FERTILITY REGULATION 5

5.1 KNOWLEDGE OF FAMILY PLANNING METHODS

Information on knowledge of family planning methods was collected by asking female respondents to name ways or methods by which a couple could delay or avoid pregnancy. If the respondent did not mention a particular method spontaneously, the interviewer described the method and asked whether the respondent had heard about the method. In this manner, knowledge was assessed for seven modern methods of family planning (the pill, IUD, injectables, Norplant, condoms, female sterilization, and male sterilization) and two traditional methods of family planning (periodic abstinence and withdrawal). Any other methods, if spontaneously mentioned by the respondent, were also recorded.

Knowledge of family planning methods is widespread in Bangladesh (Table 5.1). All ever-married women know of at least one modern method of family planning, and eight out of every ten women know of at least one traditional method. On average, a woman has heard of 7.6 methods of family planning. There is virtually no difference in knowledge between ever-married and currently married women.

Table 5.1 Knowledge of contraceptive methods

Percentage of ever-married and currently married women who know any contraceptive methods, by specific method, Bangladesh 2004

Contraceptive method	Ever-married women	Currently married women
Any method	100.0	100.0
Any modern method	100.0	100.0
Pill	99.9	99.9
IUD	84.9	85.0
Injectables	98.5	98.6
Norplant	76.0	76.7
Condom	91.6	92.2
Female sterilization	96.1	96.1
Male sterilization	72.7	72.9
Any traditional method	80.3	81.0
Periodic abstinence	70.4	71.0
Withdrawal	57.8	58.7
Other	7.3	7.6
Mean number of methods known	7.6	7.6
Number of women	11,440	10,582

Almost all respondents have heard of pills, injectables, and female sterilization. More than nine out of ten women know of condoms. Knowledge of other modern methods is also widespread; a majority of currently married women have heard of the IUD (85 percent), Norplant (77 percent), and male sterilization (73 percent). Knowledge of traditional methods is lower than modern methods. The data show similar levels of knowledge of specific methods for both currently married and ever-married women.

Since the 1999-2000 Bangladesh Demographic and Health Survey (BDHS), there has been little overall change in knowledge of contraceptives. However, knowledge of some specific methods has changed. For example, knowledge of implants has increased from 56 to 77 percent of currently married women and knowledge of condoms increased from 90 to 92 percent.

5.2 EVER USE OF CONTRACEPTION

Respondents who said that they had heard of a method of family planning were asked whether they had ever used that method. Ever use of family planning methods in the 2004 BDHS thus refers to use of a method at any time, without making a distinction between past and current use. Collection and analysis of ever-use data have special significance for family planning programs. These data indicate the proportion of the population who were exposed to contraceptive use at least once. Therefore, data on ever use reflect the success of programs in promoting use of family planning methods among eligible couples. In addition, data on ever use—together with data on current use—are valuable for studying couples who discontinue use.

Among ever-married women, four-fifths have used a contraceptive method at some time, three-fourths have used a modern method, and more than one-fourth have used a traditional method (Table 5.2). The pill is by far the most commonly used method; more than six out of ten ever-married women say they have used it. The next most commonly used method is injectables (26 percent). Very few women report having ever used male sterilization (less than 1 percent). As expected, currently married women are somewhat more likely than ever-married women to report ever use of a family planning method.

Table 5.2 Ever use of contraception

Percentage of ever-married and currently married women who have ever used any contraceptive method, by specific method and age, Bangladesh 2004

		Modern method								Traditional method				
Age	Any method	Any modern method	Pill	IUD	Inject-ables	Norplant	Condom	Female sterili-zation	Male sterili-zation	Any tradi-tional method	Periodic absti-nence	With-drawal	Other	Number of women
EVER-MARRIED WOMEN														
10-14	54.0	48.1	42.7	0.0	0.4	0.0	14.3	0.0	0.0	10.2	5.2	5.0	0.0	150
15-19	67.0	60.3	49.9	0.5	10.4	0.3	21.9	0.0	0.0	18.8	7.5	13.1	0.4	1,598
20-24	81.1	76.0	67.4	1.6	22.1	1.5	26.9	0.3	0.1	25.3	14.0	14.6	1.1	2,202
25-29	87.1	83.8	73.8	4.3	33.8	2.3	23.4	2.1	0.4	29.0	17.6	15.5	3.0	2,013
30-34	86.8	82.0	70.7	8.2	39.2	1.3	20.5	5.2	0.4	33.4	23.4	14.0	3.9	1,793
35-39	84.7	80.4	65.7	11.4	32.3	1.6	18.8	9.3	1.8	34.9	25.8	14.5	3.5	1,457
40-44	80.5	73.1	56.1	10.7	26.0	1.0	14.9	13.2	1.9	37.8	30.3	15.0	4.2	1,160
45-49	70.9	59.9	40.0	6.7	15.7	0.2	8.8	15.9	1.4	32.8	25.3	10.6	3.7	1,066
Total	80.2	74.5	62.4	5.6	26.0	1.3	20.5	5.2	0.7	29.3	19.3	14.0	2.6	11,440
CURRENTLY MARRIED WOMEN														
10-14	54.6	48.6	43.0	0.0	0.4	0.0	14.7	0.0	0.0	10.5	5.4	5.1	0.0	145
15-19	68.5	61.8	51.2	0.5	10.8	0.3	22.5	0.0	0.0	19.1	7.6	13.3	0.4	1,536
20-24	82.0	77.1	68.4	1.7	22.5	1.5	27.5	0.3	0.1	25.8	14.3	14.8	1.1	2,121
25-29	88.9	85.6	75.5	4.4	34.5	2.4	23.8	2.2	0.4	29.4	17.6	16.0	3.1	1,935
30-34	88.8	84.5	73.1	8.6	40.8	1.4	21.4	5.4	0.5	34.4	24.0	14.5	4.2	1,683
35-39	89.2	84.7	69.9	12.0	34.7	1.8	19.8	9.6	1.8	37.1	27.4	15.6	3.8	1,309
40-44	86.1	79.4	61.3	12.0	29.5	1.2	16.4	14.1	1.9	40.7	32.7	16.2	4.8	982
45-49	75.5	65.4	44.3	7.9	18.1	0.2	10.2	16.7	1.5	35.2	27.1	11.3	4.1	870
Total	82.8	77.4	65.1	5.8	27.4	1.4	21.5	5.2	0.7	30.2	19.7	14.6	2.8	10,582

The level of ever use of family planning has increased steadily in Bangladesh (Table 5.3). In 2004, 80 percent of ever-married women of reproductive age reported having used a family planning method at some time, compared with only 14 percent in 1975, registering a more than fivefold increase over the past three decades.

Table 5.3 Trends in ever use of family planning methods

Percentage of ever-married women age 10-49 who have ever used specific family planning methods, selected sources, Bangladesh 1975-2004

Method	1975 BFS	1983 CPS	1985 CPS	1989 CPS	1989 BFS[1]	1991 CPS	1993-1994 BDHS	1996-1997 BDHS	1999-2000 BDHS	2004 BDHS
Any method	13.6	33.4	32.5	44.2	45.0	59.0	63.1	69.2	74.6	80.2
Any modern method	u	23.8	25.9	37.5	u	49.2	56.4	63.0	67.9	74.5
Pill	5.0	14.1	14.3	23.3	22.0	34.1	42.0	48.9	55.4	62.4
IUD	0.9	2.2	2.7	4.6	4.0	6.2	7.3	6.9	6.9	5.6
Injectables	u	1.2	1.3	2.8	2.0	6.6	11.0	15.7	20.1	26.0
Vaginal methods	0.5	2.2	1.6	2.4	1.0	2.9	u	u	u	u
Condom	4.8	7.1	5.7	9.3	6.0	13.4	13.9	15.0	18.6	20.5
Female sterilization	0.3	5.8	7.4	8.7	9.0	8.0	7.9	7.6	6.6	5.2
Male sterilization	0.4	1.4	1.6	1.6	1.0	1.4	1.4	1.2	0.6	0.7
Any traditional method	u	17.3	11.9	15.3	u	29.6	24.0	23.0	28.8	29.3
Periodic abstinence	4.5	11.0	7.8	9.7	13.0	21.5	16.5	16.7	18.9	19.3
Withdrawal	2.6	5.3	2.9	3.6	7.0	11.1	10.1	9.5	14.0	14.0
Number of women	6,515	8,523	8,541	10,293	11,907	10,573	9,640	9,127	10,544	11,440

u = Unknown (no information)

[1] Published data were presented in whole numbers; the decimal was added to balance the table.

Sources: 1975 Bangladesh Fertility Survey (BFS) (MHPC, 1978:A275); 1983 Contraceptive Prevalence Survey (CPS) (Mitra and Kamal, 1985:117, 122); 1985 CPS (Mitra, 1987:108-112); 1989 CPS (Mitra et al., 1990:88, 92); 1989 BFS (Huq and Cleland, 1990:61); 1991 CPS (Mitra et al., 1993:52); 1993-1994 Bangladesh Demographic and Health Survey (BDHS) (Mitra et al., 1994:43); 1996-1997 BDHS (Mitra et al., 1997:47); and 1999-2000 BDHS (NIPORT et al., 2001:50)

5.3 KNOWLEDGE AND EVER USE OF MENSTRUAL REGULATION

In the 2004 BDHS, women were asked if they knew about or had ever used menstrual regulation (MR). MR is a procedure used to bring on menses in women who have missed their menstrual cycle. According to Government of Bangladesh policy, the MR procedure can be performed within eight weeks from the first day of the last menstrual period (LMP) by a paramedic (namely, a trained family welfare visitor) or within ten weeks from the first day of the LMP by a trained medical doctor.

Eight in ten ever-married and currently married women know about MR (Table 5.4). Although rates of ever use of MR have been rising since the 1996-1997 BDHS, they remain low, with 6 percent of women reporting they had ever used MR. Rates of ever use are highest among women in their thirties— 9 percent for currently married women and 8 percent for ever-married women.

