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Socio-Cultural Factors Affecting Practice of Contraception in a Metropolitan Urban Area of Bangladesh

I. Introduction

THE present study is an attempt to examine some of the socio-cultural factors affecting motivation of the couples to practice contraception in metropolis Dacca, the capital city of Bangladesh. One of the main reasons for confining the study to Dacca city, is to identify the factors affecting practice of contraception when supplies of contraceptives are somewhat abundant.¹ The protagonists of conventional family planning approach usually maintain that availability of family planning services is the key factor affecting the practice of contraception. But this is not a sustainable account of actual behaviour. For example, we have found that 49% of the respondents of the present study are not currently practising contraception and the above figure varies in between 85% to 30% by social classes. But amongst the not currently practising women only 1.74% mentioned 'lack of supplies' as the main reason for not using contraception currently. These findings possibly suggest that supply factor is not the major constraint for acceptance of family planning practices, There-

1. Dacca is the nerve centre of family planning activities of the Government of Bangladesh and also the largest city of the country. One may, therefore, possibly assume that the supply of contraceptives would be relatively high in Dacca city in comparison to other areas of the country.

fore, the reasons for this wide variation in use of contraception among a group of urban women are to be found in motivational and socio-cultural factors. The present study is a modest attempt in this direction.

The socio-cultural factors that are identified here to examine their effect on the motivation to use contraception, are as follows : (i) wife's work history; (ii) wife's education; (iii) husband-wife role relationship; (iv) son preference; (v) religiosity, and (vi) exposure to mass media communication. These variables are not necessarily mutually exclusive but each one has independent effect on the use of contraception (see Appendix C). The expected relationship between each of the variables and the use of contraception is discussed below.

II. Hypotheses

Female Status and use of Contraception. Female participation in labour force has often been suggested as a means of reducing fertility. The above suggestion is based on the assumption that employment outside the home provides women alternative satisfactions to children (companionship, recreation, creative and productive activities, social and economic rewards, etc.). These alternative activities of a working woman may compete with her raising children (Berclson, 1969; Blake, 1965; Collver, 1966; Jaffee, 1959; Kasarda, 1971; Kirk, 1965; Langlois, 1962). If work outside the home competes with raising children, one would expect working women to practise contraception more frequently and have fewer children than non-working women. Moreover, continuity in work outside the home for married women demands more effective use of contraception. Frequent child births prevent a married woman from working outside the home as young children demand morcetime and attention. There is growing evidence to suggest that 'home wage' (i.e., child care) of the mother goes up with the number of pre-school children at home (Pohlman, 1969; Cain, 1966). Though the nature of the relationship between female labour force participation and fertility behaviour has been confirmed in the industrialized countries, previous research focussing on less developed countries points to no such uniform pattern (Gendell, 1970; Heer, 1965; Miro, 1965; Jaffe, 1960; Chaudhury, 1974). These inconclusive findings have led to the re-conceptualization of the work-fertility hypothesis.

The current theory regarding female labour force participation and fertility postulates that female labour force participation will not *per se* result in lower

fertility unless there is great incompatibility between the role of mother and worker (UN, 1975). If the degree of role incompatibility is the pivotal factor determining the differences in fertility levels between working and non-working women, one would expect such differentials among rural women to be smaller than those among urban women. In rural areas, women are mainly engaged in farm work and participation in the farm work does not usually take a married woman far away from her home. Moreover, there is likelihood of greater availability of parental surrogates to look after children and other domestic chores in the rural areas. But, participation in the modernized sector of the economy in the urban areas calls for greater separation of work from home. Moreover, the availability of the parental surrogates are also very rare in the urban areas.¹² It follows, therefore, that role conflict is likely to be more among women working in the urban areas, particularly in big industrial centres and metropolises in comparison to women working in the rural areas. However, the dilemma of causality between work status and fertility still remains to be unresolved. Questions are raised whether women have fewer children because they work or work because they have fewer children. Further, it is argued that it may not be the labour force participation *per se* but a series of other variables associated with labour force participation such as age at marriage, longer period of schooling, etc. which affect fertility level. The lower fertility of the working women is also sometimes attributed to their sub-fecundity status. Sub-fecundity is usually found to be higher among the working women (Freedman, 1959). Part of these problems are overcome here by confining the study to fecund married women engaged in the modernized sector of the economy in a metropolitan, urban area of Bangladesh and by introducing more control variables while examining the net effect of female participation in the labour force on the practice of contraception.

Education and Use of Contraception. Education has been consistently shown to be inversely related to fertility and it is often hypothesized that the higher the level of education, the higher the use of contraception and consequently, the lower the fertility. The above hypothesis is based on the following assumptions:

2. Proportion of nuclear households is relatively higher in urban areas than in rural areas. Sixty percent (60%) of urban and fifty-five (55%) of rural households in Bangladesh are found to be nuclear in a national sample survey of 1963-69 (Cain and Devrics). Percentages of single, nuclear and joint families in Dacca city are found to be 18%, 52% and 30% respectively according to 1960 Housing Census of Bangladesh (Census Commission, 1960).

