts to bring more candor to the responses of both husbands and wives, thereby allowing better reporting of use of condoms and traditional methods. But this "couple-effect" does not hold for modern methods for the semi-rural samples or for any methods for the urban couples.

There is yet another, higher value for the estimate of condom use in this sample, that of the couples considered users of condoms when either or both partners report condom use. Tables 2 and 3 give these values.

One might also argue that both men and women in Bangladesh may underreport contraceptive use. To admit to the use of condoms entails an acknowledgement of specific acts of coitus. The cultural demands for propriety in men and shyness in women may not be easily reconciled with an admission to the use of condoms.

Table 2: Reported Current Condom Use by Semi-Rural Husband-Wife Pairs

Reported Condom Use	No.	%
H <sup>C</sup> W <sup>C</sup>	23	3.6
H <sup>C</sup> W <sup>NM</sup>	16	2.6
H <sup>C</sup> W <sup>OM</sup>	6	1.0
W <sup>CHNM</sup>	3	0.5
W <sup>CHOM</sup>	3	0.5
Subtotal	51	8.2
H <sup>NC</sup> W <sup>NC</sup>	575	91.8
Total	626	100.0

H<sup>C</sup> = Husband reported use of condoms; W<sup>C</sup> = Wife reported use of condoms; W<sup>NM</sup> = Wife reported no method of contraception; W<sup>OM</sup> = Wife reported other methods; H<sup>NM</sup> = Husband reported no method of contraception; H<sup>OM</sup> = Husband reported other methods; and H<sup>NC</sup>W<sup>NC</sup> = Condom use reported by neither husband nor wife.

The fact that the prevalence of condom use for the couples is higher than that of husbands provides yet another clue to the dynamics of the situation: there is apparently reluctance on the part of both men and women to report condom use in the semi-rural areas. Interviewing the couple apparently brings

pressure on this reticence, resulting in a higher rate reported by both husbands and wives. Still, the pressure is not such that all husbands and all wives yield to it. It is likely that the rate of 8.2% for semi-rural couples is closer to reality than 7.2% (the husband's rate) because there is no reason to think the 1.0% , where wives alone reported condom use, is an overreport on their part.

Aggregate reported rates for urban affluent couples looked to be quite consistent (30.3% versus 28.9% reported by husbands and wives in Table 1). But

Table 3: Reported Current Condom Use by Affluent Urban Husband-Wife Pairs

Reported Condom Use	No.	%
H <sup>C</sup> W <sup>C</sup>	170	25.2
H <sup>C</sup> W <sup>NM</sup>	10	1.5
H <sup>C</sup> W <sup>OM</sup>	24	3.6
W <sup>C</sup> H <sup>NM</sup>	19	2.8
W <sup>C</sup> H <sup>OM</sup>	6	0.9
	Subtotal	229
		34.0
H <sup>NC</sup> W <sup>NC</sup>	445	66.0
	Total	674
		100.0

Note: For symbol explanation, see Table 2.

only 25.2% out of 29-30% condom use rate reported separately by couples are mutually agreed upon (Table 3). From these data, it can safely be stated that condom use rate among urban affluent couples in the sample is at least 25% but possibly as high as 34%, if we count use mentioned by either partner or both

partners. This higher rate can be compared with 8.2% in the semi-rural areas, a four-fold difference by residence area. Husband-wife matching provides clues to the reporting propensities, even among urban affluent respondents whose aggregate responses looked consistent but when matched were found to be significantly different.

Green *et al.*<sup>8</sup> observed in the early sixties, when the Bangladesh family planning program was in its infancy, that with varied degrees of certainty, between 13-22% husbands compared to 25-35% of wives underreported the use of contraception. Comparing our urban and semi-rural couple samples, husbands' underreporting of condom use was about the same in urban and semi-rural areas. Assuming the true prevalence is the amount of use reported by either spouse, reported use by husbands in the urban areas was 30.3/34.0 or 89% of the true prevalence, whereas it was 7.2/8.2 or 88% in the semi-rural areas. For wives, the comparable percentages were 28.9/34.0 or 85% in urban areas and 4.6/8.2 or 56% in semi-rural areas. Thus, our rates of underreporting of condom use ranged from 11 to 12% for husbands and 15 to 44% for wives.