Table 5.4 Menstrual regulation

Percentage of ever-married and currently married women who know of menstrual regulation (MR) and the percentage who have ever used MR, by age group, Bangladesh 2004

	Ever-married women			Currently married women		
Age	Know of MR	Ever used MR	Number of women	Know of MR	Ever used MR	Number of women
10-14	51.3	0.0	150	52.6	0.0	145
15-19	75.1	1.3	1,598	75.3	1.4	1,536
20-24	81.9	3.6	2,202	81.8	3.6	2,121
25-29	83.8	7.0	2,013	83.8	7.1	1,935
30-34	84.6	8.2	1,793	85.0	8.6	1,683
35-39	84.0	8.1	1,457	85.4	9.0	1,309
40-44	82.7	6.7	1,160	83.2	7.4	982
45-49	76.3	5.0	1,066	77.2	5.9	870
Total	81.1	5.6	11,440	81.5	5.9	10,582

5.4 CURRENT USE OF CONTRACEPTION

In BDHS surveys, current use of contraception is defined as the proportion of currently married women who report that they are currently using a family planning method.

Overall, 58 percent of currently married women in Bangladesh are using a contraceptive method, with 47 percent using a modern method and 11 percent relying on traditional methods (Table 5.5).

Table 5.5 Current use of contraception

Percent distribution of currently married women by contraceptive method currently used, according to age, Bangladesh 2004

		Modern method								Traditional method						
Age	Any method	Any modern method	Pill	IUD	Inject-ables	Norplant	Condom	Female sterili-zation	Male sterili-zation	Any tradi-tional method	Periodic absti-nence	With-drawal	Other	Not currently using	Total	Number of women
10-14	29.1	21.9	15.5	0.0	0.4	0.0	6.0	0.0	0.0	7.2	4.1	3.1	0.0	70.9	100.0	145
15-19	42.2	34.1	23.1	0.3	6.2	0.3	4.2	0.0	0.0	8.1	3.4	4.5	0.1	57.8	100.0	1,536
20-24	52.9	46.8	31.3	0.4	8.8	1.1	4.8	0.3	0.1	6.2	3.2	2.6	0.3	47.1	100.0	2,121
25-29	61.3	54.2	33.2	0.6	11.9	1.5	4.5	2.2	0.4	7.0	3.8	2.8	0.5	38.7	100.0	1,935
30-34	68.6	56.6	31.2	0.6	13.7	0.8	4.5	5.4	0.5	12.1	7.8	3.1	1.1	31.4	100.0	1,683
35-39	72.1	56.9	25.3	1.4	13.6	0.7	4.4	9.6	1.8	15.2	10.7	3.6	0.9	27.9	100.0	1,309
40-44	64.7	43.9	17.1	1.0	6.7	0.5	3.1	14.1	1.4	20.9	13.8	5.7	1.3	35.3	100.0	982
45-49	47.3	32.2	8.1	0.1	4.0	0.0	1.8	16.7	1.5	15.1	9.6	4.8	0.8	52.7	100.0	870
Total	58.1	47.3	26.2	0.6	9.7	0.8	4.2	5.2	0.6	10.8	6.5	3.6	0.6	41.9	100.0	10,582

Note: If more than one method is used, only the most effective method is considered in this tabulation.

Oral contraceptive pills continue to be by far the most popular method of contraception, with over a quarter of currently married women using the method. It now accounts for 45 percent of all contraceptive use and 55 percent of modern method use in the country. Other commonly used methods are injectables (10 percent of currently married women), periodic abstinence (7 percent), female sterilization (5 percent), and

condoms and withdrawal (4 percent each). Less than 1 percent of married women report the use of Norplant, the IUD, or male sterilization.

Current use of contraception varies by age. Use of any contraceptive rises with age, from 29 percent among currently married women age 10-14, to a peak of 72 percent at age 35-39, and then drops to 47 percent at age 45-49. This inverted U-shaped pattern of contraceptive use by age is typical of most countries. The drop in current use among older women is usually attributed to their declining fecundity—whether perceived or real—while lower levels of use among younger women are usually attributed to their desire to have (more) children. Younger women in Bangladesh are increasingly becoming aware and appreciative of the advantages of deliberately controlling childbirth early in marriage. Contraceptive use among women age 15-19 has increased from 25 percent in 1993-94 to 42 percent in 2004.

There are also variations in the use of specific methods by age. The pill is the most popular method among married women in all age groups, except for those in the oldest age group, who are more likely to be sterilized. Injectables are the second most popular modern method after the pill for women age 15-39.

5.4.1 Trends in Current Use of Family Planning

The contraceptive prevalence rate in Bangladesh has increased from 8 percent in 1975 to 58 percent of currently married women in 2004 (Table 5.6 and Figure 5.1). This translates to more than a sevenfold increase. The increase in the use of modern methods is even more dramatic—a more than ninefold increase (from 5 to 47 percent) in three decades.

Table 5.6 Trends in current use of contraceptive methods

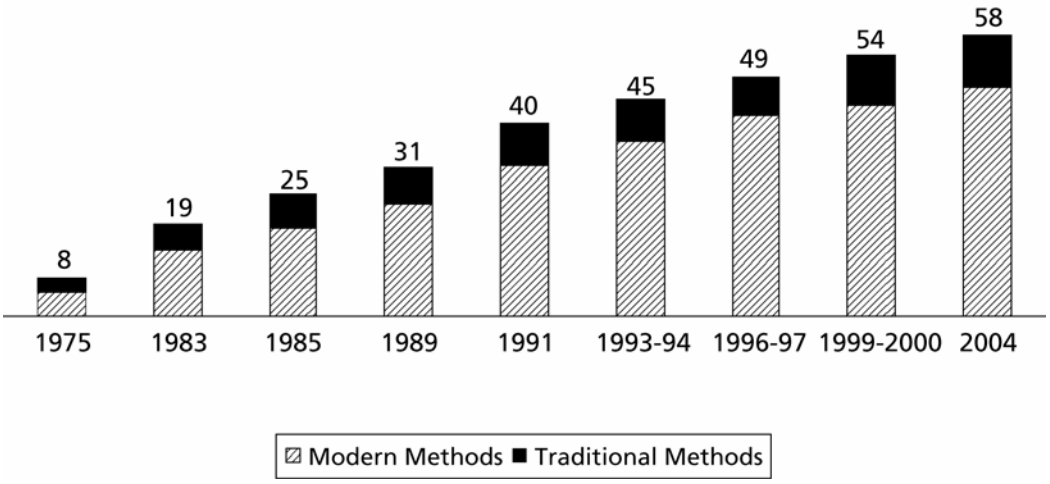
Percentage of currently married women age 10-49 who are currently using specific family planning methods, selected sources, Bangladesh 1975-2004

Method	1975 BFS	1983 CPS	1985 CPS	1989 BFS	1991 CPS	1993-1994 BDHS	1996-1997 BDHS	1999-2000 BDHS	2004 BDHS
Any method	7.7	19.1	25.3	30.8	39.9	44.6	49.2	53.8	58.1
Any modern method	5.0	13.8	18.4	23.2	31.2	36.2	41.5	43.4	47.3
Pill	2.7	3.3	5.1	9.6	13.9	17.4	20.8	23.0	26.2
IUD	0.5	1.0	1.4	1.4	1.8	2.2	1.8	1.2	0.6
Injectables	u	0.2	0.5	0.6	2.6	4.5	6.2	7.2	9.7
Norplant	u	u	u	u	u	u	0.1	0.5	0.8
Vaginal methods	0.0	0.3	0.2	0.1	u	u	u	u	u
Condom	0.7	1.5	1.8	1.8	2.5	3.0	3.9	4.3	4.2
Female sterilization	0.6	6.2	7.9	8.5	9.1	8.1	7.6	6.7	5.2
Male sterilization	0.5	1.2	1.5	1.2	1.2	1.1	1.1	0.5	0.6
Any traditional method	2.7	5.4	6.9	7.6	8.7	8.4	7.7	10.3	10.8
Periodic abstinence	0.9	2.4	3.8	4.0	4.7	4.8	5.0	5.4	6.5
Withdrawal	0.5	1.3	0.9	1.8	2.0	2.5	1.9	4.0	3.6
Other traditional methods	1.3	1.8	2.2	1.8	2.0	1.1	0.8	0.9	0.6
Number of women	u	7,662	7,822	10,907	9,745	8,980	8,450	9,720	10,582

u = Unknown (not available)

Sources: 1975 Bangladesh Fertility Survey (BFS) (Islam and Islam, 1993:43); 1983 Contraceptive Prevalence Survey (CPS) (Mitra and Kamal, 1985:159); 1985 CPS (Mitra 1987:147); 1989 BFS (Huq and Cleland, 1990:64); 1991 CPS (Mitra et al., 1993:53); 1993-1994 Bangladesh Demographic and Health Survey (BDHS) (Mitra et al., 1994:45); 1996-1997 BDHS (Mitra et al., 1997:50); and 1999-2000 BDHS (NIPORT et al., 2001:53)

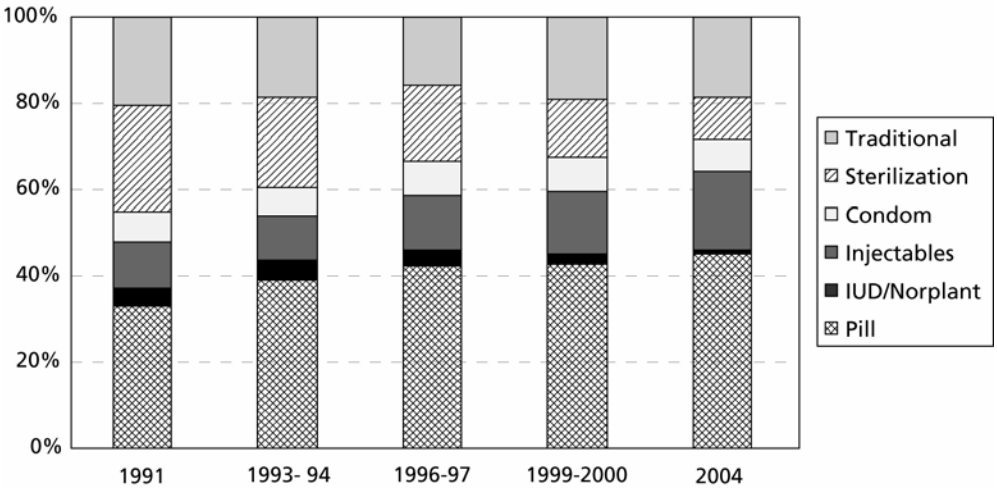
Figure 5.1 Trends in Contraceptive Use (%) Among Currently Married Women Age 10-49, Selected Surveys 1975-2004



Between the 1999-2000 BDHS and the 2004 BDHS, overall contraceptive use increased by 4 percentage points, from 54 to 58 percent of currently married women. This increase has been almost entirely due to the higher use of modern methods, namely, the pill and injectables. Condom use has remained unchanged since the 1999-2000 BDHS, while the use of traditional methods shows a slight increase. A decade-long decline in the use of long-lasting contraceptive methods continues. In 2004, only 7 percent of currently married women were using sterilization, IUD, or Norplant, compared with 11 percent in 1993-94.

