2003 RURAL NGO SERVICE DELIVERY PROGRAM (NSDP) EVALUATION SURVEY

ACPR

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SUMMARY

The *2003 Rural NGO Service Delivery Program (NSDP) Evaluation Survey* in Bangladesh provides data to evaluate the rural component of the NSDP, a four-year health and population project funded by the U.S. Agency for International Development (USAID). It provides information on the use of Essential Service Package (ESP) components for 7,507 women in NSDP project areas and 4,372 women in non-NSDP areas, including utilization of services at the NSDP network of facilities (static and satellite clinics, and depotholders) and alternative providers, knowledge of health promotion behaviors, awareness of NSDP services, and the quality of treatment at NSDP clinics. The survey, part of a continuing evaluation that began with a baseline survey in 1998 followed by a mid-project evaluation survey in 2001, was conducted by Associates for Community and Population Research (ACPR), a Dhaka-based research firm, with technical assistance from the MEASURE Evaluation project at the University of North Carolina at Chapel Hill.

To assess changes in behaviors and outcomes, an effort was made to utilize the same clusters as the 2001 survey. However, substantial changes in the project catchment population occurred between 2001 and 2003 (including the departure of BRAC and expansion into new areas), complicating straightforward comparison of indicators across the two surveys. Accordingly, a separate chapter focuses on a sample of *common* clusters (ie those appearing in the 2001 *and* 2003 samples).

The main points of this report include the following:

- The new NSDP project areas were socio-economically similar to those where the project had already been operating.
- Modern contraception prevalence continued to increase, though it is difficult to attribute this solely to the project. The increases in NSDP and non-NSDP areas were nearly identical (approximately 5 percentage points). Some of the overall increase appears to have been driven by changes in the sample, with the NSDP project moving out of low prevalence areas in favor of higher prevalence ones. In the common clusters, increases were approximately half as large and similar to those in non-NSDP areas. There were almost no differences in contraceptive use by socioeconomic status. For instance, the prevalence rate for the poorest quintile was in line with the overall rate in NSDP areas, and slightly lower in non-NSDP areas.
- A slight change in contraceptive method mix occurred (most notably, an increase in the use of injectable contraceptives of 2.2 and 3.1 percentage points in project and non-project areas, respectively). The pill, injectables and female sterilization remained the most important source of modern contraception in the overall sample, with the pill slightly less and injectables slightly more popular in rural NSDP areas.
- In rural project areas, NSDP nongovernmental organizations (NGOs) remained the principal source of modern contraceptive supply, with about 45.5% of the market. This represented a slight improvement over the 2001 figure of 44% (though their share actually declined slightly in common clusters). There were slight declines in their market share for pills, and small increases for condoms and injectables. NSDP providers were also the most important source of modern contraceptives for the poorest consumers, with 50.7% of that market.

- The use of antenatal care continued to increase, though changes in the sample tended to dampen this effect. The increase in antenatal coverage in the full NSDP sample was about 4 percentage points lower than in the common clusters, where coverage increased by 11.4 percentage points (nearly the same as in non-project areas).
- Vaccination rates for children have increased, though less than half of all children were fully vaccinated and dropout rates for several vaccine series remained high. Rates for the poorest children were lower than for the overall sample.
- Market shares for NSDP providers generally continued to increase, though at a slower pace than between 1998 and 2001. For antenatal care (ANC), the market share in the common cluster sample increased slightly, while a decrease in market share for the full sample likely reflected the fact that the project withdrew from areas where it had a strong presence (BRAC areas) and moved into areas where it had yet to establish itself fully. NSDP providers (particularly satellite clinics) were by far the most important sources of ANC for the poorest consumers in NSDP areas. Market share for child vaccinations was over 70% in project areas. Their share for treatment of childhood illness – acute respiratory infections (ARI) and diarrhea – remained negligible.

Thus, the 2001 through 2003 period generally witnessed a continuation, if often somewhat attenuated, of established trends. While the impact of the project remained modest in terms of some elements of the essential services package (ESP), in others improvement continued. However, some of these developments appeared to reflect changes in the project catchment areas more strongly than changes *within* established catchment areas. Key findings are more fully presented in Table S.3.

Behind these general conclusions, a few of the more detailed, specific findings include the following:

Socioeconomic Status: Households in the 2003 Rural NSDP Evaluation Survey were categorized by socioeconomic status (SES) using an index based on household durable goods and dwelling characteristics. The SES classification procedure used in 2003 differed from the one used in 2001. Therefore, direct comparisons between the 2001 and 2003 results by socioeconomic status are avoided. Nonetheless, the rural NSDP apparently expanded into areas similar to those where it had been working previously.

Contraceptive Use: Continuing a positive trend (from 36.5% in 1998 to 40.4% in 2001), 46.0% of currently married women in NSDP areas used modern contraception in 2003. In non-NSDP areas the evolution was from 37.6% in 1998 to 41.6% in 2001, and finally to 46.9% in 2003. However, the recent trend in NSDP areas appears to have been associated partly with redeployment out of low prevalence areas and into higher prevalence ones: the prevalence rate increased by only 2.3 percentage points in common clusters. Use of oral contraceptives increased modestly in NSDP areas (from 20.4% in 2001 to 23.1% in 2003) while that of injectables grew from 11.0% to 13.8%. The prevalence of female sterilization increased slightly, from 5.5% to 5.8%. The modern contraception prevalence rate for the poorest quintile in 2003 was 46.1% in project areas and 44.8% in non-project areas. For married adolescents aged 10 to 14 it increased by 4.8 percentage points while the figure for those age 15 to 19 years was 7.8 percentage points.

The share of NSDP providers in total contraceptive supply grew only slightly – from 44.0% in 2001 to 45.5% in 2003 – after increasing by 11 percentage points between 1998 and 2001 (Figure S.1): a modest increase in the share of NSDP satellite clinics was partially offset by a small decrease in that of depotholders. At 19.1% of the market in NSDP areas in 2003, the prominence of private medical sources, principally pharmacies, continued to grow, while the government's share maintained a downward trend (from 33.5% in 2001 to 27.6% in 2003). Overall, NSDP providers remained the leading suppliers of modern contraception in project areas. The small increase in NSDP market share, however, may have reflected the increasing popularity of private sources, particularly pharmacies, in modern contraceptive supply. The increased use of modern contraception (from 40.4% of currently married women in 2001 to 46.0% in 2003) appears to have been equally attributable to increases in the use of both NSDP and private sources (Figure S.2).

NSDP provided 50.7% of the modern contraception used by the poorest quintile in NSDP project areas (the largest share). Of the three types of NSDP providers, satellite clinics were the most important to the poor (at 30.7%) followed by depotholders (14.1%). However, static clinics were actually slightly more important to the poorest consumers using NSDP facilities than the overall sample using them (11.4 % versus 10.5%). After NSDP providers, public sector facilities, led by thana health complexes at 12.1%, were the most important providers of modern contraception to the poorest people (with 31.4% of the market).

Discontinuation rates within 12 months of starting a contraceptive method were calculated by method and for NSDP/non-NSDP women using a contraceptive calendar. In NSDP areas, discontinuation rates were highest for condoms (at 60.3%), though this result must be interpreted with some degree of caution since the overall condom prevalence rates were so low. The figures for pills (41.4%) and injectables (40.9%) were more modest.

Figure S.1 Source of Modern Contraception, NSDP and Non-NSDP Areas, 1998, 2001, and 2003.

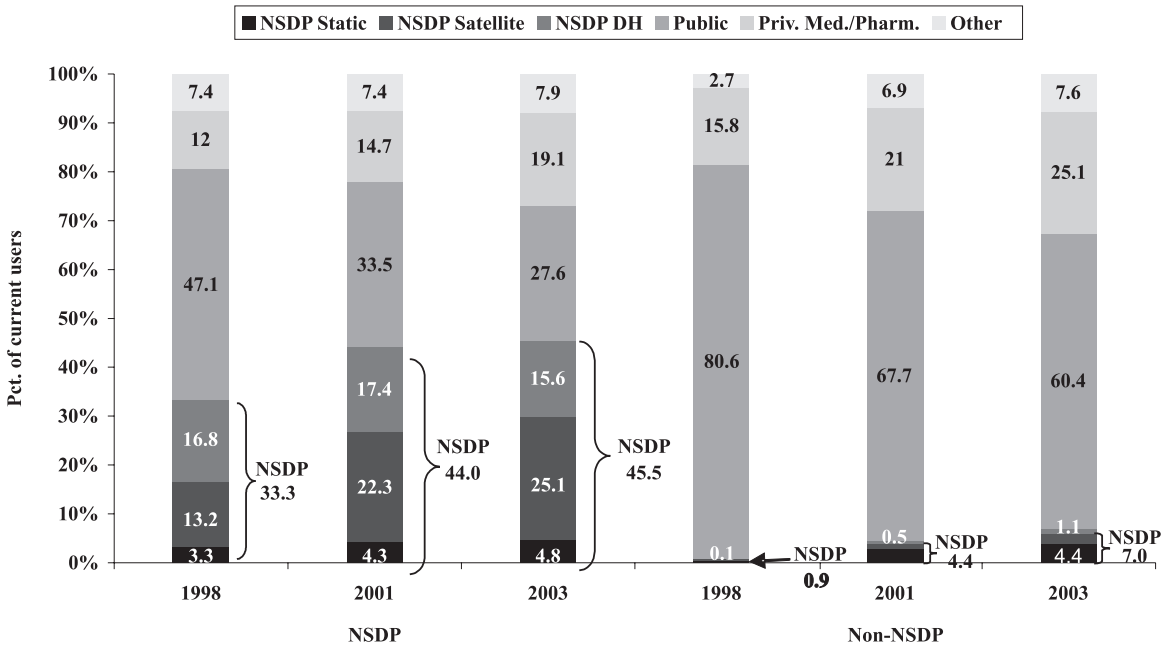
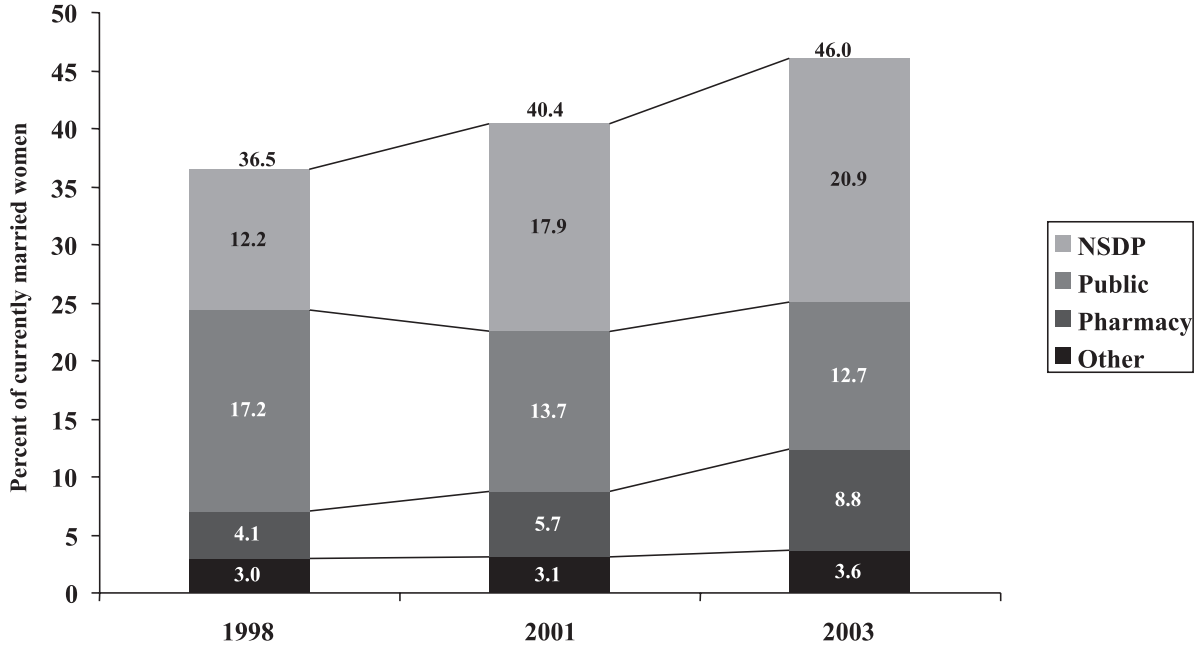


Figure S.2 Modern Contraceptive Use and Method Sources, NSDP and non-NSDP Areas, 1998, 2001, and 2003.



Antenatal Care: Among of women in NSDP areas with a live birth in the three years preceding the survey, 51.1% made at least one antenatal care visit (up from 42.9% in 2001). In non-NSDP areas, the proportion of women receiving any antenatal care increased from 38.1% in 2001 to 46.1% in 2003. However, only 32.4% of the poorest women in NSDP project areas had at least one antenatal care visit (26.5% of the poorest women in non-NSDP areas did so). In 2003, 43.9% in NSDP project areas were seen by a trained provider, compared with 37.7% in non-project areas. These represented increases since 2001, when 35.2% were seen in NSDP areas and 27.9% were seen in non-project areas. The percentage of pregnant women receiving iron supplementation increased from 41.3% to 48.2% in NSDP areas (less than the increase from 42.5% to 45.1% in non-NSDP areas).

The share of NSDP in the provision of ANC decreased from 53.8% in 2001 to 51.2% in 2003 (Figure S.3). This was driven by NSDP satellite clinics, whose share decreased from 44.6% to 38.6% (the share of static clinics actually rose from 9.2% to 12.6%). Government providers saw their share rise from 26% in 2001 to 29.8%. They appear to have been responsible for much of the overall increase in antenatal care use in NSDP areas from 2001 to 2003 (Figure S4).

NSDP facilities were even more important to the poorest women in NSDP areas (with 60.9% of the market). However, this was nearly completely driven by NSDP satellite clinics (which had 48% of the overall market for ANC services for the poorest women in project areas). After NSDP providers, public sector providers were the most important source of ANC care for the poor, with 28% of the market in project areas.

Figure S.3 Antenatal Care Use by Providers, NSDP and Non-NSDP Areas.

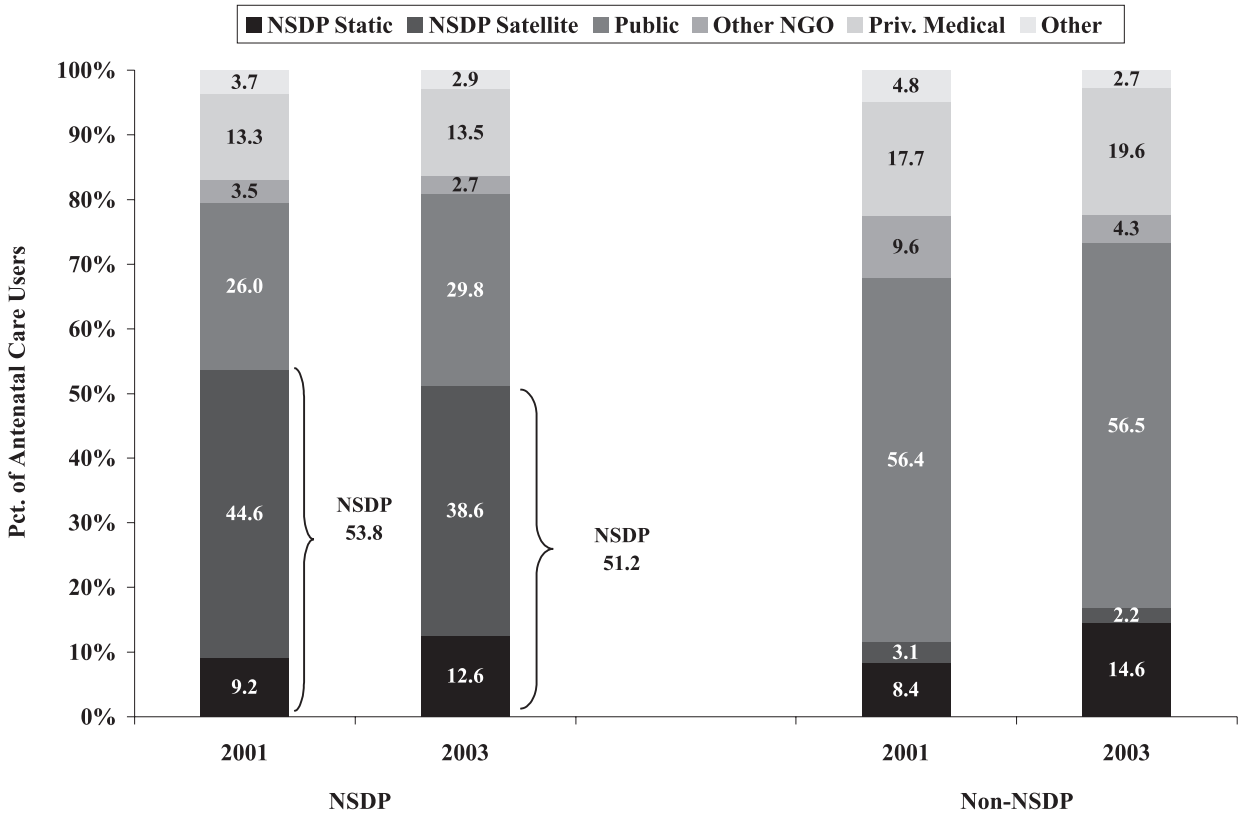
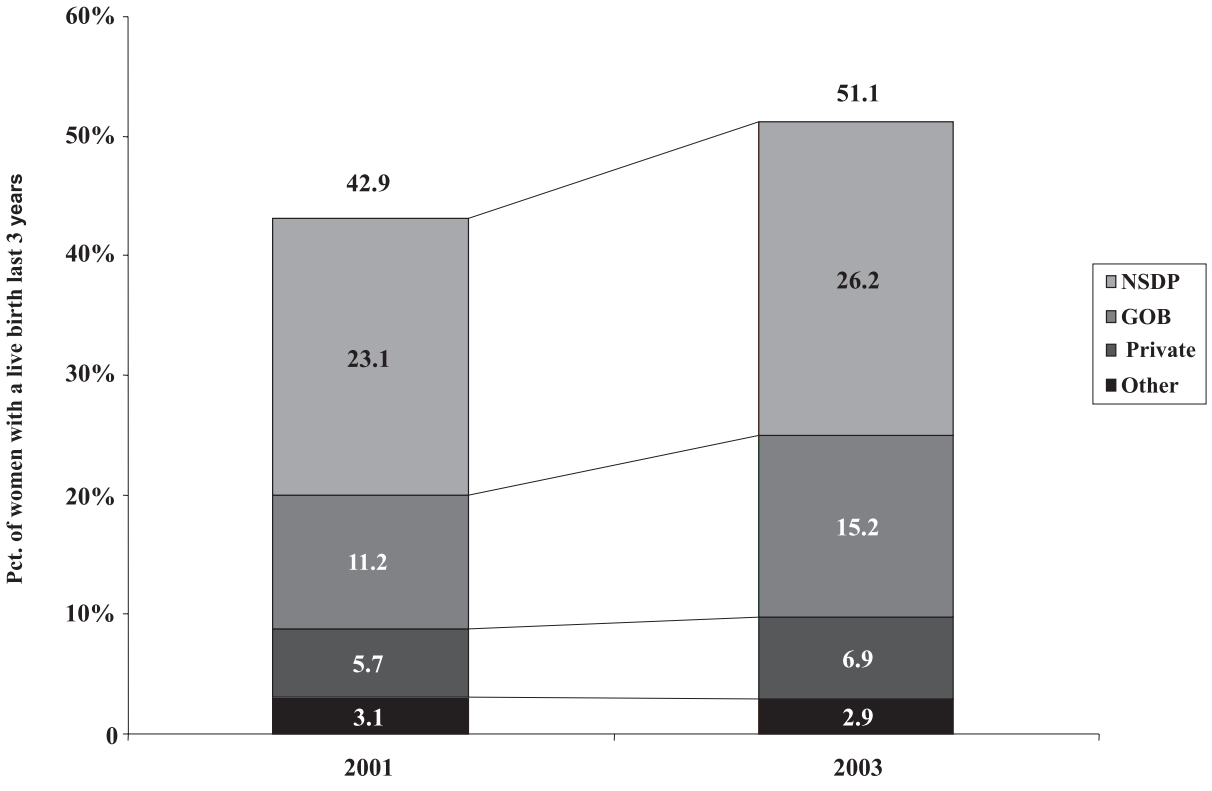


Figure S.4 Antenatal Care Sources, NSDP Areas, 2001 and 2003.



Childhood Vaccinations: In NSDP project areas, just over 90% of children (and 82% of the poorest ones) age 12-23 months received Bacillus Calmette-Guerin (BCG) vaccination (a slight increase from 2001) (Table S.1). Polio3 vaccination rates increased slightly from 78.6% to 82.9% of children 12-23 months from 2001 to 2003 in project areas, while those for diphtheria-pertussis-tetanus (DPT3) and measles rose from 55.2% to 60.3% and 62.9% to 70.7%, respectively. The rates for Polio3, DPT3 and measles for the poorest children in project areas were 73.9%, 49.4% and 56.1%, respectively. DPT3 and measles vaccination rates rose slightly in non-NSDP areas, though polio3 coverage actually decreased slightly. Increases in immunization coverage in the NSDP full and common cluster samples were similar. The share of NSDP providers in NSDP areas continued to increase, to about 70% of all vaccinations (Table S.2). The figure was slightly lower for the poorest consumers in NSDP areas.

Table S.1 Percent of children 12-23 months old vaccinated any time before the survey

Antigen	Rural NSDP Project Areas			Rural non-NSDP Areas		
	1998	2001	2003	1998	2001	2003
BCG	89.3	89.0	90.7	89.7	90.7	93.7
DPT3	67.6	55.2	60.3	68.1	59.5	66.6
Polio3	72.1	78.6	82.9	71.7	85.5	84.7
Measles	68.9	62.9	70.7	70.7	71.7	77.9
All antigens	58.9	45.8	49.2	59.4	51.8	58.4

Table S.2 Percent of immunized children receiving vaccinations from rural NSDP facilities

Antigen	Rural NSDP Project Areas			Rural non-NSDP Areas		
	1998	2001	2003	1998	2001	2003
BCG	34.9	57.8	69.3	1.8	5.1	7.4
DPT3	35.5	61.7	72.0	1.3	4.3	7.1
Polio3	34.6	58.6	72.5	1.1	4.5	7.4
Measles	39.7	60.6	70.1	8.8	4.3	6.5

Child Health: The trend toward improvement in many areas of child health continued. Among children 6-59 months of age in NSDP areas, 70.7% received a vitamin A capsule in the past six months, up from 66.4% in 2001 and 62.5% in 1998. The 2003 figure for the poorest children was somewhat lower at 64.4%. In NSDP comparison areas, the percent of children receiving vitamin A was slightly higher, 72.7% (for the poorest children the figure was actually even higher at 73.4%), though this represented a smaller increase from 2001. In the common clusters, the increase was over 9 percentage points to 70.9%.

Of the 7.2% of children (or 8.7% of the poorest children) with diarrhea in NSDP areas in the 2 weeks preceding the survey, most were treated with either packet oral rehydration salts (ORS) or *laban gur* solutions. The proportion receiving packet ORS was 73.4% in 2003 (61.8% for the poorest), as compared with 66.6% in 2001 and 53.1% in 1998. Those receiving homemade water-salt-sugar/*laban gur* solutions decreased slightly from 24.4% in 2001 to 21.6% in 2003 (the figure in 2003 for the poorest was similar, at 21.3%). The overall proportion of children with diarrhea receiving oral rehydration therapy (ORT) (ORS and/or *laban gur* solution) increased to 80% (from 62.9% in 1998 and 75.4% in 2001). The figure for the poorest was just over 9 percentage points lower. An identical change occurred in the common clusters. A larger increase occurred in non-NSDP areas, from 67.5% (2001) to 76.2% (2003). At 3.2% in 2003, the share of NSDP providers in treatment of diarrhea dropped from 4.53% in 2001.

Approximately 8% of children (and 9% of the poorest children) in NSDP areas had symptoms of an ARI in the two weeks preceding the 2003 survey, half the rate of 2001 but similar to that in 1998. In NSDP areas, 31.9% of children with ARI symptoms were taken to a health provider (excluding traditional doctors/pharmacies), up from 23.7% in 2001 but similar to the rate in 1998. Among the poorest children with ARI symptoms, 23.3% saw a provider (again excluding traditional doctors/pharmacies). In non-NSDP areas, the proportion seeking care was 30.5% (16.1% for the poorest). Among those who sought care from any source, only 2.9% went to an NSDP provider (the figure for the poorest was only half that).

Approximately 68% of children less than 2 months of age in NSDP areas were exclusively breastfed while 47.3% of all children under 6 months were exclusively breastfed. Both represent increases from 2001. Nearly 60% of children 6-9 months of age were breastfed and received complementary foods. Only 5.9% of children age 6-9 months were still exclusively breastfeeding. Results were similar in the common cluster sample.

Awareness of NSDP Services: With the exception of ANC, awareness of ESP services at NSDP clinics remained largely unchanged since 2001. Approximately 61% of women in NSDP areas were aware of clinical family planning methods, and 47% knew of EPI services at NSDP static clinics. Awareness of ANC at static clinics increased from 44% in 2001 to 64%. At satellite clinics, awareness increased from 46% to 62%.

The knowledge of NSDP services by the poor was roughly in line with the pattern seen for the overall sample. Among the poorest in project areas, 79.7%, 81.6%, and 87% were aware of family planning, maternal health, and child health services, respectively, at NSDP satellite clinics, while the figures for the full sample in project areas were 80.1%, 84.3%, and 86.9%.

Quality of care at NSDP facilities remained high. As in the 2001 RSDP Evaluation Survey, almost all users of NSDP static and satellite clinics said that staff were nice, spent a sufficient amount of time with them, and gave enough attention to their needs.

Nearly three-quarters of women (poor and non-poor) reported being aware of a person in their area from whom they can get health information and family planning and general health supplies. In NSDP areas, 87% of these women (and 89% of poor women) identified NSDP depotholders. The principal reason for contact with depotholders was for family planning supplies, particularly pills.

Knowledge of Health Promotion Behaviors: Women whose children had not yet completed all vaccinations and who had a vaccination card were asked if they knew when their child's next vaccination was due. Approximately one in six in NSDP areas knew when the next immunization was scheduled. Rates were similar in non-NSDP areas. In both areas, this marks a decline since 2001.

Knowledge of the exact reasons for taking vitamin A remained low. Only 31% of women in NSDP areas said that vitamin A helps to prevent night blindness (nonetheless an increase from 18% in 2001). One in five reported that vitamin A increases resistance to infections and approximately half knew that vitamin A improves children's health.

There have been only minor changes in the proportions of women knowing of specific complications of pregnancy. Except for tetanus, awareness of complications of pregnancy remains low. Only 39% of women identified retention of the placenta as a complication (from 36% in 2001). Only 24% and 17% identified eclampsia and prolonged labor, respectively, as complications of pregnancy (the figures for 2001 were 28% and 14%). Six percent of women do not know a single danger sign or complication of pregnancy, down from 10% in 2001. Nearly all of the women identifying a complication of pregnancy knew to seek care at a medical facility.

Early Childhood Mortality: The infant mortality rate in NSDP areas for the 5-year period preceding the survey was 73 deaths per 1,000 live births, a decline from 77 in 2001. The child mortality rate was 20 deaths per 1,000 in 2003, which is a decline from the 28.6 in 2001. The infant mortality rate (63.7 deaths per 1,000 live births) was lower in non-NSDP areas. For the 10-year period preceding the survey, the infant mortality rate for the poorest in project areas was 105.9 (against 80.1 for the full sample in project areas). The overall child mortality rate in project areas was 26.2 for the full sample and 40.1 for the poorest. The 10-year period infant mortality rates in NSDP areas were highest in Dhaka (91.7) and lowest in Khulna/Barisal division (59.9). In both NSDP and non-NSDP areas, mortality rates have declined significantly over the past 15 years.

Fertility: The total fertility rate for the three years preceding the survey in NSDP areas was 3.3 births per woman, down from 3.6 births per woman in 2001. A notable downward trend could be seen in NSDP areas, though it began prior to the start of the project and was paralleled in non-NSDP areas.

Table S.3 Summary table of rural NSDP results framework indicators; 1998, 2001 and 2003, project and non-project areas

	Project Areas			Non-project Areas		
	RSDP Baseline Survey 1998	RSDP Survey 2001	Rural NSDP Survey 2003	RSDP Baseline Survey 1998	RSDP Survey 2001	Rural NSDP Survey 2003
SO: Fertility reduced; family health improved						
Total fertility rate 15-49 (3 year recall)	x	3.6	3.3	x	3.3	3.2
Infant Mortality Rate	x	77.0	72.9	x	70.5	63.7
Child Mortality Rate	x	28.6	19.9	x	24.1	21.8
Under 5 Mortality Rate	x	103.4	91.3	x	92.9	84.1
IR 1: Increased use of high-impact elements of an "Essential Service Package" among target populations, especially in low-performing areas.						
Contraceptive prevalence rate (modern methods)						
Among currently married women						
Any method	45.5	47.0	53.6	45.3	49.4	55.8
Any modern method	36.5	40.4	46.0	37.6	41.6	46.9
Pill	18.9	20.4	23.1	20.3	23.9	26.7
IUD	1.0	0.7	0.5	1.8	0.7	0.6
Injection	8.1	11.0	13.8	7.1	7.2	9.9
Condom	1.8	1.8	1.8	1.7	2.6	3.0
Female Sterilization	6.2	5.5	5.8	6.3	6.5	5.8
Male Sterilization	0.3	0.4	0.4	0.3	0.1	0.4
Norplant	0.2	0.5	0.6	0.1	0.6	0.5
Any traditional	9.0	6.5	7.2	7.7	7.8	8.5
Not Using Any method	54.5	53.0	46.4	54.7	50.6	44.2
Contraceptive prevalence rate (modern methods)						
Among married adolescents						
Age 10-14	15.1	16.9	21.7	13.1	12.6	29.4
Age 15-19	26.6	27.4	35.2	25.1	28.3	36.9

Table S.3 Continued

	Project Areas			Non-project Areas		
	RSDP Baseline Survey 1998	RSDP Survey 2001	Rural NSDP Survey 2003	RSDP Baseline Survey 1998	RSDP Survey 2001	Rural NSDP Survey 2003
Percent of children age 12-23 months who received specific vaccines at any time before the survey (source is either vaccination card or mothers report)						
BCG	89.3	89.0	90.7	89.8	90.7	93.7
DPT3	67.6	55.2	60.3	68.2	59.5	66.6
Polio3	72.1	78.6	82.9	71.8	85.5	84.7
Measles	68.9	62.9	70.7	70.6	71.7	77.9
All	58.9	45.8	49.2	59.3	51.8	58.4
Percent of children (9-59 months) receiving Vitamin-A capsules semi-annually	x	70.1	73.9	x	75.5	75.9
Percent of child diarrheal episodes treated with ORT in target populations						
Packet ORS	53.1	66.6	73.4	44.9	59.7	73.7
Laban gur saline	12.6	24.4	21.6	9.5	25.7	14.2
Oral Rehydration Therapy (ORS or *laban gur*)	62.9	75.4	80.0	50.9	67.5	76.2
Percent of child ARI cases treated in target populations						
Health Facility	32.4	23.7	31.9	44.4	25.3	30.5
Percent of live births for which women in target populations made one or more ANC visits, by age						
Women with a live birth in last 1 year	39.3	46.8	53.9	42.6	39.1	50.3
Women with live birth in last 3 years	x	42.9	51.1	x	38.1	46.1
Percent of women receiving antenatal care from a trained medical provider, live births last 3 years	x	35.2	43.9	x	27.9	37.7
Percent of pregnant women taking iron supplementation (last 1 year)	x	41.3	48.2	x	42.5	45.1

Table S.3 Continued

	Project Areas			Non-project Areas		
	RSDP Baseline Survey 1998	RSDP Survey 2001	Rural NSDP Survey 2003	RSDP Baseline Survey 1998	RSDP Survey 2001	Rural NSDP Survey 2003
IR 2: Increased knowledge and changed behaviors related to high-priority health problems, especially in low-performing areas.						
Percent of married women in catchment populations that can name available ESP services related to maternal health, reproductive health, child health						
Static Clinic						
Clinical FP Method	56.3	61.8	61.5	x	x	x
Non-clinical FP Method	70.1	58.5	52.8	x	x	x
Advice for side effects	3.9	4.1	6.1	x	x	x
ANC	38.4	44.4	63.9	x	x	x
PNC	5.8	6.7	10.3	x	x	x
EPI	20.0	47.2	47.4	x	x	x
Oral Saline	22.8	13.8	12.9	x	x	x
Satellite Clinic						
Clinical FP Method	41.5	50.2	64.3	x	x	x
Non-clinical FP Method	59.4	59.7	59.5	x	x	x
Advice for side effects of family planning use	2.2	2.2	3.9	x	x	x
ANC	57.5	45.9	62.0	x	x	x
PNC	7.4	5.8	5.0	x	x	x
EPI	54.0	65.8	70.0	x	x	x
Oral Saline	15.4	9.2	10.1	x	x	x
Percent of potential clients who can describe three family modern planning methods including indications for use						
Know three methods	x	97.4	98.1	x	98.6	98.4

Table S.3 Continued

	Project Areas			Non-project Areas		
	RSDP Baseline Survey 1998	RSDP Survey 2001	Rural NSDP Survey 2003	RSDP Baseline Survey 1998	RSDP Survey 2001	Rural NSDP Survey 2003
Know for limiting						
Female Sterilization	x	73.6	x	x	77.3	x
Male Sterilization	x	10.6	x	x	9.3	x
Pill	x	17.7	x	x	18.2	x
IUD	x	9.1	x	x	11.0	x
Injection	x	23.8	x	x	21.2	x
Implants	x	4.2	x	x	4.3	x
Condoms	x	2.4	x	x	2.7	x
Know for spacing						
Female Sterilization	x	1.3	x	x	1.1	x
Male Sterilization	x	0.3	x	x	0.2	x
Pill	x	83.1	x	x	85.2	x
IUD	x	19.3	x	x	23.5	x
Injection	x	62.7	x	x	60.4	x
Implants	x	8.3	x	x	7.3	x
Condoms	x	21.0	x	x	24.7	x
Percent of mothers who know when their child's next Immunization is due; the importance of vitamin-A; how to respond to childhood diarrhea and ARI; danger signs of pregnancy						
When child's next immunization due						
DPT3	x	26.9	17.3	x	27.4	18.9
Polio3	x	26.4	18.3	x	25.9	19.1
Both	x	26.4	17.3	x	25.9	19.1
Importance of vitamin A						
To prevent night blindness	x	17.7	30.9	x	22.2	34.1

Table S.3 Continued

	Project Areas			Non-project Areas		
	RSDP Baseline Survey 1998	RSDP Survey 2001	Rural NSDP Survey 2003	RSDP Baseline Survey 1998	RSDP Survey 2001	Rural NSDP Survey 2003
To increase resistance to infections	x	20.6	21.9	x	23.2	21.6
To improve child's health	x	45.2	48.8	x	45.2	49.3
How to respond to childhood diarrhea						
Give homemade ORS/*laban gur*	x	57.8	x	x	59.3	x
Treat with ORS	x	86.8	x	x	89.5	x
Take child to health facility/consult a doctor	x	55.0	x	x	54.6	x
How to respond to childhood ARI						
Take child to health facility	x	28.7	x	x	24.4	x
Consult a doctor	x	71.5	x	x	76.3	x
Know danger signs for pregnancy and how to react						
Tetanus	x	54.1	58.1	x	57.2	57.0
Obstructed Labor	x	37.0	26.1	x	37.8	25.6
Convulsions/Eclampsia	x	27.9	24.2	x	27.2	27.8
Retained Placenta	x	35.6	39.0	x	36.0	40.5
Poor positioning of fetus	x	28.0	36.6	x	30.3	37.8
Excessive vaginal bleeding	x	16.0	16.6	x	19.1	18.5
Don't Know	x	9.4	6.4	x	8.6	5.9
Seek medical care	x	99.1	99.6	x	99.4	99.6
Percent of married women who know the recommended number of TT vaccinations	x	17.2	30.5	x	21.8	34.1
Percent of women who exclusively breastfeed,by 2 month intervals						
0-1 month	x	54.2	68.3	x	57.6	78.4
2-3 months	x	39.2	50.4	x	47.0	34.6
4-5 months	x	28.4	32.5	x	24.5	32.9
6-7 months	x	11.6	7.2	x	13.6	7.8
8-9 months	x	5.0	4.8	x	5.3	2.9
10-11 months	x	2.9	2.0	x	1.6	3.4

Table S.3 Continued

	Project Areas			Non-project Areas		
	RSDP Baseline Survey 1998	RSDP Survey 2001	Rural NSDP Survey 2003	RSDP Baseline Survey 1998	RSDP Survey 2001	Rural NSDP Survey 2003
IR 3: Improved quality of services at NSDP facilities						
Drop-out rates for EPI						
DPT3	22.1	35.8	32.2	22.1	28.1	28.6
Polio3	18.1	12.8	6.1	18.9	6.3	7.8
Contraceptive Method Discontinuation Rates						
Oral Contraceptives	x	41.7	41.4	x	33.7	33.6
IUDs	x	30.5	32.6	x	25.5	23.4
Injectables	x	40.3	40.9	x	39.9	40.5

CHAPTER 1. INTRODUCTION

1.1 Background of NGO Service Delivery Program

The NGO Service Delivery Program (NSDP) is a four-year, U.S. $60 million project funded by the U.S. Agency for International Development (USAID). The NSDP was inaugurated in July 2002 to promote delivery and use of an essential services package (ESP)[1] of family planning and family health services in underserved areas of Bangladesh. At that time, the rural and urban components of the USAID-funded National Integrated Population and Health Program (NIPHP) – the Rural Service Delivery Partnership (RSDP) and the Urban Family Health Partnership (UFHP) – were merged into the NSDP. The NSDP's strategic objectives are similar to those of the NIPHP. To achieve reduced fertility and improved family health, the NSDP, in collaboration with 41 nongovernmental organizations (NGOs), provides the full range of essential reproductive and family health services in one stop while promoting sustainability of family health services and an improved support system. Eighteen of the 19 RSDP NGOs, and 23 UFHP NGOs, are engaged in the delivery of the ESP under the NSDP umbrella, providing services in 139 rural and 139 urban upazilas through 278 static clinics, 13,000 satellite clinics, and 6,000 depotholders.

To monitor and evaluate the performance of the program, a baseline evaluation survey was conducted in the RSDP and UFHP program areas in 1998, followed by mid-term evaluations conducted in 2001. A second mid-project evaluation was carried out in 2003. This report presents the main results of the 2003 Rural NGO Service Delivery Program Evaluation Survey, which examined the rural component of the NSDP.

1.2 Population

The rural component of NSDP covered approximately 1.7 million eligible couples in rural areas of six divisions. This compares with a catchment population of 2.2 million in 2001. The decline is largely due to the withdrawal in 2002 of the largest NGO from the RSDP program, BRAC. About 40% of the program's population resided in Dhaka division. Small proportions are located in Barisal (2.0%) and Sylhet (5.7%) divisions (Table 1.1). For the purposes of the survey, we combined estimates for Barisal and Sylhet with Khulna and Chittagong, respectively.

Table 1.1. Distribution of project population by division, rural areas, 2003

Division	Population	Percentage
Barisal	172,186	2.0
Khulna	760,705	8.6
Chittagong	341,472	23.6
Sylhet	506,074	5.7
Dhaka	3,433,420	38.9
Rajshahi	1,866,033	21.2
Total	8,821,398	100.00

[1] The ESP includes services in the following areas: reproductive health (family planning and maternal care), child health (EPI, ARI, CDD), communicable disease control (reproductive tract infection and sexually transmitted disease prevention and treatment, HIV/AIDS), and limited curative care.

1.3 Survey Objective

The main objective of the survey was to monitor changes in the USAID performance indicators since the mid-project evaluation in 2001. The NSDP Result Framework Performance Indicators at the time of the survey design provided the framework for this. These were designed to monitor changes both in health outcomes – the strategic objective – and five intermediate behavioral and knowledge areas. The overall strategic objective of the project is to reduce fertility and to improve family health. The intermediate results included: increased use of an ESP; increased knowledge and changed behaviors; improved quality of services at RSDP facilities; improved management of RSDP service delivery organizations; and increased sustainability of RSDP service delivery organizations. Indicators were provided for the strategic objective and each of the intermediate results.

1.4 Organization of the Survey

As in the 2001 RSDP evaluation and 1998 baseline surveys, a representative sample of households in program areas was used. In addition, a sample was drawn from rural non-program areas (areas outside of the NSDP). The purpose of including a sample of comparison areas was to distinguish the effects of the NSDP from other forces acting within rural Bangladesh. The rural non-NSDP comparison areas were chosen to be as similar to NSDP areas as possible and were selected from areas adjacent to NSDP project areas. Differences – in changes over time and in the levels of key indicators – could then be ascribed to the NSDP in project areas relative to the presence of a different set of health care providers in non-NSDP areas.

Sample Design

The rural component of the 2003 NSDP Evaluation Survey was intended to provide estimates for six sample domains: the four divisions in which the project operates,[2] the rural NSDP project as a whole, and rural non-NSDP comparison areas. The sample size for the survey was 7,507 women from the NSDP project areas and 4,372 women from non-NSDP areas.

The 2003 rural project population was smaller than in 2001, largely due to BRAC's departure from the RSDP (see Table 1.2). The project population decreased most dramatically in Sylhet and increased substantially in Chittagong. Overall, 34.6% of the 2001 rural project population had been lost by 2003, while 14.1% of the 2003 project population was newly added.

Table 1.2. Change in the project population 2001 to 2003

Distribution of the project population (in thousands, percentile distributions in parenthesis)		
	2001	**2003**
Chittagong	1,825 (15.8)	2,083 (23.6)
Khulna	684 (5.9)	761 (8.6)
Dhaka	4,003 (34.6)	3,433 (38.9)
Rajshahi	2,422 (21.0)	1,866 (21.2)
Sylhet	2,505 (21.7)	506 (5.7)
Barisal	121 (1.1)	172 (2.0)
Total Population	11,561 (100.0)	8,821 (100.0)

[2] While the project supports NGOs in all six divisions, it operates in only a few areas in Barisal and Sylhet divisions. As a result, Khulna and Barisal divisions were treated as a single domain, as were Chittagong and Sylhet.

A sample design similar to that used in the 2001 survey was also employed for the 2003 NSDP evaluation survey. In both, a representative sample of the project population was drawn in two stages. In the first, a total of 237 clusters were selected in NSDP areas. A cluster was defined as the area covered by an NSDP satellite or static clinic. Sample clusters in areas serviced by BRAC in 2001 were excluded because of that NGO's departure from the RSDP, and some new clusters covered by the NSDP rural NGOs were included. To ensure maximum precision and minimum bias in estimating the change between the 2001 and 2003 surveys, it was intended that the 2001 sample clusters would be retained to the greatest degree possible. Out of 302 clusters in project areas in 2001, it was possible to retain 205. An additional 32 new ones were drawn from new project areas.[3] As in 2001, the eligible couple population by division was used to obtain the number of clusters for each division. Since the 2003 sample was not self-weighted, weighting factors were applied to estimate the project-level figures.

Of the chosen project clusters, four were selected from Barisal, 44 from Chittagong, 90 from Dhaka, 39 from Khulna, 49 from Rajshahi, and 11 from Sylhet divisions. A total of 145 non-project comparison clusters were selected. Clusters from comparison areas were selected from areas adjoining NSDP program areas in proportion to population size. Using a similar sampling strategy, 73 old (2001 survey) comparison clusters were retained in the sample and another 72 were selected with equal probability to serve as new comparison areas.

For every selected cluster from the NSDP and non-NSDP comparison areas, 150 to 350 households were listed, proceeding from the northwest corner of the area. From each project cluster, 36 households were then systematically selected with the expectation that at least 32 eligible women (ever-married age 10 to 49 years) would be found for interviews. Similarly, from each comparison cluster, 34 households were systematically selected with the expectation that at least 30 eligible women would be found for interviews. Ultimately interviewed were 7,507 women from NSDP program areas and 4,372 from comparison areas.

Implementation of the Survey

The 2003 rural component of the NSDP evaluation survey was implemented by Associates for Community and Population Research (ACPR), a Bangladesh research firm located in Dhaka. A four-member research team at ACPR headed by Prof. M. Sekander Hayat Khan was responsible for implementing the survey. The other members of the team were Nitai Chakraborty, A. P. M. Shafiur Rahman, and Tauhida Nasrin. Technical assistance to the survey was provided by MEASURE Evaluation, a USAID-funded project implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill.

[3] In the 2001 RSDP survey, 302 sample clusters were selected from project areas of which 79 clusters were from BRAC areas.

Survey Instruments

Three instruments were used for the 2003 rural component of NSDP evaluation survey/household survey:

- household listing schedule
- household questionnaire
- women's questionnaire

These were initially developed by MEASURE Evaluation before being reviewed by USAID/Dhaka and pre-tested by ACPR. The questionnaires were developed in English and then translated into Bangla. The household listing schedule was used to conduct the household listing operation in each cluster area on order to systematically select the required number of households from each. The household questionnaire was used to list all usual members and visitors in the selected households. Some basic information was collected on the characteristics of each person, including age, sex, marital status, education, and relationship to the head of the household. The main purpose of the household questionnaire was to identify ever-married women age 10 to 49 years for individual interview. In addition, information was collected about the dwelling itself, such as the source of water, type of toilet facilities, materials used to construct the house, and ownership of various consumer goods. The women's questionnaire collected information from ever-married women age 10 to 49 years. The women were questioned about the following topics:

- Background characteristics (age, current marital status, education, religion, exposure to mass media, etc.)
- Reproductive history
- Knowledge and use of family planning methods
- Pregnancy, postnatal care, and breastfeeding practices
- Immunization and child health care
- Fertility preferences
- Knowledge of existing health services and providers
- Husband's background, respondent's work, and respondent's level of autonomy within the household

Training and Field Work

Field staff for the household listing phase were recruited in the first week of May 2003 and trained at ACPR from May 17 to May 21, 2003. Listing operations were conducted from May 22 to June 30, 2003. Thirty teams, each consisting of one supervisor and two listers, were deployed for the listing operation.

The women's questionnaire was pre-tested from May 15 to May 22, 2003. For the pretest, male and female interviewers were trained at ACPR. Interviews were then conducted in Suvadda and Chunkutia areas in Manikganj under the observation of ACPR's research team members, MEASURE Evaluation, and USAID/Dhaka. Altogether, 48 questionnaires were completed. Based on the experience in the field and suggestions made by pretest staff, modifications were made in the wording

and translations of the questionnaire. In mid-May 2003, field staff for the main survey were recruited. Recruitment criteria included educational attainment, experience in other surveys, and the ability to spend three weeks in training and at least three months in the field. Training for the main survey was conducted at a rented venue for 17 days from May 25 to June 10, 2003, including two days for field practice. Training consisted of lectures on the objectives and methodology of the survey, techniques of interviewing, and how to complete the questionnaire. Group discussions and mock interviews between participants were used to gain practice asking questions. Those with satisfactory performance in the course were selected for fieldwork. Those whose performance was considered superior were selected as supervisors.

Fieldwork commenced on June 11, 2003 and was completed on September 17, 2003. It was carried out by 23 interviewing teams. Each consisted of one male supervisor and one female supervisor, four female interviewers, and one field assistant. In addition to supervision and team management, the male supervisor was responsible for recording Global Positioning System (GPS) location coordinates of the sample clusters. Field work was done in four phases. ACPR fielded five quality control teams of two people each to monitor the field activities of the teams. In addition, research team members from ACPR monitored the field work by visiting the teams in the field. Moreover, a survey expert from MEASURE Evaluation and USAID/Dhaka also visited teams in the field.

Data Processing

Data processing commenced in mid-July 2003 and was completed on September 30, 2003. It was done at the ACPR office in Dhaka. All the filled-in questionnaires for the survey were returned to the data processing cell of ACPR. The data processing operations consisted of office editing, data entry, and editing inconsistencies found by computer programs. The data were processed on 11 microcomputers working in double shifts, carried out by 22 data entry operators and two data entry supervisors. To minimize error, a double data entry procedure was followed. The data entry and editing programs were written in the software program.

Response Rates

Table 1.3 shows response rates for the survey. A total of 8,532 households in project areas and 4,930 households in non-project areas were selected for the sample. Of this sample, 12,547 (7,926 project and 4,621 non-project) households were successfully interviewed. The reasons for the shortfall were that the dwellings were either vacant or the inhabitants were absent for an extended period at the time they were visited by the interviewing teams. More than 99% of households were successfully interviewed. In these households, 13,318 (8,416 project and 4,902 non-project) women were identified as eligible for the individual interviewers (i.e. ever-married women age 10 to 49 years), and interviews were completed for 11,879 (7,507 project and 4,372 non-project) or 89.2% of them. The main reason for non-response among the eligible women was the failure to find them at home despite repeated visits to the households. Response rates were about the same as in the 2001 RSDP evaluation survey.

