

## Contraception among Adolescents in Bangladesh

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*Frequent visits by family planning workers greatly improve the contraceptive use rate among adolescents*

Although contraceptive prevalence among currently married women of reproductive age is increasing rapidly in many developing countries, the rates have not yet reached those of developed countries. The level of contraceptive use in most developing countries is higher among women in their thirties and, typically, lowest among teenage women and women in their forties (United Nations, 1987). Studies in developed and developing countries demonstrate that the behavioural patterns of contraceptive acceptance and use differ significantly between adolescents (females approximately 10-19 years of age) and adults (women 20-49 years) (United Nations, 1989). This difference may be attributed to the maturity, greater knowledge and experience of adults compared with adolescents.

Such considerations as desired family size and child-spacing influence contraceptive prevalence among married women at the individual level, while at the macro level, laws and regulations and cultural mores are important factors that determine access to contraception. Some laws relate specifically to female teenagers. Both married and unmarried adolescents face the added obstacles of legal or cultural restrictions which limit their access to family planning services. However, unwanted pregnancies resulting from lack of contraceptive use have led to an increasing number of abortions among young women. In many parts of the world, despite the fact that young women are often denied access to legal abortion services, both the number and the proportion of abortions performed for young women have been increasing over time.

Aside from external influences at the socio-cultural and policy levels that affect an adolescent's contraceptive behaviour, factors which vary at the individual level are also important, such as whether or not contraception occurs within a stable relationship, and whether or not either partner has had previous experience with contraception.

Although the contraceptive use rate is gradually increasing in Bangladesh, it is still very low compared with any developed country and many developing countries. Since the average age at marriage (14.8 years) in Bangladesh remains one of the lowest in the world, a large proportion of the potential acceptors of contraception are married adolescents.

The adolescent phase of human life is often termed as a very "demographically dense" phase because more demographic actions occur during these years than at any other stage of life.

Unfortunately no exclusive and comprehensive study on the contraceptive behaviour of married adolescents in Bangladesh has been undertaken; therefore, in view of the importance of this matter, an attempt has been made in this study to investigate their contraceptive behaviour. For comparison purposes we consider the contraceptive behaviour of married adults along with that of adolescents.

### The study population

Bangladesh's population of 118 million (ESCAP, 1994) live in the comparatively small area of 144,000 square km, which makes Bangladesh the most densely populated country in the world (755 persons per sq. km). The country is also characterized by a high population growth rate (2.2 per cent annually), although there is evidence of some decline in recent years (Amin and others, 1993). A recent fertility survey in Bangladesh (BFS, 1989) revealed a total fertility rate (TFR) of around 5.0 births per woman, which is quite high by any standard (Huq and Cleland, 1990). This high fertility is characterized by high nuptiality, low age at marriage and a low contraceptive use rate (Islam and Islam, 1993).

### Traditionally, childhood marriage and early childbearing are encouraged in Bangladesh.

There has long been strong social pressure for the preservation of virginity until marriage, which is a cultural characteristic of the great majority of people in Bangladesh irrespective of their religion (Maloney and others, 1981). Religion has a strong influence on early child marriage. The majority of Bangladeshis who are Muslim (about 85 per cent of the total population) think that girls should be married immediately after menarche. Sex outside marriage occurs only seldomly since premarital sex is looked down upon harshly in Bangladeshi society.

Marriage is almost universal in Bangladesh. By age 35, almost 100 per cent of females have been married. Bangladesh Fertility Survey (BFS, 1989) data suggest that 96 per cent of ever-married women were married when they were teenagers (Islam and Islam, 1993; Mahmud, 1994). This gives rise to a very low average age at first marriage in Bangladesh, i.e. only 14.8 years. Several studies conducted in the 1960s and 1970s also reported very low age at marriage (Obaidullah, 1966;

Sadiq, 1965; Khuda, 1978). During the period 1975-1976, the mean age at marriage among all ever-married women in Bangladesh was reported to be 12.3 years (BFS, 1975).