With the use of long-term methods declining and that of short-term methods, especially the pill, increasing, the proportional share that each method contributes to the overall use of contraception—known as the "method mix"—has changed over time. For example, the pill now accounts for 45 percent of total contraceptive use, compared with 35 percent in 1991 (Figure 5.2). In contrast, long-lasting methods (sterilization, Norplant, and IUD) now account for 12 percent of total contraceptive use, compared with 30 percent in 1991.

Figure 5.2 Trends in Conctraceptive Method Mix Currently Married Women Age 10-49 Using a Method Selected Surveys 1991-2004



5.4.2 Differentials in Current Use of Family Planning

Current use of contraceptive methods varies by urban-rural areas, administrative divisions, and the other background characteristics of women (Table 5.7). The level of current contraceptive use is higher in urban than in rural areas, 63 versus 57 percent. The urban-rural gap has, however, narrowed with contraceptive use rising more rapidly in the rural areas. The urban-rural differences are predominantly due to higher proportions of couples using condoms in urban areas (8 percent) than in rural areas (3 percent). There is little variation in use of other methods between the rural and urban areas.

Differentials in current contraceptive use by the six administrative divisions of the country are large. Contraceptive use is highest in Rajshahi division (68 percent) and lowest in Sylhet division (32 percent). In 2004, only two divisions, namely Chittagong and Sylhet, had contraceptive prevalence rates below 50 percent. Since the 1999-2000 BDHS, contraceptive use has increased in Rajshahi, Dhaka, and Chittagong divisions. The largest increase was in Rajshahi, 10 percentage points. During this period, contraceptive use remained unchanged in Khulna and decreased slightly in Barisal and Sylhet.

Table 5.7 Current use of contraception by background characteristics

Percent distribution of currently married women by contraceptive method currently used, according to background characteristics, Bangladesh 2004

		Modern method								Traditional method						
Background characteristic	Any method	Any modern method	Pill	IUD	Inject-ables	Norplant	Condom	Female sterili-zation	Male sterili-zation	Any tradi-tional method	Periodic absti-nence	With-drawal	Other	Not currently using	Total	Number of women
Residence																
Urban	62.9	51.6	26.9	0.5	9.1	1.0	8.3	5.3	0.5	11.3	6.5	4.1	0.7	37.1	100.0	2,372
Rural	56.7	46.0	26.0	0.6	9.8	0.7	3.0	5.2	0.7	10.6	6.5	3.5	0.6	43.3	100.0	8,210
Division																
Barisal	54.2	42.7	22.5	0.6	12.8	0.4	1.9	3.8	0.6	11.5	7.3	3.4	0.8	45.8	100.0	674
Chittagong	47.1	37.4	19.4	0.6	8.3	0.5	4.8	3.6	0.2	9.7	5.7	3.1	0.9	52.9	100.0	1,877
Dhaka	59.3	48.5	27.3	0.5	8.0	1.2	4.9	6.2	0.4	10.8	6.7	3.4	0.7	40.7	100.0	3,315
Khulna	63.8	50.7	28.6	0.7	11.5	0.4	4.9	3.6	1.1	13.0	6.8	5.6	0.6	36.2	100.0	1,296
Rajshahi	68.3	57.8	33.1	0.6	12.2	0.7	3.4	6.5	1.2	10.5	6.3	3.7	0.5	31.7	100.0	2,782
Sylhet	31.8	22.0	9.6	0.9	4.1	1.2	2.5	3.7	0.1	9.8	7.6	1.8	0.4	68.2	100.0	638
Education																
No education	58.8	48.3	23.1	0.7	12.2	1.2	1.5	8.5	1.0	10.5	7.1	2.4	1.1	41.2	100.0	4,187
Primary incomplete	56.8	45.4	25.4	0.4	11.0	0.5	2.5	4.9	0.8	11.4	7.0	3.8	0.6	43.2	100.0	2,176
Primary complete	58.9	47.4	31.1	0.5	7.1	0.9	4.1	3.1	0.6	11.5	7.5	3.7	0.3	41.1	100.0	958
Secondary incomplete	56.3	46.7	31.0	0.6	7.0	0.4	5.9	1.7	0.1	9.7	4.6	4.9	0.2	43.7	100.0	2,457
Secondary complete or higher	62.0	49.1	24.0	1.0	3.9	0.2	17.8	2.1	0.1	12.9	7.0	5.8	0.2	38.0	100.0	804
Number of living children																
0	23.4	17.1	10.2	0.0	0.3	0.0	5.9	0.1	0.6	6.4	2.5	3.8	0.1	76.6	100.0	1,246
1	54.2	46.1	30.5	0.4	7.7	0.7	4.6	1.6	0.5	8.1	4.7	3.1	0.2	45.8	100.0	2,028
2	64.3	55.3	32.9	0.6	10.9	1.2	4.7	4.4	0.5	9.0	5.5	3.3	0.2	35.7	100.0	2,514
3	69.7	57.9	28.5	0.7	12.8	1.0	4.5	9.7	0.7	11.9	7.8	3.3	0.8	30.3	100.0	2,002
4+	62.4	46.8	22.6	1.0	11.9	0.7	2.4	7.5	0.8	15.5	9.7	4.3	1.5	37.6	100.0	2,791
Wealth index																
Lowest	53.6	44.7	22.9	0.3	11.9	0.9	1.2	6.1	1.2	9.0	5.5	2.5	1.0	46.4	100.0	2,042
Second	57.6	47.7	26.5	0.8	11.8	1.0	1.7	5.1	0.7	10.0	6.4	3.0	0.6	42.4	100.0	2,112
Middle	57.8	46.6	27.4	0.4	9.0	0.6	2.5	5.9	0.7	11.2	6.9	3.5	0.8	42.2	100.0	2,112
Fourth	58.5	47.4	28.3	0.7	9.0	0.7	3.8	4.6	0.3	11.1	7.0	3.7	0.5	41.5	100.0	2,168
Highest	62.5	50.0	25.8	0.7	6.7	0.7	11.4	4.3	0.2	12.5	6.9	5.3	0.4	37.5	100.0	2,148
Total	58.1	47.3	26.2	0.6	9.7	0.8	4.2	5.2	0.6	10.8	6.5	3.6	0.6	41.9	100.0	10,582

Note: If more than one method is used, only the most effective method is considered in this tabulation.

There is little variation in contraceptive use by education levels of women; only those who have completed at least secondary education are more likely to report a higher use rate than others. The pill is the most widely used method among women in all educational categories. Injectables are the second most widely used method among women who have no education or have an incomplete primary education, while condoms are the second most popular method among those who have completed at least secondary education. Since

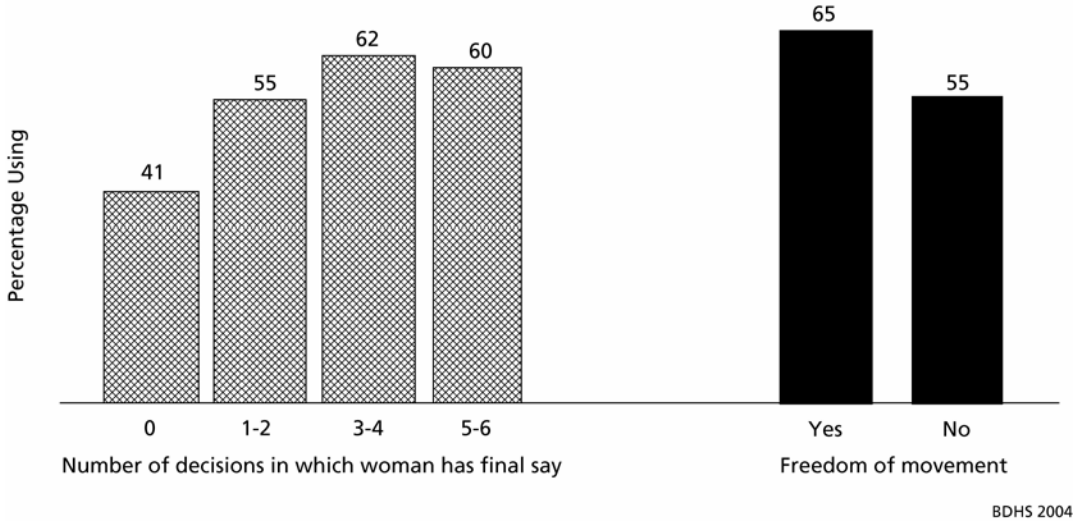
1999-2000, contraceptive use has increased among women with little or no education; the increase in use was highest among women with no education (8 percentage points). Women who had at least some secondary education had no increase in contraceptive use.