Table 1.3. Results of the households and individual interviews

Number of households, number of eligible women interviewed and response rates according to residence, Rural NSDP and non-NSDP areas, 2003

	Project Areas					
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	Non-project Areas
Dwellings sampled	1,980	1,548	3,240	1,764	8,532	4,930
Households found	1,813	1,458	3,020	1,688	7,979	4,647
Households interview	1,809	1,446	3,003	1,668	7,926	4,621
Household response rate	99.8	99.2	99.4	98.8	99.3	99.4
Eligible Women(EW)	2,050	1,522	3,130	1,714	8,416	4,902
EW interviewed	1,759	1,383	2,805	1,560	7,507	4,372
EW response rate	85.8	90.9	89.6	91.0	89.2	89.2

CHAPTER 2. HOUSEHOLD POPULATION AND HOUSING CHARACTERISTICS

This chapter describes general characteristics of the population of the rural NSDP and non-NSDP comparison areas. The aim is to examine the environment in which women and children lived. The characteristics considered are age-sex structure, literacy and education, household size and headship, marital status, housing characteristics (including sanitation facilities and household possession of durable items), and characteristics of children. This information will support a better understanding of the many social and demographic phenomena discussed in the following chapters.

A household was defined as a person or group of people who lived together and shared food. A household questionnaire collected information on the demographic and social characteristics of the de facto household (those who spent the night before the interview in the household).

2.1 Age and sex composition

The distribution of the household populations in rural project and non-project comparison areas, by five-year age groups, sex, and division is shown in tables 2.1A and 2.1B. The population was roughly equally divided into males and females in both project and non-project areas. There were more people in younger age groups than older groups because of high levels of fertility in the past. About 39% of the population was younger than 15 years of age, and about 5% was age 65 years old or older. The age distribution in project and non-project areas was similar. As expected, the age distribution pattern was similar to what was observed in 2001.

Table 2.1A Household population by age, sex, and residence

Percent distribution of the de facto household population by five-year age group, according to sex, and project and non-project areas, 2003

	Project Areas																	
	Chittagong/Sylhet			Khulna/Barisal			Dhaka			Rajshahi			Total			Non-project areas		
Age group	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	14.2	13.2	13.7	10.9	11.9	11.4	12.2	12.5	12.4	11.4	10.8	11.1	12.5	12.3	12.4	12.2	11.8	12.0
5-9	14.9	14.1	14.5	14.3	11.1	12.7	14.4	13.7	14.0	12.5	12.4	12.4	14.1	13.2	13.7	13.0	12.9	12.9
10-14	14.1	13.3	13.7	13.0	14.8	13.9	13.2	12.7	12.9	12.3	12.4	12.3	13.2	13.0	13.1	12.8	12.7	12.8
15-19	10.9	13.4	12.2	10.6	11.6	11.1	10.3	12.4	11.4	10.3	12.3	11.3	10.5	12.6	11.6	10.9	12.5	11.7
20-24	7.6	8.4	8.0	6.7	8.9	7.8	6.8	9.1	7.9	7.3	10.1	8.7	7.1	9.1	8.1	7.6	9.6	8.6
25-29	6.1	7.1	6.6	7.1	7.8	7.4	6.5	7.4	6.9	7.6	9.0	8.3	6.7	7.7	7.2	6.7	7.5	7.1
30-34	5.4	6.1	5.8	6.1	8.4	7.3	6.2	6.7	6.5	6.9	7.4	7.1	6.1	6.9	6.5	6.1	7.2	6.7
35-39	5.5	5.4	5.4	7.3	5.8	6.5	5.9	6.1	6.0	6.9	5.8	6.4	6.1	5.8	6.0	6.6	5.6	6.1
40-44	4.9	4.2	4.6	6.3	4.4	5.4	5.4	5.1	5.2	6.4	4.9	5.6	5.6	4.7	5.1	5.5	4.6	5.0
45-49	3.4	3.0	3.2	4.2	3.1	3.7	4.1	2.9	3.5	4.9	3.3	4.1	4.1	3.0	3.6	4.2	3.3	3.8
50-54	2.9	2.0	2.5	2.8	2.6	2.7	4.0	2.4	3.2	3.5	3.0	3.2	3.4	2.4	2.9	3.6	2.7	3.1
55-59	1.7	2.5	2.1	2.7	2.5	2.6	2.2	2.7	2.4	2.6	2.6	2.6	2.2	2.6	2.4	2.0	3.0	2.5
60-64	2.2	2.6	2.4	2.5	2.5	2.5	2.7	2.9	2.8	1.9	2.6	2.3	2.4	2.7	2.5	2.4	2.5	2.5
65-69	1.6	1.3	1.4	1.9	1.9	1.9	1.4	1.1	1.3	1.9	1.3	1.6	1.6	1.3	1.5	1.8	1.3	1.6
70-74	1.8	1.6	1.7	1.8	1.0	1.4	2.4	1.1	1.8	2.1	1.0	1.5	2.1	1.2	1.7	2.0	1.4	1.7
75-79	1.3	0.5	0.9	0.6	0.5	0.5	0.9	0.4	0.6	0.7	0.3	0.5	0.9	0.4	0.7	0.9	0.4	0.6
80 +	1.5	1.1	1.3	1.2	1.2	1.2	1.3	1.0	1.2	0.9	0.8	0.9	1.3	1.0	1.1	1.5	1.0	1.2
Missing /DK	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	5,584	5,746	11,330	2,094	2,057	4,152	7,794	7,696	15,490	4,249	4,047	8,296	19,721	19,547	39,267	11,594	11,561	23,154

Table 2.1B Population pyramid

Percent distribution of the de facto household population by five-year age group, according to sex and project and non-project areas

	Project Areas															Non project areas		
	Chittagong/Sylhet			Khulna/Barisal			Dhaka			Rajshahi			Total					
Age group	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	7.0	6.7	13.7	5.5	5.9	11.4	6.2	6.2	12.4	5.8	5.3	11.1	6.3	6.1	12.4	6.1	5.9	12.0
5-9	7.3	7.1	14.5	7.2	5.5	12.7	7.2	6.8	14.0	6.4	6.0	12.4	7.1	6.6	13.7	6.5	6.4	12.9
10-14	6.9	6.8	13.7	6.6	7.3	13.9	6.6	6.3	12.9	6.3	6.0	12.3	6.6	6.5	13.1	6.4	6.3	12.8
15-19	5.4	6.8	12.2	5.4	5.8	11.1	5.2	6.2	11.4	5.3	6.0	11.3	5.3	6.3	11.6	5.5	6.3	11.7
20-24	3.8	4.3	8.0	3.4	4.4	7.8	3.4	4.5	7.9	3.7	4.9	8.7	3.6	4.5	8.1	3.8	4.8	8.6
25-29	3.0	3.6	6.6	3.6	3.9	7.4	3.3	3.7	6.9	3.9	4.4	8.3	3.4	3.8	7.2	3.4	3.7	7.1
30-34	2.6	3.1	5.8	3.1	4.2	7.3	3.1	3.3	6.5	3.5	3.6	7.1	3.1	3.4	6.5	3.1	3.6	6.7
35-39	2.7	2.7	5.4	3.7	2.9	6.5	3.0	3.0	6.0	3.5	2.9	6.4	3.1	2.9	6.0	3.3	2.8	6.1
40-44	2.4	2.1	4.6	3.2	2.2	5.4	2.7	2.5	5.2	3.3	2.4	5.6	2.8	2.3	5.1	2.7	2.3	5.0
45-49	1.7	1.5	3.2	2.1	1.5	3.7	2.0	1.4	3.5	2.5	1.6	4.1	2.1	1.5	3.6	2.1	1.7	3.8
50-54	1.4	1.0	2.5	1.4	1.3	2.7	2.0	1.2	3.2	1.8	1.5	3.2	1.7	1.2	2.9	1.8	1.3	3.1
55-59	0.9	1.3	2.1	1.3	1.2	2.6	1.1	1.3	2.4	1.3	1.3	2.6	1.1	1.3	2.4	1.0	1.5	2.5
60-64	1.1	1.3	2.4	1.3	1.3	2.5	1.4	1.4	2.8	1.0	1.3	2.3	1.2	1.3	2.5	1.2	1.2	2.5
65-69	0.8	0.7	1.4	1.0	0.9	1.9	0.7	0.6	1.3	1.0	0.6	1.6	0.8	0.6	1.5	0.9	0.7	1.6
70-74	0.9	0.8	1.7	0.9	0.5	1.4	1.2	0.6	1.8	1.1	0.5	1.5	1.1	0.6	1.7	1.0	0.7	1.7
75-79	0.7	0.2	0.9	0.3	0.2	0.5	0.4	0.2	0.6	0.4	0.1	0.5	0.5	0.2	0.7	0.4	0.2	0.6
80 +	0.7	0.6	1.3	0.6	0.6	1.2	0.7	0.5	1.2	0.5	0.4	0.9	0.6	0.5	1.1	0.7	0.5	1.2
Missing /DK	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	49.3	50.7	100.0	50.4	49.6	100.0	50.3	49.7	100.0	51.2	48.8	100.0	50.2	49.8	100.0	50.1	49.9	100.0
Number	5,584	5,746	11,330	2,094	2,057	4,152	7,794	7,696	15,490	4,249	4,047	8,296	19,721	19,547	39,267	11,594	11,561	23,154

2.2 Household Composition

The distribution of de jure households members by sex of head of household and household size in rural project and non-project areas is given in Table 2.2. (A de jure household includes all members identified as living in the home, regardless of whether they were present during the time of interview.) Only a minority of households were headed by females. Female-headed households were equally uncommon in all divisions, with the exception of Chittagong (where a higher proportion of males lived away from the usual residence either for business or foreign employment). This was in line with 2001 evaluation findings.

Average household size was 5.1 people in project areas project and 5.2 in non-project areas. This figure compared exactly with the 2001 RSDP evaluation survey, the Bangladesh Demographic and Health Survey 1999-2000, and the RSDP baseline survey figures. The mean household size was higher in Chittagong/Sylhet division. Single-person households were rare in every area.

2.3 Marital Status of Household Population

The distribution of the household population by five-year age group according to marital status and survey domains is given in Table 2.3A. This shows that a significant number of people were married at a rather very early age. There was no variation in the pattern among the divisions of project areas.

Table 2.2 Household composition

Percent distribution of households by sex of head of household, household size, and presence of foster children in household, according to project and non-project areas, 2003

	Project Areas					
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	Non-project areas
Sex of household head						
Male	87.4	96.2	92.4	95.0	92.2	91.6
Female	12.6	3.8	7.6	5.0	7.8	8.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of usual members						
0	0.1	0.0	0.0	0.0	0.0	0.0
1	0.9	1.2	1.2	1.6	1.2	1.2
2	4.0	5.7	7.0	9.3	6.7	6.4
3	9.1	16.4	13.4	19.2	14.1	14.0
4	14.3	24.9	21.5	25.7	21.1	20.8
5	19.0	21.3	21.1	21.8	20.8	20.4
6	16.8	14.6	15.7	10.8	14.7	14.4
7	13.2	8.4	9.8	6.1	9.6	10.6
8	7.8	3.1	4.8	2.6	4.8	4.8
9+	14.7	4.4	5.5	2.9	7.0	7.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Mean size	6.1	4.9	5.0	4.5	5.1	5.2

Table 2.3A Marital status – males

Percent distribution of male household population by five year age group according to marital status, according to project and non -project areas, 2003

	Project Areas																	
	Chittagong/Sylhet			Khulna/Barisal			Dhaka			Rajshahi			Total			Non-project Areas		
Age group	CM	FM	NM	CM	FM	NM	CM	FM	NM	CM	FM	NM	CM	FM	NM	CM	FM	NM
10-14	0.3	0.0	99.7	0.4	0.2	99.4	0.4	0.2	99.4	0.2	0.0	99.8	0.3	0.1	99.6	0.4	0.1	99.5
15-19	1.9	0.2	98.0	8.9	0.4	90.7	4.8	0.1	95.1	6.5	0.2	93.2	4.7	0.2	95.1	3.8	0.1	96.1
20-24	17.9	0.0	82.1	41.8	0.9	57.4	24.3	0.7	75.0	42.1	0.3	57.5	27.8	0.4	71.8	22.0	0.1	77.9
25-29	54.1	0.6	45.4	75.0	0.3	24.7	64.4	0.4	35.2	75.3	0.3	24.3	65.5	0.4	34.1	57.5	0.2	42.3
30-34	81.7	0.3	18.0	92.4	1.2	6.3	88.7	0.8	10.5	92.8	0.4	6.8	88.2	0.6	11.1	82.3	0.8	16.9
35-39	93.5	0.7	5.9	96.6	0.0	3.4	96.9	0.4	2.7	97.8	0.4	1.9	96.2	0.4	3.4	96.2	0.7	3.2
40-44	97.8	0.4	1.8	98.5	1.2	0.4	99.5	0.2	0.2	98.8	1.2	0.0	98.8	0.6	0.6	97.8	1.1	1.1
45-49	98.5	1.0	0.5	99.4	0.0	0.6	97.9	0.9	1.2	99.5	0.5	0.0	98.6	0.7	0.7	99.6	0.4	0.0
50-54	98.7	1.3	0.0	99.1	0.9	0.0	97.4	2.0	0.7	98.5	0.7	0.7	98.1	1.4	0.5	99.0	0.5	0.5
55-59	99.0	1.0	0.0	100.0	0.0	0.0	96.4	3.0	0.6	95.8	4.2	0.0	97.3	2.4	0.2	98.9	1.1	0.0
60-64	99.2	0.8	0.0	97.0	3.0	0.0	96.1	3.9	0.0	97.3	2.7	0.0	97.2	2.8	0.0	94.9	4.8	0.3
65-69	96.4	3.6	0.0	100.0	0.0	0.0	99.1	0.9	0.0	91.7	8.3	0.0	96.6	3.4	0.0	95.6	4.4	0.0
70-74	91.8	7.1	1.0	92.0	6.7	1.3	94.3	5.7	0.0	93.4	6.6	0.0	93.3	6.3	0.4	92.9	6.8	0.3
75-79	95.9	4.1	0.0	87.1	12.9	0.0	86.6	13.4	0.0	88.5	11.5	0.0	90.7	9.3	0.0	93.9	6.1	0.0
80 +	87.2	12.8	0.0	91.9	8.1	0.0	86.0	14.0	0.0	88.2	11.8	0.0	87.3	12.7	0.0	82.4	17.6	0.0
Missing /DK	0.0	100.0	0.0	-	-	-	100.0	0.0	0.0	-	-	-	74.7	25.3	0.0	100.0	0.0	0.0
Total	49.5	0.9	49.6	60.3	0.9	38.8	56.1	1.2	42.7	61.0	1.2	37.8	55.8	1.1	43.1	54.4	1.2	44.5
Number	2,101	40	2,104	1,002	15	644	3,446	77	2,621	2,039	39	1,264	8,589	170	6,633	5,019	109	4,105

Note: Table is based on the jure members, i.e., usual residents. CM = currently married, FM = formerly married, NM = never married.

Table 2.3B Marital status – females

Percent distribution of female household population by five year age group according tot marital status, according to project and non -project areas, 2003

	Project Areas															Non-project Areas		
	Chittagong/Sylhet			Khulna/Barisal			Dhaka			Rajshahi			Total					
Age group	CM	FM	NM	CM	FM	NM	CM	FM	NM	CM	FM	NM	CM	FM	NM	CM	FM	NM
10-14	2.5	0.0	97.5	5.4	0.2	94.5	3.1	0.1	96.8	7.4	0.2	92.3	4.0	0.1	95.8	3.6	0.0	96.4
15-19	34.2	0.4	65.4	53.9	1.3	44.8	48.6	1.0	50.4	58.9	1.1	40.0	46.8	0.9	52.4	41.5	0.6	57.8
20-24	74.9	2.5	22.5	85.4	2.4	12.2	83.3	2.3	14.4	83.5	3.8	12.7	81.3	2.7	16.0	81.3	1.6	17.1
25-29	90.8	4.5	4.7	94.6	1.6	3.8	93.3	3.1	3.5	94.8	3.4	1.8	93.1	3.4	3.5	92.0	3.4	4.5
30-34	92.9	5.0	2.1	95.1	4.2	0.6	94.0	5.0	1.0	95.5	4.2	0.4	94.2	4.7	1.1	93.0	5.4	1.6
35-39	88.9	11.1	0.0	92.8	6.8	0.4	90.1	9.2	0.7	90.9	8.7	0.5	90.2	9.4	0.4	91.8	7.8	0.5
40-44	81.7	18.3	0.0	94.2	5.8	0.0	88.6	11.4	0.0	89.7	10.3	0.0	87.6	12.4	0.0	88.4	11.3	0.3
45-49	89.0	10.4	0.6	80.9	19.1	0.0	83.6	15.5	0.9	86.6	13.4	0.0	85.5	13.9	0.5	87.4	12.6	0.0
50-54	73.7	26.3	0.0	84.0	16.0	0.0	68.7	30.2	1.1	72.8	26.2	1.0	72.6	26.7	0.7	75.7	24.3	0.0
55-59	68.0	32.0	0.0	76.4	23.6	0.0	68.6	31.4	0.0	62.1	37.9	0.0	67.8	32.2	0.0	68.3	31.7	0.0
60-64	54.3	45.7	0.0	36.8	63.2	0.0	50.5	49.0	0.5	57.9	42.1	0.0	51.7	48.1	0.2	52.4	47.3	0.4
65-69	44.0	54.7	1.3	35.3	64.7	0.0	33.7	66.3	0.0	43.5	56.5	0.0	39.1	60.5	0.4	30.0	68.7	1.3
70-74	32.5	67.5	0.0	26.4	73.6	0.0	22.4	77.6	0.0	11.4	88.6	0.0	24.7	75.3	0.0	25.7	74.3	0.0
75-79	18.2	81.8	0.0	28.1	71.9	0.0	16.0	80.0	4.0	10.0	90.0	0.0	17.4	81.1	1.5	14.9	85.1	0.0
80 +	7.1	92.9	0.0	6.2	93.8	0.0	14.9	83.6	1.5	6.7	93.3	0.0	9.8	89.7	0.6	7.2	92.8	0.0
Missing /DK	-	-	-	0.0	100.0	0.0	-	-	-	-	-	-	0.0	100.0	0.0	0.0	100.0	0.0
Total	55.9	11.3	32.9	62.9	10.7	26.3	61.7	11.0	27.3	66.2	10.6	23.2	61.1	11.0	27.9	60.6	11.0	28.4
Number	2,404	485	1,413	1,023	174	428	3,594	641	1,592	2,085	333	732	9,105	1,633	4,165	5,381	975	2,523

Note: Table is based on the jure members, i.e., usual residents. CM = currently married, FM = formerly married, NM = never married.

2.4 Characteristics of Child Household Members

New questions on school attendance and children's employment were included in the 2003 survey. The distribution of children age 7 to 13 years by school attendance and employment status is provided in Table 2.4A. Children age 6 years or older are expected to be attending schools. Table 2.4A shows that the majority of 7-year-old children in project and non-project areas were currently enrolled in schools, though rates were higher for the latter group. School attendance was lower among children in the highest age groups.

There is child labor in rural areas of Bangladesh. Among 13-year-old boys, 15.1% in project and 17.6% in non-project areas were working. The rates were lower for girls. Even some very young children worked. A slight majority of boys who worked in project areas did so for cash. The figure in non-project areas was slightly lower. Far fewer girls who worked were compensated with cash.

Table 2.4A Characteristics of child household members

Percentage of child household members age 7-13 years by school attendance status and employment status by division, according to NSDP residence, Rural 2003

	Project Areas											
	Chittagong/Sylhet		Khulna/Barisal		Dhaka		Rajshahi		Total		Non project areas	
Sex and Age	%	N	%	N	%	N	%	N	%	N	%	N
Boys currently attending school												
7	82.7	150	86.9	68	83.3	262	85.0	128	83.9	608	88.0	323
8	91.7	181	88.2	69	92.6	202	89.6	120	91.2	572	90.7	321
9	91.6	181	92.6	47	87.9	228	93.1	82	90.3	538	93.5	268
10	86.1	171	86.7	65	82.6	232	87.1	140	85.1	609	92.0	346
11	81.0	148	75.3	51	82.6	190	86.7	94	82.1	482	87.6	282
12	85.3	197	77.9	54	73.2	234	65.8	132	75.9	618	85.8	331
13	72.5	149	70.8	54	67.6	184	77.6	86	71.3	472	72.3	288
Girls currently attending school												
7	86.0	177	88.2	48	87.8	210	85.9	112	86.9	547	92.0	323
8	87.0	182	94.2	46	89.5	234	88.2	96	88.9	559	95.2	341
9	86.9	156	97.5	43	91.8	194	93.9	93	91.1	486	94.2	251
10	92.4	155	94.0	59	89.7	216	94.7	106	91.9	537	94.4	316
11	89.4	142	86.3	62	86.4	188	85.1	76	87.1	467	92.4	256
12	82.5	160	87.9	56	83.7	209	94.7	108	86.0	532	84.3	362
13	72.3	155	82.7	63	74.9	178	79.8	106	76.1	502	79.6	267
Boys currently working												
7	0.0	150	0.0	68	1.6	262	0.9	128	0.9	608	1.1	323
8	1.2	181	0.8	69	2.1	202	0.0	120	1.2	572	3.2	321
9	4.2	181	1.1	47	4.7	228	5.6	82	4.3	538	3.1	268
10	1.2	171	5.7	65	5.5	232	6.5	140	4.5	609	4.1	346
11	7.3	148	12.9	51	9.6	190	8.4	94	9.0	482	5.5	282
12	8.7	197	11.6	54	14.5	234	16.2	132	12.8	618	6.8	331
13	14.5	149	10.6	54	17.9	184	13.2	86	15.1	472	17.6	288
Girls currently working												
7	1.8	177.0	1.1	48.0	0.0	210.0	2.0	112.0	1.1	547.0	1.8	323.0
8	1.8	182.0	2.3	46.0	2.3	234.0	2.4	96.0	2.1	559.0	0.2	341.0
9	1.4	156.0	0.0	43.0	3.8	194.0	4.9	93.0	2.9	486.0	2.2	251.0
10	2.8	155.0	0.9	59.0	3.0	216.0	3.2	106.0	2.7	537.0	2.2	316.0
11	7.6	142.0	5.2	62.0	5.1	188.0	3.0	76.0	5.5	467.0	1.2	256.0
12	6.1	160.0	2.9	56.0	5.6	209.0	6.3	108.0	5.6	532.0	5.2	362.0
13	4.9	155.0	1.7	63.0	3.6	178.0	5.3	106.0	4.1	502.0	6.2	267.0
Sex: Male Type of work												
Cash	54.3	33.0	51.2	12.0	56.4	66.0	49.0	27.0	53.8	138.0	47.1	59.0
Kind	5.2	3.0	4.6	1.0	9.1	11.0	0.0	0.0	5.8	15.0	10.3	13.0
Both	14.1	9.0	16.6	4.0	13.6	16.0	12.2	7.0	13.7	35.0	12.2	15.0
Nothing	26.4	16.0	27.7	6.0	20.9	25.0	38.8	22.0	26.7	69.0	30.4	38.0
Sex: Female Type of work												
Cash	26.3	11.0	66.7	5.0	47.7	22.0	20.8	6.0	35.9	44.0	26.7	15.0
Kind	7.9	3.0	26.7	2.0	11.4	5.0	8.3	2.0	10.5	13.0	10.6	6.0
Both	13.1	5.0	6.7	1.0	13.6	6.0	20.8	6.0	14.6	18.0	27.5	16.0
Nothing	52.6	22.0	0.0	0.0	27.3	13.0	50.0	14.0	39.0	48.0	35.2	20.0

2.5 Housing Characteristics

Table 2.4B shows that tube wells were the major source of drinking water in project and non-project areas, supplying roughly 95% of households in project and non-project areas. Only a small percentage of households in either domain depended on surface water. Piped water was rare in both domains. Tube wells (69.8% for project and 66.9% for non-project) and pond/tank/lake (26.6% for project and 30.6% for non-project) were the two major sources of dishwashing water. This was in line with what was observed in 2001.

Just over 80% of non-project households had some type of toilet facility. However, only half had hygienic toilets (septic tank/modern toilets, water-sealed/slab latrines, or pit latrine). Sanitation facilities varied little between domains, but wide variation existed among divisions. In Rajshahi, about 32.1% of the project population did not have fixed toilet facilities, in contrast with Chittagong/ Sylhet divisions, where only 10.5% of households did not have them. About 40% of both project and non-project households with some kind of toilet facility shared with other households. This was an improvement from 2001: 80.8% of project households and 82.4% of non-project households had some toilet facility as opposed to 74% and 79% in 2001, respectively.

Table 2.4B Housing characteristics

Percent distribution of households by housing characteristics, according to NSDP residence, 2003. (Note: sharing of toilet facility excludes no facility/bush/field.)

	Project Areas					
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	Non project areas
Water source for dishwashing						
Piped inside dwelling	0.1	0.1	0.0	0.2	0.1	0.4
Piped outside dwelling	0.0	0.0	0.2	0.6	0.2	0.1
Tubewell	42.1	63.8	77.4	88.4	69.8	66.9
Surface/other well	2.3	0.2	1.0	0.8	1.2	1.1
Pond/tank/lake	52.4	35.0	18.4	9.8	26.6	30.6
River/stream	2.9	1.0	3.0	0.2	2.1	0.8
Rainwater	0.1	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Source of drinking water						
Piped inside dwelling	0.1	0.1	0.1	0.2	0.1	0.5
Piped outside dwelling	0.1	0.3	0.2	0.8	0.3	0.3
Tubewell	88.9	85.6	97.6	96.9	94.0	94.9
Surface/other well	1.5	0.2	0.5	0.9	0.8	0.4
Pond/tank/lake	7.7	11.9	1.2	1.3	4.0	3.4
River/stream	1.5	0.2	0.4	0.0	0.5	0.1
Rainwater	0.3	1.8	0.1	0.0	0.3	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Type of toilet facility						
Septic tank/toilet	4.2	1.9	1.6	1.6	2.3	2.8
Water sealed/slab latrine	21.1	29.0	13.6	15.1	17.5	21.0
Pit latrine	34.2	28.1	28.8	26.7	29.6	30.8
Open latrine	21.1	19.2	26.7	21.3	23.2	21.9
Hanging latrine	8.7	9.4	10.4	3.1	8.1	6.0
No facility, bush	10.5	12.3	18.9	32.1	19.2	17.6
Other	0.0	0.1	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Share toilet facility with other households						
Yes	35.3	40.4	44.6	42.6	41.2	39.4
No	64.7	59.6	55.4	57.4	58.8	60.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total households	1,950	888	3,200	1,889	7,926	4,621

2.6 Housing Characteristics and Possession of Durable Goods

Table 2.5 presents data on housing characteristics. About 90% of dwellings had a rudimentary roof. There was some degree of variation in types of roof by division and project/non-project areas. In project areas, 10.6% of households lived in dwellings with natural roofs (kacha or bamboo/thatch), while in non-project rural areas the figure was 7.0%. This was a small improvement over 2001, particularly in project areas.

About half of households in project and non-project households resided in a dwelling with walls made of natural materials such as jute sticks, bamboo or mud, while roughly 37% did so in one made with tin walls and 7.8% of project and 12.1% of non-project households had brick/cement walls. By far the most commonly used floor material was earth/bamboo, followed by cement/concrete, with the latter being slightly more popular in non-project areas. However, on balance there was little difference in floor materials among divisions or between project/non-project domains. Since 2001, there had been some improvement in household structures. In 2001, 32.1% of dwellings in project areas and 39.0% of dwellings in non-project areas had brick, tin or cement walls while 45.1% and 48.5% of project and non-project dwellings, respectively, had such walls by 2003.

Ownership of land is a potentially important indicator of a household's socio-economic level. A significant percentage of the rural population was landless farmers. Land ownership patterns appear to have been similar in project and non-project areas. Variation in the land ownership across divisions was not particularly notable.

About 85% of both project and non-project households reported having enough food in the household for the next day while approximately 90% in either domain had sufficient means to buy enough food.

Table 2.5 Housing characteristics

Percent distribution of households by housing characteristics, project and non-project areas, 2003

	Project Areas					
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	Non project areas
Main material of the roof						
Natural roof	12.3	17.8	6.8	12.0	10.6	7.0
Rudimentary roof	84.2	80.4	92.6	87.2	87.9	90.3
Finished roof	3.5	1.8	0.7	0.8	1.5	2.7
Other	0.0	0.0	0.0	0.0	0.0	0.0
Main material of the walls						
Natural walls	50.2	60.9	42.6	71.0	53.3	49.5
Rudimentary walls	1.9	6.3	0.6	0.2	1.5	2.0
Brick/cement	12.9	11.4	4.0	7.4	7.8	12.1
Tin	35.0	21.2	52.7	21.3	37.3	36.4
Other	0.0	0.2	0.0	0.1	0.1	0.1
Main material of floor						
Earth/bamboo	91.3	94.9	95.4	96.6	94.6	92.0
Wood	0.2	0.3	0.6	0.1	0.3	0.1
Cement/concrete	8.5	4.8	4.0	3.4	5.1	7.9
Household owns homestead						
Yes	96.2	95.6	94.4	95.0	95.1	94.9
No	3.8	4.4	5.6	5.0	4.9	5.1
Household owns any other land						
Yes	46.5	49.2	51.1	58.6	51.5	50.6
No	53.5	50.8	48.9	41.4	48.5	49.4
Amount of land owned						
No land	53.5	50.8	48.9	41.5	48.5	49.4
< 50 decimals	14.1	14.4	14.3	16.9	14.9	15.8
50-99 decimals	11.0	13.1	11.3	16.6	12.7	12.0
1.00 acres - 1.99 acres	10.7	9.7	12.9	10.6	11.4	10.3
2.00 acres - 4.99 acres	8.5	8.1	8.9	10.3	9.0	9.2
5+ acres	2.3	3.8	3.8	4.1	3.5	3.3
DK/missing	0.0	0.0	0.0	0.1	0.0	0.0
Household has enough food for tomorrow						
Yes	83.5	85.0	86.4	85.8	85.4	84.6
No	16.5	15.0	13.6	14.2	14.6	15.4
Household has enough means to get enough food						
Yes	89.3	87.0	91.6	90.1	90.1	89.2
No	10.7	13.0	8.4	9.9	9.9	10.8
Total	1,950	888	3,200	1,889	7,926	4,621

There were significant differences in access to electricity between project and non-project areas and among divisions (Table 2.6), with 27.7% of project and 31.7% of non-project households having electricity. Access to electricity was highest in Chittagong/Sylhet (about 42%) and lowest in Rajshahi division (18%). There was an 8.5 percentage point increase in the proportion of households in project areas with electricity since 2001. The change in non-project areas was 1.9 percentage points.

Possession of household durable goods is not common in Bangladesh. Table 2.6 shows that such assets were generally more commonly owned by households in non-project areas. This reflected, among other things, relatively better economic conditions in non-project areas. There had not been a significant change in the ownership of most common household assets since the 2001 survey. However, there had been some improvement in the ownership of telephones in project areas (1.2%) and non-project areas (1.8%) as compared with the situation in 2001 (0.5% in both project and non-project areas).

Table 2.6 Housing assets and amenities

Percent distribution of households by housing characteristics, project and non-project areas, 2003						
	Project Areas					
Characteristic	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	Non project areas
Electricity						
Yes	41.8	18.2	27.4	18.0	27.7	31.7
No	58.2	81.8	72.6	82.0	72.3	68.3
Almirah						
Yes	54.5	19.8	29.3	25.1	33.4	38.1
No	45.5	80.2	70.7	74.9	66.6	61.9
Table or chair						
Yes	63.8	53.0	46.0	63.2	55.3	63.0
No	36.2	47.0	54.0	36.8	44.7	37.0
Bench						
Yes	68.2	53.3	51.8	67.4	59.7	65.6
No	31.8	46.7	48.2	32.6	40.3	34.4
Watch or clock						
Yes	66.0	51.2	48.5	54.4	54.5	61.2
No	34.0	48.8	51.5	45.6	45.5	38.8
Cot or bed						
Yes	89.5	85.5	91.4	92.7	90.6	93.1
No	10.5	14.5	8.6	7.3	9.4	6.9
Radio						
Yes	35.7	27.6	26.3	24.4	28.3	30.4
No	64.3	72.4	73.7	75.6	71.7	69.6
Television						
Yes	16.9	10.3	12.8	10.3	12.9	16.4
No	83.1	89.7	87.2	89.7	87.1	83.6
Bicycle						
Yes	13.2	29.6	15.1	29.1	19.6	21.5
No	86.8	70.4	84.9	70.9	80.4	78.5
Motorcycle						
Yes	1.2	1.2	0.8	1.6	1.1	1.8
No	98.8	98.8	99.2	98.4	98.9	98.2
Sewing machine						
Yes	3.7	2.5	2.3	2.3	2.7	3.8
No	96.3	97.5	97.7	97.7	97.3	96.2
Telephone						
Yes	2.2	0.6	1.2	0.4	1.2	1.8
No	97.8	99.4	98.8	99.6	98.8	98.2
Total	1,950	888	3,200	1,889	7,926	4,621

2.7 Socioeconomic Status

Households in the 2003 rural NSDP evaluation survey were categorized by socioeconomic status (SES) using an index based on household durable goods and dwelling characteristics. The durable goods used were: beds, tables/chairs, radios, televisions, bicycles, almirahs, and watches/clocks. The dwelling characteristics were: having electricity; type of source of water; type of toilet; and material of floor, walls, and roof. Two indicators of land ownership were also included: whether the household owned its homestead and whether it owned any other land. The index was constructed using a version of the principal components method that accounts for the binary and ordinal nature of the measures of durable goods and dwelling characteristics. The method assigned each variable a factor score or weight. The index was then basically a weighted sum of the characteristics of the dwelling and the durable goods available in the household. Households in the 2003 survey were then categorized by quintiles using the index.

In the following chapters, we refer to the SES classification as the "household asset quintiles." It is important to note that the classification procedure used in 2003 differed from the one used in 2001, when factors scores (i.e., the weights) were obtained from the rural sample of the 1999/2000 Bangladesh Demographic and Health Survey to classify the 2001 households according to the national rural socioeconomic quintile distribution. The classifications of the 2003 households used in this report were independent of any national socioeconomic distribution such as the one used for the 2001 survey because no comparable nationally representative household survey was carried out at the same time. In consequence, the 2003 SES classification was specific to the populations of NSDP project and non-project comparison areas. Therefore, the 2001 SES classification was not strictly comparable to the 2003 SES quintile classification.

CHAPTER 3. WOMEN'S CHARACTERISTICS AND STATUS

This chapter presents background information on the characteristics of ever-married women of reproductive age, including information on age, residence, marital status, educational attainment, exposure to mass media, and membership in NGOs. This information helps with interpretation of the survey findings and is useful for assessing changes in the status and empowerment of women.

3.1 General Characteristics

Table 3.1 shows the distribution of ever-married women age 10 to 49 years by select background characteristics. For determining the age of respondents, two questions were asked – "In what month and year were you born?" and "How old were you at your last birthday?" In situations where respondents did not know their age or date of birth, interviewers were instructed to probe to determine age and, finally, to record their best estimate.

The age distribution was similar to that found in the 2001 RSDP evaluation and 1998 RSDP baseline surveys. It was also similar in both the NSDP project and non-project comparison areas. Approximately 14% in the NSDP project areas were in the 10-19 age group while 52% were in the 20-34 age group. The distribution by division differed substantially from that in the 2001 RSDP survey, largely due to the departure of BRAC from RSDP in 2002. The vast majority of women in NSDP areas were currently married, while those widowed made up the most significant part of the remainder at 3.9%. About 88% in both domains lived with their husband. Almost 97% of women in both the NSDP project areas and non-project areas had been married only once.

Educational status in project areas improved slightly since 2001. In 2001, 59.9% in the NSDP project areas had never attended school. By 2003 this had dropped to 54.2%. Since 2001, the proportions with primary and secondary education increased in both project and non-project areas. Even so, in the 2003 survey only 18.9% of women in the NSDP project areas had completed secondary or higher education, while only 27.1% could read or write easily. Educational attainment was slightly better in non-project areas. Less than half had never attended school. A slightly greater percentage was able to read or write easily in non-project areas.

Table 3.1 also presents the distribution of the sample by household asset quintile. Given that the socioeconomic classification was obtained using the 2003 evaluation survey project and non-project samples, each quintile would be 20% of the respective population groups. The small differences from 20% in the first three quintiles were largely due to discontinuities in the household asset score. About nine out of 10 were Muslim, with most of the remainder being Hindu. The composition of the sample by religion was similar in project and non-project areas.

Table 3.1 Background characteristics of respondents

Percent distribution of women by selected background characterisitics, 2003

	NSDP Project Areas			NSDP Non-project Areas		
	Weighted percent	Weighted	Unweighted	Weighted percent	Weighted	Unweighted
Age group						
10-14	1.2	91	93	1.0	43	49
15-19	13.3	997	1,005	11.4	500	511
20-24	17.7	1,330	1,314	18.5	807	812
25-29	17.6	1,322	1,323	17.1	748	750
30-34	16.7	1,252	1,273	17.9	781	779
35-39	14.4	1,081	1,077	14.2	619	615
40-44	11.6	873	871	11.5	503	498
45-49	7.5	561	551	8.5	372	358
Domain						
Chittagong/Sylhet	25.3	1,898	1,759			
Khulna/Barisal	11.3	849	1,383			
Dhaka	39.9	2,992	2,805			
Rajshahi	23.6	1,769	1,560			
Marital status						
Married	94.0	7,057	7,067	94.6	4,134	4,122
Separated	0.8	63	61	1.0	42	44
Deserted	0.3	23	24	0.3	13	15
Divorced	0.9	68	66	0.8	35	37
Widowed	3.9	295	289	3.4	147	154
Household asset quintile						
Poorest	20.2	1,525	1,504	20.0	875	839
2	20.1	1,510	1,502	20.0	875	883
3	19.7	1,473	1,502	20.0	875	852
4	20.0	1,499	1,506	20.0	875	906
Richest	20.0	1,499	1,493	20.0	873	892
Husband staying with her						
Yes	88.5	6,646	6,672	87.8	3,837	3,835
No	5.5	411	395	6.8	297	287
Missing	6.0	450	440	5.4	238	250
Married once/more than once						
Once	96.8	7,269	7,265	96.9	4,236	4,241
More than once	3.1	235	239	3.1	134	129
Missing	0.0	3	3	0.0	2	2
Highest educational level						
No education	54.2	4,067	4,014	48.5	2,118	2,096
Primary	26.9	2,018	2,057	28.6	1,249	1,249
Secondary	17.9	1,344	1,357	21.3	931	950
Higher secondary	0.7	53	53	1.3	55	57
College/University	0.3	25	26	0.4	19	20
Can read or write letter						
Easily	27.1	2,037	2,060	32.1	1,405	1,431
With difficulty	10.3	771	780	11.2	488	474
Not at all	62.6	4,698	4,667	56.7	2,479	2,467
Religion						
Islam	91.0	6,829	6,861	89.4	3,909	3,928
Hinduism	8.8	657	625	10.6	463	444
Buddhism	0.1	7	6	0.0	0	0
Christianity	0.2	14	15	0.0	0	0
Total	100.0	7,507	7,507	100.0	4,372	4,372

3.2 Differentials in Education

The distribution of education by select background characteristics is given in Table 3.2. Among respondents in NSDP areas, education was inversely related to age. About 25% of ever-married women aged 15-19 years had never attended school, as compared with about 70% of those age 45-49 years. In project areas, 40.3% of women aged 15 to 19 years had a secondary level or higher education as compared with 5.9% of those aged 45-49 years. Women in Chittagong/Sylhet and Khulna/Barisal division were better educated than those in the other divisions. Women were most likely to have at least a secondary level education in Chittagong/Sylhet division (22.1%).

Educational attainment was somewhat better in non-project areas. For instance, the proportion of ever-married women with primary education was slightly higher in non-project areas – 28.6% versus 26.9% in project areas. Educational attainment was positively associated with socioeconomic status. Approximately 79% in NSPD project areas in the lowest asset quintile received no formal education, compared with only 25.5% in the highest one. Almost 4% of women in the highest quintile had higher secondary or university education, but no women in the lowest one did.

Table 3.2 Educational attainment by background characteristics

Percent distribution of women by highest level of schooling attained, and median number of years of schooling, according to selected background characteristics, project areas and non-project areas, 2003.

Background characteristic	Highest educational level					Total	Number of women	Median years of schooling
	No education	Primary	Secondary	Higher secondary	College/ University			
Age group								
10-14	18.0	53.3	28.7	0.0	0.0	100.0	91	4.4
15-19	25.4	33.9	40.3	0.3	0.1	100.0	997	5.4
20-24	39.7	30.2	28.3	1.2	0.5	100.0	1,330	5.0
25-29	54.3	27.6	15.9	1.4	0.8	100.0	1,322	0.0
30-34	64.4	23.8	10.9	0.5	0.4	100.0	1,252	0.0
35-39	69.7	21.9	8.2	0.2	0.0	100.0	1,081	0.0
40-44	69.4	22.0	8.2	0.3	0.1	100.0	873	0.0
45-49	68.7	24.6	5.9	0.8	0.0	100.0	561	0.0
Domain								
Chittagong/Sylhet	47.5	29.3	22.1	0.7	0.4	100.0	1,898	4.7
Khulna/Barisal	49.4	33.1	16.5	0.6	0.4	100.0	849	4.3
Dhaka	58.9	25.0	15.1	0.7	0.2	100.0	2,992	0.0
Rajshahi	55.5	24.6	18.8	0.7	0.4	100.0	1,769	0.0
Household asset quintile								
Poorest	79.0	18.3	2.7	0.0	0.0	100.0	1,525	0.0
2	67.9	25.4	6.6	0.0	0.0	100.0	1,510	0.0
3	56.4	29.1	14.3	0.3	0.0	100.0	1,473	0.0
4	41.5	32.6	24.9	0.9	0.0	100.0	1,499	4.8
Richest	25.5	29.2	41.4	2.3	1.6	100.0	1,499	6.5
Project – Non-project areas								
NSDP Project areas	54.2	26.9	17.9	0.7	0.3	100.0	7,507	0.0
NSDP Non-project areas	48.5	28.6	21.3	1.3	0.4	100.0	4,372	4.8

3.3 Exposure to Mass Media

Women were asked in the rural component of the 2003 NSDP survey whether and how often they typically read a newspaper or magazine, listened to the radio, or watched television. Table 3.3 shows the percent distribution of exposure to different types of media. Only a small minority of women in NSDP areas usually read newspapers/magazines and less than 1% did so every day. The pattern was similar in the non-project areas and much the same as in the 2001 survey.

Table 3.3 Access to mass media

Percent distribution of women by whether they are exposed to mass media, project and non-project areas, 2003

Background Characteristic	NSDP Project areas		NSDP Non-project areas	
	Total	Number	Total	Number
Usually reads paper or magazine				
Yes	8.3	622	9.7	423
No	91.7	6,885	90.3	3,949
How often reads newspaper				
Does not read/cannot read	91.7	6,885	90.3	3,949
Every day	0.8	58	1.0	42
At least once a week	3.3	248	4.1	178
Less than once a week	4.2	316	4.6	203
Usually listens to radio				
Yes	29.5	2,212	33.1	1,447
No	70.5	5,295	66.9	2,925
How often listens to radio				
Does not listen	70.5	5,295	66.9	2,925
Every day	14.8	1,109	15.4	673
At least once a week	10.4	780	12.9	565
Less than once a week	4.3	323	4.8	208
Watches TV				
Yes	30.8	2,314	36.4	1,593
No	69.2	5,193	63.6	2,779
How often watches TV				
Does not watch	69.2	5,193	63.6	2,779
Every day	14.0	1,050	18.0	788
At least once a week	12.2	913	13.0	569
Less than once a week	4.7	351	5.4	236
Total	100.0	7,507	100.0	4,372

Television viewing increased slightly from 2001 to 2003, while radio listening declined by a similarly modest degree. These results were in line with the findings of 2002 National Media Survey. Television and radio exposure were more common in non-project areas. For instance, a slightly larger proportion (by 3.6 percentage points) in non-project areas usually listened to the radio. However, the differences were generally rather modest.

Table 3.4 presents the differentials in exposure to different media for ever-married women in project areas. Exposure to all three media varied by age, place of residence, education, and asset quintiles. Younger women were somewhat more likely than older ones to watch television, listen to the radio and read a newspaper. Exposure to all three media was higher in Chittagong/Sylhet but still low overall. Two percent of women of Chittagong/Sylhet and 1.6% in Dhaka and Rajshahi divisions were exposed to all three media, while 1% of those in Khulna /Barishal divisions women were exposed to all three.

Access to mass media was lowest among less educated women. About three-quarters of women with no education had no exposure to any media. Educated women, on the other hand, were more likely to read a newspaper, watch television, and listen to the radio at least once a week. Thirty-two percent of women with college/university education, 23.9% of those with higher secondary education, and 6.5% with secondary education were exposed to all three media.

Table 3.4 Exposure to mass media

Percentage of women who usually read a newspaper weekly, watch television weekly, and listen to the radio weekly, by selected background characteristics, p roject and non-project areas, 2003.

Background Characteristic	No mass media	Reads a newspaper weekly	Watches television weekly	Listens to the radio weekly	All three media	Number of women
Age group						
10-14	51.8	4.8	28.6	38.1	3.6	91
15-19	48.0	7.5	33.6	35.7	3.2	997
20-24	53.6	5.6	31.2	29.8	2.0	1,330
25-29	61.0	4.6	27.3	24.4	2.1	1,322
30-34	65.2	3.5	23.4	21.4	1.4	1,252
35-39	65.9	2.1	21.2	21.1	0.6	1,081
40-44	66.2	2.0	21.7	21.6	0.6	873
45-49	70.7	1.5	20.4	16.8	0.7	561
Domain						
Chittagong/Sylhet	56.7	5.2	28.2	28.5	2.0	1,898
Khulna/Barisal	62.4	2.7	22.0	25.1	1.0	849
Dhaka	60.6	3.4	27.6	24.6	1.6	2,992
Rajshahi	63.8	4.7	23.5	22.5	1.6	1,769
Highest educational level						
No education	75.8	0.0	15.4	14.8	0.0	4,067
Primary	52.8	1.6	31.6	30.5	0.6	2,018
Secondary	29.1	17.0	48.3	46.5	6.5	1,344
Higher secondary	13.5	49.7	58.6	58.8	23.9	53
College/ University	4.5	76.1	71.5	60.4	32.3	25
Household asset quintile						
Poorest	87.6	0.3	8.5	6.4	0.0	1,525
2	77.1	0.5	13.8	13.6	0.1	1,510
3	67.3	2.5	18.2	21.4	0.6	1,473
4	49.8	4.8	27.5	34.9	1.3	1,499
Richest	20.8	12.3	63.0	49.9	6.1	1,499
Project /Non-project areas						
NSDP Project areas	60.6	4.1	26.2	25.2	1.6	7,507
NSDP Non-project areas	55.4	5.0	31.0	28.3	2.3	4,372

3.4 Membership in NGOs

Respondents were asked whether they were members of or affiliated with any NGOs. The major nongovernmental organizations engaged in development activities in Bangladesh are Grameen Bank, BRAC, BRDP, Mother's Club, Proshika, and Asha. According to Table 3.5, more than a quarter of women in project areas belonged to an NGO. At 8.5%, Grameen Bank was the most common NGO affiliation in NSDP project areas, followed closely by BRAC (7.2%), and more distantly by Asha, Proshika and BRDP. However, another 9.3% belonged to various other organizations. NGO membership was roughly similar in non-project areas. The proportion of women in the NSDP project areas who belonged to any NGO increased from 24.3% in 2001 to 28.1% in 2003.

Table 3.5 Membership in NGOs

Percent of women who are member of selected NGOs, 2003.

	NSDP Project Areas		NSDP Non-project Areas	
NGO	Total	Number	Total	Number
Belongs to Grameen bank				
Yes	8.5	642	8.6	375
No	91.5	6,865	91.4	3,997
Belongs to BRAC				
Yes	7.2	541	7.2	316
No	92.8	6,966	92.8	4,056
Belongs to BRDP				
Yes	1.4	105	1.4	62
No	98.6	7,402	98.6	4,310
Mother's club				
Yes	0.1	4	0.0	0
No	99.9	7,503	100.0	4,372
Proshika				
Yes	1.9	142	1.7	73
No	98.1	7,365	98.3	4,299
Asha				
Yes	4.8	360	7.1	312
No	95.2	7,147	92.9	4,060
Belongs to other organization				
Yes	9.3	701	9.5	415
No	90.7	6,806	90.5	3,957
Belongs to any NGO				
Yes	28.1	2,111	29.7	1,299
No	71.9	5,396	70.3	3,073
Total	100.0	7,507	100.0	4,372

CHAPTER 4. FERTILITY

As in the 2001 RSDP evaluation survey, the rural component of the 2003 NSDP evaluation survey collected information from ever-married women age 10-49 years regarding their reproductive history. In addition to information on the number of sons and daughters that a woman had, respondents were asked for complete birth history, including all live births (and information on the year of each birth, sex of child, and survival status). This chapter presents a description of current and past fertility, trends in fertility, and birth spacing.

4.1 Current Fertility

The total fertility rate is the number of births that a woman would have by the end of her childbearing years using currently observed age-specific fertility rates. Table 4.1 presents age-specific fertility rates, cumulative total fertility rates (TFRs), and crude birth rates (CBRs) for women age 10-49 years for the three years preceding the survey for each survey domain and for project and non-project areas. Overall, the total fertility rate for women age 15-49 years in the rural project areas in the three years preceding the survey was 3.28 births per woman. In the non-project areas, the total fertility rate was slightly lower at 3.16 births per women. There was considerable variation among divisions, with rates as high as 4.05 in Chittagong/Sylhet and as low as 2.56 in Rajshahi. The highest age-specific fertility rate in project and non-project areas was in the 20-24 age group. While fertility rates declined in project and non-project areas from 2001 to 2003, the change was slightly larger in the former: 0.29 births per woman (against 0.16 in non-project areas).