(i) increased education provides not only opportunities for personal advancement, awareness of social mobility and higher non-familial aspirations but also a new outlook, the freedom from tradition, the willingness to analyse institutions, the values and patterns of behaviour and the growth of rationalism (Dandekar, 1965); (ii) higher education may reduce desired family size by raising the aspirations for one's own level of living and that of one's children, specially **in** regard to their education; and (iii) high education with its social and economic correlates, is more likely to expose a person to a wide range of general information, greater understanding of the reproductive process and access to modern and effective means of birth control. IT is very plausible to argue that the better educated persons are more likely to be able to avoid unwanted births and to space births more effectively than those who are illiterate or have few years of formal schooling. Given the above attributes of education, we would hypothesize that education would be positively associated with the use of contraception.

Husband-wife Role Relationship and Use of Contraception. Conjugal role relationship i.e., communication between husband and wife, has been found to be an important factor influencing contraceptive practices and thus indirectly fertility (Hill, 1969). Rainwater has demonstrated that family relations were significantly related to contraceptive use and fertility (Rainwater, 1965). Free flow of communication between husband and wife, the salient feature of the joint conjugal role relationship, is considered necessary (i) to arrive at consensus on their goals with respect to family size and (ii) in setting up behaviour patterns to achieve these goals. Conversely, it would be a difficult task to arrive at consensus with respect to the family size goal in a state of segregated (i.e., minimum sharing in decisions and recreational activities as well as tasks between husband and wife) conjugal role relationship. In a situation where there is no consensus between spouses with respect to the family size goal, we may not find higher use of contraception. These ideas are possibly reflected by Westoff and others when they maintain that presumably families in which the male separates himself from the family and is not involved in domestic affairs are the more prolific and with the poorest contraception (Westoff, 1963). This reasoning leads to the formulation of the hypothesis that a joint conjugal role relationship leads to better communication between husband and wife and greater success in family planning.

Son Preference and Use of Contraception. We hypothesize that the use of

contraception would be higher among those who achieved their desired number of sons in comparison to those who have not achieved their desired number of sons. Pessimism is often expressed with regard to the success of conventional supply oriented family planning programmes in the developing countries in view of prevalent large family size norm (Davis, 1958). One of the frequently mentioned reasons for high level of desired fertility in the developing countries is the importance of having sons for economic, social and religious reasons. In the traditional subsistence agrarian societies, sons are considered functional for maximizing economic or non-economic utilities e.g., where children (mainly sons) contribute to the family's resources by working; where it is perceived that sons will contribute to the support of parents in old age, a time in future and where sons are considered assets in village factionalism/politics and preservation of family name. Strong preference for son is typical in many traditional societies and this is embedded in legal, religious and social practices as well as manifested by literature and sociological research (Freedman, 1968; Heer and Smith, 1968; May and Heer, 1968). Son preference is also reflected in differential survival of male and female infants in the traditional developing countries where more male infants survive than the female. Preference for boys over girls is also seen in Bangladesh right from the moment of birth. Birth of a male child is immediately followed by a call to prayer in the name of God but no such call to prayer is heard when a female child is born and this bias towards male over female (either planned or unplanned) in different spheres of life pervades throughout the entire life-span. An evidence of son preference is also noticed among our respondents. A majority (65.55%) of the respondents of the present study consider son as an economic asset and a large number of them also expect help—financial or otherwise (shelter, food, clothing, etc.) from their sons in old age. Under the circumstances, one would logically expect that those who have achieved their desired number of sons are likely to practice contraception more in comparison to those who have not yet achieved their desired number of sons. There is little empirical evidence concerning the extent to which contraception behaviour is influenced by one's degree of achievement of desired number of sons. However, it is well established that acceptance of terminal methods (e.g., IUD, sterilization, etc.) is much more frequent among couples whose living children include a disproportionate number of sons (Chitre, 1964; Mohanty and Rao, 1968; Poffenberger, 1964).

Religiosity and Use of Contraception. Believers in Islam maintain that God is the Creator and He is also the Provider. According to Islam, a child is born

according to the wishes of God and He (God) will also look after the well-being of the child. Given the above interpretations of Islam towards creation, one may tend to think that the followers of Islam, i.e., the muslims, will be pro-natal in attitude. Studies conducted in the Indo-Pak-Bangla sub-continent tend to substantiate the pro-natal attitude of the muslims. These studies have repeatedly shown higher fertility and lower use of contraception among the muslims in comparison to those of the other religious groups (Chaudhury, 1971; Davis, 1951; Khan, 1964; Nag, 1962; Saxena, 1965; Sinha, 1957; Steeckel, 1969). Literature survey of differential fertility by religious groups over different parts of the world, also confirms the pro-natal attitude of the muslims (Kirk, 1965). If Islam is considered to be pro-natal in attitude, one would expect a strong adherent of Islam to be also a pro-natal. We, therefore, hypothesize that the stronger the belief in Islam, the lesser would be the use of contraception.

Exposure to Mass Media Communication and Use of Contraception. We hypothesize that the use of contraception would be directly related to one's level of exposure to mass media communication. The above hypothesis is made on the basis of following assumptions : mass media communication is considered as one of the most important vehicles of educating the people. It fosters one's awareness of a situation, enlightens a person and helps in formation of new ideas and views. The mass media (newspaper, radio and television) of Bangladesh highlights the population problem of the country and advocates (without exception) adoption of family planning methods to limit family size. It is, therefore, expected that a person who is exposed to these campaigns may be persuaded to use contraception.