Underreporting of contraceptive use apparently is not a recent phenomenon in Bangladesh, and it continues to the present. We conclude that wives underreport condom use more than husbands, and semi-rural wives underreport the most often. But husbands in both areas also underreport contraceptive use.

The theory that males might be more likely to report male methods, and females, female methods, is not borne out in Table 4, which includes only the semi-rural respondents. Males reported greater use of pills, tubectomy, safe period, and other traditional methods as well as condoms. There is no major method for which women consistently reported more use than men. It should be noted that for some of the methods, there were very few cases; for these, the male/female discrepancies might not be very stable.

Furthermore, it is not even clear which methods are "male" and which are "female". Is the safe period a "female" method? Are pills a "female" method even if the husband buys them and asks his wife to take them?

Table 4: Percentages of Semi-rural Respondents Reporting Current Use of Contraceptives

Methods	Individual Married		Couples	
	Females N=646	Males N=617	Wives N=626	Husbands N=626
<b>A. <u>Modern Methods</u></b>				
Condoms	2.8	4.1	4.6	7.2
Pills	11.9	13.1	9.4	11.8
IUD	1.5	1.0	2.1	2.1
Tubectomy	5.7	7.8	7.2	7.7
Vasectomy	0.3	0.6	0.3	0.2
Injection	0.6	0.8	0.3	0.3
Foam	0.9	0.3	0.6	1.0
Subtotal	20.9	23.6	19.9	23.1
<b>B. <u>Traditional Methods</u></b>				
Safe Period	1.7	5.5	2.7	6.4
Other Traditional Methods	1.9	3.1	3.2	3.6
Subtotal	3.8	8.6	5.9	10.0
Total	27.3	36.3	30.4	40.1

In order to put the findings of this Condom User Survey in context, Table 5 presents national 1983 CPS results by couple and for individual married men and

women. The reporting discrepancies are generally similar to those found by our survey. The 1984 paper of Koenig, Simmons and Misra<sup>8</sup> reporting results from North India also found underreporting of contraceptive use by wives and singled out condoms as a method frequently underreported by women.

Table 5: Current Use<sup>1</sup> of Contraception in the Eligible Woman Sample, the Husband Sample, and the Couple Sample, by Method

Methods	The eligible woman sample <sup>2</sup>	The husband Sample <sup>3</sup>	The couple sample	
			Wives <sup>4U</sup>	Husbands <sup>5U</sup>
Modern methods (total)	13.8	18.0	13.3	17.6
Oral pill	3.3	5.4	3.6	3.8
Condom	1.5	2.7	1.8	2.7
Vaginal method	0.3	0.6	0.2	0.4
Injection	0.2	0.1	0.1	0.2
IUD	1.0	1.0	1.1	0.9
Tubectomy <sup>6</sup>	6.2	5.8	7.2	7.3
Vasectomy	1.2	2.5	2.4	2.3
Traditional methods (total)	5.4	9.2	7.8	11.8
Safe period	2.4	5.9	3.4	6.0
Withdrawal	1.3	0.9	1.0	1.3
Abstinence	0.4	1.1	0.8	1.9
Other	1.4	1.3	2.5	2.7
Any method	19.1	27.2	24.1	29.5
No method	80.9	72.7	75.9	70.5
Total	100.0	99.9	100.0	100.0
N <sup>7</sup>	7662	1723	1622	1622

Source: Mitra, S. N. and G. M. Kamal, "Bangladesh Contraceptive Prevalence Survey - 1983: Key Results," Mitra and Associates, Dhaka, 1984. Table 6-1, p. 38.

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<sup>1</sup>All the rates have been computed directly from the actual number of users.

<sup>2</sup>Because of rounding errors, the sum of individual rates for modern methods is 13.7 instead of 13.8 and for traditional methods is 5.5 instead of 5.4. For the same reason, the sum of the rates for modern methods (13.8) and traditional methods (5.4) comes to 19.2 instead of 19.1.