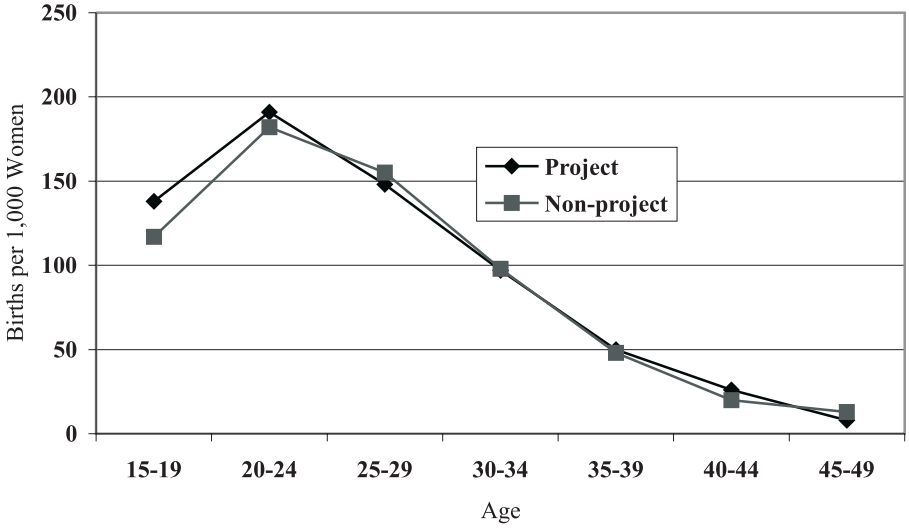
Table 4.1 Current fertility

Age-specific and cumulative fertility rates and the crude birth rate for the three years preceding the survey, 2003.

Age group	Project Areas					Non-project areas
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	
	THREE YEARS BEFORE THE SURVEY (1 -36 MONTHS)					
15-19	122	157	146	136	138	117
20-24	224	164	198	155	191	182
25-29	202	121	151	97	148	155
30-34	134	89	91	67	97	98
35-39	81	30	47	26	50	48
40-44	37	7	28	17	26	20
45-49	9	0	5	12	8	13
TFR 15-49	4.05	2.84	3.33	2.56	3.28	3.16
TFR 15-44	4.00	2.84	3.31	2.49	3.24	3.09
GFR	142	110	123	99	122	115
CBR	32.4	25.6	28.4	23.8	28.2	26.9

Table 4.1 also presents the gross fertility rate (GFR) and the CBR for the three years preceding the survey by division and project/non-project areas. Both the GFR and CBR were slightly higher in the NSDP project areas. The reduction in the CBR in project areas from 2001 to 2003 was also higher at 6.9% as compared to 6.5% in non-project areas. Figure 4.1 shows that age-specific fertility rates (ASFR) by project and non-project area were similar.

Figure 4.1 Age-specific Fertility Rates by Project and Non-project Areas, 2003.



The change over time in the percentage of women who are currently pregnant is an independent indicator of fertility change. Table 4.2 shows the proportion of currently married women in project areas who reported that they were pregnant at the time of the survey by division. Overall 6.3% of women in the NSDP project areas were found to be currently pregnant, which is 1.2 percentage points lower than in the 2001 Survey. There was also variation by division: close to 8% in Chittagong/ Sylhet reported being currently pregnant as compared with only 5.5% in Rajshahi.

Table 4.2 Fertility by domains

Total fertility rate for the three years preceding the survey, percentage currently pregnant, and mean number of children ever born to women age 40-49 years, by selected background characteristics, project areas, 2003

Background Characteristic	Total fertility rate	Percentage currently pregnant
Domains		
Chittagong	4.05	7.70
Khulna/Barisal	2.84	6.48
Dhaka	3.33	6.58
Rajshahi	2.56	5.49
Total	3.28	6.35

4.2 Fertility Trends

Table 4.3, which shows period-specific fertility rates for five-year periods preceding the survey using data from women's birth histories, provides further insight into the fertility decline. Fertility exhibited a consistent downward trend in both project and non-project areas and in all divisions over the preceding 15 years. The rate of decline was largest in the last five years preceding the survey. The rate of decline from the 5-9 year period preceding the survey to the 0-4 year period preceding the survey was 4.4 percentage points higher in the NSDP project areas. The largest was 27.4% in the high-fertility region of Chittagong/Sylhet divisions; the smallest decline was in low-fertility Rajshahi division (25.6%).

Table 4.3 Trends in total fertility rate

Total fertility rates for the periods 1-60, 61-120 and 121-180 months prior to the survey by project and non-project areas, 2003

	TRF, period before the survey			Change in TFR			
	0-4 years (1-60 months)	5-9 years (61-120 months)	10-14 years (121-180 months)	1-60 months v. 61-120 months		1-60 months v. 121-180 months	
NSDP area group				%	Absolute	%	Absolute
Domains							
Chittagong/Sylhet	4.17	5.74	5.96	27.44	1.58	30.13	1.80
Khulna/Barisal	2.82	3.79	4.75	25.49	0.97	40.51	1.92
Dhaka	3.54	4.84	5.16	26.97	1.31	31.42	1.62
Rajshahi	2.74	3.68	4.55	25.64	0.94	39.85	1.81
Project - non project areas							
Project areas	3.43	4.71	5.21	27.12	1.28	34.07	1.77
Non-project areas	3.31	4.28	4.81	22.71	0.97	31.17	1.50

Table 4.4 presents trends in age-specific fertility rates for the five-year intervals preceding the survey. Some values for certain age groups are missing due to truncation; women would have been too old to be interviewed at the time of the survey for a particular period. For example, no data were available for women age 45-49 in the period 5-9 years prior to the survey because as they would have been 50-54 year old at the time of the survey and so ineligible for interview. There was a generally declining trend in fertility for all age groups and in all domains of project and non-project areas.

Table 4.4 Trends in age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey by mother's age at the time of the birth, project and non-project areas, 2003

Mother's age at birth	Number of years preceding survey			
	0-4	5-9	10-14	15-19
Chittagong/Sylhet				
15-19	123	187	201	225
20-24	230	289	301	313
25-29	208	247	270	290
30-34	125	179	246	245
35-39	86	154	174	-
40-44	41	92	-	-
45-49	21	-	-	-
Khulna/Barisal				
15-19	148	188	238	231
20-24	180	227	256	256
25-29	116	165	210	244
30-34	82	92	122	229
35-39	32	45	123	-
40-44	7	40	-	-
Dhaka				
15-19	158	225	231	250
20-24	199	241	267	301
25-29	158	198	226	266
30-34	103	144	175	225
35-39	50	89	133	-
40-44	30	73	-	-
45-49	9	-	-	-
Rajshahi				
15-19	150	190	239	240
20-24	157	213	241	261
25-29	108	135	191	249
30-34	76	103	148	207
35-39	28	64	90	-
40-44	19	31	-	-
45-49	10	-	-	-
Project areas				
15-19	143	205	239	247
20-24	197	258	278	310
25-29	162	200	244	272
30-34	104	148	188	228
35-39	56	100	134	-
40-44	29	65	-	-
45-49	12	-	-	-
Non-project areas				
15-19	135	184	212	223
20-24	191	236	254	282
25-29	154	183	213	275
30-34	95	133	176	210
35-39	57	74	109	-
40-44	17	47	-	-
45-49	13	-	-	-

4.3 Birth Interval

Birth intervals, defined as the length of time between two successive live births, indicate the pace of childbearing. Research has shown that birth spacing patterns have far-reaching implications for fertility and child mortality levels. Proper spacing is beneficial to the health of both the mother and child. Birth intervals of less than 24 months are regarded as "too short." Table 4.5 shows the percent distribution of non-first births occurring in the five years preceding the survey by the number of months since the preceding birth. About 13% to 14 % of births occurred within 24 months of the previous one while roughly 6.5% occurred within the even shorter birth interval of seven to 17 months, with little variation in the distribution between project and non-project areas.

The median birth interval in project areas was about 39 months, which was slightly lower than in non-project areas. Younger women had shorter intervals than older ones, presumably reflecting their greater fecundity and desire to build families. The interval was substantially shorter in instances where the previous child had died. The median birth interval also varied with socioeconomic status, from about 36 months for those in lowest asset quintile to 45 in the highest one. The median birth interval remained virtually unchanged in the NSDP project areas since 2001 survey. There was, however, a slight increase in the median interval in non-project areas since 2001. The pattern of birth spacing by background characteristics also remained similar to that found in the 2001 RSDP survey.

Table 4.5 Birth intervals

Percent distribution of births in the five years preceding the survey by number of months since preceding birth, according to background characteristics, project and non-project areas, 2003

Characteristic	Months since previous birth						Median number of months since previous birth	Number of births
	7-17	18-23	24-35	36-47	48+	Total		
Age								
15-19	23.8	23.8	33.8	15.5	3.0	100.0	24.3	1,171
20-29	7.1	8.5	28.9	24.6	30.9	100.0	37.5	16,304
30-39	4.3	4.9	26.0	21.3	43.4	100.0	43.4	9,965
40+	1.5	4.4	22.2	22.4	49.5	100.0	47.8	1,790
Birth order								
2-3	7.0	8.0	23.8	21.7	39.4	100.0	41.2	16,004
4-6	5.6	6.1	30.6	25.3	32.4	100.0	38.1	10,237
7+	6.4	10.7	38.9	21.7	22.3	100.0	34.3	2,988
Sex of prior birth								
Male	6.9	6.9	27.5	23.3	35.3	100.0	38.7	14,563
Female	6.1	8.3	27.9	22.6	35.0	100.0	38.9	14,667
Survival of prior birth								
Still living	4.2	6.6	27.3	24.2	37.7	100.0	40.5	25,822
Deceased	23.9	15.2	31.0	13.9	16.1	100.0	26.1	3,408
Domains								
Chittagong/Sylhet	5.8	8.5	35.3	24.0	26.3	100.0	36.1	9,363
Khulna/Barisal	4.7	5.3	21.6	18.3	50.1	100.0	48.0	2,644
Dhaka	7.6	7.8	26.2	24.8	33.5	100.0	38.9	12,183
Rajshahi	5.9	6.8	20.4	19.2	47.7	100.0	46.9	5,040
Education								
No education	6.4	7.4	29.2	23.0	34.0	100.0	37.8	17,374
Primary	6.5	8.6	26.1	23.5	35.2	100.0	39.5	7,974
Secondary	7.1	7.1	24.4	21.2	40.3	100.0	41.9	3,651
Higher secondary	5.0	0.0	36.1	25.7	33.1	100.0	36.9	172
College/University	0.0	7.5	0.0	45.0	47.5	100.0	45.9	59
Household asset quintile								
Poorest	6.8	8.0	34.5	23.9	26.8	100.0	36.2	8,133
2	6.9	8.2	27.0	25.6	32.4	100.0	38.6	6,866
3	6.5	7.4	26.1	21.1	38.9	100.0	40.5	5,050
4	5.9	7.7	24.2	21.3	40.9	100.0	41.3	4,919
Richest	6.0	6.2	21.9	21.3	44.6	100.0	45.1	4,261
Project - non project areas								
Project areas	6.5	7.6	27.7	23.0	35.2	100.0	38.8	29,230
Non-project areas	6.0	7.5	25.9	21.6	39.0	100.0	41.0	542

CHAPTER 5. FAMILY PLANNING

The rural component of the 2003 NSDP evaluation survey collected information on knowledge and use of family planning methods. It also collected information on sources of method supply, discontinuation, and reasons for discontinuation. This chapter presents information on contraceptive prevalence rates, method-mix, differences in the current use of family planning, and market share in supplying contraceptive methods in project and non-project areas.

5.1 Knowledge of Contraceptive Methods

Currently and ever-married women were asked whether they had heard of various methods to delay or avoid pregnancy. Tables 5.1 and 5.2, respectively, provide the percentages of ever-married and currently married women aware of any contraceptive method or any modern method, as well as awareness of specific methods. Results are presented for project and non-project areas.

In both types of areas, awareness of at least one modern family planning method was nearly universal. About three-fourths were aware of at least one traditional method. Pill, injection, and female sterilization were recognized by over 90% in project and non-project areas. Beyond these there was somewhat of a fall off in awareness of specific methods. Roughly 88% had heard of male condom and about 85% knew of the IUD (with slightly larger levels in non-project areas). Only about 72% had heard of implants, and fewer still knew of any of the other methods. However, more than 60% were aware of each method. The most widely known traditional methods were periodic abstinence (approximately 70% in project and non-project areas) and withdrawal (about 40%, with slightly higher levels in the latter). Little variation in the knowledge of contraceptive methods existed by division, though women in Chittagong/Sylhet division showed a slightly lower level of overall awareness. There was very little change in the level of knowledge of any family planning methods since 2001, which is unsurprising since it was almost universal in 2001. What changes were observed (for example with menstrual regulation) can probably be ascribed to changes in questionnaire design rather than any structural shift. Contraceptive knowledge varied little by background characteristics. There does not appear to have been a substantial change in awareness by background characteristics since the 2001 survey.

Table 5.1 Knowledge of contraceptive methods, ever-married women

Percentage of ever married women who know any contraceptive method, by specific method and project and non -project areas, 2003

	Project Areas					
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	Non-project Areas
Any method	99.8	99.9	100.0	100.0	99.9	100.0
Any modern method	99.8	99.9	100.0	100.0	99.9	100.0
Modern method						
Pill	99.3	99.8	99.9	99.9	99.8	99.9
IUD	74.5	91.4	83.7	86.7	83.0	86.5
Injection	97.2	98.9	98.5	98.7	98.3	98.8
Male condom	81.1	95.1	87.5	91.2	87.6	88.0
Female sterilization	91.4	95.0	96.2	91.1	93.7	95.5
Male sterilization	54.0	74.3	70.8	72.2	67.3	68.9
Implants	65.8	73.9	71.9	78.5	72.2	72.0
Menstrual regulation	63.0	58.1	66.8	69.6	65.5	68.8
Any traditional method	69.5	80.3	72.4	71.0	72.2	75.9
Traditional method						
Periodic abstinence	66.6	75.5	68.8	67.1	68.6	72.4
Withdrawal	33.2	48.1	36.8	40.1	37.9	41.3
Folk method						
Other	4.3	5.7	4.4	9.0	5.6	6.7
Any traditional/folk method						
Any traditional or folk method	70.8	81.5	73.3	72.3	73.4	76.9
Mean no. methods known	6.7	7.6	7.2	7.3	7.1	7.3
Number of women	1,898	849	2,992	1,769	7,507	4,372

Table 5.2 Knowledge of contraceptive methods, currently married

Percentage of currently married women who know any contraceptive method, by specific method and project and non -project areas, 2003

	Project Areas					
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	Non-project Areas
Any method	99.8	99.9	100.0	100.0	99.9	100.0
Any modern method	99.8	99.9	100.0	100.0	99.9	100.0
Modern method						
Pill	99.4	99.8	100.0	99.9	99.8	99.9
IUD	75.7	91.3	84.2	86.8	83.5	86.8
Injection	97.9	98.9	98.6	98.8	98.5	98.9
Male condom	82.2	95.5	87.9	91.9	88.3	88.8
Female sterilization	91.6	95.1	96.3	91.2	93.8	95.7
Male sterilization	54.7	74.8	70.5	72.3	67.5	69.4
Implants	67.5	74.9	72.6	79.5	73.2	72.7
Menstrual regulation	63.6	58.1	67.0	69.7	65.8	69.1
Any traditional method	69.9	80.9	72.5	71.7	72.6	76.5
Traditional method						
Periodic abstinence	67.1	75.9	68.8	67.6	68.9	72.9
Withdrawal	34.0	48.7	37.4	40.5	38.6	42.0
Folk method						
Other	4.3	5.8	4.5	9.1	5.7	6.9
Any traditional/folk method						
Any traditional or folk method	71.2	82.2	73.4	73.1	73.8	77.6
Mean no. methods known	6.7	7.6	7.2	7.4	7.2	7.3
Number of women	1,759	813	2,815	1,671	7,057	4,134

5.2 Current Use of Contraception

The contraceptive prevalence rate (CPR) is the proportion of currently married women using a family planning method at the time of interview. Table 5.3A shows the prevalence rates for various methods for currently married women age 10-49 in project and non-project areas by select background characteristics.

Among currently married women in rural NSDP project areas, 53.6% were current users of a contraceptive method. Among modern methods, the pill continued to be the most popular at 23.1%, followed by injections (13.8%), female sterilizations, condoms and IUDs. Traditional methods were used by only a small proportion of women, with periodic abstinence being the most popular. In non-project areas a slightly higher percentage used contraception. Even so, the use of any modern method was almost identical in the two areas. Unsurprisingly, the difference was largely driven by use of traditional methods (8.5% in non-project areas versus 7.2% in project areas). Pill, injection, female sterilization, and male condoms were also the principal modern methods in non-project areas, though there were small but interesting differences in prevalence rates for each.

Differentials in Current Use

Table 5.3A also presents differentials in contraceptive use by various background characteristics. Current use in rural project areas varied considerably with age, with the highest rates among married women in their thirties (at 60% to 65%). The CPR was highest in Rajshahi and Khulna/ Barisal and lowest in Chittagong/Sylhet. It had risen in all divisions since the 2001 survey. There were no apparent patterns by education levels or asset quintiles. However, currently married women with some living children tended to be more likely to use contraception.

Trends in Contraceptive Use

There was been an increase in the CPR in both project and non-project areas. In NSDP project areas, it increased by 6.6 percentage points from 2001 to 2003. Most of this was driven by the use of modern contraceptive methods, which increased by 5.6 percentage points over the same interval. Similar developments occurred in the comparison areas, where the CPR increased by 6.4 percentage points, including a 5.3 percentage point rise in the use of modern methods.

The changes in the full rural NSDP sample were likely due in part to changes in the composition of project areas. The modern contraceptive rate in the full project sample in 2001 was 40.4%, against 43.1% in the common cluster, which would seem to indicate that the project moved out of low-prevalence areas after 2001 (as will be presented in chapter 10). Furthermore, in 2003 the modern CPR in the full and common cluster sample was nearly equivalent, indicating that the project moved into higher prevalence areas than it had been serving in 2001. The overall increase in the modern CPR in common cluster areas was less than half that of the full project sample.

The method-mix changed only slightly between 2001 and 2003. In the project areas, the share of pills fell slightly (0.6 percentage points), while the share of injections increased 2.2 percentage points. The share of traditional methods was essentially unchanged. In non-project areas, the share for the pill decreased as well (and by the same margin) while that for injections increased by 3.1 percentage points and the popularity of traditional methods actually decreased slightly.

Wealthier individuals were generally more likely to use basic health services. However, this pattern did not emerge with respect to the use of contraceptives. Women in the NSDP project areas were actually more likely to use modern contraception (Table 5.3C). Similar patterns of use by background characteristics emerged in 2001.

5.3 Use of Contraception by Married Adolescents

Current contraceptive use among women age 10 to 19 years is presented in Table 5.3B. The CPR among the married adolescent women was somewhat higher in non-project areas (by a margin of 5.2 percentage points for the 10-14 age group and 2.5 percentage points for those age 15-19). This was largely driven by differences in rates for traditional methods. Use of any method was higher among those aged 15-19 in all divisions. Use of contraception by adolescents was highest in Rajshahi and Khulna/Barisal and lowest in Chittagong/Sylhet. Pills were by far the most popular method in all areas. Their share was much higher among the married adolescents than with other adults. The use of contraception by those aged 15 to 19 increased by a margin of 9 to 10 percentage points in project and non-project areas from 2001 to 2003.

Table 5.3A Current use of contraception by background characteristics

Percent distribution of currently married women by contraceptive method currently used, according to selected background characteristics, project and non -project areas, 2003

			Modern Methods								Traditional Methods					
	Using any method	Using any modern method	Pill	IUD	Injection	Male condom	Female sterili-zation	Male steriliz-ation	Implants	Using any traditional method	Periodic abstinence	With-drawal	Using any folk method	Not using a method	Total	Number of women
Age																
10-14	29.5	21.7	19.9	0.0	0.6	1.2	0.0	0.0	0.0	6.6	4.8	1.9	1.2	70.5	100.0	90
15-19	40.2	35.2	23.8	0.2	9.2	1.8	0.1	0.0	0.1	4.9	4.1	0.8	0.1	59.8	100.0	976
20-24	49.7	45.4	27.1	0.7	14.2	1.8	0.6	0.1	1.0	3.9	3.6	0.3	0.3	50.3	100.0	1,287
25-29	56.8	50.7	26.2	0.2	18.0	2.5	2.6	0.3	1.0	5.9	5.2	0.7	0.2	43.2	100.0	1,277
30-34	59.2	51.6	25.2	0.8	17.1	1.5	5.9	0.4	0.7	7.1	6.2	0.9	0.5	40.8	100.0	1,195
35-39	65.1	55.1	23.6	1.0	17.4	1.7	10.8	0.2	0.4	9.6	8.7	0.9	0.4	34.9	100.0	978
40-44	58.7	44.8	15.8	0.6	10.1	1.6	15.1	1.2	0.5	12.6	11.4	1.2	1.2	41.3	100.0	768
45-49	42.7	31.4	9.3	0.2	4.2	1.1	15.6	1.0	0.0	11.0	10.7	0.3	0.2	57.3	100.0	488
Domains																
Chittagong/ Sylhet	39.5	32.3	16.2	0.3	10.6	1.4	3.2	0.1	0.6	7.0	6.6	0.4	0.2	60.5	100.0	1,759
Khulna/Barisal	65.0	57.0	25.8	0.7	18.9	1.8	8.5	0.5	0.8	7.9	6.3	1.5	0.1	35.0	100.0	813
Dhaka	51.6	43.0	21.7	0.6	11.8	1.8	6.4	0.3	0.5	8.0	7.4	0.6	0.6	48.4	100.0	2,815
Rajshahi	66.4	60.2	31.5	0.6	18.1	2.2	6.2	0.8	0.7	5.8	4.8	0.9	0.5	33.6	100.0	1,671
Highest educational level																
No education	54.5	46.4	20.0	0.5	15.5	0.8	8.4	0.5	0.7	7.6	7.1	0.5	0.5	45.5	100.0	3,733
Primary	54.9	46.9	25.0	0.6	14.6	1.7	4.0	0.4	0.6	7.5	6.7	0.8	0.4	45.1	100.0	1,934
Secondary	49.8	43.9	28.9	0.7	8.3	4.3	1.4	0.0	0.3	5.7	4.3	1.4	0.2	50.2	100.0	1,314
Higher secondary	53.7	46.6	30.1	0.0	4.2	12.3	0.0	0.0	0.0	7.1	6.1	1.0	0.0	46.3	100.0	53
College/ University	36.2	29.3	15.8	0.0	4.4	9.0	0.0	0.0	0.0	6.9	6.9	0.0	0.0	63.8	100.0	24
Household asset quintile																
Poorest	51.9	46.1	19.8	0.5	16.8	0.7	6.5	0.7	1.2	5.6	5.2	0.4	0.2	48.1	100.0	1,378
2	53.3	45.6	21.5	0.7	16.0	0.8	5.5	0.5	0.6	7.0	6.5	0.5	0.8	46.7	100.0	1,422
3	55.0	46.7	22.5	0.6	15.6	0.9	6.3	0.4	0.4	7.8	6.9	0.9	0.5	45.0	100.0	1,388
4	57.0	48.5	24.8	0.5	13.5	2.6	6.2	0.2	0.6	8.2	7.3	1.0	0.3	43.0	100.0	1,424
Richest	51.0	43.3	26.7	0.4	7.3	3.9	4.6	0.2	0.2	7.3	6.4	0.9	0.4	49.0	100.0	1,446
Number of living children																
No living children	17.8	13.1	10.2	0.0	0.1	2.0	0.3	0.5	0.0	4.7	3.9	0.8	0.0	82.2	100.0	732
1-2	54.3	49.1	27.3	0.6	14.2	2.2	3.9	0.4	0.5	4.8	4.1	0.7	0.5	45.7	100.0	2,803
3-4	64.7	55.5	25.2	0.5	16.7	1.5	10.2	0.4	1.0	8.7	8.0	0.7	0.5	35.3	100.0	2,313
5+	52.7	40.7	17.2	0.8	15.6	1.3	5.1	0.3	0.4	11.5	10.7	0.8	0.4	47.3	100.0	1,210
Project areas	53.6	46.0	23.1	0.5	13.8	1.8	5.8	0.4	0.6	7.2	6.5	0.7	0.4	46.4	100.0	7,057
Non-project areas	55.8	46.9	26.7	0.6	9.9	3.0	5.8	0.4	0.5	8.5	7.5	1.0	0.4	44.2	100.0	4,134

Table 5.3B Current use of contraception by married adolescents

Percent distribution of currently married adolescent women by contraceptive method currently used, according to age of the respondent, project and non-project areas, 2003

			Modern methods							Traditional methods					
	Using any method	Using any modern method	Pill	IUD	Injection	Male condom	Female sterilization	Implants	Using any traditional method	Periodic abstinence	Withdrawal	Using any folk method	Not using a method	Total	Number of women
Chittagong															
Age															
10-14	22.2	5.6	0.0	0.0	0.0	5.6	0.0	0.0	11.0	11.0	0.0	5.6	77.8	100.0	19
15-19	27.3	21.8	14.9	0.5	6.0	0.5	0.0	0.0	5.5	4.5	1.0	0.0	72.7	100.0	218
Khulna/Barisal															
Age															
10-14	33.1	20.7	16.5	0.0	4.1	0.0	0.0	0.0	12.4	8.3	4.1	0.0	66.9	100.0	13
15-19	49.3	42.3	22.7	0.0	15.3	3.4	0.5	0.5	7.0	6.6	0.5	0.0	50.7	100.0	111
Dhaka															
Age															
10-14	16.0	12.0	12.0	0.0	0.0	0.0	0.0	0.0	4.0	4.0	0.0	0.0	84.0	100.0	27
15-19	37.7	31.7	22.2	0.3	7.3	1.9	0.0	0.0	5.7	4.9	0.8	0.3	62.3	100.0	394
Rajshahi															
Age															
10-14	44.4	40.7	40.7	0.0	0.0	0.0	0.0	0.0	3.7	0.0	3.7	0.0	55.6	100.0	31
15-19	51.1	48.9	34.5	0.0	12.1	2.2	0.0	0.0	2.2	1.3	0.9	0.0	48.9	100.0	253
Project areas															
Age															
10-14	29.5	21.7	19.9	0.0	0.6	1.2	0.0	0.0	6.6	4.8	1.9	1.2	70.5	100.0	90
15-19	40.2	35.2	23.8	0.2	9.2	1.8	0.1	0.1	4.9	4.1	0.8	0.1	59.8	100.0	976
Non-project areas															
Age															
10-14	34.7	29.4	23.1	0.0	0.0	6.2	0.0	0.0	5.3	5.3	0.0	0.0	65.3	100.0	43
15-19	42.7	36.9	28.9	0.0	5.8	2.2	0.0	0.0	5.8	4.7	1.1	0.0	57.3	100.0	491

Table 5.3C Current use of modern contraception, by asset quintile

Percentage of currently married women who use modern contraceptive methods by asset quintile, project and non-project areas, 2003

	Project Areas					
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	Non-project Areas
Household asset quintile						
Poorest	35.7	57.1	42.5	55.8	46.1	44.8
2	31.0	59.6	41.7	56.2	45.6	46.6
3	30.8	54.8	42.1	61.8	46.7	50.9
4	32.9	61.7	43.9	66.0	48.5	46.4
Richest	31.2	51.5	45.5	60.4	43.3	45.6
Total	32.3	57.0	43.0	60.2	46.0	46.9
Number of women	1,759	813	2,815	1,671	7,057	4,134

5.4 Sources of Supply of Family Planning Methods

The distribution of current users of modern contraceptive methods by most recent source of supply, for specific methods and project/non-project areas, can be seen in Tables 5.4A and 5.4B, respectively. NSDP providers were the principal sources of contraceptive supply in project areas (Table 5.4A) with an overall market share of 45.5%. Their share was followed in size by that of the public (27.6%) and private (24.7%) sectors (the latter including both the private medical sector and other private sources, such as shops).

NSDP facilities were the most important source of pills. They were second only to the public sector in the market for IUD, and were by far the most important source of injectables. While they were also important suppliers of condoms (at about 32% of the market), they were slightly edged out by the private sector (largely driven in this case by pharmacies). The public sector dominated the market for female and male sterilization and implants. NSDP providers were (very distantly) the next most important sources of implants.

The NSDP provider's market share continued to rise over time. However, their share of the market for pills in 2003 represented a slight decline from 41.2% in 2001 (though the 2003 figure was still a 2.6 percentage point increase over 1998 baseline survey levels). There was a fairly steady increase in their share of condom supply, from 26.5% in 1998 and 29.7% in 2001. Similarly, the 2003 share of injectables represented a continuation of a positive trend (from 59.7% in 1998 to 78.0% in 2001). NSDP providers thus experienced continued success in expanding their presence in the market for long-acting methods. As expected, the public sector was the main overall source of family planning methods in non-project areas, but their share had fallen from 67.6% in 2001, while that of private medical sources grew from 21.0% (Table 5.4B).

Table 5.4A Source of supply, rural NSDP

Percent distribution of current users of modern contraceptive methods by most recent source of supply, according to specific method, NSDP project areas, 2003

	Modern method							
	Pill	IUD	Injection	Male condom	Female sterilization	Male sterilization	Implants	Total
Source of method								
PUBLIC SECTOR	17.5	59.5	14.7	8.6	89.3	84.0	76.5	27.6
Hospital/Med.College	0.1	5.7	0.2	0.0	17.3	34.0	10.1	2.9
Family Welfare Centre	3.4	34.9	7.0	0.8	9.3	3.9	7.7	5.6
Thana health complex	1.5	17.4	2.3	0.9	60.0	44.1	52.5	10.6
MCWC	0.2	1.4	0.1	0.0	2.0	1.9	6.3	0.5
Rural Dispensary/ Comm. Clinic	0.8	0.0	0.7	0.0	0.5	0.0	0.0	0.7
Satellite clinic/ EPI outreach clinic	0.6	0.0	3.0	0.0	0.0	0.0	0.0	1.2
FWA	10.9	0.0	1.4	6.8	0.1	0.0	0.0	6.1
NSDP NGO	38.1	40.5	81.9	32.5	1.0	3.9	15.5	45.5
Static clinic	2.0	30.5	9.9	4.3	1.0	3.9	14.2	4.8
Satellite clinic	7.4	10.0	70.8	4.8	0.0	0.0	1.3	25.1
Depotholder	28.7	0.0	1.1	23.4	0.0	0.0	0.0	15.6
OTHER NGO	1.3	0.0	0.1	0.8	2.7	8.2	2.7	1.2
Hospital	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0
NGO clinic	0.0	0.0	0.0	0.0	2.6	8.2	2.7	0.5
Satellite clinic	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Fieldworker	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Depotholder	1.1	0.0	0.0	0.8	0.0	0.0	0.0	0.6
PRIVATE MEDICAL SECTOR	32.1	0.0	2.6	35.4	6.4	0.0	5.3	19.1
Private clinic/doctor	0.1	0.0	0.6	0.0	6.4	0.0	5.3	1.1
Traditional doctor	0.4	0.0	0.4	0.0	0.0	0.0	0.0	0.3
Pharmacy	31.6	0.0	1.6	35.4	0.0	0.0	0.0	17.6
OTHER PRIVATE	9.5	0.0	0.0	21.3	0.0	0.0	0.0	5.6
Shop	8.8	0.0	0.0	21.3	0.0	0.0	0.0	5.2
Friends/relatives	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.4
BPHC NGO	0.1	0.0	0.3	0.4	0.0	0.0	0.0	0.2
Satellite clinic	0.1	0.0	0.3	0.4	0.0	0.0	0.0	0.1
Field worker	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	1.3	0.0	0.3	0.9	0.6	3.9	0.0	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,630	38	974	126	431	28	42	3,268

Table 5.4B Source of supply, rural non-NSDP

Percent distribution of current users of modern contraceptive methods by most recent source of supply, according to specific method, non-project areas, 2003.

	Modern method							
Source	Pill	IUD	Injection	Male condom	Female sterilization	Male sterilization	Implants	Total
Source of method								
PUBLIC SECTOR	50.1	77.5	74.2	30.1	92.0	93.7	86.9	60.4
Hospital/Medical college	0.1	5.9	0.0	0.6	21.5	44.2	24.9	3.6
Family welfare centre	8.3	61.4	30.7	5.3	7.2	6.8	0.0	13.3
Thana health complex	2.2	10.2	7.7	2.1	61.6	42.7	56.8	12.0
MCWC	0.1	0.0	0.5	0.0	1.4	0.0	5.1	0.4
Rural Dispensary/ comm. clinic	2.0	0.0	6.8	0.6	0.3	0.0	0.0	2.6
Satellite clinic/EPI outreach clinic	4.4	0.0	17.5	0.6	0.0	0.0	0.0	6.2
FWA	33.0	0.0	11.0	20.7	0.0	0.0	0.0	22.3
NSDP NGO	4.0	19.6	19.8	3.4	0.0	0.0	9.4	7.0
Static clinic	1.9	19.6	11.9	1.9	0.0	0.0	9.4	4.0
Satellite clinic	0.3	0.0	7.6	0.9	0.0	0.0	0.0	1.9
Depotholder	1.8	0.0	0.3	0.6	0.0	0.0	0.0	1.1
OTHER NGO	1.2	2.8	0.5	0.9	3.1	0.0	0.0	1.3
Hospital	0.2	2.8	0.0	0.0	1.8	0.0	0.0	0.4
NGO clinic	0.0	0.0	0.3	0.0	1.3	0.0	0.0	0.2
Satellite clinic	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0
Fieldworker	0.7	0.0	0.0	0.9	0.0	0.0	0.0	0.5
Depotholder	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.1
PRIVATE MEDICAL SECTOR	36.3	0.0	4.3	46.8	4.9	6.3	3.7	25.1
Private clinic/doctor	0.3	0.0	0.7	0.6	4.9	6.3	3.7	1.1
Traditional doctor	0.3	0.0	0.8	0.0	0.0	0.0	0.0	0.3
Pharmacy	35.7	0.0	2.8	46.1	0.0	0.0	0.0	23.7
OTHER PRIVATE	6.8	0.0	0.0	17.5	0.0	0.0	0.0	5.0
Shop	6.5	0.0	0.0	16.6	0.0	0.0	0.0	4.7
Friends/relatives	0.3	0.0	0.0	0.9	0.0	0.0	0.0	0.2
BPHC NGO	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Satellite clinic	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Field worker	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	1.7	0.0	1.3	1.3	0.0	0.0	0.0	1.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,104	27	410	122	251	17	20	1,951

One major success of the NSDP program is its apparent importance to the poor. Women in lower asset quintiles were more likely to use NSDP sources for modern contraception than those in higher quintiles (Table 5.5A). Contraceptive users in the poorest quintile were twice as likely to use NSDP satellite clinics as those in the richest one. There were only small differences in the use of depotholders and NSDP static clinics by socioeconomic status. The wealthiest women were most likely to use pharmacies, though NSDP satellite clinics and depotholders were together nearly as important to them. Similar patterns were observed in 2001.

Table 5.5A Source of modern contraception by asset quintile, rural NSDP areas

Percent distribution of current users of modern contraceptive methods by most recent source of supply, according to asset quintile, 2003

	Household asset quintile					
Source	Poorest	2	3	4	Richest	Total
PUBLIC SECTOR	31.4	31.3	27.9	25.0	22.4	27.6
Hospital/Medical college	3.7	2.6	2.5	2.9	2.8	2.9
Family welfare centre	6.0	6.6	6.0	5.1	4.1	5.6
Thana health complex	12.1	11.1	11.4	11.1	7.5	10.6
MCWC	0.6	0.3	0.8	0.3	0.3	0.5
Rural Dispensary/ Community Clinic	1.2	0.4	0.3	0.5	1.0	0.7
Satellite clinic/ EPI outreach clinic	1.4	2.4	1.1	0.4	0.9	1.2
FWA	6.3	8.0	5.7	4.9	5.9	6.1
NSDP NGO	50.7	48.7	49.5	45.2	33.1	45.5
Static clinic	5.8	4.2	5.1	5.3	3.6	4.8
Satellite clinic	30.7	30.0	26.9	23.1	14.8	25.1
Depotholder	14.1	14.5	17.5	16.8	14.8	15.6
OTHER NGO	1.0	1.8	1.6	0.6	0.8	1.2
Hospital	0.0	0.0	0.1	0.2	0.0	0.0
NGO clinic	0.5	1.1	0.5	0.0	0.2	0.5
Satellite clinic	0.0	0.0	0.0	0.0	0.0	0.0
Fieldworker	0.2	0.2	0.2	0.0	0.0	0.1
Depotholder	0.3	0.6	0.8	0.5	0.6	0.6
PRIVATE MEDIC. SECTOR	10.5	12.4	15.8	22.1	34.8	19.1
Private clinic/doctor	0.5	0.5	0.8	1.3	2.5	1.1
Traditional doctor	0.0	0.6	0.2	0.5	0.3	0.3
Pharmacy	9.9	11.3	14.9	20.3	31.9	17.6
OTHER PRIVATE	4.9	4.9	4.5	6.5	7.2	5.6
Shop	4.2	4.7	3.9	6.2	7.1	5.2
Friends/relatives	0.7	0.2	0.6	0.3	0.1	0.4
BPHC NGO	0.3	0.0	0.2	0.2	0.3	0.2
Satellite clinic	0.3	0.0	0.1	0.2	0.2	0.1
Field worker	0.0	0.0	0.1	0.0	0.1	0.0
Other	1.4	0.8	0.5	0.3	1.5	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	641	654	652	693	628	3,268

Table 5.5B Source of modern contraception by asset quintile, rural non-NSDP

Percent distribution of current users of modern contraceptive methods by most recent source of supply, according to asset quintile, 2003

Source	Household asset quintile					Total
	Poorest	2	3	4	Richest	
PUBLIC SECTOR	74.3	64.3	62.2	53.7	48.0	60.4
Hospital/Medical college	3.7	3.8	3.4	3.6	3.3	3.6
Family welfare centre	19.9	14.9	11.7	8.7	11.7	13.3
Thana health complex	16.0	13.5	12.1	11.0	7.6	12.0
MCWC	0.0	0.6	0.2	1.0	0.3	0.4
Rural Dispensary/ Community Clinic	2.0	4.0	3.6	1.2	2.4	2.6
Satellite clinic/ EPI outreach clinic	6.0	5.9	7.7	6.4	4.8	6.2
FWA	26.6	21.6	23.5	21.9	17.9	22.3
NSDP NGO	8.7	10.0	6.8	5.9	3.7	7.0
Static clinic	6.4	5.4	4.0	2.7	1.8	4.0
Satellite clinic	1.1	3.0	1.4	2.7	1.1	1.9
Depotholder	1.3	1.6	1.3	0.5	0.8	1.1
OTHER NGO	1.2	1.3	0.9	0.5	2.4	1.3
Hospital	0.2	0.5	0.4	0.0	0.8	0.4
NGO clinic	0.6	0.3	0.0	0.3	0.0	0.2
Satellite clinic	0.0	0.0	0.2	0.0	0.0	0.0
Fieldworker	0.4	0.6	0.0	0.2	1.3	0.5
Depotholder	0.0	0.0	0.3	0.0	0.3	0.1
PRIVATE MEDIC. SECTOR	11.0	17.9	24.2	33.6	38.1	25.1
Private clinic/doctor	0.8	0.4	0.9	1.3	2.1	1.1
Traditional doctor	0.0	0.5	0.3	0.3	0.5	0.3
Pharmacy	10.2	17.0	23.0	32.0	35.4	23.7
OTHER PRIVATE	3.3	4.1	4.9	5.5	7.0	5.0
Shop	3.0	3.9	4.7	5.5	6.5	4.7
Friends/relatives	0.3	0.2	0.2	0.0	0.5	0.2
BPHC NGO	0.0	0.0	0.0	0.0	0.0	0.0
Satellite clinic	0.0	0.0	0.0	0.0	0.0	0.0
Field worker	0.0	0.0	0.0	0.0	0.0	0.0
Other	1.4	2.3	1.1	0.9	0.8	1.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	367	387	423	392	383	1,951

5.5 Knowledge of Sources among Non-users

As in 2001, married women not currently using contraception were asked whether they were aware of various sources of family planning methods. Their responses are provided in Table 5.6. NSDP providers were most commonly recognized by respondents in project areas, while public sector sources were the most well known in non-project areas. NSDP sources were better known in Rajshahi, Khulna/Barisal, and Dhaka (compared with Chittagong/Sylhet). As in 2001, NSDP sources were widely recognized sources of family planning.

Table 5.6 Knowledge of source for non-users

Percent distribution of women who do not currently use a contraceptive method by knowledge of source of supply, project and non-project areas, 2003

	Project Areas					
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	Non-project Areas
Source of method						
PUBLIC SECTOR	27.0	16.5	21.3	13.2	21.3	67.2
Hospital/Medical college	1.0	0.2	0.8	0.9	0.8	0.7
Family welfare centre	9.8	6.5	3.6	4.3	6.0	17.7
Thana health complex	10.9	3.7	7.2	4.9	7.7	11.6
MCWC	0.1	0.3	0.0	0.0	0.1	0.3
Rural Dispensary/ Community Clinic	0.3	0.8	0.5	0.5	0.5	4.6
Satellite clinic/ EPI outreach clinic	1.4	0.5	2.1	0.5	1.5	9.1
FWA	3.6	4.4	7.1	2.1	4.8	23.3
NSDP NGO	47.1	62.7	55.4	66.3	55.2	8.0
Static clinic	3.7	5.7	9.7	6.8	6.9	5.1
Satellite clinic	28.1	24.9	25.3	29.9	27.0	1.7
Depotholder	15.3	32.2	20.4	29.7	21.4	1.2
OTHER NGO	0.6	0.6	0.3	0.2	0.4	0.7
Hospital	0.1	0.0	0.1	0.0	0.1	0.0
NGO clinic	0.1	0.0	0.1	0.0	0.1	0.2
Satellite clinic	0.0	0.0	0.1	0.0	0.0	0.0
Fieldworker	0.0	0.0	0.0	0.0	0.0	0.5
Depotholder	0.4	0.6	0.1	0.2	0.3	0.0
PRIVATE MEDIC. SECTOR	9.0	5.9	9.4	6.1	8.4	9.2
Private clinic/doctor	0.4	0.0	0.4	0.0	0.3	0.6
Traditional doctor	0.5	0.2	0.1	0.7	0.3	0.0
Pharmacy	8.1	5.7	8.8	5.4	7.7	8.6
OTHER PRIVATE	3.1	2.1	1.4	3.0	2.3	2.0
Shop	2.9	2.1	1.3	3.0	2.2	2.0
Friends/relatives	0.2	0.0	0.1	0.0	0.1	0.0
BPHC NGO	0.1	0.7	0.1	0.0	0.1	0.0
Static clinic	0.0	0.0	0.1	0.0	0.0	0.0
Satellite clinic	0.1	0.2	0.0	0.0	0.0	0.0
Field worker	0.0	0.5	0.1	0.0	0.1	0.0
Other	0.3	0.2	0.6	0.9	0.5	1.9
DK	12.9	11.4	11.5	10.4	11.7	10.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,201	316	1,532	653	3,701	2,053

5.6 Contraceptive Discontinuation Rates

The survey also provided information regarding contraceptive discontinuation. Contraceptive discontinuation rates are the proportion of users of a method who discontinue within 12 months of starting use. The contraceptive calendar tracked episodes of contraceptive use by method for the 60 months preceding interview. The discontinuation rates calculated here refer only to episodes of contraceptive use between three and 60 months before interview. The last two months before interview are omitted to avoid under-estimating method failure from as yet unnoticed pregnancies. When a break in contraceptive use was noted, women were asked the principal reason for the discontinuation.[4]

As measured in 2003, the overall discontinuation rate in NSDP project areas was 41.1% (Table 5.7A). The rate was highest for condom users and lowest for implants at 6.1% (not shown). The overall contraceptive discontinuation rate did not change between 2001 and 2003.

Table 5.7A First-year contraceptive discontinuation rates

Proportion of contraceptive users who discontinue use of a method by 12 months after beginning its use (period of observation: 3 - 60 months before the survey), by reason for discontinuation, according to specific method, Project Areas, Rural 2003.

	Reason for discontinuation				
Method discontinued	Method failure	Desire to become pregnant	Side effects/ health	Other	All reasons
Pill	2.6	9.3	7.2	22.3	41.4
IUD	0.0	0.0	16.4	16.2	32.6
Injectables	0.2	5.0	8.8	26.9	40.9
Condom	3.4	12.7	0.7	47.0	63.9
Periodic abstinence	7.6	10.8	0.0	17.2	35.7
Withdrawal	5.0	9.0	0.0	39.7	53.8
Other	4.8	12.2	3.5	18.1	38.7
Total	2.5	8.2	6.2	24.2	41.1

[4] The reasons for discontinuation included: infrequent sex/husband away; method failure/became pregnant; wanted to become pregnant; husband disapproved; wanted a more effective method; health concerns; side effects; lack of access; cost; inconvenient to use; fatalistic; entered a period of amenorrhea; marital dissolution; and other.

Table 5.7B shows discontinuation rates within 12 months of beginning use for the various methods by domains. Pills, IUD, condoms and injectables had slightly lower discontinuation rates in non-project areas, but the discontinuation rate for implants was actually higher. Overall discontinuation rates were highest in Chittagong and lowest in Khulna/Barisal and Rajshahi. The pattern by division was similar to that observed in 2001.

Table 5.7B First-year contraceptive discontinuation rates

Proportion of contraceptive users who discontinue use of a method by 12 months after beginning its use, by domain according to specific method, Rural 2003.

Method discontinued	Project Areas					Non-project areas
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	
Pill	49.3	40.2	41.9	36.0	41.4	33.6
IUD	33.3	64.3	32.0	19.2	32.6	23.4
Injectables	47.5	32.7	40.9	39.8	40.9	40.5
Implants	11.0	0.0	0.0	12.5	6.1	23.3
Condom	67.1	62.6	59.3	67.8	63.9	63.1
Periodic abstinence	41.8	34.2	28.7	40.5	35.7	31.1
Withdrawal	66.6	49.6	37.5	61.5	53.8	55.3
Other	50.3	72.2	36.8	20.0	38.7	13.3
Total	47.5	38.3	39.9	39.0	41.1	36.9

5.7 Reasons for Discontinuing Contraceptive Method

Currently married women who were past but not current contraception users were asked to specify reasons for discontinuation. Table 5.8 provides the distribution of reasons for discontinuation for the five years preceding interview for various specific methods.

The reasons for discontinuations were similar to those as reported in 2001. Table 5.8 shows that *side effects* and *desire to become pregnant* together represented the reason for discontinuation nearly 60% of the time. *Desire to become pregnant* and *side effects* were the two main reasons for discontinuation of pills. *Side effects* and (much less importantly) *desire to become pregnant* were also the main reasons for discontinuing IUD use. Just over half of women discontinued injections due to *side effects.* Nearly one-third discontinued using condom because *husband disapproved of its use.* More than half of past implant users dropped its use because of *side effects.*

Table 5.8 Reasons for discontinuing contraceptive methods

Percent distribution of discontinuations of contraceptive methods in the five years preceding the survey by main reason for discontinuation, according to specific method, project areas, 2003

	Method discontinued										
	Pill	IUD	Injection	Condom	Female sterilization	Male sterilization	Periodic abstinence	Withdrawal	Implants	Other	Total
Reason for discontinuation											
Infrequent sex/husband away	6.1	0.0	2.3	11.3	0.0	0.0	4.1	0.0	0.0	0.0	5.0
Became pregnant while using	9.3	0.0	0.8	8.9	0.0	0.0	30.6	12.9	0.0	16.5	9.6
Wanted to become pregnant	32.0	15.9	19.6	23.0	0.0	0.0	32.6	24.4	11.0	38.3	28.0
Husband disapproved	0.6	0.0	0.8	30.8	100.0	0.0	6.5	22.2	0.0	5.4	3.6
Wanted a more effective method	4.1	0.0	0.8	8.1	0.0	0.0	15.9	23.0	0.0	18.2	5.2
Health concerns	9.1	12.5	12.0	0.8	0.0	0.0	0.4	0.0	29.7	0.0	8.2
Side effects	30.3	57.7	52.4	2.9	0.0	100.0	1.0	1.3	51.9	5.4	30.7
Access/availability	0.5	0.0	1.8	0.0	0.0	0.0	0.0	0.0	0.0	5.4	0.8
Cost too much	0.4	0.0	0.2	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.3
Inconvenient to use	4.7	4.3	2.3	13.5	0.0	0.0	2.2	8.8	0.0	5.4	4.4
Fatalistic	0.1	1.7	0.1	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.2
Difficult to get pregnant/menopausal	1.2	1.7	4.3	0.4	0.0	0.0	3.4	3.3	7.3	0.0	2.3
Marital dissolution/ separation	0.4	1.8	0.5	0.0	0.0	0.0	1.5	0.0	0.0	0.0	0.5
Other	1.0	4.3	2.1	0.4	0.0	0.0	1.1	4.0	0.0	5.5	1.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	2,426	63	1,164	281	1	1	538	81	15	20	4,588

CHAPTER 6. INFANT AND CHILD MORTALITY

This chapter examines the mortality of children under 5 years of age in project and non-project areas. The data were compiled from birth histories provided by ever-married women. These histories included information on each live birth, whether or not births were twins, the sex of the child, the month and year of birth, whether or not the child still resided with the mother, and age at death if the child died. Ages at death were recorded in days if the child died in the first month of life or in months if the child died before 24 months of age. Mortality rates were calculated by direct methods and are defined as follows (per 1,000 live births):

Neonatal mortality rate:	The number of children dying in the first month of life
Postneonatal mortality rate:	The number of children dying after the first month of life but before the first birthday
Infant mortality rate:	The number of children dying before the first birthday
Child mortality rate:	The number of children dying after the first birthday but before the fifth birthday
Under-five mortality rate:	The number of children dying before the fifth birthday.

