

The Impact of Women's Employment on Contraceptive Behavior in Rural Bangladesh: A Socio-Economic and Demographic Study

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Abstract

There might be difference between working and non-working women in their perception of rights and previlages which may influence the contraceptive behavior. The purpose of the study was to examine contraceptive behavior among working and non working women determining fertility level in Bangladesh. Method analysis was based on social survey. The prevalence of current contraceptive use in working women was 50.5% and 42% was in non-working women. Both rates are still low for Bangladesh. Some influencial factors, such as women's lower access to education, employment, resource, social mobility and some other specific socio - cultural factors, spousal communication gap were main determinants of lower contraceptive prevalence among the non-working women. The results indicate a necessity of social activities, promoting spousal communication and women's participation in employment to enhance the use of contraceptive among Bangladeshi women; especially the non-working women. So that Bangladesh can prosper at a smooth pace in population and development sector.

1.1 Statement of the Problem

Bangladesh with a population of 142 million in an area of 147570 square km is one of the densely populated countries in the world. It has to support more than 979 persons per square km (BBS, 2009). The population of the country is now growing at a rate of 1.4 percent per annum. At present the total fertility rate (TFR) is 2.7 which is far above the replacement level of fertility (BDHS, 2007).

Government of Bangladesh (GoB) targeted to attain a net reproductive rate (NRR) of 1. Finally the 2004 population policy targeted to attain replacement level fertility by 2010. But following the previous experience this time the government has again shifted the targeted date and has set it in 2015. Under these consequences, to decrease fertility rate and to attain replacement level fertility as soon as possible is a great need for Bangladesh.

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Bangladesh is one of the best success examples of a country with a strong family planning program which has brought about a significant fertility decline and it has attained a TFR of 2.7 in 2007 which was 6.3 in 1975, while the CPR has risen from 7.8 percent to 55.8 percent (BDHS, 2007). During this period the overall socio-economic condition of the mass population of Bangladesh has not changed to that point which is necessary to alter the reproductive behavior of people.

Accordingly many researchers believe that family planning programs played the main role in declining fertility in Bangladesh but others argue that family planning program alone can not have major effects on fertility and there is other factor like social change which is contributing to reduce fertility (Saha, et al., 2007). Both of these views are quite appropriate for Bangladesh.

Though family planning program of Bangladesh is considered to be an example of a success story, the development does not follow an even path. From 1975 to 1991 the TFR declined rapidly and then remained flat at 3.4-3.3 for a decade (1993/94-1999/2000). But in 2007 TFR has declined 10 per cent since 2004 and 18 percent since 1999-2000 (BDHS: 2007).

During that flat period (1993/94-1999/2000) the CPR has increased from 44.6 percent to 53.8 per cent. Yet the CPR has increased to 58.1 percent in 2004 and decreased to 55.8 per cent in 2007. During 2004-2007 the CPR has decreased 2 percent with a decline of the TFR from 3.3 to 2.7. This picture indicates that not only the family planning program of Bangladesh but also the other factors such as women's education, employment, mobility and access to media have a role to play in decreasing fertility rate through an increasing CPR. Among these factors the role of women's employment is very significant.

As contraceptive is the single most important proximate determinants contributing largely to the fertility decline in Bangladesh, the CPR should be increased for further decline in fertility rate. Women's wage earning employment is positively related to contraceptive use. It promotes contraceptive use in many ways such as women's employment is incompatible with fertility; employment affords women acquisition of monetary power and the interaction of women with colleagues in the labor market foster the acquisition of new ideas and tastes which are inimical to reproduction (M. Marvellous, 1996).

A large number of studies have shown that women's employment has a great influence to decline fertility. Women's employment is positively associated with contraceptive use in Bangladesh and women's employment can play an important role in influencing the use of contraceptive. Because economic roles give them more autonomy and more control over important decision making (such as small family size).

Above mentioned discussion revealed that women's wage earning employment can play an important role in influencing the use of contraceptive. In Bangladesh the female literacy rate is only 45.8 percent (Bangladesh data sheet) while only 29.2 percent women are engaged in employment (Labor force survey 2005-06). To provide education to this large number of population is rather tough than to create employment for them. In this situation, if it is possible to provide them education, it will contribute to reduce fertility.