Adolescent fertility contributes substantially to overall fertility in Bangladesh, accounting for about 18 per cent of the total number of births (Huq and Cleland, 1990). The adolescent fertility rate, measured as the number of births per thousand women aged 15-19 years, was observed to be 239 per thousand in Bangladesh, whereas it is only 7 per thousand in the Republic of Korea, 35 per thousand in Sweden, and 44 per thousand in the United Kingdom of Great Britain and Northern Ireland (UN, 1988). This variation in the levels of adolescent fertility may be attributed largely to differences in the age at which women marry and the extent to which young married couples use contraception.

## Data and methodology

The data for the present study are taken from the 1989 BFS. The survey was conducted during the period December 1988 to April 1989, on behalf of the Government of Bangladesh by the National Institute of Population Research and Training (NIPORT), with funding from the World Bank. The details of the survey are available elsewhere (Huq and Cleland, 1990).

Although there are marked variations in the definition of the term adolescent, with diverse age ranges in different studies, we consider as adolescents young married females, ranging in age from 10 to 19 years, which is the definition also suggested by the World Health Organization (WHO).

It should be mentioned here that the 1989 BFS was not designed especially for adolescents; however, it collected information through a nationally representative sample of 11,906 ever-married women under 50 years of age. That sample consisted of both adolescent and adult women. Such a large data set provides a unique opportunity to study various aspects about adolescents along with adults as a comparison group.

The sampling frame for the survey considered all households in Bangladesh. From these, national probability samples of 11,729 households were selected, and 11,236 of them were successfully interviewed. Among the 11,236 successfully enumerated households, a total of 12,096 ever-married women aged under 50 years were identified as eligible for individual interview. Of these, 11,906 women were successfully interviewed; these constituted our reference population. Among the 11,906 ever-married women, 11,484 of them (96.4 per cent) were married before age 20. Of that number, 1,922 (16.1 per cent) were currently under age 20 at the time of the interview; these we considered to be adolescent for the purpose of our study.

## Results and discussion

### Knowledge of family planning

Usually knowledge of contraceptive methods refers to whether the respondent had heard of or knows of a family planning method. In the 1989 BFS, data on knowledge of family planning methods were collected through a series of questions by following what is popularly known as the "recall and prompting" procedure (WHS, 1980). The main purpose of the questions on knowledge was to define for the respondent exactly what is meant by contraception or family planning. In this study, in computing the indices, overall knowledge is taken into consideration by combining prompted and unprompted knowledge (also called spontaneous knowledge).

Table 1 presents the percentage of adolescent and adult women who were aware of any contraceptive method. It shows that knowledge of contraceptives is almost universal among both adolescents and adults in Bangladesh. Almost all the adolescents and adults interviewed were aware of certain family planning methods. However, it is obvious that knowledge of various methods of contraception does not imply that the respondents actually knew how to use these methods effectively. It is evident from table 1 that almost all married women (whether adolescents or adults) are generally aware of the oral pill and female sterilization. Male sterilization is the next best known method, followed by condoms, injectables and IUDs.

**Table 1: Percentage of adolescent and adult women who are aware of contraceptive methods**

Contraceptive methods	Percentage aware of method		
	Adolescents	Adults	All
Pill	98.6	98.7	98.6
IUD	72.7	79.0	78.0
Injectable	79.5	80.7	80.5
Foam	23.5	24.3	24.2
Condom	82.4	83.6	83.4

Sterilization			
Female	97.7	98.4	98.3
Male	84.8	87.8	87.3
Withdrawal	20.7	31.8	30.0
Safe period	35.7	47.4	45.5
Abstinence	26.3	37.5	35.7
Others	3.2	5.1	4.8
Total			
(Any method)	99.5	99.6	99.6
N	1,912	9,947	1,1859

Among the adolescents, 82.4 per cent reported that they had knowledge of condoms as opposed to 83.6 per cent of the adults, whereas for knowledge of male sterilization, the figures were 84.4 per cent and 87.8 per cent, respectively. Awareness of IUDs was lower among the adolescents (72.7 per cent) than their adult counterparts (79.0 per cent). It is interesting to note that, although awareness about modern contraceptive methods, in general, was slightly lower among the adolescents than among the adults, the difference was wide with regard to traditional methods. This situation indicates that knowledge about contraceptive methods is slightly lower among adolescents than adults in Bangladesh.