Briefly stated, hypotheses to be tested in this study are :

- (i) the longer the work experience of a married woman, the higher the use of contraception;
- (ii) the higher the education, the higher the use of contraception;
- (iii) the greater the egalitarian role-relationship between husband and wife, the greater the use of contraception;
- (iv) the higher the religiosity, the lower the use of contraception;

- (v) the higher the achievement of desired number of sons, the higher the use of contraception;
- (vi) the higher the exposure to mass media communication, the higher the use of contraception.

III. Data, Definition and Methodology

Data employed in this study are those collected by a Socio-economic Survey of working vs non-working women of Dacca city, conducted in 1974. There are altogether 1130 respondents consisting of women in the reproductive ages (15-49) who are currently married, living with their husbands and reported to be fecund.³ The procedures for data collection and characteristics of the sample are described in Appendix A and B, respectively. The reasons for confining the study to currently married, fecund working and non-working women of Dacca city are : (i) we are interested to study among others, the fertility pattern and use of contraception, and this is only possible if we confine the study to currently married women who are living with their husbands; (ii) control for fecundity is necessary for any study of differential fertility behaviour in which the aim is get at non-biological factors; (iii) one of the major interests of the present study is to examine the fertility differentials and differences in use of contraception between working and non-working women and it is hypothesized that this differential would be higher in the urban areas, particularly in big metropolis where women are engaged in the modernized sector of the economy.

Independent Variables The six independent variables used in this study are defined as follows :

1. **WORK EXPERIENCE.** The working women are defined as those who have been working in remunerative jobs outside the home in the formal institutions and the non-working women are those who have never worked in life for pay or remuneration outside the home but have the same general level of education as those of the working women (see Appendix B). Work experience has been

3. Fecund women are those who answered *no* to the question: "Some women are unable to have any child at all or an additional child even if they want because they have some physical or medical problem or had an operation or perhaps they have reached their change of life, do you think this may be the case for you?"

categorized as follows: (i) never worked in life; (ii) worked for ≤ 1 year; (iii) worked for 2-5 years; (iv) worked for 6-9 years; and (v) worked for 10 years and above. We have measured the work experience in terms of number of years one has been working outside the home since marriage. The determining question was, "How many years did you work outside home since marriage"?

2. EDUCATION. Level of education is determined in terms of highest grade passed. The determining question was, "What is the highest grade of education you have completed? Keeping in view the number of cases, the education level is categorized as follows ; (i) no formal education, (ii) 1-5grades, (iii) 6-9 grades, (iv) secondary and higher secondary; (v) bachelor degree; (vi) master degree and above.

3. HUSBAND-WIFE ROLE RELATIONSHIP is measured with respect to decision on (i) number, and (ii) spacing of children. The determining question was, "Who decides the number and spacing of children you are going to have"? The response categories were as follows : (i) by husband only; (ii) by wife only; (iii) by both (husband and wife) in consultation; and (iv) not planned. Decision making status is classified into two categories (i) joint (i.e., decision with respect to number and spacing of children is taken jointly by husband and wife), and (ii) *segregated* (i.e., decision with respect to number and spacing of children is taken either by husband or by wife).

4. SON PREFERENCE is measured by three different questions. *First*, the respondents were asked whether they had and preferred family size. *Second*, those who had expressed definite preference were asked whether they had any sex preference of children. *Third*, those who had expressed definite sex preference in their desired family size were asked whether they had already achieved their desired number of sons. Therefore, the respondents who had expressed definite son preference were dichotomized into two categories, (i) those who have achieved their desired number of sons, and (ii) those who have not achieved their desired number of sons.

5. RELIGIOSITY. We have measured the religiosity of the muslim respondents only as there were only a few cases of non-muslim respondents in this survey. The determining question was, "How many times do you say your prayer per day?" It may be mentioned here that saying five times prayer a day is one of

the compulsory duties of a muslim.⁴ On the basis of frequency of prayer per day, we have grouped the respondents into four different religiosity categories. (i) *very religious* (i.e. those who say five times prayer a day); (ii) *moderately religious* (i.e., those who say 3-4 times prayer a day); (iii) *marginally religious* (i.e., those who say 1-2 times prayer a day); and (iv) *not religious* (i.e., those who do not say prayer at any time).

One may take issue with the measure of religiosity as adopted in this study. The arguments may be made that one may be a good muslim without being very regular in saying prayer and on the other hand, a person in spite of being regular in saying prayer may also resort to profane activities. Though the above arguments may have some merit, one may still maintain that a person who says five times prayer a day—a compulsory duty for a muslim, is expected to be more religious in attitude in comparison to a person who is irregular in saying prayer and one who does not pray at all.

6. EXPOSURE TO MASS MEDIA COMMUNICATION. Exposure to mass media is measured in terms of reading newspaper, listening to radio and watching television. One of the major limitations of the current measure in examining the relationship between one's exposure to mass media communication and use of contraception is that we have not asked the respondents to indicate the degree to which they read, listen and watch in relation to population problem of the country, family planning activities of the government and availability of family planning services, etc. Moreover, we have ascertained one's level of exposure to mass media communications on the basis of experience of seven days only. This may not give us a stable measure of exposure to mass media communication. These limitations have to be borne in mind while interpreting the data.