There are notable variations in contraceptive use among women by number of living children. Only 23 percent of women use contraception before having a child. After the first child, contraceptive use increases sharply to 54 percent, increases to 64 percent after two children, and peaks at 70 percent after three children. The slight drop in use that follows may be due to declining fecundity associated with the older age of women. The pill is the most widely used method across all categories of women by number of living children, followed by injectables, except for women who have no children, who are more likely to use condoms.

Women generally report higher use of contraception if they are from economically better-off households, upholding the relationship that contraceptive use increases with the improved economic status of women. Sixty-three percent of women in the highest wealth quintile reported that they use a contraceptive method, compared with only 54 percent of those in the lowest wealth quintile. The pill is the most widely used method among women across all wealth quintiles. The second most widely used methods are condoms among women in households in the highest quintile and injectables among women in households in the other four wealth quintiles.

Figure 5.3 shows the level of current use of contraceptive methods by two women's status indicators. The likelihood of women using a contraceptive method rises with their increasing status. Women are more likely to use a method if they participate in the decisionmaking in their family. Only 41 percent of women having no say in any decision in the family report using a contraceptive method. The proportion rises sharply to 55 percent among women who have a final say in one or two decisions and then rises further to over 60 percent among women who have a final say in three or more decisions.

Figure 5.3 Contraceptive Use and Women's Status Indicators



Similarly, current use of contraceptive methods increases with freedom of movement. The proportion of women who report using a method is higher among women who go or can go alone to a hospital or clinic than those who cannot.

5.5 NUMBER OF CHILDREN AT FIRST USE OF CONTRACEPTION

The BDHS included a question for all women who had ever used a method as to how many living children they had when they first used a method. Table 5.8 shows the distribution of ever-married women in the 2004 BDHS by the number of living children they had when they first used contraception, according to five-year age groups. These data enable the examination of both periodic and cohort changes in the timing of the initiation of contraceptive use during the family-building process.

5.8 Number of children at first use of contraception

Percent distribution of ever-married women by number of living children at time of first use of contraception and median number of children at first use, according to current age, Bangladesh 2004

Age	Never used contra-ception	Number of living children at time of first use of contraception					Total	Number of women	Median number of children at first use
		0	1	2	3	4+			
10-14	46.0	52.2	1.8	0.0	0.0	0.0	100.0	150	0.0
15-19	33.0	41.3	22.8	2.8	0.1	0.0	100.0	1,598	0.0
20-24	18.9	31.3	37.5	9.2	2.7	0.4	100.0	2,202	0.2
25-29	12.9	19.7	38.7	17.7	7.7	3.4	100.0	2,013	0.6
30-34	13.2	13.2	30.9	19.2	12.5	10.9	100.0	1,793	1.0
35-39	15.3	9.6	21.0	18.7	16.0	19.4	100.0	1,457	1.6
40-44	19.5	6.0	17.4	14.4	17.5	25.2	100.0	1,160	2.1
45-49	29.1	3.3	10.0	11.2	13.2	33.2	100.0	1,066	2.8
Total	19.8	20.1	27.4	13.2	8.9	10.5	100.0	11,440	0.7

Overall, 61 percent of women initiated contraceptive use when they had fewer than three living children, with 20 percent initiating use before having the first child. The results also indicate that Bangladeshis are adopting family planning methods at an earlier age than before. Younger cohorts of women show a tendency to initiate family planning use at lower parities. For example, although 23 percent of women age 35 and older initiated family planning use before having two children, the proportion rises with younger cohorts, reaching 67 percent among women age 15-24.

Comparison of information available through the various BDHS surveys indicates that Bangladeshi women are initiating family planning use at lower parities than before. For example, in 2004, almost half of the women reported that they initiated family planning use before they had two children, compared with 27 percent in 1993-94. Although a few women initiate family planning to delay starting childbearing, that proportion has also been increasing over the last decade. In 1993-94 about one in nine women reported using family planning to delay the first birth; in 2004, one in five women reported adopting family planning before having the first child.

5.6 PROBLEMS WITH CURRENT METHOD

In this survey, women currently using modern family planning methods were asked whether they were having any health-related or other problems in using the method they were currently using and, if so,

what those problems were. Problems in using a family planning method may reduce the effectiveness with which it is used or even lead to termination of its use. Identifying problems associated with the use of specific methods therefore has important implications both for educational and publicity campaigns and for efforts toward improving delivery of family planning services in Bangladesh. Table 5.9 presents information on the problems as reported in the 2004 BDHS.

Table 5.9 Problems with current method of contraception

Among women who are currently using a modern method of family planning, percentage who are having problems with their method, by specific method and type of problem, Bangladesh 2004

	Contraceptive method						
Problem	Pill	IUD	Injectables	Condom	Female sterilization	Norplant	Total
Any problem	23.4	17.7	41.8	3.2	33.0	40.6	26.7
Weight gain	0.7	0.0	1.1	0.0	0.6	1.1	0.7
Weight loss	1.2	2.8	2.4	0.0	4.5	4.8	1.8
Excessive bleeding	0.4	3.6	2.5	0.0	2.6	8.7	1.3
Hypertension	0.4	3.0	0.2	0.0	0.7	1.8	0.4
Headache	13.3	1.3	9.6	0.4	5.4	8.8	10.2
Nausea	5.5	1.3	1.7	0.0	0.6	3.5	3.5
No menstruation	1.2	0.0	25.2	0.0	1.6	15.7	6.3
Weak/tired	10.8	5.9	16.6	0.3	15.8	15.5	11.7
Dizziness	2.3	1.3	3.7	0.2	3.9	6.2	2.6
Husband disapproves	0.1	0.0	0.1	0.5	0.2	0.0	0.1
Inconvenient to use	0.1	0.0	0.1	0.2	0.4	0.0	0.1
Abdominal pain	0.5	6.8	2.2	1.6	15.9	1.2	2.9
Other	0.5	6.8	2.2	1.6	16.2	1.2	2.9
Number of users	2,775	65	1,022	442	599	83	4,987

Note: Male sterilization has been omitted.

Among women using modern methods, more than a quarter report having problems with their methods. Injectable and Norplant users are most likely (four out of ten) to report problems associated with the method. Their most common complaints are amenorrhea and feeling weak or tired. One in three sterilized women complains about problems related to sterilization; the most common complaints are abdominal pain and feeling weak or tired. Among pill users, one in five had some complaints; the most frequent complaints are headaches and feeling weak or tired. IUD users tend to complain of abdominal pain and feeling weak or tired. Condom users rarely report problems. Overall, feeling weak or tired is a frequently cited complaint across users of most modern methods. Problems with specific methods seem to have changed little between 1999-2000 and 2004.

5.7 USE OF SOCIAL MARKETING BRANDS

Bangladesh has an active contraceptive social marketing program that distributes pills, condoms, and oral rehydration salts (ORS) through a network of retail outlets (pharmacies, small shops, and kiosks) spread across the country. The Social Marketing Company carries several brands of oral contraceptives, namely *Maya, Ovacon, Norquest, Nordette, Femicon, and Minicon.* To obtain information on the number of users purchasing the social marketing brands, the BDHS interviewer asked current pill users to show her a packet of the pills they were using. If the user had the packet available, the interviewer recorded the brand on the questionnaire. If not, the interviewer showed the woman a chart depicting all major pill brands and asked the user to identify which brand she was currently using.

As shown in Table 5.10, overall, 40 percent of pill users use social marketing brands, compared with 56 percent using the government-supplied brand, *Shuki*. The government-supplied brand is provided free of charge through government fieldworkers and clinics and at a nominal charge from nongovernmental service providers. *Femicon* is the most widely used social marketing brand of pills, used by three in ten pill users in both rural and urban areas. The next most widely used social marketing brand is *Nordette*, used more by urban pill users (13 percent) than by rural pill users (5 percent). *Minicon*, a new brand of pills introduced by the Social Marketing Company, is used by 3 percent of pill users, with little variation between urban and rural areas. Few women report the use of any other social marketing brand. The percentage of pill users using a social marketing brand has consistently increased, from 14 percent in 1993-94 to 40 percent in 2004.

Table 5.10 Use of pill brands

Percent distribution of current pill users by brand of pill used, according to urban-rural residence, Bangladesh 2004

Pill brand	Residence		Total
	Urban	Rural	
Social marketing	47.7	38.0	40.1
Maya	0.3	0.3	0.3
Ovacon	0.2	0.1	0.1
Norquest	0.1	0.0	0.0
Nordette	12.8	5.3	7.0
Femicon	31.9	29.7	30.2
Minicon	2.4	2.6	2.5
Government			
Shuki	43.6	59.4	55.8
Private	7.8	2.2	3.5
Marvelon	2.5	0.2	0.7
Ovostat	5.2	1.4	2.3
Lyndiol	0.1	0.0	0.0
Ovral	0.0	0.6	0.5
Don't know	0.8	0.5	0.6
Total	100.0	100.0	100.0
Number of pill users	638	2,138	2,775

To assess the social marketing program's reach in condom use, the 2004 BDHS gathered information to estimate the proportion of condom users using a social marketing brand. Interviewers showed a chart depicting all major condom brands to women who reported that their husband was currently using condoms. They were asked to identify the brand they use. Men would presumably be a more reliable source of data on condom brands; however, because of the larger sample of women than men in the BDHS survey, the data shown in Table 5.11 are derived from women.

Table 5.11 Use of condom brands

Percent distribution of current condom users by brand of condom used, according to urban-rural residence, Bangladesh 2004

Condom brand	Residence		Total
	Urban	Rural	
Social marketing brand	72.6	60.1	65.7
Raja	13.8	31.5	23.6
Panther	43.5	23.9	32.6
Sensation	15.3	4.7	9.5
Government			
Nirapad	10.5	24.5	18.3
Private and others	11.3	7.9	9.3
Carex	1.7	1.9	1.8
Titanic	0.7	0.0	0.3
Lotus	0.3	1.3	0.9
Feelings	0.6	0.0	0.2
Expot	0.4	0.0	0.2
Lubricant	2.4	3.5	3.0
Greenlove	4.9	1.2	2.8
Romeo	0.3	0.0	0.1
Don't know	5.8	7.3	6.6
Total	100.0	100.0	100.0
Number of users	197	245	442

Note: Table is based on women's reports.

