



Rohingya Refugees in Cox's Bazar

Sexual and Reproductive Health Survey 2024

[RRC-SRHS 2024]





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**International Centre for Diarrhoeal Disease Research, Bangladesh
United Nations Fund for Population Activities**

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Rohingya Refugees in Cox's Bazar (RRC) Sexual and Reproductive Health Survey, 2024 [RRC-SRHS 2024] was conducted by the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) and Research, Training and Management (RTM) International (RTMI). icddr,b led the survey design, tool development, and data analysis and RTMI implemented the field activities under monitoring of icddr,b. The United Nations Fund for Population Activities (UNFPA) funded the RRC-SRHS 2024.

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Cover: Front page: Residence of Rohingya Refugees in Cox's Bazar: A congested living condition for Rohingya Refugees in Ukhiya, Cox's Bazar, Bangladesh. Taken by Md Tazvir Amin on January 31, 2024, at Camp 07, Ukhiya, Bangladesh.

Back page: A panoramic view of the Kutupalong Rohingya camp in Cox's Bazar district, Bangladesh.
Photo Source: Bayes Ahmed, fieldwork, 2019.
[Link:https://blogs.ucl.ac.uk/irdr/2020/04/20/rohingya_cox_bd/](https://blogs.ucl.ac.uk/irdr/2020/04/20/rohingya_cox_bd/)

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ABBREVIATIONS

ANC	Antenatal Care
CIC	Camp-in-Charge
CMWRA	Currently married Women of Reproductive Age (15-49)
DHS	Demographic and Health Survey
EMWRA	Ever-married Women of Reproductive Age (15-49)
FP	Family Planning
HGS-CXB	Gender Support in Cox's Bazar District
HH	Households
icddr,b	International Centre for Diarrhoeal Disease Research, Bangladesh
IRB	Institutional Review Board
IUCD	Intrauterine Contraceptive Devices
NMWA15-29	Never Married Women Aged 15-29
RRRC	Refugee Relief and Repatriation Commissioner
UNFPA	United Nations Fund for Population Activities
RR	Rohingya Refugees
RRC	Rohingya Refugees in Cox's Bazar
SRHS	Sexual and Reproductive Health Survey
PNC	Postnatal Care
PPS	Probability Proportional to Size
QCO	Quality Control Officer
RTMI	Research, Training and Management International
SRS	Simple Random Sampling
WRA	Women of Reproductive Age

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EXECUTIVE SUMMARY

The Rohingya Refugees in Cox’s Bazar (RRC) Sexual and Reproductive Health Survey 2024 (RRC-SRHS 2024), was a multi-stage cluster survey aiming to provide updates on the knowledge, attitudes, and practices regarding sexual, reproductive, and maternal health among the RRs residing in Cox’s Bazar, Bangladesh. It interviewed 2221 households (in 11/33 camps) and 3213 women (ever-married women aged 15-49: 2066, and never-married women aged 15-29) living in the households. Table 1 provides the status of selected sexual, reproductive, and maternal health indicators among RRs in Cox’s Bazar.

Table 1. Summary results, RRC-SRHS 2024

Selected indicators: population and household characteristics; sexual, reproductive, and maternal health; and gender attitudes and violence against women, RRC-SRHS 2024

Indicators	Status
Population sex ratio (male per 100 females)	89.4
Mean household size	5.6
% of women aged 15-19 were ever-married	7.6
% of women aged 20-24 were ever-married	62.1
Median age at first marriage among women aged 25-49 (in years) ¹	18.3
% of ever-married women of reproductive age (15-49) (EMWRA) wanted to marry later than the time they were married	19.5
18 or higher years was the preferred age of marriage for women to the percentage of EMWRA	78.0
Among never-married women aged 15-29, percentage reported 18 or higher years as the preferred age of marriage for women	99.2
% of EMWRA was pregnant on the day of the survey	10.6
Mean age at first birth among ever-married women aged 25-49 (in years) ¹	19.2
% of currently pregnant EMWRA wanted the pregnancy later or never wanted any more pregnancy	22.1
% of EMWRA having the last birth two years preceding the survey wanted the child later or never	14.5
% of EMWRA ever having birth want more children	47.9
% of women aged 15-19 are currently pregnant or have ever given birth	7.0
% of EMWRA know about any modern methods of family planning (FP)	97.3
% of never-married women aged 15-29 know about any modern methods of family planning (FP)	71.8
% of currently married women of reproductive age (15-49) (CMWRA) use any modern methods of FP	54.3
% of FP using CMWRA made the FP decision jointly with their husband	54.5
Prevalence of unmet need for FP (%)	9.3
% of EMWRA having a birth two years preceding the survey received 4+ antenatal care for the last birth	76.4
% of EMWRA knew about five pregnancy danger signs	9.9

Table 1. Summary results, RRC-SRHS 2024

Selected indicators: population and household characteristics; sexual, reproductive, and maternal health; and gender attitudes and violence against women, RRC-SRHS 2024

Indicators	Status
Among the EMWRA who had the last birth two years preceding the survey and received antenatal care, the percentage made the antenatal care decision jointly with their husbands	54.1
% of EMWRA having a birth two years preceding the survey gave birth in a health facility	49.1
Among the EMWRA who had the last birth two years preceding the survey and gave birth in a health facility, the percentage had C-section birth	10.1
Among the EMWRA who had the last birth two years preceding the survey, the percentage had C-section birth	5.0
% of EMWRA having the last birth two years preceding the survey received postnatal care within two days of birth	44.7
% of EMWRA having the last birth in a health facility two years preceding the survey received postnatal care within two days of birth	68.7
% of EMWRA bore an egalitarian gender attitude ¹	0.7
% of never-married women aged 15-29 bore an egalitarian gender attitude ²	4.0
% of women aged 15-49 faced physical violence in the past 12 months ²	10.1
% of women aged 15-49 faced sexual harassment in the past 12 months ²	5.5

¹ 73% of the women 15-24 are never married. Therefore, the 25-49 age group has been considered in the analysis to avoid misleading interpretation.

² Definitions of egalitarian gender attitude, physical violence, and sexual harassment are provided in Chapter 8.

1 INTRODUCTION

Myanmar's notorious atrocities against the Rohingya and other ethnic communities have been a tremendous humanitarian concern for around five decades (1). Since the 1970s, as a consequence of the atrocities and deprivations, many Rohingya people fled Myanmar, and the majority entered Bangladesh at different times. The major Rohingya influx into Bangladesh happened in 1977, 1991-92, and 2017 (2, 3). Currently, nearly one million Rohingya refugees (RRs) are staying in different refugee camps in Cox's Bazar and Noakhali. There are 33 camps in the Teknaf and Ukhiya sub-districts in Cox's Bazar, where most RRs reside.

Being stateless and residing in highly dense conditions in Cox's Bazar, the RRs face significant challenges in addressing their fundamental needs and rights, e.g., education and essential healthcare services. The sexual and reproductive health (SRH) conditions of around one million RRs present a pressing concern (4). Past studies revealed that RR women have inadequate SRH knowledge, such as family planning (FP), the legal age of marriage, menstrual hygiene management, etc. (5, 6). Religious and cultural beliefs, such as viewing contraception as morally questionable, further hinder contraceptive use (6, 7). Such limited SRH knowledge contributes to high fertility, unplanned births, and increased health risks for women and newborns. Existing literature highlights significant concerns about the health care of RR women. For example, less than half of the RR women utilize at least one antenatal care (4), only a quarter of women underwent institutional delivery (8), etc. The historical context of oppression, displacement, and limited healthcare access exacerbates the challenges.

Concerning the SRH of RR women, the Bangladesh Government, with support from development partners, such as the United Nations Population Fund (UNFPA), adopted several SRH initiatives for RRs since 2017. Establishing primary health care centers and health posts for family planning, reproductive and maternal health care services, providing awareness messages at doorsteps by health workers and volunteers, ensuring safe water and sanitation facilities, etc., are important health and family planning initiatives. Bangladesh government also revised its 4th health sector program to include an operational plan, "Gender Support in Cox's Bazar District (HGS-CXB)", which emphasized reproductive and maternal health services (e.g., FP, antenatal care (ANC), delivery care, postnatal care (PNC)) for RRs. Therefore, the Bangladesh government and development partners need updated estimates related to the SRH status of RRs to understand the ongoing programs' success and failure and to plan future programs and strategies.

Many studies have conducted SRH assessments among the RRs since 2017. However, most of them adopted qualitative studies. A few studies estimated selected SRH indicators, most for 2019 or earlier years. To our knowledge, no recent studies have provided comprehensive updates about SRH indicators. This study aims to assess RR women's SRH knowledge, attitude, and practice in Cox's Bazar through an extensive list of SRH indicators. It also explores gender attitudes and violence against RR women.

2 SURVEY IMPLEMENTATION

International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) implemented the survey in collaboration with Research, Training and Management International (RTMI) and with financial support from UNFPA/Bangladesh. icddr,b developed the study protocol with input from RTMI, defended the icddr,b's Institutional Review Board (IRB), obtained IRB approval, developed the data collection tool (questionnaire and electronic data collection platform), conducted the training, oversaw the field activities, and monitored data quality.

2.1 Sample Design

About one million registered RRs live in the Ukhiya and Teknaf sub-districts in Cox's Bazar district in Bangladesh (9). For administrative management, the RRs living area has been divided into 33 camps, each subdivided into several blocks, each of which is further divided into several sub-blocks.

We adapted a cluster random sampling technique and estimated the sample size for several SRH indicators. "Proportion of RR women aged 15-19 who are currently pregnant (p)" yielded the largest sample size. Using the Cochran formula, we determined the sample size. The following box provides the details of the sample size calculation:

Proportion, $p = 5.4\%$
Confidence level, $Z = 99\%$
Margin of error, $e = 5.4\% \div 2$ (as $p < 10\%$)
Response rate, $r = 85\%$
Design effect, $d = 1.5$

Number of households needed to be visited to get one currently pregnant woman aged 15-19 years, $k = 2.5$

Number of women aged 15-19 years needs to be interviewed,

$$n_{women} = \frac{Z^2 \times p \times (1 - p) \times d}{e^2 \times r} = 821$$

Number of households that need to be visited,

$$n_{households} = n_{women} \times k = 2051$$

We used a three-stage cluster sampling technique. In the first stage, we selected 11 camps out of 33 with probability proportional to size (PPS). The number of camps was determined purposively. In the second stage, we selected 10 sub-blocks from each selected camp using simple random sampling (SRS). Therefore, we needed 19 households from each of the selected sub-blocks (see the box below).

$$n'_{households} = \frac{n_{households}}{11 \times 10} = 18.56 \approx 19$$

We drew a systematic random sample of 19 HHs from each selected sub-block in the third stage. Due to time and resource constraints, we avoided household listing in the selected sub-blocks and relied on the sub-block size reported by the sub-block head (known as sub-block *Majhi*). It is to be noted that because of frequent changes in sub-block formation (i.e. one sub-block divided into many, many sub-blocks merged into one) and boundary demarcation (increase or decrease the area of a sub-block), sub-block size reported by the sub-block *Majhi* sometimes does not exactly matches with the actual number.

Based on the sub-block size (m) reported by the *Majhi*, we surveyed every $(m/19)^{\text{th}}=k^{\text{th}}$ household in a sub-block. In certain sub-blocks, where the actual number of HHs was larger than the number reported by the sub-block *Majhi*, visiting every k^{th} household yielded more than 19 households. On the other hand, fewer than 19 HHs were visited when the sub-block size reported by the sub-block *Majhi* was smaller than the actual size. Thus, although we expected to visit 2,090 HHs from 110 sub-blocks, we finally visited 2,221 HHs.

The field supervisors determined the k^{th} households in a sub-block, and the process was independent of the data collectors.

2.2 Questionnaires

We obtained approval to visit the RR camps from the Refuge Relief and Repatriation Commissioner (RRRC) by providing the necessary documents, including the study protocol and questionnaire. Afterward, two Research Officers from the icddr,b pretested the questionnaire in two non-sample camps and discussed it with one *Majhi*. The Research Officers also visited one primary healthcare center and discussed the questionnaire with a physician. Based on the lessons learned, we made the necessary changes in the questionnaire. We were careful not to add new questions to the RRRC-approved questionnaire. The final survey questionnaire comprised the household member listing module and respondent questionnaire. The respondent questionnaire had 12 sections. We prepared both English and Bangla versions of the questionnaire.

Household member listing module: This questionnaire listed all the usual members of the households and excluded any visitor on the day of the survey. For cross-checking, enumerators also requested the respondent to show the household member data card provided by the Office of the Camp-in-Charge (CIC). No household refused to show this card. Basic demographic data, including name, age, sex, education, and marital status, were collected for each household member. The household member listing aimed to identify eligible women for interviews. By eligible respondents, we mean ever-married women of reproductive age (15-49) (EMWRA) and never-married women aged 15-29 (NMWA15-29).

Respondent's questionnaire: This module includes respondent's characteristics, marriage, reproduction, fertility preference, sexual activity, FP, maternal health (ANC, delivery care, PNC), gender attitudes, violence and harassment, and sleep disturbance.

Respondents to FP and childbearing questions: The standard indicator of contraceptive prevalence considers contraceptive use among women of reproductive age (WRA) (15-49) (10). Therefore, standard demographic and health surveys commonly collect FP data from all WRA. However, socio-religious culture in many countries does not allow sexual activities outside marriage, and talking about sexual activity and FP among men and women who are not married is socially sensitive. In those societies, unmarried (never married or widowed or divorced or separated from husband) sexually active women do not prefer or feel comfortable talking about sexual activity and FP and often do not report the truth because that may be socially dangerous for them. Considering the multidimensional socially sensitive aspects of sexual activity and FP among unmarried women, demographers, and public health, scientists often ask FP questions to married women only. For example, the Demographic and Health Survey (DHS) Program collects FP data from EMWRA or CMWRA in many countries and reports FP among CMWRA or EMWRA. Muslim majority Afghanistan, Bangladesh, Pakistan, Egypt, Jordan, Yemen, and Morocco, and Hindu majority India are among those countries (11). On the same grounds, the Multiple Indicator Cluster Survey (MICS) program also considers marital status when asking family planning questions in many countries, e.g., MICSs in Bangladesh (12).

We consulted previous studies in the RR camps in Cox’s Bazar, researchers and academicians having work experience in the RR population, and talked to RR during the pretest of this survey to understand the practical context of asking FP questions to RR women. Based on the exercise, we decided to ask FP questions to CMWRA only because sexual activity and FP use among RR unmarried men and women are socially sensitive.

In addition, we asked NMWA15-29 to report sexual activity and FP use among their close peers/networks under the assumption that talking about others might be less sensitive. However, we were also aware that this technique was likely to underreport sexual activity and FP for several reasons. Furthermore, we selected unmarried women under age 30 in the study because women aged 30 or above were unlikely to be unmarried.

