

Acceptance of Contraceptive by the Poorest of the Poor: the Effect of an Intensive Family Planning Programme

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Objective: Assess whether the impact of an intensive family planning service-delivery programme for the rich is similar to that for the poor.

Methods: The site for this study was Matlab, a rural area of Bangladesh where ICDDR,B conducts health and family planning research and where BRAC has launched several social and economic interventions. In the Maternal and Child Health-Family Planning (MCH-FP) Project area, improved health and family planning services are provided; in the comparison area, normal government services are provided. Data for this study were collected through interviews in 60 villages in Matlab from July 1992 through November 1992 as part of the BRAC-ICDDR,B baseline survey. Eight thousand seven hundred and seventy-eight newly-married women of reproductive age were the respondents and units of analysis. Univariate and multivariate statistical analyses were performed, with acceptance of a modern contraceptive method as the main outcome measure.

Results: Contraceptive acceptance was higher among women from households owning less than 50 decimal of land (0.4 hectare) and having at least one member who sells at least 100 days of manual labour a year (these households are BRAC's target group). However, the difference was observed only in the MCH-FP area. In addition, it was found that there was a difference in method use between the rich and the poor, and women from relatively richer households in both areas were more likely to use oral contraceptives. In the MCH-FP area, better off women were less likely to use injectable contraceptives. In the comparison area, female sterilization was more common among the women from poorer households.

Conclusions: Contraceptive acceptance in Matlab is poverty-dependent. Differential acceptance of various methods by the rich and the poor needs to be studied further.

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Impact of the Grameen Bank on Women's Status and Fertility in Bangladesh

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Objective: Examine the two major pathways: effects of income and social development, through which the Grameen Bank's credit programme can affect women's status and fertility.

Methods: The Grameen Bank (GB) is a highly innovative and well-supervised credit programme for the rural poor in Bangladesh. About 95% of over two million participants are women. A family life survey was carried out during 1993-1994 among married women of reproductive age in landless households, who are eligible for membership in the Grameen Bank. The survey was conducted in three thanas of Tangail and one thana of Mymensingh district. A sample of about 2,500 women was randomly selected regardless of GB membership. These thanas had different durations of exposure to the programme. Attempts were made to minimize selectivity bias by modelling fertility, with the effects of membership in the Grameen Bank and NGOs and of income-earning work as parity-varying covariates in a hazard regression.

Results: The Grameen Bank had a positive effect on woman's status as measured by marital stability, hygienic practices, decision-making and purchasing power, and other empowerment indices. Fertility was significantly lower among GB and NGO members than among non-members, other factors being the same. However, the effect on fertility

of GB membership was consistently and markedly higher than that of NGO membership. Woman's income-generating work also had a net negative impact on fertility.

Conclusions: Fertility in Bangladesh has been declining at unprecedented rates, given the poor socioeconomic conditions. Participation of women in the Grameen Bank, in NGOs, and in income-generating activities is also increasing remarkably. These are neither coincidences nor only correlates. Rather, the findings suggest that participation of women in these economic and social development programmes has a causal effect on the reduction of fertility in Bangladesh.

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Women's Empowerment and Fertility Regulation Behaviour in Rural Areas of Bangladesh

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Objective: Identify socioeconomic and demographic factors that may affect women's empowerment and eventually their desired fertility and contraceptive use.

Methods: Data for this study came from the MCH-FP Extension Project of ICDDR,B. Working within the government system, the Project conducts operations research to improve health and family planning service-delivery in Bangladesh. A survey among over 10,000 married women aged less than 50 years was conducted during 1993-1994 in four project areas. Three types of variables: mobility, decision-making power, and support for family planning activities were considered to be indicators of women's empowerment. Fertility regulation behaviour was measured by desired fertility (additional children desired by women) and contraceptive use.

Results: Several demographic and socioeconomic factors were found to be related to desired fertility and contraceptive use. Middle-aged women of the sample had higher empowerment than others, measured by all three indicators. Decision-making power and support for family planning were higher among educated than uneducated mothers. Both mobility and decision-making power were lower in better off households, while support for family planning was not related to income. Women who had income-earning activities, who handled cash, or who were members of NGOs ranked high on all indicators. These three empowerment indicators were, in turn, associated with desired fertility and contraceptive use. Mobility was not related to desired fertility, but was positively related to contraceptive use. Women with higher decision-making power had a lower desire for additional children and higher contraceptive use. As expected, family planning supporters had lower desires for children and higher contraceptive use. There were large variations of empowerment and fertility regulation behaviour between the four study areas.

Conclusions: Women's empowerment has been found to influence desired fertility. To formulate policies to enhance women's status, policy planners require information on the socioeconomic and demographic factors that are associated with women's empowerment.