Mortality rates were calculated for each of division (Chittagong/Sylhet, Khulna/Barisal, Dhaka, and Rajshahi) and for project and non-project areas. Rates were also calculated for different demographic and socioeconomic sub-groups.

6.1 Data Quality

Errors that might lead to age-heaping mortality reports were emphasized during interviewer training. Interviewers were instructed to probe for exact ages in cases where dates of death corresponded to common heaping dates. For example, if a child was reported to have died at age one, interviewers were instructed to ask if the child died at exactly one year or whether the child died before one year. Such heaping may bias infant mortality downwards, transferring infant deaths to child deaths.

6.2 Early Childhood Mortality Rates

Table 6.1 presents various measures of infant and child mortality by project and non-project areas for the five years before interview. Despite the overall decline in infant and child mortality in the last 20 years, one in every 14 children born in project areas during the five years before the 2003 survey died before age 1, and one in every 11 died before age 5. The infant and child mortality situation was generally better in non-project areas. For instance, infant mortality was 72.9 deaths per 1,000 live births in NSDP project areas and 63.7 in non-project areas. However, the risk of death between the first and fifth birthday was actually somewhat lower in project areas: 19.9 deaths per 1,000 children age 12-59 months in project areas against 21.8 in non-project areas.

Early childhood mortality rates declined for two decades in both project and non-project areas. The decline was more pronounced in NSDP project areas, thereby narrowing the gap between project and non-project areas. However, if we compare these results with the 2001 survey, the decline in infant mortality during two-year period between surveys was sharper in non-project areas: Infant mortality for the four-year period preceding interview declined by 4.1 deaths, from 77.0 deaths per

1,000 live births in 2001 in project areas; and in non-project areas by 6.8 deaths, from 70.5 deaths per 1,000 live births in 2001.

Table 6.1 Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-five mortality for five-year periods preceding the survey, project and non-project areas, 2003

	Neonatal mortality (NN)	Postneonatal mortality (PNN)	Infant mortality (1q0)	Child mortality (4q1)	Under-five mortality (5q0)
Project areas					
Years preceding the survey					
0-4	49.8	23.0	72.9	19.9	91.3
5-9	55.3	31.2	86.5	32.1	115.9
10-14	61.9	32.7	94.5	48.4	138.3
15-19	74.0	44.3	118.3	72.6	182.4
20-24	88.0	44.9	132.9	73.3	196.4
Non-project areas					
Years preceding the survey					
0-4	43.2	20.5	63.7	21.8	84.1
5-9	56.8	23.4	80.2	21.8	100.3
10-14	63.6	33.0	96.6	32.7	126.1
15-19	74.5	38.2	112.7	51.4	158.4
20-24	76.2	39.7	115.8	59.3	168.3

6.3 Early Childhood Mortality by Socioeconomic Characteristics

Table 6.2 presents differentials in infant and child mortality rates by select characteristics. There were several pronounced differences across divisions. Infant mortality rates were highest in Dhaka division and lowest in Khulna/Barisal. Similarly, under-5 mortality was highest in Dhaka and lowest in Khulna/Barisal.

Mortality was associated with maternal education.[5] Infants born of women with no education were more than four times as likely to die before their first birthday as those born of mothers with a higher secondary education. Other mortality indicators demonstrated a similar association between early childhood mortality and maternal education. Virtually all mortality indicators showed a pattern of decline with increases in socioeconomic status. For instance, infant mortality decreased from 105.9 deaths per 1,000 live births for children in the lowest quintile to 49.2 deaths per 1,000 live births for those in the highest one.

[5] Small sample sizes make calculations of early childhood mortality rates imprecise for children of mothers with college education.

Table 6.2 Early childhood mortality by socioeconomic characteristics

Neonatal, postneonatal, infant, child, and under-five mortality for the ten-year period preceding the survey, by selected background characteristics, project and non-project areas, 2003

Background characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN)	Infant mortality (1q0)	Child mortality (4q1)	Under-five mortality (5q0)
Domains					
Chittagong/Sylhet	49.8	26.1	75.9	28.4	102.2
Khulna/Barisal	43.4	16.5	59.9	18.2	77.0
Dhaka	60.0	31.7	91.7	26.1	115.4
Rajshahi	46.6	25.7	72.3	27.0	97.4
Highest educational level					
No education	54.8	32.7	87.5	32.9	117.5
Primary	54.4	23.1	77.5	15.2	91.6
Secondary	42.0	13.6	55.6	15.4	70.2
Higher secondary	0.0	17.9	17.9	0.0	17.9
College/University	115.6	0.0	115.6	0.0	115.6
Household asset quintile					
Poorest	65.2	40.7	105.9	40.1	141.7
2	58.9	32.2	91.1	28.6	117.0
3	45.2	22.9	68.1	24.7	91.1
4	54.1	16.3	70.4	19.5	88.5
Richest	31.7	17.5	49.2	12.7	61.3
Project - non project areas					
Project areas	52.7	27.4	80.1	26.2	104.2
Non-project areas	50.3	22.0	72.4	21.8	92.6

6.4 Demographic Characteristics and Mortality

Demographic characteristics were strongly associated with early childhood mortality. Table 6.3 presents differentials in infant and child mortality rates for the 10-year period preceding the survey by selected demographic characteristics. Unsurprisingly, boys in both project and non-project areas had higher mortality during the first year of life. However, the differential was wider in non-project areas. Child mortality, on the other hand, was higher for girls in project areas and boys in non-project areas.

Children of younger mothers, those under the age of 20, were more likely to die before their first birthday than those of older mothers. In project areas, the difference in infant mortality rates between those with mothers under age 20 and those with mothers aged 30 to 39 years was about 29.5 In non-project areas, the gap was similar.

A U-shaped relationship emerged between parity and mortality. First births faced a higher risk of infant mortality than second and third births. Risk, however, increased at higher parity levels. This likely reflected the effects of short birth intervals, as higher parity children were more likely to have short preceding birth intervals. In project areas, children born less than two years after the birth of a preceding child faced a higher rate of infant mortality than those born after a two-year interval by

a margin of 53.1 deaths per 1,000 live births. This effect dissipated somewhat over time. Short-birth interval children who survived to their first birthday were still more than three times more likely to die before their fifth birthday than children born after a four-year interval, but only 15% and 27% more likely to die than children born after two- or three-year intervals.

Table 6.3 Early childhood mortality by demographic characteristics and socioeconomic characteristics

Neonatal, postneonatal, infant, child, and under-five mortality for the ten-year period preceding the survey, by selected background characteristics, project and non-project areas, 2003.

	Neonatal mortality (NN)	Postneonatal mortality (PNN)	Infant mortality (1q0)	Child mortality (4q1)	Under-five mortality (5q0)
			PROJECT AREAS		
Sex of child					
Male	55.1	26.9	82.0	21.8	102.0
Female	50.2	27.9	78.1	30.7	106.5
Mother's age at birth					
<20	68.8	29.7	98.5	27.1	122.9
20-29	48.7	22.4	71.2	24.3	93.7
30-39	35.9	32.9	68.9	29.9	96.7
40-49	64.1	68.8	132.9	23.0	152.8
Household asset quintile					
Poorest	65.2	40.7	105.9	40.1	141.7
2	58.9	32.2	91.1	28.6	117.0
3	45.2	22.9	68.1	24.7	91.1
4	54.1	16.3	70.4	19.5	88.5
Richest	31.7	17.5	49.2	12.7	61.3
Birth order					
1	67.1	28.5	95.6	20.1	113.9
2-3	42.5	23.1	65.6	24.3	88.3
4-6	53.0	28.2	81.2	29.0	107.9
7+	56.3	39.9	96.2	41.5	133.7
Previous birth interval					
<2	84.5	40.0	124.5	39.1	158.7
2 years	43.7	27.8	71.4	33.2	102.2
3 years	49.5	25.1	74.6	28.7	101.2
4 years or more	28.9	19.3	48.2	13.2	60.8
			NON-PROJECT AREAS		
Sex of child					
Male	52.0	23.7	75.7	24.1	98.0
Female	48.6	20.3	68.9	19.4	86.9
Mother's age at birth					
<20	69.5	22.3	91.8	15.0	105.4
20-29	43.6	20.2	63.9	21.1	83.6
30-39	42.9	22.8	65.6	35.8	99.1
40-49	0.0	72.1	72.1	12.1	83.3
Household asset quintile					
Poorest	48.6	35.2	83.8	24.0	105.8
2	47.3	23.8	71.1	29.1	98.2
3	72.6	16.4	89.0	22.7	109.7
4	43.3	16.4	59.7	17.8	76.5
Richest	39.3	12.9	52.1	12.6	64.1
Birth order					
1	64.4	20.6	85.0	12.2	96.2
2-3	45.3	18.2	63.4	18.5	80.7
4-6	41.0	23.5	64.5	29.4	92.0
7+	64.5	43.8	108.3	45.0	148.4
Previous birth interval					
<2	108.8	25.4	134.2	31.0	161.1
2 years	38.5	26.6	65.2	32.3	95.4
3 years	31.5	26.4	57.9	19.3	76.1
4 years or more	31.4	13.7	45.1	18.1	62.4

CHAPTER 7. REPRODUCTIVE AND CHILD HEALTH

The 2003 rural NSDP survey collected information from ever-married women on various important issues involving reproductive and child health. This chapter presents findings related to antenatal and delivery care, pregnancy-related complications, child health care, and awareness of maternal and child health services.

7.1 Antenatal Care

Antenatal care (ANC) is an important component of the Essential Service Package and involves visits to medical care providers at periodic intervals in order to detect, monitor, and treat problems that arise during the course of the pregnancy. Timely and appropriate antenatal care can serve as an effective tool for maintaining the health of both the mother and the baby.

Antenatal Care Providers

Ever-married women with a live birth in the five years preceding interview were asked whether they had had an antenatal care visit and to specify the type of caregiver that treated them during antenatal care visits. Table 7.1 provides the distribution of visits in terms of the type of caregiver visited for last births in the three years preceding interview. (All antenatal care results presented in this section are with reference to births in the past three years. For births in the past year, refer to Appendix B.) Just over half of women in project areas received any ANC (51.1%). The figure was actually somewhat lower (by 5 percentage points) in non-project areas at 46.1%. In NSDP project areas, 43.9% were seen by a trained provider, compared with 37.7% in non-project areas. Older women in rural NSDP project areas were less likely to receive ANC, but when they did they were more likely to be seen by a qualified doctor. Younger women were more likely to be seen by a nurse, midwife or paramedic when they sought care. Those with many children were less likely to seek care and, when they did, less likely to do so from a qualified doctor. Visit likelihood varied extensively by domain, from a low of 46.6% in Dhaka to a high of 60.4% in Rajshahi. Chittagong residents were most likely to see a qualified doctor. There was a pronounced association between care seeking behavior and socioeconomic strata, with the wealthy far more likely to have a visit and, when they did, to be seen by a qualified doctor. Generally speaking, similar patterns prevailed in non-project areas.

The percentage receiving any ANC rose substantially between 2001 and 2003 (from 42.8% to 51.1% in project areas, and 38.1% to 46.1% in non-project areas). Similar trends occurred with seeking care from a trained provider, which increased from 35.2% to 43.9% in project areas, and from 27.9% to 37.7% in non-project areas.

Table 7.1 Antenatal care from medically trained personnel

Percent distribution of last births in the three years preceding the survey by source of antenatal care during pregnancy, according to selected background characteristics, NSDP/Non-NSDP Areas, Bangladesh 2003

Background characteristic	Received any ANC	Medically Trained: Qualified Doctor	Medically Trained: Nurse, midwife or Paramedic	Medically Trained: MA or SACMO	Non-Medically Trained: HA or FWA	Non-Medically Trained: Trained Birth Attendants	Non-Medically Trained: Untrained Birth Attendants	Non-Medically Trained: Unqualified Doctor	Other	No one	Missing	Total	Number
PROJECT AREAS													
Mother's age at birth													
10-14	72.4	16.4	47.0	0.0	9.1	0.0	0.0	0.0	0.0	27.6	0.0	100.0	60
15-19	59.3	14.9	33.9	0.0	8.8	0.3	0.0	1.2	0.2	40.7	0.0	100.0	717
20-34	48.3	14.5	27.6	0.1	5.2	0.0	0.1	0.4	0.3	51.7	0.0	100.0	1,639
35-49	37.9	12.2	21.4	0.0	4.3	0.0	0.0	0.0	0.0	61.6	0.5	100.0	200
Birth order													
1	65.2	21.5	34.7	0.0	7.8	0.2	0.2	0.9	0.0	34.8	0.0	100.0	690
2-3	51.5	14.1	30.2	0.2	6.2	0.1	0.0	0.5	0.3	48.5	0.0	100.0	1,090
4-5	41.4	10.0	25.7	0.0	4.6	0.0	0.0	0.6	0.5	58.4	0.2	100.0	551
6+	33.9	7.5	20.3	0.0	5.3	0.0	0.0	0.4	0.4	66.1	0.0	100.0	285
Domains													
Rural - Chittagong	50.8	20.5	22.9	0.0	6.3	0.0	0.1	0.9	0.0	49.1	0.1	100.0	803
Rural - Khulna/Barisal	51.5	10.8	31.9	0.0	7.5	0.0	0.0	0.9	0.4	48.5	0.0	100.0	271
Rural - Dhaka	46.6	10.1	30.1	0.0	5.9	0.1	0.0	0.3	0.2	53.4	0.0	100.0	1,039
Rural - Rajshahi	60.4	15.8	36.7	0.5	6.1	0.2	0.0	0.5	0.7	39.6	0.0	100.0	503
Highest educational level													
No education	37.4	7.1	23.9	0.1	5.7	0.0	0.1	0.5	0.0	62.6	0.0	100.0	1,284
Primary	53.0	13.5	30.4	0.2	7.1	0.3	0.0	1.2	0.4	46.8	0.1	100.0	736
Secondary	77.0	29.1	40.7	0.0	6.7	0.0	0.0	0.0	0.6	23.0	0.0	100.0	562
Higher secondary	97.5	66.5	31.0	0.0	0.0	0.0	0.0	0.0	0.0	2.5	0.0	100.0	21
College/University	91.1	82.1	8.9	0.0	0.0	0.0	0.0	0.0	0.0	8.9	0.0	100.0	13
Household asset quintile													
Poorest	32.4	4.2	21.4	0.0	5.5	0.2	0.0	1.1	0.1	67.6	0.0	100.0	647
2	41.8	7.7	28.1	0.0	5.6	0.0	0.0	0.5	0.0	58.0	0.2	100.0	573
3	53.8	11.8	32.8	0.2	8.1	0.2	0.2	0.0	0.4	46.2	0.0	100.0	457
4	63.6	21.0	34.7	0.0	6.9	0.0	0.0	0.4	0.5	36.4	0.0	100.0	486
Richest	73.1	33.2	33.0	0.2	5.5	0.0	0.0	0.7	0.5	26.9	0.0	100.0	454
Total	51.1	14.5	29.3	0.1	6.2	0.1	0.0	0.6	0.3	48.9	0.0	100.0	2,617

Table 7.1 Antenatal care from medically trained personnel (continued)

Percent distribution of last births in the three years preceding the survey by source of antenatal care during pregnancy, according to selected background characteristics, NSDP/Non-NSDP Areas, Bangladesh 2003

Background characteristic	Received any ANC	Medically Trained: Qualified Doctor	Medically Trained: Nurse, midwife or Paramedic	Medically Trained: MA or SACMO	Non-Medically Trained: HA or FWA	Non-Medically Trained: Trained Birth Attendants	Non-Medically Trained: Untrained Birth Attendants	Non-Medically Trained: Unqualified Doctor	Other	No one	Missing	Total	Number
NON-PROJECT AREAS													
Mother's age at birth													
10-14	52.2	25.6	23.4	0.0	3.1	0.0	0.0	0.0	0.0	47.8	0.0	100.0	25
15-19	57.4	20.7	26.9	0.0	8.4	0.3	0.0	1.1	0.0	42.6	0.0	100.0	377
20-34	42.9	18.4	16.3	0.0	7.0	0.2	0.0	0.5	0.5	57.1	0.0	100.0	993
35-49	36.2	12.9	17.5	0.0	5.2	0.0	0.0	0.0	0.6	63.8	0.0	100.0	122
Birth order													
1	65.0	27.3	28.0	0.0	8.6	0.3	0.0	0.8	0.0	35.0	0.0	100.0	381
2-3	47.1	19.2	18.8	0.0	7.6	0.2	0.0	0.9	0.5	52.9	0.0	100.0	643
4-5	32.6	13.2	11.6	0.0	6.3	0.3	0.0	0.3	1.0	67.4	0.0	100.0	307
6+	26.3	7.8	14.6	0.0	3.8	0.0	0.0	0.0	0.0	73.7	0.0	100.0	186
Highest educational level													
No education	29.8	8.4	14.9	0.0	5.9	0.3	0.0	0.1	0.2	70.2	0.0	100.0	664
Primary	48.9	15.6	23.0	0.0	7.9	0.2	0.0	1.5	0.7	51.1	0.0	100.0	445
Secondary	68.4	36.0	22.7	0.0	8.7	0.0	0.0	0.5	0.5	31.6	0.0	100.0	379
Higher secondary	84.6	67.3	13.9	0.0	3.4	0.0	0.0	0.0	0.0	15.4	0.0	100.0	22
College/University	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	5
Household asset quintile													
Poorest	26.5	7.6	12.6	0.0	5.2	0.2	0.0	0.9	0.0	73.5	0.0	100.0	330
2	38.7	9.2	22.0	0.0	6.6	0.0	0.0	0.7	0.2	61.3	0.0	100.0	323
3	40.2	11.0	19.5	0.0	7.8	0.4	0.0	0.5	1.0	59.8	0.0	100.0	301
4	61.4	27.4	22.2	0.0	10.5	0.0	0.0	0.9	0.4	38.6	0.0	100.0	289
Richest	69.0	42.2	20.2	0.0	5.8	0.4	0.0	0.0	0.4	31.0	0.0	100.0	273
Total	46.1	18.6	19.1	0.0	7.1	0.2	0.0	0.6	0.4	53.9	0.0	100.0	1,516

Table 7.2A provides the distribution of ANC visit counts and the duration of pregnancy at the first visit. Once again, those in project areas were more likely to have at least one visit. They were also generally more likely to have more visits, with the exception of the most intense visit levels (4+). Overall, however, the differences in visit count percentages essentially cancelled out, and the median number of visits for those with any ANC across project and non-project areas was 1.7. Similarly, despite some discrepancies between project and non-project areas in terms of the distribution of the month of pregnancy at which the first visit occurred, the median was the same across the two domains at 5.5. Only 32.4% of the poorest women had at least one antenatal care visit in NSDP areas, against 26.5% in non-NSDP areas (Table 7.2B).

Table 7.2A Number of antenatal care visits and stage of pregnancy, last three years

Percent distribution of women with a live birth in the 3 years preceding the survey by number of antenatal care (ANC) visits during the last pregnancy by the stage of pregnancy at the time of the first visit, project areas, Rural 2003

Number and timing of ANC visits	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	Non-project areas
Number of ANC visits						
None	49.1	48.5	53.4	39.6	48.9	53.9
1	13.7	14.6	15.4	16.2	15.0	13.8
2	15.1	17.9	14.5	16.7	15.4	12.6
3	12.0	11.3	10.1	14.6	11.7	10.0
4+	10.1	7.5	6.7	12.8	9.0	9.7
Don't know/missing	0.1	0.2	0.0	0.0	0.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Median number of visits (for those with ANC)	1.8	1.6	1.5	1.8	1.7	1.7
Number of months pregnant at the time of the first ANC visit						
No antenatal care	49.2	48.5	53.4	39.6	48.9	53.9
<4 months	12.0	9.6	10.6	14.9	11.7	12.7
4-5 months	21.9	22.1	17.1	25.5	20.7	16.0
6-7 months	11.6	12.9	13.4	14.4	13.0	11.3
8+ months	5.4	6.9	5.3	5.6	5.6	6.1
Don't know/missing	0.0	0.0	0.1	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Median months pregnant at first visit (for those with ANC)	5.4	5.6	5.6	5.5	5.5	5.5
Total	803	271	1,039	503	2,617	1,516

Table 7.2B Use of antenatal care, rural NSDP and rural non-NSDP, last three years

Percentage of women with a live birth in the three years preceding the survey by whether they had at least one antenatal care (ANC) visit during the last pregnancy by household asset quintile, 2003 .

Household asset quintile	Chittagong/ Sylhet	Khulna/Barisal	Dhaka	Rajshahi	Project Areas	Non-project Areas
Poorest	37.6	32.3	27.8	35.2	32.4	26.5
2	32.0	49.6	40.1	53.0	41.8	38.7
3	43.6	61.2	51.8	68.0	53.8	40.2
4	56.3	65.2	63.0	75.3	63.6	61.4
Richest	73.5	73.7	67.4	82.8	73.1	69.0
Total	50.8	51.5	46.6	60.4	51.1	46.1
Number	803	271	1,039	503	2,617	1,516

Source of Antenatal Care

Table 7.3 provides market share for antenatal care visits for the last pregnancy of women with a live birth in the past three years and at least one antenatal care visit. In rural NSDP project areas, just over half of those with at least one visit visited an NSDP provider. Those who used NSDP providers were most likely to visit satellite clinics. The other two important suppliers of ANC were the public sector and private facilities (with the former enjoying a somewhat larger market share). Of the public sector facilities, thana (subdistrict) health complexes were the most popular, followed by family welfare centers (the representation of other strata of public sector providers was negligible). The private sector's share was dominated by private doctors and clinics.

In non-NSDP areas, the public sector was the most important overall source of ANC, with just over half of the market. Once again, thana health complexes were the most important public providers, followed by family wealth centers. Private clinics and doctors had the next largest share (as in NSDP areas, theirs was actually larger than that of family welfare centers). Perhaps owing to the proximity of control communities to NSDP project areas, NSDP static clinics had a slightly smaller share there than private clinics and doctors.

Table 7.3 Source of antenatal care, last three years

Percentage of women with a live birth in the three years preceding the survey by whether they had at least one antenatal care (ANC) visit during the last pregnancy by source of care for project and non-project area, 2003.

	Project Areas					
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	Non-project Areas
Received antenatal care						
Percentage received ANC	50.8	51.5	46.6	60.4	51.1	46.1
Women with at least one birth in the reference period	803	271	1,039	503	2,617	1,516
Place for antenatal checkup						
HOME	2.1	0.8	2.2	1.1	1.8	2.1
Medical person at home	2.1	0.8	2.0	1.1	1.7	2.1
Non-medical person at home	0.0	0.0	0.2	0.0	0.1	0.0
PUBLIC SECTOR	31.5	32.3	25.6	33.2	29.8	56.5
Hospital/Medical college	2.4	1.9	5.3	4.1	3.8	5.4
Family welfare centre	9.5	8.8	4.8	10.1	7.9	15.9
Thana health complex	15.9	13.5	8.8	12.3	12.3	20.5
MCWC	0.5	4.2	2.6	2.2	2.1	1.0
Rural Dispensary/Community Clinic	0.8	0.0	0.0	1.5	0.6	3.5
Satellite/EPI clinic	1.3	2.7	2.4	2.6	2.2	8.4
FWA	1.1	1.2	1.5	0.4	1.1	1.8
NSDP NGO	39.4	53.1	59.3	53.0	51.1	16.9
Static clinic	9.3	8.8	16.1	13.1	12.6	14.6
Satellite clinic	30.2	44.3	43.2	39.9	38.6	2.2
OTHER NGO	1.8	2.7	3.3	3.0	2.7	4.3
Hospital	0.5	0.4	0.4	1.1	0.6	1.9
NGO clinic	1.3	1.5	1.8	0.7	1.4	1.3
Satellite clinic	0.0	0.4	0.9	0.0	0.4	0.5
Fieldworker	0.0	0.4	0.2	1.1	0.4	0.6
PRIVATE MEDICAL SECTOR	24.9	8.8	8.8	7.8	13.5	19.6
Private clinic/doctor	21.2	7.7	7.9	6.3	11.6	17.1
Traditional doctor	1.8	0.8	0.7	1.1	1.1	1.0
Pharmacy	1.8	0.4	0.2	0.4	0.8	1.6
BPHC NGO	0.0	2.3	0.0	0.7	0.4	0.2
Static clinic	0.0	0.4	0.0	0.4	0.1	0.2
Satellite clinic	0.0	1.9	0.0	0.4	0.3	0.0
Other	0.3	0.0	0.7	1.1	0.6	0.2
DK	0.0	0.0	0.2	0.0	0.1	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	408	140	484	304	1,336	699

Table 7.4 provides market share by socioeconomic status. NSDP providers were, in project and non-project areas, far more important sources of ANC for women in the lowest asset quintile than those in the highest one. Interestingly, however, this did not reflect a smooth trend in either case: NSDP providers were most important as a source of ANC to women in the second lowest quintile. (In non-project areas NSDP providers were actually more important to those in the third quintile than to those in the lowest.) Of the NSDP provider strata, satellite clinics were particularly important to those in the lower quintiles. Unsurprisingly, the wealthy were far more likely to rely on private doctors and clinics. However, traditional doctors (whose share was in any case admittedly small) were more important to the poor. Though there were differences in the use of public sector providers across socioeconomic strata, these were comparatively modest.

Table 7.4 Source of antenatal care by asset quintile, last three years

Pct distribution of sources of antenatal care for women having a live birth in the three years preceding the survey by asset quintile, project and non-project areas, 2003.

	Project Areas						Non-project Areas					
	Poorest	2	3	4	Richest	Total	Poorest	2	3	4	Richest	Total
Place for antenatal checkup												
HOME	2.3	1.8	1.3	1.8	1.8	1.8	1.8	4.2	2.5	0.9	1.7	2.1
Medical person at home	2.3	1.8	1.3	1.4	1.8	1.7	1.8	4.2	2.5	0.9	1.7	2.1
Non-medical person at home	0.0	0.0	0.0	0.3	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
PUBLIC SECTOR	28.0	27.6	27.5	33.8	30.6	29.8	62.6	54.3	60.6	56.1	52.9	56.5
Hospital/Medical college	1.5	2.5	3.7	5.1	4.9	3.8	4.3	3.1	4.1	4.8	8.9	5.4
Family welfare centre	9.4	10.3	5.6	8.7	6.2	7.9	18.9	15.7	20.4	15.2	12.5	15.9
Thana health complex	11.3	9.2	10.7	14.1	14.5	12.3	16.2	13.4	19.9	26.4	22.0	20.5
MCWC	0.5	2.5	3.0	1.2	2.8	2.1	0.9	0.6	0.7	0.4	1.9	1.0
Rural Dispensary/ Community Clinic	0.5	0.0	0.9	1.1	0.3	0.6	3.5	5.8	2.8	2.3	3.5	3.5
Satellite/EPI clinic	2.9	3.2	2.9	1.9	0.7	2.2	14.1	11.5	11.8	5.5	4.1	8.4
FWA	1.8	0.0	0.7	1.8	1.1	1.1	4.7	4.2	0.9	1.4	0.0	1.8
NSDP NGO	60.9	64.3	58.4	45.0	35.7	51.1	19.8	24.2	22.0	16.2	8.0	16.9
Static clinic	13.0	14.1	10.8	13.7	11.5	12.6	16.8	19.1	20.1	14.8	7.0	14.6
Satellite clinic	48.0	50.3	47.6	31.4	24.2	38.6	3.0	5.1	1.9	1.5	1.0	2.2
OTHER NGO	0.5	1.1	3.8	4.8	2.6	2.7	3.1	3.4	4.7	5.2	4.3	4.3
Hospital	0.0	0.5	0.7	1.5	0.3	0.6	0.0	0.9	1.9	3.2	2.4	1.9
NGO clinic	0.3	0.2	1.1	2.6	1.9	1.4	1.3	0.0	0.6	1.9	1.9	1.3
Satellite clinic	0.3	0.4	0.4	0.3	0.3	0.4	0.9	0.9	1.2	0.0	0.0	0.5
Fieldworker	0.0	0.0	1.6	0.4	0.0	0.4	0.9	1.5	0.9	0.0	0.0	0.6
PRIVATE MEDICAL SECTOR	8.1	4.3	7.7	14.0	27.4	13.5	11.8	14.0	9.3	20.3	33.1	19.6
Private clinic/doctor	4.5	3.3	6.8	11.8	25.4	11.6	9.3	11.5	8.0	15.8	31.4	17.1
Traditional doctor	2.6	0.9	0.9	0.7	1.0	1.1	2.5	1.8	0.6	1.0	0.0	1.0
Pharmacy	1.0	0.0	0.0	1.6	1.0	0.8	0.0	0.6	0.7	3.5	1.7	1.6
BPHC NGO	0.3	0.4	0.4	0.2	0.7	0.4	0.0	0.0	0.0	0.9	0.0	0.2
Static clinic	0.0	0.2	0.0	0.0	0.3	0.1	0.0	0.0	0.0	0.9	0.0	0.2
Satellite clinic	0.3	0.2	0.4	0.2	0.3	0.3	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.9	0.4	1.3	0.6	0.0	0.0	0.9	0.0	0.0	0.2
DK	0.0	0.4	0.0	0.0	0.0	0.1	0.9	0.0	0.0	0.4	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	209	240	246	309	332	1,336	87	125	121	177	188	699

7.2 Iron Supplementation

Many pregnant women in Bangladesh suffer from anemia and iron deficiency. Respondents were asked whether they had taken any iron tablet/syrup during their most recent pregnancy during the one year preceding the survey. Table 7.5A gives the distribution of iron supplementation according to select background characteristics. In rural NSDP areas, 48.2% of women received iron supplements during their most recent pregnancy, which was slightly higher than the figure in non-project areas. In project areas, iron intake was highest in Rajshahi and lowest in Dhaka. Since 2001, iron supplementation increased considerably more in NSDP areas than non-NSDP areas (6.9 percentage point increase and 2.6 percentage point increase, respectively). The increase in the common cluster project sample was even larger – from 38.2% to 48.6%. There was no change in the non-project common cluster sample. Iron supplementation during pregnancy was negatively related to parity and age of the mother and positively related to education (Table 7.5A) and socioeconomic status (Table 7.6A). Women in their first pregnancy were more than 10 percentage points more likely to use iron supplementation than those in their second or third.

Table 7.5A Iron supplementation, last one year

Percent distribution of women with a live birth in the last one year preceding the survey by intake of iron supplements during the pregnancy for the most recent birth according to selected background characteristics, project and non-project areas, 2003.

Background Characteristic	Took iron tablet/syrup during pregnancy			Total	Number
	Yes	No	DK/ Missing		
Mother's age at birth					
10-14	64.3	35.7	0.0	100.0	20
15-19	52.4	47.0	0.6	100.0	263
20-34	45.5	54.5	0.0	100.0	565
35-49	49.4	50.6	0.0	100.0	60
Birth order					
1	57.5	41.9	0.6	100.0	250
2-3	46.7	53.3	0.0	100.0	363
4-5	42.5	57.5	0.0	100.0	194
6+	41.4	58.6	0.0	100.0	101
Domains					
Chittagong/Sylhet	52.6	47.1	0.4	100.0	302
Khulna/Barisal	40.8	58.6	0.6	100.0	84
Dhaka	40.2	59.8	0.0	100.0	361
Rajshahi	61.5	38.5	0.0	100.0	162
Highest educational level					
No education	36.6	63.4	0.0	100.0	441
Primary	49.0	50.3	0.7	100.0	243
Secondary	68.8	31.2	0.0	100.0	212
Higher secondary	100.0	0.0	0.0	100.0	7
College/University	79.6	20.4	0.0	100.0	6
Project – non project areas					
Project areas	48.2	51.6	0.2	100.0	908
Non-project areas	45.1	54.9	0.0	100.0	559

Table 7.5B Iron supplementation, last three years

Percent distribution of women with a live birth in the last three years preceding the survey by intake of iron supplements during the pregnancy for the most recent birth according to selected background characteristics, project and non-project areas, 2003.

Background Characteristic	Took iron tablet/syrup during pregnancy			Total	Number
	Yes	No	DK/ Missing		
Mother's age at birth					
10-14	56.3	43.7	0.0	100.0	60
15-19	50.2	49.5	0.2	100.0	717
20-34	45.5	54.5	0.0	100.0	1,639
35-49	42.0	58.0	0.0	100.0	200
Birth order					
1	56.2	43.6	0.2	100.0	690
2-3	47.4	52.6	0.0	100.0	1,090
4-5	38.7	61.3	0.0	100.0	551
6+	37.4	62.6	0.0	100.0	285
Domains					
Chittagong/Sylhet	50.9	48.9	0.1	100.0	803
Khulna/Barisal	38.9	60.9	0.2	100.0	271
Dhaka	41.3	58.7	0.0	100.0	1,039
Rajshahi	55.9	44.1	0.0	100.0	503
Highest educational level					
No education	33.6	66.4	0.0	100.0	1,284
Primary	50.0	49.7	0.2	100.0	736
Secondary	69.9	30.1	0.0	100.0	562
Higher secondary	95.0	5.0	0.0	100.0	21
College/University	91.1	8.9	0.0	100.0	13
Project - non project areas					
Project areas	46.8	53.1	0.1	100.0	2,617
Non-project areas	45.0	54.7	0.3	100.0	1,516

Table 7.6A Iron supplementation, last one year, by asset quintile

Percent distribution of women with a live birth in the last one year preceding the survey by intake of iron supplements during the pregnancy for the most recent birth according to domain and household asset quintile, project and non-project areas, Bangladesh 2003.

	Project Areas					Non-project Areas
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	
Household asset quintile						
Poorest	36.8	26.2	24.8	44.7	31.5	28.6
2	39.0	40.0	39.3	58.1	42.8	35.7
3	53.8	46.4	37.5	57.1	47.3	36.5
4	57.0	60.0	50.9	75.8	59.3	58.8
Richest	66.9	43.8	66.7	80.0	67.4	68.0
Total	52.6	40.8	40.2	61.5	48.2	45.1
Number	302	84	361	162	908	559

Table 7.6B Iron supplementation, last three years, by asset quintile

Percent distribution of women with a live birth in the last three years preceding the survey by intake of iron supplements during the pregnancy f or the most recent birth according to domain and household asset quintile, project and non-project areas, 2003.

	Project Areas					
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	Non-project Areas
Household asset quintile						
Poorest	36.9	26.5	24.2	39.8	30.8	28.0
2	37.6	38.6	38.0	51.0	40.6	36.4
3	45.4	40.5	45.0	56.0	46.7	39.5
4	55.0	50.3	55.8	64.9	57.2	60.8
Richest	71.0	56.1	57.0	76.6	66.5	64.9
Total	50.9	38.9	41.3	55.9	46.8	45.0
Number	803	271	1,039	503	2,617	1,516

7.3 Tetanus Toxoid (TT) Vaccination

Tetanus toxoid (TT) injections are given during pregnancy to prevent tetanus among newborns. Pregnant women should receive two doses during pregnancy. However, if a woman was vaccinated in a prior pregnancy, she may require only one booster dose for a subsequent pregnancy. Five doses are believed to provide lifetime protection. Women who had a live birth in the five years preceding the survey were asked whether they had received TT injection during pregnancy for the most recent birth. Table 7.7A provides the distribution of TT injections for the most recent birth in the 12 months preceding the survey by select background characteristics.

Nearly 80% of women in project areas received at least one dose (50.9% received two or more doses). Coverage was essentially the same in non-project areas. Coverage fell slightly from 2001 (by 2 percentage points) in both NSDP and non-NSDP areas. TT vaccination coverage (at least one dose) was highest in Rajshahi and lowest in Khulna/Barisal.

Receiving two or more doses of TT injections was inversely related to age, i.e. older women were less likely to do so. This probably partly reflected a higher 'stock' of TT vaccinations from earlier pregnancies. Coverage was inversely correlated with birth order and positively associated with education. Tables 7.8A and 7.8B show that TT coverage was substantially higher among wealthier women.

Table 7.7A Tetanus toxoid injections, last one year

Percent distribution of women with a live birth in the last one year preceding the survey by number of tetanus toxoid injections received during pregnancy for the most recent birth according to selected background characteristics, project and non-project areas, 2003

Background Characteristic	Number of tetanus toxoid injections					Know # of TT injections for lifetime protection	Number
	None	One injection	Two or more injections	DK/Missing	Total		
Mother's age at birth							
10-14	9.4	13.1	77.4	0.0	100.0	28.4	20
15-19	14.3	20.9	64.8	0.0	100.0	37.6	263
20-34	24.1	31.1	44.8	0.0	100.0	28.1	565
35-49	41.0	20.8	38.2	0.0	100.0	23.3	60
Birth order							
1	9.3	14.7	76.1	0.0	100.0	43.1	250
2-3	20.8	32.6	46.6	0.0	100.0	27.9	363
4-5	27.1	36.0	36.9	0.0	100.0	24.0	194
6+	48.1	21.0	30.8	0.0	100.0	21.1	101
Domains							
Chittagong/Sylhet	22.4	24.4	53.2	0.0	100.0	23.2	302
Khulna/Barisal	28.8	24.0	47.2	0.0	100.0	28.2	84
Dhaka	22.5	28.1	49.4	0.0	100.0	31.1	361
Rajshahi	16.8	31.5	51.7	0.0	100.0	44.1	162
Highest educational level							
No education	29.4	27.2	43.4	0.0	100.0	20.2	441
Primary	21.2	28.6	50.2	0.0	100.0	31.0	243
Secondary	9.0	26.2	64.8	0.0	100.0	50.0	212
Higher secondary	0.0	0.0	100.0	0.0	100.0	33.7	7
College/University	0.0	19.5	80.5	0.0	100.0	79.6	6
Project - non project areas							
Project areas	22.0	27.1	50.9	0.0	100.0	30.5	908
Non-project areas	21.0	24.1	54.9	0.0	100.0	34.1	559

Table 7.7B Tetanus toxoid injections, last three years

Percent distribution of women with a live birth in the last three years preceding the survey by number of tetanus toxoid injections received during pregnancy for the most recent birth according to selected background characteristics, project and non-project areas, 2003.

Background Characteristic	Number of tetanus toxoid injections					Know # of TT injections for lifetime protection	Number
	None	One injection	Two or more injections	DK/Missing	Total		
Mother's age at birth							
10-14	11.3	7.1	81.6	0.0	100.0	31.5	60
15-19	12.1	16.6	71.2	0.0	100.0	32.9	717
20-34	19.6	23.6	56.6	0.1	100.0	27.0	1,639
35-49	37.0	18.7	44.3	0.0	100.0	20.0	200
Birth order							
1	10.4	10.7	78.9	0.0	100.0	35.0	690
2-3	16.3	24.9	58.7	0.1	100.0	29.5	1,090
4-5	22.7	28.4	48.7	0.2	100.0	20.7	551
6+	40.0	16.3	43.6	0.0	100.0	21.1	285
Domains							
Chittagong/Sylhet	18.7	21.0	60.2	0.1	100.0	23.1	803
Khulna/Barisal	24.7	20.8	54.4	0.0	100.0	26.6	271
Dhaka	19.2	20.7	60.0	0.1	100.0	28.1	1,039
Rajshahi	14.4	21.4	64.2	0.0	100.0	37.2	503
Highest educational level							
No education	25.5	20.4	54.0	0.0	100.0	19.0	1,284
Primary	16.5	22.2	61.0	0.3	100.0	30.5	736
Secondary	6.9	21.2	71.9	0.0	100.0	44.3	562
Higher secondary	5.0	10.4	84.6	0.0	100.0	51.1	21
College/University	0.0	8.6	91.4	0.0	100.0	61.3	13
Project - non project areas							
Project areas	18.7	21.0	60.3	0.1	100.0	28.2	2,617
Non-project areas	17.3	20.9	61.8	0.0	100.0	29.3	1,516

Table 7.8A Tetanus toxoid injections, last one year, by asset quintile

Percent distribution of women with a live birth in the last one year preceding the survey by number of tetanus toxoid injections received during pregnancy for the most recent birth according to household asset quintile, NSDP and non -NSDP areas, 2003.

	Project areas					**Non-project areas**			
	None	One injection	Two or more injections	DK/Missing	Total	None	One injection	Two or more injections	Total
Household asset quintile									
Poorest	35.6	24.0	40.4	0.0	100.0	21.9	20.8	57.3	100.0
2	21.3	28.6	50.1	0.0	100.0	28.1	18.0	53.9	100.0
3	21.5	32.3	46.1	0.0	100.0	28.0	23.8	48.1	100.0
4	13.0	26.9	60.1	0.0	100.0	13.8	29.4	56.8	100.0
Richest	13.2	25.7	61.1	0.0	100.0	11.7	30.3	58.1	100.0
Total	22.0	27.1	50.9	0.0	100.0	21.0	24.1	54.9	100.0
Number	200	246	462	0	908	118	135	307	559

Table 7.8B Tetanus toxoid injections, last three years, by asset quintile

Percent distribution of women with a live birth in the last three years preceding the survey by number of tetanus toxoid injections received during pregnancy for the most recent birth according to household asset quintile, NSDP and non-NSDP areas, 2003.

	Project areas					Non-project areas			
	None	One injection	Two or more injections	DK/Missing	Total	None	One injection	Two or more injections	Total
Household asset quintile									
Poorest	29.0	17.6	53.4	0.0	100.0	20.9	19.4	59.6	100.0
2	21.1	21.2	57.7	0.0	100.0	22.2	17.5	60.2	100.0
3	15.5	23.2	61.1	0.2	100.0	20.3	22.5	57.2	100.0
4	13.0	20.5	66.3	0.2	100.0	11.1	24.1	64.8	100.0
Richest	10.5	23.7	65.8	0.0	100.0	10.2	21.8	68.0	100.0
Total	18.7	21.0	60.3	0.1	100.0	17.3	20.9	61.8	100.0
Number	489	548	1,577	2	2,617	262	317	936	1,516

Women were also asked if they knew the required number of tetanus doses necessary for lifetime protection (Tables 7.7A and 7.7B). A slightly higher percentage in non-project areas knew this. Not surprisingly, educated women were far more aware of the required number of doses. Awareness was negatively related to age and birth order. It was highest in Rajshahi (44.1%) and lowest in Chittagong/Sylhet (23.2%).

Table 7.7B presents percent distribution of women with a live birth in the 36 months preceding the survey by number of TT doses for the recent births. Coverage was higher both in project and non-project areas compared to figures estimated using data from the 12 months preceding the survey.

There was a modest decrease in TT coverage from 2001. In project and non-project areas, the proportion of women receiving at least one TT shot during their most recent pregnancy in the last year fell by about 2 percentage points from 2001 levels.

Source of Tetanus Toxoid

Table 7.9A provides the source of the most recent TT vaccine received by women with a live birth in the 12 months preceding the survey. In project areas, the most important source of TT vaccine was NSDP clinics (with nearly 60% of the market), followed somewhat distantly by government facilities. NSDP satellite clinics were by far the most important provider in all divisions, offering close to half of all vaccinations. In non-project areas, the main providers were public sector facilities, particularly government satellite clinics, thana health complexes, and family welfare centers (which collectively accounted for nearly 60% of the market).

A comparison with the 2001 evaluation survey shows that NSDP providers increased their share by 7.6 percentage points in project areas. The public sector actually lost market share (to the tune of 9.6 percentage points in NSDP areas and 7.4 in non-NSDP areas). Estimates based on a 36-month window were similar (Table 7.9B).

Table 7.9A Source of tetanus toxoid injections, last one year

Percent distribution of women with a live birth in the last one year preceding the survey who received a tetanus toxoid injection by source of most recent tetanus toxoid injection received during pregnancy for the most recent birth, project and non-project areas, Bangladesh 2003.

	Project Areas					
	Chittagong/ Syhlet	Khulna/ Barisal	Dhaka	Rajshahi	Total	Non-project Areas
Source for most recent tetanus toxoid injection						
HOME	0.9	0.0	1.5	5.0	1.9	1.1
Medical person at home	0.9	0.0	1.5	5.0	1.9	1.1
Non-medical person at home	0.0	0.0	0.0	0.0	0.0	0.0
PUBLIC SECTOR	38.3	39.5	30.5	34.5	34.6	78.1
Hospital/Medical college	0.0	0.0	2.3	0.8	1.1	0.9
Family welfare centre	8.3	11.4	5.3	3.4	6.4	10.5
Thana health complex	14.4	5.4	8.8	10.9	10.7	12.9
MCWC	0.5	0.0	1.1	0.8	0.8	0.8
Rural Dispensary/ Community Clinic	2.3	3.6	0.4	3.4	1.9	7.7
Satellite/EPI clinic	11.1	16.4	10.3	10.1	11.0	36.5
FWA	1.8	2.7	2.3	5.0	2.7	8.9
NSDP NGO	52.9	52.8	61.5	57.1	57.1	9.8
Static clinic	5.1	5.4	13.4	12.6	9.8	6.7
Satellite clinic	47.9	47.4	48.1	44.5	47.3	3.1
OTHER NGO	0.9	0.9	2.3	0.0	1.3	0.9
Hospital	0.0	0.0	0.0	0.0	0.0	0.5
NGO clinic	0.9	0.0	1.1	0.0	0.8	0.0
Satellite clinic	0.0	0.9	1.1	0.0	0.5	0.4
Fieldworker	0.0	0.0	0.0	0.0	0.0	0.0
PRIVATE MEDICAL SECTOR	6.0	1.8	1.5	0.8	2.9	2.2
Private clinic/doctor	5.1	1.8	0.4	0.8	2.1	1.9
Traditional doctor	0.0	0.0	0.4	0.0	0.2	0.2
Pharmacy	0.9	0.0	0.8	0.0	0.6	0.0
BPHC NGO	0.5	2.7	0.0	0.8	0.5	0.4
Static clinic	0.0	0.0	0.0	0.0	0.0	0.2
Satellite clinic	0.0	2.7	0.0	0.8	0.4	0.0
Field worker	0.5	0.0	0.0	0.0	0.2	0.3
Other	0.5	2.3	2.7	0.8	1.6	7.2
DK	0.0	0.0	0.0	0.8	0.2	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	234	60	279	135	708	442

Table 7.9B Source of tetanus toxoid injections, last three years

Percent distribution of women with a live birth in the three years preceding the survey who received a tetanus toxoid injection by source of most recent tetanus toxoid injection received during pregnancy for the most recent birth, project and non-project areas, 2003.

	Project Areas					
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	Non-project Areas
Source for most recent tetanus toxoid injection						
HOME	2.3	0.3	2.2	2.1	2.0	1.7
Medical person at home	2.1	0.3	2.0	2.1	1.9	1.5
Non-medical person at home	0.2	0.0	0.1	0.0	0.1	0.2
PUBLIC SECTOR	35.8	33.4	29.9	36.8	33.4	80.7
Hospital/Medical college	0.7	1.1	1.7	0.8	1.1	1.0
Family welfare centre	6.9	7.2	4.4	2.4	5.1	10.4
Thana health complex	12.9	9.7	9.5	14.5	11.6	13.0
MCWC	0.3	0.3	0.5	0.5	0.4	0.5
Rural Dispensary/ Community Clinic	2.0	2.1	0.3	3.7	1.7	7.1
Satellite/EPI clinic	11.7	9.1	11.8	10.8	11.3	41.1
FWA	1.2	3.9	1.7	4.2	2.2	7.6
NSDP NGO	51.7	59.3	61.9	57.1	57.5	8.4
Static clinic	4.6	6.6	10.4	9.7	8.1	6.0
Satellite clinic	47.1	52.7	51.5	47.4	49.4	2.5
OTHER NGO	1.0	1.1	2.0	1.1	1.4	0.7
Hospital	0.2	0.0	0.1	0.5	0.2	0.4
NGO clinic	0.5	0.5	1.4	0.3	0.8	0.1
Satellite clinic	0.2	0.5	0.5	0.3	0.4	0.2
Fieldworker	0.2	0.0	0.0	0.0	0.1	0.0
PRIVATE MEDICAL SECTOR	7.3	1.3	1.7	1.1	3.2	3.2
Private clinic/doctor	5.3	1.3	0.8	1.1	2.3	2.7
Traditional doctor	0.5	0.0	0.5	0.0	0.4	0.1
Pharmacy	1.5	0.0	0.4	0.0	0.6	0.3
BPHC NGO	0.3	2.6	0.0	0.3	0.4	0.3
Static clinic	0.0	0.8	0.0	0.0	0.1	0.2
Satellite clinic	0.2	1.8	0.0	0.3	0.3	0.0
Field worker	0.2	0.0	0.0	0.0	0.1	0.1
Other	1.3	2.0	2.4	1.3	1.8	5.0
DK	0.3	0.0	0.0	0.3	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	653	204	839	431	2,127	1,254

7.4 Knowledge of Pregnancy Complications and Care

Respondents were asked if they were aware of life-threatening pregnancy complications. Table 7.10A provides the distribution of women's awareness of such complications during pregnancy, delivery or postpartum.