On the same “socially sensitive” ground described above, we asked childbearing-related questions to ever-married women only.

2.3 Field Staff

The data collection team comprised 20 female data collectors, five male field supervisors from RTMI, and five female Quality Control Officers (QCOs) from icddr,b. The data collectors and the field supervisors are Cox’s Bazar residents, mainly from Ukhiya, and were familiar with the dialect the RRs speak.

2.4 Training of Field Staff and Pretest

The fieldworker training took place from January 23 to January 31, 2024. The training program was divided into three parts. Firstly, we briefed on consent forms, establishing rapport with respondents, and practicing consent-taking using mock scenarios. Secondly, we provided section-by-section briefings on the questionnaire and training on data collection using tablets. Finally, we conducted field practice in non-

sampled RR camps. Based on our experience in pre-testing, we troubleshooted any tablet-related issues and revised a few questions and the answer list. After completing the training and field practice, we concluded the debriefing session with an extensive overview of the training session and field practice. The training was facilitated by two Research Officers from the icddr,b, with support from the resource persons of the RTMI.

2.5 Fieldwork

The fieldwork of the RRC-SRHS 2024 was carried out by five interviewing teams, each consisting of one male supervisor, one female QCO, and five female data collectors. Data collection started on January 31, 2024, and ended on March 13, 2024.

The day before the household interview, supervisors drew households as described in the Sample Design section and took consent for the next day's field activity. Each data collector interviewed 6-8 households and female respondents in the households. The field activity in the day spanned roughly from 8.30 am to 2.30 pm. The five female QCOs oversaw whether the supervisors selected the kth household in a sub-block according to the guideline, observed interviews, provided feedback in the field, and updated the field activity to the study investigators in icddr,b. Additionally, QCOs verified whether eligible respondents in selected households were identified correctly and interviewed. For quality control, we developed a quality control form with ten questions from the main questionnaire. Every day, each QCO visited two to three households she did not observe during the interview, and she filled out the quality control forms on the tablet. We arranged weekly debriefing online sessions with the data collection team to address any field issues, provide clarifications, and discuss administrative matters.

Furthermore, we added a question – “Was any adult family member present during the interview?” after each section of the questionnaire to assess whether responses varied by family members' presence during the interview. We added another quality control question — “Was any icddr,b QCOs fully or partially present during the interview?” to identify whether responses vary by the absence of QCO. To assess the quality of the survey, we also recorded the start and end times of all the questionnaire sections.

2.6 Data Processing

We used the digitized version of the Bangla questionnaire for data collection. The electronic survey tool accepted possibly valid responses, automatically performed checks on ranges of values, skipped to the appropriate question based on the responses given, and checked the consistency of the data collected. Data collectors filled in the survey responses directly into the tablet in offline mode and connected the tablets to the internet at the end of the day to submit data to servers upon completing interviews daily. A team member from icddr,b research team regularly downloaded survey data and checked for data completeness and consistency.

2.7 Coverage of the Sample

Table 2.1 Coverage of the sample and response rates

Number of households, number of interviews, and response rates, RRC-SRHS 2024	
Results	Unweighted number
Household interviews	
Households selected	2221
Households interviewed	2221
Interviews with ever-married women of reproductive age (15–49) (EMWRA)	
Number of EMWRA listed	2187
Number of EMWRA interviewed	2066
EMWRA response rate ^{1, a}	94.5
Interviews with never-married women aged 15–29 (NMW15-29)	
Number of NMW 15-29 listed	1251
Number of NMW 15-29 interviewed	1147
NMW15-29 response rate ^{2, a}	91.7

¹ Response rates: (Number of EMWRA interviewed ÷ Number of EMWRA listed) × 100

² Response rates: (Number of NMWA15-29 interviewed ÷ Number of NMWA15-29 listed) × 100.

^a The primary reason for the non-response was the absence of the women in the household at the survey visit time.

Table 2.1 shows a summary of the coverage of the sample. A total of 2221 households were successfully interviewed with a 100% response rate. The response rates for ever-married women of reproductive age (15-49 years) (EMWRA) and never-married women aged 15-29 (NMWA15-29) were 94.5% and 91.7%, respectively. During consent-taking visits, our supervisors requested household members to be present the next day for the survey, which led to high response rates. The data collectors, supervisors, and QCOs reported that the RRs cooperated during the data collection interviews.

3 HOUSEHOLD AND RESPONDENT CHARACTERISTICS

Key Findings

- **Age-sex structure of the population:** 47% were male and 53% were female. Children below 15 and those aged 65 and above comprise 47% of the population (below 15: 45%, 65 and above: 2%), and the remaining 53% were aged 15-64.
- **Household size:** The average household size was 5.6.
- **Education:** Among individuals aged six and above, 73% attended an educational institution, with rates dropping in the higher age groups. For ages 6-14, any school attendance was 91% for males and 89% for females, compared to 34% for males and 35% for females aged 60 and above. Those under 30 mainly attended secular schools, while those aged 30 and above mostly attended religious schools.
- **Ever-married respondents (aged 15-49):** 3% were aged below 19 among the ever-married women. Among the ever-married women, 39% never attended any educational institute, 37% attended religious school, and 23% attended secular schools.
- **Never-married respondents (aged 15-29):** 78% of never-married women were below 19 years-old. Among the never-married group, 63% attended a secular school, 22% attended a religious school, and 15% never attended any school.

3.1 Household Population and Composition

- Forty-seven percent (47%) of the RRs residing in Cox's Bazar were males, and 53% were females, yielding a sex ratio of 89 (males per 100 females). The sex ratio was much lower for the 20-50 age groups, which may be an aftermath of more influx of female RRs than males. However, the sex ratio at birth was surprisingly low. **(Table 3.1).**
- Forty-five percent of the population was under age 15, and less than 2% were 65 and over. **(Table 3.1)**
- The population pyramid of the RRs in Cox's Bazar indicates a recent decline in fertility and under-five mortality. It also shows a surprisingly high proportion of females aged 15-19. **(Figure 3.1).**
- Age reporting of RRs is affected by age heaping at "0" and "5" numbers. **(Figure 3.2).**
- On average, every household had 5.6 members, similar to the household size found in another large sample study conducted in 2018 (4). **(Table 3.2).**

Table 3.1 Household population by age and sex

Percent distribution of the household population by age and sex, sex ratio by age, and sex ratio at birth, RRC-SRHS 2024

Age (years)	Male	Female	Total	Sex ratio (Male/Female x 100)
<5	14.8	13.7	14.3	96.7
5-9	16.3	13.7	14.9	106.4
10-14	16.8	14.3	15.5	105.1
15-19	11.9	16.6	14.4	64.1
20-24	8.2	8.8	8.5	83.4
25-29	6.6	7.6	7.1	77.7
30-34	5.6	7.1	6.4	70.6
35-39	4.6	4.9	4.7	84.0
40-44	3.7	4.3	4.0	77.0
45-49	3.2	3.8	3.5	75.3
50-54	2.1	1.7	1.9	110.5
55-59	2.4	1.8	2.1	119.3
60-64	1.9	0.7	1.2	242.8
65-69	1.1	0.5	0.8	196.8
70+	0.9	0.5	0.7	161.0
Total	100.0	100.0	100.0	89.4
Number	5853	6542	12395	-
Male-female distribution	47.2	52.8	100.0	-
Sex ratio at birth ¹	338	350	687	96.6

¹ Includes the last-born children to the sample EMWRAs in the past two years.

Figure 3.1 Population Pyramid

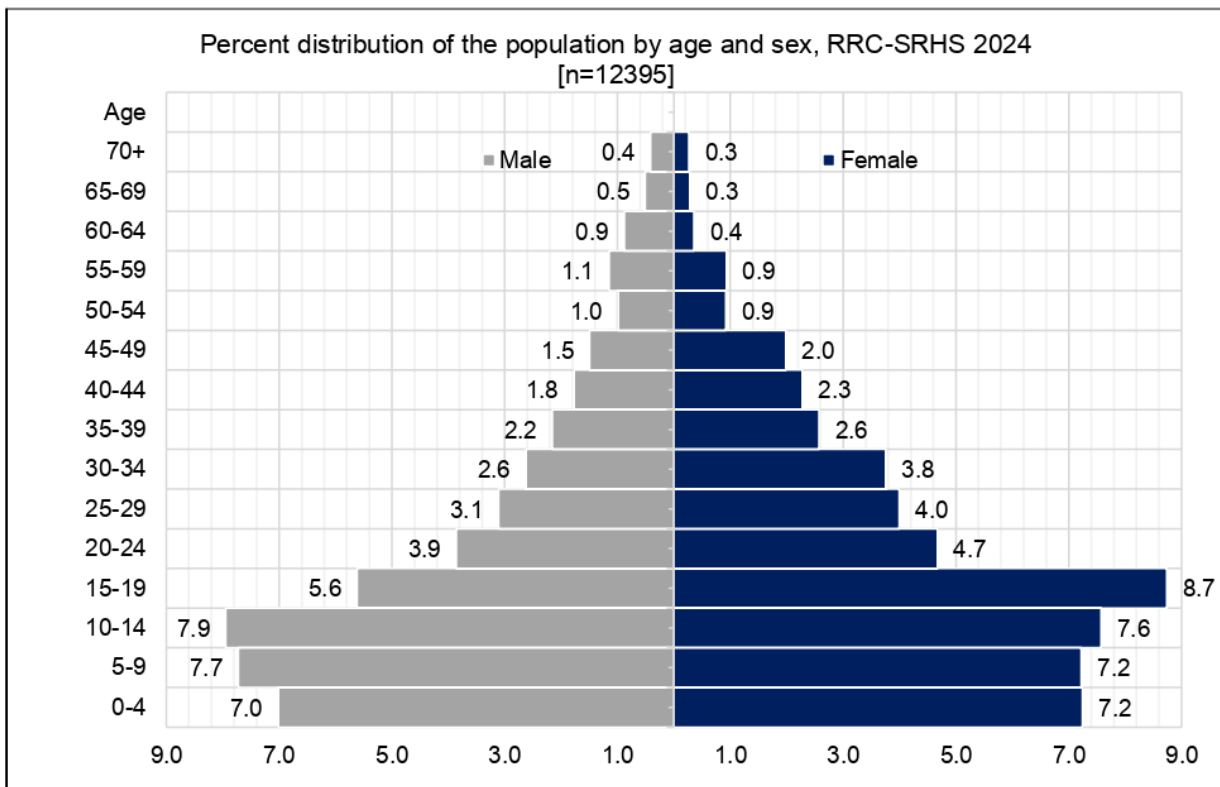


Figure 3.2 Age distribution of household members by sex

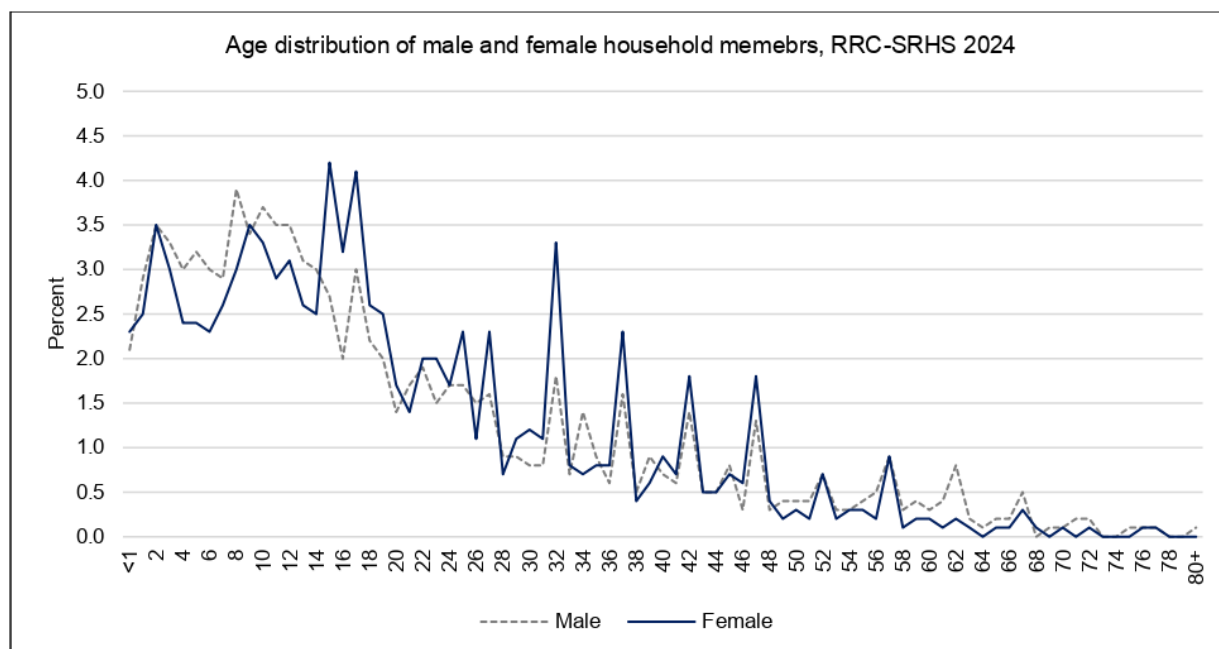


Table 3.2 Household Composition

Percent distribution of households by household size and mean size of household, RRC-SRHS 2024