<sup>3</sup>Because of rounding errors, the sum of individual rates for modern methods is 18.1 instead of 18.0 and for any methods is 27.3 instead of 27.2.

<sup>4</sup>Because of rounding errors, the sum of individual rates for modern methods is 16.4 instead of 16.3 and that for traditional methods is 7.7 instead of 7.8.

<sup>5</sup>Because of rounding errors, the sum of individual rates for traditional methods is 11.9 instead of 11.8. For the same reason, the sum of the rates for modern methods (17.6) and traditional methods (11.8) comes to 29.4 instead of 29.5.

<sup>6</sup>The proportion reporting both the husband and wife as sterilized were included under tubectomy. The proportion was 0.2 percent for the eligible woman sample, and 0.3 percent in the couple sample for both the wives and the husbands.

<sup>7</sup>N in this table is the weighted total of the eligible respondents in a sample.

## CONCLUSIONS

This study suggests that one cannot rely on the reports of either Bangladeshi men or women alone on contraceptive prevalence, but that a combination gives a more accurate picture. Most previous prevalence surveys have relied on women's reports alone. Of the two, women's reports, especially in a setting like Bangladesh, may be the less reliable. Not only is the total prevalence rate affected by underreporting. But certain methods may be affected more than others. In Bangladesh, semi-rural women underreported use of condoms, pills, the safe period, and other traditional methods.

Returning to the original question about reasons for the "condom gap," we concluded that women in semi-rural areas did underreport condom use and that this explains a substantial part of the gap. In semi-rural areas, the prevalence rate increased from 2.8% (for individual married women) to 8.2%, if we included husbands' reports and counted the couple as condom users, if either partner or both mentioned they were currently using condoms. The urban sample showed little aggregate difference between men and women's reports although there were differences when individual couples were compared. The national 1983 CPS also found lower reported use of condoms among women compared with men, although the differences were not quite as dramatic as in this Condom User Survey.

Condoms are increasingly being sold in semi-rural areas of Bangladesh. Hence the usual prevalence data, based on women's reports alone, might not fully reflect trends in rural condom use. However, aggregate prevalence rates were similar for husbands and wives residing in cities, so the picture for urban areas might be more accurate.

We found no simple pattern of men reporting more use of male methods and women of female methods. Furthermore, it is not clear how some of the methods

should be classified. It might be that in a male-dominated society, like Bangladesh, more methods are "male methods" than we think.

There is a clear need for improved methods of measuring contraceptive prevalence. The husband-wife approach is a promising one but there are other approaches as well, including matching service statistics with survey data.<sup>16</sup> Qualitative approaches might also be able to shed light on the reasons for underreporting, and on issues such as what methods are "male" or "female" and why there are bigger husband-wife differences for some methods than for others. For example, men were much more likely to report use of the "safe period," in our survey as well as in the 1983 CPS. Does this mean the safe period is a male-controlled method in Bangladesh? What do couples mean by the term "safe period"?

In order to assess progress of family planning programs, it is essential to have accurate information on overall prevalence rates as well as rates for individual methods. Possibly this work in Bangladesh will encourage methodological improvements in prevalence surveys.