1.3 Objectives of the Study

- a. To know the impact of women's employment on contraceptive behavior.
- b. To identify the differential determinants of contraceptive use by working and non-working married women.
- c. To identify the factors associated with working status which influences contraceptive behavior.
- d. To identify the socio-economic, demographic, cultural background of the respondents.
- e. To suggest policy implications.

2.1 Literature Review

Women's wage earning employment is positively related to contraceptive use. It fosters contraceptive use in many ways such as women's employment is incompatible with fertility; employment affords women acquisition of monetary power and the interaction of women with colleagues in the labor market fosters the acquisition of new ideas and tastes which are inimical to reproduction (M. Marvellous: 1996).

The study 'Impact of women's status on fertility and contraceptive use in Bangladesh: evidence from Bangladesh demographic and health survey, 1999-2000. The result of the study showed significant association between education and ever-use of contraceptive. Women from the skilled job category showed significantly higher likelihood of ever use of any contraceptive than those who were not working.

In the study, 'Female labor force status and fertility behavior in Bangladesh: search for policy intervention' Rashidul Haque Chaudhury (1992) has shown fertility decreases and contraceptive use increases for poor and illiterate women if they work outside the home but employment has no effect on fertility for higher educated women who have comparatively fewer children to begin with. Income generating programs for women in Bangladesh were successful in fertility lowering as they integrated family planning and health services with employment programs. Employment through cooperatives has also indirectly lowered fertility by leading to longer birth spacing and marriage delays.

The study 'Women's empowerment and reproductive change in rural Bangladesh' by Simeen Mahmud et al., (2001) examined how reproductive behavior in rural Bangladesh and has shown that women's access to resources like formal schooling, NGO loan or paid work is linked to notions of women's empowerment and contributes to reduce fertility.

In her paper 'The role of women's employment programmes in influencing fertility regulation in rural Bangladesh' Simeen Mahmud (1994) addressed the question of whether participation in employment programs allows women to alter their fertility regulation behavior. It shows the factors related to women's work contexts that are important in determining contraceptive use.

In the article 'Family planning and fertility in Bangladesh' Barkat-e-Khuda et al., (2000) evaluated the trend in contraceptive use and fertility levels in Bangladesh from 1975 to 1997. It also examined the major factors affecting contraceptive use and fertility. Women having access to mass media had a statistically higher probability of contraceptive use than those without access. The probability of contraceptive use was significantly higher among women reporting spousal communication than those reporting none. The probability of contraceptive use rose significantly with education. Contraceptive use was higher among working women than among house wives.

In the study 'Attitude and practice of contraceptive among married working and non-working women in a selected area of metropolitan city of Dhaka' carried out by a group of researchers of NIPORT (1983) an attempt was made to assess the family planning knowledge, attitude and practice of working and non-working women in one of the residential area (Malibag) of Dhaka city. A total of 200 married women were interviewed for this purpose. In the study, it was found that contraceptive use rate was higher in working group (64.5) than the non-working group (52.7). Besides the mean age at marriage was higher and number of children was lesser in the case of working women than that of non-working women.

Barkat-e-Khuda et al., (1990) conducted the study 'Women's savings groups and contraceptive behavior among rural Bangladeshi women: Some insights about the process' with a view to examine and document the impact of women's savings groups on contraceptive behavior. The methodology of the study consisted of individual and group interview with selected savings group members and non-members. The members have a greater role than non-members in decision making related to household investment and expenditure. The members are more likely to have smaller family size norms and less pronounced son preference than the non members. CPR was also higher for members.

In the study 'Savings groups and contraceptive use under SAVE program' by Barkat-e-Khuda (1990) the main purpose was to examine the impact of women's savings group on contraceptive use. The methodology of the study included a baseline survey, two round of in-depth investigations. To test the effect of women's savings groups in 5 villages in Nasirnagar Upazila, two comparison villages were also selected at randomly from among the villages of the same Upazila. Contraceptive use, both ever and current is higher in the experimental than comparison villages. Moreover it is higher among the members than non-members.