Dependent Variable. The use of contraception is the only dependent variable examined in this study. Contraception status is measured in terms of *current use* and *ever use*. Current users are those who report themselves as currently practising some method of contraception, and they can also mention the name of the method currently being practised. The determining question was, "Are you or your husband currently using a method to limit the number of

4. That five times of prayer a day is ordained upon muslims is authenticated by the practice of the Holy Prophet of Islam (peace be on him) as narrated by the most authentic compilers of tradition (Karim, 1940).

children or postpone a pregnancy? If yes, mention the name of the method". Ever users include those who are currently using some method of contraception and also used some method of contraception previously within married life. Information on current use of contraception is reported to be somewhat underestimated in both rural and urban areas of Bangladesh (Green, 1969; Stoeckel, 1969). But to what extent this is true here is not known.

IV. Findings

The relationship between use of contraception and the six independent variables is shown in Table 1.

TABLE 1—PERCENT OF CURRENTLY MARRIED WOMEN WHO ARE CURRENTLY OR WHO HAVE EVER USED CONTRACEPTION BY WORK EXPERIENCE, EDUCATION, CONJUGAL ROLE RELATIONSHIP, SON-PREFERENCE, RELIGIOSITY AND EXPOSURE TO MASS MEDIA COMMUNICATION

N = 1130*

<i>Independent Variables</i>	<i>n</i>	<i>Use of Contraception</i>	
		<i>Current</i>	<i>Ever</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
A. Work Experience			
Worked for ≤ 1 year	94	51.06	65.95
Worked for 2-5 years	106	54.30	73.30
Worked for 6-9 years	143	63.23	79.02
Worked for 10 years and above	139	55.39	69.78
Never worked in life	548	63.14	78.65
B. Education			
Nil	40	15.50	32.50
1-5	25	40.00	56.00
6-9	49	51.02	63.26

Table 1 (contd. on page 137)

Table 1 (contd. from page 136)

1	2	3	4
Secondary/higher secondary	511	56.16	74.16
Bachelor	197	64.97	78.17
Master	298	70.80	86.57
Others	10	—	—
Conjugal Role Relationship			
Joint	1024	62.11	77.73
Segregated	99	35.35	57.57
Non-response	7	—	—
Son Preference			
Achieved	428	71.73	84.81
Not achieved	385	51.99	69.94
No preference/non-response	317	64.98	70.03
Religiosity			
Very religious	400	51.50	69.75
Moderately religious	233	61.80	81.54
Marginally religious	191	67.01	82.72
Not religious	193	64.25	77.20
Non-response	37	70.27	75.68
Non-muslims*	76	59.21	65.78
Mass Media Communication			
All	417	68.35	82.97
Two	357	59.10	77.31
One	223	57.40	73.54
None	133	35.34	50.38
Total	1130	59.38	75.49

*Non-muslims include 37 caste and schedule caste Hindus and 39 Christians.

The findings in Table 1 are in accord with our earlier postulated hypotheses with the exception of the relationship between work status and use of contraception.

Education shows a very strong positive relationship with the use of contraception. The use of contraception increases with each successive increase in education. It rises from 15% at zero level of education to 71% at the master's level. Higher educated wives not only practise contraception more frequently but they also start practising contraception earlier than those who are illiterate or have few years of schooling (Appendix D).

With regard to the conjugal role relationship, it can be observed from the above table that the use of contraception is at least 26 points higher among the couples who jointly decide the number and spacing of their children in comparison to those characterized by segregated role relationship with respect to the above decisions.

Work experience shows a very irregular and unexpected relationship with the use of contraception, measured either by current use or ever use. Proportionately fewer working women, irrespective of their duration of work, practise contraception in comparison to non-working women. A similar trend persists even if we employ 'ever use' as our measure of contraception status; the lone exception being those who had worked for 6-9 years since marriage, showing their use of contraception to be more than that of the non-working women. However, the difference in ever use of contraception between the never worked group of women and those who have been working for 6-9 years since marriage is negligible. The above finding is a departure from our expected relationship between duration of work status and use of contraception. However, if we confine our examination within the working women only, we will see that the use of contraception (measured either as current use or ever use) increases monotonically as one's work experience outside the home increases and this trend continues till nine years of work since marriage and then it tapers off at the highest level of work experience. This may arise out of sub-fecundity among some women who have the longest work experience.⁵

5. Sub-fecundity is reported to be highest among those women who have the longest work experience (Freedman, 1959).

Achievement of desired number of sons has a direct bearing on the use of contraception. The use of contraception is 20 points higher among those women who have achieved their desired number of sons in comparison to those who have not yet achieved their desired number of sons.

With regard to religiosity and use of contraception, it can be observed from the above table that the use of contraception is lowest among those who offer prayer five times a day and it rises as the frequency of saying prayer decreases. There is at least 13 points difference in the use of contraception between those who say prayer five times a day and those who do not say it at all. This difference comes to 16 points if the comparison is made between those who say prayer five times a day and those who say it only 1-2 times a day. The highest use of contraception is noticed among those who say 1-2 times prayer a day. This finding is a little departure from our expectation as we would expect to find highest use of contraception among those who say no prayer at any time in a day because they are considered to be the least devout muslims according to our measure of religiosity. This could be due to co-variation of religiosity with some other variables. The findings, on the whole, demonstrate an inverse relationship between religiosity and use of contraception.