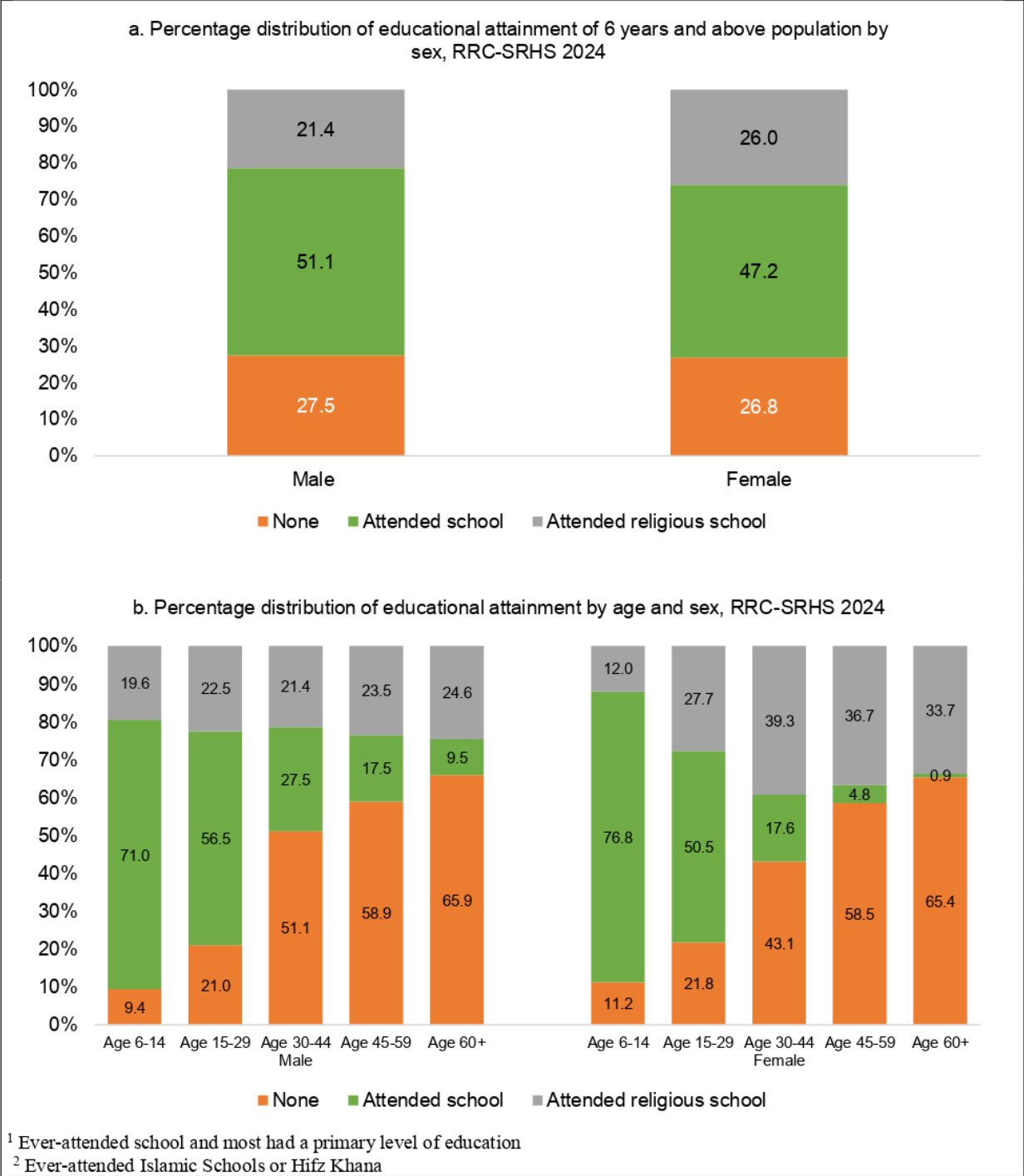
Characteristics	Percent
Number of household members	
1	0.1
2	1.7
3	4.8
4	12.3
5	16.0
6	18.1
7	16.0
8	13.8
9	9.2
10+	8.0
Total	100.0
Mean household size	5.6
Number of households (weighted)	2231

3.2 Education of Household Population

- More than one-fourth of males and females never attended any school. **(Figure 3.3a).**
- For males and females aged 6-14 years, the proportion of those who attended school was 91% and 89%, respectively, while for those aged 60 years and above, it was 34% for males and 35% for females. **(Figure 3.3b)**

- The population under 30 primarily attended secular schools, whereas those aged 30 and above predominantly attended religious schools. **(Figure 3.3)**

Figure 3.3 Education of male and female household members by age



3.3 Characteristics of the Respondents

- Among married women, the highest age group was 30-34, constituting 22%, while those below 19 years old accounted for 3%. **(Table 3.3).**
- 89% of ever-married women were married at the time of the survey. **(Table 3.3).**
- Most (39%) of married women never attended school, and those who did mainly attended religious schools (37%). **(Table 3.3).**
- In the never-married group, 78% were aged 15-19, and only 3% were aged 25-29. **(Table 3.3).**
- Among the never-married, 85% had attended school, primarily secular schools (63%). **(Table 3.3).**
- All of the respondents were Muslim. **(Table 3.3).**

Table 3.3 Characteristics of the respondents

Percent distribution of ever-married and never-married female respondents by background characteristics, RRC-SRHS 2024

Background characteristics	Ever-married respondents			Never-married respondents		
	Weighted percentage	Weighted number	Unweighted number	Weighted percentage	Weighted number	Unweighted number
Age						
15-19	3.4	72	73	78.4	874	898
20-24	15.8	332	324	18.2	203	209
25-29	21.5	452	436	3.4	38	40
30-34	21.8	457	441	-	-	-
35-39	14.1	296	299	-	-	-
40-44	12.3	259	260	-	-	-
45-49	11.0	230	233	-	-	-
Marital status						
Currently married	88.9	1866	1844	-	-	-
Divorced/ separated/ widowed/ deserted	11.1	232	222	-	-	-
Education						
No education	39.2	823	815	15.3	170	181
Attended school ¹	23.4	490	476	62.7	699	708
Attended religious school ²	37.4	785	775	22.0	246	258
Religion						
Islam	100.0	2097	2065	100.0	1115	1147
Others	0.0	1	1	-	-	-
Total	100.0	2098	2066	100.0	1115	1147

¹ Ever-attended school and most had a primary level of education

² Ever-attended Islamic Schools or Hifz Khana

4 MARRIAGE AND SEXUAL ACTIVITY

Key Findings

- **Marital Status:** Six in ten (58%) women aged 15-49 were married on the day survey.
- **Mean age at marriage:** The mean age at first marriage among ever-married women aged 25-49 was 17.5 years.
- **Recent sexual activity:** 88% of the CMWRA had sexual intercourse within four weeks preceding the survey.
- **Preferred age of marriage:** Approximately 78% of EMWRA and 99% of never-married women reported a preferred age at marriage of 18 or older.

4.1 Current Marital Status

- Overall, 35% of the women aged 15-49 were never married, and 58% were married at the time of the survey. (Table 4.1).
- More than nine in ten (92%) of the women aged 15-19 were never married. It was 38% among women aged 20-24. (Table 4.1).

Table 4.1 Current marital status

Percent distribution of women age 15-49 by current marital status and age, RRC-SRHS 2024

Age groups	Never married	Married	Divorced	Abandoned / Isolated	Widowed	Total	Number
15-19	92.4	7.2	0.4	0.0	0.0	100.0	946
20-24	37.9	57.9	1.1	2.7	0.4	100.0	535
25-29	7.8	84.2	1.5	3.7	2.9	100.0	490
30-34	0.0	89.3	1.5	3.2	6.0	100.0	457
35-39	0.0	86.7	1.8	2.2	9.3	100.0	296
40-44	0.0	86.5	0.4	1.5	11.5	100.0	259
45-49	0.0	81.2	0.0	4.1	14.7	100.0	230
15-24	72.7	25.5	0.7	1.0	0.1	100.0	1481
Total	34.7	58.1	0.9	2.1	4.2	100.0	3,213

4.2 Age at First Marriage and Marriage Intendedness

- Among ever-married women aged 25-49, the median age at first marriage was 18.3.
- Overall, 79% of EMWRA thought their marriage occurred at an appropriate age. However, 20% would have preferred to marry later, and only 1% would have preferred to marry at an earlier age. **(Table 4.2).**
- Women aged 15-19 were less likely than women aged 20-24 to say that their marriage took place at the right time (62% versus 80%). **(Table 4.2).**

Table 4.2 Age at marriage and marriage intendedness

Mean and median age at first marriage among ever-married women aged 25-49^a, and percentage of EMWRA who wanted to marry at that time, earlier or later by background characteristics, RRC-SRHS 2024

Background characteristics	Age at first marriage			Percentage wanted to marry at that time, earlier, or later				
	Mean	Median	Number	Earlier	Then	Later	Total	Number
Age groups								
15-19	-	-	-	1.3	61.5	37.2	100.0	72
20-24	-	-	-	0.9	79.5	19.6	100.0	332
25-29	17.9	18.5	452	2.5	77.5	20.0	100.0	452
30-34	17.6	18.4	457	0.2	84.7	15.1	100.0	457
35-39	17.8	18.5	296	0.4	80.4	19.2	100.0	296
40-44	17.2	18.0	259	1.1	78.1	20.8	100.0	259
45-49	16.3	16.9	230	2.2	77.3	20.6	100.0	230
Education								
No education	17.3	18.3	712	1.1	79.4	19.6	100.0	823
Attended school ¹	17.8	17.8	342	2.1	77.1	20.9	100.0	490
Attended religious school ²	17.5	18.2	640	0.8	80.6	18.6	100.0	785
Camp location								
Ukhiya	17.5	18.1	1353	1.1	78.5	20.4	100.0	1684
Teknaf	17.5	18.2	342	1.7	82.5	15.7	100.0	414
Total	17.5	18.3	1694	1.2	79.3	19.5	100.0	2098

¹ Ever-attended school and most had a primary level of education

² Ever-attended Islamic Schools or Hifz Khana

^a and “-”: 73% of women aged 15-24 were unmarried. Therefore, estimates of mean age at first marriage for women aged 15-19 and 20-24 will be misleading. Similarly, the mean age at first marriage for all women (including women aged 15-49) will be misleading. So, the estimates are not provided.

4.3 Recent Sexual Activity

- Nine in ten (88%) of CMWRA had sexual intercourse in the past four weeks. (Table 4.3).
- Having sexual intercourse in the past four weeks was around 90% among currently married women aged 20-40. It was just above 80% among women aged 15-19 and 40-44 and was the lowest among women aged 45-49 (76%). (Table 4.3).

Table 4.3 Recent sexual activity

Percentage of currently married women aged 15-49 who had sexual intercourse in the last four weeks, by background characteristics, RRC-SRHS 2024

Background characteristics	Percentage	Number
Age groups		
15-19	83.1	68
20-24	89.1	310
25-29	89.8	412
30-34	92.9	409
35-39	89.0	257
40-44	81.8	224
45-49	76.1	187
Education		
No education	83.7	706
Attended school ¹	91.7	456
Attended religious school ²	89.0	704
Camp location		
Ukhiya	87.1	1,523
Teknaf	90.1	343
Total	87.7	1,866

¹ Ever-attended school and most had a primary level of education

² Ever-attended Islamic Schools or Hifz Khana

4.4 Preferred Age of Marriage for Women

- Seventy-eight percent of EMWRA reported 18 years or above as the preferred age of marriage; 99% of NMWA15-29 (99%) expressed the same preference. (Table 4.4).

Table 4.4 Preferred age of marriage

Percentage distribution of preferred age of marriage among ever-married women aged 15-49, and never-married women aged 15-29, by background characteristics, RRC-SRHS 2024

Ever-married women aged 15-49									
Background characteristics	Before 15	15	16	17	18	After 18	Don't know/missing	Total	Number
Age groups									
15-19	2.7	9.0	5.1	14.8	64.8	3.6	0.0	100.0	72
20-24	2.6	5.6	5.5	7.8	55.1	23.5	0.0	100.0	332
25-29	3.2	2.0	3.8	4.4	63.8	22.9	0.0	100.0	452
30-34	4.9	4.3	2.9	5.2	61.1	21.6	0.0	100.0	457
35-39	2.2	3.5	3.0	7.2	60.4	23.8	0.0	100.0	296
40-44	13.0	8.3	5.1	7.7	47.0	18.4	0.5	100.0	259
45-49	16.5	9.0	7.1	6.9	48.9	11.2	0.4	100.0	230
Total	6.0	5.1	4.3	6.5	57.7	20.3	0.1	100.0	2,098
Never-married women aged 15-29									
Age groups								100.0	
15-19	0.1	0.1	0.2	0.3	87.2	11.5	0.6	100.0	874
20-24	0.0	0.0	0.0	0.7	78.6	20.3	0.5	100.0	203
25-29	0.0	0.0	3.0	0.0	70.8	26.2	0.0	100.0	38
Total	0.1	0.1	0.3	0.4	85.1	13.6	0.5	100.0	1,115

4.5 Community Perception and Reaction to Sexual Activity Before Marriage

- As reported by women aged 15-49, sexual activity before marriage was not acceptable in the community. Rather, it was perceived as a matter of hate (85%), a punishable act (79%), and a sin (82%) that should be prohibited (74%). (Table 4.5).

Table 4.5 Women's perception of sexual intercourse before marriage

Percentage distribution of different perceptions about sexual intercourse before marriage among women aged 15-49 years, RRC-SRHS 2024

Women consider sexual intercourse before marriage as:	Percentage
A matter of hate	84.9
Sin	82.3
Punishable act	79.1
Prohibited	73.5
Normal	0.6
Other	3.3
Don't know/ didn't respond/ missing	1.0
Number	3213

Notes: The results are generated from a multiple-response question.

5 FERTILITY AND FERTILITY PREFERENCE

Key Findings

- **Mean number of children:** Among the ever-married women aged 15-49, the mean number of children ever-born was 4.2; the mean number of children currently living was 3.8.
- **Currently pregnant:** 11% of ever-married women aged 15-49 were pregnant during the survey.
- **Age at first birth:** The mean age at first birth among ever-married women aged 25-49 was 19.2.
- **Unwanted births:** Of the women who gave birth in the two years before the survey, 85% said they planned their pregnancy, 9% said it was mistimed, and 5% said it was unwanted.
- **Desire for another child:** 48% of the ever-married women aged 15-49 who have ever given birth reported their desire to have another child.
- **Teen motherhood:** 7% of women aged 15-19 reported experiencing pregnancy.

5.1 Birth and Current Pregnancy

- Among the ever-married women aged 15-49, the mean number of children ever-born was 4.2. **(Table 5.1)**
- The mean number of living children among ever-married women aged 15-49 was 3.8 during the survey. **(Table 5.1)**.
- The proportion of women pregnant at the time of the survey was 11%, with the age group 15-19 being predominant (23%). **(Table 5.1)**

Table 5.1 Children ever-born and currently living, and current pregnancy among ever-married women

Mean number of children ever-born and currently living among ever-married women aged 15-49 and percentage of ever-married women aged 15-49 who are currently pregnant by background characteristics, RRC-SRHS 2024

Background characteristics	Children ever-born		Children currently living		Currently pregnant	
	Mean	Number	Mean	Number	Percentage	Number
Age groups						
15-19	0.9	72	0.9	72	23.4	72
20-24	1.7	332	1.6	332	16.6	332
25-29	2.7	452	2.6	452	15.2	452
30-34	4.2	457	4.0	457	12.0	457
35-39	5.4	296	5.0	296	6.7	296
40-44	6.6	259	6.0	259	1.8	259
45-49	7.3	230	6.1	230	0.9	230
Education						
No education	4.5	823	4.1	823	7.7	823
Attended school ¹	3.1	490	2.9	490	16.9	490
Attended religious school ²	4.6	785	4.1	785	9.6	785
Camp location						
Ukhiya	4.3	1,684	4.0	1,684	10.6	1,684
Teknaf	3.7	414	3.4	414	10.6	414
Total	4.2	2098	3.8	2098	10.6	2098

¹ Ever-attended school and most had a primary level of education

² Ever-attended Islamic Schools or Hifz Khana

5.2 Age at First Birth

- The average age at first birth for ever-married women aged 25-49 was 19.2 years. (**Table 5.2**).
- It was similar across women aged 25-39, between 19.4 and 19.5; women aged 40 years and above had a lower age at first birth by around one year.