In the study 'The role of women in decision making on family planning among the slum women in a selected area of Dhaka city:2006' Tasnuva Wahed (2006) has shown that More than one third of the total women had self-confidence to take such decision in spite of their husband's disapproval.

In the study 'The influence of female education, labor force participation and age at marriage on fertility behavior in Bangladesh' Rashidul Haque Chaudhury (1983) has showed that education is found to be strongly correlated with the use of contraceptive. Education is positively related with use of contraceptive and negatively with fertility. Age at marriage is found to be the most important factor explaining fertility.

K.A. Matin (1985) conducted the study 'The impact of female education on fertility desires in Bangladesh' with the objective to determine whether in Bangladesh a wife's educational level significantly affects her desire for more children or not. Bangladesh has not yet reached the threshold of socioeconomic development where education has any effect on the number of additional children desired. The analysis was carried out in a rural-urban context and also at different stages in the woman's life cycle. The study found that the number of additional children desired by rural wives was greater than that desired by urban wives at all stages of the life cycle. The study found that the educational level of both the wife and the husband and the age of the wife at first marriage were not significant. The age of the woman was not significant in urban areas but was negatively significant in rural areas.

In the study 'The timing of marriage and childbearing among rural families in Bangladesh: choosing between competing risks' by Sidney Ruth Schuler et al., (2006) data from in-depth interviews and group discussions were used to describe socio-cultural supports for early marriage and childbearing to examine evidence that change towards later marriage and childbearing is beginning and to analyze the social dynamics behind these change processes. The findings suggest that norms supporting early marriage and childbearing are beginning to erode and

that changing gender ideals and aspirations for women are a key factor in this erosion.

In the study 'Labor force participation and fertility: a study of married women in Bangladesh' by M. M. Miah (1992) 1975-76 Bangladesh fertility survey data on births, deaths, nuptiality and family planning knowledge and practice for 5772 currently married women of 6513 ever married women under 50 sampled are subjected to multivariate analysis to assess the relation between women's employment and fertility. Analysis revealed that women's modern and traditional occupations as well as higher and secondary education significantly lower their fertility.

The study 'Rural-urban differential in contraceptive use status in Bangladesh' was carried out by M. M. Uddin et al., (1985) to identify and facilitate understanding of the factors responsible for urban-rural differentials in contraceptive use. It showed that Women in rural areas were found to have ever used contraceptive at a lower rate than urban women at all age groups. In general, younger and older married women were less likely to have ever used contraceptive than women aged 20-39. In rural Bangladesh, more educated women and women who were employed with cash payment were more likely than other women to have ever used family planning. Women who never attended school were least likely to practice family planning (34% in urban areas and 30% in rural areas).

2.2 Conceptual Framework

Women's wage earning employment is positively related to contraceptive use. It fosters contraceptive use in many ways. When women work, they get more opportunity to interact with other people from whom they acquire news, views about outside world. If women work away from home this possibility increases but still women working at home has more opportunity for interaction than those who do not. By this way working women get knowledge on family planning, family planning methods etc. When the knowledge level increases, the potentiality of use also increases.

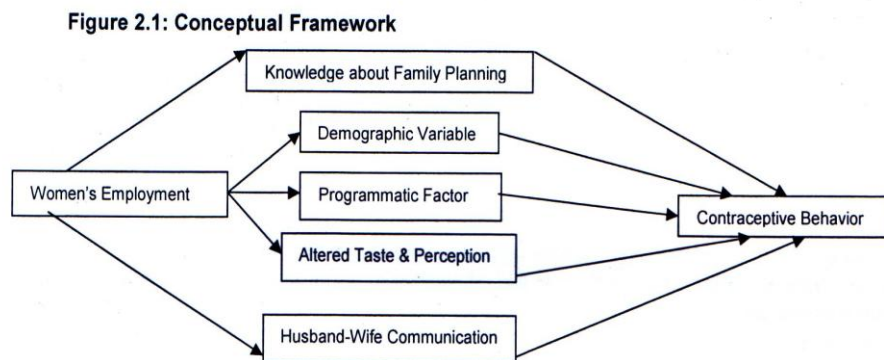
Working women compare between women who use contraceptive and who do not and who have less children and who have more. In the same socio-economic condition women using contraceptive and having few children lead better life than their counterparts. This picture motivates women to use contraceptive. On the other hand when women engage in employment they have more duties, responsibilities outside home which always have to be balanced with duties at home. They have world outside home where children do not seem the only source of enjoyment. This altered taste and perception encourages women to use contraceptive so that they can have smaller family.