It can be observed from the above table that the use of contraception (measured either as current use or ever use) varies directly with the degree of one's exposure to mass media communication. The use of contraception is almost 100% higher among those women who are exposed to all the three media of communications in comparison to those women who are not exposed to any of them.

We have so far examined the bivariate relationship between each of the six independent variables and use of contraception. Therefore, the above relationship remains unadjusted for the effect of those variables which are related to education, work experience, conjugal role relationship, religiosity, son preference, exposure to mass media communication and use of contraception.

In order to examine the net effect of the independent variables on use of contraception, we have employed the technique of dummy variable regression. In this analysis, each dummy variable represents a single sub-class of a factor. An individual is assigned a value of one if he belongs to the sub class and zero if he does not. Each sub-class of the variable is considered as a separate regressor

(Feldstein, 1966). Each factor, for example, education (a) is converted into a set of regressor variables (e.g. a_1, a_2, a_3) equivalent to the number of sub-classes minus one. One sub-class has to be dropped for inverting the matrix. The omitted variable becomes the "standard of reference" and the remaining coefficient estimates are interpreted by comparison with it. The F ratio for the individual estimated coefficient indicates whether the particular estimate is significantly different from the standard category. The use of dummy variable regression does not involve making any assumption about the linearity of the effect (Suits, 1957). The relationship between the dependent (e.g., use of contraception) and the independent variables (age at marriage, education, wife's labour force participation, etc.) is analysed by the ordinary least squares method. The net effects of each of the independent variables are shown in Table 2.

TABLE 2—ADJUSTED^a EFFECT OF EDUCATION, CONJUGAL ROLE RELATIONSHIP, WORK EXPERIENCE, SON PREFERENCE, RELIGIOSITY AND EXPOSURE TO MASS MEDIA COMMUNICATION ON CURRENT USE OF CONTRACEPTION

<i>Independent Variable</i>	<i>Regression Coefficient</i>	<i>Standard Error</i>	<i>F-ratio</i>
1	2	3	4
Education			
Nil	—	—	—
1-5 Grade	.427	.100	18.23**
6-9 Grade	.528	.090	34.14***
Secondary/higher secondary	.613	.091	44.84***
Bachelor	.661	.094	48.89***
Master	.714	.095	56.34***
Conjugal Relationship			
Segregated	—	—	—
Joint	.199	.052	14.70**

Table 2 (contd. on page 141)

Table 2 (contd. from page 140)

	1	2	3	4
Work Experience				
Never worked		—	—	—
Worked for ≤ 1 year		.016	.059	0.07n.s
Worked for 2-5 years		-.069	.039	1.57n.s
Worked for 6-9 years		-.061	.047	1.67n.s
Worked for 10 years or more		-.196	.053	13.55**
Son-Preference				
Not achieved		—	—	—
Achieved		.144	.039	17.55**
Religiosity				
Not religious		—	—	—
Marginally religious		-.127	.060	4.49*
Moderately religious		-.147	.057	6.47*
Very religious		-.209	.054	14.86**
Exposure to Communication				
All		—	—	—
Two		-.040	.034	1.33n.s
One		-.057	.043	1.73n.s
None		-.166	.058	8.11*

^aAdjusted for the effect of the following variables (i) age; (ii) parity; (iii) education; (iv) conjugal role relationship; (v) son preference; (vi) religiosity; (vii) exposure to mass media; (viii) work experience; and (ix) husband's income.

n.s = Not significant

* = Significant at .05 level

** = Significant at .01 level

*** = Significant at .001 level

NOTE: Independent effect of a variable is measured by rerunning the programme, omitting the predictor in question from the analysis, and observing the decrease in total explained sum of squares, which is 6.70 for education, 1.50 for conjugal role relationship, 0.30 for work experience, 1.49 for son preference, 1.06 for religiosity and 0.23 for exposure to mass media communication. The total variance explained by all the predictors is 28.51.

The results of the dummy variable regression analysis upholds the earlier findings. The use of contraception goes up by .427, .528, .613, .661 and .714 as one moves from no formal education category to 1-5 grade, 6-9 grade, matric/intermediate, **B.A.** and **M.A.**, respectively. The difference in current use of contraception between no formal education category with any other higher order of education category is statistically significant. It is further interesting to observe from Tables 1 and 2 that the largest increases in the current use of contraception occur as one moves from zero level of education to 6-9 grades, i.e., below high school or graduation level.

The use of contraception is at least .199 higher among the couples characterised by egalitarian (joint) role relationship in comparison to the couples characterised by segregated conjugal role relationship. The difference in use of contraception between joint and segregated couples is also statistically significant.

However, when adjustment for other variables are made the use of contraception among women working outside the home irrespective of the length of time worked does not differ significantly from those who never worked in life, with the lone exception being the difference between those women who have been working for 10 or more years since marriage and those who never worked in life. The use of contraception is —.196 less among those women who have been working for 10 or more years since marriage in comparison to those women who have never worked in life. The lowest use of contraception among women who have worked for the longest period of time since marriage may be due to the presence of some sub-fecund women in this category.