Table 5.2 Age at first birth among women aged 15-49

Mean age at first birth among ever-married women aged 25-49 who ever gave birth to a live born child by background characteristics, RRC-SRHS 2024

Background characteristics	Mean	Number
Age groups		
25-29	19.5	424
30-34	19.4	446
35-39	19.5	290
40-44	18.6	253
45-49	18.3	230
Education		
No education	19.0	694
Attended school ¹	19.4	324
Attended religious school ²	19.3	626
Camp location		
Ukhiya	19.2	1318
Teknaf	19.1	325
Total	19.2	1644

Note: Age at first birth was missing for three women

Note: Around eight in ten women aged 15-24 never gave birth. Therefore, the estimates of age at first birth for this age group may be misleading. So, we skipped the results for this age.

¹ Ever-attended school and most had a primary level of education

² Ever-attended Islamic Schools or Hifz Khana

5.3 Pregnancy Intendedness and Desire for More Children

- Seventy-six percent of the ever-married women who were pregnant during the time of the survey wanted the pregnancy then, whereas 15% wanted it later, and 7% did not want any more children. **(Figure 5.1).**
- Among the women who had their last birth two years preceding the survey, 85% wanted the birth at that time, 9% wanted it later, and 5% did not want any more pregnancies. **(Table 5.3).**
- Women aged 15-19 were less likely to experience unintended pregnancy than women aged 40-44 (18% vs 33%). **(Table 5.3).**
- Nearly half (48%) of the ever-married women aged 15-49 wanted to have another child. **(Table 5.4).**

Figure 5.1 Pregnancy intendedness

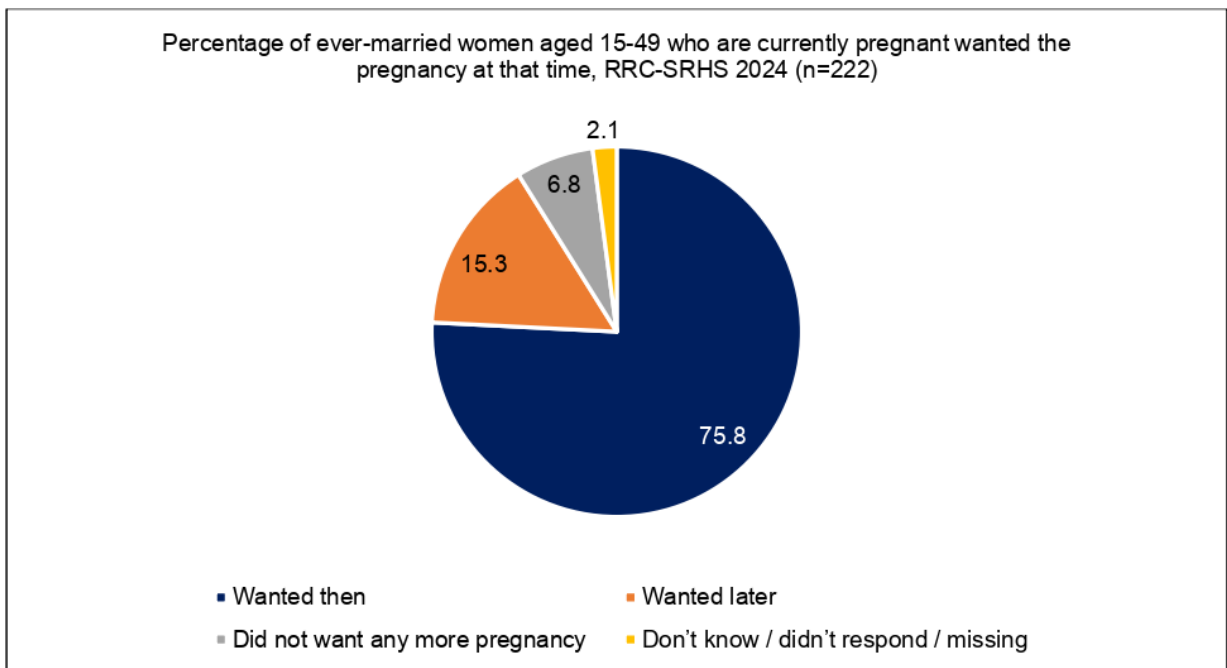


Table 5.3 Birth intendedness

Percentage of ever-married women aged 15-49 by intendedness for the last child born to her two years preceding the survey according to background characteristics, RRC-SRHS 2024

Background characteristics	Wanted then	Wanted later	Wanted no more pregnancy	Don't know/didn't respond	Total	Number
Age groups						
15-19	82.5	14.9	2.6	0.0	100.0	40
20-24	89.9	9.6	0.5	0.0	100.0	191
25-29	88.2	9.6	1.7	0.4	100.0	192
30-34	86.7	7.1	6.2	0.0	100.0	147
35-39	75.8	10.6	13.6	0.0	100.0	77
40-44	67.5	0.0	32.5	0.0	100.0	36
45-49	-	-	-	-	-	5
Children ever born						
1	93.2	5.8	1.0	0.0	100.0	102
2	88.9	10.5	0.6	0.0	100.0	142
3	84.8	13.2	1.4	0.7	100.0	131
4	90.6	7.7	1.7	0.0	100.0	89
5+	77.7	7.8	14.4	0.0	100.0	223
Had child death						
Yes	77.7	4.7	17.5	0.0	100.0	101
No	86.7	9.8	3.3	0.1	100.0	586
Education						
No education	88.9	7.5	3.6	0.0	100.0	221
Attended school ¹	85.2	10.4	3.9	0.5	100.0	191
Attended religious school ²	82.6	9.4	8.0	0.0	100.0	275
Camp location						
Ukhiya	84.8	9.6	5.5	0.1	100.0	573
Teknaf	88.4	6.4	5.2	0.0	100.0	114
Total	85.4	9.1	5.4	0.1	100.0	687

¹ Ever-attended school and most had a primary level of education

² Ever-attended Islamic Schools or Hifz Khana

“-” Denominator is too small to provide any estimates.

Table 5.4 Fertility desire

Percentage of ever-married women aged 15-49 who want more children by background characteristics, RRC-SRHS 2024

Background characteristics	Percentage	Number
Age groups		
15-19	82.0	54
20-24	84.9	302
25-29	74.0	424
30-34	46.4	446
35-39	25.5	290
40-44	11.6	256
45-49	5.1	230
Children ever born		
1	75.5	237
2	77.4	333
3	68.1	316
4	46.4	267
5+	19.0	849
Had child death		
Yes	25.8	466
No	53.2	1,536
Education		
No education	39.3	797
Attended school ¹	66.7	448
Attended religious school ²	42.9	757
Camp location		
Ukhiya	46.8	1,610
Teknaf	46.7	393
Total	46.8	2,003

¹ Ever-attended school and most had a primary level of education² Ever-attended Islamic Schools or Hifz Khana

5.4 Teen Motherhood

- Among ever-married women aged 15-19, 92% had either given birth or were pregnant during the survey. This proportion was 7% among all women aged 15-19. (Table 5.5).
- Only a few women aged 15-19 were ever-married. However, current pregnancy and ever-giving birth were very high, 23% and 76%, respectively. (Table 5.5).

Table 5.5 Teen motherhood

Percentage of women aged 15-19 who ever-gave birth or are currently pregnant by background characteristics, RRC-SRHS 2024

Background characteristics	Among all women aged 15-19, the percentage of:				Among ever-married women aged 15-19, the percentage of:			
	Currently pregnant	Ever gave birth	Currently pregnant or ever gave birth	Number	Currently pregnant	Ever gave birth	Currently pregnant or ever gave birth	Number
Age groups								
15	0.0	0.0	0.0	243	-	-	-	0
16	0.0	1.0	1.0	186	-	-	-	3
17	0.4	2.2	2.6	233	-	-	-	9
18	4.8	10.3	13.2	151	-	-	-	21
19	6.5	23.9	28.5	133	21.9	80.7	96.0	40
Education								
No education	0.8	4.6	5.4	121	-	-	-	7
Attended school ¹	1.4	4.9	5.5	629	22.3	79.1	90.3	39
Attended religious school ²	3.7	9.4	12.4	196	28.1	71.7	94.8	26
Camp location								
Ukhiya	1.9	6.3	7.7	806	22.9	74.6	91.2	68
Teknaf	0.9	2.6	2.6	140	-	-	-	4
Total	1.8	5.8	7.0	946	23.4	75.9	91.6	72

¹ Ever-attended school and most had a primary level of education

² Ever-attended Islamic Schools or Hifz Khana

“-” Denominator is too small to provide a reasonably valid estimate.

6 FAMILY PLANNING

Key Findings

- **Knowledge of FP methods and sources:** Knowledge of modern FP methods was nearly universal among EMWRA (98%), and 97% knew the source of FP. Among NMWA15-29, 72% knew about modern FP methods, and 81% knew about their sources.
- **Source of FP information:** 47% of the EMWRA heard about FP methods from household members, and the same proportion learned from health workers or volunteers.
- **Current use of FP methods:** The contraceptive prevalence rate among RR CMWRA in Cox's Bazar was 55%, predominantly modern methods.
- **FP decision maker:** 55% of CMWRA made the FP decision jointly with their husbands, while 32% made it themselves.
- **Unmet need for FP:** 9% of the CMWRA had an unmet need for family planning.

Sexual activity outside marriage is not socially acceptable among RR populations, and talking about FP use among unmarried women is socially sensitive. Therefore, we collected FP data primarily from CMWRA, and FP-related indicators mainly represent CMWRA. Further details are in Section 2.2.

6.1 Knowledge of FP Methods and Sources

- Knowledge about modern family planning (FP) methods was almost universal among EMWRA (97%). More than nine in ten were aware of pills (91%), 95% about injectables, and 85% knew about implants. Nearly half (48%) ever heard about intrauterine contraceptive devices (IUCD), and 40% heard about female sterilization. Knowledge about male methods and traditional methods was poor among the RR EMWRA living in Cox's Bazar (condom: 38%, male sterilization: 21%, any traditional methods: 25%). **(Table 6.1)**.
- Awareness about modern FP methods was also high among NMWA15-29 (72%). Similar to EMWRA, the NMWRA15-29s were highly likely to know about female methods than male and traditional methods (injectables: 69%, pill: 67%, implant: 58%, female sterilization: 24%, IUCD: 23%, condom: 14%, male sterilization: 12%, and traditional methods: 9%). **(Table 6.2)**.
- The NMWA15-29s in the Ukhiya camps were more likely to know about any FP method than those in the Teknaf camps (73% vs 66%). **(Table 6.2)**.
- Nearly all EMWRAs (97%) were familiar with the source of FP methods, whereas 81% of the NMWA15-29s knew about the source of FP. **(Table 6.3)**.

Table 6.1 Knowledge of family planning methods among ever-married women

Percentage of ever-married women aged 15-49 heard about different family planning methods by background characteristics, RRC-SRHS 2024

Background characteristics	Any method	Any modern method	Specific methods								Total	Number
			Pill	Injec-tables	Condom	IUCD	Implant	Female sterili-zation	Male sterili-zation	Any trade-tional		
Age groups												
15-19	94.9	93.3	92.1	90.7	41.7	47.7	83.8	42.6	19.8	23.0	100.0	72
20-24	97.7	97.7	91.7	93.9	38.9	49.8	84.4	37.0	17.1	18.5	100.0	332
25-29	98.4	98.4	92.9	95.6	42.7	49.6	89.9	41.3	20.4	27.1	100.0	452
30-34	98.5	98.3	93.2	96.2	42.5	48.4	86.5	41.7	22.2	26.6	100.0	457
35-39	97.2	96.8	89.6	94.3	36.7	48.4	84.5	45.9	24.0	27.5	100.0	296
40-44	97.4	97.1	88.4	94.8	35.6	49.6	80.9	41.2	23.6	27.6	100.0	259
45-49	94.4	94.4	87.1	90.6	25.4	36.4	80.6	32.4	21.1	19.2	100.0	230
Education												
No education	96.4	96.0	86.1	91.0	37.0	47.1	78.1	28.0	13.3	20.7	100.0	823
Attended school ¹	98.4	98.2	94.3	96.2	48.7	49.1	89.8	45.5	18.0	28.9	100.0	490
Attended religious school ²	97.9	97.9	94.4	97.0	33.4	47.5	89.7	50.2	31.6	26.4	100.0	785
Camp location												
Ukhiya	97.1	96.9	90.5	94.6	36.4	46.2	85.1	42.4	23.0	23.8	100.0	1,684
Teknaf	98.8	98.8	93.5	93.9	46.5	53.9	85.6	32.4	14.0	28.6	100.0	414
Total	97.5	97.3	91.1	94.5	38.4	47.7	85.2	40.4	21.2	24.7	100.0	2,098

¹ Ever-attended school and most had a primary level of education² Ever-attended Islamic Schools or Hifz Khana

Table 6.2 Knowledge of family planning methods among never-married women

Percentage of never-married women aged 15-29 heard about different family planning methods by background characteristics, RRC-SRHS 2024

Background characteristics	Any method	Any modern method	Specific methods								Total	Number
			Pill	Injec-tables	Condom	IUCD	Implant	Female sterili-zation	Male sterili-zation	Any trade-tional		
Age groups												
15-19	71.0	70.9	66.2	68.6	13.0	21.8	57.6	23.4	10.9	7.7	100.0	874
20-24	73.7	73.7	67.7	70.5	17.2	27.2	60.6	27.8	15.9	11.9	100.0	203
25-29	81.6	81.6	73.9	79.9	8.4	25.6	60.7	10.2	2.1	9.3	100.0	38
Education												
No education	58.5	58.5	55.3	50.8	14.9	18.4	39.9	18.9	10.5	14.2	100.0	170
Attended school ¹	70.7	70.7	66.1	69.4	14.1	21.8	57.8	21.1	7.1	7.9	100.0	699
Attended religious school ²	84.5	84.2	76.4	82.1	11.5	29.1	72.4	34.7	24.7	6.2	100.0	246
Camp location												
Ukhiya	72.9	72.8	67.4	71.2	13.5	23.4	59.0	24.8	12.7	9.0	100.0	945
Teknaf	66.0	66.0	63.1	59.0	14.6	19.9	54.5	18.2	4.6	6.1	100.0	170
Total	71.9	71.8	66.7	69.3	13.6	22.9	58.3	23.8	11.5	8.5	100.0	1,115

¹ Ever-attended school, and most had primary level of education² Ever-attended Islamic Schools or Hifz Khana

Table 6.3 Knowledge of the source of family planning methods

Percentage of never-married women aged 15-29 and percentage of ever-married women aged 15-49 know the source of family planning methods by background characteristics, RRC-SRHS 2024

Background characteristics	Never-married women aged 15-29 know the source of family planning methods		Ever-married women aged 15-49 know the source of family planning methods	
	Percentage	Number	Percentage	Number
Age groups				
15-19	80.5	874	97.5	72
20-24	80.7	203	96.6	332
25-29	88.5	38	98.4	452
30-34	-	-	96.6	457
35-39	-	-	95.1	296
40-44	-	-	97.3	259
45-49	-	-	96.2	230
Education				
No education	70.2	170	96.6	823
Attended school ¹	80.9	699	97.9	490
Attended religious school ²	88.0	246	96.5	785
Camp location				
Ukhiya	80.9	945	96.6	1,684
Teknaf	80.2	170	97.7	414
Total	80.8	1,115	96.8	2,098

¹ Ever-attended school and most had a primary level of education
² Ever-attended Islamic Schools or Hifz Khana

6.2 Source of FP Information and Recent Exposure to FP Information

- Sixty-nine percent of the never-married women aged 15-19 reported hearing about FP from health workers or volunteers and 43% from household members. Hearing about FP from health workers or volunteers were 73% and 47%, respectively, for never-married women aged 20-29. **(Figure 6.1)**.
- More than six in ten (63%) of the CMWRA reported that a health worker or volunteer visited them in the last six months. **(Table 6.4)**.