Women's employment has impact on demographic variables which again affects the contraceptive use. Women's employment increases the age at marriage, interval between marriage and first child birth and spacing between children. Contraceptive use increases after a certain age, when the age at marriage increases the possibility of contraceptive use also increases. As working women have to maintain both works at home and at the place of employment, they do not want to have baby right after marriage which increases the possibility of contraceptive use. Similar trend is found in case of increased spacing.

Employment affords women acquisition of monetary power which gives them more autonomy (M. Marvellous, 1996). They can exercise more power in decision-making on themselves and on their families. Husband-wife's proper communication can increase their decision making power in family and in personal life which keeps a positive landmark in their contraceptive behavior. This situation fosters the use of contraceptive.

Again as working women have more mobility, they have more opportunity to avail services from health centre and they can afford contraceptive by themselves. Beside these, working women maintain less veil system than non-working women which provide them more possibility to get the services from health centre and from health/family planning worker. Thus women's employment affects the use of contraceptive through programmatic factors such as services at static centre and services at doorstep.

Thus women's employment affects the use of contraceptive by increasing the knowledge level, husband-wife communication, increased autonomy and mobility, greater status in family and programmatic factors. The visual description of the conceptual framework of the study is presented below (Figure 2.1).



3.1 Methodology

This study applied a cross-sectional analysis type design to assess the impact of women's employment on contraceptive behavior in rural area. To identify the impact of women's employment on contraceptive

behavior a group of 200 working married women (aged 15-49) were interviewed. At the same time, in order to make a comparison a group of 200 non-working married women (aged 15-49) were also interviewed. In this study, a Multi-staged sampling technique was applied to reach the target population. The data was collected through face to face structured interview using close-ended structured questionnaire. The study observed a significant association between the current status of contraceptive use with the knowledge about the correct use of family planning methods. Informed knowledge about the source of FP methods and current use of contraceptive was also found to be significantly associated. To identify the impact of women's employment on contraceptive use behavior a group of 200 working married women of reproductive age were interviewed. At the same time, in order to make comparison another group of 200 non-working married women of reproductive age were also interviewed. Non-working women were selected to match the socio-economic level of working group as closely as possible. Here, working women refer to those who are directly involved in reproductive activities and are given payment which has exchange value. Women who are directly or indirectly involved in productive activities but do not get payment are refer to non-working women in this study. Again women who are not directly or indirectly involved in productive activities but have cash earning are not considered as working in this study.

As per the research topic, the study was conducted in rural area. Mirzapur thana of Tangail district was selected to study. Four villages from two unions of this thana were selected as study area. The data collection techniques were structured interview while the tool was structured close ended questionnaire.

4.1 Data Entry and Analysis

Data entry and analysis were done by a group of professional statisticians. After data collection and necessary editing, the collected data were entered into computer using SPSS. Data analysis were done at univariate, bivariate and multivariate level.

Analysis of data was done at uni-variate, bivariate and in multivariate levels using SPSS and MS Excel. At uni-variate level only the distribution of frequency and percentage of relevant independent and dependent variables were done. In possible situation mean and standard deviation was also calculated. The univariate analysis has been presented in tabular form. From univariate analysis of data a comparative picture of working and non-working women in the study has been depicted.

At bivariate level, the relationship between dependent and independent variables was examined. Furthermore, to find the significance of the relationship chi-square test of significance was also done. Bivariate analysis has been presented in the form of cross-tabulations.

