

Methods: Data for this study came from the ICDDR,B's Demographic Surveillance System which records all vital events in Matlab, a rural area of Bangladesh. Data on contraceptive use came from service statistics collected by the Maternal and Child Health-Family Planning (MCH-FP) Project. The cohort of women who gave birth in 1981-1982 in the MCH-FP area was followed up for five years to record their contraceptive acceptance pattern. *Bari* and individual-level information was matched with demographic and reproductive events. Logistic regression was used in estimating the net effect of selected independent variables in relation to individual and *bari* characteristics.

Results: Results of the study showed that education of a woman influenced the acceptance of contraception by herself as well as by other women living in the same *bari*, even if they were not educated. Demographic variables of individuals (maternal age and number of surviving children) and socioeconomic variables (maternal and household education) had significant influence on contraceptive acceptance. The findings were in the expected direction.

Conclusions: The door-step delivery of family planning, and maternal and child health services has been a key factor for success of the national programme in Bangladesh. This may not be the most cost-effective service-delivery system. Therefore, as an alternative, contraceptives and some health care supplies can be provided at the community level. This study indicates that *bari* characteristics which affect individual fertility behaviour can be used by programme managers. For example, they could identify women who can be used as links between family planning and health workers and their clients to deliver services in a less expensive manner, or to enhance accessibility of services.



The Patterns and Determinants of Contraceptive Acceptance and Continuation in Matlab

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Objective: Examine changes in the timing of contraceptive use after a birth and its impact on fertility.

Methods: Data from the ICDDR,B's Demographic Surveillance System which records all vital events in Matlab, a rural area of Bangladesh, were used in this analysis. Data on contraceptive use were collected by the Maternal and Child Health-Family Planning (MCH-FP) Project. Over 6,000 women who gave birth during 1981-1982 and 1986-1987 were followed up for five years for recording their contraceptive acceptance and continuation, reproduction status, and migration. Life-table techniques were applied to study the acceptance and continuation of contraception.

Results: For the cohorts of 1982 and 1987, the median waiting time to accept contraception following the birth of a child were approximately 23 and 15 months respectively. The duration of contraceptive use was 21 months for the 1982 cohort and 32 months for the 1987 cohort. Although the duration of contraceptive use has increased by about 11 months, actual protection against the risk of pregnancy has increased only by about 4 months. This is mainly because the waiting time to accept contraception has decreased by about 8 months, although women were partially protected during this period due to post-partum amenorrhoea resulting from breast-feeding. Determinants of acceptance and continuation were similar for both cohorts, as expected. For example, educated women were found to start using contraceptives earlier and also to use for a longer period than others. Younger women start earlier than older women, but the latter use contraception for longer period than younger ones.

Conclusions: These results indicate that a rise in the contraceptive prevalence rate does not necessarily lead to a corresponding decline in fertility. Since post-partum amenorrhoea is prolonged in Bangladesh because of long breast-feeding duration, contraceptive use during the early post-partum period is probably unnecessary and wasteful. These findings, particularly on the reduction of waiting time for acceptance of contraception, have strong policy implications. Programmes should consider cultural practices, such as breast-feeding duration that lead to low fertility. Promotion of contraceptive supply without these considerations may lead to wastage of resources.