Nearly 60% in project areas were aware of tetanus as an important complication of pregnancy. Knowledge of other complications, however, was less extensive: retained placenta, 39%; baby's hand or feet come first/bad baby position, 36.6%; obstructed labor, 26.1%; convulsions/eclampsia, 24.2%; excessive vaginal bleeding, 16.6%; prolonged labor, 17.3%; edema/pre-eclampsia, 10.4%. This overall set of complications was identified as the most life threatening in all divisions. The ranking was similar in non-project areas. Around 6% of those in project and non-project areas were unaware of any complications. The situation had changed little since 2001.

Women who were aware of potential complications were asked what to do in response to one. Their responses by select background characteristics are given in Table 7.10B. Almost all of those offering a response were aware of the need to seek medical care in such situations. Table 7.10C shows that hospitals/medical colleges and thana health somplexes were by far the best known sources of care. Smaller numbers reported family welfare centers, private clinics/doctors and NSDP static clinics. This situation was little altered from 2001.

Table 7.10A Knowledge of pregnancy complications and care

Percentage women who know of complications threatening the life of a mother during pregnancy delivery, or post delivery according to region, project and non-project areas, 2003.

	Project Areas					
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	Non-project Areas
Pregnancy complications						
Severe headache/blurry vision/high blood pressure	15.6	12.8	11.2	11.6	12.6	11.1
Edema/pre-eclampsia	12.0	10.9	9.4	10.1	10.4	11.2
Convulsions/eclampsia	20.1	33.9	21.6	28.5	24.2	27.8
Excessive vaginal bleeding	16.4	16.6	16.8	16.5	16.6	18.5
Foul smelling discharge with high fever	2.8	2.5	1.6	1.8	2.0	2.2
Jaundice	7.7	9.1	5.9	4.5	6.4	6.1
Tetanus	49.6	56.3	63.5	58.7	58.1	57.0
Baby's hand or feet come first/baby in bad position	39.8	37.5	36.2	33.3	36.6	37.8
Prolonged labor	18.6	15.6	17.5	16.2	17.3	17.8
Obstructed labor	26.0	21.0	29.9	22.1	26.1	25.6
Retained placenta	33.2	41.7	37.9	45.9	39.0	40.5
Torn uterus	6.8	9.4	7.1	7.5	7.4	7.9
Other	0.2	0.9	0.6	0.8	0.6	0.9
DK/Missing	6.9	5.7	6.2	6.7	6.4	5.9
Total number of women	1,898	849	2,992	1,769	7,507	4,372

Table 7.10B Response to complications of pregnancy

Of women knowing of complications of pregnancy, the percentage mentioning different responses for what of woman should do if she experiences complications of pregnancy according to selected background characteristics, project and non-project areas, 2003.

Background Characteristic	What should a woman do during pregnancy complications					Number
	Seek medical care	Consult relative/friends	Pray to God	Do nothing	Other	
Mother's age at birth						
10-14	100.0	1.5	0.7	0.0	0.0	145
15-19	99.5	1.3	1.2	0.0	0.1	1,810
20-34	99.6	1.6	1.5	0.0	0.2	4,542
35-49	99.4	1.4	1.7	0.0	0.0	526
Birth order						
1	99.5	1.3	1.4	0.0	0.1	1,963
2-3	99.7	1.7	1.3	0.0	0.2	2,912
4-5	99.5	1.2	1.7	0.0	0.2	1,397
6+	99.4	1.4	1.4	0.0	0.0	751
Domains						
Chittagong/Sylhet	99.6	1.8	2.5	0.1	0.1	1,767
Khulna/Barisal	99.7	0.5	2.5	0.1	0.3	800
Dhaka	99.5	1.4	0.9	0.0	0.2	2,805
Rajshahi	99.7	1.9	0.6	0.0	0.1	1,651
Highest educational level						
No education	99.4	1.5	1.4	0.0	0.2	3,800
Primary	99.7	1.7	1.8	0.0	0.1	1,898
Secondary	99.9	1.3	0.9	0.0	0.1	1,248
Higher secondary	100.0	0.0	2.1	0.0	0.0	53
College/University	100.0	4.5	0.0	0.0	0.0	25
Household asset quintile						
Poorest	99.5	1.1	1.6	0.0	0.2	1,407
2	99.7	1.7	1.5	0.0	0.2	1,406
3	99.3	1.6	1.4	0.1	0.2	1,378
4	99.7	1.7	1.2	0.0	0.2	1,425
Richest	99.7	1.4	1.4	0.0	0.0	1,408
Project - non project areas						
Project areas	99.6	1.5	1.4	0.0	0.1	7,024
Non-project areas	99.6	1.4	1.2	0.1	0.3	4,114

Table 7.10C Knowledge of potential source of medical services for complication during pregnancy

Of women who know to seek medical care during pregnancy complications the percentage mentioning potential medical sources, 2003.

	Project Areas					
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	Non-project Areas
Place for antenatal checkup						
HOME	9.5	2.3	9.4	11.9	9.2	8.1
Medical person at home	9.1	1.9	7.8	11.4	8.3	7.7
Non-medical person at home	0.5	0.4	1.8	0.7	1.0	0.5
PUBLIC SECTOR	97.2	97.4	96.1	97.0	96.7	98.0
Hospital/Medical college	74.3	61.6	68.0	73.5	70.2	71.1
Family welfare centre	17.5	20.2	21.7	14.3	18.7	25.3
Thana health complex	65.8	66.2	67.7	63.7	66.1	69.6
MCWC	1.1	4.3	2.9	3.9	2.9	2.3
Rural Dispensary/ Community Clinic	1.0	0.5	0.6	0.7	0.7	1.9
Satellite/EPI clinic	0.0	0.0	0.1	0.1	0.1	0.2
FWA	0.3	0.5	0.5	0.9	0.6	1.0
NSDP NGO	5.7	10.0	10.1	8.5	8.6	4.5
Static clinic	4.6	7.2	8.1	7.2	6.9	4.3
Satellite clinic	1.1	3.5	2.2	1.7	2.0	0.2
OTHER NGO	3.4	5.6	2.1	4.7	3.4	4.5
Hospital	2.0	1.4	0.6	2.8	1.5	3.0
NGO clinic	1.2	4.1	1.5	2.0	1.8	1.7
Satellite clinic	0.0	0.2	0.0	0.0	0.0	0.0
Fieldworker	0.2	0.1	0.0	0.0	0.1	0.0
PRIVATE MEDICAL SECTOR	17.7	24.0	19.8	17.4	19.2	23.2
Private clinic/doctor	15.5	22.5	18.3	13.7	17.0	21.1
Traditional doctor	2.7	1.4	1.7	4.1	2.5	2.5
Pharmacy	0.5	0.5	0.6	0.3	0.5	0.6
BPHC NGO	0.0	1.1	0.2	0.1	0.2	0.1
Static clinic	0.0	0.7	0.2	0.1	0.2	0.1
Satellite clinic	0.0	0.3	0.0	0.0	0.0	0.0
Field worker	0.0	0.1	0.0	0.0	0.0	0.0
Other	0.1	0.7	0.3	0.2	0.3	0.2
DK/Missing	0.2	0.0	0.2	0.1	0.1	0.1
Total Number	1,761	798	2,792	1,645	6,995	4,100

7.5 Delivery Care

Proper medical attention and hygienic conditions during delivery are essential to controlling the risks of complications resulting in death or serious illness for either the mother or newborn. It is thus preferable to have deliveries either in suitable health facilities or with assistance from trained medical practitioners.

Place of Delivery

Table 7.11 provides the distribution of live births in the five years preceding the survey by place of delivery, according to select background characteristics. Nearly all mothers in project and non-project areas delivered at home. Only around 4% of births in either domain occurred at government or NGO health facilities. Unsurprisingly, this was similar to what was observed in 2001: in rural areas, options for delivery did not change much in the intervening years.

Deliveries in a facility were more common for mothers in NSDP project areas who were giving birth for the first time; had attained secondary, higher secondary, or university/college education; or had made at least four antenatal visits during the most recent birth. This was essentially the same situation as in 2001.

Table 7.11 Place of delivery

Percent distribution of last born live birth in the five years preceding the survey by place of delivery, according to selected background characteristics, project and non-project areas, 2003.

	Public sector			NGO sector					
	Government hospital	Thana health complex	MCWC	NGO static clinic	BPHC static clinic	Home	Other	Total	Number
Mother's age at birth									
10-14	3.1	5.9	0.7	0.0	0.0	90.2	0.0	100.0	73
15-19	2.1	2.1	0.3	0.1	0.1	93.0	2.4	100.0	975
20-34	2.0	1.1	0.3	0.0	0.0	94.4	2.2	100.0	2,391
35-49	0.3	0.8	0.0	0.0	0.0	98.8	0.0	100.0	324
Birth order									
1	3.2	2.7	0.5	0.1	0.1	89.3	4.0	100.0	931
2-3	1.9	0.9	0.3	0.1	0.0	94.8	2.0	100.0	1,540
4-5	1.2	1.2	0.1	0.0	0.0	96.6	0.9	100.0	810
6+	0.4	0.8	0.0	0.0	0.0	98.8	0.0	100.0	484
Domains									
Chittagong/Sylhet	1.8	1.4	0.2	0.0	0.0	94.2	2.4	100.0	1,077
Khulna/Barisal	1.8	2.6	1.0	0.0	0.3	93.3	1.1	100.0	391
Dhaka	1.2	1.3	0.1	0.0	0.0	95.3	2.1	100.0	1,505
Rajshahi	3.3	1.0	0.4	0.3	0.0	93.1	1.9	100.0	790
Highest educational level									
No education	1.0	0.9	0.1	0.0	0.0	97.3	0.7	100.0	1,891
Primary	1.4	1.9	0.1	0.0	0.0	95.5	1.0	100.0	1,078
Secondary	3.8	1.9	0.7	0.3	0.1	87.0	6.1	100.0	742
Higher secondary	14.2	1.6	1.6	0.0	0.0	73.1	9.6	100.0	34
College/University	12.3	0.0	12.7	0.0	0.0	53.6	21.5	100.0	17
Household asset quintile									
Poorest	0.9	0.8	0.0	0.0	0.0	97.8	0.5	100.0	892
2	1.0	0.5	0.3	0.1	0.0	97.5	0.7	100.0	830
3	2.0	1.8	0.1	0.0	0.1	95.1	0.9	100.0	692
4	1.9	2.2	0.3	0.2	0.0	94.3	1.1	100.0	698
Richest	4.2	2.2	0.8	0.0	0.1	84.7	8.0	100.0	651
Number of antenatal care visits									
None	0.9	0.8	0.1	0.0	0.0	97.7	0.5	100.0	1,954
1-3 visits	2.2	2.0	0.3	0.0	0.0	93.3	2.2	100.0	1,494
4+ visits	6.3	2.6	1.8	0.7	0.2	78.1	10.4	100.0	313
Don't know/missing	0.0	0.0	0.0	0.0	0.0	100.0	0.0	100.0	2
Project areas	1.9	1.4	0.3	0.1	0.0	94.3	2.0	100.0	3,763
Non-project areas	2.1	1.4	0.3	0.2	0.1	93.3	2.6	100.0	2,162

Assistance During Delivery

Table 7.12 provides the distribution of the type of delivery assistance for live births in the five years preceding the survey by select characteristics. As with antenatal care, the interviewer was instructed to record all responses if more than one person assisted during delivery. However, for the purposes of this tabulation, if more than one person was mentioned, only the most highly qualified one was considered. In NSDP areas, untrained traditional birth attendants (TBAs) assisted in 65.2% of deliveries, followed distantly in importance by trained TBAs and relatives. Delivery assistance did not vary with the age of the mother, but was associated with birth order: qualified doctors and nurses/midwives were slightly more important for first births.

Qualified doctors played a more important role in birth attendance in Rajshahi and Chittagong/ Sylhet. Mothers with higher secondary education or better were more likely to have a qualified doctor in attendance at delivery. Those who had more frequent antenatal care visits were more likely to seek assistance from doctors or nurses. The situation was much the same in non-project areas. Delivery practices were not different from what was observed in 2001.

Table 7.12 Assistance during delivery

Percent distribution of last born live birth in the five years preceding the survey by type of assistance during delivery, according to selected background characteristics, project and non-project areas, 2003.

	Doctor	Nurse/ midwife	Family welfare visitor	MA/ SACMO	Trained traditional birth attendant	Untrained TBA (DAI)	Unqualified doctor	Relatives	Others	No one	Total	Number
Mother's age at birth												
10-14	1.5	7.5	1.6	0.0	15.0	60.1	4.7	9.7	0.0	0.0	100.0	73
15-19	5.9	2.3	0.3	0.1	11.6	63.3	2.2	13.2	0.0	1.0	100.0	975
20-34	4.6	2.5	0.1	0.0	10.5	65.5	1.7	13.6	0.2	1.2	100.0	2,391
35-49	1.0	0.8	0.0	0.3	11.9	69.7	2.0	12.7	0.0	1.5	100.0	324
Birth order												
1	9.6	3.8	0.5	0.1	12.1	60.7	2.2	10.6	0.0	0.3	100.0	931
2-3	3.6	2.4	0.1	0.1	10.7	65.4	1.7	14.3	0.1	1.5	100.0	1,540
4-5	2.7	1.5	0.1	0.0	10.3	67.9	1.7	14.7	0.2	0.9	100.0	810
6+	1.2	1.0	0.0	0.2	11.0	68.5	2.4	13.5	0.0	2.1	100.0	484
Domains												
Chittagong/Sylhet	5.1	2.8	0.1	0.1	10.4	70.0	1.6	9.4	0.0	0.4	100.0	1,077
Khulna/Barisal	4.7	4.7	0.0	0.0	10.3	66.2	1.9	10.3	0.1	1.9	100.0	391
Dhaka	3.8	1.7	0.1	0.1	12.8	63.9	1.6	14.5	0.1	1.5	100.0	1,505
Rajshahi	5.3	2.0	0.7	0.1	8.8	60.5	2.9	18.1	0.3	1.3	100.0	790
Highest educational level												
No education	1.9	1.2	0.1	0.1	8.9	69.1	2.2	14.8	0.1	1.7	100.0	1,891
Primary	3.3	2.0	0.1	0.1	13.1	64.5	1.2	14.7	0.2	0.8	100.0	1,078
Secondary	11.4	5.1	0.7	0.1	13.2	58.2	2.3	8.5	0.1	0.4	100.0	742
Higher secondary	22.0	15.9	0.0	0.0	15.7	46.4	0.0	0.0	0.0	0.0	100.0	34
College/University	52.5	18.8	0.0	0.0	9.6	16.0	0.0	0.0	0.0	3.1	100.0	17

Table 7.12 Assistance during delivery (continued)

	Doctor	Nurse/ midwife	Family welfare visitor	MA/ SACMO	Trained traditional birth attendant	Untrained TBA (DAI)	Unqualified doctor	Relatives	Others	No one	Total	Number
Household asset quintile												
Poorest	1.4	1.1	0.1	0.0	7.8	68.0	2.2	17.4	0.0	1.9	100.0	892
2	2.0	1.1	0.0	0.0	11.1	65.0	2.4	16.3	0.2	1.9	100.0	830
3	3.3	2.4	0.3	0.3	10.1	68.7	1.6	13.1	0.0	0.3	100.0	692
4	4.5	2.7	0.2	0.0	13.0	66.0	2.5	10.4	0.0	0.8	100.0	698
Richest	13.9	5.4	0.5	0.2	14.0	57.0	0.6	7.4	0.3	0.6	100.0	651
Number of antenatal care visits												
None	1.9	0.8	0.2	0.0	8.1	70.2	2.0	15.3	0.1	1.6	100.0	1,954
1-3 visits	5.5	3.4	0.2	0.1	13.3	63.1	1.9	11.6	0.1	0.8	100.0	1,494
4+ visits	17.6	7.8	0.4	0.3	18.7	43.8	1.8	9.0	0.0	0.7	100.0	313
Don't know/missing	0.0	0.0	0.0	0.0	0.0	33.1	0.0	66.9	0.0	0.0	100.0	2
Project - non project areas												
Project areas	4.6	2.4	0.2	0.1	11.0	65.2	1.9	13.3	0.1	1.2	100.0	3,763
Non-project areas	5.4	4.2	0.3	0.0	10.8	61.5	2.1	14.7	0.0	0.9	100.0	2,162

7.6 Childhood Vaccination

Vaccination Coverage

The 2003 NSDP evaluation survey collected information on childhood immunizations for all surviving children born during the five-year period preceding interview. In rural areas, immunizations are routinely recorded on a child health card. However, mothers were less likely to retain the cards than had been anticipated. For each child, they were asked whether they had the card and, if so, to show it to the interviewer. When the card was presented, the date of vaccinations was transferred to the questionnaire. When cards were not available, information was gathered by asking about children's immunization histories.

The Expanded Program on Immunization (EPI) of the government of Bangladesh and the vaccination program in ESP under NIPHP/NSDP follow guidelines recommended by the World Health Organization (WHO). According to these, children should receive a Bacille Calmette-Guerin (BCG) vaccine against tuberculosis; three doses of DPT vaccine for prevention of diphtheria, pertussis (whooping cough), and tetanus; three doses of polio vaccine; and a vaccination against measles. Further, they should receive these by their first birthday, and all vaccinations should be recorded on a health card provided to the parents.

Table 7.13 provides specific vaccination rates for children aged 12 to 23 months as well as vaccination rates by 12 months of age. Vaccination coverage by division and for project/non-project areas are also given in Table 7.13. Less than half of project area children aged 12-23 months were fully immunized (by the guidelines). However, this figure still represented a 3.4 percentage point improvement over 2001. Similarly, the low percentage (44.3%) completing the full course of vaccinations before their first birthday was still a 5.8 percentage point improvement on 2001 levels.

Roughly one in 10 children did not receive any vaccinations. Although the level of coverage for BCG, first dose of DPT, and the first two doses of polio was over 85%, the dropout rates for the second and third doses of DPT, and the third dose of polio, were relatively substantial. The dropout rates from the first to the third dose of DPT and polio[6] were 32.2% and 6.1%, respectively.

[6] Estimated by dropout rate = (dose 1 – dose 3) *100/dose 1.

Table 7.13 Vaccinations by source of information, vaccination card or mother's report

Percentage of children 12-23 months who had received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by 12 months of age, project and non-project areas, 2003.

	Percentage of children who had received:										
	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	All	No vaccinations	Number of children
					CHITTAGONG/SYLHET						
Vaccinated at any time before survey											
Vaccination card	32.7	32.7	32.7	32.4	32.7	32.7	32.4	30.4	30.4	0.0	89
Mother's report	54.2	52.3	47.1	25.7	50.3	48.0	47.6	39.6	17.8	13.0	183
Either source	87.0	85.0	79.9	58.0	83.0	80.7	79.9	70.0	48.2	13.0	273
Vaccinated by 12 months of age	84.8	82.9	77.9	51.3	81.0	78.7	70.6	60.3	44.9	15.2	273
					KHULNA/BARISAL						
Vaccinated at any time before survey											
Vaccination card	37.1	36.5	35.0	30.4	36.5	35.0	30.4	28.7	27.5	0.0	34
Mother's report	52.0	50.9	47.0	23.8	49.4	44.7	44.2	43.0	16.2	10.9	58
Either source	89.1	87.4	82.1	54.2	85.9	79.8	74.6	71.7	43.7	10.9	93
Vaccinated by 12 months of age	89.1	87.4	82.1	52.1	85.9	79.8	71.6	60.5	38.9	10.9	93
					DHAKA						
Vaccinated at any time before survey											
Vaccination card	28.3	28.3	27.7	25.6	28.3	27.7	25.6	22.0	21.4	0.0	100
Mother's report	61.4	59.9	48.8	30.4	60.5	58.4	57.8	45.2	22.3	9.3	254
Either source	89.8	88.3	76.5	56.0	88.9	86.1	83.4	67.2	43.7	9.3	354
Vaccinated by 12 months of age	87.8	86.4	73.2	52.6	87.0	82.4	78.3	54.7	37.4	11.3	354

Table 7.13 Vaccinations by source of information, vaccination card or mother's report (continued)

	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	All	No vaccinations	Number of children
					RAJSHAHI						
Vaccinated at any time before survey											
Vaccination card	46.8	46.1	45.5	44.2	46.8	46.1	44.2	40.9	40.9	0.0	82
Mother's report	52.6	51.3	45.5	31.8	50.0	47.4	46.8	37.7	24.0	0.6	93
Either source	99.4	97.4	90.9	76.0	96.8	93.5	90.9	78.6	64.9	0.6	175
Vaccinated by 12 months of age	99.4	97.4	90.9	76.0	96.8	93.5	90.9	72.1	59.5	0.6	175
					PROJECT AREAS						
Vaccinated at any time before survey											
Vaccination card	34.2	34.0	33.5	31.8	34.1	33.6	31.8	28.9	28.6	0.0	306
Mother's report	56.5	55.0	47.5	28.6	54.2	51.7	51.1	41.8	20.6	8.9	589
Either source	90.7	89.0	80.9	60.3	88.3	85.3	82.9	70.7	49.2	8.9	894
Vaccinated by 12 months of age	89.4	87.7	79.2	56.8	87.1	83.4	78.0	60.9	44.3	10.2	894
					NON-PROJECT AREAS						
Vaccinated at any time before survey											
Vaccination card	44.1	44.1	43.1	41.2	44.1	43.1	41.2	38.7	38.7	0.0	214
Mother's report	49.6	49.2	42.9	25.4	47.7	44.5	43.5	39.2	19.7	5.6	271
Either source	93.7	93.3	85.9	66.6	91.9	87.6	84.7	77.9	58.4	5.6	485
Vaccinated by 12 months of age	92.9	92.5	85.1	65.4	91.0	86.7	82.6	67.2	51.6	6.4	485

As in 2001, differences in coverage rates across divisions were quite pronounced, from a high of 64.9% in Rajshahi to a low of 43.7% in Khulna/Barisal and Dhaka. The rate in Khulna/Barisal represented a substantial decline from 2001 (7.2 percentage points), while rates in Dhaka and Rajshahi improved slightly.

In comparison areas, the proportion of children age 12 to 23 months who were fully vaccinated rose 6.6 percentage points from 2001 (to 58.4%). The coverage for BCG and measles were 93.7% and 77.9%, respectively. Dropout rates in non-project areas from the first to the third dose of DPT and polio vaccines were 28.6% and 7.8%, respectively.

Full vaccination coverage increased both in NSDP project and non-project areas from 2001 levels. However, the percentage point increase was higher in non-project (6.6 percentage points) than project (3.4 percentage points) areas. The increases in coverage were similar in direction and magnitude in the common cluster sample (Table 10.4).

Table 7.14A presents crude vaccination rates – rates by vaccination card or mother's report – for children age 12 to 23 months who received specific vaccines at any time prior by select background characteristics. Table 7.14B presents the same for children with cards only. The overall vaccination rate in NSDP areas was 49.2%, while the rate was 28.6% with only a vaccination card. The corresponding figures in non-project areas were 58.4% and 38.7%, respectively.

Tables 7.14A and 7.14B include vaccination rates for the project area by sex, birth order, division and mother's education. Boys aged 12 to 23 months were more likely to enjoy full coverage than girls in the same age cohort (by a margin of 4.5 percentage points). Vaccination coverage was related to birth order and maternal education: first-born children were more likely than sixth or higher order children to receive full coverage, by a margin of almost 13 percentage points. Children with better educated mothers were more likely to be fully vaccinated.

The proportion of children receiving vaccinations increased with socioeconomic status for all vaccines (Table 7.14C). For instance, in NSDP areas, the proportion of children receiving DPT3 vaccination in households in the highest asset quintile was 20.8 percentage points higher than that in the lowest quintile. The proportion of children receiving no vaccinations was many times higher among the lowest socioeconomic group than the highest (17.2% against 2.0%). This was also evident in non-project areas, though the difference in DPT3 vaccination rates between the highest and lowest quintiles was more modest (70.0% and 61.0%, respectively). A similar pattern was also reported in the 2001 survey, though the gaps between the poorest and richest were larger.

Table 7.14A Vaccinations by background characteristics, crude (card or mother's report)

Among children age 12-23 months, the percentage who had received specific vaccines by the time of the survey (vaccination card or mother's report), and the percentage with a vaccination card, by background characteristics, project and non-project areas, 2003.

	Percentage of children who had received:											
	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	All	No vacci-nations	Pct. with a vacci-nation card	Number of children
Sex of child												
Male	91.8	90.4	82.4	61.0	88.9	86.2	83.6	74.3	51.4	8.2	34.6	461
Female	89.6	87.5	79.3	59.6	87.7	84.2	82.1	66.9	46.9	9.7	33.8	433
Birth order												
1	96.5	92.5	87.1	67.1	93.4	91.6	89.6	76.2	56.6	3.5	41.3	243
2-3	90.7	89.7	83.5	62.0	87.3	84.4	81.8	72.5	50.1	9.0	34.1	387
4-5	87.5	88.1	73.5	52.8	86.9	82.4	79.9	65.3	39.5	11.9	28.2	178
6+	81.4	77.7	67.2	49.8	81.4	77.3	74.8	58.6	44.2	17.4	26.9	86
Domains												
Chittagong/Sylhet	87.0	85.0	79.9	58.0	83.0	80.7	79.9	70.0	48.2	13.0	32.7	273
Khulna/Barisal	89.1	87.4	82.1	54.2	85.9	79.8	74.6	71.7	43.7	10.9	37.1	93
Dhaka	89.8	88.3	76.5	56.0	88.9	86.1	83.4	67.2	43.7	9.3	28.3	354
Rajshahi	99.4	97.4	90.9	76.0	96.8	93.5	90.9	78.6	64.9	0.6	46.8	175
Highest educational level												
No education	84.9	83.0	71.6	52.3	83.2	79.7	76.9	60.2	40.1	14.4	29.4	429
Primary	96.0	94.3	88.8	65.6	92.9	90.7	88.8	78.1	53.6	4.0	36.3	256
Secondary	96.1	94.4	90.1	69.3	92.8	89.6	87.5	82.6	61.0	3.9	42.0	201
Higher secondary	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	23.0	5
College/University	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	33.8	3
Project - non project areas												
Project areas	90.7	89.0	80.9	60.3	88.3	85.3	82.9	70.7	49.2	8.9	34.2	894
Non-project areas	93.7	93.3	85.9	66.6	91.9	87.6	84.7	77.9	58.4	5.6	44.1	485

Table 7.14B Vaccinations by background characteristics, card only

Among children age 12-23 months, the percentage who had received specific vaccines by the time of the survey (vaccination card only), and the percentage with a vaccination card, by background characteristics, project and non-project areas, 2003.

Background Characteristic	Percentage of children who had received:										Pct. with a vaccination card	Number of children
	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	All	No vaccinations		
Sex of child												
Male	34.6	34.3	34.0	32.2	34.6	34.3	32.2	30.1	29.5	0.0	34.6	159
Female	33.8	33.6	32.9	31.4	33.6	32.9	31.4	27.8	27.6	0.0	33.8	146
Birth order												
1	41.3	40.8	40.3	39.0	41.3	40.8	39.0	35.7	35.3	0.0	41.3	100
2-3	34.1	34.0	33.7	31.4	34.0	33.7	31.4	28.9	28.6	0.0	34.1	132
4-5	28.2	28.2	27.6	27.0	28.2	27.6	27.0	23.4	23.4	0.0	28.2	50
6+	26.9	26.9	25.3	22.8	26.9	25.3	22.8	21.5	20.3	0.0	26.9	23
Domains												
Chittagong/Sylhet	32.7	32.7	32.7	32.4	32.7	32.7	32.4	30.4	30.4	0.0	32.7	89
Khulna/Barisal	37.1	36.5	35.0	30.4	36.5	35.0	30.4	28.7	27.5	0.0	37.1	34
Dhaka	28.3	28.3	27.7	25.6	28.3	27.7	25.6	22.0	21.4	0.0	28.3	100
Rajshahi	46.8	46.1	45.5	44.2	46.8	46.1	44.2	40.9	40.9	0.0	46.8	82
Highest educational level												
No education	29.4	29.2	28.5	26.8	29.2	28.5	26.8	22.8	22.5	0.0	29.4	126
Primary	36.3	36.3	35.8	33.9	36.3	35.8	33.9	32.4	31.6	0.0	36.3	93
Secondary	42.0	41.4	41.4	39.8	42.0	42.0	39.8	37.7	37.7	0.0	42.0	84
Higher secondary	23.0	23.0	23.0	23.0	23.0	23.0	23.0	23.0	23.0	0.0	23.0	1
College/University	33.8	33.8	33.8	33.8	33.8	33.8	33.8	33.8	33.8	0.0	33.8	1
Project - non project areas												
Project areas	34.2	34.0	33.5	31.8	34.1	33.6	31.8	28.9	28.6	0.0	34.2	306
Non-project areas	44.1	44.1	43.1	41.2	44.1	43.1	41.2	38.7	38.7	0.0	44.1	214

Table 7.14C Vaccinations by background characteristics, crude (card or mother's report) by asset quintile

Among children age 12-23 months, the percentage who had received specific vaccines by the time of the survey (vaccination card or mother's report), and the percentage with a vaccination card, by household asset quintile, NSDP Areas/Non NSDP Areas, project and non-project areas, 2003.

	Percentage of children who had received:											
Asset Quintile	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	All	No vaccinations	Pct. with a vaccination card	Number of children
Project areas												
Household asset quintile												
Poorest	82.3	79.6	67.3	49.4	78.7	76.3	73.9	56.1	36.3	17.2	27.7	203
2	87.6	84.9	74.0	55.1	84.2	80.7	77.5	64.3	44.1	12.4	28.7	197
3	93.8	92.3	84.5	58.7	92.6	90.5	88.6	71.8	47.6	5.6	31.2	180
4	94.6	94.6	91.9	73.4	93.1	89.9	87.7	78.1	61.3	4.7	46.9	148
Richest	98.0	96.7	92.2	70.2	96.1	91.8	89.9	88.5	62.2	2.0	40.6	166
Total	90.7	89.0	80.9	60.3	88.3	85.3	82.9	70.7	49.2	8.9	34.2	894
Non-project areas												
Household asset quintile												
Poorest	91.9	92.2	88.0	61.0	89.6	86.1	81.7	78.2	51.7	7.2	42.0	125
2	96.0	93.7	83.4	65.7	95.3	90.5	87.2	66.6	56.0	3.0	44.3	80
3	93.7	92.5	88.3	66.1	92.9	89.8	85.4	80.0	60.1	6.3	47.1	101
4	92.0	92.9	83.8	72.6	89.9	84.0	84.0	77.2	63.5	7.1	41.8	84
Richest	95.8	95.8	84.7	70.0	92.5	87.7	86.6	85.4	63.0	3.4	45.7	94
Total	93.7	93.3	85.9	66.6	91.9	87.6	84.7	77.9	58.4	5.6	44.1	485

Source of Vaccinations

NSDP providers, particularly joint NSDP-EPI sessions, were the most common sources of vaccination in NSDP areas (Table 7.15). NSDP–EPI sessions provided approximately 40% of vaccinations in NSDP areas, followed in importance by NSDP satellite clinics (around 25%) and, far more distantly, NSDP static clinics.

The share of NSDP providers in total vaccinations continued a positive trend in place since the inauguration of the project. For instance, the share of NSDP providers in the market for DPT3 and polio3 vaccines rose to roughly 72% from about 35% in 1998 and around 60% in 2001. In common clusters, the NSDP share was similar – around 75%.

Socioeconomic Status and Use of NSDP Clinics

Table 7.16 provides vaccine sources by socioeconomic status. In NSDP areas, coverage of some vaccines (e.g., DPT3) actually *fell* with increasing socioeconomic status: Children in the lowest asset quintile were more likely than those in the highest one to receive DPT3 by 7 percentage points. There was considerable variation across asset quintiles in the strata of NSDP provider utilized for vaccinations: Children receiving vaccinations from NSDP static clinics were more likely to be in the higher asset quintiles; while those being vaccinated at joint NSDP-GOB EPI sessions were more likely to be in the lower quintiles. This was similar to circumstances in 2001.

Table 7.15 Source of vaccinations

Percent distribution of source of vaccinations for children age 12-23 months of age who received the vaccine, project and non-project areas, 2003.

	Project Areas					Non-project Areas
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	
Source of BCG vaccination						
NSDP Static Clinic	3.2	3.9	5.4	5.2	4.6	2.9
NSDP Satellite Clinic	18.3	31.9	22.5	28.8	23.6	1.7
Joint NSDP-EPI session	52.2	30.5	40.9	31.4	41.1	2.8
Government Clinic	11.9	17.8	13.8	23.5	15.7	43.7
FWA	2.3	7.1	4.0	5.9	4.2	10.5
Other NGO	0.5	0.0	0.7	0.0	0.4	0.3
Private	0.9	0.6	0.0	0.0	0.3	1.6
BPHC Static Clinic	0.5	0.0	0.0	0.0	0.1	0.2
BPHC Satellite Clinic	0.0	0.6	0.3	0.0	0.2	0.0
BPHC NGO Field Worker	0.0	0.0	0.3	0.0	0.1	0.0
Joint GOB-BPHC session	0.0	0.6	0.3	0.0	0.2	0.7
Other	10.4	6.9	11.7	5.2	9.5	35.8
Total						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	237	83	318	173	811	455
Source of Polio-3 vaccination						
NSDP Static Clinic	3.0	4.7	4.7	5.7	4.4	2.3
NSDP Satellite Clinic	19.4	31.5	26.4	30.0	25.6	2.0
Joint NSDP-EPI session	51.9	29.8	43.0	34.3	42.5	3.1
Government Clinic	10.4	17.4	11.9	21.4	14.0	45.4
FWA	3.0	7.8	3.2	5.0	4.0	11.4
Other NGO	0.0	0.0	0.7	0.0	0.3	0.2
Private	1.0	0.0	0.0	0.0	0.3	1.7
BPHC Static Clinic	0.5	0.0	0.0	0.0	0.1	0.2
BPHC Satellite Clinic	0.0	0.8	0.4	0.0	0.2	0.0
Joint GOB-BPHC session	0.0	0.0	0.0	0.0	0.0	0.8
Other	10.8	8.2	9.7	3.6	8.6	33.1
Total						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	218	69	295	159	741	411

Table 7.15 Source of vaccinations (continued)

	Project Areas					
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	Non-project Areas
Source of DPT-3 vaccination						
NSDP Static Clinic	4.8	4.3	6.5	6.0	5.6	2.9
NSDP Satellite Clinic	17.8	33.7	22.0	30.8	24.0	1.6
Joint NSDP-EPI session	51.6	32.4	42.5	35.0	42.4	2.6
Government Clinic	9.6	15.1	12.4	17.1	13.0	43.5
FWA	2.7	5.3	4.8	6.0	4.6	14.1
Other NGO	0.7	0.0	1.1	0.0	0.6	0.0
Private	1.4	0.0	0.0	0.0	0.4	0.8
BPHC Static Clinic	0.7	0.0	0.0	0.0	0.2	0.0
BPHC Satellite Clinic	0.0	1.1	0.5	0.0	0.3	0.0
Joint GOB-BPHC session	0.0	1.1	0.0	0.0	0.1	0.7
Other	10.8	7.0	10.2	5.1	8.8	33.7
Total						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	158	50	198	133	540	323
Source of Measles vaccination						
NSDP Static Clinic	3.4	4.0	4.5	6.6	4.6	2.0
NSDP Satellite Clinic	18.7	31.9	24.7	27.3	24.2	1.4
Joint NSDP-EPI session	54.7	29.4	38.1	33.9	41.3	3.1
Government Clinic	9.6	19.7	15.2	22.3	15.6	46.6
FWA	2.3	8.1	5.4	5.8	4.8	11.5
Other NGO	0.6	0.0	0.9	0.0	0.5	0.0
Private	1.1	0.0	0.0	0.8	0.5	1.8
BPHC Static Clinic	0.6	0.0	0.0	0.0	0.2	0.2
BPHC Satellite Clinic	0.0	0.8	0.4	0.0	0.3	0.0
BPHC NGO Field Worker	0.0	0.0	0.0	0.0	0.0	0.4
Joint GOB-BPHC session	0.0	0.8	0.0	0.0	0.1	0.4
Other	9.0	5.3	10.8	3.3	8.0	32.6
Total						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	191	66	238	137	632	378

Table 7.16 Source of vaccinations by asset quintile

Percent distribution of source of vaccinations for children age 12-23 months of age who received the vaccine by asset quintile, project and non-project areas, 2003.

Background characteristic	Project Areas						Non-project Areas					
	Poorest	2	3	4	Richest	Total	Poorest	2	3	4	Richest	Total
Source of BCG vaccination												
NSDP Static Clinic	1.6	3.8	2.9	7.8	7.3	4.6	0.0	3.5	6.1	3.9	1.7	2.9
NSDP Satellite Clinic	23.5	26.7	21.8	26.7	19.4	23.6	1.4	1.5	2.0	1.5	2.0	1.7
Joint NSDP-EPI session	42.3	42.4	42.7	37.2	40.1	41.1	2.1	2.4	1.9	6.4	1.7	2.8
Government Clinic	11.1	11.9	20.1	16.8	18.9	15.7	50.0	47.0	35.1	33.9	50.1	43.7
FWA	2.9	5.7	5.2	5.0	2.4	4.2	11.1	6.5	15.6	13.0	5.6	10.5
Other NGO	0.0	0.0	0.0	0.8	1.3	0.4	0.0	0.0	1.2	0.0	0.0	0.3
Private	0.3	0.6	0.0	0.0	0.7	0.3	0.0	1.5	1.4	2.8	3.0	1.6
BPHC Static Clinic	0.0	0.0	0.0	0.0	0.7	0.1	0.0	0.0	0.0	1.0	0.0	0.2
BPHC Satellite Clinic	0.3	0.0	0.0	0.0	0.7	0.2	0.0	0.0	0.0	0.0	0.0	0.0
BPHC NGO Field Worker	0.6	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Joint GOB-BPHC session	0.6	0.0	0.0	0.4	0.0	0.2	0.7	1.0	0.0	1.0	0.9	0.7
Other	16.6	8.8	7.3	5.4	8.6	9.5	34.8	36.7	36.6	36.5	34.8	35.8
Total												
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	167	172	169	140	163	811	115	77	95	77	90	455
Source of Polio-3 vaccination												
NSDP Static Clinic	2.5	2.9	2.3	6.8	8.0	4.4	0.0	2.2	4.0	6.2	0.0	2.3
NSDP Satellite Clinic	26.1	28.2	25.4	28.0	20.4	25.6	1.5	1.6	4.0	1.6	1.0	2.0
Joint NSDP-EPI session	43.4	44.0	45.6	37.6	40.9	42.5	2.3	2.6	1.2	7.0	2.9	3.1
Government Clinic	10.6	12.0	14.8	15.6	17.4	14.0	55.9	49.0	35.6	33.9	49.5	45.4
FWA	2.8	5.7	4.8	5.4	1.1	4.0	7.4	9.9	17.7	12.8	9.8	11.4
Other NGO	0.0	0.0	0.0	0.0	1.4	0.3	0.0	0.0	0.0	1.1	0.0	0.2
Private	0.0	0.7	0.0	0.0	0.7	0.3	0.0	1.6	1.6	3.1	2.7	1.7
BPHC Static Clinic	0.0	0.0	0.0	0.0	0.7	0.1	0.0	0.0	0.0	1.1	0.0	0.2
BPHC Satellite Clinic	0.4	0.0	0.0	0.0	0.7	0.2	0.0	0.0	0.0	0.0	0.0	0.0
Joint GOB-BPHC session	0.0	0.0	0.0	0.0	0.0	0.0	0.8	1.1	0.0	1.1	1.0	0.8
Other	14.2	6.4	7.0	6.6	8.6	8.6	32.1	31.8	36.0	32.1	33.1	33.1
Total												
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	150	152	160	130	149	741	102	70	87	71	81	411

Table 7.16 Source of vaccinations by asset quintile (continued)

	Project Areas						Non-project Areas					
	Poorest	2	3	4	Richest	Total	Poorest	2	3	4	Richest	Total
Source of DPT-3 vaccination												
NSDP Static Clinic	1.6	5.1	4.0	9.1	7.9	5.6	0.0	5.1	4.0	5.4	1.2	2.9
NSDP Satellite Clinic	24.0	27.2	23.1	31.1	15.4	24.0	1.0	2.2	3.4	0.0	1.6	1.6
Joint NSDP-EPI session	48.4	42.5	43.4	34.5	43.5	42.4	1.0	2.0	1.6	6.4	2.4	2.6
Government Clinic	8.5	9.1	12.5	13.6	20.2	13.0	47.0	47.8	32.6	37.9	52.3	43.5
FWA	4.8	5.0	7.3	3.5	2.4	4.6	13.2	10.6	18.9	15.3	12.0	14.1
Other NGO	0.0	0.0	0.0	1.0	1.8	0.6	0.0	0.0	0.0	0.0	0.0	0.0
Private	0.0	1.0	0.0	0.0	0.9	0.4	0.0	0.0	0.0	2.2	2.1	0.8
BPHC Static Clinic	0.0	0.0	0.0	0.0	0.9	0.2	0.0	0.0	0.0	0.0	0.0	0.0
BPHC Satellite Clinic	0.5	0.0	0.0	0.0	0.9	0.3	0.0	0.0	0.0	0.0	0.0	0.0
Joint GOB-BPHC session	0.0	0.0	0.0	0.5	0.0	0.1	1.0	1.5	0.0	1.3	0.0	0.7
Other	12.1	10.0	9.7	6.9	6.0	8.8	36.7	30.8	39.5	31.5	28.4	33.7
Total												
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	100	108	106	109	116	540	76	53	67	61	66	323
Source of Measles vaccination												
NSDP Static Clinic	2.4	3.5	1.7	8.5	6.7	4.6	0.0	2.9	3.3	5.1	0.0	2.0
NSDP Satellite Clinic	28.7	28.4	20.1	26.7	18.8	24.2	0.8	0.0	3.3	0.0	2.3	1.4
Joint NSDP-EPI session	40.7	39.9	47.0	35.2	42.6	41.3	2.4	3.4	2.3	6.0	2.0	3.1
Government Clinic	9.1	12.8	17.7	18.5	18.7	15.6	51.4	50.8	40.5	37.3	51.6	46.6
FWA	5.2	6.9	6.4	4.2	1.9	4.8	11.4	5.9	16.1	11.3	10.7	11.5
Other NGO	0.0	0.0	0.0	0.9	1.5	0.5	0.0	0.0	0.0	0.0	0.0	0.0
Private	0.0	0.9	0.9	0.0	0.7	0.5	0.0	2.1	1.7	3.3	2.7	1.8
BPHC Static Clinic	0.0	0.0	0.0	0.0	0.7	0.2	0.0	0.0	0.0	1.2	0.0	0.2
BPHC Satellite Clinic	0.5	0.0	0.0	0.0	0.7	0.3	0.0	0.0	0.0	0.0	0.0	0.0
BPHC NGO Field Worker	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.0	1.2	0.0	0.4
Joint GOB-BPHC session	0.0	0.0	0.0	0.5	0.0	0.1	0.0	1.5	0.0	0.0	1.0	0.4
Other	13.5	7.7	6.2	5.6	7.7	8.0	33.1	33.4	32.8	34.5	29.7	32.6
Total												
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	114	126	130	116	147	632	98	54	81	65	80	378

Knowledge of Vaccination Schedule

Table 7.17 provides information regarding whether mothers of children under age one who had not completed the DPT or polio sequence knew when the next immunization "installment" was due. This was analyzed only for those children with immunization cards in order to verify whether the date reported correctly corresponded to the recommended schedule (the recommended time until the next immunization obviously depends upon the time elapsed since the last vaccination). Two sets of numbers are presented for each antigen – the percentage of women who reported any date for the next immunization and the percentage of women who reported a date that corresponded to the recommended schedule. DPT and polio vaccinations are recommended at 6, 10, and 14 weeks of age. A reported date was considered to follow the recommended schedule if it was 4-5 weeks from the previous vaccination.

Around 18% of mothers of children in project and non-project areas less than one year old but short of completion of the DPT vaccination series (but with at least one DPT vaccination) reported a date for the next DPT immunization. These proportions were about 9 percentage points lower than in 2001. When they could report a date for the next vaccination, it was nearly always valid (i.e. one that was 4-5 weeks from the previous vaccination). The correct knowledge rates were 16.8% for DPT3, 18.3% for polio, and 16.8% for both.

Table 7.17 Knowledge of next shot by background characteristics

Percentage of mothers of children less than 1 year of age with immunization cards and incomplete series of Polio or DPT immunizations who report a date for the next DPT and Polio immunizations and report a date within the recommended interval for the antigen by background characteristics, Rural 2003.

Background characteristic	Vaccine: DPT — Percentage reporting next immunization date	DPT — Date recorded is valid	DPT — Number of children	Polio — Percentage reporting next immunization date	Polio — Date recorded is valid	Polio — Number of children	Both DPT and Polio — Percentage reporting next immunization date	Both DPT and Polio — Date recorded is valid	Both DPT and Polio — Number of children
Sex of child									
Male	14.2	100.0	127	15.0	100.0	127	14.2	100.0	127
Female	21.7	94.3	88	23.2	100.0	87	21.9	94.3	87
Birth order									
1	25.9	100.0	55	27.8	100.0	55	25.9	100.0	55
2-3	14.0	100.0	93	14.2	100.0	92	14.2	100.0	92
4-5	22.4	88.9	44	24.8	100.0	44	22.4	88.9	44
6+	0.0	-	23	0.0	-	23	0.0	-	23
Domains									
Chittagong /Sylhet	17.9	92.3	78	17.9	100.0	78	17.9	92.3	78
Khulna/Barisal	18.0	100.0	18	18.0	100.0	18	18.0	100.0	18
Dhaka	12.0	100.0	80	14.9	100.0	79	12.2	100.0	79
Rajshahi	26.5	100.0	39	26.5	100.0	39	26.5	100.0	39
Highest educational level									
No education	12.7	92.0	107	14.7	100.0	107	12.7	92.0	107
Primary	14.6	100.0	52	14.6	100.0	52	14.6	100.0	52
Secondary	26.3	100.0	54	26.9	100.0	53	26.9	100.0	53
Higher secondary	100.0	100.0	2	100.0	100.0	2	100.0	100.0	2
Household asset quintile									
Poorest	3.7	100.0	80	6.4	100.0	79	3.7	100.0	79
2	15.7	90.2	70	16.0	100.0	69	16.0	90.2	69
3	16.1	100.0	49	16.1	100.0	49	16.1	100.0	49
4	22.9	100.0	77	22.9	100.0	77	22.9	100.0	77
Richest	33.6	95.0	62	33.6	95.0	62	33.6	95.0	62
Project - non project areas									
Project areas	17.3	97.1	215	18.3	100.0	214	17.3	97.1	214
Non-project areas	18.9	95.5	123	19.1	95.5	122	19.1	95.5	122

7.7 Prevalence and Treatment of Acute Respiratory Infection

Acute respiratory tract infection (ARI) is a common childhood illness and major contributing factor to high childhood mortality in Bangladesh. Symptoms include cough, and difficult or rapid breathing or chest in-drawing. It can be accompanied by fever. Prompt diagnosis and treatment with antibiotics can significantly reduce mortality. Prevalence of ARI symptoms was estimated by asking mothers if their children under 5 years of age had the core symptoms in the two weeks preceding the survey. They were also asked about fever. Table 7.18 provides the percentage of children below 5 years of age with the select symptoms of ARI and those with fever by select background characteristics.

In NSDP areas, 7.7% had ARI symptoms and 28.6% had fever in the two weeks preceding the survey. ARI prevalence was approximately half that of 2001 (15.1%), while that of fever was approximately 8.7 percentage points lower. Among children with the select symptoms of ARI in NSDP areas, 31.9 % sought treatment from a trained health facility or provider. The prevalence of ARI and the proportion of children for whom care was sought were slightly lower in non-project areas. However, in both domains, the proportion treated in health facilities in 2003 was higher than in 2001 (23.7% in NSDP areas and 25.3% in non-NSDP areas). Unsurprisingly, ARI prevalence was higher among children less than one year old. More male (8.5%) than female (6.9%) children were reported to have symptoms of ARI and care seeking for ARI was much more common for boys (36.6%) than girls (26%). Birth order appears to have had no effect on prevalence, but a small one on treatment for ARI.

Table 7.18 Prevalence and treatment of symptoms of ARI or ARI plus fever

Percentage of children under five years who were ill with a cough accompanied by short, rapid breathing (acute respiratory infection or ARI) and/or fever during the two weeks preceding the survey, and percentage of children with ARI taken to a health facility or provider, by selected background characteristics, project and non-project areas, 2003.