However, as bivariate association between two variables does not necessarily imply a significant causal relationship. Therefore, a multivariate approach was applied to determine which factors best explain and predict current status of contraceptive use. In our study, as the dependent variable has only two categories and discrete, we specify to use binary logistics regression to analyze the multivariation among dependent and independent variables. As we study two different groups of women, non-working and working, here also two different models has been used.

Multivariate Analysis

In previous chapter, bivariate analysis of current status of contraceptive use by several characteristics has been performed to examine the nature of association between these factors and current status of contraceptive use. A large number of associations were found to be significant in the bivariate analysis. However, bivariate association between two variables does not necessarily imply a significant causal relationship between them. Therefore, a multivariate approach was applied to determine which factors best explain and predict current status of contraceptive use. In our study, our dependent variable is whether the respondent currently using any contraceptive or not. Thus our dependent variable has only two categories, if the respondent is currently using any contraceptive or not. So our dependent variable is discrete and thus we specify to use binary logistics regression to analyze the multivariation among dependent and independent variables. As we study two different groups of women, non-working and working, here also two different models have been used.

4.1 Non-working women

In the model for non-working women all the significant variables in the bivariate analysis were included except husband's occupation and knowledge on correct use of methods. Because of its importance in explaining the differentials contraceptive use, respondent's age and education were also included in the model, even if it was not found to be significant in the bivariate analysis. The odds ratios (OR) and 95% confidence intervals are presented in the table 4.1.

Table 4.1 Odds ratios (OR) and 95% confidence intervals of binary logistic regression of contraceptive use of non-working women

Variables	Current use of contraceptive (ref = non-use of contraceptive)		
	OR	95.0% C.I. for OR	
Respondent's age (years) (ref=16-20)			
21-25	3.322	1.088	10.139
26-30	1.270	.385	4.182
31-35	1.693	.457	6.273
36+	1.383	.372	5.147

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Odds ratios (OR) and 95% confidence intervals of binary logistic regression of contraceptive use of non-working women

Variables	Current use of contraceptive (ref = non-use of contraceptive)		
	OR	95.0% C.I. for OR	
Respondent's education(years) (ref=no education)			
1-5	1.557	.619	3.918
6-10	.804	.307	2.106
10+	.000	.000	.
Income of husband (in taka) (ref=up to 2000)			
2001-4000	1.701	.413	7.004
4001-8000	1.912	.416	8.785
8001-12000	.730	.125	4.271
12001+	.483	.067	3.488
Family income(in taka) (ref=up to 2000)			
2001-4000	.462	.084	2.557
4001-8000	.373	.068	2.061
8001-12000	1.042	.165	6.580
12001+	.314	.045	2.178
Knowledge on source of contraceptive (ref=no knowledge)	1.687	.848	3.359
Discussion with husband on FP (ref= no discussion)	2.219	1.117	4.409
Constant	.291		

Source: Field survey

In the binary logistic regression model for contraceptive use of non-working women older women had increased odds, compared with younger women (age 16-20 year).

Women with 1-5 year schooling are almost 1.5 times more likely to be current user of contraceptive compared to women with no schooling.

Non-working women whose husband's monthly income is between 2001-4000Tk had 1.7 times and whose husband's monthly income is between 4001-8000Tk had 1.9 times more likelihood to use contraceptive compared to women whose husband's monthly income is within 2000Tk.

Non-working women whose monthly family income is between 8001-12000Tk had 1.04 times more likelihood to be current user of contraceptive compared to women whose monthly family income is within 2000Tk.

Non-working women who were aware about the source of contraceptive and could name at least one correct source from where to get contraceptive had 1.7 times more likelihood to be current user of contraceptive compared to women who were not aware about the source.

In this model, discussion with husband on family planning seems to be an important determinant of contraceptive use indicating that non-working women who discussed with their husband on family planning are more likely to be current user of contraceptive compared to non-working women who never discussed with their husband on family planning.