### Ever use

The term "ever use" refers to the use of a contraceptive method at any time before the date of interview without making any distinction between past use and current use. Any respondent reporting that she or her spouse had ever used some form of contraception was counted as an ever user regardless of the time of use. Also, an ever user might have used more than one method.

Whereas knowledge was almost universal among both adolescents and adults, only 26.3 per cent of the adolescents and 48.4 per cent of the adults reported that they had ever used any contraceptive method (table 2). Thus, the contraceptive ever-use rate among the adolescents surveyed was slightly higher than half that of the adults. Among the modern methods ever used by the adolescents, oral pills accounted for the highest percentage (15.3 per cent), followed by condoms (6.2 per cent). Thus, experience with oral contraceptive pills was found to far exceed experience with any other method.

A small proportion of other modern methods was also used by adolescents. However, the most surprising aspect of the ever use of contraceptive methods is that traditional methods comprised a significant proportion of ever use of contraception. Among the traditional methods, the "rhythm" or "safe period" method (6.3 per cent) was the most popular; it held the second position in terms of ever use. It should be mentioned here that adult females also showed the same pattern of method-specific ever use of contraceptive methods. But the most striking feature is that female sterilization was the second most used modern method by adults. Among the adults, about 10 per cent of the females were ever-sterilized. Use of this method was negligible among the adolescents (only 0.2 per cent). The pill was also the most frequently tried modern method (23.2 per cent) by adults, followed by female sterilization (10.2 per cent), condom (6.5 per cent), IUD (4.2 per cent) and injectable (2.0 per cent). Among the traditional methods, the safe period was also the most popular method (13.7 per cent) ever used by adults.

**Table 2: Percentage of adolescents and adults who have ever used specific contraceptive methods**

### Contraceptive methods Percentage of ever use

Contraceptive methods	Percentage of ever use		
	Adolescents	Adults	All
Pill	15.3	23.2	21.9
IUD	1.2	4.2	3.7
Injectable	0.8	2.0	1.8
Foam	0.3	1.3	1.1
Condom	6.2	6.5	6.5
Sterilization			
Female	0.2	10.2	8.6
Male	0.3	1.6	1.4
Total modern	16.9	27.2	25.5

N	324	2,717	3,042
Withdrawal	3.8	7.7	7.0
Safe period	6.3	13.7	12.5
Abstinence	1.2	5.1	4.5
Others	0.5	1.9	1.7
Total traditional	6.2	11.8	10.9
N	119	1,178	1,293
Total			
(Any method)	26.3	48.4	45.0
N	506	4,832	5,342
Overall total	1,922	9,984	11,906

### Current use

The term "current use" refers to the method that was being used by an individual client at the time of the survey. Thus, any respondent (or her spouse) using a family planning method at the time of survey was regarded as a current user.

Table 3 summarizes the current level of contraceptive use among the adolescents and adults who were currently married. The results indicate that the contraceptive prevalence rate (CPR) is only 15.3 per cent among adolescents, i.e. out of the 1,820 currently married adolescents, only 279 of them were currently using any method of contraception, including traditional methods. The 15.3 per cent CPR can be broken down further as 10.7 per cent for modern methods and 4.6 per cent for traditional methods. The corresponding CPR for adults and for the country as a whole are 34.4 per cent and 31.4 per cent, respectively. Thus, the observed CPR for adolescents is less than half that observed among adults.

Among individual methods, the pill accounted for the highest use (6.7 per cent), followed by the safe period (2.7 per cent), condom (2.1 per cent) and withdrawal (1.5 per cent). IUDs, injectables and sterilization were the least commonly used methods among adolescents. In contrast, among adults, female sterilization was the most common method (10.5 per cent), followed by the pill (9.9 per cent), safe period (4.5 per cent) and withdrawal (1.9 per cent). An important feature is that the condom is a more popular method among adolescents than their adult counterparts.