	Percentage Of children with ARI	Percentage of children with fever	Number of children	Treatment in a health facility or provider (ARI)	Number of children with ARI
Child's age					
<6 months	7.7	28.2	373	37.7	29
6-11 months	12.1	38.9	480	39.2	58
12-23 months	10.3	35.4	894	31.1	92
24-35 months	7.4	30.5	941	31.7	70
36-47 months	6.0	21.5	923	35.6	55
48-59 months	4.8	21.4	860	15.1	42
Sex of child					
Male	8.5	29.6	2,259	36.6	192
Female	6.9	27.5	2,212	26.0	153
Birth order					
1	7.1	27.6	1,845	35.3	131
2-3	7.7	28.5	2,912	32.2	223
4-5	7.0	29.0	1,432	27.2	101
6+	7.3	31.2	842	27.6	62
Domains					
Chittagong/Sylhet	8.8	32.2	1,377	28.6	121
Khulna/Barisal	9.2	27.6	444	35.6	41
Dhaka	6.3	25.1	1,791	34.0	113
Rajshahi	8.2	30.7	860	32.3	70
Highest educational level					
No education	7.2	27.4	2,294	30.6	165
Primary	9.5	31.0	1,275	31.1	121
Secondary	6.8	29.0	844	36.9	58
Higher secondary	2.7	13.5	41	0.0	1
College/University	6.3	25.8	17	100.0	1
Household asset quintile					
Poorest	9.2	30.9	1,118	23.3	103
2	7.0	27.9	991	38.9	70
3	7.4	27.0	806	41.8	60
4	8.8	30.5	812	25.2	71
Richest	5.6	25.6	744	38.8	42
Project - non project areas					
Project areas	7.7	28.6	4,472	31.9	345
Non-project areas	6.7	28.9	2,560	30.5	171

The prevalence of ARI was highest in Khulna/Barisal. Mother's education appears to have been associated both with the likelihood of ARI and of seeking treatment: The children of more educated mothers were less likely to suffer ARI but more likely to seek treatment. There was no clear association between ARI and socioeconomic status. For instance, the second richest quintile reported ARI prevalence higher than all but that of the poorest one. They also reported the second lowest likelihood of seeking care. However, the differences between the lowest and highest quintiles were pronounced and of the expected direction. The patterns reported in the 2001 survey were more distinct: ARI was more common in lower asset quintiles but the proportion treated by health facilities/providers was greater in the higher ones.

Table 7.19 presents the distribution of treatment sources for children who had ARI during the two weeks preceding interview. In NSDP areas, the private medical sector commanded more than half the market. This share was fairly evenly split among the three main private medical sector provider strata. By comparison, NSDP clinics had only a tiny portion of the market. About one-fourth of children did not receive any sort of treatment.

Children in the higher asset quintiles were more likely to use private medical sources (Table 7.20A and Table 7.20B). In project areas, a much higher proportion of children in the lowest asset quintile did not receive any treatment as compared with those in the highest one. There were too few NSDP clinic patrons to make comparisons across socioeconomic strata. Treatment seeking patterns for ARI were essentially the same in non-project areas. ARI treatment at competent health facilities/ providers was similar to what prevailed in 2001.

Table 7.19 Source of treatment for children with ARI

Percentage of children under five years who were ill with a cough accompanied by short, rapid breathing (ARI) during the two weeks preceding the survey by source of treatment, project and non-project areas, 2003.

	Project Areas					
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	Non-project Areas
Where did she seek advice/treatment for ARI						
HOME	1.8	0.0	6.6	11.3	5.1	3.3
..Medical person at home	0.0	0.0	6.6	11.3	4.5	3.3
..Non-medical person at home	1.8	0.0	0.0	0.0	0.6	0.0
PUBLIC SECTOR	7.2	2.6	13.2	8.1	8.8	10.8
..Hospital/Medical college	0.0	0.0	0.9	0.0	0.3	1.7
..Family welfare centre	4.5	0.0	3.8	4.8	3.8	2.1
..Thana health complex	2.7	2.6	7.5	3.2	4.4	6.5
..Rural Dispensary/ Community Clinic	0.0	0.0	0.9	0.0	0.3	0.0
..Satellite/EPI clinic	0.0	0.0	0.0	0.0	0.0	0.4
NSDP NGO	0.9	2.6	2.8	3.2	2.2	1.1
..Static clinic	0.9	1.3	0.0	1.6	0.8	1.1
..Satellite clinic	0.0	1.3	1.9	0.0	0.8	0.0
Depotholder	0.0	0.0	0.9	1.6	0.6	0.0
OTHER NGO	0.9	0.0	0.9	1.6	0.9	0.0
..Hospital	0.0	0.0	0.9	0.0	0.3	0.0
..NGO clinic	0.9	0.0	0.0	1.6	0.6	0.0
PRIVATE MEDICAL SECTOR	70.5	59.4	44.3	38.7	54.2	55.3
..Private clinic/doctor	19.6	30.4	10.4	8.1	15.5	15.4
..Traditional doctor	29.5	12.6	7.5	14.5	17.3	14.2
..Pharmacy	21.4	16.5	26.4	16.1	21.4	25.7
BPHC NGO	0.0	0.0	0.0	0.0	0.0	0.9
..Static clinic	0.0	0.0	0.0	0.0	0.0	0.9
Other	1.8	2.6	4.7	8.1	4.1	6.0
Did not receive treatment	16.9	32.7	27.4	29.0	24.7	22.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	121	41	113	70	345	171

Table 7.20A Source of treatment for children with ARI by asset quintile, NSDP areas

Percentage of children under five years who were ill with a cough accompanied by short, rapid breathing (ARI) and/or fever during the two weeks preceding the survey by source of treatment according to household asset quintile, 2003.

	Household asset quintile					
	Poorest	2	3	4	Richest	Total
Children with ARI						
Percentage of children with symptoms of ARI	9.2	7.0	7.4	8.8	5.6	7.7
Where did she seek advice/treatment for ARI						
HOME	8.4	3.2	1.9	4.8	5.3	5.1
..Medical person at home	6.3	3.2	1.9	4.8	5.3	4.5
..Non-medical person at home	2.1	0.0	0.0	0.0	0.0	0.6
PUBLIC SECTOR	5.2	12.4	11.0	9.1	7.8	8.8
..Hospital/Medical college	1.0	0.0	0.0	0.0	0.0	0.3
..Family welfare centre	3.2	6.3	1.9	3.0	5.2	3.8
..Thana health complex	1.0	4.6	9.1	6.1	2.6	4.4
..Rural Dispensary/Community Clinic	0.0	1.5	0.0	0.0	0.0	0.3
..Satellite/EPI clinic	0.0	0.0	0.0	0.0	0.0	0.0
NSDP NGO	1.1	4.8	3.6	1.5	0.0	2.2
..Static clinic	1.1	1.6	0.9	0.0	0.0	0.8
..Satellite clinic	0.0	1.5	0.9	1.5	0.0	0.8
..Depotholder	0.0	1.6	1.8	0.0	0.0	0.6
OTHER NGO	1.1	0.0	1.8	1.5	0.0	0.9
..Hospital	0.0	0.0	0.0	1.5	0.0	0.3
..NGO clinic	1.1	0.0	1.8	0.0	0.0	0.6
PRIVATE MEDICAL SECTOR	46.6	53.9	58.1	50.5	73.9	54.2
..Private clinic/doctor	9.6	18.6	23.6	8.4	25.8	15.5
..Traditional doctor	16.4	19.8	14.5	16.4	20.7	17.3
..Pharmacy	20.7	15.6	20.1	25.7	27.3	21.4
BPHC NGO	0.0	0.0	0.0	0.0	0.0	0.0
..Static clinic	0.0	0.0	0.0	0.0	0.0	0.0
Other	5.9	4.8	1.8	3.1	3.9	4.1
Did not receive treatment	31.7	20.9	21.9	29.6	9.2	24.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	103	70	60	71	42	345

Table 7.20B Source of treatment source for children with ARI by asset quintile, non-NSDP areas

Percentage of children under five years who were ill with a cough accompanied by short, rapid breathing (ARI) and/or fever during the two weeks preceding the survey by source of treatment according to household asset quintile, 2003.

	Household asset quintile					
	Poorest	2	3	4	Richest	Total
Children with ARI						
Percentage of children with symptoms of ARI	7.1	6.0	6.9	9.3	3.9	6.7
Where did she seek advice/treatment for ARI						
HOME	6.4	0.0	6.2	1.8	0.0	3.3
..Medical person at home	6.4	0.0	6.2	1.8	0.0	3.3
..Non-medical person at home	0.0	0.0	0.0	0.0	0.0	0.0
PUBLIC SECTOR	4.3	0.0	15.5	17.2	23.6	10.8
..Hospital/Medical college	0.0	0.0	6.4	0.0	4.7	1.7
..Family welfare centre	0.0	0.0	0.0	3.5	12.6	2.1
..Thana health complex	4.3	0.0	6.8	13.7	6.3	6.5
..Rural Dispensary/Community Clinic	0.0	0.0	0.0	0.0	0.0	0.0
..Satellite/EPI clinic	0.0	0.0	2.2	0.0	0.0	0.4
NSDP NGO	0.0	2.3	0.0	0.0	6.3	1.1
..Static clinic	0.0	2.3	0.0	0.0	6.3	1.1
..Satellite clinic	0.0	0.0	0.0	0.0	0.0	0.0
Depotholder	0.0	0.0	0.0	0.0	0.0	0.0
OTHER NGO	0.0	0.0	0.0	0.0	0.0	0.0
..Hospital	0.0	0.0	0.0	0.0	0.0	0.0
..NGO clinic	0.0	0.0	0.0	0.0	0.0	0.0
PRIVATE MEDICAL SECTOR	47.6	64.9	50.8	56.6	60.9	55.3
..Private clinic/doctor	5.4	12.9	8.6	35.6	6.8	15.4
..Traditional doctor	12.4	14.4	5.3	17.4	28.6	14.2
..Pharmacy	29.8	37.6	36.9	3.6	25.5	25.7
BPHC NGO	0.0	0.0	0.0	3.5	0.0	0.9
..Static clinic	0.0	0.0	0.0	3.5	0.0	0.9
Other	2.7	8.9	14.3	2.6	0.0	6.0
Did not receive treatment	38.9	24.0	13.2	18.3	9.2	22.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	42	35	34	43	17	171

7.8 Vitamin A Supplementation

Vitamin A deficiency is the leading cause of preventable childhood blindness. It is also a contributing factor to the severity of several other childhood causes of morbidity and mortality. Deficiencies can be avoided by giving children supplements of vitamin A capsules, usually every six months. Vitamin A supplementation has been included as a part of the child health program in the ESP. The 2003 rural NSDP evaluation survey asked mothers with children aged 1-5 if their youngest child had received a vitamin A capsule in the six months prior to the survey. A question was also asked about the source of vitamin A.

Table 7.21 provides the distribution of vitamin A supplementation for children 9-59 months of age by select background characteristics. The percentage receiving a vitamin A supplement was roughly the same across project and non-project areas (at about 75%). There was somewhat more variation across divisions, from a high of 80.2% in Rajshahi to a low of 69.2% in Chittagong/Sylhet. Children in the highest asset quintile were 7 percentage points more likely to receive vitamin A than those in the lowest one. A relationship between socioeconomic status and vitamin A consumption in non-project areas was less obvious. The 2001 evaluation survey revealed similar patterns. However, overall vitamin A supplementation rose somewhat from 70.1% from 2001, while it did so far more modestly in non-project areas (75.5% in 2001).

Table 7.22 provides the sources of vitamin A for children (most recent birth in the last five years) who received vitamin A in the last six months in project and non-project areas. In NSDP project areas, nearly three-fourths (73.5%) of children received vitamin A from NSDP and joint NSDP-EPI sources. In non-NSDP areas, about 40% of recipients obtained it from government sources. The 2001 RSDP evaluation survey did not report sources of vitamin A supply.

Table 7.21 Vitamin A

Percentage of children 9-59 months of age (most recent births in last 5 years) receiving vitamin A in the last six months by region of residence, Bangladesh 2003.

	Project Areas					Non-project Areas				
	Yes	No	DK/ Missing	Total	Number	Yes	No	DK/ Missing	Total	Number
Domains										
Rural - Chittagong	69.2	30.0	0.8	100.0	811					
Rural - Khulna/Sylhet/Barisal	78.6	20.4	1.0	100.0	321					
Rural - Dhaka	72.3	27.4	0.3	100.0	1,184					
Rural - Rajshahi	80.2	19.4	0.4	100.0	643					
Highest educational level										
No education	70.1	29.4	0.5	100.0	1,469	74.0	26.0	0.0	100.0	774
Primary	77.0	22.4	0.6	100.0	868	73.6	25.1	1.3	100.0	511
Secondary	78.4	21.2	0.4	100.0	578	81.9	17.2	0.9	100.0	388
Higher secondary	85.2	14.8	0.0	100.0	30	87.8	12.2	0.0	100.0	22
College/University	63.5	36.5	0.0	100.0	14	81.2	18.8	0.0	100.0	8
Household asset quintile										
Poorest	68.5	31.4	0.2	100.0	667	75.5	24.5	0.0	100.0	405
2	73.2	25.7	1.1	100.0	657	68.0	30.8	1.2	100.0	360
3	76.4	23.2	0.4	100.0	563	77.5	21.9	0.5	100.0	342
4	77.1	22.9	0.0	100.0	554	78.5	21.2	0.3	100.0	308
Richest	75.5	23.6	0.9	100.0	518	81.6	17.4	0.9	100.0	288
Total	73.9	25.6	0.5	100.0	2,959	75.9	23.5	0.6	100.0	1,703

Table 7.22 Source of vitamin A

Source of vitamin A for children 9-59 months of age (most recent births in last 5 years) who received vitamin A in the last six months by region of residence, Bangladesh 2003.

	Household asset quintile					
	Poorest	2	3	4	Richest	Total
Project - non project areas						
Project areas						
From where received vitamin A						
NSDP Static Clinic	1.8	1.5	3.2	2.4	5.9	2.9
NSDP Satellite Clinic	32.7	29.5	35.9	32.2	27.3	31.6
Joint NSDP-EPI session	39.3	45.0	37.0	39.3	33.2	39.0
Government Clinic	7.1	8.1	9.0	9.8	16.0	9.8
FWA	7.2	6.4	5.7	7.5	6.8	6.7
Other NGO	0.1	0.4	0.0	0.5	0.0	0.2
Private	0.0	0.2	0.0	0.0	0.5	0.1
BPHC Satellite Clinic	0.0	0.0	0.0	0.1	0.0	0.0
Joint GoB-BPHC session	0.9	0.8	0.5	0.6	0.6	0.7
Other	10.8	8.1	8.7	7.5	9.6	9.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	457	481	430	427	391	2,186
Project - non project areas						
Non-project areas						
From where received vitamin A						
NSDP Static Clinic	0.3	0.6	0.3	1.2	1.0	0.6
NSDP Satellite Clinic	1.9	2.1	3.1	0.8	2.2	2.0
Joint NSDP-EPI session	1.5	2.7	3.9	5.3	5.5	3.6
Government Clinic	42.6	35.9	38.7	31.9	36.1	37.3
FWA	17.6	19.9	18.3	18.4	16.2	18.1
Private	0.0	0.9	0.5	0.3	0.6	0.4
Joint GoB-BPHC session	1.3	1.0	0.6	2.2	1.0	1.2
Other	34.9	36.9	34.6	39.9	37.5	36.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	305	245	265	241	235	1,292

Knowledge of Importance of Vitamin A

Table 7.23 provides the distribution of maternal awareness of the reasons for vitamin A supplementation by select background characteristics. About half of mothers in project areas knew that vitamin A improves child health, while fewer seemed to be aware of the fact that it prevents infection (21.9%) and night blindness (30.9%). The pattern was similar in non-project areas. Mothers in Rajshahi were more likely to know that vitamin A prevents night blindness. Maternal education was positively associated with knowledge of the importance of vitamin A. Nearly all women with a higher secondary education or better knew that vitamin A prevents night blindness, but only 23.2% with no education and 30% of those with a primary education did. It also appears to have been strongly associated with socioeconomic status, with a significantly higher proportion in the highest asset quintile aware that vitamin A prevents night blindness compared with those in the lowest quintile.

Table 7.23 Knowledge of importance of vitamin A

Percentage of women with children born in the five years before the survey who know why vitamin A is given to children, by selected background characteristics, project and non-project areas, 2003.

	Why is a child given Vitamin A				
	To prevent night blindness	To provide resistance against infections	To improve child's health	Other	Number
Domains					
Chittagong/Sylhet	24.3	21.6	51.3	0.0	1,077
Khulna/Barisal	36.0	18.6	53.7	0.4	391
Dhaka	30.7	23.4	49.2	0.2	1,505
Rajshahi	38.0	21.1	42.5	0.4	790
Highest educational level					
No education	23.2	21.8	51.1	0.3	1,891
Primary	30.0	22.2	50.7	0.0	1,078
Secondary	48.1	21.8	42.3	0.3	742
Higher secondary	84.2	20.6	23.6	0.0	34
College/University	93.8	28.4	18.5	0.0	17
Household asset quintile					
Poorest	20.6	21.9	49.9	0.0	892
2	27.8	21.0	51.2	0.3	830
3	29.7	23.0	47.6	0.1	692
4	33.8	24.4	49.0	0.4	698
Richest	47.4	19.3	45.6	0.4	651
Project - non project areas					
Project areas	30.9	21.9	48.8	0.2	3,763
Non-project areas	34.1	21.6	49.3	0.6	2,162

7.9 Childhood Diarrhea

Dehydration as a result of severe watery diarrhea is a major cause of childhood death in Bangladesh. Such mortality can be reduced through proper action. Oral rehydration solution (ORS) is a simple means of countering the effects of dehydration. Severe diarrhea requires advice/treatment from a competent medical practitioner. ORS, developed in Bangladesh more than 30 years ago by the International Center for Diarrheal Disease Research, Bangladesh (ICDDR, B) is currently available in shops and pharmacies in packet form. The 2003 Rural NSDP Evaluation Survey asked mothers of children less than five years of age whether they had suffered from diarrhea in the two weeks preceding the survey, the type of treatment, if any, sought and the source of treatment.

Prevalence of Diarrhea

Table 7.24 provides the prevalence of diarrhea among children younger than 5 years of age in the two weeks preceding the survey by select background characteristics. Prevalence rates were the same across project and non-project areas. For NSDP areas, this was a 1 percentage point increase from the 2001 Survey figure while in non-NSDP areas the change was 2.7 percentage points. Prevalence was higher among boys by about 0.7 percentage points (as in 2001). Children with less educated mothers were at slightly higher risk of diarrhea. Prevalence was also higher among poorer children. Surprisingly, children living in households using piped water for drinking were at higher risk of diarrhea than those whose households used other sources.

Table 7.24 Prevalence and treatment of symptoms of diarrhea

Percentage of children under five years with diarrhea during the two weeks preceding the survey, by selected background characteristics, project and non -project areas, 2003.

	Diarrhea in Preceding Two Weeks	Number of Children
Child's age		
<6 months	3.6	373
6-11 months	8.3	480
12-23 months	9.4	894
24-35 months	7.4	941
36-47 months	6.6	923
48-59 months	6.4	860
Sex of child		
Male	7.6	2,259
Female	6.9	2,212
Highest educational level		
No education	7.1	2,294
Primary	7.7	1,275
Secondary	6.8	844
Higher secondary	6.9	41
College/University	6.4	17
Household asset quintile		
Poorest	8.7	1,118
2	6.3	991
3	7.8	806
4	6.3	812
Richest	6.6	744
Source of drinking water		
Piped	8.9	19
Protected well	7.1	4,139
Open well	4.7	45
Surface	7.9	259
Other (rainwater/bottled water	36.6	10
Project - non project areas		
Project areas	7.2	4,472
Non-project areas	7.2	2,560

Treatment of Diarrhea

A slightly higher proportion of children with diarrhea in NSDP project areas were taken to a health facility for treatment (Table 7.25). This was nearly identical to what was observed in 2001. About three quarters of children with diarrhea in project and non-project areas were treated with oral rehydration solution (ORS). However, the proportion treated with either ORS or laban gur home made solution was about 4 percentage points higher in project areas. These rates represented modest improvements over 2001, when 75.4% of children in project areas and 67.5% of children in non-project areas were given either ORS or laban gur. Treatment exclusively with ORT increased 6.8 percentage points (from 66.6% in 2001) in NSDP areas. In non-NSDP areas, the increase was larger – 14 percentage points – from 59.7%. Diarrhea treatment with ORS was positively associated with socioeconomic status: 94.5% of children in the highest asset quintile received ORS treatment as compared with 61.8% of those in the lowest one (Table 7.26).

Table 7.25 Diarrhea treatment

Among children under five years who had diarrhea in the two weeks preceding the survey, the percentage taken for treatment to a health provider, the percentage who received oral rehydration therapy (ORT) (solution prepared from ORS packets, recommended home fluids (RHF), or increased fluids), and the percentage given other treatments, according to selected background characteristics, project and non-project areas, 2003.

		Oral Rehydration Therapy					Other Treatments					
Background characteristic	Percentage taken to a health facility	ORS packets	RHF at home	Either ORS or RHF	Water	Other liquids	Pill or syrup	Injection	Intravenous	Home remedy/ other	None	Number of children
Child's age												
<6 months	20.7	52.0	7.8	59.8	55.4	7.8	52.5	0.0	0.0	7.8	0.0	14
6-11 months	19.3	60.9	11.3	63.8	44.1	11.1	53.3	2.7	0.0	8.3	17.6	40
12-23 months	20.0	75.4	16.3	80.5	64.3	15.7	51.7	0.0	0.0	7.9	5.8	84
24-35 months	13.1	76.1	21.6	84.6	68.8	19.4	40.1	1.5	0.0	6.3	4.6	70
36-47 months	17.9	75.2	26.7	84.1	48.9	17.7	47.8	0.0	1.7	8.8	3.5	61
48-59 months	9.7	79.2	34.5	85.2	64.6	20.6	51.9	2.1	0.0	2.1	8.9	55
Sex of child												
Male	18.4	77.5	23.0	82.6	62.7	18.8	50.7	1.6	0.0	6.1	4.8	171
Female	13.9	68.8	20.0	77.0	56.0	14.6	46.5	0.4	0.7	7.5	9.2	152
Domains												
Chittagong/Sylhet	17.0	76.5	22.6	81.1	58.5	16.9	56.7	0.0	0.0	7.5	4.7	114
Khulna/Barisal	25.2	72.2	10.1	77.2	61.4	13.4	44.6	3.4	0.0	3.4	8.4	32
Dhaka	14.2	70.8	20.8	77.4	58.5	16.0	48.1	0.9	0.9	4.7	9.4	113
Rajshahi	14.3	73.2	26.8	83.9	62.5	19.6	37.5	1.8	0.0	10.7	5.4	63
Highest educational level												
No education	9.8	69.1	22.0	74.7	53.7	11.0	43.6	1.3	0.7	7.0	9.2	164
Primary	16.1	72.3	22.1	81.2	65.8	24.9	49.7	1.1	0.0	7.8	5.5	98
Secondary	31.3	85.7	20.8	91.5	65.9	18.9	60.3	0.0	0.0	4.7	2.8	57
Higher secondary	59.6	100.0	0.0	100.0	40.4	0.0	59.6	0.0	0.0	0.0	0.0	3
College/University	100.0	100.0	0.0	100.0	100.0	100.0	100.0	0.0	0.0	0.0	0.0	1

Table 7.25 Diarrhea treatment (continued)

		Oral Rehydration Therapy					Other Treatments					
	Percentage taken to a health facility	ORS packets	RHF at home	Either ORS or RHF	Water	Other liquids	Pill or syrup	Injection	Intravenous	Home remedy/ other	None	Number of children
Household asset quintile												
Poorest	14.3	61.8	21.3	70.8	54.5	14.0	40.7	0.0	1.1	8.5	12.7	98
2	10.2	71.6	20.0	81.1	57.9	11.2	44.9	1.8	0.0	3.5	4.3	63
3	16.4	72.4	26.8	79.4	58.7	11.3	49.8	2.5	0.0	15.5	6.9	63
4	11.9	78.8	22.2	82.0	69.9	27.6	44.9	0.0	0.0	3.1	4.2	51
Richest	32.4	94.5	16.7	95.6	62.2	25.5	72.3	1.1	0.0	0.0	1.1	49
Source of drinking water												
Piped	0.0	100.0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2
Protected well	14.9	74.5	22.9	81.0	60.5	17.5	48.2	1.1	0.4	6.5	6.6	295
Open well	0.0	0.0	0.0	0.0	50.2	0.0	50.2	0.0	0.0	0.0	49.8	2
Surface	31.7	68.6	10.4	79.0	47.6	13.4	50.3	0.0	0.0	7.8	7.9	20
Other (rainwater/bottled water/other/missing)	57.0	43.0	0.0	43.0	85.6	0.0	100.0	0.0	0.0	28.5	0.0	4
Project areas	16.3	73.4	21.6	80.0	59.6	16.8	48.7	1.0	0.3	6.8	6.9	323
Non-project areas	15.4	73.7	14.2	76.2	52.6	17.1	48.0	0.0	0.6	6.9	7.5	183

Sources of Diarrhea Treatment

Table 7.27 provides the distribution of treatment source for diarrhea in the two weeks preceding the survey. More than half of children with diarrhea in project areas were taken for treatment to a facility/provider. This was a slight increase over 2001 levels. Of those who sought treatment, the vast majority did so from the private medical sector. Only 3.2% were treated at NSDP facilities. Among private medical sector facilities, pharmacies (37%) and traditional doctors (24.6%) were the two main sources of treatment. The 2001 RSDP survey reported similar patterns in the distribution of sources of diarrhea treatment.

Feeding Practices during Diarrhea

To avoid or control dehydration, a child with diarrhea must receive elevated amounts of liquid and food. Table 7.28 provides the distribution amounts of liquids and food offered (as compared with normal practices) for children under 5 years of age who had diarrhea in the two weeks preceding the survey, by select background characteristics. Less than half of those who experienced diarrhea were offered more liquid during the illness than normal. Nearly a third were provided the same amount and roughly one fifth were actually given less than normal. In project areas, 44.3% were offered less food than normal and only 23.7% were given more. Feeding practices during diarrhea episodes were associated with maternal education. More educated mothers were more likely to offer more or the same quantity of liquid to their stricken child (as compared with normal practice). Mothers in 2003 were more likely to offer the same amount of liquid (as opposed to offering more liquid) than in 2001.

Table 7.26 Prevalence of diarrhea and treatment with ORT by asset quintile

Percentage of children under five years who had diarrhea in the two weeks preceding the survey, and of those with diarrhea the percentage who received oral rehydration therapy (ORT) (solution prepared from ORS packets or recommended home fluids (RHF), according to household asset quintile, NSDP/non-NSDP areas, 2003.

	Project Areas				Non-project Areas			
Background Characteristic	Diarrhea in preceding 2 weeks	ORS packets	RHF at home	Either ORS or RHF	Diarrhea in preceding 2 weeks	ORS packets	RHF at home	Either ORS or RHF
Household asset quintile								
Poorest	8.7	61.8	21.3	70.8	9.4	60.2	10.1	64.4
2	6.3	71.6	20.0	81.1	5.6	75.5	15.9	75.5
3	7.8	72.4	26.8	79.4	7.5	76.7	14.5	79.7
4	6.3	78.8	22.2	82.0	8.1	89.1	21.4	89.1
Richest	6.6	94.5	16.7	95.6	4.7	74.0	8.8	79.1
Total	7.2	73.4	21.6	80.0	7.2	73.7	14.2	76.2
Number	323	237	70	258	183	135	26	140

Table 7.27 Source of diarrhea treatment

Percentage distribution of source s of treatment of children under five years who had diarrhea in the two weeks preceding the survey, by project and non-project areas, 2003.

	Project Areas					
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	Non-project Areas
Place/provider taken for diarrhea treatment						
HOME	0.9	1.7	4.7	3.6	2.9	3.0
..Medical person at home	0.9	0.0	2.8	1.8	1.7	1.8
..Non-medical person at home	0.0	1.7	1.9	1.8	1.2	1.2
PUBLIC SECTOR	7.5	3.4	3.8	1.8	4.7	4.9
..Hospital/Medical college	0.0	0.0	0.0	1.8	0.4	0.0
..Family welfare centre	0.9	0.0	1.9	0.0	1.0	1.6
..Thana health complex	6.6	1.7	1.9	0.0	3.2	3.3
..Rural Dispensary/Community Clinic	0.0	1.7	0.0	0.0	0.2	0.0
NSDP NGO	0.0	3.4	1.9	3.6	1.7	0.6
..Static clinic	0.0	1.7	0.0	0.0	0.2	0.6
..Satellite clinic	0.0	1.7	1.9	3.6	1.5	0.0
OTHER NGO	0.0	1.7	0.0	0.0	0.2	0.0
..NGO clinic	0.0	1.7	0.0	0.0	0.2	0.0
PRIVATE MEDICAL SECTOR	52.0	37.9	33.0	35.7	40.8	41.7
..Private clinic/doctor	8.5	16.8	5.7	7.1	8.1	8.1
..Traditional doctor	18.9	5.0	7.5	16.1	13.0	11.6
..Pharmacy	24.5	16.1	19.8	12.5	19.7	22.0
Other	0.9	3.4	2.8	5.4	2.7	4.9
Not taken for treatment/provider	38.6	48.7	53.8	50.0	47.1	44.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	114	32	113	63	323	183

Table 7.28 Feeding practices during diarrhea

Percent distribution of children under five years who had diarrhea in the two weeks preceding the survey, by amount of liquid given and amount of food given compared with normal practice, by project and non-project areas, 2003.

	Amount of Liquid Given						Amount of Food Given				
	Same as usual	More	Some-what less	Don't know/ missing	Total	Number	Same as usual	More	Some-what less	Total	Number
Child's age											
<6 months	35.7	20.3	35.6	8.4	100.0	14	35.7	20.2	44.2	100.0	14
6-11 months	39.4	33.2	27.4	0.0	100.0	40	38.0	23.4	38.6	100.0	40
12-23 months	32.5	46.8	20.7	0.0	100.0	84	27.3	22.3	50.4	100.0	84
24-35 months	39.7	45.5	14.8	0.0	100.0	70	42.8	27.7	29.5	100.0	70
36-47 months	32.9	46.0	21.1	0.0	100.0	61	29.1	20.6	50.3	100.0	61
48-59 months	18.7	49.9	31.4	0.0	100.0	55	23.6	25.4	51.0	100.0	55
Sex of child											
Male	33.4	39.6	26.3	0.7	100.0	171	28.5	26.3	45.2	100.0	171
Female	32.0	49.2	18.8	0.0	100.0	152	35.9	20.8	43.2	100.0	152
Domains											
Chittagong/Sylhet	25.5	44.3	30.2	0.0	100.0	114	29.2	20.8	50.0	100.0	114
Khulna/Barisal	41.3	45.3	13.4	0.0	100.0	32	27.8	18.5	53.7	100.0	32
Dhaka	33.0	45.3	21.7	0.0	100.0	113	34.0	25.5	40.6	100.0	113
Rajshahi	41.1	41.1	16.1	1.8	100.0	63	35.7	28.6	35.7	100.0	63
Highest educ. level											
No education	31.2	41.1	27.7	0.0	100.0	164	29.5	18.2	52.3	100.0	164
Primary	36.6	44.0	19.4	0.0	100.0	98	38.1	25.4	36.5	100.0	98
Secondary	31.0	51.1	15.9	2.0	100.0	57	29.1	33.3	37.5	100.0	57
Higher secondary	40.4	59.6	0.0	0.0	100.0	3	40.4	59.6	0.0	100.0	3
College/University	0.0	100.0	0.0	0.0	100.0	1	0.0	100.0	0.0	100.0	1
Household asset quintile											
Poorest	37.2	42.8	20.0	0.0	100.0	98	33.2	19.5	47.4	100.0	98
2	32.9	44.9	22.2	0.0	100.0	63	29.5	19.9	50.6	100.0	63
3	30.2	36.2	33.7	0.0	100.0	63	27.6	23.2	49.2	100.0	63
4	27.6	49.9	20.2	2.2	100.0	51	41.3	23.7	35.1	100.0	51
Richest	32.3	50.0	17.8	0.0	100.0	49	29.1	37.9	33.1	100.0	49
Source of drinking water											
Piped	0.0	67.9	32.1	0.0	100.0	2	0.0	32.1	67.9	100.0	2
Protected well	32.8	44.8	22.0	0.4	100.0	295	33.1	23.0	43.9	100.0	295
Open well	49.8	0.0	50.2	0.0	100.0	2	0.0	0.0	100.0	100.0	2
Surface	39.3	42.4	18.3	0.0	100.0	20	28.7	31.9	39.3	100.0	20
Other (rainwater/ bottled water/ missing)	0.0	14.4	85.6	0.0	100.0	4	0.0	43.0	57.0	100.0	4
Project areas	32.7	44.1	22.8	0.4	100.0	323	32.0	23.7	44.3	100.0	323
Non-project areas	40.3	37.3	21.8	0.6	100.0	183	32.5	24.0	43.6	100.0	183

CHAPTER 8. INFANT FEEDING

This chapter presents the survey results related to infant feeding practices, including the initiation of breastfeeding, introduction of complementary weaning food, and duration of breastfeeding. Infant feeding affects both the mother – by influencing postpartum infertility and overall fertility levels – and the child – by influencing nutritional status and overall health.

8.1 Initiation of Breastfeeding

Infant feeding is important for the proper physical and mental development of the child. It is recommended that children be fed colostrum (the first breast milk) immediately after birth and continue to breastfeed exclusively for several months thereafter to convey natural immunities to the child.

Table 8.1 shows the proportion of children born in the five years preceding the survey who were ever breastfed and the proportion who started breastfeeding within one hour and within one day of birth by select background characteristics. Although nearly all living children in both project and non-project areas born in the last five years were ever breastfed, less than one-third in project and non-project areas started doing so within one hour of birth. Three quarters in either domain started breastfeeding within one day of birth. Variations in the breastfeeding practices by sex and division were negligible. Immediate breastfeeding increased in both project and non-project areas from 2001 to 2003. For instance, in 2001 approximately 25% of children in project areas were breastfed within one hour of birth (about 6 percentage points lower than the 2003 figure).

Mothers with higher levels of education were more likely to start breastfeeding within one hour or one day of birth. For instance, of children with college/university-educated mothers, about 39% received breast milk within one hour of birth, while the corresponding figure for those of uneducated mothers was about 28%. Somewhat higher proportions of children delivered by medically trained personnel received breast milk within one hour. Boys were slightly more likely to be breastfed within one hour of birth. The patterns of initiation of breastfeeding by background characteristics were more or less unchanged since 2001.

Table 8.1 Initial breastfeeding

Percentage of last born children in the five years preceding the survey who were ever breastfed, who started breastfeeding within one hour and within one day of birth, and who received a prelacteal feed, by background characteristics, by project and non-project areas, 2003.

Background Characteristic	Percentage ever breastfed	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth	Number of children
Sex of child				
Male	97.4	31.5	76.5	1,922
Female	98.2	29.8	75.5	1,842
Domains				
Chittagong/Sylhet	97.8	34.1	85.3	1,077
Khulna/Barisal	98.4	25.3	73.3	391
Dhaka	97.4	29.8	73.2	1,505
Rajshahi	98.1	30.3	70.0	790
Highest educational level				
No education	97.8	28.2	74.2	1,891
Primary	97.8	31.5	77.5	1,078
Secondary	97.9	35.1	78.4	742
Higher secondary	96.9	39.2	73.3	34
College/University	96.9	38.9	93.7	17
Household asset quintile				
Poorest	97.8	30.2	75.3	892
2	98.0	28.1	72.4	830
3	97.7	30.1	75.8	692
4	97.5	32.1	75.0	698
Richest	97.8	33.6	83.1	651
Assistance at delivery				
Medically trained	95.9	35.4	74.6	274
Traditional midwife	97.9	29.8	77.3	2,867
Other	97.9	32.9	70.7	578
No one	98.8	27.3	69.2	44
Place of delivery				
Health facility	94.6	32.2	70.6	210
At home	98.0	30.6	76.4	3,550
Other	100.0	0.0	66.0	3
Project areas	97.8	30.7	76.0	3,763
Non-project areas	98.4	30.5	74.3	2,162

8.2 Exclusive Breastfeeding and Timing of Introduction of Supplementary Foods

The timing of breastfeeding and introduction of complementary foods has important health implications. Breast milk is uncontaminated and contains all the nutrients needed by children in the first few months of life. It is recommended that very young children be exclusively breastfed. Tables 8.2A and 8.2B provide the proportion of project and non-project area children less than three years of age by breastfeeding status (according to their age in months). The prevalence of exclusive breastfeeding among children less than six months of age was roughly the same. The exclusive breastfeeding rate was higher among newborns and consistently decreased over subsequent months. About 6% of children age 6 to 9 months – the age at which weaning should be started – in project and non-project areas were exclusively breastfed.

Exclusive breastfeeding increased markedly in NSDP project areas from 2001 (by 9.4 percentage points from 37.9% in 2001). This was a considerably larger change than that observed in non-project areas (an increase of 4.2 percentage points, from 41.0%).

The introduction of supplementary food before four months of age may put infants at risk of malnutrition because other liquids and solid foods are nutritionally inferior to breastmilk. On the other hand, lack of complementary feeding among older children may also be a problem, since children older than 6 months have increasing needs for protein, energy, and micro-nutrients. WHO and the United Nations Children's Fund (UNICEF) recommend that children be exclusively breastfed (no complementary liquid or solid food or plain water) during the first six months of life and then be given solid (semi-solid) complementary food beginning with the seventh month of life. The standard timely complementary feeding indicator is the percentage of children age 6-9 months who are breastfeeding and receiving complementary foods. Giving other milk to children is acceptable after the first six months, but it is recommended that breastfeeding be continued through the second year of life.

Mothers were asked if their youngest child, who was less than 3 years old and living with them, had been given plain water, water-based liquids/juice, other milk and complementary foods (solids and semi-solids) anytime during the 24 hours prior to the interview. The data presented in Table 8.2A and 8.2B show improvement in the appropriate timing for the introduction of complementary food in project and non-project areas from 2001 levels. In both, the introduction of complementary food in addition to breast milk among children of age 6-9 months increased by about 2 percentage points from 2001 to 2003 – from 56.6% in project areas and from 51.9% in non-project areas. Moreover, the proportion of children less than six months old who had started complementary food decreased in both the project areas (from 19.3%) and the non-project areas (from 20.4%).

Table 8.2A Breastfeeding status by age, rural NSDP

Percent distribution of youngest child under 3 years of age who is living with the mother by breastfeeding status, according to child's age in months, 2003.

Child's age in months	Breastfeeding and: Not breast-feeding	Exclusively breastfed	Plain water only	Water based liquids, juice	Milk	Complementary foods	Total	Number of children
Age								
<2	1.3	68.3	12.6	7.6	8.9	1.2	100.0	86
2-3	2.4	50.4	13.8	5.0	13.6	14.8	100.0	131
4-5	0.7	32.5	16.8	7.5	12.4	30.2	100.0	149
6-7	0.0	7.2	13.1	6.2	15.9	57.6	100.0	156
8-9	0.6	4.8	19.5	4.7	10.6	59.8	100.0	184
10-11	3.2	2.0	10.8	1.2	7.2	75.7	100.0	138
12-15	1.3	1.1	9.4	1.4	3.5	83.3	100.0	240
16-19	5.3	0.7	3.6	0.0	3.0	87.4	100.0	305
20-23	6.6	0.0	2.2	0.7	0.7	89.9	100.0	321
24-27	19.2	0.0	1.3	0.0	1.4	78.2	100.0	250
28-31	30.3	0.0	1.1	0.0	0.9	67.8	100.0	257
32-35	33.3	0.0	0.0	0.4	0.4	65.9	100.0	266
Age								
<6	1.5	47.3	14.7	6.6	12.0	17.9	100.0	365
6-9	0.3	5.9	16.5	5.4	13.0	58.8	100.0	340

Table 8.2B Breastfeeding status by age, non-rural NSDP areas

Percent distribution of youngest child under 3 years of age who is living with the mother by breastfeeding status, according to child's age in months, 2003.

Child's age in months	Breastfeeding and: Not breast-feeding	Exclusively breastfed	Plain water only	Water based liquids, juice	Milk	Complementary foods	Total	Number of children
Age								
<2	0.0	78.4	8.4	4.1	7.3	1.8	100.0	58
2-3	0.0	34.6	18.1	21.0	14.9	11.4	100.0	87
4-5	0.0	32.9	16.1	8.3	20.1	22.6	100.0	82
6-7	2.8	7.8	19.7	2.8	16.5	50.3	100.0	94
8-9	0.0	2.9	19.2	3.5	16.6	57.8	100.0	114
10-11	0.0	3.4	3.6	2.6	4.8	85.7	100.0	94
12-15	3.2	1.4	3.0	0.0	9.5	83.0	100.0	135
16-19	3.0	2.3	2.6	0.0	1.3	90.8	100.0	172
20-23	9.5	0.0	0.0	0.7	1.3	88.5	100.0	173
24-27	20.9	0.0	0.0	0.0	0.6	78.4	100.0	127
28-31	36.7	0.0	0.0	0.0	0.0	63.3	100.0	153
32-35	35.4	0.0	0.0	0.0	0.0	64.6	100.0	167
Age								
<6	0.0	45.2	14.9	12.1	14.8	13.0	100.0	227
6-9	1.3	5.1	19.4	3.2	16.5	54.4	100.0	208

8.3 Duration of Breastfeeding

Table 8.3 provides median and mean duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding in the five years preceding the survey among children who resided with their mother, by select background characteristics.

Table 8.3 Median duration and frequency of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among youngest child under five years living with the mother, by selected background characteristics, by project and non-project areas, 2003.

Background Characteristic	Any breastfeeding	Exclusive breastfeeding	Predominant breastfeeding	Number of children
Sex of child				
Male	40.0	2.2	4.1	1,836
Female	37.0	2.4	5.2	1,738
Domains				
Chittagong/Sylhet	27.0	3.3	5.6	1,019
Khulna/Barisal	38.0	2.9	5.0	378
Dhaka	43.0	1.8	3.9	1,425
Rajshahi	44.0	2.1	4.0	753
Highest educational level				
No education	40.0	2.4	4.5	1,776
Primary	36.0	2.6	4.6	1,034
Secondary	31.0	1.3	4.3	714
Higher secondary	22.0	2.2	2.2	33
College/University	17.0	4.5	4.5	17
Household asset quintile				
Poorest	38.0	2.7	5.7	825
2	39.0	1.4	4.7	796
3	41.0	2.6	4.4	661
4	40.0	2.8	4.7	667
Richest	30.0	1.9	3.1	626
Project - non project areas				
Project areas	38.0	2.3	4.5	3,574
Non-project areas	36.0	2.2	4.9	2,071
Means				
Mean for project areas	39.2	4.2	7.9	99.3
Mean for non-project areas	37.7	4.1	6.9	99.6

The overall median length of any breastfeeding in NSDP project areas was 38 months with some variation by background characteristics, such as place of residence, education and sex of the child. The median duration of breastfeeding was slightly lower in non-project areas (36 months). The median duration of any breastfeeding depended on the educational level of the mothers, with the median duration declining with increasing levels of education. The median duration of any breastfeeding in project area was 40 months among last-born children with uneducated mothers. The corresponding figure was 17 months among those having university/college-educated mothers. Some variation in the median duration of breastfeeding was also apparent, with a peak in Rajshahi (44.0 months) and a low in Chittagong/Sylhet (27 months).

A child is considered predominantly breastfed if he/she is either exclusively breastfed or received breast milk and plain water, water-based liquids, and/or juice only (excludes other milk). The median lengths of exclusive breastfeeding and predominant breastfeeding in 2003 in project area were 2.3 and 4.5 months respectively. This was a moderate increase from 1.2 months of exclusive and 4.4 months of predominant breastfeeding in the 2001 RSDP Evaluation Survey. However, the median length of exclusive breastfeeding in non-project areas registered a slight decrease from 3.7 months in 2001 to 2.2 months in 2003.

CHAPTER 9. AWARENESS AND USE OF NSDP CLINICS

One of the major objectives of the 2003 NSDP evaluation survey was to assess awareness and use of NSDP satellite and static clinics. Respondents' awareness of the service providers/facilities sheds light on the effectiveness of the program and its outreach strategies. This chapter assesses the knowledge and awareness on the part of ever-married women age 10-49 years of NSDP health services/providers, the location of clinics, and the availability of services provided through the network of NSDP clinics, satellite clinics, and depotholders. It also examines utilization of these facilities/providers for ESP services and the quality of the services for women with select background characteristics.

9.1 Awareness of Smiling Sun

The use of a health care facility for primary health care services depends to a significant extent on the level of awareness of the types of services provided. The Smiling Sun logo is used by NSDP clinics to create awareness among local populations of NSDP facilities and services. The Smiling Sun logo has two objectives: (1) to inform people that NSDP facilities provide ESP services and (2) to create awareness that clinics/sites marked with a Smiling Sun logo provide ESP services with special care and a smile. Each respondent was asked if she recognized such a logo, and if so, where she had seen it.

Table 9.1 provides the percentage distribution of those who reported having seen the Smiling Sun symbol or logo according to select background characteristics by rural NSDP and non-NSDP comparison areas. Overall, 60.8% of project area women knew the Smiling Sun logo. Awareness was highest in Rajshahi and lowest in Chittagong/Sylhet. It was significantly higher among the better educated; almost all of those with a secondary education or better recognized the symbol (against only half with no education). Awareness was also higher among wealthier women; three-fourths of those in the highest asset quintile recognized the Smiling Sun logo (against half in the lowest one).

Table 9.1 Awareness of Smiling Sun symbol

Percentage of women reporting having seen the Smiling Sun logo according to background characteristics, rural NSDP and rural non-project areas, 2003.

	Project Areas		Non-project Areas	
	Yes	Number	Yes	Number
Domains				
Chittagong /Sylhet	53.3	1,898	-	-
Khulna/Barisal	62.6	849	-	-
Dhaka	61.1	2,992	-	-
Rajshahi	67.6	1,769	-	-
Highest educational level				
No education	51.4	4,067	26.8	2,118
Primary	64.6	2,018	45.2	1,249
Secondary	81.5	1,344	69.6	931
Higher secondary	95.9	53	93.2	55
College/University	100.0	25	91.8	19
Household asset quintile				
Poorest	51.7	1,525	24.1	875
2	55.9	1,510	30.3	875
3	56.5	1,473	37.5	875
4	65.8	1,499	50.0	875
Richest	74.2	1,499	69.6	873
Total	60.8	7,507	42.3	4,372

Unsurprisingly, awareness of the Smiling Sun logo was lower among women in non-project areas. Just over 40% in non-NSDP areas, as compared with roughly 60% in NSDP areas, recognized the logo. As in project areas, there was a positive association between awareness of the symbol and education and socioeconomic status.

Table 9.2 provides the percentage of women who reported seeing the Smiling Sun logo at various sites by sources of awareness according by socioeconomic status and project/non-project areas. Almost three quarters of women in NSDP areas reported seeing the symbol on signboards at health clinics, while roughly a fifth reported doing so on posters or television advertisements. Less than 10% reported seeing the symbol on billboards or on television in a drama. The sources of awareness were roughly the same across socioeconomic strata. However, television advertisement was a more prominent source of awareness for women in higher asset quintiles. Among those women in non-project areas who reported seeing the Smiling Sun logo, the main sources of awareness were signboards at health clinics (about 60%), television advertisements (35%), posters (17%) and, finally television drama or billboards (less than 10% each).

Table 9.2 Source of awareness of Smiling Sun symbol

Percentage of women reporting having seen the Smiling Sun logo by source, according to household asset quintile, by project and non-project areas, 2003.

	Household Asset Quintile					
	Poorest	2	3	4	Richest	Total
Project areas						
Where has seen symbol						
On television in an advertisement	7.5	9.0	11.5	18.5	39.2	18.6
On television in a drama	1.0	1.7	3.7	4.3	11.2	4.8
On a poster	21.2	20.2	24.4	21.6	20.0	21.4
On a pamphlet or brochure	5.1	2.7	3.2	3.5	3.9	3.7
On a billboard sign	6.4	8.0	7.0	8.7	8.3	7.7
On a sign at a health clinic	74.7	76.7	76.3	73.5	68.4	73.6
Other	2.0	2.0	2.4	2.3	1.8	2.1
Number	789	844	832	987	1,113	4,565
Non-project areas						
Where has seen symbol						
On television in an advertisement	9.5	18.9	23.2	36.2	57.5	35.4
On television in a drama	3.9	4.1	3.4	9.3	17.3	9.5
On a poster	23.9	19.3	21.7	18.6	11.2	17.4
On a pamphlet or brochure	2.9	4.6	4.2	2.2	4.0	3.6
On a billboard sign	7.4	6.4	8.4	9.1	7.1	7.8
On a sign at a health clinic	66.8	73.5	62.1	62.4	57.0	62.6
Other	1.1	1.6	5.7	0.9	0.3	1.7
Number	211	265	328	438	607	1,848

9.2 Awareness of Temporary/Satellite Clinics

In both the 2001 and 2003 rural evaluation surveys, questions were asked of ever-married women regarding their awareness and use of NSDP health care providers. In the 2001 survey, women were asked if they knew of any satellite clinics that served their area and whether they had used them in the past three months. Women could provide information on RSDP clinics, government clinics, or other NGO clinics. In this manner, information on RSDP satellite clinics was obtained from women based solely on spontaneous reporting of RSDP clinics. While the intent of the surveys was the same, the structure of the 2003 questionnaire differed slightly. In the 2003 survey, women were directed to different sets of questions based on the areas in which they lived – NSDP project, government comparison or BPHC area. If a woman did not spontaneously report awareness of an NSDP clinic, she was asked if she was aware of one. If she was, she was asked a series of questions about her experiences with NSDP services. If she was not, she was asked the same set of questions about awareness and use of services at the clinic type she had spontaneously mentioned. By probing respondents about specific clinics, this method may tend to over-report awareness of NSDP services relative to other types of clinics.