4.2 Working women

In the model, for working women all the significant variables in the bivariate analysis were included except age at marriage, duration of marriage, husband's occupation and knowledge on correct use of methods. Because of its importance in explaining the differentials contraceptive use family income was included in the model, even if it was not found to be significant in the bivariate analysis. The odds ratios (OR) and 95% confidence intervals are presented in the table 4.2.

Table 4.2: Odds ratios (OR) and 95% confidence intervals of binary logistic regression of contraceptive use of working women

Variables	Current use of contraceptive (ref = non-use of contraceptive)		
	OR	95.0% C.I. for OR	
Respondent's age (years) (ref=16-20)			
21-25	.687	.192	2.463
26-30	.595	.137	2.580
31-35	.555	.094	3.292
36+	7404652 12.069	.000	.
Respondent's education(years) (ref=no education)			
1-5	2.035	.665	6.231
6-10	1.056	.371	3.005
10+	1.532	.273	8.590
Income of husband (in taka) (ref=up to 2000)			
2001-4000	.913	.227	3.676
4001-8000	1.975	.290	13.444
8001-12000	.261	.022	3.134
12001+	.000	.000	.
Family income(in taka) (ref=up to 2000)			
2001-4000	.366	.024	5.504
4001-8000	.421	.025	7.003
8001-12000	.339	.014	7.924
12001+	.325	.009	11.718
Number of child (ref=no child)			
1	3.609	1.028	12.674

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Variables	Current use of contraceptive (ref = non-use of contraceptive)		
	OR	95.0% C.I. for OR	
2	1.395	.279	6.979
3 and more	1.847	.293	11.626
No desire for more child (ref= desire for more children)	3.048	1.011	9.191
Knowledge on source of contraceptive (ref=no knowledge)	2.312	1.060	5.044
Discussion with husband on FP (ref= no discussion)	4.188	1.884	9.310
Visitation by health worker in previous 6 months (ref= no visitation)	1.087	.506	2.332
Constant	.248		

Source: Field survey

In the binary logistic regression model for contraceptive use of working women more educated women had increased odds, compared to women with no education.

Women with 1-5 year schooling are almost 1.9 times, women with 5-10 year schooling are almost 1.02 times and women with 10+ years schooling are almost 1.3 times more likely to use contraceptive compared to women with no schooling.

Working women whose husband's income is between 4001-8000Tk had 1.5 times more likelihood to use contraceptive compared to women whose husband's income is within 2000Tk.

In this model, it is found that working women who had one child are 3.6 times more likely to be current user of contraceptive compared to working women who had no child. In this model, women who did not have desire for additional child have higher odds than who had desire for additional child.

Working women who were aware about the source of contraceptive and could name at least one correct source from where to get contraceptive had 2.33 times more likelihood to be current user of contraceptive compared to women who were not aware about the source.

In this model, discussion with husband on family planning seems to be an important determinant of contraceptive use indicating that working women who discussed with their husband on family planning are 4.17 times more likely to be current user of contraceptive compared to working women who never discussed with their husband on family planning.

Working women who report visit of health/family planning worker at their home in previous six months had 1.08 times more likelihood to be current user of contraceptive compared to working women who report no visit.

5.1 Major Findings and Discussion:

The study “The impact of women’s employment on contraceptive behavior in rural area: a socio-economic and demographic study” has attempted to discover the impact of women’s employment on contraceptive behavior. Women’s employment affects contraceptive behavior through various channels.

In this study, it is observed that most of the rural working women are employed in unskilled and low paid job. Only 28.5% working women is engaged in service whereas 40% women engaged in sewing and 28.5% women work at industry/garment. Like employment status, most of the women earn very poor amount. 40.5% working women earn less than 1000Tk per month. 5.5% women earned 1000-2000Tk, 21.5% earned 2000-3000Tk and 32.5% women earned 3000Tk and over per month. Lack of education is the main reason for this low status and low paid job.

The study also reveals that husband’s disapproval is the main reason for the discontinuation and not being engaged in wage earning activities of non-working women in the study. This indicates that, though socio-cultural condition has been changed but still men feel comfort with their wives “home-maker” role. Work load at home is another major reason for the discontinuation and not being engaged in wage earning activities.