It is interesting to note that traditional methods accounted for a substantial proportion of the contraceptive prevalence rate for both adolescents and adults. For adolescents, traditional methods accounted for one-third of the total use, while for adults they accounted for one-fourth of total use. The results indicate that adolescents are relying more on less efficient traditional methods and modern reversible methods than adults. This finding deserves special attention by family planning programme managers.

**Table 3: Percentage of adolescents and adults using any specific contraceptive method**

#### Contraceptive methods Percentage currently using

Contraceptive methods	Percentage currently using		
	Adolescents	Adults	All
No method	84.7	65.4	68.6
Pill	6.7	9.9	9.4
IUD	0.8	1.5	1.4
Injectable	0.6	0.7	0.7
Foam		0.1	0.1
Condom	2.1	1.6	1.7
Sterilization			
Female	0.2	10.5	8.8
Male	0.3	1.4	1.2
Total modern	10.7	25.7	23.3
N	195	2,348	2,543
Withdrawal	1.5	1.9	1.8
Safe period	2.7	4.5	4.2

Abstinence	0.2	1.3	1.2
Others	0.2	1.0	0.9
	4.6	8.7	8.1
N	84	791	883
Total			
(Any method)	15.3	34.4	31.4
N	279	3,143	3,424
Overall total	1,820	9,087	10,907

### Perceived attitude of others towards contraception

To gain knowledge about perceived attitudes towards contraception, respondents were asked whether their husbands, older family members and female friends and neighbours approved or disapproved of family planning. The results, based on the responses of all currently married women, are shown in table 4.

Of the three types of person, older family members were perceived by the respondents to be the most hostile to family planning. Among the adolescents, it was found that over one-fourth (28.6 per cent) of the currently married respondents reported that their older family members were not in favour of family planning, compared with only 17 per cent in the case of the husband and 10 per cent for female friends and neighbours. Nearly two-thirds (73.5 per cent) of these respondents reported that their husbands were in favour of contraceptive use, compared with 60.2 per cent in the case of older family members and 58.9 per cent of female friends and neighbours. It should also be noted that, of these three types of person, 11.1 per cent of the older family members were undecided compared with 9.5 per cent of husbands and 8.2 per cent of female friends and neighbours.

On the other hand, for adults the attitude towards contraception follows the same pattern as that of adolescents; little difference was observed in the perceived attitude towards contraception between adolescents and adults.

**Table 4: Percentage distribution of adolescents and adults according to perceived attitudes to contraception**

Opinion about FP method	Adolescents			Adults		
	Husband	Older family member	Female friends/ neighbours	Husband	Older family member	Female friends neighbours
In favour	73.5	60.2	58.9	72.4	60.4	55.9
Not in favour	17.0	28.6	9.9	23.2	32.1	10.7
Some in favour	-	-	23.0	-	-	28.1
Don't know	9.5	11.1	8.2	4.4	7.5	5.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	1,922	1,922	1,922	9,985	9,985	9,985

Note: A dash (-) indicates a frequency less than 5.

### Future intention concerning use

In view of the fact that a large proportion of adolescents and adults as well are non-users of contraceptive methods, it is important to investigate whether they have any future intention to adopt family planning methods in order to limit their fertility. To determine their future intentions, respondents were asked whether they intended to use any method to avoid pregnancy at any time in the future, and if yes, which method they would prefer. In response, 83 per cent of the adolescents and 58 per cent of the adults said that they did intend to use a family planning method in the future (table 5), although their current use rates were 15 per cent and 34 per cent, respectively. This indicates that adolescents have a higher potential demand for using contraception in the future. But it is not known whether this demand is for limiting their fertility at an older age when they will already have achieved their desired level of fertility, or whether it is to postpone or space the birth of a child.