Women were asked whether they knew of a temporary/satellite clinic in their area. If they did, they were then asked if the temporary/satellite clinic was held during the past three months and, if so, about the type of clinic. This set of questions was also in the 2001 evaluation and 1998 baseline surveys. Table 9.3 presents these proportions by background characteristics for the NSDP project and non-NSDP comparison areas.

In rural NSDP project areas, 88% of respondents were aware of temporary satellite clinics in their areas, and of these, about 85% indicated that the clinics were conducted in their area during the past three months. Among those who knew of a satellite clinic held in the last three months, approximately 90% identified it as an NSDP satellite clinic, while a far smaller number identified it as a government clinic. Awareness of any satellite clinics held in the area increased by 7.3 percentage points from 80.7% in 2001. Awareness of satellite clinics held in the last three months increased by 5 percentage points. Awareness of temporary clinics did not vary much by age or education. It was highest in Khulna/Barisal and lowest in Dhaka.

Knowledge and awareness of temporary/satellite clinics was lower in non-project areas. About 80% of women in non-project areas were aware of temporary clinics in their area. Of these, roughly the same margin reported a temporary clinic held in their area in the past three months. It was nearly always described as a government temporary/satellite clinic. Highly educated women were less aware of temporary clinics. There does not appear to have been substantial variation in knowledge across socioeconomic strata. The small percentage (4.6%) identified as NSDP clinics was most likely due to the close proximity of non-project areas to NSDP project areas.

Table 9.3 Knowledge and awareness of temporary and satellite clinics

Percentage of women who are aware of a temporary or satellite clinic in their area, who know whether such a clinic was held in the last three months and type of temporary/satellite clinic held in the last three months, by background characteristics, project and non-project areas, 2003.

	Knowledge of Temporary Clinics									
					Type of Temporary/Satellite Clinic					
	Aware of temporary clinics	Number of women	Clinic held in last three months	Number of women knowing of temp. clinics	NSDP Satellite Clinic	Government	BPHC	Other	DK/missing	Number of women reporting clinics in last 3 months
PROJECT AREAS										
Age										
15-19	82.1	997	83.9	819	94.2	7.3	0.2	0.0	0.0	687
20-24	89.9	1,330	85.8	1,196	93.4	9.1	0.2	0.0	0.3	1,026
25-29	91.5	1,322	84.8	1,209	94.2	6.8	0.3	0.0	0.1	1,026
30-39	90.2	1,252	88.0	1,129	94.8	6.7	0.3	0.1	0.0	993
40-49	87.5	2,515	85.3	2,200	93.0	8.7	0.1	0.0	0.1	1,876
Marital status										
Currently married	88.2	7,057	85.7	6,227	93.9	7.7	0.2	0.0	0.1	5,338
Separated	86.1	63	90.1	54	97.8	6.6	0.0	0.0	0.0	49
Deserted	81.3	23	77.4	19	92.8	7.2	0.0	0.0	0.0	15
Divorced	91.3	68	85.1	62	91.7	8.3	0.0	0.0	0.0	53
Widowed	82.2	295	80.2	243	89.2	13.3	0.0	0.0	0.5	195
Highest educational level										
No education	88.5	4,067	85.2	3,600	93.5	7.7	0.1	0.0	0.1	3,069
Primary	89.3	2,018	84.9	1,802	94.0	8.3	0.2	0.0	0.0	1,530
Secondary	84.7	1,344	87.4	1,138	93.7	7.8	0.4	0.0	0.2	995
Higher secondary	85.7	53	88.0	45	100.0	5.5	0.0	0.0	0.0	40
College/University	78.4	25	77.5	20	89.5	17.6	0.0	0.0	0.0	15
Household asset quintile										
Poorest	87.7	1,525	86.1	1,337	94.6	6.4	0.2	0.0	0.2	1,151
2	89.4	1,510	84.5	1,351	94.5	7.1	0.1	0.1	0.1	1,141
3	89.5	1,473	86.7	1,319	93.4	8.1	0.1	0.0	0.0	1,144
4	87.3	1,499	85.8	1,309	93.3	9.1	0.2	0.0	0.1	1,123
Richest	86.0	1,499	84.6	1,290	92.7	8.8	0.2	0.0	0.0	1,091

Table 9.3 Knowledge and awareness of temporary and satellite clinics (continued)

	Knowledge of Temporary Clinics									
					Type of Temporary/Satellite Clinic					
	Aware of temporary clinics	Number of women	Clinic held in last three months	Number of women knowing of temp. clinics	NSDP Satellite Clinic	Government	BPHC	Other	DK/ missing	Number of women reporting clinics in last 3 months
Domains										
Chittagong/Sylhet	88.6	1,898	86.2	1,681	93.1	10.5	0.0	0.0	0.0	1,448
Khulna/Barisal	90.4	849	85.8	767	95.7	4.7	1.5	0.1	0.1	659
Dhaka	86.9	2,992	83.2	2,601	93.6	7.6	0.0	0.0	0.1	2,163
Rajshahi	88.0	1,769	88.6	1,557	93.7	7.2	0.0	0.1	0.2	1,379
Total	88.0	7,507	85.5	6,605	91.8	7.9	0.2	0.0	0.1	5,649
NON PROJECT AREAS										
Age										
15-19	74.2	500	79.9	371	4.3	96.1	0.0	0.0	0.3	296
20-24	78.4	807	81.0	633	3.4	96.9	0.1	0.0	0.2	513
25-29	80.5	748	82.4	602	5.3	96.2	0.0	0.4	0.0	496
30-39	83.0	781	78.8	648	5.3	96.0	0.0	0.0	0.0	510
40-49	79.8	1,493	81.3	1,192	4.7	96.3	0.0	0.0	0.2	969
Marital status										
Currently married	79.6	4,134	80.8	3,291	4.7	96.4	0.0	0.1	0.1	2,659
Separated	68.8	42	63.7	29	6.2	93.8	0.0	0.0	0.0	18
Deserted	66.6	13	91.3	9	9.9	90.1	0.0	0.0	0.0	8
Divorced	76.4	35	81.5	27	5.2	94.8	0.0	0.0	0.0	22
Widowed	77.9	147	84.0	115	2.4	97.6	0.0	0.0	0.0	97
Highest educational level										
No education	81.2	2,118	81.1	1,720	5.3	95.5	0.1	0.1	0.1	1,395
Primary	79.2	1,249	82.4	990	4.7	96.6	0.0	0.0	0.1	816
Secondary	75.8	931	78.5	706	3.0	98.0	0.0	0.1	0.1	554
Higher secondary	74.1	55	66.5	41	0.0	100.0	0.0	0.0	0.0	27
College/University	78.7	19.0	80.6	15	0.0	100.0	0.0	0.0	0.0	12

Table 9.3 Knowledge and awareness of temporary and satellite clinics (continued)

	Knowledge of Temporary Clinics									
	NON-PROJECT AREAS (continued)									
					Type of Temporary/Satellite Clinic					
	Aware of temporary clinics	Number of women	Clinic held in last three months	Number of women knowing of temp. clinics	NSDP Satellite Clinic	Government	BPHC	Other	DK/ missing	Number of women reporting clinics in last 3 months
Household asset quintile										
Poorest	79.1	875	77.2	693	4.0	96.4	0.1	0.0	0.0	535
2	78.8	875	83.7	690	5.4	95.7	0.0	0.0	0.1	577
3	81.6	875	82.6	714	4.0	96.7	0.0	0.0	0.2	589
4	78.2	875	83.1	684	5.0	96.4	0.0	0.1	0.2	568
Richest	79.1	873	77.4	690	4.5	96.5	0.0	0.3	0.1	534
Total	79.4	4,372	80.8	3,470	4.6	95.2	0.0	0.1	0.1	2,804

9.3 Knowledge of ESP Services at Satellite Clinics

Respondents who were aware of temporary/satellite clinics were asked about the types of services available at the clinics. This set of questions was also asked in the 2001 evaluation survey as well as in the 1998 baseline survey. Table 9.4 provides the distribution of specific types of services available at satellite clinics (based on the reports of women aware of a satellite clinic in their area in the past three months).

Table 9.4 Knowledge of ESP services at temporary/satellite clinics

Percentage of women who identify specific services at temporary/satellite clinics, Project and non-project areas, 2003 .

	Project Areas				Non-project Areas		
Services	NSDP Satellite Clinic	Government Satellite Clinic	BPHC	Other	NSDP Satellite Clinic	Government Satellite Clinic	Other
What services are available							
Family planning	80.1	46.3	66.7	0.0	85.6	57.9	36.5
..Clinical methods	64.3	28.6	46.7	0.0	76.8	42.4	36.5
..Non clinical methods	59.5	33.3	53.3	0.0	59.3	40.2	36.5
..Advise for side effects	3.9	1.7	6.7	0.0	0.0	2.6	0.0
Maternal health	84.3	84.6	60.0	32.1	85.0	82.4	100.0
..Antenatal care	62.0	37.1	53.3	32.1	57.9	39.8	100.0
..Postnatal care	5.0	3.8	0.0	0.0	1.2	3.3	0.0
..Tetanus	61.2	71.5	26.7	32.1	65.9	69.6	100.0
Child health	86.9	95.2	86.7	32.1	91.8	96.7	100.0
..EPI	70.0	92.0	60.0	0.0	83.0	90.9	100.0
..Diarrhea treatment	10.1	7.1	0.0	0.0	3.2	6.1	0.0
..ARI treatment	0.8	0.0	0.0	0.0	1.9	0.7	0.0
..Vitamin A	27.8	41.3	20.0	0.0	17.9	39.5	0.0
..General illnesses	26.6	12.5	26.7	32.1	29.8	17.8	63.5
..Other child care	5.5	2.4	6.7	32.1	0.0	4.5	0.0
Other reproductive health	0.1	0.5	0.0	0.0	0.0	0.1	0.0
..Treatment of RTI/STD	0.1	0.5	0.0	0.0	0.0	0.1	0.0
General health	12.2	7.3	33.3	67.9	3.3	7.8	63.5
Other	0.1	0.0	0.0	0.0	0.0	0.4	0.0
DK/missing	1.0	0.6	6.7	0.0	3.5	0.8	0.0
Number	5,295	342	8	2	96	2,702	2

Note: Numerator is number of women knowing of a specific service; denominator is number of women knowing of a specific satellite clinic and having had a clinic in their areas in the last three months.

Over 80% were aware that the satellite clinic provided family planning, maternal health, and child health (with a slightly smaller proportion, 70%, reporting awareness of EPI services). However, only about one in 10 were aware that NSDP satellite clinics provided general health care. About the same margin identified specific child curative services such as diarrhea or ARI treatment, though such responses may have been subsumed into more general categories such as child health for general illnesses (26.6%).

In rural NSDP project areas, slightly less than half of women who knew of government temporary clinics were aware of the availability of family planning services (as compared to eight in 10 of those attending NSDP satellite clinics). However, awareness of maternal health at government clinics was similar to that for NSDP clinics, while awareness of child health and EPI services was actually higher. The patterns of awareness of healthcare services provided by government clinics was similar among women who lived in rural NSDP project areas and those who lived in non-project areas.

Table 9.5 provides the percentage of women who could name ESP services at satellite clinics by select background characteristics. In rural NSDP project areas, over 80% of women reported the availability of family planning, maternal health and child health services at NSDP satellite clinics. In the non-project areas, the proportions were similar.

Awareness of family planning at NSDP satellite clinics was higher among currently married and more educated women. There does not appear to have been any relationship between socioeconomic status and awareness of most services, with the exception of child health services. Awareness of maternal and child health services increased with education and with the number of children. There were no clear patterns of awareness across the divisions.

Awareness of several services at NSDP satellite clinics improved since the 2001 Survey. For example, the proportion of women reporting that family planning services were offered at NSDP satellite clinics increased from 65.8% in 2001 to 80.1% in 2003, while the proportion reporting availability of child health services increased from 82.3% to 86.9%.

Table 9.5 Knowledge of ESP services at temporary/satellite clinics

Percentage of women who can name ESP services at temporary/satellite clinics by selected background characteristics, project and non-project Areas, 2003.

Background characteristic	Type of clinic: NSDP Satellite Clinic — Family planning	Maternal health	Child health	Other reproductive health	Number	Government Satellite Clinic — Family planning	Maternal health	Child health	Other reproductive health	Number	BPHC — Family planning	Maternal health	Child health	Number	Other — Family planning	Maternal health	Child health	Number
							PROJECT AREAS											
Age																		
15-19	75.4	85.1	85.2	0.2	647	47.2	84.5	90.2	0.0	39	100.0	100.0	100.0	1	-	-	-	0
20-24	81.6	87.7	89.4	0.2	958	40.3	81.6	94.3	0.8	68	100.0	0.0	0.0	1	-	-	-	0
25-29	82.7	83.8	86.7	0.1	966	47.1	86.4	98.1	0.0	56	60.0	60.0	100.0	3	-	-	-	0
30-39	81.9	84.5	86.4	0.1	941	47.2	92.2	100.0	0.0	48	60.0	60.0	100.0	3	0.0	0.0	0.0	1
40-49	78.6	82.5	86.8	0.1	1,744	49.1	83.2	94.1	0.9	129	66.7	66.7	66.7	2	0.0	100.0	100.0	1
Marital status																		
Currently married	80.7	84.6	87.0	0.1	5,012	47.2	85.4	95.8	0.5	316	66.7	60.0	86.7	8	0.0	32.1	32.1	2
Separated	72.6	80.5	82.9	0.0	48	0.0	0.0	100.0	0.0	1	-	-	-	0	-	-	-	0
Deserted	83.7	75.7	67.9	0.0	14	0.0	100.0	100.0	0.0	1	-	-	-	0	-	-	-	0
Divorced	74.1	76.5	83.0	0.0	49	24.2	50.0	100.0	0.0	4	-	-	-	0	-	-	-	0
Widowed	64.5	80.8	87.4	0.0	173	40.5	83.9	83.9	0.0	20	-	-	-	0	-	-	-	0
Highest educational level																		
No education	80.3	82.9	86.9	0.1	2,871	49.0	84.0	94.9	0.9	194	100.0	66.7	66.7	2	0.0	0.0	0.0	1
Primary	80.3	85.1	86.2	0.2	1,439	46.0	82.3	92.6	0.0	88	20.0	20.0	80.0	3	0.0	100.0	100.0	1
Secondary	78.5	87.6	87.7	0.1	932	38.8	89.7	100.0	0.0	59	85.7	85.7	100.0	4	-	-	-	0
Higher secondary	90.3	79.5	89.1	0.0	40	-	-	-	-	0	-	-	-	0	-	-	-	0
College/University	84.4	88.3	96.1	0.0	14	0.0	100.0	100.0	0.0	2	-	-	-	0	-	-	-	0
Household asset quintile																		
Poorest	79.7	81.6	87.0	0.0	1,089	42.5	85.3	98.2	0.0	59	33.3	33.3	100.0	2	-	-	-	0
2	81.9	84.3	88.5	0.4	1,078	55.4	78.7	94.6	0.9	61	0.0	0.0	100.0	1	0.0	0.0	0.0	1
3	80.0	85.4	86.5	0.1	1,069	51.9	85.2	90.3	0.0	74	50.0	50.0	100.0	1	-	-	-	0
4	80.7	84.0	86.1	0.2	1,048	42.8	86.6	96.2	1.6	73	100.0	75.0	75.0	2	-	-	-	0
Richest	77.8	86.5	86.3	0.0	1,011	39.8	86.5	97.2	0.0	76	80.0	80.0	80.0	3	0.0	100.0	100.0	1
Number of living children																		
0	70.5	80.8	80.1	0.0	449	36.7	80.4	85.6	0.0	22	50.0	50.0	100.0	1	-	-	-	0
1	80.8	88.7	86.7	0.2	969	38.4	84.5	95.6	0.0	77	100.0	100.0	100.0	1	-	-	-	0

Table 9.5 Knowledge of ESP services at temporary/satellite clinics (continued)

Percentage of women who can name ESP services at temporary/satellite clinics by selected background characteristics, project and non-project Areas, 2003.

Background characteristic	Type of clinic: NSDP Satellite Clinic					Government Satellite Clinic					BPHC				Other			
	Family planning	Maternal health	Child health	Other reproductive health	Number	Family planning	Maternal health	Child health	Other reproductive health	Number	Family planning	Maternal health	Child health	Number	Family planning	Maternal health	Child health	Number
PROJECT AREAS																		
Age																		
2	82.5	83.5	88.4	0.2	1,188	51.2	80.4	95.2	0.8	70	100.0	66.7	66.7	2	-	-	-	0
3	81.6	84.7	87.7	0.2	1,044	47.7	89.9	98.5	0.0	70	66.7	66.7	100.0	3	0.0	100.0	100.0	1
4+	79.5	83.1	87.2	0.1	1,645	49.7	85.0	94.8	1.1	104	33.3	33.3	66.7	2	0.0	0.0	0.0	1
Domains																		
Chittagong/Sylhet	75.1	84.6	85.4	0.0	1,349	40.3	85.8	97.8	0.0	99	-	-	-	0	-	-	-	0
Khulna/Barisal	89.3	80.7	81.9	0.3	630	41.7	80.6	94.4	2.8	19	66.7	60.0	86.7	8	0.0	100.0	100.0	1
Dhaka	78.2	84.5	89.6	0.3	2,025	48.8	82.9	94.6	0.0	138	-	-	-	0	-	-	-	0
Rajshahi	83.6	85.5	86.7	0.0	1,291	50.0	86.8	93.4	1.3	86	-	-	-	0	0.0	0.0	0.0	1
Total	80.1	84.3	86.9	0.1	5,295	46.3	84.6	95.2	0.5	342	66.7	60.0	86.7	8	0.0	32.1	32.1	2
NON PROJECT AREAS																		
Age																		
15-19	100.0	92.7	89.3	0.0	11	52.6	81.5	94.7	0.0	285	-	-	-	0	-	-	-	0
20-24	84.3	92.4	89.8	0.0	15	60.4	86.2	96.7	0.2	497	-	-	-	0	-	-	-	0
25-29	93.7	66.1	93.7	0.0	17	63.5	84.4	97.5	0.0	477	-	-	-	0	36.5	100.0	100.0	2
30-39	75.7	94.4	96.2	0.0	21	60.9	82.0	97.2	0.0	490	-	-	-	0	-	-	-	0
40-49	83.8	82.7	89.8	0.0	33	53.7	79.6	96.8	0.1	934	-	-	-	0	-	-	-	0
Marital status																		
Currently married	86.0	87.9	92.5	0.0	91	58.7	82.8	96.7	0.0	2,562	-	-	-	0	36.5	100.0	100.0	2
Separated	100.0	0.0	100.0	0.0	1	47.9	87.3	95.5	4.5	17	-	-	-	0	-	-	-	0
Deserted	100.0	100.0	100.0	0.0	1	51.6	57.6	84.1	0.0	7	-	-	-	0	-	-	-	0
Divorced	0.0	0.0	0.0	0.0	1	41.2	89.0	100.0	0.0	21	-	-	-	0	-	-	-	0
Widowed	100.0	50.0	100.0	0.0	2	41.2	71.2	99.2	0.0	94	-	-	-	0	-	-	-	0
Highest educational level																		
No education	83.4	82.8	88.6	0.0	60	56.2	82.0	96.9	0.0	1,332	-	-	-	0	0.0	100.0	100.0	1
Primary	91.3	88.7	100.0	0.0	27	59.9	83.1	96.9	0.1	788	-	-	-	0	-	-	-	0
Secondary	83.5	88.0	88.0	0.0	10	58.5	82.9	96.1	0.1	543	-	-	-	0	100.0	100.0	100.0	1
Higher secondary	-	-	-	-	0	74.2	77.2	96.1	0.0	27	-	-	-	0	-	-	-	0
College/University	-	-	-	-	0	48.4	69.4	91.2	0.0	12	-	-	-	0	-	-	-	0

Table 9.5 Knowledge of ESP services at temporary/satellite clinics (continued)

Percentage of women who can name ESP services at temporary/satellite clinics by selected background characteristics, project and non-project Areas, 2003.

Background characteristic	Type of clinic: NSDP Satellite Clinic — Family planning	Maternal health	Child health	Other reproductive health	Number	Government Satellite Clinic — Family planning	Maternal health	Child health	Other reproductive health	Number	BPHC — Family planning	Maternal health	Child health	Number	Other — Family planning	Maternal health	Child health	Number
						NON PROJECT AREAS												
Household asset quintile																		
Poorest	81.8	78.2	91.8	0.0	19	57.8	81.5	96.3	0.0	515	-	-	-	0	-	-	-	0
2	86.1	74.7	87.7	0.0	24	60.5	81.7	97.8	0.0	553	-	-	-	0	-	-	-	0
3	93.7	93.7	93.7	0.0	18	60.1	83.1	97.0	0.0	570	-	-	-	0	-	-	-	0
4	76.9	87.7	87.7	0.0	19	56.1	83.3	95.9	0.3	548	-	-	-	0	100.0	100.0	100.0	1
Richest	90.4	95.2	100.0	0.0	16	54.7	82.2	96.7	0.0	516	-	-	-	0	0.0	100.0	100.0	1
Number of living children																		
0	54.2	45.8	45.8	0.0	4	48.2	81.2	89.7	0.4	197	-	-	-	0	-	-	-	0
1	86.3	94.2	100.0	0.0	20	58.3	85.2	96.5	0.0	500	-	-	-	0	-	-	-	0
2	91.4	86.1	84.2	0.0	21	63.8	81.7	97.8	0.1	620	-	-	-	0	100.0	100.0	100.0	1
3	74.7	81.4	100.0	0.0	18	60.5	83.5	97.2	0.0	497	-	-	-	0	0.0	100.0	100.0	1
4+	91.7	85.7	93.0	0.0	33	54.2	80.9	97.4	0.0	888	-	-	-	0	-	-	-	0
Domains																		
Chittagong/Sylhet	-	-	-	-	0	-	-	-	-	0	-	-	-	0	-	-	-	0
Khulna/Barisal	-	-	-	-	0	-	-	-	-	0	-	-	-	0	-	-	-	0
Dhaka	-	-	-	-	0	-	-	-	-	0	-	-	-	0	-	-	-	0
Rajshahi	-	-	-	-	0	-	-	-	-	0	-	-	-	0	-	-	-	0
Total	85.6	85.0	91.8	0.0	96	57.9	82.4	96.7	0.1	2,702	-	-	-	0	36.5	100.0	100.0	2

Note: Numerator is number of women knowing of a specific service available; denominator is the number of women knowing of a specific type of satellite clinic and that the clinic was held in the last three months.

9.4 Use of Temporary/Satellite Clinics

In the 2003 RSDP Evaluation Survey, women who knew of a temporary/satellite clinic conducted in their area during the past three months were asked if they had ever used the clinic and, if so, if they had used it in the past three months. The latter set of questions was used to elicit information on satisfaction with care while reducing the possibility of recall bias from use in the distant past. Women who did not report a clinic in their area in the past three months were assumed not to have used the clinics. By asking questions about use of specific types of satellite clinics, comparisons between NSDP and non-NSDP clinics can be made in terms of women's assessments of satisfaction and quality.

Table 9.6 provides the proportion of women who ever used services at satellite clinics by select background characteristics. In the rural NSDP areas, almost half reported ever using an NSDP satellite clinic for ESP services while one in five recalled having done so in the three months preceding their interview. Ever-use of NSDP satellite clinics was highest in Rajshahi and lowest in Dhaka division, though the gaps between divisions were not particularly pronounced. Ever-use and use in the past three months were inversely associated with socioeconomic status. Women in the poorest asset quintile were 8.6 percentage points more likely to have ever used an NSDP satellite clinic and 6.2 percentage points more likely to have used one in the past three months than those in the richest one. Ever-use and use in the past three months was also highest among women in the 20-39 age group. Differences across education levels, with the exception of the relatively few women with a college/university degree, were small.

The use of government satellite clinics in non-project comparison areas – both ever-use and use in the past three months – was slightly lower than for NSDP clinics in project areas. Approximately four in 10 women in non-project areas reported having ever used a government satellite clinic and only a bit more than 10% reported doing so in the past three months. As in NSDP areas, the use of GOB satellite clinics was negatively related to socioeconomic status and education and highest among those aged 20-39.

As compared with the 2001 survey, the 2003 survey showed an increase of 12.7 percentage points (from 35.6% in 2001) in ever use of NSDP satellite clinics, although this may have been due in part to the use of prompting in the 2003 survey. Use in the last three months also increased by about 5 percentage points (from 15.7% in 2001). Ever-use and use in last three months of government satellite clinics in non-project areas rose by 17.2 and 6.0 percentage points, respectively, from 2001 levels.

Table 9.6 Use of temporary/satellite clinics

Percentage of women who have ever used temporary/satellite clinics and who used the clinics in the last three months by selected background characteristics, Project and non-project areas, Bangladesh 2003.

	NSDP Satellite Clinic		Government Satellite Clinic		BPHC		Other	
	Ever used	Used in last three months	Ever used	Used in last three months	Ever used	Used in last three months	Ever used	Number
PROJECT AREAS								
Age								
15-19	42.6	18.7	2.4	1.1	0.1	0.1	0.0	997
20-24	57.4	25.8	4.3	1.5	0.0	0.0	0.0	1,330
25-29	58.4	26.3	3.2	1.0	0.1	0.1	0.0	1,322
30-39	57.0	26.0	2.9	0.9	0.2	0.0	0.0	1,252
40-49	37.4	13.5	3.3	0.6	0.0	0.0	0.0	2,515
Marital status								
Currently married	49.9	21.7	3.3	1.0	0.1	0.0	0.0	7,057
Separated	29.4	6.0	0.0	0.0	0.0	0.0	0.0	63
Deserted	18.7	0.0	4.5	0.0	0.0	0.0	0.0	23
Divorced	26.1	3.2	4.8	0.0	0.0	0.0	0.0	68
Widowed	21.0	3.1	2.9	0.7	0.0	0.0	0.0	295
Highest educational level								
No education	47.9	20.5	3.4	1.0	0.0	0.0	0.0	4,067
Primary	51.3	22.0	2.9	0.9	0.1	0.0	0.0	2,018
Secondary	45.3	19.2	3.2	0.9	0.2	0.1	0.0	1,344
Higher secondary	47.7	21.8	0.0	0.0	0.0	0.0	0.0	53
College/University	30.5	13.3	6.4	0.0	0.0	0.0	0.0	25
Household asset quintile								
Poorest	51.4	23.1	3.1	1.0	0.1	0.0	0.0	1,525
2	49.8	22.7	3.2	0.9	0.0	0.0	0.0	1,510
3	50.5	22.1	3.3	1.0	0.0	0.0	0.0	1,473
4	47.0	18.4	3.4	1.0	0.1	0.1	0.0	1,499
Richest	42.8	16.9	3.2	1.0	0.1	0.0	0.0	1,499
Domains								
Chittagong/Sylhet	46.6	18.6	3.5	0.9	0.0	0.0	0.0	1,898
Khulna/Barisal	51.6	24.3	1.3	0.2	0.7	0.3	0.1	849
Dhaka	46.1	19.2	3.2	1.2	0.0	0.0	0.0	2,992
Rajshahi	52.4	23.5	3.9	1.0	0.0	0.0	0.0	1,769
Total	48.3	20.6	3.2	1.0	0.1	0.0	0.0	7,507

Table 9.6 Use of temporary/satellite clinics (continued)

	NSDP Satellite Clinic		Government Satellite Clinic		BPHC		Other	
	Ever used	Used in last three months	Ever used	Used in last three months	Ever used	Used in last three months	Ever used	Number
NON-PROJECT AREAS								
20-24	1.6	0.8	49.0	19.5	0.0	0.0	0.0	807
25-29	1.8	1.4	50.6	16.7	0.0	0.0	0.2	748
30-39	2.1	1.1	45.8	16.4	0.0	0.0	0.0	781
40-49	1.2	0.4	31.8	7.2	0.0	0.0	0.0	1,493
Marital status								
Currently married	1.7	0.9	42.1	14.2	0.0	0.0	0.0	4,134
Separated	0.0	0.0	19.4	3.7	0.0	0.0	0.0	42
Deserted	0.0	0.0	19.8	0.0	0.0	0.0	0.0	13
Divorced	0.0	0.0	17.9	0.0	0.0	0.0	0.0	35
Widowed	0.0	0.0	26.1	3.4	0.0	0.0	0.0	147
Highest educational level								
No education	1.9	0.9	41.3	12.9	0.0	0.0	0.1	2,118
Primary	1.7	0.9	43.9	14.9	0.0	0.0	0.0	1,249
Secondary	0.7	0.5	37.6	13.5	0.0	0.0	0.0	931
Higher secondary	0.0	0.0	26.8	11.1	0.0	0.0	0.0	55
College/University	0.0	0.0	30.7	10.3	0.0	0.0	0.0	19
Household asset quintile								
Poorest	1.2	0.6	42.3	12.6	0.0	0.0	0.0	875
2	2.0	1.2	45.3	16.0	0.0	0.0	0.0	875
3	1.7	0.6	43.4	16.7	0.0	0.0	0.0	875
4	1.4	0.9	40.0	13.4	0.0	0.0	0.0	875
Richest	1.5	0.8	34.2	9.3	0.0	0.0	0.0	873
Total	1.6	0.8	41.1	13.6	0.0	0.0	0.0	4,373

Note: Numerator is the number of women having ever used or used a temporary/satellite clinic in the past three months; denominator is all women.

9.5 ESP Services Ever Used at Temporary/Satellite Clinics

Women who reported knowing of a satellite clinic in their area, that the clinic had been held in the past three months, and that they had attended the clinic, were asked which services they had ever used while there. Table 9.7 provides the distribution of the prevalence or popularity of different types of services by the type of clinic.

In the rural NSDP areas, women who ever attended an NSDP satellite clinic were particularly likely to report using child health services, EPI, maternal health services, and family planning services. At government satellite clinics in comparison areas, ever-use of family planning was lower, while that of maternal health services was roughly the same and that of child health services (including EPI services) was actually higher (than was the case with NSDP clinics in NSDP areas). There were increases in the ever-use of family planning and child health services from 2001.

Table 9.7 Ever use of ESP services in temporary/satellite clinics

Percentage of women who ever used specific services at temporary/satellite clinics among women who have ever gone to a temporary/satellite clinic, by type of clinic identified, project and non-project areas.

	Project Areas				Non-project Areas		
Services	NSDP Satellite Clinic	Government Satellite Clinic	BPHC	Other	NSDP Satellite Clinic	Government Satellite Clinic	Other
Family planning	42.4	14.1	63.6	0.0	43.8	20.9	0.0
..Clinical methods	32.9	8.7	45.5	0.0	33.7	11.7	0.0
..Non clinical methods	15.3	7.5	27.3	0.0	19.5	10.3	0.0
..Advise for side effects	1.6	0.2	9.1	0.0	2.8	1.0	0.0
Maternal health	46.3	45.7	36.4	100.0	44.8	46.9	100.0
..Antenatal care	19.9	5.1	9.1	100.0	15.1	9.3	100.0
..Postnatal care	1.1	0.0	0.0	0.0	0.0	0.4	0.0
..Tetanus	37.4	42.9	36.4	100.0	42.0	43.7	100.0
Child health	63.5	78.0	36.4	0.0	71.9	79.7	100.0
..EPI	48.1	67.5	36.4	0.0	54.1	66.3	100.0
..Diarrhea treatment	3.5	0.9	0.0	0.0	0.0	2.3	0.0
..ARI treatment	0.2	0.0	0.0	0.0	0.0	0.4	0.0
..Vitamin A	18.2	24.3	0.0	0.0	11.7	25.3	0.0
..General illnesses	13.8	7.4	0.0	0.0	19.9	13.1	0.0
..Other child care	2.5	1.4	0.0	0.0	1.7	2.0	0.0
Other reproductive health	0.3	0.5	0.0	0.0	0.0	0.0	0.0
..Treatment of RTI/STD	0.3	0.5	0.0	0.0	0.0	0.0	0.0
General health	6.3	1.8	9.1	0.0	5.6	4.8	0.0
Other	0.1	0.0	0.0	0.0	0.0	0.1	0.0
Number	3,627	243	6	1	69	1,795	1

Note: Numerator is number of women identifying services ever used at specific satellite clinics; denominator is number of women identifying a specific clinic which occurred in the past three months and who ever used that clinic.

9.6 Referral Information about Satellite/Temporary Clinics

Women who ever went to a satellite clinic for some kind of services were asked whether someone referred them or recommended that they visit a satellite clinic. Table 9.8 provides the percentage of women who were informed in advance about satellite clinics by sources of information, types of clinics, and area of residence.

In rural NSDP areas, close to 90% of users of NSDP clinics were informed in advance by someone. Over 70% were informed by someone from NSDP, with the most common informant being an NSDP depotholder (61.8%). In non-project areas, 83.8% were informed of a government satellite clinic, with the most common source being a family welfare assistant (FWA), 37.4%.

Table 9.8 Referral information about satellite/temporary clinic

Percentage of women who were informed in advance about the temporary/satellite clinic by source of information and type of clinic, project and non-project areas, 2003.

	Project Areas				Non-project Areas		
	NSDP Satellite Clinic	Government Satellite Clinic	BPHC	Other	NSDP Satellite Clinic	Government Satellite Clinic	Other
Who told the respondent							
Health professional	2.4	23.9	0.0	0.0	5.4	39.8	100.0
..Qualified doctor	0.0	0.0	0.0	0.0	0.0	0.0	0.0
..Nurse/midwife	0.1	0.5	0.0	0.0	0.0	0.2	100.0
..Family welfare visitor	0.3	0.4	0.0	0.0	0.0	1.6	0.0
..MA/SACMO	0.1	0.5	0.0	0.0	0.0	0.6	0.0
..FWA	1.9	22.5	0.0	0.0	5.4	37.4	0.0
NSDP	71.8	18.0	9.1	0.0	80.4	1.8	0.0
..Static clinic worker	0.4	0.9	0.0	0.0	0.0	0.0	0.0
..Satellite clinic worker	5.1	1.8	0.0	0.0	1.7	0.1	0.0
..Community mobilizer	4.4	5.2	0.0	0.0	3.9	0.6	0.0
..Depotholder	61.8	10.0	9.1	0.0	74.8	1.1	0.0
Other person	0.1	0.9	0.0	0.0	0.0	1.2	0.0
..Trained traditional birth attendant	0.1	0.9	0.0	0.0	0.0	1.0	0.0
..Untrained TBA	0.0	0.0	0.0	0.0	0.0	0.2	0.0
..Relative	4.7	4.5	0.0	0.0	1.1	6.8	0.0
..Neighbor	6.1	15.6	0.0	0.0	5.9	13.9	0.0
BPHC NGO	1.2	10.3	90.9	0.0	1.1	9.3	0.0
..Static clinic worker	0.1	0.0	0.0	0.0	0.0	0.0	0.0
..Satellite clinic worker	0.1	0.4	9.1	0.0	1.1	0.0	0.0
..Field worker	0.2	0.0	81.8	0.0	0.0	0.2	0.0
..Government satellite clinic worker	0.9	9.8	0.0	0.0	0.0	9.1	0.0
Other	2.0	11.2	0.0	100.0	1.1	11.0	0.0
Was not informed	11.8	15.8	0.0	0.0	5.0	16.2	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	3,627	243	6	1	69	1,795	1

Note: Numerator is the number of women informed by a specific person of clinics in advance; denominator is the number of women identifying a specific clinic which occurred in the past 3 months and who have ever used that clinic.

9.7 Use of ESP Services at Satellite Clinics in Most Recent Visit in the Past Three Months

Women who attended a satellite clinic in the past three months were asked what services they had used during their most recent visit. Table 9.9 shows the services that respondents used, by type of clinic, and by NSDP and non-NSDP areas. Because these numbers reflect only users of clinic services, they should be similar to the shares of each type of service in routine reporting of clinic service statistics. At the same time, these data should also be interpreted with caution due to the small number of observations behind many cells.

In rural project areas, the most common reason for using NSDP satellite clinics was for family planning services, particularly clinical methods of family planning. Slightly more than half of all users of NSDP satellite clinics sought family planning services and just under half sought clinical family planning methods. In addition, just under half sought child health care, with just under one in five seeking EPI services. However, only 13.1% of women sought care for general illnesses. This was similar to the pattern found in the 2001 survey. A comparison of NSDP satellite clinics in project areas with one of their closest substitutes, government clinics in non-project areas, revealed similar but somewhat different patterns of use: Relative to the use of NSDP clinics in NSDP areas, the use in the past three months of government clinics in non-project areas was lower for family planning (26.6%), but higher for maternal health (15.2%) and higher for child health services (64.2%).

Table 9.9 Use of ESP Services in temporary/satellite clinics during last visit in past three months

Percentage of women who have used specific services at temporary/satellite clinics during their last visit in the three months preceding the survey , project and non-project areas, 2003.

	Project Areas			Non-project Areas	
Services	NSDP Satellite Clinic	Government Satellite Clinic	BPHC	NSDP Satellite Clinic	Government Satellite Clinic
What services were used during last visit					
Family planning	52.6	18.0	80.0	52.2	26.6
..Clinical methods	41.7	13.5	60.0	41.4	14.6
..Non clinical methods	11.2	6.0	20.0	10.8	12.0
..Advise for side effects	0.8	0.0	0.0	0.0	0.1
Maternal health	12.8	9.0	0.0	20.0	15.2
..Antenatal care	5.8	0.0	0.0	10.8	2.8
..Postnatal care	0.1	0.0	0.0	0.0	0.1
..Tetanus	8.3	9.0	0.0	14.5	14.3
Child health	41.7	73.0	0.0	49.3	64.2
..EPI	18.3	38.2	0.0	19.2	37.6
..Diarrhea treatment	3.7	3.0	0.0	0.0	3.0
..ARI treatment	0.1	0.0	0.0	0.0	0.0
..Vitamin A	13.4	34.6	0.0	14.0	18.5
..General illnesses	13.1	12.2	0.0	21.5	15.6
..Other child care	2.4	3.0	0.0	0.0	1.8
Other reproductive health	0.0	0.0	0.0	0.0	0.0
..Treatment of RTI/STD	0.0	0.0	0.0	0.0	0.0
General health	4.4	1.5	20.0	0.0	5.4
Other	0.1	0.0	0.0	0.0	0.0
Number	1,550	72	3	36	594

Note: Numerator is number of women identifying services used at a specific type of satellite clinic in the past three months; denominator is the number of women identifying a specific clinic and who used that clinic in past three months.

9.8 Quality of Care at Satellite Clinics

Women who used temporary/satellite clinics in the past three months answered questions about the quality of care received during their most recent visit. The questions addressed payments, staff behavior, time given for care, travel time, and waiting time. Responses are reported in Table 9.10 across NSDP project and non-project areas.

Responses indicated a generally comparable quality of care across the different types of providers and across project and non-project areas. Nearly all of the NSDP satellite clinics users reported that providers spent enough time with them during their last visit. The situation was essentially the same for users of government clinics in non-project areas. Other indicators of quality were similar. About nine in 10 NSDP satellite clinic users in NSDP areas and government satellite clinic users in non-project areas said that staff talked nicely and paid enough attention to their needs. Both travel times and waiting times were slightly longer for NSDP clinics in NSDP areas (relative to government clinics in non-project areas). The mean waiting time for service at the NSDP satellite clinics was 14.6 minutes, and the mean travel time was reported to be 11.4 minutes. About 70% of users of NSDP services reported paying for the services they received, and approximately 60% paid the exact amount they were asked to pay. This indicated a high overall quality of services at NSDP satellite clinics and satisfaction with care received. Similar patterns were reported in 2001 RSDP evaluation survey.

Table 9.10 Quality of temporary/satellite clinics

Women's perceptions of quality of treatment in temporary/satellite clinics during their most recent visit in three months preceding the survey, project and non-project areas, 2003.

	Project Areas			Non-project Areas	
Quality Indicators	NSDP Satellite Clinic	Government Satellite Clinic	BPHC	NSDP Satellite Clinic	Government Satellite Clinic
Spent enough time					
Yes	98.0	98.4	100.0	97.0	96.9
No	2.0	1.6	0.0	3.0	3.1
Talked to her nicely					
Nicely	91.5	91.7	100.0	86.3	88.7
Somewhat	8.0	5.2	0.0	10.5	10.9
Not nicely	0.5	3.1	0.0	3.2	0.4
Gave enough attention to her needs					
Yes	98.3	98.4	100.0	96.8	98.4
No	1.7	1.6	0.0	3.2	1.6
Mean travel time					
Mean (minutes)	11.4	9.5	7.4	7.4	8.5
Mean waiting time					
Mean (minutes)	14.6	4.2	12.0	14.5	9.2
Did pay for services					
Yes	68.9	9.1	100.0	66.1	7.3
No	31.1	90.9	0.0	33.9	92.7
Paid the exact amount					
Same amount	60.6	7.6	100.0	66.1	6.1
More	2.5	0.0	0.0	0.0	0.1
Less	4.5	1.5	0.0	0.0	0.9
Credit	1.3	0.0	0.0	0.0	0.1
Number	1,550	72	3	36	594

Note: Numerator is number of women reporting indicators of quality at satellite clinics used in past three months; denominator is number of women identifying a specific clinic and who used that clinic in past three months.

9.9 Awareness of Sources of Health and Family Planning Services

Women in the 2003 survey were asked about clinics and hospitals in their areas from which they could receive health or family planning services. They were directed to different sets of questions based on the areas in which they lived – NSDP project, government comparison, or BPHC area. If a woman did not spontaneously report awareness of an NSDP clinic, she was asked directly about it. If she was aware, a series of questions about her experiences with NSDP services were asked. If she was not, she was asked the same set of questions about awareness and use of services at the clinic type she had spontaneously mentioned. By probing respondents, this method may tend to over-report awareness of NSDP services. This form of probing was not used in the 1998 baseline or the 2001 evaluation surveys.

Table 9.11 provides the proportion of women who knew of a clinic or hospital in their area from which they could obtain health or family planning services, by project and non-project areas. Overall, nine in 10 women in project areas knew of such a clinic or hospital in their area. In non-project areas, nearly all women were aware of one. Overall, awareness was highest among the women of Rajshahi and lowest among those in Khulna/Barisal, though most women in either division were aware of a facility from which such services could be obtained. Awareness does not seem to have varied substantially by age, marital status, education, nor asset quintile. The level of awareness of clinics/hospitals providing health and family planning services among women in rural NSDP project and non-project areas was not much different from what had been observed in the 2001 survey.

Table 9.11 Awareness of clinics and hospitals in the area from which a woman can get health or family planning services

Percentage of women who know of a clinic or hospital in the area in which they live from which one can obtain health of family planning services by background characteristic, project and non-project areas, 2003.

	Project – Non-project areas							
	Project areas				Non-project areas			
Background characteristic	Yes	No	Total	Number	Yes	No	Total	Number
Age								
15-19	88.5	11.5	100.0	997	96.4	3.6	100.0	500
20-24	91.7	8.3	100.0	1,330	95.7	4.3	100.0	807
25-29	91.7	8.3	100.0	1,322	97.0	3.0	100.0	748
30-39	91.5	8.5	100.0	1,252	96.7	3.3	100.0	781
40-49	92.0	8.0	100.0	2,515	97.4	2.6	100.0	1,493
Marital status								
Currently married	91.4	8.6	100.0	7,057	96.9	3.1	100.0	4,134
Separated	88.7	11.3	100.0	63	93.1	6.9	100.0	42
Deserted	93.0	7.0	100.0	23	100.0	0.0	100.0	13
Divorced	84.1	15.9	100.0	68	95.7	4.3	100.0	35
Widowed	90.8	9.2	100.0	295	93.7	6.3	100.0	147
Highest educational level								
No education	91.1	8.9	100.0	4,067	96.6	3.4	100.0	2,118
Primary	90.5	9.5	100.0	2,018	96.5	3.5	100.0	1,249
Secondary	92.8	7.2	100.0	1,344	97.2	2.8	100.0	931
Higher secondary	92.7	7.3	100.0	53	98.1	1.9	100.0	55
College/University	84.7	15.3	100.0	25	100.0	0.0	100.0	19
Household asset quintile								
Poorest	88.3	11.7	100.0	1,525	96.4	3.6	100.0	875
2	91.2	8.8	100.0	1,510	96.2	3.8	100.0	875
3	91.4	8.6	100.0	1,473	97.3	2.7	100.0	875
4	92.4	7.6	100.0	1,499	95.5	4.5	100.0	875
Richest	93.0	7.0	100.0	1,499	98.3	1.7	100.0	873
Domains								
Chittagong/Sylhet	89.3	10.7	100.0	1,898	-	-	0.0	0
Khulna/Barisal	86.1	13.9	100.0	849	-	-	0.0	0
Dhaka	92.6	7.4	100.0	2,992	-	-	0.0	0
Rajshahi	93.5	6.5	100.0	1,769	-	-	0.0	0
Total	91.3	8.7	100.0	7,507	96.7	3.3	100.0	4,372

9.10 Type of Clinics Identified as Providing Health or Family Planning Services

Women who knew of a clinic or hospital in their area providing health or family planning services were asked about the type of clinic or hospital. Table 9.12 provides the distribution of facility types by division and project and non-project areas.

Most women in project and non-project areas were able to identify a source for their health or family planning services. Among women in the rural NSDP project areas, 71.0% identified public sector sources, 33.5% identified NSDP static clinics, and a very small percentage mentioned private medical sources. One in 10 were unaware of a clinic providing health and family planning services. Among public sector sources, thana health complexes (42.6%) and family welfare centers (19.3%) were the major sources. There was some variation in awareness of NSDP static clinics by division, with nearly half aware of NSDP static clinics in Khulna/Barisal and only one in five reporting awareness in Chittagong/Sylhet. In all divisions, public sector sources were more commonly known than NSDP sources. The 2001 survey reported similar patterns, except that significantly higher proportions of women in 2003 (about one in three) were currently aware of NSDP static clinics as providers of health and family planning services than in 2001 (approximately 10%). This was most likely due to the probing of awareness of NSDP clinics in the 2003 Survey.

In the non-NSDP areas, public sector sources were identified by nine out of ten respondents, while only 6.1% mentioned NSDP clinics as providers of health and family planning services. In neither project nor non-project areas were private medical centers identified as major sources of health or family planning services. This was similar to the 2001 survey results. However, higher proportions of women in non-project areas thought of public sector sources as providers of health and family planning services than in 2001 (when the figure was the slightly lower 83.4%).

Table 9.12 Type of clinic that the respondent identifies as providing health or family planning services

Percentage distribution of all women by type of clinic in the area in which they live from which one can obtain health of family planning services, project and non-project areas, 2003.

	Project Areas					
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	Non-project Areas
What type of clinic						
PUBLIC SECTOR	76.8	63.3	69.6	71.0	71.0	90.5
..Hospital/Medical college	8.5	1.4	5.7	9.7	6.9	6.0
..Family welfare center	23.2	22.7	18.5	14.7	19.3	28.8
..Thana health complex	43.3	34.8	43.6	43.7	42.6	45.3
..MCWC	0.2	1.7	0.2	0.3	0.4	0.8
..Dispensary/Community Clinic	1.6	2.7	1.6	2.6	1.9	9.7
NSDP Static clinic	18.2	48.5	33.1	43.4	33.5	6.1
BPHC static clinic	0.1	0.3	0.1	0.0	0.1	0.3
OTHER NGO	0.6	0.4	0.7	0.7	0.7	0.7
..Hospital	0.1	0.3	0.1	0.4	0.2	0.5
..NGO clinic	0.4	0.2	0.6	0.3	0.5	0.2
PRIVATE MEDICAL SECTOR	3.8	1.5	4.2	2.2	3.3	3.4
..Private clinic/doctor	3.7	1.4	3.6	2.2	3.1	3.4
..Traditional doctor	0.1	0.0	0.1	0.0	0.1	0.0
..Pharmacy	0.0	0.1	0.5	0.1	0.2	0.1
Other	0.0	0.0	0.0	0.3	0.1	0.1
DK Clinic + DK Type	10.9	14.0	7.7	6.6	9.0	3.3
Number	1,898	849	2,992	1,769	7,507	4,372

Note: Numerator is number of women identifying specific facility types; denominator is all women. Respondents in project areas have two chances to identify NSDP clinics; and, similarly, repsondents in non-project areas have two changes to identify government clinics. Therefore, totals do not add up to 100%.

9.11 Knowledge of ESP Services at Hospitals/Clinics

Women were asked if they were aware of different ESP services at the facilities they mentioned. Table 9.13 provides the proportion of women who identified specific ESP services at different types of hospitals/ clinics, by project and non-project areas.

Most respondents in NSDP project areas who identified NSDP clinics knew that they provided family planning methods. About three quarters knew that family planning methods were available, while around 60% knew that clinical family planning methods were. The majority also reported that NSDP static clinics provided maternal health and child health services. Less commonly mentioned was the provision of vitamin A. Knowledge of ESP services at NSDP clinics was similar in the 2001 survey.

In NSDP project areas, women who identified government hospitals/clinics were more likely than those who identified NSDP clinics to report awareness of general health services (45.9% versus 16.1%, respectively). However, they were only a bit more likely to report awareness of general treatment of childhood health (85.1% versus 77.5%, respectively). However, they were less likely to report other services such as family planning, maternal health, EPI, and tetanus toxoid vaccinations. This was similar to the situation in 2001.