Figure 6.1 Family planning information source reported by never-married women aged 15-49

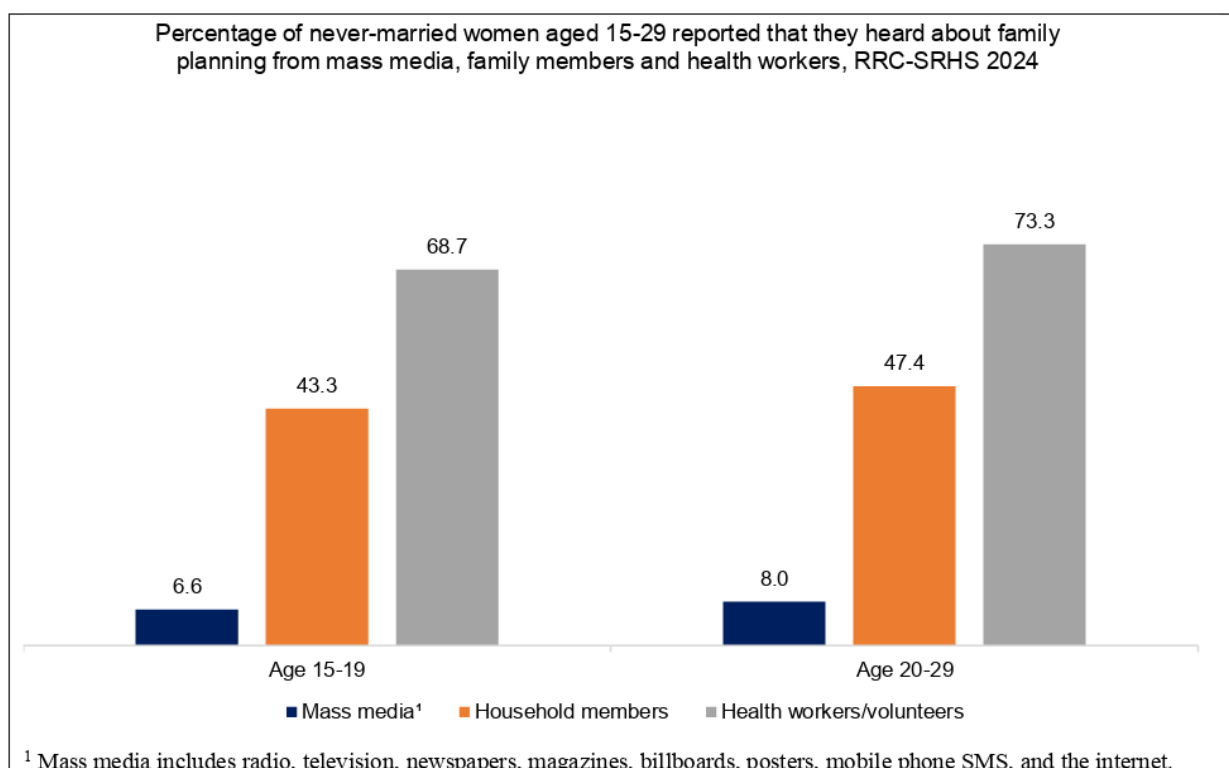


Table 6.4 Currently married women visited by health workers or volunteer

Percentage of currently married women aged 15-49 reported that any health worker or volunteer visited them in the last six months to talk ¹ about family planning by background characteristics, RRC-SRHS 2024

Background characteristics	Percentage	Number
Age groups		
15-19	60.5	68
20-24	66.3	310
25-29	66.9	412
30-34	62.5	409
35-39	64.9	257
40-44	58.1	224
45-49	52.9	187
Education		
No education	74.7	706
Attended school ²	57.2	455
Attended religious school ³	54.8	705
Camp location		
Ukhiya	64.1	1,523
Teknaf	57.6	343
Total	62.9	1,866

¹ Informed, counseled, or discussed

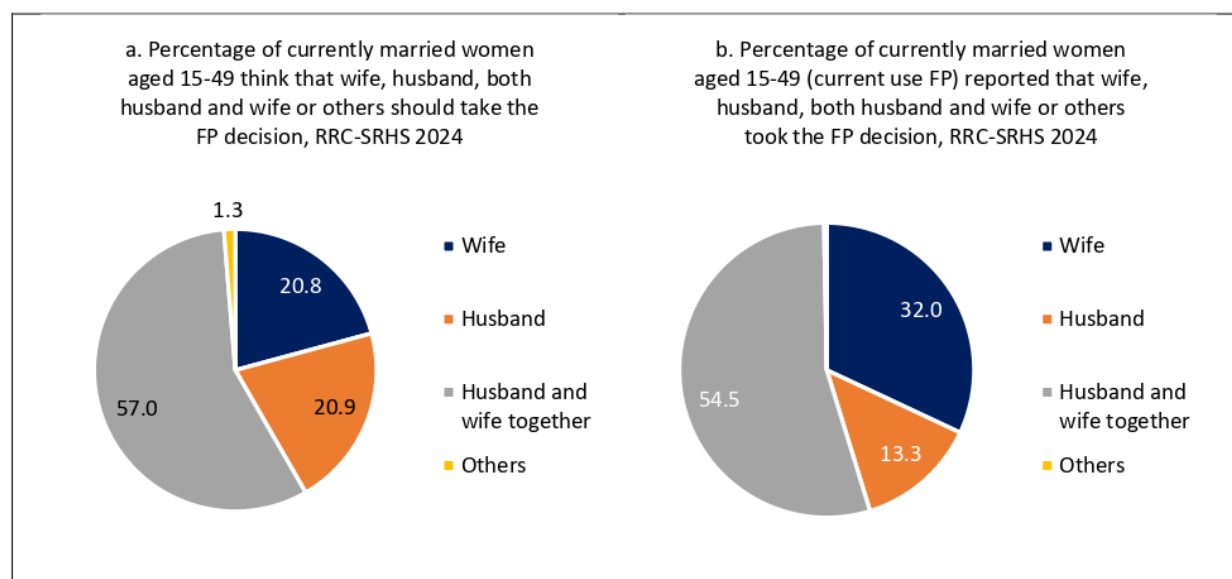
² Ever-attended school and most had a primary level of education

³ Ever-attended Islamic Schools or Hifz Khana

6.3 Perception of FP Decision Maker

- Fifty-seven percent of the CMWRA said that FP decisions should be made jointly by husband and wife, while 21% preferred the wife as the decision-maker, and another 21% favored the husband. **(Figure 6.2a)**.
- Among the FP users, 55% reported that she and her husband took the FP decision together, while 32% reported that she took the FP decision. Another 13% reported that her husband took the FP decision. **(Figure 6.2b)**.

Figure 6.2 FP decision maker among currently married women aged 15-49



6.4 Current Use of FP Methods and Source of Short-Acting Methods

- The contraceptive prevalence rate was 55% among the RR CMWRA living in Cox's Bazar, and most of them were modern method users (54%). Use of any modern FP method gradually increased with age – from 15-19 years (50%) to 35-39 years (61%). It started to decline afterward and dropped to 35% among women aged 45-49 years. **(Table 6.5)**.
- Injectable was the predominant method (26%) followed by pill (20%). **(Table 6.5)**.
- Only 7.3% reported using long-acting reversible contraceptives (IUCD or implant) and 1% reported using permanent methods (female and male sterilization). **(Table 6.5)**.
- Of the short-acting method (injectable, pill, or condom) users, 91% collected the method from primary health care centers. **(Figure 6.3)**.

Table 6.5 Use of family planning methods among currently married women

Percentage of currently married women aged 15-49 use contraceptive methods by background characteristics, RRC-SRHS 2024

Background characteristics	Any method	Any modern method	Specific methods										Total	Number
			Pill ³	Injec-tables	Condom	IUCD	Implant	Female sterili-zation	Male sterili-zation	Any tradi-tional	Not using any method	Re-fused		
Age groups														
15-19	49.8	49.8	20.1	22.3	0.0	4.7	2.7	0.0	0.0	0.0	50.2	0.0	100.0	68
20-24	52.8	52.8	20.8	24.5	0.0	2.4	4.3	0.8	0.0	0.0	47.2	0.0	100.0	310
25-29	56.9	56.6	21.4	28.0	0.7	1.6	4.3	0.3	0.3	0.3	42.9	0.2	100.0	412
30-34	59.0	58.5	18.9	29.3	0.6	1.2	7.3	1.3	0.0	0.5	40.3	0.7	100.0	409
35-39	61.1	60.7	19.2	29.6	1.3	2.7	6.5	1.5	0.0	0.4	38.6	0.4	100.0	257
40-44	55.0	54.6	19.7	24.8	0.0	4.6	4.3	1.1	0.0	0.4	45.0	0.0	100.0	224
45-49	35.4	35.4	14.4	15.2	0.5	0.5	3.3	1.0	0.6	0.0	63.5	1.2	100.0	187
Education														
No education	60.1	59.8	22.3	26.5	0.7	3.0	6.4	0.6	0.3	0.3	39.3	0.6	100.0	706
Attended school ¹	52.5	52.3	17.4	26.0	0.0	2.2	5.2	1.4	0.0	0.2	47.1	0.4	100.0	456
Attended religious school ²	50.5	50.1	18.0	25.6	0.6	1.3	3.7	0.9	0.0	0.3	49.4	0.1	100.0	704
Camp location														
Ukhiya	53.5	53.3	17.6	27.3	0.4	1.6	5.3	0.9	0.2	0.3	46.0	0.5	100.0	1,523
Teknaf	59.4	59.0	28.0	20.5	0.9	4.4	4.3	1.0	0.0	0.4	40.6	0.0	100.0	343
Presence of others during the interview⁴														
Yes	52.7	52.4	15.8	26.8	0.6	2.9	5.1	0.9	0.2	0.4	46.8	0.4	100.0	1,330
No	59.2	59.2	28.7	24.2	0.2	0.3	5.0	0.8	0.0	0.0	40.6	0.2	100.0	536
Total	54.6	54.3	19.5	26.0	0.5	2.2	5.1	0.9	0.1	0.3	45.0	0.4	100.0	1,866

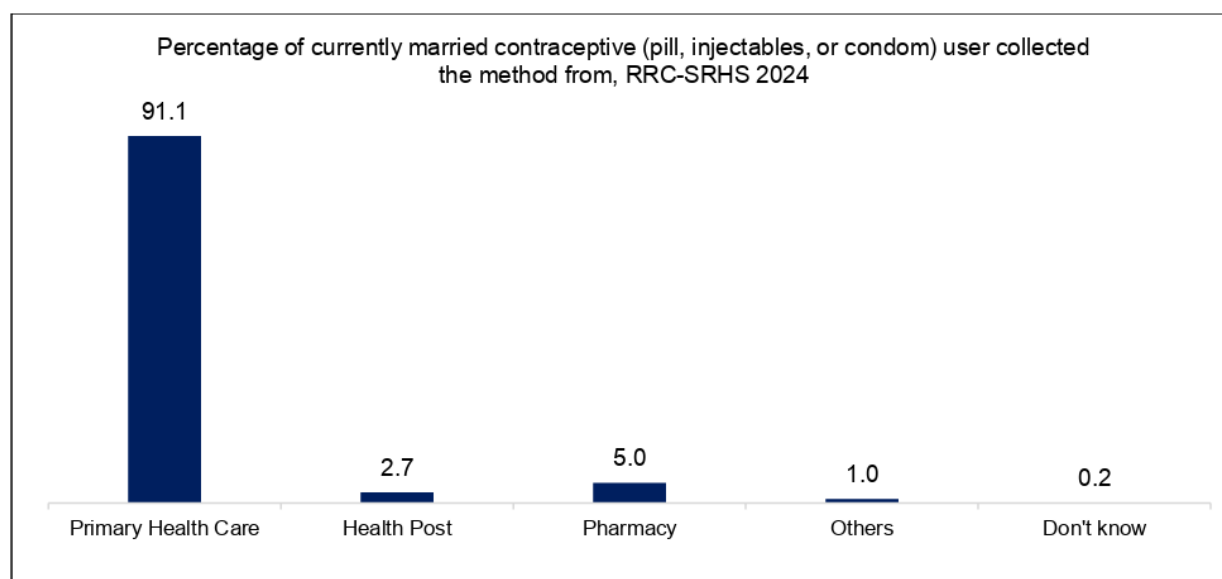
¹ Ever-attended school and most had a primary level of education

² Ever-attended Islamic Schools or Hifz Khana

³ Two emergency contraceptive pill users are considered pill users

⁴ The recommended practice of interviewing a woman suggests the 'not presence' of others at the place of interview or a place from where s/he can hear the interview. However, arranging such an interview place is often unrealistic, particularly in the RR camps in Cox's Bazar.