**Table 5: Percentage intended use of family planning method in the future among adolescent and adult mothers**

Future method use	Adolescents	Adults	All
Yes	83.0	57.8	62.7
No	17.0	42.2	37.3
Total	100.0	100.0	100.0
N	1,345	5,606	6,951

With regard to the future choice of methods, more than 60 per cent of the adolescents replied that they would prefer oral pills as their contraceptive method (table 6). The next choice was an injectable contraceptive (25.7 per cent) followed by female sterilization (2.8 per cent), IUD (2.8 per cent) and safe period (2.0 per cent).

**Table 6: Percentage of adolescent and adult mothers according to intended method-specific use of family planning method in the future**

### Contraceptive methods Intend to use in future

Contraceptive methods	Intend to use in future		
	Adolescents	Adults	All
Pill	60.8	49.2	52.0
IUD	2.8	4.1	3.8
Injectable	25.7	28.0	27.4
Foam	-	-	-
Condom	1.8	1.4	1.5
Sterilization			
Female	2.8	8.4	7.0
Male	-	-	-
Withdrawal	0.1	0.9	0.8
Safe period	2.0	3.8	3.4
Abstinence	0.4	0.8	0.7
Others	3.5	3.3	3.4

However, condoms were the least popular of the intended methods to be used. For adults, there was a similar pattern with regard to the future choice of methods, except that a higher percentage said that they intended to use female sterilization. This reflects the fertility-limiting attitude associated with older age.

### Contraceptive use in relation to self-reported need

In this section, fertility preferences and contraceptive use are discussed jointly to analyze contraception in relation to need, namely the desire among adolescents and adults to avoid future childbearing altogether, or to postpone the next birth.

Table 7 shows the relationship between contraceptive use and self-reported desire to limit family size or postpone the next birth. Among the adolescents who said they wanted no more children, only 29.4 per cent were practising contraception. This compares to a figure of 15.6 per cent for adolescents who said they wanted another child at some time in the future. Thus, "limiters" were found to be nearly twice as likely to use contraceptives as were the "spacers". This pattern is also true for the adults surveyed, but the rate is higher for them than the adolescents. The sharp distinction between "limiters" and "spacers" becomes more complex if the length of time that women wish to postpone the next birth is taken into account. Among the adolescents who said they wanted another child, the contraceptive use rate rose sharply from 6.5 per cent of those who wanted the next birth to 28.2 per cent for those who would prefer a delay of five or more years. Thus, this latter group of long-term "spacers" had a level of contraceptive use nearly as high as the "limiters".

There were two "undecided" groups in our study. The first such group comprises those who were undecided about whether or not they wanted another child. The women in the second group said they wanted another child, but were uncertain about when they wanted it.

In both groups, among the adolescents, the level of contraceptive use was very low, a pattern suggesting that indecisive attitudes about family size go hand in hand with behavioural indecision or inertia.

**Table 7: Percentage of women using contraception according to their fertility preference**

Fertility preference	Adolescents	Adults	All	No. of Respondents
Want no more/sterilize	29.4	43.9	43.6	5,960
Want more: (All)	15.6	21.1	17.3	4,575
Delay: 0-1 years	6.5	8.2	7.7	1,537
Delay: 2-4 years	21.4	29.1	26.1	1,495
Delay: 5 + years	28.2	38.0	34.4	663
Delay: Undecided	8.8	13.4	12.1	445
Delay: Pregnant	-	-	-	435
Undecided about future birth	10.1	10.1	10.0	371

Note: A dash (-) indicates less than 5 per cent.

### Factors affecting current use of contraception

In this section, we used logistic regression technique to identify the factors affecting the contraceptive use rate among adolescents. Current use of contraception was made the dependent variable, which we dichotomised by assigning the value 1 if the respondent was using any method of contraception and 0 if she was not using any method. The explanatory variables were: place of residence, administrative division, husband's education, husband's occupation, respondent's participation in family planning decision- making, visits by family planning workers, availability of electricity in the household, and respondent's religion.

Table 8 presents an estimate of the logistic coefficients "B" corresponding to the selected explanatory variables, standard error of these estimates, and partial R and relative odds calculated for each category of the categorical variables.