Condom brands sold by the Social Marketing Company have a high market share. Two out of three condom users use a social marketing brand, with 33 percent using *Panther,* 24 percent using *Raja,* and another 10 percent using *Sensation*. The *Panther* and *Sensation* brands are more popular among urban users, while *Raja* is predominant among rural users. The proportion of condoms supplied through the Social Marketing Company has decreased slightly in the last four years, from 71 to 66 percent.

5.8 AGE AT STERILIZATION AND STERILIZATION REGRET

Table 5.12 shows the distribution of sterilized women by the age at which they had the procedure, according to the number of years preceding the survey that the procedure was done. However, because data on age at sterilization are derived from a question on the month and year of the operation, it is possible that the data are distorted by recall errors in reporting either the date of the operation or the date of birth and/or age of the woman.

Table 5.12 Timing of sterilization

Percent distribution of sterilized women by age at the time of sterilization and median age at sterilization, according to the number of years since the operation, Bangladesh 2004

Years since operation	Age at time of sterilization					Total	Number of women	Median age[1]
	<25	25-29	30-34	35-39	40-44			
<2	(8.6)	(44.2)	(31.0)	(15.8)	(0.4)	100.0	28	29.8
2-3	(38.3)	(20.1)	(24.4)	(7.4)	(9.9)	100.0	34	27.5
4-5	(23.5)	(31.5)	(26.9)	(18.0)	(0.0)	100.0	42	29.1
6-7	(27.5)	(26.7)	(34.0)	(7.7)	(4.0)	100.0	50	28.2
8-9	28.1	31.6	23.0	14.0	3.4	100.0	52	28.6
10+	47.0	32.4	18.4	2.2	0.0	100.0	394	a
Total	39.8	31.6	21.7	5.7	1.2	100.0	599	26.5

Note: Figures in parentheses are based on 25-49 unweighted cases.
a = Not calculated because of censoring
[1] Median ages are calculated only for women sterilized at less than 40 years of age to avoid problems of censoring.

Women who decide to get sterilized generally have the procedure early in their reproductive years. Seven out of ten sterilized women had the procedure done before age 30. The median age of sterilization is 27 years, and this has not changed over the last decade.

As in the earlier BDHS surveys, women who had been sterilized or whose husband had been sterilized were asked whether they regretted having had the operation and, if so, why. The results are presented in Table 5.13. Although some level of regret is expected to occur with any permanent method of contraception, a high level could be viewed as an indication of poor quality of care in the sense that women and men who are sterilized at a young age and/or low parity or who are not adequately counseled are more likely to regret having the operation (Loaiza, 1995). Overall, a higher percentage (15 percent) of the women in the 2004 BDHS survey reported that they regretted that they or their husband had been sterilized compared with 11 percent in the 1999-2000 BDHS.

Table 5.13 Sterilization regret

Percentage of currently married women who are sterilized or whose husbands are sterilized and who regret the operation, by reasons for regret and selected background characteristics, Bangladesh 2004

Background characteristic	Percentage who regret the operation	Reason for regretting sterilization					Number of women
		Respondent wants another child	Husband wants child	Side effects	Child died	Other reason	
Residence							
Urban	9.7	6.7	2.1	0.6	0.2	0.0	137
Rural	16.5	10.8	2.5	0.5	1.5	1.1	480
Division							
Barisal	16.2	13.4	1.2	0.0	1.6	0.0	30
Chittagong	14.1	9.2	3.2	0.0	0.0	1.7	70
Dhaka	12.8	7.0	3.4	0.0	2.4	0.0	217
Khulna	11.6	8.3	1.9	1.4	0.0	0.0	60
Rajshahi	18.9	13.5	1.7	1.2	0.7	1.9	215
Sylhet	(8.6)	(6.5)	(0.9)	(0.0)	(1.3)	(0.0)	24
Education							
No education	16.3	10.4	2.7	0.5	1.3	1.3	396
Primary incomplete	13.0	9.8	1.7	1.1	0.4	0.0	122
Primary complete	(10.1)	(9.2)	(1.0)	(0.0)	(0.0)	(0.0)	36
Secondary incomplete	13.3	4.9	3.7	0.0	4.7	0.0	45
Number of living children							
<2	(70.6)	(54.0)	(4.9)	(0.0)	(3.8)	(7.8)	51
2	22.8	15.1	4.3	0.0	3.4	0.0	124
3	8.4	5.1	2.0	0.6	0.7	0.0	210
4+	4.4	1.7	1.2	0.9	0.0	0.5	232
Total	15.0	9.9	2.4	0.5	1.2	0.8	617

Note: Total includes 17 women who have completed secondary education. Figures in parentheses are based on 25 to 49 women.

A woman with fewer children is more likely to regret having had the procedure. Less than 5 percent of women with four or more living children regret having had the operation, compared with 23 percent of those having two living children. The number of living children, of course, refers to the current number and not the number at the time of sterilization. Presumably, many of those who regret being sterilized include unfortunate cases in which couples decide on sterilization and subsequently lose one or more of their children. Sterilization regret is more common among rural women than urban women. Sterilization regret also varies by division (from 9 to 19 percent) and by education (from 10 to 16 percent).

The most common reason for regret is the desire to have another child, stated by two-thirds of women regretting sterilization.

5.9 SOURCE OF FAMILY PLANNING SERVICES

To ascertain the coverage of different sources of family planning methods in Bangladesh, women who report using a modern method of contraception at the time of the survey were asked where they obtained the method last time. Since women often do not know into which category the source they use falls (hospital, *upazila* health complex, family welfare center, or private clinic), interviewers were instructed to write the name of the source in the questionnaire. Team supervisors were instructed to verify that the name and the type of source coded were consistent.

In Table 5.14, sources of family planning methods are classified into four major categories: public sector sources (including government hospitals, upazila health complexes, family welfare centers, satellite/EPI clinics, maternal and child welfare centers, and government fieldworkers), NGO sector sources (including static clinics, satellite clinics, depot holders, and fieldworkers), private medical sources (including private hospitals/clinics, doctors—qualified or traditional, and pharmacies), and other private sources (including shops and friends/relatives). Table 5.14 and Figure 5.4 show the percentage of current users of modern methods who obtained their method from a specific source.

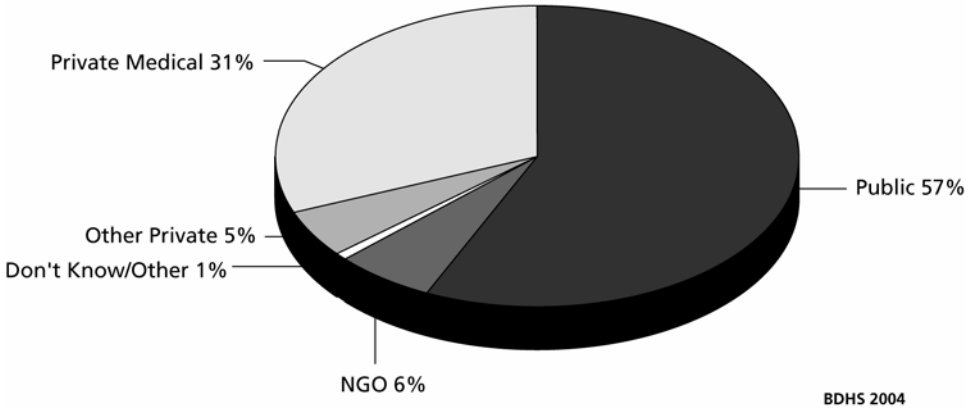
Table 5.14 Source of supply of modern contraceptive methods

Percent distribution of current users of modern contraceptive methods by most recent source of supply, according to specific method, Bangladesh 2004

	Contraceptive method							
Source of supply	Pill	IUD	Injectables	Norplant	Condom	Female sterilization	Male sterilization	Total
Public sector	47.6	85.7	79.1	70.0	16.8	85.7	92.4	57.3
Government hospital	0.4	4.2	1.6	13.7	0.3	25.4	37.4	4.4
Family welfare center	4.3	34.0	26.3	9.4	2.6	11.7	4.8	9.9
Upazila health complex	1.9	34.1	11.1	45.5	0.3	41.4	49.7	10.1
Satellite clinic or EPI outreach site	4.4	6.1	22.5	1.0	0.4	0.1	0.0	7.1
Maternal and child welfare center	0.2	2.0	1.4	0.5	0.3	7.0	0.5	1.3
Community clinic	1.4	3.3	4.4	0.0	0.1	0.0	0.0	1.7
Government fieldworker	35.0	1.9	11.8	0.0	12.7	0.0	0.0	22.7
Nongovernmental organization (NGO) sector	3.3	8.6	13.5	28.1	4.7	5.4	2.0	6.2
Static clinic	1.1	8.6	7.9	28.1	3.2	5.4	2.0	3.7
Satellite clinic	0.3	0.0	3.6	0.0	0.3	0.0	0.0	0.9
Depot holder	0.8	0.0	0.0	0.0	0.5	0.0	0.0	0.5
Fieldworker	1.1	0.0	2.0	0.0	0.7	0.0	0.0	1.1
Private medical sector	42.6	3.9	7.1	1.9	63.5	8.0	0.8	31.4
Private hospital or clinic	0.0	3.9	1.2	1.9	0.0	8.0	0.8	1.3
Qualified doctor	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.1
Traditional doctor	0.8	0.0	1.3	0.0	0.0	0.0	0.0	0.7
Pharmacy	41.7	0.0	4.1	0.0	63.5	0.0	0.0	29.3
Other private	6.1	0.0	0.0	0.0	13.5	0.0	0.0	4.5
Shop	4.1	0.0	0.0	0.0	13.0	0.0	0.0	3.4
Friend/relatives	2.0	0.0	0.0	0.0	0.5	0.0	0.0	1.1
Other	0.4	0.7	0.1	0.0	0.5	0.9	2.7	0.4
Don't know	0.1	0.0	0.0	0.0	0.6	0.0	2.1	0.1
Missing	0.0	1.0	0.1	0.0	0.3	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	2,775	65	1,022	83	442	599	67	5,053

The public sector is the predominant source of family planning methods. Nearly six out of ten modern contraceptive method users obtain their methods from a public sector source, with 34 percent obtaining them from a public facility and 23 percent from a government fieldworker. Thirty-six percent of modern contraceptive users acquire their supplies from a private source. Thirty-one percent of users get their contraceptive methods from private medical sources such as pharmacies, private doctors, and hospitals or clinics; an additional 5 percent use nonmedical private sources such as shops and friends or relatives. Only 6 percent of users obtain their contraceptive methods from an NGO source.