Figure 6.3 Source of short-acting FP methods



6.5 Reasons for Not Using FP Methods

- The primary reason for not using the FP method was the respondent's inability to give birth (38%). This was followed by the respondent being pregnant (26%) and the respondent's willingness to have another child (17%). **(Table 6.6).**
- Other reported reasons for not using any FP methods were the husband's absence (6%), not having sex (5%), respondent does not like FP (2%), infrequent sex (2%), the husband does not like FP (2%), religious reasons (1%) and others. **(Table 6.6).**

Table 6.6 Reasons for not using any FP methods

Different reasons for not using any FP method reported by the percentage of currently married women aged 15-49 who do not use any FP methods, RRC-SRHS 2024

Reasons	Percentage
Unable to give birth (amenorrhea, menopausal, hysterectomy, sub-fecund or infecund)	38.0
Currently pregnant	25.9
Want child	16.6
Husband absent	5.9
Health reasons (health concern, fear of side effects, thinks FP interferes body's normal process)	5.1
Not having sex	4.9
She does not like FP	1.8
Having infrequent sex	1.7
Her husband does not like FP	1.7
Religious reasons	0.7
Unaware of FM methods or the sources of FP products	0.4
Others told them not to use	0.1
Number	840

Notes: The results are generated from a multiple-response question.

6.6 Unmet Need for FP

Definition of unmet need for family planning: Proportion of currently married women who (1) are not pregnant and not postpartum amenorrheic and are considered fecund and want to postpone their next birth for two or more years or stop childbearing altogether but are not using a contraceptive method, or (2) have a mistimed or unwanted current pregnancy, or (3) are postpartum amenorrheic and their most recent birth in the last two years was mistimed or unwanted.

Demand for family planning: Unmet need for family planning + current contraceptive use (any method)

Proportion of demand satisfied: Current contraceptive use (any method)/ (Unmet need + current contraceptive use (any method))

Proportion of demand satisfied by modern methods: Current contraceptive use (any modern method)/ (Unmet need + current contraceptive use (any method))

- Nine percent of currently married women aged 15-49 had an unmet need for family planning. (**Table 6.7**).
- Unmet need was similar among women aged 15-39 (10%-12%), and much lower among later age groups (4% among women aged 40-44, and 1% among women aged 45-49). (**Table 6.7**).

Table 6.7 Unmet need for FP

Percentage of currently married women aged 15-49 who had an unmet need for FP by background characteristics, RRC-SRHS 2024

Background characteristics	Percentage	Number
Age groups		
15-19	10.7	68
20-24	11.9	310
25-29	10.4	412
30-34	11.2	409
35-39	11.4	257
40-44	4.3	224
45-49	1.3	187
Education		
No education	7.6	706
Attended school ¹	12.2	456
Attended religious school ²	9.1	704
Camp location		
Ukhiya	9.4	1,523
Teknaf	9.1	343
Total	9.3	1,866

¹ Ever-attended school and most had a primary level of education

² Ever-attended Islamic Schools or Hifz Khana

6.7 Sexual Activity and Use of Contraceptive Use Among Close Unmarried Peers of Unmarried Women

All respondents were asked to think about an unmarried woman known to them and were asked to report whether the unmarried woman they thought about ever had sexual intercourse with their knowledge. We suggest readers interpret the results of this section with care because the sexual activity and FP use data were not self-reported.

- Eighty-six percent (86%) of the respondents reported that the unmarried women they thought about never had sexual intercourse to their knowledge, and 13% had sexual intercourse. Two percent of respondents either did not respond to the question or did not know (**Figure 6.4**).
- Of the unmarried women (whom the respondent thought about) who ever had sexual intercourse according to the respondent, 23% used any contraceptives, 19% did not use any method, and the respondents were unaware of the remaining 57% (**Figure 6.5**).

Figure 6.4 Sexual activity before marriage

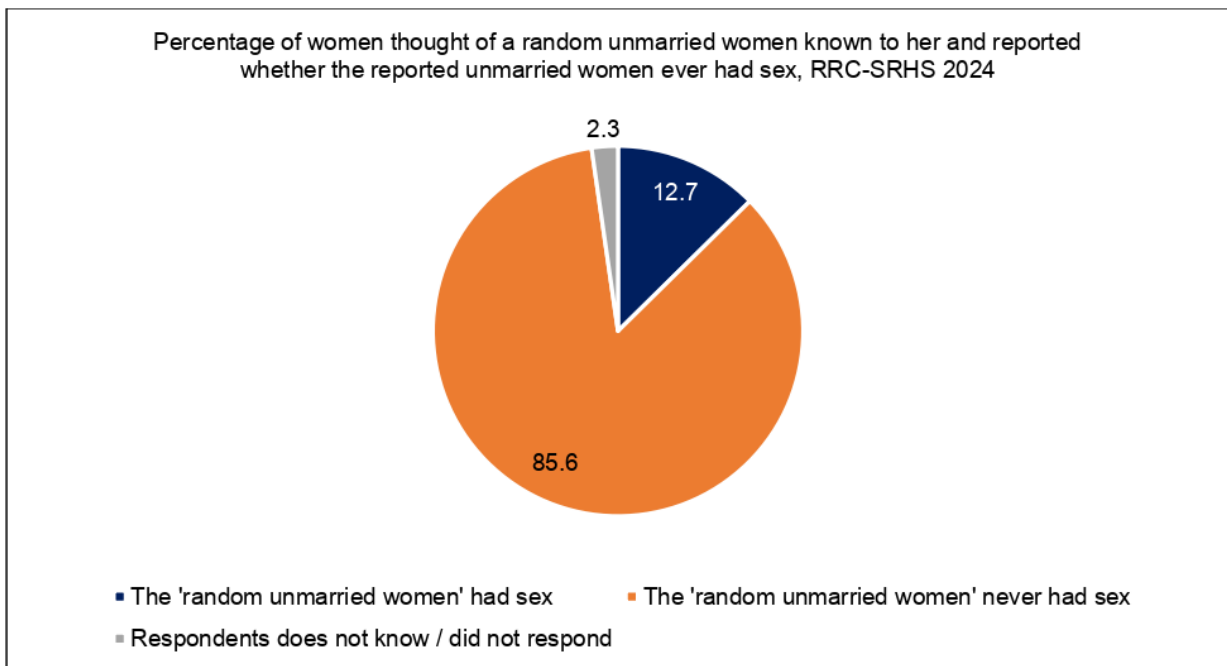
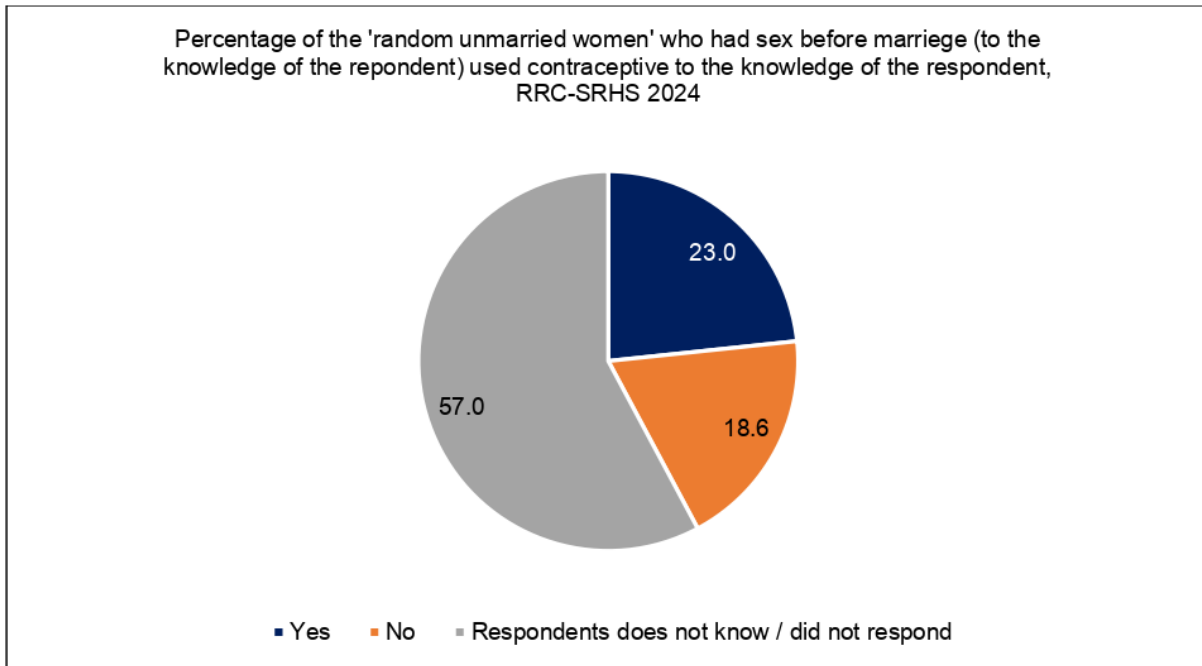


Figure 6.5 Use of contraceptive in sexual activity before marriage



7 MATERNAL HEALTH

Key Findings

- **Knowledge of antenatal care:** 97% of EMWRAs knew the importance of ANC, regardless of pregnancy complications. Six in ten (59%) understand the necessity of having at least four ANC visits.
- **Knowledge of pregnancy danger signs:** Only 10% of EMWRAs were aware of all five pregnancy danger signs.
- **Antenatal care use:** 99% of ever-married women aged 15-49 with a live birth in the two years preceding the survey received at least one ANC for their most recent birth, whereas 76% had four or more ANC visits. Only 41% received quality ANC.
- **Decision maker of taking ANC:** Of the EMWRAs who received ANC, 84% were involved in ANC decision-making, with 30% deciding alone and 54% jointly with their husbands.
- **Knowledge of delivery care:** 95% of EMWRAs recognized the importance of facility births regardless of pregnancy complications, while 99% identified the benefits of skilled birth attendants.
- **Place of delivery:** Near half (49%) of the EMWRAs with a live birth in the two years preceding the survey gave their most recent birth at health facilities.
- **Decision maker of the place of birth:** 83% of the EMWRAs who had their most recent birth in the two years preceding the survey participated in birthplace decision-making.
- **Cesarean section:** Cesarean delivery accounted for 10% of deliveries in health facilities.
- **Postnatal care:** 52% of EMWRAs who had their most recent birth in the two years preceding the survey received PNC within six weeks of delivery; 45% received it within two days.

7.1 Knowledge and Attitude of Antenatal Care (ANC)

- Most EMWRAs (97%) knew the importance of ANC regardless of pregnancy complications. (Table 7.1).
- Six in ten EMWRAs knew the importance of taking at least four ANC. (Table 7.1).

- EMWRAs in Ukhiya camps were more aware of the importance of at least four ANC than those in Teknaf camps (61% vs. 48%). **(Table 7.1)**.
- Ninety-six percent of women knew that primary health care centers offer ANC services, while one in five knew ANC was available at health posts. **(Table 7.1)**.

Table 7.1 Knowledge and attitudes of ANC and place of ANC

Percentage of ever-married women aged 15-49 know about the importance of ANC, the importance of ANC even if the mother does not have any health complications, the importance of at least four ANC and place of ANC by background characteristics, RRC-SRHS 2024

Background characteristics	Importance of ANC				Knowledge of at least four ANC uptake	Know the place of ANC				Number
	ANC is important even if the mother does not have any health complications	ANC is important only when the mother has any health complications	Not important	Refused		Primary health care center	Health post	Other facility	Don't know/missing	
Age groups										
15-19	99.1	0.9	0.0	0.0	72.8	94.5	16.7	5.1	1.5	72
20-24	97.6	2.4	0.0	0.0	60.0	96.0	18.8	9.4	0.3	332
25-29	97.1	1.8	0.8	0.3	62.1	97.3	15.3	10.3	0.4	452
30-34	97.1	1.6	1.3	0.0	58.2	95.0	22.1	9.0	1.0	457
35-39	96.8	1.5	1.0	0.8	59.4	95.6	21.7	11.1	0.7	296
40-44	95.5	3.3	1.2	0.0	54.7	94.9	20.9	12.6	0.8	259
45-49	93.7	1.8	4.1	0.4	48.3	92.7	23.3	9.1	0.7	230
Children ever born										
Yes	96.7	2.0	1.1	0.2	58.6	95.7	19.8	9.9	0.5	2,003
No	94.2	1.6	2.9	1.3	56.0	90.5	22.0	10.6	4.4	95
Education										
No education	96.1	2.1	1.7	0.1	54.4	92.8	29.2	7.8	0.7	823
Attended school ¹	97.8	1.0	0.7	0.4	64.6	96.0	16.7	13.2	0.8	490
Attended religious school ²	96.5	2.4	1.0	0.2	58.9	97.9	12.0	10.2	0.6	785
Camp location										
Ukhiya	96.3	2.2	1.3	0.2	61.0	95.4	19.1	9.7	0.7	1,684
Teknaf	98.0	1.2	0.6	0.3	48.4	95.5	22.8	11.2	0.6	414
Total	96.6	2.0	1.2	0.2	58.5	95.5	19.9	10.0	0.7	2,098

¹ Ever-attended school and most had a primary level of education

² Ever-attended Islamic Schools or Hifz Khana

7.2 Knowledge of Pregnancy Danger Signs

- Only 10% of EMWRAs knew about all five pregnancy danger signs. (Table 7.2).
- Knowledge of severe headache and blurred vision as a pregnancy danger sign was 82%. It was 39% for convulsion, 49% for vaginal bleeding, 54% for high fever, and 44% for slow or no movement of the baby. (Table 7.2).
- Awareness of all five danger signs was three times higher among EMWRAs in Teknaf camps than those in Ukhiya camps (20% vs. 7%). (Table 7.2).

Table 7.2 Knowledge of pregnancy danger signs

Percentage of ever-married women aged 15-49 are aware of pregnancy danger signs by background characteristics, RRC-SRHS 2024

Background characteristics	Know that the following are pregnancy danger signs:						Number
	Convulsion	Vaginal bleeding	Severe headache and blurred vision	High fever	Slow or no movement of the baby	All five	
Age groups							
15-19	37.7	44.1	83.9	55.2	49.8	8.5	72
20-24	38.4	48.8	83.1	57.6	41.3	10.9	332
25-29	40.9	48.9	81.6	52.7	45.4	9.8	452
30-34	40.0	48.7	82.0	53.6	44.7	12.2	457
35-39	35.3	42.9	78.6	51.7	40.7	6.8	296
40-44	40.1	52.4	82.8	56.7	47.1	10.3	259
45-49	37.6	52.0	79.4	49.5	43.3	8.0	230
Children ever born							
Yes	39.1	49.4	81.9	54.0	44.7	10.0	2,003
No	36.7	31.2	73.7	48.3	31.5	6.8	95
Education							
No education	46.7	55.5	86.5	54.8	46.1	15.4	823
Attended school ¹	38.0	44.8	79.6	55.4	44.0	9.1	490
Attended religious school ²	31.4	43.7	77.4	51.7	42.0	4.6	785
Camp location							
Ukhiya	36.0	48.9	79.4	49.8	44.6	7.4	1,684
Teknaf	51.0	47.3	90.1	69.8	42.1	20.0	414
Total	38.9	48.6	81.5	53.8	44.1	9.9	2,098

¹ Ever-attended school and most had a primary level of education

² Ever-attended Islamic Schools or Hifz Khana

7.3 Utilization of ANC

- Almost all (99%) of EMWRAs who had a live birth in the two years preceding the survey received ANC for the most recent birth, whereas 76% had four or more ANC visits. **(Table 7.3)**.
- All ANC-receiving women received care from a health facility. **(Table 7.3)**.
- Sixty-nine percent reported receiving the first ANC in the first trimester, and 56% reported receiving counseling on postpartum family planning (PPFP) during ANC visits. **(Table 7.3)**.
- Ninety-one percent of the women had their weight measured during ANC. Eighty-six percent had their blood pressure measured, urine sample was taken from 96%, and blood sample was taken from 92%. Pregnancy danger signs were informed to 62% of women. Overall, only 41% received quality ANC. **(Table 7.4)**.
- Women aged 15-19 were more likely to receive four or more ANC than those aged 40-44 (86% vs. 68%). **(Table 7.4)**.
- Women from Ukhiya camps showed higher utilization of quality ANC compared to women from Teknaf camps (44% vs 30%). **(Table 7.4)**.