According to the model, the following six variables appear as the significant predictors of current contraceptive use. These are: respondent's education, participation in family planning decision- making, visits by family planning workers, administrative division, husband's occupation and availability of electricity in the household. The rest of the explanatory variables, which were found to be not statistically significant at the final step of the stepwise selection, were: place of residence, husband's education, and religion.

**Table 8: Logistic regression of current contraceptive use among adolescents on some selected socio-demographic characteristics**

Variables	Coefficient (B)	St. error of coefficient	Partial R	Odds ratio
Respondent's education	-	-	0.112	-
(No school)	-	-	-	1.000
Primary	0.586 **	0.170	0.083	1.797
Higher	0.933 **	0.222	0.106	2.543
Family planning decision	-	-	-	-
(Husband)	-	-	-	1.000
Joint	0.591 **	0.179	0.079	1.805
Visit of family planning worker				
(Never)	-	-	-	-
Ever	0.464 **	0.145	0.076	1.805
Region of residence	-	-	0.074	-
(Chittagong)	-	-	-	1.000
Dhaka	0.757 **	0.225	0.081	2.133
Khulna	0.708 **	0.237	0.070	2.030
Rajshahi	0.791 **	0.236	0.081	2.206
Husband's occupation	-	-	0.053	-
(Labourer/farmer)	-	-	-	1.000

Land-owner/cultivators	-0.030	0.202	0.000	0.969
Professionals/sales/services/ production workers	0.426 *	0.189	0.023	1.533
Electricity in household (No)	-	-	-	-
Yes	0.474 *	0.207	0.048	1.607
Constant	-3.511	0.268	0.000	-
Model Chi-square:	107.184			
Degrees of freedom:	10			
Probability:	.000			

Notes: Reference category is in parentheses.

\*\* P < .01

\* P < .05

From the results of the logistic regression analysis, it appears that education is the most important factor affecting the current use of contraception among adolescents. Large and statistically significant differences in contraceptive use by education level are observed despite having controlled for other variables. Adolescent women with an education level of secondary and higher were found to be 2.5 times as likely to practise contraception as those who had no education.

Participating in family planning decision-making is the second most important factor influencing the current use of contraceptive methods. Women who discuss matters relating to family size with their husband are likely to be current contraceptive users. Couples who make joint decisions regarding family planning were found to be 1.8 times more likely to be current users of any contraceptive method than those couples for which the husband alone makes such decisions.

The analysis further indicates that frequency of visits by family planning workers is significantly and positively related to current use of a contraceptive method among adolescent mothers. Adolescent mothers are more likely to use family planning methods when family planning workers visit them several times, than those who are not visited at all by family planning workers. In view of the likelihood that visits by family planning workers can motivate adolescents by providing them with counseling on family planning methods and by providing family planning services and disseminating supplies to achieve their widespread availability, frequent visits by family planning workers to an adolescent target group would be a valuable approach.

The results shown in table 8 indicate that region of residence also has a net significant effect on current contraceptive use among adolescents. Odds ratios for administrative divisions show that the chance of an adolescent in Rajshahi division being a contraceptive user was 2.2 times higher than that of her peer in Chittagong division. Similarly, chances were 2.13 and 2.03 times higher for adolescents in Dhaka and Khulna divisions, respectively, to be a user of contraception than those in Chittagong division. The factors that distinguish Chittagong from other divisions most clearly are cultural in nature.

Husband's occupation also has an effect on the behaviour of adolescent current users of contraceptives. Table 8 shows that the wives of husbands employed in sales, services or production sectors were 1.5 times more likely to practise contraception than are young wives of agricultural labourers or farmers. It also shows that the relative chance of a young wife being a contraceptive user if her husband is a land-owner is almost 0.97 times lower than an adolescent whose husband is working in the agricultural sector.

Because land-owners are usually characterized by low age at marriage, it is very likely that their contraceptive prevalence rate is also low, whereas the opposite is likely to be true among professionals who are characterized by high age at marriage and high contraceptive use.