The use of contraception is 0.144 higher among those who have achieved their desired number of sons in comparison to those who have not achieved their desired number of sons and this difference is statistically significant.

The relationship between religiosity and use of contraception is still upheld when adjustment is made for the effect of other variables. The current use of contraception decreases by —.127, —.147 and —.209 as one moves from 'not religious group' to 'marginally religious group', 'moderately religious group*' and 'very religious group', respectively. The current use of contraception of any higher order of religious group is significantly lower than that of the 'not religious group'.

The use of contraception decreases as the degree of exposure to mass media communication declines. The current use of contraception is significantly lower among respondents who are exposed to none of the three channels of communication in comparison to those respondents who are exposed to all the three. Although, the respondents who are exposed to one and two of the three channels of communication practise contraception less frequently than those of the respondents who are exposed to all the three channels but the differences are not statistically significant.

The findings presented above confirm the expected relationship between education, conjugal relationship, son preference, religiosity, exposure to mass media communication and use of contraception. However, the expected relationship between work experience and use of contraceptions has not been sustained. Work experience has very little or no effect on use of contraception. This departure from the expected relationship may have arisen due to introduction of education as a control variable while examining the net effect of labour force participation on the use of contraception. This is also borne out by data presented in Table 3.

TABLE 3—PERCENT OF CURRENTLY MARRIED WOMEN WHO ARE CURRENTLY OR WHO HAVE EVER USED CONTRACEPTION BY EDUCATION AND WORK EXPERIENCE

N= 1130

<i>Educational Attainment</i>	<i>Never Worked</i>			<i>Working Since Marriage</i>		
	<i>Current use</i>	<i>Ever used</i>	<i>n</i>	<i>Current use</i>	<i>Ever used</i>	<i>n</i>
Illiterate	5.26	10.52	19	23.80	52.38	21
Grade 1-5	50.00	66.66	12	30.77	46.15	13
Grade 6-9	67.85	75.00	28	28.57	47.62	21
Secondary and Higher						
Secondary	61.86	80.93	257	50.39	67.32	254
B.A.	67.34	79.59	98	62.62	76.76	99
M.A.	70.67	85.00	133	70.91	87.88	165
Others	—	—	1	—	—	9

It can be observed from the above table that at the higher level of education (i.e., B.A. and above), there is no variation in the use of contraception by female labour force status, but at the no formal level of education, the use of contraception varies by one's work status. The use of contraception, at no formal level of education, is at least four times higher among the working women in comparison to the non-working women. From the above findings, one may conclude that higher education leads to greater use of contraception, irrespective of whether one works outside the home or not. But the fertility behaviour of the formally illiterate wives appears to be influenced by whether or not they have employment outside the home.

This differential effect of work experience on use of contraception by education level may arise from the fact that for the higher educated wives, there may be different alternative satisfactions to children other than those provided by employment outside the home. Besides, higher education is associated with increased rationality and access to modern methods of contraception and understanding of the reproductive process. But for the formally illiterate wives, avenues for alternative satisfaction to children are very limited. Participation in the labour force not only provides formally illiterate wives alternative satisfactions to children but it also brings them in contact with the outside world and provides further opportunities for learning new skills and techniques which may broaden their outlook and vision. For these reason , the effect of work on fertility behaviour, if any, is likely to be more among those women who are formally illiterate or have few years of schooling than among those who are highly educated.

Some Concluding Remarks

We have examined above some of the socio-cultural factors affecting practice of contraception of a group of currently married, fecund women in metropolitan Dacca. Among the socio-cultural factors examined, education of wife is found to be by far the strongest correlate of use of contraception, followed by conjugal role relationship, son preference, religiosity, exposure to mass media communication and work experience. Education, particularly female education, has a very strong positive relationship with the use of contraception. Female education upto 6-9 grades can go a long way in achieving a major break-through in the use of contraception. Similarly, acceptance of contraception is more frequent in the case of couples who jointly decide about the number and spacing

of their prospective children. In other words, equal sharing of decision-making by the wife with regard to number and spacing of children has a positive correlation with acceptance of family planning.

The above findings clearly point out the need to improve the female status to promote the use of contraception. Ways and means should be evolved to promote joint husband-wife role relationship in family decision making and to enhance the education status of the female. *Joint* conjugal role-relationship can be achieved through ensuring education and employment opportunities to female. Studies have shown that female participation in family decision-making is positively associated with her level of education and employment status (Chaudhury, 1976; Ranade, 1970). To improve the educational status of the female, there is a need to open up more female schools and a change in societal attitude towards female education. In a sex segregated society like Bangladesh, females are expected to go to girls' schools since co-education is not socially sanctioned, particularly in the rural areas. But there is a tremendous dearth of school facilities for females in Bangladesh.⁸ Mere expansion in school facilities for females may not necessarily lead to higher female education unless societal attitude towards female education is also changed. Parents in our society prefer higher education for the male children vis-a-vis the female children mainly because boys are considered more of an economic asset to the family than girls.⁷ This preferential selection of boys over girls has to be discouraged by emphasising the need of female education in the over-all economic development of the country.