In this study, non-working women are somewhat older than the working women (mean age of non-working women is 28.6 and mean age of working women is 26.28). While the mean age at marriage of both non-working and working sample is quite similar (the mean age at marriage for non-working group is 17 years, whereas the mean age at marriage for working group is 17.22 years). This picture indicates the severity of adolescent marriage in rural area.

Average number of living children of non-working women is 1.78 and for working women this average number is 1.47. This picture indicates that working women tend to have fewer children than that of non-working women. But it is a matter of great concern that 46% non-working women and 47.5% working women desired to have more child.

15.7% non-working women and 10.6% working women said that they had experience of child loss. This rate is very high and indicates the poor health condition of rural areas. Again child loss is related to non use of contraceptive and high fertility.

Only 5.5% non-working women and 8.5% working women considered one child to be the ideal number of children of a family. 78.5% non-working and 84.5% working women considered two children to be the ideal number of children of a family. It is very satisfactory that the percentage of women considered three or four children to be the ideal number of children of a family in very low. This picture indicates that small family norm has been developed in our country.

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The study has found that 26% non-working women have no education while 74% have attended school at some time. Whereas 23.5% working women 23.5% have no education while 76.5% have attended school at some time. This picture seems quite satisfactory in a country like ours where the overall literacy rate is very poor. But the average years of schooling is very low. The average years of schooling of non-working women are 5.15 and of working women are 5.75. Again 9% working women have completed 10 or more years, whereas among non-working women this percentage is only 2.

The study has found the universal knowledge on family planning among respondents. Almost every respondent of the study has heard at least one method of contraceptive. But most of the women were aware of only temporary and less effective methods. This is mainly due to lack of campaign on long-lasting and permanent methods in recent years.

The study also found that 97.5% non-working and 98% working women have knowledge on correct use of contraceptive. Here again, most of the women had knowledge on correct use of only pill and/or condom.

About similar proportion of non-working and working women knew the source of family planning methods. 62% non-working women have knowledge on the source of family planning methods, whereas in the case of working women 64% have knowledge on the source of family planning methods.

Husband- wife discussion on family planning has impact on use of contraceptive. In the study, 65% non-working women and 60% working women said that they had discussed with their husbands about family planning while 35% non-working women and 40% working women said that they never discussed with their husbands about family planning.

66% non-working and 51.5% working women said that their first pregnancy was planned. 25.5% non-working and 35% working women reported their first pregnancy as unplanned. Lack of education, knowledge and consciousness is the main reason behind this high percentage of unplanned pregnancy.

In the study, non-working women report more visit of family planning health worker (61%) at their house than that of working women (52%). This variation may happen for the reason that at visit hour most of the working women remain outside of home 33.5% non-working women and 39.5% working women said that they have visited to any health centre in last six months. This picture indicates that the working women have more mobility than that of non-working women.

The study has found higher current use of contraceptive among working women than that of non-working women. 42% non-working and

50.5% working women reported to be current user of contraceptive at the time of interview. Among current non-users 69.8% non-working

and 67.7% working women said that they had used contraceptives for sometimes. 30.2% non-working and 32.3% working women reported never use of any contraceptives.

In the study, a number of independent variables found to be significantly associated with the dependent variable. The current status of contraceptive use was found to be significantly associated with the respondent's age in case of working women. But in case of non-working women the study does not find any significant association between age and current status of contraceptive use.

The study has found that in the case of non-working women the current use of contraceptive was highest among those who had two children followed by who had three or more children. In the case of working women the current use of contraceptive was highest among those who had three or more children followed by who had only one child. Number of children and current use of contraceptive is significantly associated in case of working women in the study.

The study reveals that desire for child and current status of contraceptive use had a negative relationship. It is logically true that, when women have no desire to have additional child, the possibility of contraceptive use increases. In the study, women who had desire for more children had lower current use rate of contraceptive while who did not had desire for more children had higher current use rate of contraceptive. Desire for children and current use of contraceptive is significantly associated in case of working women.