The availability of electricity in the household of adolescents is an important variable; it contributes positively to the current use of contraception. The relative odds are found to be almost 1.61, indicating higher prevalence of contraceptive use among adolescents who have electrical power in their household, as compared with those having no such facility. The fact that having electricity in the household does improve the use of contraception among young women suggests that, with electricity, radio and television may be useful media for reaching such people with motivational messages and familiarizing young wives and their husbands with the use of contraceptives.

## Conclusion and policy implications

In this study a limited attempt has been made to investigate some important aspects of contraceptive behaviour among young married adolescents in Bangladesh. The analysis shows that, although knowledge about contraception is nearly universal among married adolescents, there is a wide gap between knowledge and use of contraception. Slightly over one-fourth (26.3 per cent) of the married adolescents had ever tried any method of contraception and the current use rate was only



15.3 per cent. The corresponding figures for married adults were 48.4 per cent and 34.4 per cent, respectively. Low contraceptive use among married adolescents may be attributed to several socio-economic and cultural factors, such as education, religiosity, social conservativeness, husband-wife communication, occupation and economic condition. In addition, adolescents may face greater difficulties in obtaining contraceptive supplies and they may lack proper knowledge of the use of modern contraceptive methods. Studies have shown that low age at marriage in Bangladesh is directly related to poor socio-economic conditions and many cultural factors (Chaudhury, 1984; Ahmed, 1981). Most married adolescent females in Bangladesh are economically poor and uneducated; moreover, their status in the family and in society is very low. Because they are normally not very active economically outside the home, they have little say in decision-making in the family. In a recent study, Kamal and Slogett (1993) observed that social conservatism is partly responsible for low performance with regard to contraceptive use among women in Chittagong division. They also pointed out that women's mobility and their decision-making power in the family greatly determine their use of modern, responsible contraceptive methods. In another study, Rashid and Ali (1993) pointed out that it is cultural factors which inhibit women from adopting family planning, despite the fact that they have a high unmet demand for contraception.

The results of our study indicate that, despite wide-spread publicity about modern contraceptive methods, traditional methods account for a substantial proportion of contraceptive use among adolescents. Programme managers, therefore, should give due importance to this fact. There is evidence that, if correctly taught, correctly understood and consistently practised, traditional methods could be effective (Tietze and Potter, 1961; Tietze, 1968).

Among the factors determining contraceptive use among adolescents, education appears to be the most significant; education is positively associated with contraceptive use. Evidence suggests that education not only increases awareness of social mobility and creates a new outlook and rationalism among couples, but also reduces desired family size by raising desired living standards, bringing about a better understanding of the reproductive process, better knowledge about health care and access to modern and effective means of birth control.

The analysis shows that frequent visits by family planning workers greatly affect the contraceptive use rate among adolescents. Frequent visits by family planning workers and their counseling about family planning methods help to motivate adolescents to accept family planning methods and use them effectively. Such visits may also ensure that the supply of contraceptive methods for adolescents is adequate. The region of residence, religion and husband's occupation also appear to be significant factors determining the level of contraceptive use among adolescents.

Our study reveals that most of the obstacles to using family planning come from older family members and husbands. A relatively large proportion (28.6 per cent) of older family members were found to be still opposed to family planning. Our study also found that there is a great unmet demand for family planning methods among adolescents. Among the adolescents who said they wanted no more children, only 29.4 per cent of them were currently using any method compared with 43.9 per cent of the adults.

The study contains a number of implications for policy purposes that could be useful in devising ways to increase the contraceptive prevalence rate among adolescents and thus bring about a further reduction in fertility in Bangladesh. These are as follows:

- Provide education to and create more employment opportunities for young women to increase their status in society;
- Create awareness among adolescents about the negative health, social and economic consequences of early marriage, early pregnancy and large family size. This could be done through special information, education and communication (IEC) campaigns, regular home visits by family welfare visitors (FWVs) and family welfare assistants (FWAs);
- Provide adolescents with information on the availability of family planning methods and their use-effectiveness;
- Improve the quality of care of reproductive health services and make them available at the door-step; and
- Devise programmes designed to overcome the resistance of husbands and in-laws.

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