Table 7.3 Antenatal care utilization

Percentage of ever-married women aged 15-49 who had a birth in the two years preceding the survey received: a) any ANC, b) at least four ANC, c) at least one ANC from a health facility, d) first ANC in the first trimester, and e) counseling on postpartum family planning (PPFP) at ANC by background characteristics, RRC-SRHS 2024

Background characteristics	Any ANC	At least four ANC	ANC from a health facility	First ANC in the first trimester	PPFP counseling at ANC	Number
Age groups						
15-19	100	86.9	100.0	83.5	65.3	40
20-24	98.6	74.1	98.6	70.1	50.4	191
25-29	100	79.5	100.0	73.3	64.9	192
30-34	98.0	70.0	98.0	61.0	51.0	147
35-39	97.0	80.0	97.0	68.1	54.2	77
40-44	97.2	79.5	97.2	53.9	52.0	36
45-49	-	-	-	-	-	5
Children ever born						
1	97.5	75.8	97.5	74.4	55.2	102
2	100	79.3	100.0	73.3	56.9	142
3	99.3	77.0	99.3	68.0	58.8	131
4	98.7	80.8	98.7	70.8	61.6	89
5+	98.1	72.8	98.1	62.8	52.3	223
Education						
No education	96.5	71.2	96.5	68.8	53.1	221
Attended school ¹	100.0	80.2	100.0	68.5	55.1	191
Attended religious school ²	99.6	77.9	99.6	68.7	59.3	275
Camp location						
Ukhiya	98.5	76.7	98.5	69.4	56.4	573
Teknaf	100.0	75.0	100.0	65.4	54.9	114
Total	98.7	76.4	98.7	68.7	56.1	687

¹ Ever-attended school and most had a primary level of education

² Ever-attended Islamic Schools or Hifz Khana

Table 7.4 Components of antenatal care

Percentage of ever-married women aged 15-49 who had a birth in the two years preceding the survey received: a) at least four ANC, b) at least one ANC from a medically trained provider, c) weight measured, d) blood pressure measured, e) urine sample taken, f) blood sample taken, g) information of pregnancy complication signs, h) quality ANC by background characteristics, RRC-SRHS 2024

Background characteristics	At least four ANC	ANC from a trained provider	Weighed	Blood pressure measured	Urine sample taken	Blood sample taken	Informed of signs of pregnancy complications	Quality ANC ³	Number
Age groups									
15-19	86.9	100.0	92.8	80.2	97.7	87.7	77.0	49.8	40
20-24	74.1	98.6	91.2	87.7	96.7	92.3	59.2	38.8	191
25-29	79.5	100.0	92.4	89.3	97.4	95.9	65.5	45.5	192
30-34	70.0	98.0	91.5	84.1	94.0	88.8	60.8	37.4	147
35-39	80.0	97.0	88.6	78.4	97.0	92.5	60.9	39.7	77
40-44	79.5	97.2	89.2	92.0	92.1	91.1	53.3	40.3	36
45-49	-	-	-	-	-	-	-	-	5
Children ever born									
1	75.8	97.5	93.4	84.7	94.8	87.7	65.7	43.4	102
2	79.3	100.0	92.9	87.0	98.6	94.2	63.1	44.1	142
3	77.0	99.3	91.4	88.0	96.2	94.6	63.4	43.7	131
4	80.8	98.7	89.0	88.0	96.1	92.4	60.6	42.3	89
5+	72.8	98.1	90.3	84.2	95.2	91.8	60.5	36.7	223
Education									
No education	71.2	96.5	87.9	90.5	94.4	89.6	54.2	38.3	221
Attended school ¹	80.2	100.0	92.9	82.0	96.3	95.5	62.4	41.0	191
Attended religious school ²	77.9	99.6	93.0	85.3	97.5	92.3	68.9	43.9	275
Camp location									
Ukhiya	76.7	98.5	91.4	85.2	95.9	92.1	64.1	43.6	573
Teknaf	75.0	100.0	91.2	90.5	97.6	93.6	53.4	29.6	114
Total	76.4	98.7	91.3	86.1	96.2	92.3	62.4	41.3	687

¹ Ever-attended school and most had a primary level of education

² Ever-attended Islamic Schools or Hifz Khana

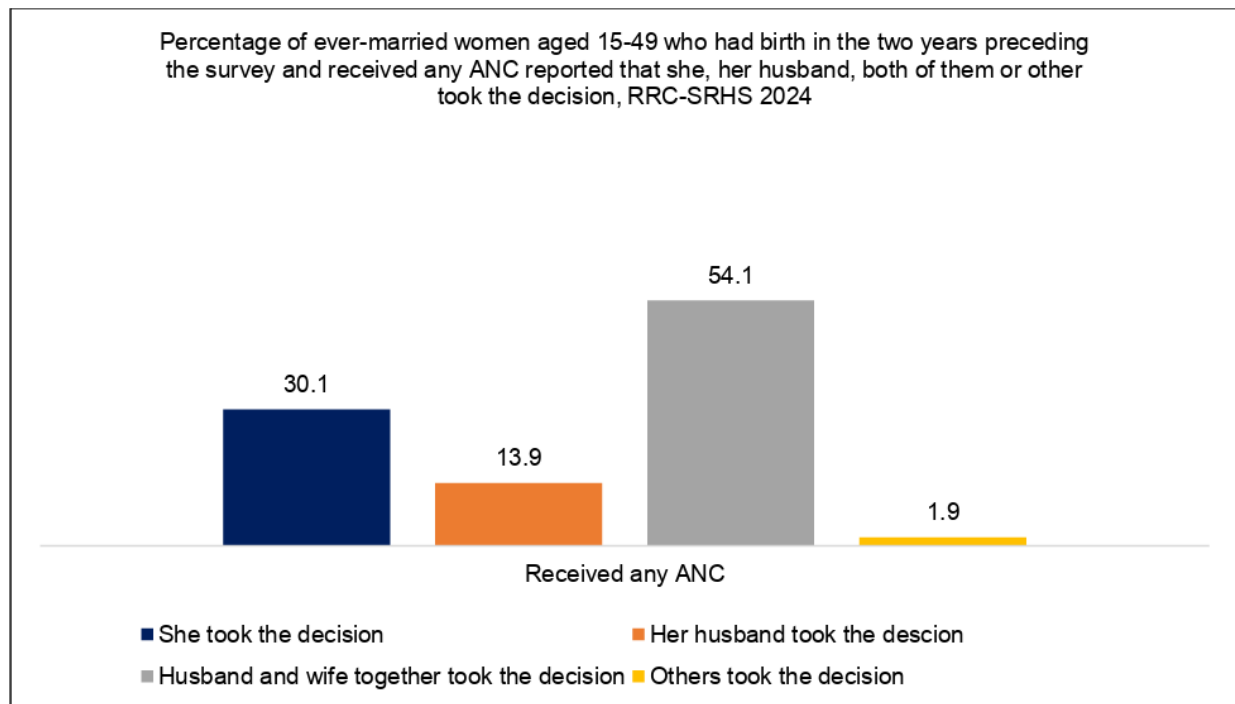
³ A woman has four or more ANC visits, of which at least one is from a medically trained provider, and receives all of the basic components of ANC (weight and blood pressure measurements, urine and blood tests, and information on signs of possible complications) at least once.

“-” Denominator is too small to provide any estimates.

7.4 Decision Maker of Taking ANC and Not Taking Any ANC

- Among women who received ANC, 84% participated in ANC decision-making (alone: 30%, jointly with husband: 54%). (**Figure 7.1**).
- Table 7.3 showed that only a few (<2%) women giving the last birth in the two years preceding the survey did not receive any ANC. Among them, 90% reported that they jointly decided not to take ANC with their husbands. (results not shown).

Figure 7.1 Decision maker of taking ANC



7.5 Knowledge of Birth Preparedness and Delivery Care

- Only 13% of EMWRAs knew all components of birth preparedness. **(Table 7.5).**
- Among the components of birth preparedness, awareness of identifying birth attendants was the highest (84%), followed by saving money (74%), health facility (66%), emergency transport (60%), and possible blood donors (24%). **(Table 7.5).**
- Almost all (99%) women knew delivery services were available at primary health care centers. **(Table 7.5).**
- Ninety-five percent of women knew that facility birth was important even without pregnancy complications, while 3% said that it was important only with complications. **(Table 7.6).**
- Ninety-nine percent of women knew the importance of skilled birth attendants. **(Table 7.6).**

Table 7.5 Knowledge of birth preparedness

Percentage of ever-married women aged 15-49 are aware of birth preparedness and delivery care by background characteristics, RRC-SRHS 2024

Background characteristics	Aware of the following birth preparedness:						Delivery service is available at primary health care center	Number
	Identify health facility	Identify birth attendant	Arrange emergency transport	Savings for emergency conditions	Identify possible blood donor	All five		
Age groups								
15-19	70.8	84.9	55.7	81.4	28.1	10.1	97.1	72
20-24	66.0	81.5	59.5	71.5	22.6	14.1	99.2	332
25-29	64.8	84.9	62.6	74.5	25.9	12.9	98.8	452
30-34	68.9	85.7	60.3	73.2	23.7	13.2	98.8	457
35-39	65.8	82.7	59.8	72.9	25.2	15.4	97.3	296
40-44	62.5	83.4	57.7	72.9	23.8	13.9	99.0	259
45-49	61.6	86.8	57.7	73.8	17.2	9.3	99.5	230
Children ever born								
Yes	66.2	84.5	59.8	73.7	24.1	13.5	98.8	2,003
No	52.5	78.6	59.6	68.5	14.6	5.1	96.1	95
Education								
No education	51.6	84.9	71.9	76.3	26.8	12.5	98.9	823
Attended school ¹	69.7	81.9	58.1	74.3	25.3	15.2	98.8	490
Attended religious school ²	77.7	85.1	48.3	70.1	19.4	12.5	98.4	785
Camp location								
Ukhiya	66.8	83.7	55.6	75.3	20.7	11.1	98.6	1,684
Teknaf	60.7	86.5	76.9	66.1	35.8	20.8	99.2	414
Total	65.6	84.3	59.8	73.5	23.7	13.1	98.7	2,098

¹ Ever-attended school and most had a primary level of education

² Ever-attended Islamic Schools or Hifz Khana

Table 7.6 Attitudes towards facility birth and birth by skilled attended

Percentage of ever-married women aged 15-49 know the importance of facility birth and birth by a skilled attendant by background characteristics, RRC-SRHS 2024

Background characteristics	Importance of facility birth				Importance of delivery attended by skilled birth attendant	Number
	Important even when the woman has no complications	Important only when the woman has complications	Not important	Do not know/Refused		
Age groups						
15-19	96.4	2.7	0.9	0.0	100.0	72
20-24	96.3	2.5	0.9	0.3	99.7	332
25-29	95.3	2.9	1.4	0.4	99.3	452
30-34	94.1	4.0	1.7	0.2	99.4	457
35-39	97.1	2.5	0.0	0.4	99.3	296
40-44	93.2	2.3	2.8	1.7	98.8	259
45-49	93.0	3.5	3.5	0.0	99.1	230
Children ever born						
Yes	95.1	3.0	1.6	0.3	99.3	2,003
No	93.2	2.8	0.7	3.3	99.0	95
Education						
No education	96.6	1.3	1.4	0.7	99.2	823
Attended school ¹	96.6	2.7	0.5	0.2	99.1	490
Attended religious school ²	92.2	5.0	2.4	0.3	99.5	785
Camp location						
Ukhiya	95.0	2.8	1.8	0.4	99.3	1,684
Teknaf	95.0	3.9	0.5	0.6	99.5	414
Total	95.0	3.0	1.6	0.4	99.3	2,098

¹ Ever-attended school and most had a primary level of education

² Ever-attended Islamic Schools or Hifz Khana

7.6 Place of Delivery and Mode of Delivery

- Forty-nine percent of EMWRAs who had a live birth two years preceding the survey gave their most recent birth at health facilities. **(Table 7.7).**
- Mothers from Ukhiya camps were more likely (51%) to deliver at health facilities than those from Teknaf camps (38%). **(Table 7.7).**
- Ten percent of the facility births were C-section births. **(Table 7.7).**

Table 7.7 Place and mode of delivery

Percentage of ever-married women aged 15-49 who had the last birth in the two years preceding the survey gave birth in a health facility, and among the ever-married women aged 15-49 who had the last birth in the two years preceding the survey and gave the birth in a health facility, the percentage had C-section delivery by background characteristics, RRC-SRHS 2024

Background characteristics	Percentage delivered at a health facility		Percentage had C-section delivery		Percentage had C-section delivery among facility birth	
	Percentage	Number	Percentage	Number	Percentage	Number
Age groups						
15-19	57.8	40	5.6	40	9.7	23
20-24	44.7	191	3.6	191	8.1	85
25-29	52.7	192	3.6	192	6.8	101
30-34	39.9	147	4.6	147	11.6	59
35-39	60.3	77	8.5	77	14.1	46
40-44	54.7	36	13.1	36	23.9	20
45-49	-	-	-	-	-	4
Children ever born						
1	52.7	102	7.3	102	13.8	54
2	51.6	142	3.5	142	6.8	73
3	46.8	131	2.9	131	6.1	62
4	42.3	89	7.2	89	17.1	38
5+	50.1	223	5.1	223	10.2	112
Education						
No education	50.8	221	6.9	221	13.6	112
Attended school ¹	53.6	191	4.9	191	9.2	102
Attended religious school ²	44.7	275	3.4	275	7.6	123
Camp location						
Ukhiya	51.4	573	5.3	573	10.3	294
Teknaf	37.8	114	3.1	114	8.3	43
Total	49.1	687	5.0	687	10.1	338

¹ Ever-attended school and most had a primary level of education

² Ever-attended Islamic Schools or Hifz Khana

“-” Denominator is too small to provide any estimates.