Figure 5.4 Distribution of Current Users of Modern Contraceptive Methods By Source of Supply



Over the years, there has been a substantial decline in the proportion of users obtaining methods from government fieldworkers, from 42 percent in 1993-1994, 39 percent in 1996-1997, and 28 percent in 1999-2000, to 23 percent in 2004. Conversely, more couples now seem to procure their methods from pharmacies; 29 percent of users in 2004 reported that they obtain their method from pharmacies, compared with 21 percent in 1999-2000.

The source a woman uses is related to the type of method she is using. Pill and condom users are most likely to get supplies from a pharmacy. In 2004, 42 percent of pill users and 64 percent of condom users were getting their supplies from pharmacies. Another one-third of the pill users obtain their method from government fieldworkers. About four out of five users of injectables get their method from government health facilities, while one in nine obtains it from NGO facilities. Most IUD users get their method from government facilities. Both female and male sterilization procedures are mainly performed in government facilities.

5.10 CONTRACEPTIVE DISCONTINUATION

Couples can realize their reproductive goals only when they consistently and correctly use contraceptive methods. A key concern for family planning programs is the rate at which contraceptive users discontinue using their method and the reasons for such discontinuation. Life table contraceptive discontinuation rates are presented in Table 5.15. These rates are based on information collected in the five-year, month-by-month calendar in the 2004 BDHS questionnaire. All episodes of contraceptive use between June 1998 (the third month of the Bengali year 1405) and the date of interview were recorded in the calendar, along with the main reason for any discontinuation of use during this period. Thus, the discontinuation rates

presented here are based on all segments of use that started between June 1998 and three months prior to the date of interview. The month of interview and the two preceding months are ignored in order to avoid the bias that might be introduced by an unrecognized pregnancy.

The rates presented in Table 5.15 are cumulative one-year discontinuation rates and represent the proportion of users who discontinue using a method within 12 months after they start. The rates are calculated by dividing the number of discontinuations at each duration of use in single months by the number of months of exposure at that duration. The single-month rates are then cumulated to produce a one-year rate. In calculating rates, the reasons for discontinuation are treated as competing risks (net rates). For this table, the reasons are classified into four main categories: method failure (resulting in a pregnancy), desire to become pregnant, side effects or health concerns, and all other reasons. Switching from one method to another is included in the last category.

Table 5.15 Contraceptive discontinuation rates

Percentage of contraceptive users who discontinued use of a method within 12 months after beginning its use, by reason for discontinuation and specific method, Bangladesh 2004

Method	Reason for discontinuation				Total
	Method failure	Desire to become pregnant	Side effects or health problem	Other reasons	
Pill	3.9	8.5	20.8	13.3	46.5
Injectables	0.4	5.2	33.6	9.5	48.7
Condom	6.3	11.4	6.8	46.9	71.5
Periodic abstinence	10.7	5.7	0.1	24.9	41.4
Withdrawal	8.2	13.5	0.8	37.0	59.6
All methods	4.5	8.1	17.5	19.3	49.4

Note: Table is based on episodes of contraceptive use that began 3-59 months prior to the survey.

The results indicate that nearly half of all contraceptive users in Bangladesh stop using their method within 12 months of starting. Nearly 5 percent of users stop using because of method failure, while 8 percent discontinue because they want to become pregnant. Eighteen percent discontinue using their method as a result of side effects or health concerns, and another 19 percent discontinue for other reasons. Discontinuation rates are highest for condoms (72 percent) and lowest for periodic abstinence (41 percent). There has been little change in discontinuation rates since 1996-1997.

Further information on reasons for contraceptive discontinuation is presented in Table 5.16. This table shows the percent distribution of all discontinuations occurring during the five years preceding the survey, regardless of whether they occurred during the first 12 months of use or not. Side effects are the most common reason for discontinuation, accounting for 28 percent of all discontinuations. The next most common reason for discontinuation is the desire to become pregnant (22 percent), followed by accidental pregnancies (11 percent).

There are variations in reasons for discontinuation by method. Side effects are the most common reason of discontinuation for the pill, the IUD, injectables, and Norplant. Although desire to become pregnant is an important reason of discontinuation for every reversible method, it accounts for more discontinuations among users of periodic abstinence, the pill, withdrawal, and condoms than for users of other methods. Husband's disapproval is cited as a major reason of discontinuation of condoms, as well as the two traditional methods. Method failure ("became pregnant") is a major reason for discontinuing periodic abstinence.

Table 5.16 Reasons for discontinuation

Percent distribution of discontinuations of contraceptive methods in the five years preceding the survey by main reason for discontinuation, according to specific method, Bangladesh 2004

Reason for discontinuation	Method								All methods
	Pill	IUD	Injectables	Norplant	Condom	Periodic abstinence	With-drawal	Other	
Became pregnant	11.2	1.6	1.4	(0.0)	10.6	25.5	15.9	(55.2)	11.2
Wanted to become pregnant	24.8	11.3	14.9	(13.6)	20.4	19.6	24.1	(11.3)	21.8
Husband disapproved	0.8	2.1	1.2	(0.0)	24.1	13.2	12.0	(0.0)	5.8
Side effects	33.6	54.6	52.5	(64.0)	4.5	0.1	0.3	(7.0)	27.7
Health concerns	6.5	9.1	9.9	(2.1)	4.0	0.1	1.1	(0.0)	5.7
Access/availability	1.4	0.0	5.8	(0.0)	2.0	0.1	0.0	(3.2)	1.9
Wanted a more effective method	2.7	0.0	1.1	(1.9)	8.8	21.4	19.3	(12.6)	6.1
Inconvenient to use	3.2	7.6	0.9	(2.5)	13.9	2.8	11.1	(0.8)	4.8
Infrequent sex/husband away	9.9	2.7	3.9	(4.1)	5.1	5.6	11.8	(2.9)	7.9
Cost too much	0.4	0.0	0.2	(0.0)	0.4	0.0	0.0	(0.0)	0.3
Fatalistic	0.1	0.0	0.0	(0.0)	0.1	0.1	0.0	(0.0)	0.1
Difficult to get pregnant/menopausal	0.8	3.0	2.5	(4.1)	0.6	6.3	1.8	(2.4)	1.7
Marital dissolution/separation	0.8	0.0	0.7	(0.0)	0.2	1.4	0.9	(0.0)	0.7
Other	3.2	8.0	4.7	(7.7)	4.1	2.7	1.0	(4.6)	3.4
Missing	0.6	0.0	0.4	(0.0)	1.2	1.1	0.7	(0.0)	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	4,632	134	1,348	39	1,165	808	556	43	8,729

Note: Total includes 5 male sterilization discontinuations. Figures in parentheses are based on 25-49 discontinuations.

5.11 FUTURE INTENTIONS TO USE FAMILY PLANNING

5.11.1 Future Use of Contraception

Currently married women who were not using contraception at the time of survey—defined as nonusers—were asked about their intention to use family planning in the future. The results are presented in Table 5.17, according to the number of living children the women had.

Table 5.17 Future use of contraception

Percent distribution of currently married women who are not using a contraceptive method by intention to use in the future, according to number of living children, Bangladesh 2004

	Number of living children[1]					
Future intention	0	1	2	3	4+	Total
Intends to use	84.0	88.3	82.9	72.2	45.4	73.2
Unsure	4.1	1.5	1.5	1.4	1.0	1.7
Does not intend to use	11.7	10.1	15.2	25.9	53.4	24.8
Missing	0.1	0.1	0.4	0.4	0.2	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	676	1,019	957	659	1,125	4,437

[1] Includes current pregnancy

An important indicator of the changing demand for family planning is the extent to which nonusers of contraception plan to use family planning in the future. Among nonusers, nearly three-fourths intend to use family planning methods. Only a few nonusers (2 percent) say they are unsure of their intention. Intention to use varies with the number of children. The proportion of nonusers who say they intend to use family planning in the future peaks at 88 percent for women with one child and falls sharply to 45 percent among women with four or more children. The proportion of nonusers intending to use family planning in the future has remained practically unchanged between the 1999-2000 BDHS and the 2004 BDHS.

5.11.2 Reasons for Not Intending to Use Contraception

Table 5.18 presents the main reasons for not intending to use contraception in the future as reported by nonintenders (nonusers who do not intend to use family planning in the future). Nearly eight out of ten nonintenders do not plan to use family planning for reasons related to fertility. The most common fertility-related reason for nonuse is infecundity, cited by 51 percent of nonintenders, who are either menopausal/have had a hysterectomy or are subfecund. Fifteen percent do not intend to use a contraceptive method because of fatalistic attitudes (believing that having children depends on God's will), while 12 percent stated that infrequent sex or not having sex was the reason for not intending to use family planning.