## NOTES

- <sup>1</sup>Bangladesh Contraceptive Prevalence Surveys, 1979, 1981 and 1983. Ministry of Health and Population Control, Government of Bangladesh, Dhaka, 1979 and 1981; Mitra & Associates, Dhaka, 1984.
- <sup>2</sup>Management Information System Unit Performance Reports, Government of Bangladesh, Ministry of Health and Population Control, 1981, Dhaka.
- <sup>3</sup>W. P. Schellstede and R. L. Ciszewski, "Social Marketing of Contraceptives in Bangladesh." Studies in Family Planning 15, No. 1 (January-February 1984): 36.
- <sup>4</sup>John Davies, "Evaluation of the Social Marketing Project," USAID/Dhaka, 1983 p. 15. Prepared under contract to USAID.
- <sup>5</sup>Nancy E. Williamson, "Evaluation Needs of Bangladesh Family Planning Project," Family Health International, Research Triangle Park, North Carolina, 1982, pp. 2-17. Consultant report prepared for Population Services International.
- <sup>6</sup>Ghyasuddin Ahmed, M. Shahidullah, Ziauddin Ahmed and Nizamuddin Chwdhury, "Bangladesh Condom User Survey, 1983." B-SMERT Corporation, Dhaka, Bangladesh, 1984.
- <sup>7</sup>It would not be fruitful to derive a figure from this data, in any event, because the sample is purposefully young, and probably has higher than average coital frequency. The Government MIS Unit in Bangladesh uses the figure of 150 condoms for one CYP to allow for some wastage in its distribution system. Some of the difficulties involved in estimating coital frequency are discussed in footnote 14 below.
- <sup>8</sup>L. W. Green, H. C. Gustafson, A. Iqbal Begum, "Validity in Family Planning Surveys: Disavowed knowledge and use of contraceptives in a panel study in East Pakistan." Paper prepared for annual meeting of Population Association of America, April 1968, 25, 31 (Mimeo.). J. Stoeckel and M. A. Choudhury, "Pakistan: response validity in a KAP survey," Studies in Family Planning, no. 47 (1969), pp. 5-9; and L. W. Green, "East Knowledge and Use of Contraceptives," Studies in Family Planning, no. 39 (1969), pp. 9-14. An excellent review paper appeared recently: M. A. Koenig, G. B. Simmons, and B. D. Mistra, "Husband-Wife Inconsistencies in Contraceptive Use Responses," Population Studies, 38 (1984), pp. 281-298.
- <sup>9</sup>CPS 1981, cited in note 1.
- <sup>10</sup>With the recent reorganization of administrative structures, the "sub-division" no longer exists in Bangladesh. Most of the units called subdivisions were upgraded into districts in early 1984.
- <sup>11</sup>The upazila is the upgraded name for thana under the new administrative reorganization.

- <sup>12</sup>CPS 1981, cited in note 1, also indicated condom use was more frequently reported by younger respondents.
- <sup>13</sup>Fear about specific contraceptive methods that seems to have coalesced into a more general apprehension about family planning. This has been noted in two marketing research reports done for PSI/SMP: "Qualitative research in the concept of family planning," Market Research Consultants of Bangladesh, Ltd., Dhaka, 1983, prepared for Manoff International; and Ellen Sattar, "Attitudes of Bangladesh villagers toward family planning," Social Marketing Project, February, 1980, pp. 22-23.
- <sup>14</sup>C. Maloney, K. M. A. Aziz, and P. C. Sarker, Beliefs and Fertility Behavior in Bangladesh, International Center for Diarrhoeal Disease Research, Bangladesh, Dhaka, 1981, p. 223, suggests an additional reason that women might be reluctant to report condom use: "As regards the condom . . . it appears that women do not like to acknowledge that their husbands use it. In fact, several of our female respondents said they disliked for their husbands to use this method; they feel it a duty to ensure their husbands' pleasure." In other words, the use of condoms may imply a woman is not adequately satisfying her husband. Maloney et al. (p. 242) also found that this duty to satisfy their husbands sexually leads women to exaggerate coital frequency. "Moreover, the men have some motivation to understate their actual frequency because religious teachers urge that it be infrequent, and there is some feeling that admission of sensuous pleasure is contrary to piety . . ." One might infer that this need to project piety might also make it difficult for men to acknowledge specific sex acts, that is, the use of condoms.
- <sup>15</sup>S. N. Mitra and G. Kamal, "Contraceptive Prevalence Survey, 1983." Mitra and Associates, Dhaka, 1984.
- <sup>16</sup>A. I. Hermalin (ed.) and B. Entwisle (assoc. ed.), The Role of Surveys in the Analysis of Family Planning Programs, IUSSP, Ordina Editions, Liege, Belgium, 1983. See especially the papers in Chapter III.