Education is an important factor of contraceptive use. But the study has found a negative association between education and current status of contraceptive use in case of working women. This indicates that not education rather others factors influence the current use of contraceptive. Like respondent's education, husband's education was not found to be significantly associated with current status of contraceptive use.

Among non-working women whose husband's occupation is business (business and small business) had the higher current use rate of contraceptive while whose husband engaged in agriculture, construction work or unemployed had the lower current use rate of contraceptive. Similarly, among working women whose husband's occupation is business and service had the higher current use rate of contraceptive while whose husband engaged in agriculture, construction and industrial work had the lower current use rate of contraceptive. The occupation of husband and the current use of contraceptive is significantly associated for both non-working and working women.

It has been observed in the study that husband-wife discussion on family planning increases the use of family planning methods. For both non-working and working women who had discussed with their husbands on family planning had higher rate of current use of contraceptive than who never discussed with their husbands on family planning. Husband-wife discussion on family planning and current use of contraceptive is significantly associated in case of both non-working women and working women in the study.

The study has found higher use of contraceptive among both non-working and working women who were visited by health/family planning worker than who were not visited by health/family planning worker in previous six months. Visitation of health/family planning worker and current use of contraceptive is significantly associated in case of working women. This picture again reminds the necessity of doorstep services especially in rural areas of our country. Like visitation by health/family planning worker, visits to health complex increases the current use rate of contraceptive.

Knowledge on contraceptive, correct use, contraceptive source has an impact on use of contraceptive. It is considered that higher knowledge of methods increases the use of contraceptive but the study has found no significant relationship between number of methods heard by the respondent and current use of contraceptive.

It is observed in the study that use of contraceptive increases with the increase of knowledge on correct use of methods. The study has found is a significant association between knowledge about the correct use of methods and current status of contraceptive use. Both non-working and working women in the study, who had the knowledge on the source of family planning methods, had the higher rate of current use of contraceptive than the women who did not had the knowledge on the source of family planning methods. Informed knowledge about the source of FP methods and current use of contraceptive is significantly associated. These pictures are clear indication that knowledge on contraceptive increases the use of contraceptive.

The study has found that working women have more contraceptive use rate than that of non-working women. Again among working women who earn more and engaged in employment for long period have higher use rate of contraceptive than who earn less and engaged in employment for comparatively short period. But interestingly the study has not found any significant association among employment, types of occupation, duration of occupation and monthly income and current status of contraceptive use. Low level of income and occupation is the main reason for this result. To alter the contraceptive behavior a certain amount of income is needed but most of the working women's monthly income is so low that it can not affect the contraceptive behavior in a desired manner.

From the above findings and discussion of the study, it is observed that though most of the working women are engaged in low stratus and low paid job, there is considerable variation in contraceptive behavior between working and non-working women. This clearly suggests that providing employment opportunities to rural women even in the traditional sector will motivate them to use contraceptive

5.2 Limitations of the Study and Direction for Future Research:

Like other studies, this study also had some limitations. The limitations of the study can be specified as follows:

Non-sampling error in various socio-economic and demographic variables was observed in the study. The time and resource constraints, respondent's hesitation to answer personal question, lack of knowledge of the researcher and the interviewers were also observed in this study.

5.3 Policy Implication

The findings obtained from the study clearly suggest that providing employment opportunities to rural women will not only improve their personal and family income but also it will motivate them to limit their fertility level through wider use of contraceptive and above all it will help to gain the national goals of population policy. There are clear policy implications of these findings. Women's education and employment has a positive association with contraceptive use. But in Bangladesh the literacy rate is low both in rural and urban areas. Literacy rate must be increased, different types of incoming generating training must be provided to reduce poverty, promoting delayed marriage, frequent visitation and doorstep services must be ensured, adopting measures to keep drop out rate at a tolerant level both in rural and urban areas to reduce fertility level. Finally the Govt. should work on the current mix-method of contraceptive. Most of the women depend on temporary method. These methods are less effective and costly. So women should be motivated to adopt permanent and long-lasting method which is more effective and less costly.

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