Table 5.18 Reason for not intending to use contraception

Percent distribution of currently married women who are not using a contraceptive method and who do not intend to use in the future by main reason for not intending to use, according to age, Bangladesh 2004

Reason	Age 10-29	Age 30-49	Total
Fertility related	50.2	82.2	78.4
Not having sex	0.0	5.1	4.5
Infrequent sex	3.7	8.2	7.7
Menopausal or hysterectomy	9.2	51.1	46.2
Subfecund or infecund	4.5	5.2	5.1
Postpartum amenorrheic	2.2	0.2	0.4
Fatalistic	30.5	12.4	14.6
Opposition to use	30.5	6.2	9.1
Respondent opposed	6.9	1.3	1.9
Husband opposed	10.5	1.9	2.9
Others opposed	0.0	0.1	0.1
Religious prohibition	13.2	2.9	4.1
Knows no source	1.2	0.1	0.2
Method related	10.2	6.2	6.7
Health concerns	4.6	1.3	1.7
Fear of side effects	2.6	3.8	3.7
Costs too much	0.7	0.0	0.1
Inconvenient to use	0.0	0.1	0.1
Interferes with body's normal process	2.3	1.1	1.2
Other	7.9	4.9	5.2
Don't know	0.0	0.1	0.1
Missing	0.0	0.2	0.2
Total	100.0	100.0	100.0
Number of women	130	969	1,099

Other major reasons for nonuse are opposition to family planning and method-related reasons. Nine percent of nonintenders do not intend to use contraceptives because of opposition to family planning—by themselves, their husband, or others or because of religious prohibitions. Only 7 percent do not intend to use because of method-related reasons, mainly fear of side effects.

Between the 1999-2000 BDHS and the 2004 BDHS, the proportion of women citing fatalistic attitude as the reason for not using family planning rose from 9 to 15 percent, and those reporting themselves as menopausal, infecund, or subfecund rose from 44 to 51 percent. These increases were associated with a drop in the proportion of women citing infrequent sex or not having sex (from 16 to 12 percent) and opposition to family planning by the women themselves or their husbands.

5.11.3 Preferred Method for Future Use

In assessing future demand for specific contraceptive methods, currently married women who were not using contraception but said they intended to use a contraceptive method in the future were asked which method they would prefer to use. The results on method preferences are presented in Table 5.19. The largest proportion of prospective users mentioned the pill (45 percent) as their preferred method, and 18 percent

favored injectables. There are only minor variations in method preference between the 1999-2000 BDHS and the 2004 BDHS.

Table 5.19 Preferred method of contraception for future use

Percent distribution of currently married women who are not using a contraceptive method but who intend to use in the future by preferred method, according to age, Bangladesh 2004

	Age		
Method	10-29	30-49	Total
Pill	45.3	44.8	45.2
IUD	0.4	0.9	0.5
Injectables	18.8	16.9	18.4
Norplant	1.0	1.3	1.1
Condom	2.4	2.0	2.3
Female sterilization	1.6	2.8	1.9
Periodic abstinence	0.8	3.2	1.4
Withdrawal	0.5	1.1	0.6
Other	0.2	0.3	0.2
Unsure	29.0	26.6	28.4
Total	100.0	100.0	100.0
Number of women	2,457	793	3,250

5.12 FAMILY PLANNING OUTREACH SERVICES

Fieldworkers and satellite clinics are two crucial elements in the provision of family planning services in Bangladesh. The extent of coverage of both these services, as assessed in the 2004 BDHS, is presented in Table 5.20 for fieldworkers and in Table 5.21 for satellite clinics.

Only 18 percent of currently married women reported having been visited for family planning services by a fieldworker in the six months preceding the survey (Table 5.20), with most of them saying they were visited by a government family planning fieldworker (15 percent). Fieldworker visits are not uniform across all groups of women. Younger (age 10-19) and older (age 40 and over) women are less likely to be visited than women in the prime reproductive ages. Fieldworkers' visits also vary by the number of children women have; fieldworkers are least likely to visit women with no children and most likely to visit those who have two or three children. Fieldworkers' visits for family planning are more common for women in rural areas (19 percent) than in urban areas (14 percent). Women in Khulna are most likely (one in five), while women in Chittagong and Sylhet are least likely (about one in eight) to be visited by fieldworkers providing family planning services. Fieldworker visits varied by contraceptive method use status of the woman. Fieldworkers mostly visit pill and IUD users; nonusers and sterilized women receive the fewest visits.

Table 5.20 Contact with family planning fieldworkers and health fieldworkers

Percentage of currently married women who reported being visited by a government fieldworker or a nongovernmental organization (NGO) fieldworker for family planning (FP) services and for health services in the six months preceding the survey, by selected background characteristics and contraceptive use status, Bangladesh 2004

Background characteristic	Fieldworker visit for family planning services					Fieldworker visit for health services					Not visited by either type of fieldworker in last 6 months	Number of women
	No one	Govern- ment FP worker	Govern- ment health worker	NGO worker	Total	No one	Govern- ment FP worker	Govern- ment health worker	NGO worker	Total		
Age												
10-14	91.2	6.4	1.9	0.9	100.0	96.7	0.4	2.3	1.0	100.0	89.9	145
15-19	86.3	11.4	0.9	1.6	100.0	89.5	3.7	5.6	1.3	100.0	79.7	1,536
20-24	80.6	15.7	1.7	2.0	100.0	86.7	4.6	7.2	1.7	100.0	72.6	2,121
25-29	78.3	17.4	1.9	2.6	100.0	88.7	3.7	6.3	1.5	100.0	72.1	1,935
30-34	77.8	19.1	1.3	1.8	100.0	89.6	3.6	5.8	1.2	100.0	72.4	1,683
35-39	79.0	17.8	1.7	1.9	100.0	91.7	3.1	4.1	1.1	100.0	75.1	1,309
40-44	85.6	11.9	0.8	1.7	100.0	94.4	1.3	3.5	0.9	100.0	82.3	982
45-49	91.2	7.4	0.6	1.1	100.0	96.1	1.4	2.7	0.1	100.0	89.4	870
Residence												
Urban	85.6	9.6	1.1	3.7	100.0	93.0	2.2	3.1	1.8	100.0	81.7	2,372
Rural	80.7	16.6	1.5	1.4	100.0	89.4	3.7	6.1	1.1	100.0	74.8	8,210
Division												
Barisal	82.4	13.9	2.7	1.3	100.0	83.4	4.8	10.5	1.2	100.0	72.8	674
Chittagong	87.3	9.9	1.0	2.0	100.0	89.0	4.4	5.3	1.5	100.0	81.3	1,877
Dhaka	82.1	14.7	1.3	2.0	100.0	91.9	2.6	4.5	1.2	100.0	77.1	3,315
Khulna	76.5	19.2	2.0	2.5	100.0	89.8	2.8	6.7	1.0	100.0	72.0	1,296
Rajshahi	78.9	18.3	1.0	1.8	100.0	92.1	2.4	4.2	1.3	100.0	74.6	2,782
Sylhet	87.4	10.2	1.9	1.1	100.0	84.5	7.6	7.8	1.5	100.0	77.8	638
Education												
No education	83.4	13.8	1.3	1.6	100.0	91.7	3.0	4.5	1.0	100.0	78.4	4,187
Primary incomplete	80.3	16.7	1.2	1.9	100.0	88.4	3.7	6.6	1.4	100.0	73.9	2,176
Primary complete	77.9	18.4	2.3	1.8	100.0	88.4	3.1	7.2	1.4	100.0	71.0	958
Secondary incomplete	81.5	15.1	1.4	2.2	100.0	89.5	3.9	5.4	1.5	100.0	76.1	2,457
Secondary complete or higher	83.6	12.9	1.3	2.5	100.0	91.2	2.5	5.1	1.3	100.0	78.8	804
Number of living children												
0	92.7	6.0	1.1	0.2	100.0	98.5	0.5	0.8	0.3	100.0	91.8	968
1	83.4	13.3	1.2	2.2	100.0	88.4	3.9	6.1	1.9	100.0	76.9	2,118
2	78.7	17.9	1.4	2.1	100.0	88.6	4.1	6.5	1.0	100.0	71.9	2,574
3	77.8	18.1	1.5	2.8	100.0	89.8	3.2	5.5	1.7	100.0	72.8	2,055
4+	82.7	14.6	1.6	1.4	100.0	90.5	3.3	5.5	1.0	100.0	77.1	2,866
Current contraceptive use												
Pill	69.2	26.6	2.2	2.2	100.0	88.8	4.1	6.0	1.2	100.0	63.9	2,775
IUD	72.3	23.5	5.0	3.0	100.0	87.1	2.4	10.5	0.0	100.0	67.5	65
Injections	78.0	17.1	1.0	4.1	100.0	88.0	4.1	5.9	1.8	100.0	72.3	1,022
Norplant	82.1	15.7	0.0	2.2	100.0	90.7	3.0	6.2	0.0	100.0	81.3	83
Condom	78.8	18.2	0.9	2.6	100.0	93.7	2.0	3.7	0.7	100.0	76.5	442
Female sterilization	94.8	3.4	0.9	1.0	100.0	96.4	1.2	2.0	0.5	100.0	92.3	550
Male sterilization	92.7	6.2	0.0	1.1	100.0	96.4	0.8	2.8	0.0	100.0	92.0	67
Periodic abstinence	81.2	14.9	1.5	2.5	100.0	89.5	3.0	6.9	0.9	100.0	75.3	690
Withdrawal	83.2	14.3	1.7	1.3	100.0	91.3	2.9	3.6	2.2	100.0	79.2	382
Other	95.7	4.3	0.0	0.0	100.0	83.3	5.8	10.3	0.6	100.0	80.5	68
Not using	89.1	8.7	1.1	1.3	100.0	90.5	3.2	5.3	1.3	100.0	82.7	4,437
Total	81.8	15.0	1.4	1.9	100.0	90.2	3.3	5.4	1.2	100.0	76.3	10,582

Fieldworker visits have been declining since the 1996-1997 BDHS. The proportion of currently married women visited for family planning services by fieldworkers in the six months before a survey dropped from 35 percent in 1996-97 to 18 percent in 2004.

Fieldworkers are less likely to visit women for health services than for family planning services. Only 10 percent of women were visited for health services in the 2004 BDHS, compared with 18 percent who were visited for family planning services. Differentials in visitation for health services by fieldworkers show almost for the same patterns as those for family planning services.