7.7 Reasons for Not Giving Birth in a Health Facility

- Giving birth in the evening or at night was the most cited reason for not giving birth in a health facility (66%). (Table 7.8).
- The other major reasons were none to accompany the health facility (12%), no complications (10%), security concerns in the camps (10%), and maintaining veils (7%) (Table 7.8).

Table 7.8 Reasons for not giving birth in a health facility

Different reasons for not giving birth in a health facility were reported by the percentage of ever-married women aged 15-49 who had a birth in the two years preceding the survey and did not give birth in a health facility, RRC-SRHS 2024

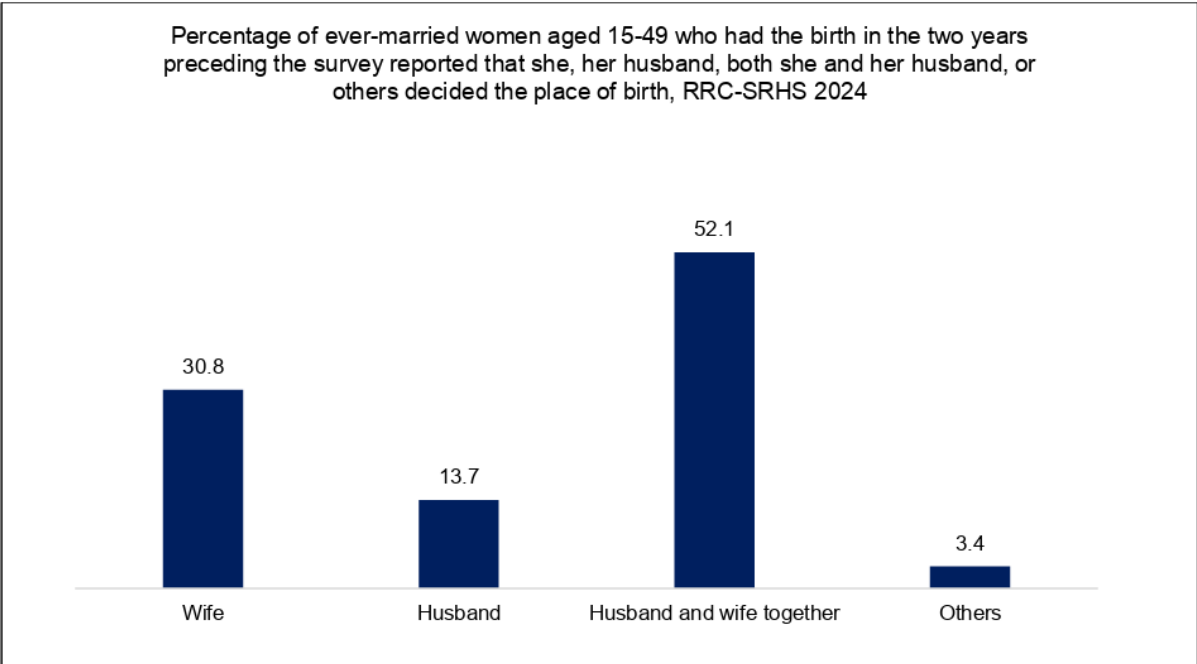
Reasons	Percentage
Gave birth in the evening or the night	66.1
No one was at home to take the hospital	12.2
No complications	10.0
Security concerns in the camp	9.9
To maintain veil	7.0
Religious reasons	3.2
Other reasons	17.0
Don't know/ didn't respond	0.8
Number	349

Notes: The results are generated from a multiple-response question.

7.8 Decision Maker of Place of Birth

- Among the EMWRAs who had their most recent birth in the two years preceding the survey, 83% participated in birthplace decision-making (alone: 31%, jointly with husband: 52%). **(Figure 7.2)**.

Figure 7.2 Decision maker of place of birth



7.9 Receiving Postnatal Care (PNC)

- Of EMWRAs who had their most recent birth two years preceding the survey, 52% received PNC within six weeks after delivery; 45% received it within two days. For facility birth, these were 73% and 69%, respectively. **(Table 7.9).**
- Women who had facility birth were three times more likely to have PNC within two days of delivery than those giving birth at home (69% vs 21%). **(Table 7.9).**
- Thirty-four percent of women from Teknaf camps received PNC within two days, compared to 47% from Ukhiya camps. **(Table 7.9).**

Table 7.9 Receiving PNC

Percentage of ever-married women aged 15-49 who had the last birth in the two years preceding the survey received PNC within two days and six weeks of birth by background characteristics, RRC-SRHS 2024

Background characteristics	Received PNC within six weeks	Received PNC within two days of birth	Number
Age groups			
15-19	56.6	49.8	40
20-24	46.8	38.7	191
25-29	50.7	44.4	192
30-34	50.9	46.4	147
35-39	62.8	48.3	77
40-44	59.6	55.7	36
45-49	-	-	5
Children ever born			
1	54.8	45.0	102
2	45.8	40.7	142
3	52.6	44.7	131
4	47.8	42.8	89
5+	55.6	47.8	223
Place of birth			
Facility	73.3	68.7	338
Home	31.2	21.4	349
Education			
No education	49.8	41.5	221
Attended school ¹	50.8	44.8	191
Attended religious school ²	54.3	47.1	275
Camp location			
Ukhiya	55.3	46.9	573
Teknaf	34.9	33.7	114
Total	51.9	44.7	687

¹ Ever-attended school and most had a primary level of education

² Ever-attended Islamic Schools or Hifz Khana

7.10 Reasons for Not Receiving PNC

- Not knowing about PNC was the most cited reason for not receiving PNC (23%), followed by not knowing the importance of PNC (18%), and unavailability of PNC providers (6%). (Table 7.10).

Table 7.10 Reasons for not receiving PNC

Different reasons for not receiving PNC were reported by the percentage of ever-married women aged 15-49 who had the last birth in the two years preceding the survey and did not receive PNC, RRC-SRHS 2024

Reasons	Percentage
Didn't know about PNC	23.2
Didn't know the importance of PNC	18.3
There was no PNC provider	6.2
To maintain veil	3.9
No health facility nearby	3.1
Religious reasons	2.2
Security concerns in the camp	1.4
Other reasons	6.7
Didn't know/ not responded	0.0
Number	331

Notes: The results are generated from a multiple-response question.

8 GENDER ATTITUDE, PHYSICAL VIOLENCE, AND SEXUAL HARASSMENT

Key Findings

- **Gender attitude:** Overall, RR women hold a non-egalitarian gender attitude; less than 1% of EMWRA and 4% of NMWA15-29 were egalitarian in all selected aspects of gender attitude.
- **Physical violence and sexual harassment:** 10% of RR women faced physical violence, and 6% faced sexual harassment in the past year. Adolescents and never-married women are more vulnerable to being the victim of physical violence and sexual harassment. 12% and 9% of adolescents faced physical violence and sexual harassment, respectively; these were 11% and 10% among never-married women, respectively.

8.1 Gender Attitude Among RR Women

We asked the respondents whether they agreed/disagreed with some statements on gender attitudes. For the EMWRA, the statements were as follows: a) a family is not complete until it has at least one son, b) a woman should always listen to her husband even if she disagrees, c) looking after the children is solely the responsibility of women and d) a husband has the right to beat his wife if she does not obey him. Whereas, the gender attitude statements for the NMW15-29 were: a) outdoor sports are just for boys, not for girls, b) a family is not complete until it has at least one son, and c) women should not be allowed to work outside the home. A response “disagreed” with any gender attitude statement was considered an egalitarian response for that particular gender attitude.

- Less than 1% of EMWRA disagreed with all four statements. **(Table 8.1)**
- Among the EMWRA, around 12% expressed an egalitarian attitude towards family composition and obeying husbands. **(Table 8.1)**
- The highest level of disagreement was noticed in women’s responsibility towards children (25%) and beating wives justified (30%). **(Table 8.1)**
- Four percent of NMWA15-29 disagreed with all three statements. **(Table 8.2)**
- Respectively, 21% and 27% of NMWA15-29 expressed egalitarian attitudes toward outdoor games and work. **(Table 8.2)**

Table 8.1 Gender attitude among ever-married women aged 15-49

Different gender attitudes born by the percentage of ever-married women aged 15-49 by background characteristics, RRC-SRHS 2024

Background characteristics	Percentage disagree that:					Number
	A family is not complete without a son	A woman should always listen to her husband	Taking care of children is only the mother's responsibility	Husband can beat the wife if she does not obey him	All four	
Age groups						
15-19	10.3	15.3	23.1	32.3	1.9	72
20-24	14.5	14.1	24.6	27.8	0.6	332
25-29	14.2	11.6	25.0	30.7	1.2	452
30-34	10.6	8.7	26.7	31.3	0.9	457
35-39	10.9	12.6	24.3	27.7	0.4	296
40-44	9.2	12.9	28.2	29.7	0.4	259
45-49	9.5	14.2	23.9	27.0	0.0	230
Education						
No education	16.2	12.5	21.4	28.5	1.0	823
Attended school ¹	10.4	11.6	29.1	29.8	1.1	490
Attended religious school ²	7.9	11.9	27.3	30.4	0.3	785
Camp location						
Ukhiya	12.1	12.5	25.7	31.0	0.8	1,684
Teknaf	10.5	10.6	24.3	23.5	0.6	414
Total	11.7	12.1	25.4	29.5	0.7	2,098

¹ Ever-attended school and most had a primary level of education² Ever-attended Islamic Schools or Hifz Khana

Table 8.2 Gender attitude among never-married women aged 15-29

Percentage of never-married women aged 15-29 with different gender attitudes by background characteristics, RRC-SRHS 2024

Background characteristics	Percentage disagree that:				All three	Number
	Only boys can play outdoor games	Family is not complete without a son	Women should not be allowed to work outside home			
Age groups						
15-19	21.3	15.2	26.4	3.7	874	
20-24	21.0	18.3	29.1	5.2	203	
25-29	23.0	9.7	38.8	5.0	38	
Education						
No education	22.7	22.0	28.3	5.3	170	
Attended school ¹	23.6	14.4	28.8	4.1	699	
Attended religious school ²	13.7	14.3	22.4	3.1	246	
Camp location						
Ukhiya	22.7	16.0	27.5	4.4	945	
Teknaf	13.6	12.9	26.1	2.1	170	
Total	21.3	15.5	27.3	4.0	1,115	

¹ Ever-attended school and most had a primary level of education
² Ever-attended Islamic Schools or Hifz Khana

8.2 Physical Violence and Sexual Harassment

The RR women (both EMWRA and NMWA15-29) were asked whether they had experienced certain situations that were unpleasant or made them uncomfortable, any physical assault in the past 12 months, and who the perpetrator was. Additionally, they shared their experience regarding uncomfortable staring, whistling, or other forms of sexual harassment that occurred in the past 12 months, along with where these incidents occurred.

This study considered a woman had physical violence if someone slapped her/pushed her/pulled her hair, punched her/threw something at her/hit her with a stick or something heavy, kicked her/dragged her/beat her up, tried to choke her/ burn her on purpose with something hot (fire, object, acid), threatened or attacked her with a knife, gun, or any other weapon.

This study considered a woman had sexual harassment if someone stared at her in a vulgar way that made her uncomfortable/ she encountered sly whistles/humming of suggestive songs, or passing of sexual comments or jokes from someone/ someone touched or grabbed her, or pinched her in a way that made her uncomfortable/ someone forced her to watch obscene photos, videos or flashed or mooned her.

The definitions of physical violence and sexual harassment were adopted from the definitions used in different national surveys conducted in Bangladesh and proposed by United Nations authorities (13-17).

- Overall, 10% of RR women faced physical violence, and 6% faced sexual harassment one year preceding the survey. (Table 8.3).

- Adolescents were more likely to face physical violence (12%) and sexual harassment (9%) than the non-adolescent RR women. **(Table 8.3).**
- NMAW15-29 were more prone to face sexual harassment than EMWRA (10% vs 3%). **(Table 8.3).**
- Women from Ukhiya and Teknaf camps had a similar likelihood of facing physical violence and being sexually harassed (6% vs. 5%). **(Table 8.3).**

Table 8.3 Physical violence and sexual harassment among women aged 15-49

Percentage of women aged 15-49 faced physical violence and sexual harassment in the past 12 months by background characteristics, RRC-SRHS 2024

Background characteristics	Faced physical violence	Faced sexual harassment	Number
Age groups			
15-19	12.1	9.3	946
20-24	8.6	5.5	535
25-29	11.2	4.5	490
30-34	13.2	3.8	457
35-39	8.1	3.4	296
40-44	6.1	3.5	259
45-49	4.7	1.1	230
Marital status			
Ever-married	9.8	3.4	2,098
Never-married	10.7	9.5	1,115
Education			
No education	7.9	3.2	994
Attended school ¹	12.4	9.7	1,189
Attended religious school ²	9.7	3.1	1,030
Camp location			
Ukhiya	10.5	5.7	2,629
Teknaf	8.6	4.7	584
Total	10.1	5.5	3,213

¹ Ever-attended school, and most had a primary level of education

² Ever-attended Islamic Schools or Hifz Khana

9 CONCLUSION

The FDMN SRHS 2024 provides a comprehensive update on the knowledge, attitude, and practice regarding sexual, reproductive, and maternal health among FDMNs living in Cox's Bazar, the place where the majority of the FDMNs live in Bangladesh. In addition, it shows limited statistics on FDMN women's gender attitudes and exposure to physical violence and sexual harassment. The study reveals several startling findings, like a low marriage rate among women aged 15-24 and a sex ratio at birth opposite to the global natural pattern. Modern contraceptive use is 55%. With this level of modern contraceptive use, the current pregnancy rate (10%) and births in the past two years (33%) appear to be inconsistently high. Although at least four ANC is high (76%), having quality ANC, knowledge about pregnancy danger signs, and birth preparedness are low (40%, 10%, and 13%, respectively). Most women recognize the importance of facility birth, but less than half of the births occur in a health facility. Birth in the evening or night was the most common reason for not giving birth in a health facility, as cited by the FDMN women. The study also finds high non-egalitarian gender attitudes among FDMN women, both married and unmarried, and sexual harassment was higher among the unmarried women than the married women.

Explaining the descriptive findings demands further data analysis because SRH knowledge, attitudes, and practice are complex functions of the population's age, education, and other characteristics. In addition, this study also calls for qualitative studies to understand the dynamics of low adolescent marriage, high birth rates even though contraceptive use is high, etc.

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