Moreover, to promote joint conjugal role relationship and higher female education, there is a need for a persistent drive against those social customs, beliefs and traditions which undermine the value of women as compared to that of men. Efforts should be made to dismantle the belief that women are subser-

6. In 1974-75, there were only 230 and 651 female primary stage schools and high schools, respectively in a country of 64,000 villages (Ministry of Planning : Bangladesh Bureau of Statistics : *Statistical Pocket Book of Bangladesh*, 1978, p. 252).

7. Using data of the present study, we have found that 65.55% of the respondents considered son as an economic asset and only 4.60% considered the same for the daughter. One hundred percent of the male respondents in a recent village study also considered the son as an economic asset, while none had such an expectation from the girls. The above study also found that the fathers wanted their boys and girls were to be high school graduates and primary school graduates, respectively (Chaudhury and A. Latif; 1976).

vient to men⁸ and 'motherhood' is the most desirable role for a woman. In other words, a long term reduction in fertility resulting from the improved Status of women can not be foreseen unless some drastic changes occur in some basic values of the society implied by desire for sons, male dominance and inseperable motherhood for women.

Advocates of family planning often argue that a reduction in fertility would allow women to pursue higher education and gainful employment for attaining higher social status. But it can be equally forcibly argued that women who have attained a higher status in terms of higher education or involvement in family decision making for whatever reasons, would like to practise contraception. Consequently, the issue of enhancing female status appears to be crucial in the attempt to create an environment in which women would want to practise contraception in order to reduce fertility.

However, the effect of introducing of compulsory secondary education on fertility and the practice of contraception may not be immediately foreseen as it is a long and arduous task to reach the above level of education in a society where a majority of the people are formally illiterate. According to 1974 population census of Bangladesh, only 14.1% of the male and 2.9% of the female of age 15 and above reported to have completed 6-10 years of education (Rab-bani, 1976). Though the journey is a long and arduous one,, the process must start immediately. In the meantime, along with our efforts of providing compulsory formal education at least up-to the secondary level, we should also introduce some kind of non-formal education. Employment opportunities outside the home may provide an effective form of non-formal education, and this may also lead to control of fertility through wider use of contraception, particularly among the formally illiterate women.

We have seen that the joint conjugal role-relationship with respect to family decision leads to higher use of contraception than the segregated conjugal role relationship. The finding clearly indicates that a family planning programme, if directed towards both spouses, would be more successful than a programme directed towards one spouse only in promoting use of contraception. There-

8. A recent study in **Bangladesh** has found 70% of rural and 80% of urban men respectively consider women as inferior to men (Rounaq, 1975).

fore, efforts should be made to jointly motivate the couples to use contraception.

The use of contraception is found to be higher among those couples who have achieved their desired number of sons in comparison to those couples who have failed to achieve their desired number of sons. This finding clearly points out 'son preference' as an important factor influencing the use of contraception. To promote use of contraception, there is a need to shake up the strong son preference prevailing in the society. This could be partially achieved if the expected roles (financial support to parents, particularly in old age, helping on the family farm, taking care of the sick parents, etc.) of the sons are taken over by the community collectively.

The use of contraception is found to vary inversely with one's level of religiosity. In other words, the higher the degree of involvement in religious activities, the lower the use of contraception. Religion is a personal matter and no restriction on it can be imposed under the present social structure of the society. However, to promote the use of contraception, attempts should be made to de-emphasize religious fervour, at least at the state level and to lay emphasis on secular education.

It has been shown here that the use of contraception varies positively with one's level of exposure to mass media communication. The finding suggests that the mass media communication may prove to be one of the most important vehicles in promoting the use of contraception. For this, government may take up an extensive population education programme through mass media channels. For wider access to mass media based population related programmes, government should set up community centres at village/union levels where powerful communication media like newspaper, radio, television (where possible), etc. should be made available. To make the programme a success, there is a need to undertake a massive adult literacy programme. The people of Bangladesh are highly illiterate", and to benefit from mass media based population education programme, they (people) must be given a minimum knowledge of reading and writing.

9. According to 1974 census only 22% of the population are found to be literate i.e., can read and write a Simple letter in any language (Ministry of Planning : Population Census 1974).

From the above discussion, it appears that use of contraception is not likely to make strong headway, even though the supplies (contraceptives) are available, unless the status of women (particularly those related to her education, employment and participation in family decision making) is sufficiently improved, strong preference for sons is dissipated, religious fervour is minimized, people are exposed to wider mass media communication, etc. In other words, the issue of contraception use is not the problem of mere supplies, rather it is linked with the overall socio-economic development of the society. The findings presented in this paper are based on a limited number of cases and limited area and therefore, they lack broader generality. For wider application of the findings and to gain more insights into the issues raised here, the scope of the study should be broadened to include a national representative sample and more in-depth analysis conducted through a combined approach of survey research and participation observation methods.

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APPENDIX A

Description of the Socio-Economic Survey of Working vs Non-Working Women of Dacca City, 1974

The Socio-economic Survey of Working vs Non-working Women of **Dacca** city, Bangladesh was conducted in 1974 by the Bangladesh Institute of Development Studies. Two paired samples were drawn for this study—one comprised working women and the other non-working women. A list of women engaged in remunerative jobs of various employment agencies of Dacca city was compiled as comprehensively as possible. The list yielded 3300 cases and of these only 2100 (63.63%) were found to be currently married. Currently married women were later stratified into eleven strata¹ and from each stratum, a proportionate (50%) random sample was drawn and this has yielded 1050 cases. Out of these, 350 cases (33.33%) were found to be infecund, 80 (7.62%) could not be located at their given addresses and 38 (3.62%) respondents refused to answer. Finally, we were successful in interviewing 582 cases of **working** women.