As shown in Table 5.21, nearly three-fourths of ever-married women interviewed in the 2004 BDHS were found to be aware of the satellite clinic in their community (including those who obtained their contraceptive method from a community clinic). Awareness of satellite clinics is lower among younger women, women in urban areas, women in Sylhet division, and among women who completed at least secondary education.

Table 5.21 Satellite clinics

Percentage of ever-married women who reported a satellite clinic in their community in the past three months, the percentage who visited a clinic, and the percentage who reported various types of services provided at the clinic, by background characteristics, Bangladesh 2004

Background characteristic	Percentage reporting a clinic in community	Number of women	Of those reporting a clinic in community: Percentage who visited clinic	Number of women	Of those who visited a clinic, percentage reporting availability of various services: Family planning methods[1]	Child immunization	Child growth monitoring	Vitamin A for children	Other	Don't know/missing	Number of women
Age											
10-14	56.6	150	11.5	85	*	*	*	*	*	*	10
15-19	67.5	1,598	40.4	1,079	9.1	69.0	0.9	19.7	20.8	0.9	436
20-24	73.8	2,202	47.5	1,625	10.5	72.4	0.9	28.8	12.0	1.5	773
25-29	75.4	2,013	42.3	1,517	15.5	66.9	0.6	28.9	10.0	1.5	642
30-34	73.3	1,793	32.3	1,314	19.2	55.9	0.5	27.5	12.9	2.2	425
35-39	74.5	1,457	22.3	1,085	27.1	49.4	0.0	27.7	14.9	3.1	242
40-44	75.6	1,160	14.5	878	19.1	59.9	0.0	17.5	17.5	5.9	127
45-49	73.8	1,066	13.5	787	12.8	58.5	0.0	18.2	19.2	4.7	106
Residence											
Urban	65.9	2,586	28.3	1,704	12.0	67.5	1.0	23.6	11.5	2.3	482
Rural	75.3	8,854	34.2	6,664	15.3	64.4	0.6	26.6	14.4	1.9	2,278
Division											
Barisal	74.2	719	30.8	534	21.4	68.6	0.0	11.4	10.8	2.7	165
Chittagong	72.9	2,041	36.3	1,489	10.1	72.0	0.4	35.2	13.7	1.9	540
Dhaka	71.5	3,570	31.7	2,552	13.8	61.0	1.2	23.7	13.6	1.8	809
Khulna	75.6	1,397	30.2	1,056	14.7	68.3	0.3	13.6	10.9	1.0	319
Rajshahi	75.1	2,994	34.9	2,248	18.6	63.1	0.1	32.6	14.0	1.9	784
Sylhet	68.1	719	29.0	490	7.9	59.1	2.9	14.6	25.1	5.1	142
Education											
No education	73.2	4,713	31.1	3,451	19.6	60.7	0.2	28.4	10.9	1.7	1,074
Primary incomplete	76.5	2,348	33.6	1,796	15.9	65.2	0.4	24.9	15.1	2.0	604
Primary complete	77.0	1,011	34.5	779	10.4	64.8	1.3	25.1	18.7	2.9	269
Secondary incomplete	71.9	2,541	36.5	1,827	9.3	70.6	1.2	24.7	14.7	2.1	667
Secondary complete or higher	62.5	827	28.2	517	6.3	69.1	1.4	22.4	17.5	2.1	146
Total	73.2	11,440	33.0	8,369	14.7	64.9	0.7	26.1	13.9	2.0	2,760

Note: An asterisk indicates that the figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Includes those who obtained contraceptive supplies from satellite clinic in past three months.

Only one-third of those aware of satellite clinics reported to have visited a clinic in the three months before the 2004 BDHS. About two-thirds of women who visited a satellite clinic knew that the clinic provided immunization services for children. However, it seems there has been a substantial decline in awareness that immunization services are available at these sites (from 83 percent in 1999-2000 to 65 percent in 2004). About one-quarter of the women who visited a satellite clinic knew that the clinic provided vitamin A for children, but only 15 percent knew that the clinic provided family planning methods.

5.13 DISCUSSION ABOUT FAMILY PLANNING BETWEEN SPOUSES

Discussion between husbands and wives about family planning is an important intermediate step towards eventual adoption and sustained use of contraception. Use of family planning methods is facilitated when husbands and wives discuss the issue and share their views. On the other hand, lack of discussion may reflect a lack of personal interest, hostility to the subject, or a customary reticence in talking about sex-related matters. To assess the extent to which couples discuss family planning, interviewers asked currently married women who were not sterilized and who knew a contraceptive method, how often they had talked with their husband about family planning in the three months preceding the survey. The results are presented in Table 5.22.

Table 5.22 Discussion of family planning with husband

Percent distribution of currently married nonsterilized women who know a contraceptive method by the number of times they discussed family planning with their husband in the past three months, according to current age, Bangladesh 2004

	Number of times family planning discussed					
Age	Never	Once or twice	More than twice	Missing	Total	Number of women
10-14	56.4	33.7	9.9	0.0	100.0	145
15-19	51.4	39.8	8.7	0.1	100.0	1,536
20-24	50.8	40.3	8.6	0.3	100.0	2,113
25-29	53.5	39.8	6.6	0.1	100.0	1,893
30-34	56.3	37.1	6.5	0.1	100.0	1,591
35-39	61.1	32.7	6.2	0.0	100.0	1,183
40-44	69.0	27.1	3.6	0.2	100.0	843
45-49	79.6	17.5	2.8	0.2	100.0	725
Total	57.2	35.9	6.8	0.1	100.0	10,030

About six in ten (57 percent) of the women questioned had not talked with their husband about family planning in the past three months, 36 percent had discussed it once or twice, and only 7 percent had discussed it more than twice. Interspousal discussion about family planning was generally less common among younger women than among older women.

5.14 EXPOSURE TO FAMILY PLANNING MESSAGES

In assessing the reach of family planning messages, women in the 2004 BDHS were asked whether they had heard or seen a message about family planning on the radio, television, newspaper or magazine, or a billboard or poster in the month before the survey. Table 5.23 presents the proportion of ever-married women who had heard or seen such a message from a media source, according to background characteristics.

Overall, 44 percent of women have had exposure to family planning messages disseminated through the media in the month preceding the survey. Television and radio are the two major sources of exposure to family planning messages. Among women, one-third reported hearing or seeing a family planning message on television, and one-quarter reported hearing a message on the radio. Exposure to messages from other media sources, namely, poster/billboards (8 percent), newspaper/magazines (5 percent), and community events (3 percent) is low.

Table 5.23 Exposure to family planning messages

Percentage of ever-married women who heard or saw a family planning message in the media during the month preceding the interview, according to background characteristics, Bangladesh 2004

Background characteristic	Radio	Television	Newspaper/ magazine	Poster/ billboard/ leaflet	Community event	At least one of these media sources	None of these media sources	Number of women
Age								
10-14	32.1	35.0	4.8	8.8	1.7	51.6	48.4	150
15-19	31.9	38.8	4.6	8.5	3.2	51.5	48.5	1,598
20-24	28.2	40.5	6.0	10.3	3.2	51.0	49.0	2,202
25-29	25.8	36.0	5.5	9.4	3.0	46.5	53.5	2,013
30-34	22.2	32.6	4.2	7.7	3.1	42.3	57.7	1,793
35-39	21.0	30.4	4.2	7.3	3.1	41.8	58.2	1,457
40-44	19.6	27.5	3.8	5.3	3.7	38.2	61.8	1,160
45-49	14.5	21.3	2.2	4.7	2.5	29.1	70.9	1,066
Residence								
Urban	24.4	55.5	10.6	16.9	4.1	62.0	38.0	2,586
Rural	24.3	27.4	2.9	5.5	2.8	39.3	60.7	8,854
Division								
Barisal	33.2	28.8	7.4	8.7	4.6	46.4	53.6	719
Chittagong	26.7	35.9	5.7	6.8	2.5	45.6	54.4	2,041
Dhaka	21.8	36.6	5.0	10.4	3.2	45.6	54.4	3,570
Khulna	26.3	36.9	5.1	8.2	4.5	48.1	51.9	1,397
Rajshahi	23.1	29.4	2.5	5.7	2.4	40.8	59.2	2,994
Sylhet	22.4	30.8	4.7	8.9	3.2	41.2	58.8	719
Education								
No education	15.8	19.9	0.3	2.0	1.9	28.7	71.3	4,713
Primary incomplete	24.8	31.4	1.1	4.9	2.9	43.4	56.6	2,348
Primary complete	27.6	37.0	3.0	6.9	2.7	48.3	51.7	1,011
Secondary incomplete	34.2	49.2	7.9	13.4	3.7	61.1	38.9	2,541
Secondary complete or higher	37.2	67.8	31.4	36.3	9.2	80.6	19.4	827
Wealth index								
Lowest	11.9	11.0	0.3	1.9	1.6	19.4	80.6	2,279
Second	20.6	19.9	0.8	2.7	2.9	32.9	67.1	2,290
Middle	25.3	26.0	2.2	5.6	2.4	40.7	59.3	2,267
Fourth	33.3	45.3	4.2	9.0	3.7	56.5	43.5	2,307
Highest	30.3	66.2	15.5	21.0	4.8	72.3	27.7	2,297
Total	24.3	33.8	4.6	8.1	3.1	44.4	55.6	11,440

Younger women, women in urban areas, those who have more education, and women who live in wealthier households are more likely to have had exposure to family planning messages through at least one mass media source, compared with other women.

Overall, exposure to family planning messages through the media has remained largely unchanged since 1999-2000. However, exposure to family planning messages through television increased considerably between the two surveys, from 29 to 34 percent. There was also an increase in exposure to poster/billboards (6 to 8 percent). Exposure to family planning messages through radio and newspaper/magazines has remained largely unchanged. Efforts to disseminate family planning messages through community events appear to have declined between the two surveys, with only 3 percent of women reporting that they heard a message at a community event in 2004, compared with 6 percent in 1999-2000.