The procedures for selection of the non-working were as follows: each selected working woman was asked to provide as many names of currently married women living with their husbands, as she could, who had the same general level of education as the working woman but never worked in life outside the home for remuneration or pay. From these names, a non-working woman was selected at random against each working woman and this procedure gave us 582 cases. Out of 582 cases, addresses for 20 could not be traced and 14 refused to answer. Finally, we were successful in interviewing 548 cases of non-working women.

1. The occupation groups included in this study are as follows (1) **University/College teachers**; (2) **Natural scientists and medical doctors** outside **university/college**; (3) **Secondary level school teachers**; (4) **Primary level teachers**; (5) **Nurses**; (6) **Administrative/Executive**; (7) **Technical/skilled workers**; (8) **Sales and clerical**; (9) **Telephone operators/Receptionists**; (10) **Institutional/Residential services**; (11) **Personal manual services**.

APPENDIX B

CHARACTERISTICS OF THE SAMPLE ON SOME KEY VARIABLES

<i>Variable</i>	<i>Working</i>		<i>Non-Working</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Age				
< 25	137	23.54	204	37.22
25-29	183	31.44	203	37.04
30-34	137	23.54	95	17.33
35-39	95	16.32	35	6.38
40 and above	30	5.15	11	2.00
Total	582	100.00	548	100.00
Education (wife)				
Nil	21	3.60	19	3.46
1-5	13	2.23	12	2.18
6-9	21	3.60	28	5.10
Secondary/higher				
secondary	254	43.64	257	46.89
B. A. (Bachelor)	99	17.01	98	17.88
M. A.	165	28.35	133	24.24
Others	9	1.54	1	0.18
Non-response	—	—	—	—
Total	582	100.00	548	100.00
Work History Since Marriage				
Never worked	—	—	548	100.00
Worked for \geq 1 year	94	16.15	—	—
Working for 2-5				
years	206	35.39	—	—
Working for 6-9				
years	143	24.57	—	—
Working for 10 years				
and above	139	23.88	—	—
Total	582	100.90	548	100.00
Family Type				
Nuclear	241	41.41	249	45.43
Extended	291	50.00	224	40.87
Joint	50	8.59	75	13.68
Total	582	100.00	548	100.00

APPENDIX C

CORRELATION BETWEEN SELECTED INDEPENDENT VARIABLES AND CURRENT USE OF CONTRACEPTION
AND INTERCORRELATIONS AMONG INDEPENDENT VARIABLES

<i>Independent Variables</i>	<i>Use of Contraception</i>	1	2	3	4	5	6	7	8	9
1. Wife's age	.18**	1.00								
2. Wife's Education	.31**	.13	1.00							
3. Exposure to Mass Media Communication	.32**	.18	.50	1.00						
4. Wife's life long work history	-.09*	.44	.10	.22	1.00					
5. Husband's Income	.33**	.26	.42	.20	-.16	1.00				
6. Religiosity	-.28**	.03	-.25	-.11	-.08	.15	1.00			
7. Joint husband-wife role relationship	.52**	-.06	.56	.006	.13	.02	-.05	1.00		
8. Parity	.22**	.47	-.40	-.07	.22	-.08	.12	-.40	1.00	
9. Whether desired † sons achieved	.40**	.39	-.03	-.01	.13	.01	-.06	.01	.21	1.00

* Significant at .01 level

**Significant at .001 level

†Not significant.

APPENDIX D

PERCENTAGE DISTRIBUTION OF FIRST USE OF CONTRACEPTION BY EDUCATION AMONG 854* EVER-USERS URBAN WOMEN OF BANGLADESH

Education	First use of contraception					Non-res- ponse	n
	Before the birth of first child	After 1st child but before 2nd child	After 2nd child but before 3rd child	After 3rd child but before 4th child	After 4th and/or higher order birth		
Nil							
No formal Education	7.69 (1)	7.69 (1)	—	15.38 (2)	69.23 (9)	—	10.00 (13)
1—5 Grade	—	14.28 (2)	14.28 (2)	—	57.14 (8)	14.28 (2)	100.00 (14)
6—9 Grade	9.67 (3)	41.93 (13)	29.03 (9)	3.22 (1)	12.90 (4)	3.22 (1)	100.00 (31)
Secondary and higher secondary	16.62 (63)	34.30 (130)	24.53 (93)	11.61 (44)	11.60 (44)	1.32 (5)	100.00 (379)
B.A	33.11 (51)	36.36 (56)	21.43 (33)	5.84 (9)	1.29 (2)	1.94 (3)	100.00 (154)
M.A.	37.21 (96)	42.12 (109)	13.56 (35)	3.87 (10)	2.71 (7)	0.38 (1)	100.00 (258)

NOTE : The figure in parenthesis refers to number of women.

*The determining question, "when did you first begin to use contraception?"

*5 cases are excluded from the analysis due to non-identification of their educational category.