Table 9.13 Knowledge of ESP services at hospitals/clinics

Percentage of women who identify specific services at different types of hospitals/clinics, project and non-project areas, 2003.

	Project Areas				Non-project Areas			
	NSDP NGO	Public sector	Private	Other	NSDP NGO	Public sector	Private	Other
What services are available								
Family planning	74.5	57.0	39.7	56.7	75.4	67.1	35.9	48.3
..Clinical methods	61.5	49.4	31.2	43.8	68.1	59.2	29.0	35.4
..Non clinical methods	52.8	31.9	12.7	39.9	48.4	40.1	13.4	34.8
..Advise for side effects	6.1	3.6	4.1	7.7	4.7	6.4	4.2	5.7
Maternal health	76.3	58.1	49.7	63.8	72.7	65.1	56.6	73.7
..Antenatal care	63.9	45.6	42.9	44.3	57.1	52.0	46.4	66.7
..Postnatal care	10.3	14.1	18.3	14.2	2.8	13.4	18.3	16.4
..Tetanus	41.8	29.9	14.2	28.6	52.1	33.5	19.3	31.6
Child health	77.5	85.1	80.5	67.8	69.1	88.8	88.4	95.1
..EPI	47.4	27.8	12.0	20.6	53.6	39.6	19.1	31.3
..Diarrhea treatment	12.9	31.7	28.2	18.1	10.7	29.2	19.6	14.0
..ARI treatment	1.3	6.4	9.3	2.6	0.0	4.8	2.8	5.1
..Vitamin A	13.1	8.3	3.0	7.7	16.8	10.7	7.0	0.0
..General illnesses	40.5	64.3	66.3	43.3	32.8	65.1	76.6	82.1
..Other child care	10.6	11.4	12.7	11.7	5.0	12.3	11.3	23.6
Other reproductive health	0.7	1.8	1.8	0.0	0.0	1.7	1.8	6.6
..Treatment of RTI/STD	0.7	1.8	1.8	0.0	0.0	1.7	1.8	6.6
General health	16.1	45.9	54.1	27.3	18.6	36.6	61.4	26.5
Other	0.3	1.3	0.6	0.0	0.0	1.3	8.0	0.0
DK/missing	6.4	3.7	2.4	1.3	7.9	2.3	1.0	2.1
Number	2,515	4,104	182	41	81	3,958	151	38

Note: Numerator is number of women identifying specific services at a specific type of clinic; denominator is number of women identifying a specific type of clinic offering health and FP services in the area in which she lives.

9.12 Identification of ESP Services at Hospitals/Clinics

Table 9.14 provides the proportion of women in NSDP and non-NSDP areas who could name ESP services at different types of clinics/hospitals by select background characteristics. Table 9.14 shows that the proportions of women in NSDP areas who knew of specific services at hospitals/clinics in their areas varied by age, education, and division of residence. For example, women with a secondary education were 10 percentage points more likely to know of maternal health services at NSDP clinics than uneducated women. However, the relationship with education was somewhat more complicated. Overall awareness of services at NSDP clinics does not appear to have been associated with socioeconomic status. Nonetheless, women in the poorest quintile were 7.7 percentage points more likely to know of family planning services those in the richest. In non-project areas, the patterns were similar (Table 9.14). At government facilities in non-NSDP areas, more educated women were more likely to know of family planning services, though wealthier women were more likely to know of all services.

Table 9.14 Knowledge of ESP services at hospitals/clinics

Percentage of all women who can name ESP services by background characteristics, project and non-project areas, 2003.

	NSDP NGO					Public sector					Private					Other				
	Family planning	Maternal health	Child health	Other reproductive health	Number	Family planning	Maternal health	Child health	Other reproductive health	Number	Family planning	Maternal health	Child health	Other reproductive health	Number	Family planning	Maternal health	Child health	Other reproductive health	Number
PROJECT AREAS																				
Age																				
15-19	69.2	79.0	74.4	1.0	345	48.6	58.1	80.2	1.6	510	43.3	59.5	84.0	0.0	20	32.7	73.9	87.0	0.0	8
20-24	76.7	78.3	79.5	0.7	500	58.0	62.2	87.5	1.3	682	35.7	50.9	83.1	3.3	32	66.5	50.1	66.9	0.0	3
25-29	78.3	75.8	75.7	0.7	467	59.2	58.1	86.8	2.0	702	47.0	45.6	65.4	0.0	34	77.8	66.7	44.4	0.0	10
30-39	80.7	80.3	81.6	0.9	439	59.3	58.6	85.0	1.5	664	37.1	31.4	90.6	0.0	29	57.3	57.7	79.1	0.0	10
40-49	70.3	71.8	76.4	0.6	746	58.1	56.4	85.4	2.2	1,489	38.9	57.6	81.1	3.4	65	52.1	63.6	63.5	0.0	10
Marital status																				
Currently married	74.9	76.4	78.1	0.7	2,402	57.9	58.9	85.4	1.9	3,827	41.0	52.2	79.9	1.2	171	54.9	65.0	69.2	0.0	40
Separated	85.0	75.6	66.5	0.0	18	41.5	47.2	86.9	2.9	37	0.0	0.0	100.0	0.0	1	-	-	-	-	0
Deserted	73.2	73.2	72.3	13.0	8	56.0	64.2	100.0	4.0	13	-	-	-	-	0	-	-	-	-	0
Divorced	57.6	74.8	35.5	0.0	15	42.1	49.5	84.4	0.0	39	0.0	0.0	100.0	34.6	3	-	-	-	-	0
Widowed	64.9	74.0	71.3	0.0	72	45.0	45.8	79.6	0.6	188	33.3	16.7	83.3	0.0	6	100.0	33.6	33.6	0.0	2
Highest educational level																				
No education	74.1	73.2	77.6	0.6	1,192	55.0	53.9	84.0	2.0	2,387	36.2	41.2	78.5	2.3	95	60.6	61.6	57.5	0.0	26
Primary	76.0	75.8	78.4	0.6	708	58.9	61.2	85.6	1.8	1,062	38.3	57.1	82.5	2.5	43	63.5	72.9	81.9	0.0	12
Secondary	73.0	82.3	75.2	1.1	570	60.2	67.8	88.0	1.2	630	48.7	60.8	83.0	0.0	44	0.0	49.0	100.0	0.0	3
High secondary	90.1	92.2	86.4	0.0	28	89.9	76.7	100.0	0.0	21	-	-	-	-	0	-	-	-	-	0
College/University	71.1	93.7	90.1	0.0	17	75.6	100.0	100.0	26.1	4	-	-	-	-	0	-	-	-	-	0
Household asset quintile																				
Poorest	77.9	74.2	78.3	0.6	442	53.2	49.6	81.2	1.5	863	30.7	45.7	84.7	0.0	28	61.8	34.1	67.0	0.0	13
2	77.4	72.9	80.2	1.6	463	56.0	56.7	85.4	2.2	881	37.7	42.4	82.4	4.4	24	100.0	83.4	33.4	0.0	6
3	72.0	75.3	76.3	0.3	465	55.9	57.3	86.1	1.8	833	27.1	34.4	74.3	0.0	36	39.6	67.1	80.3	0.0	8
4	76.0	80.9	77.2	0.4	573	61.7	64.6	84.5	1.6	769	31.8	54.0	89.1	6.4	34	33.2	86.7	86.7	0.0	8
Richest	70.2	77.1	75.9	0.8	572	59.1	63.8	88.9	2.0	757	56.9	61.2	76.6	0.0	60	53.9	71.8	64.0	0.0	6
Number of living children																				
0	67.0	80.3	70.9	0.0	239	48.2	54.1	76.0	1.9	429	11.8	41.2	85.4	0.0	18	0.0	57.9	100.0	0.0	4
1	74.7	78.6	76.8	0.7	528	56.2	60.0	86.3	1.1	690	48.2	54.9	80.8	3.2	33	49.3	80.4	80.4	0.0	5
2	75.7	76.1	77.5	1.4	575	58.7	60.4	86.5	2.3	846	53.6	44.5	87.9	3.2	35	77.6	66.8	66.8	0.0	10
3	79.1	77.1	80.1	0.6	484	60.2	56.1	86.5	2.2	802	29.3	33.5	78.4	3.0	35	86.8	62.0	25.6	0.0	9
4+	72.9	73.0	78.5	0.5	690	57.4	58.2	85.8	1.6	1,337	41.4	61.9	75.8	0.0	60	41.9	58.1	80.9	0.0	14

Table 9.14 Knowledge of ESP services at hospitals/clinics (continued)

Percentage of all women who can name ESP services by background characteristics, project and non-project areas, 2003.

	NSDP NGO					Public sector					Private					Other				
	Family planning	Maternal health	Child health	Other reproductive health	Number	Family planning	Maternal health	Child health	Other reproductive health	Number	Family planning	Maternal health	Child health	Other reproductive health	Number	Family planning	Maternal health	Child health	Other reproductive health	Number
PROJECT AREAS																				
Chittagong/Sylhet	71.1	80.7	81.9	0.6	346	53.2	60.4	87.3	1.3	1,278	44.5	59.5	88.9	0.0	58	54.2	45.8	72.9	0.0	12
Khulna/Barisal	80.1	76.3	77.9	0.4	411	60.4	60.0	82.3	0.2	306	13.3	26.7	86.7	0.0	8	44.4	77.8	88.9	0.0	5
Dhaka	74.0	76.9	80.0	0.6	991	57.2	55.5	84.9	2.3	1,670	41.8	54.4	70.9	2.5	84	73.7	68.4	52.6	0.0	20
Rajshahi	73.9	73.7	72.1	1.0	767	61.4	59.1	83.3	2.3	849	32.1	25.0	89.3	3.6	32	0.0	75.0	100.0	0.0	5
Total	74.5	76.3	77.5	0.7	2,515	57.0	58.1	85.1	1.8	4,104	39.7	49.7	80.5	1.8	182	56.7	63.8	67.8	0.0	41
NON-PROJECT AREAS																				
Age																				
15-19	67.4	76.0	62.1	0.0	13	57.3	63.4	86.3	1.4	445	26.1	66.8	92.1	0.0	20	72.9	100.0	100.0	0.0	4
20-24	77.2	82.8	75.8	0.0	23	66.2	68.0	89.9	1.6	701	44.3	60.9	87.7	4.2	38	28.8	67.2	90.1	0.0	11
25-29	61.0	71.6	52.2	0.0	13	72.1	68.9	91.5	1.4	682	28.0	54.1	92.9	0.0	25	68.8	69.4	100.0	22.6	5
30-39	82.8	73.4	66.5	0.0	12	68.5	63.5	90.0	2.4	705	38.6	52.1	86.1	0.0	32	27.3	45.5	100.0	27.3	5
40-49	82.7	57.7	77.9	0.0	19	68.4	63.5	87.4	1.6	1,386	35.1	52.2	87.8	3.3	34	56.7	83.2	93.9	0.0	13
Marital status																				
Currently married	75.9	73.2	69.5	0.0	79	68.0	65.5	89.0	1.7	3,743	36.9	56.8	88.5	1.9	145	51.2	76.0	94.8	7.0	36
Separated	-	-	-	-	0	46.7	58.4	90.3	2.8	38	0.0	0.0	100.0	0.0	2	-	-	-	-	0
Deserted	100.0	100.0	0.0	0.0	1	41.8	48.5	74.5	0.0	12	0.0	100.0	100.0	0.0	1	-	-	-	-	0
Divorced	-	-	-	-	0	64.3	62.0	80.6	0.0	32	0.0	100.0	100.0	0.0	2	-	-	-	-	0
Widowed	0.0	0.0	100.0	0.0	1	52.5	57.6	87.2	0.8	133	36.5	36.5	63.5	0.0	2	0.0	36.5	100.0	0.0	2
Highest educational level																				
No education	76.2	67.0	58.0	0.0	35	64.9	61.1	87.6	1.1	1,925	27.6	44.3	96.5	0.0	67	50.3	83.3	100.0	6.5	18
Primary	77.2	79.9	77.2	0.0	13	68.1	67.6	89.2	1.9	1,147	33.9	51.0	78.2	3.4	34	44.8	58.3	84.3	0.0	12
Secondary	71.9	74.1	76.0	0.0	31	70.0	69.7	90.9	2.5	824	48.1	75.9	87.3	3.8	42	44.1	72.7	100.0	17.6	8
High secondary	100.0	100.0	100.0	0.0	2	78.2	85.7	95.9	3.1	44	43.1	79.9	79.9	0.0	7	100.0	100.0	100.0	0.0	1
College/ Univ.	-	-	-	-	0	85.2	65.9	81.7	0.0	18	100.0	100.0	0.0	0.0	1	-	-	-	-	0
Household asset quintile																				
Poorest	78.6	67.5	73.5	0.0	10	64.0	60.8	85.6	0.6	807	22.9	40.4	100.0	0.0	20	53.5	100.0	100.0	0.0	5
2	80.3	63.3	68.8	0.0	17	67.1	65.2	90.5	1.6	804	37.5	41.4	100.0	0.0	17	36.7	100.0	100.0	0.0	4
3	67.6	87.6	73.4	0.0	18	66.3	67.0	89.7	1.9	796	38.4	51.3	82.9	2.8	28	33.8	67.6	100.0	12.6	9
4	68.8	70.3	70.5	0.0	19	69.2	66.9	87.7	2.1	773	42.2	47.8	88.4	5.7	34	61.7	66.2	81.1	0.0	10
Richest	83.5	72.4	61.2	0.0	18	69.2	65.6	90.5	2.1	778	35.0	76.5	83.1	0.0	52	51.0	62.1	100.0	14.0	10
Number of living children																				
0	64.3	64.3	64.3	0.0	3	55.4	54.4	80.1	1.3	363	36.1	51.1	80.2	0.0	19	100.0	100.0	100.0	0.0	1
1	76.9	82.2	71.3	0.0	26	63.8	69.2	91.0	1.2	712	44.7	74.1	86.2	0.0	35	45.1	86.0	90.5	0.0	11
2	82.5	90.9	72.8	0.0	15	70.9	64.9	90.5	1.7	902	34.3	61.0	94.3	4.2	37	38.7	60.9	100.0	0.0	7
3	75.4	82.0	61.2	0.0	16	71.6	67.8	89.1	2.3	747	33.3	52.1	87.8	3.8	30	46.1	58.9	89.0	16.0	7
4+	69.9	41.9	70.5	0.0	21	67.0	64.3	88.6	1.6	1,235	30.2	38.7	89.6	0.0	30	54.9	77.0	100.0	11.5	12
Chittagong/Sylhet	-	-	-	-	0.0	-	-	-	-	0.0	-	-	-	-	0.0	-	-	-	-	0.0
Khulna/Barisal	-	-	-	-	0.0	-	-	-	-	0.0	-	-	-	-	0.0	-	-	-	-	0.0
Dhaka	-	-	-	-	0.0	-	-	-	-	0.0	-	-	-	-	0.0	-	-	-	-	0.0
Rajshahi	-	-	-	-	0.0	-	-	-	-	0.0	-	-	-	-	0.0	-	-	-	-	0.0
Total	75.4	72.7	69.1	0.0	81	67.1	65.1	88.8	1.7	3,958	35.9	56.6	88.4	1.8	151	48.3	73.7	95.1	6.6	38

9.13 Use of Clinics/Hospitals

Women who identified clinics or hospitals in their area were asked whether they had ever used that hospital/clinic and whether they had used it in the three months prior to the survey. Table 9.15 provides the percentages of women who ever used clinics/hospitals or used them in the last three months by select background characteristics. Ever usage and usage of static clinics in the previous three months were low across all divisions and project/non-project areas. For the NSDP areas, only 13.4% reported ever attending an NSDP static clinic and only 3.9% reported doing so in the last three months. This was higher than the 4.5% who reported having ever used a static clinic and the 1.7% who reported doing so in the past three months in 2001. Again, reports of use of static clinics in 2001 were spontaneous while reports in 2003 followed probing by interviewers. Ever-use of public sector hospital and use in last three months by project area women were 28.9% and 4.7%, respectively. This shows that public sector hospitals were the dominant players despite the presence of NSDP static clinics in project areas.

Table 9.15 Use of hospitals/clinics

Percentage of all women who have ever used a hospital/clinic and who used a hospital/clinic in the last three months, by type of hospital/clinic used, project and non-project areas, 2003.

	What type of clinic								
	NSDP NGO		Public Sector		Private		Other		
	Ever gone to hospital/ clinic	Gone in the last three months	Ever gone to hospital/ clinic	Gone in the last three months	Ever gone to hospital/ clinic	Gone in the last three months	Ever gone to hospital/ clinic	Gone in the last three months	Number
PROJECT AREAS									
Age									
15-19	14.1	4.9	20.4	4.3	1.1	0.5	0.4	0.1	997
20-24	17.0	4.8	25.9	4.7	1.4	0.4	0.1	0.0	1,330
25-29	15.5	4.5	27.9	4.7	1.3	0.4	0.5	0.0	1,322
30-39	14.4	4.9	29.5	3.9	1.7	0.2	0.6	0.0	1,252
40-49	9.7	2.3	34.5	5.4	1.6	0.4	0.2	0.0	2,515
Marital status									
Currently married	13.6	4.1	28.8	4.6	1.4	0.4	0.4	0.0	7,057
Separated	10.8	0.0	25.9	6.9	0.0	0.0	0.0	0.0	63
Deserted	4.6	0.0	25.7	11.8	0.0	0.0	0.0	0.0	23
Divorced	9.6	1.7	32.8	6.3	3.2	0.0	0.0	0.0	68
Widowed	8.6	0.9	30.8	5.1	1.8	0.0	0.2	0.0	295
Highest educational level									
No education	12.0	3.5	30.3	4.9	1.3	0.3	0.4	0.0	4,067
Primary	14.0	3.9	28.9	4.3	1.4	0.5	0.3	0.0	2,018
Secondary	16.0	5.2	25.0	4.5	2.1	0.4	0.1	0.0	1,344
Higher secondary	22.7	6.1	24.8	8.3	0.0	0.0	0.0	0.0	53
College/University	15.2	4.3	4.3	0.0	0.0	0.0	0.0	0.0	25
Household asset quintile									
Poorest	11.2	3.6	26.2	5.3	1.0	0.3	0.5	0.1	1,525
2	13.7	3.9	28.8	4.1	1.1	0.4	0.2	0.0	1,510
3	12.1	3.7	31.3	4.9	1.2	0.3	0.3	0.0	1,473
4	16.2	5.0	28.5	4.2	1.5	0.3	0.4	0.0	1,499
Richest	13.6	3.5	29.7	5.0	2.5	0.6	0.4	0.0	1,499
Number of living children									
0	8.7	3.1	15.9	3.4	0.8	0.1	0.1	0.0	781
1	16.2	4.7	26.0	4.7	2.0	0.6	0.2	0.0	1,370
2	13.7	3.8	29.6	4.7	1.1	0.4	0.3	0.0	1,611
3	14.1	4.3	31.9	5.0	1.8	0.4	0.6	0.0	1,436
4+	12.5	3.6	32.6	4.9	1.4	0.3	0.3	0.0	2,309
Domains									
Chittagong/Sylhet	7.7	1.7	38.5	6.6	2.2	0.8	0.3	0.1	1,898
Khulna/Barisal	11.8	4.0	18.9	4.3	0.6	0.2	0.4	0.1	849
Dhaka	15.9	4.7	28.7	4.3	1.7	0.2	0.5	0.0	2,992
Rajshahi	15.9	5.0	23.7	3.5	0.8	0.3	0.2	0.0	1,769
Total	13.4	3.9	28.9	4.7	1.5	0.4	0.3	0.0	7,507

Table 9.15 Use of hospitals/clinics (continued)

	NSDP NGO		Public Sector		Private		Other		
	Ever gone to hospital/ clinic	Gone in the last three months	Ever gone to hospital/ clinic	Gone in the last three months	Ever gone to hospital/ clinic	Gone in the last three months	Ever gone to hospital/ clinic	Gone in the last three months	Number
Age				**NON-PROJECT AREAS**					
15-19	1.5	0.4	40.6	11.6	2.3	1.0	0.6	0.0	500
20-24	2.0	0.5	50.3	12.5	2.6	0.4	0.7	0.0	807
25-29	1.0	0.4	59.6	13.2	2.6	0.9	0.7	0.1	748
30-39	0.4	0.2	60.7	13.3	2.8	0.6	0.2	0.0	781
40-49	0.5	0.1	61.2	14.2	1.5	0.4	0.8	0.2	1,493
Marital status									
Currently married	1.0	0.3	56.1	13.5	2.2	0.6	0.6	0.1	4,134
Separated	0.0	0.0	62.7	9.6	3.6	1.8	0.0	0.0	42
Deserted	0.0	0.0	76.7	8.0	0.0	0.0	0.0	0.0	13
Divorced	0.0	0.0	43.9	4.3	0.0	0.0	0.0	0.0	35
Widowed	0.0	0.0	53.8	7.3	1.5	0.9	1.5	0.0	147
Highest educational level									
No education	0.7	0.3	54.7	11.1	2.3	0.7	0.6	0.1	2,118
Primary	0.6	0.1	59.5	15.9	1.4	0.3	0.5	0.0	1,249
Secondary	1.9	0.6	54.7	13.7	2.4	0.6	0.7	0.0	931
Higher secondary	4.0	2.1	53.2	15.4	12.5	1.4	1.4	1.4	55
College/University	0.0	0.0	60.7	31.1	5.6	0.0	0.0	0.0	19
Household asset quintile									
Poorest	0.5	0.3	56.2	13.7	1.9	0.6	0.3	0.2	875
2	0.9	0.4	56.1	12.6	1.2	0.6	0.4	0.0	875
3	1.2	0.0	55.7	13.2	1.8	0.8	0.8	0.1	875
4	1.1	0.3	54.8	12.7	2.7	0.5	0.8	0.0	875
Richest	1.1	0.5	57.5	13.7	3.4	0.5	0.8	0.1	873
Number of living children									
0	0.3	0.3	30.7	6.7	1.6	0.2	0.2	0.0	405
1	2.2	0.6	53.8	11.9	2.8	0.4	0.8	0.0	815
2	0.9	0.1	58.6	15.6	2.6	1.0	0.5	0.2	985
3	0.8	0.3	61.5	13.1	2.4	0.6	0.5	0.0	827
4+	0.6	0.3	59.8	14.2	1.6	0.5	0.8	0.1	1,340
Total	1.0	0.3	56.1	13.2	2.2	0.6	0.6	0.1	4,372

Ever-use of NSDP static clinics among women was highest in Dhaka (15.9%) and Rajshahi (15.9%), and lowest in Chittagong/Sylhet (7.7%). Ever-use was clearly related to health services need. It was higher among currently married women, among those with more children, and among those of prime reproductive age. Ever use was also slightly higher among wealthier women relative to the poorest quintile, though use in the past three months was roughly equal across quintiles.

In non-project areas, ever use and use in last three months of public sector clinic/hospital were 56.1% and 13.2%, respectively. Again, use was associated with the need for health services. There were no significant variations in use by education socioeconomic status.

Table 9.16 provides information on the ever-use and use in last three months of different types of clinics by project and non-project areas.

Table 9.16 Use of hospitals/clinics

Percentage of all women identifying a clinic who ever used specific services at hospitals/clinics by type of clinic, project and non-project areas, 2003.

	Ever Gone to Hospital/Clinic						Gone in the Last Three Months					
	Project Areas						Project Areas					
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	Non-project areas	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	Non-project areas
Type of Hospital/Clinic												
PUBLIC SECTOR	38.5	18.9	28.7	23.7	28.9	56.1	6.6	4.3	4.3	3.5	4.7	13.2
..Hospital/ medical college	2.9	0.4	2.4	2.6	2.3	3.1	0.3	0.0	0.3	0.3	0.3	0.4
..Family welfare center	12.7	7.7	8.6	4.4	8.6	19.9	3.1	2.2	1.6	0.8	1.9	6.1
..Thana health complex	21.9	9.3	17.2	16.2	17.3	26.9	3.0	1.9	2.4	2.2	2.5	5.1
..MCWC	0.1	1.1	0.1	0.0	0.2	0.5	0.0	0.2	0.0	0.0	0.0	0.2
..Dispensary/ community clinic	0.8	0.4	0.4	0.5	0.5	5.7	0.2	0.1	0.0	0.1	0.1	1.4
NSDP static clinic	7.7	11.8	15.9	15.9	13.4	1.0	1.7	4.0	4.7	5.0	3.9	0.3
BPHC static clinic	0.1	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
OTHER NGO	0.2	0.3	0.4	0.2	0.3	0.5	0.1	0.1	0.0	0.0	0.0	0.1
..Hospital	0.1	0.1	0.1	0.1	0.1	0.4	0.0	0.0	0.0	0.0	0.0	0.1
..NGO clinic	0.1	0.2	0.3	0.1	0.2	0.1	0.1	0.1	0.0	0.0	0.0	0.0
PRIVATE MEDICAL SECTOR	2.2	0.6	1.7	0.8	1.5	2.2	0.8	0.2	0.2	0.3	0.4	0.6
..Private clinic/doctor	2.2	0.5	1.2	0.7	1.3	2.2	0.8	0.1	0.1	0.2	0.3	0.6
..Traditional doctor	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
..Pharmacy	0.0	0.1	0.4	0.1	0.2	0.0	0.0	0.1	0.1	0.1	0.1	0.0
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
DK Clinic + DK	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Number	1,898	849	2,992	1,769	7,507	4,372	1,898	849	2,992	1,769	7,507	4,372

9.14 Use of ESP Services at Hospitals/Clinics

Respondents in project and non-project areas who could identify different types of hospitals and clinics in their areas were asked whether they ever sought any services from these hospitals and clinics and what services they received. In both project and non-project areas, the most common services used at NSDP clinics and public sector hospital/clinics were child health services. Nearly 23% of women reported using NSDP static clinics for child health services (Table 9.17), while 18.4% used maternal health services and 14.4% used family planning services. NSDP clinics were most commonly used for clinical family planning methods, ANC, tetanus toxoid, and general child illness. About 32% of women identifying public sector clinics/hospitals used these sources for child health services, followed by 12.6% for maternal health and 9.8% for family planning services. Among the few respondents identifying NSDP clinics in non-project areas, 19.6% used ANC services, 16.3% used EPI, and 15.0% used clinical family planning methods.

Table 9.17 ESP services ever used at hospitals/clinics

Percentage of all women who ever used a specific services at hospital/clinics, by division and project area according to service type, project and non-project areas, 2003.

	Project Areas				Non-project Areas			
	NSDP NGO	Public sector	Private	Other	NSDP NGO	Public sector	Private	Other
What services were ever used								
Family planning	14.4	9.8	5.7	11.6	19.3	17.3	6.4	12.0
..Clinical methods	10.4	7.8	2.7	10.3	15.0	11.7	5.4	9.9
..Non clinical methods	5.0	2.0	1.2	1.3	4.3	5.3	1.4	2.1
..Advise for side effects	1.3	1.0	1.8	0.0	1.4	2.1	0.5	0.0
Maternal health	18.4	12.6	11.0	25.8	24.7	16.7	13.4	22.7
..Antenatal care	12.5	6.9	9.2	23.2	19.6	10.2	12.5	20.6
..Postnatal care	1.3	1.4	2.1	1.3	1.3	1.7	1.6	3.0
..Tetanus	11.3	7.2	1.8	20.6	19.1	9.8	4.5	11.4
Child health	22.8	32.1	35.0	30.1	26.7	41.1	30.9	50.2
..EPI	8.7	4.6	2.4	6.5	16.3	9.2	8.0	4.2
..Diarrhea treatment	2.6	5.5	7.7	5.2	1.3	5.9	4.8	5.7
..ARI treatment	0.3	1.6	2.7	0.0	1.3	1.4	0.0	5.0
..Vitamin A	2.5	1.2	0.0	2.6	4.2	2.3	1.8	0.0
..General illnesses	12.9	23.5	27.8	18.4	8.5	29.2	22.9	31.7
..Other child care	1.9	3.3	3.6	2.6	3.3	4.8	3.9	11.3
Other reproductive health	0.3	0.5	0.0	0.0	0.0	0.5	0.0	0.0
..Treatment of RTI/STD	0.3	0.5	0.0	0.0	0.0	0.5	0.0	0.0
General health	3.7	16.8	24.8	10.5	2.8	16.3	33.9	10.2
Other	0.2	0.5	0.6	0.0	1.0	0.7	5.3	0.0
Number	2,515	4,104	182	41	81	3,958	151	38

Table 9.18 ESP services ever used in last three months at hospitals/clinics

Percentage of all women who used a specific service at hospital/clinics in the last three months according to service type, project and non-project areas, 2003.

	Project Areas				Non-project Areas			
	NSDP NGO	Public sector	Private	Other	NSDP NGO	Public sector	Private	Other
Family planning	5.1	1.7	0.9	0.0	8.0	5.0	0.9	8.9
Clinical methods	3.6	1.0	0.9	0.0	6.1	3.0	0.0	6.9
Non clinical methods	1.2	0.6	0.0	0.0	1.9	1.9	0.9	2.1
Advise for side effects	0.4	0.2	0.0	0.0	0.0	0.1	0.0	0.0
Maternal health	2.0	0.9	0.6	1.3	3.8	1.3	0.0	0.0
Antenatal care	1.4	0.4	0.6	1.3	1.4	0.9	0.0	0.0
Postnatal care	0.1	0.1	0.0	0.0	0.0	0.2	0.0	0.0
Tetanus	0.9	0.4	0.0	0.0	2.4	0.5	0.0	0.0
Child health	5.4	4.8	9.9	2.6	4.7	7.4	10.8	0.0
EPI	1.6	0.3	0.0	0.0	2.4	1.3	0.9	0.0
Diarrhea treatment	0.6	0.7	1.2	0.0	1.3	0.7	1.3	0.0
ARI treatment	0.1	0.3	0.6	0.0	1.3	0.2	0.8	0.0
Vitamin A	0.9	0.2	0.0	0.0	1.0	0.4	0.0	0.0
General illnesses	2.9	3.4	8.7	2.6	1.4	4.8	7.4	0.0
Other child care	0.6	0.6	0.0	0.0	1.0	1.1	1.3	0.0
Other reproductive health	0.1	0.1	0.0	0.0	0.0	0.1	0.0	0.0
Treatment of RTI/STD	0.1	0.1	0.0	0.0	0.0	0.1	0.0	0.0
General health	0.8	2.0	3.8	0.0	1.4	2.7	6.5	0.0
Other	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0
Number	2,515	4,104	182	41	81	3,958	151	38

9.15 Assessments of Quality of Care at Hospitals/Clinics

Users of hospitals and static clinics in the past three months were asked questions about the quality of care that they received during their most recent visit. Table 9.19 presents data on the respondents' perceptions of the quality of treatment at the hospitals/clinics, by project and non-project areas.

Overall satisfaction with NSDP services was quite high, as in 2001. Almost all users of NSDP clinics reported that providers spent enough time with them, talked nicely, and showed enough attention to their needs. For nearly all measures of quality, NSDP providers rated slightly higher than public sector sources, including spending enough time hearing problems, giving enough attention and talking nicely. Comparable levels of satisfaction with the quality of service and staff behavior at the NSDP clinics were observed in non-project areas.

Table 9.19 Quality of hospitals/clinics

Women's perception of quality of treatment at hospitals/clinics during the most recent visit in the last three months, by project and non-project areas, 2003.

	Project Areas				Non-project Areas			
	NSDP NGO	Public sector	Private	Other	NSDP NGO	Public sector	Private	Other
Spent enough time								
Yes	97.9	94.8	100.0	100.0	100.0	95.0	100.0	100.0
No	2.1	5.2	0.0	0.0	0.0	5.0	0.0	0.0
Talked to her nicely								
Nicely	95.5	84.2	100.0	100.0	100.0	80.3	94.6	100.0
Somewhat	3.0	13.7	0.0	0.0	0.0	16.0	5.4	0.0
Not nicely	1.5	2.2	0.0	0.0	0.0	3.7	0.0	0.0
Gave enough attention to her needs								
Yes	98.3	93.7	100.0	100.0	100.0	91.7	97.0	100.0
No	1.7	6.3	0.0	0.0	0.0	8.3	3.0	0.0
How long to get there – minutes								
Mean (minutes)	26.0	47.7	57.3	79.9	38.0	30.5	33.3	19.7
Waiting time – minutes								
Mean (minutes)	19.1	35.0	41.6	16.7	14.7	27.2	24.3	18.8
Paid for services								
Yes	80.8	44.6	100.0	33.6	100.0	26.5	59.5	76.7
No	19.2	55.4	0.0	66.4	0.0	73.5	40.5	23.3
Paid full amount								
Same amount	68.5	38.4	78.5	33.6	92.3	20.5	44.4	45.6
More	1.7	3.2	17.6	0.0	0.0	1.8	7.6	0.0
Less	9.9	2.3	3.9	0.0	7.7	4.2	4.5	31.1
Credit	0.7	0.6	0.0	0.0	0.0	0.0	3.1	0.0
Number	296	353	28	2	14	576	26	3

The mean travel time to NSDP clinics was 26 minutes, as compared with 38 minutes to government clinics in non-NSDP areas. In project areas, payments were made for services in nearly four out of five visits to NSDP clinics. The mean waiting time at NSDP clinics was 19.1 minutes compared to 35 minutes in public sector hospital/clinic and 18.5 minutes in 2001.

9.16 Sources of Health Information and Services in the Area

Respondents were asked whether they were able to obtain health information, supplies of pills, condoms, ORS, or vitamin A from someone in their area. Table 9.20A shows that three quarters of respondents in NSDP project areas reported being able to do so. For 86.7%, the source was identified as an NSDP depotholder, while for 11.6% it was a government family planning worker. Awareness varied by background characteristics. Older, currently married, and less educated women and those with more children were more likely to know of someone. There did not appear to be much difference across socioeconomic strata.

A slightly lower proportion (62.3%) of non-project women reported being able to get health information or supplies of pills, condoms, ORS, etc. from someone in their area (Table 9.20B). Almost eight in every 10 identified the person as government family planning worker, while just one in 10 identified a government health worker. Variations by background characteristics were not significant.

9.17 Health and Family Planning Information and Services Received in the Past Three Months

Table 9.21 provides the percentage of women who mentioned receiving specific information about health and family planning from a provider in the past three months by type of information and affiliation of that provider. For women in NSDP areas receiving information from NSDP depotholders, the most common type of information provided concerned family planning (approximately 25%). Other, less common types of information included maternal health, child health, illnesses, and advice for side effects of treatment.

Approximately 18% in NSDP areas reported receiving family planning or health services in the previous three months (Table 9.22). The majority (62.4%) received oral contraceptives, while about one in six received other family planning methods. Other services and supplies included ORS (9.4%), vitamin A (7.3%), child health (4.5%), and condoms (3.6%).

Table 9.20A Source of health information and services in project areas

Percentage of all women who report being able to get health information or supplies of pills, condoms, ORSor vitamin A of someone affiliated with an organization in their area, by project and non-project areas, 2003.

	Anybody with information on health, pill supplies etc.		Organization								
	Could get information	Number	NSDP depotholder	BRAC shasthashabika	Government family planning worker	Govern-ment health worker	Other NGO worker	BPHC	Other	DK/ missing	Number
Age											
15-19	66.4	997	89.4	0.6	8.5	1.7	0.3	0.2	1.1	0.0	663
20-24	78.9	1,330	87.7	0.2	11.0	2.0	0.4	0.3	1.0	0.2	1,050
25-29	78.6	1,322	88.0	0.4	10.5	1.5	0.1	0.4	1.3	0.2	1,039
30-39	80.1	1,252	85.4	0.5	13.0	1.3	0.4	0.3	1.4	0.2	1,003
40-49	72.0	2,515	84.8	0.3	13.2	2.3	0.2	0.2	1.4	0.2	1,810
Marital status											
Currently married	75.1	7,057	86.7	0.4	11.6	1.9	0.3	0.3	1.2	0.2	5,303
Separated	77.9	63	87.7	0.0	9.0	2.2	0.0	0.0	2.3	1.1	49
Deserted	76.7	23	91.1	0.0	9.0	5.9	0.0	0.0	0.0	0.0	18
Divorced	74.5	68	87.4	2.1	11.5	1.1	0.0	0.0	4.3	0.0	51
Widowed	60.7	295	85.0	0.0	12.9	0.9	0.0	0.0	1.8	0.0	179
Highest educational level											
No education	74.3	4,067	86.8	0.4	11.2	1.8	0.2	0.1	1.3	0.2	3,022
Primary	75.6	2,018	86.8	0.2	12.0	1.8	0.4	0.3	1.3	0.1	1,525
Secondary	73.9	1,344	86.1	0.6	12.6	2.0	0.1	0.5	1.1	0.1	993
Higher secondary	80.7	53	89.9	0.0	10.2	2.5	0.0	0.0	0.0	0.0	42
College/ University	67.7	25	87.0	0.0	0.0	6.4	6.7	0.0	0.0	0.0	17
Household asset quintile											
Poorest	75.1	1,525	89.1	0.3	9.0	2.1	0.3	0.3	0.8	0.4	1,146
2	76.2	1,510	87.4	0.2	11.3	1.6	0.3	0.2	1.2	0.1	1,151
3	75.0	1,473	88.7	0.4	9.4	1.5	0.5	0.1	1.4	0.1	1,104
4	75.3	1,499	86.2	0.4	12.3	1.8	0.1	0.2	1.3	0.0	1,128
Richest	71.4	1,499	81.7	0.4	16.3	2.3	0.1	0.4	1.6	0.1	1,070
Number of living children											
0	60.1	781	90.4	0.6	8.4	1.6	0.5	0.2	0.3	0.0	470
1	75.5	1,370	87.5	0.3	9.8	2.4	0.2	0.2	1.7	0.2	1,035
2	80.1	1,611	88.1	0.5	10.9	1.3	0.3	0.4	0.9	0.2	1,291
3	78.8	1,436	84.2	0.6	14.7	2.0	0.4	0.2	1.2	0.1	1,131
4+	72.5	2,309	85.7	0.1	12.2	1.9	0.2	0.2	1.5	0.2	1,674
Division											
Chittagong/Sylhet	63.9	1,898	85.7	0.6	13.5	2.0	0.4	0.0	0.4	0.0	1,212
Khulna/ Barisal	79.5	849	91.7	0.2	6.0	1.2	0.1	1.7	1.2	0.2	675
Dhaka	74.4	2,992	81.4	0.4	16.4	2.1	0.2	0.1	1.6	0.2	2,225
Rajshahi	84.2	1,769	93.1	0.1	5.5	1.6	0.4	0.0	1.5	0.2	1,489
Total	74.6	7,507	86.7	0.4	11.6	1.8	0.3	0.2	1.3	0.2	5,600

Table 9.20B Sources of health information and services in non-project areas

Percentage of all women who report being able to get health information or supplies of pills, condoms, ORS or vitamin A of someone affiliated with an organization in their area, non-project areas, 2003.

	Anybody with information on health, pill supplies etc.		Organization								
	Could get information	Number	NSDP depotholder	BRAC shasthashabika	Government family planning worker	Govern-ment health worker	Other NGO worker	BPHC	Other	DK/ missing	Number
Age											
15-19	52.8	500	10.7	1.2	76.5	9.5	1.8	0.0	1.2	1.2	264
20-24	64.1	807	5.5	0.2	80.8	10.9	1.1	0.2	2.8	0.2	517
25-29	66.2	748	9.5	0.9	78.4	9.5	1.1	0.0	2.9	0.0	495
30-39	67.0	781	7.1	1.2	79.6	11.1	0.9	0.0	1.5	0.2	523
40-49	60.6	1,493	6.9	1.0	79.7	9.9	1.5	0.0	2.1	0.4	904
Marital status											
Currently married	63.0	4,134	7.4	0.9	79.6	10.1	1.3	0.0	2.1	0.3	2,603
Separated	48.7	42	11.1	3.8	74.3	14.5	0.0	0.0	0.0	0.0	20
Deserted	43.8	13	40.0	0.0	60.5	13.2	0.0	0.0	0.0	0.0	6
Divorced	48.9	35	6.6	0.0	81.2	7.9	0.0	0.0	4.4	0.0	17
Widowed	51.8	147	8.9	0.0	74.2	11.9	1.0	0.0	4.0	0.0	76
Highest educational level											
No education	60.3	2,118	7.8	0.9	80.3	9.1	1.1	0.0	1.9	0.3	1,277
Primary	65.1	1,249	8.0	0.8	78.7	10.1	1.7	0.1	2.3	0.4	813
Secondary	63.3	931	6.6	0.8	78.6	12.2	0.9	0.0	2.7	0.2	589
Higher secondary	59.1	55	3.3	3.5	81.4	11.7	2.4	0.0	0.0	0.0	32
College/University	57.5	19	0.0	0.0	71.7	28.3	0.0	0.0	0.0	0.0	11
Household asset quintile											
Poorest	58.8	875	10.0	1.0	78.8	10.6	0.5	0.0	1.5	0.0	514
2	65.1	875	6.7	0.4	81.0	7.5	1.7	0.0	3.4	0.5	570
3	62.0	875	7.0	1.2	80.7	9.7	1.1	0.2	1.3	0.6	543
4	65.5	875	7.5	0.7	79.2	10.5	1.0	0.0	2.5	0.2	573
Richest	59.9	873	6.6	1.0	77.1	12.9	1.9	0.0	2.0	0.2	523
Number of living children											
0	49.2	405	7.4	0.0	81.7	9.8	1.5	0.6	0.6	0.0	200
1	61.3	815	8.1	1.2	77.1	11.7	1.2	0.0	1.5	0.9	500
2	67.8	985	8.3	1.0	79.6	8.8	1.3	0.0	3.2	0.3	668
3	68.2	827	5.3	0.8	81.4	10.6	0.9	0.0	3.0	0.0	565
4+	59.0	1,340	8.2	0.8	78.7	10.3	1.4	0.0	1.5	0.3	791
Total	62.3	4,372	7.5	0.9	79.4	10.2	1.2	0.0	2.2	0.3	2,723

Table 9.21 Health of family planning information received in the past three months

Percentage of women who mentioned receiving specific information about health of family planning from a provider in the past three months by provider type, project and non-project areas, 2003.

Information Received	Organization							
	NSDP depotholder	BRAC shasthashabika	Government family planning worker	Government health worker	Other NGO worker	BPHC	Other	DK/missing
PROJECT AREAS								
Family planning	26.4	10.7	22.0	12.5	14.9	12.0	6.2	13.0
Advice for side effects of treatment	2.9	5.4	2.8	3.2	0.0	0.0	0.0	0.0
Maternal health	4.1	5.4	2.3	5.7	22.3	4.0	3.0	13.0
Child health	3.7	5.4	2.3	5.3	7.7	4.0	3.0	13.0
Diarrhea treatment/ORS	2.2	0.0	1.1	4.1	0.0	4.0	1.5	0.0
ARI treatment	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0
Vitamin A	2.4	0.0	1.5	9.0	7.3	4.0	9.5	0.0
Illnesses	3.2	0.0	1.3	4.2	7.7	4.0	2.3	0.0
Other child care	1.1	0.0	0.7	0.5	0.0	4.0	1.6	0.0
Other reproductive health treatment of RTI/STD	0.1	0.0	0.0	1.1	0.0	0.0	0.0	0.0
General health	1.6	0.0	0.7	1.1	29.6	0.0	0.0	0.0
Other	0.1	0.0	0.2	0.0	0.0	0.0	0.0	0.0
Total	4,854.0	20.0	651.0	104.0	15.0	13.0	71.0	9.0
NON-PROJECT AREAS								
Family planning	23.1	12.9	21.3	14.6	24.3	0.0	13.0	26.1
Advice for side effects of treatment	3.4	0.0	2.9	2.1	5.7	0.0	1.9	0.0
Maternal health	4.9	3.3	3.1	4.0	3.1	100.0	4.6	0.0
Child health	2.2	3.3	3.1	5.0	2.3	0.0	2.7	0.0
Diarrhea treatment/ORS	0.6	0.0	0.8	1.5	0.0	0.0	0.0	0.0
ARI treatment	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Vitamin A	0.0	0.0	2.0	1.5	0.0	0.0	1.9	12.5
Illnesses	3.6	0.0	2.1	3.7	0.0	0.0	0.0	0.0
Other child care	1.1	0.0	0.9	1.5	0.0	0.0	0.0	0.0
Other reproductive health treatment of RTI/STD	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
General health	2.4	0.0	1.2	0.3	3.4	0.0	1.9	0.0
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	205.0	24.0	2,162.0	278.0	34.0	1.0	59.0	8.0

Table 9.22 Health or family planning services received in the past three months

Percentage of women who received health or family planning services in the past three months and type of supplies received by provider type, project and non-project areas, 2003.

	Organization							
	NSDP depotholder	BRAC shasthashabika	Government family planning worker	Government health worker	Other NGO worker	BPHC	Other	DK/missing
PROJECT AREAS								
Received FP and health services last 3 months								
Yes	17.5	5.5	19.2	15.7	14.9	8.0	11.4	13.0
Total	4,854	20	651	104	15	13	71	9
What services where received								
Oral pill	62.4	0.0	78.1	46.2	51.5	50.0	53.7	100.0
Condom	3.6	0.0	6.9	6.7	0.0	0.0	0.0	0.0
Other family planning method	16.8	0.0	5.2	26.6	0.0	0.0	13.2	0.0
ORS	9.4	0.0	3.8	0.0	0.0	50.0	13.2	0.0
Vitamin A	7.3	100.0	4.3	20.9	0.0	0.0	13.2	0.0
Child health	4.5	0.0	2.6	6.5	0.0	0.0	0.0	0.0
Other	1.4	0.0	0.0	0.0	48.5	0.0	6.6	0.0
Number	848	1	125	16	2	1	8	1
NON-PROJECT AREAS								
Received FP and health services last 3 months								
Yes	14.5	16.2	21.0	13.5	21.9	0.0	15.6	52.1
Total	205	24	2,162	278	34	1	59	8
What services were received								
Oral pill	59.9	40.8	70.0	65.7	79.0	-	32.4	24.0
Condom	6.5	29.6	6.1	4.0	0.0	-	8.6	0.0
Other family planning method	17.1	0.0	13.4	15.2	0.0	-	38.1	26.0
ORS	11.2	29.6	2.2	5.9	0.0	-	0.0	26.0
Vitamin A	2.6	0.0	6.9	7.7	10.3	-	0.0	0.0
Child health	9.1	0.0	4.8	8.8	10.3	-	0.0	0.0
Other	0.0	0.0	1.5	4.1	10.7	-	21.0	24.0
Number	30	4	453	37	7	0	9	4

9.18 Referral to Health and Family Planning Services in the Last Three Months

Women were also asked whether they had been referred to a satellite clinic for health and family planning services in the past three months. Tables 9.23A and 9.23B provide the percentage of women who were referred to any satellite clinics or static clinics for health or family planning services in the past three months by provider strata and type of services. One-fifth of women who visited an NSDP depotholder reported that that person referred them to a satellite clinic. In non-project areas, the most common reason for referral was for a clinical family planning method (43.9%), but referrals were also made for antenatal care (15.6%), general health issues (15.3%), illnesses (14.1%), and EPI (7.7%). Nearly half reported that the NSDP depotholder had visited them in their homes in the past three months while about 40% recalled being visited by a government family planning worker.

Table 9.23A Referral to health or family planning services in the past three months, project areas

Percentage of women who were referred to any satellite or static clinic for health or family planning services in the past three months by provider type and type of service, project and non-project areas, 2003.

	NSDP depotholder	BRAC shasthashabika	Government family planning worker	Government health worker	Other NGO worker	BPHC	Other	DK/missing
PROJECT AREAS								
Referred to a satellite or static clinic								
Yes	20.8	18.9	8.9	9.9	30.0	0.0	10.1	0.0
Visited home last 3 months								
Yes	44.3	18.8	41.3	34.0	14.9	52.0	36.6	19.1
Total	4,854	20	651	104	15	13	71	9
For what services								
Clinical method	47.5	0.0	24.2	20.9	25.6	-	38.2	-
Non-clinical method	18.1	42.6	29.0	10.4	0.0	-	54.1	-
Advice for side effects of treatment	4.9	0.0	3.7	0.0	0.0	-	0.0	-
Antenatal care	9.3	28.5	2.8	15.7	50.0	-	0.0	-
Postnatal care	0.3	0.0	0.0	0.0	0.0	-	0.0	-
Tetanus	5.4	0.0	4.7	15.7	50.0	-	0.0	-
EPI	7.3	0.0	9.3	21.2	0.0	-	15.8	-
Diarrhea treatment/ORS	3.8	0.0	3.7	0.0	0.0	-	0.0	-
ARI treatment	0.2	0.0	0.0	0.0	0.0	-	0.0	-
Vitamin A	6.4	0.0	17.0	10.3	0.0	-	14.9	-
Illnesses	12.7	28.9	13.2	21.5	50.0	-	15.2	-
Other child care	3.6	0.0	2.0	0.0	0.0	-	0.0	-
Other reproductive health treatment of RTI/STD	0.3	0.0	0.0	0.0	0.0	-	0.0	-
General health	5.5	0.0	9.4	0.0	24.4	-	0.0	-
Other	0.1	0.0	0.0	0.0	0.0	-	0.0	-
Number	1,009.0	4.0	58.0	10.0	4.0	0.0	7.0	0.0

Table 9.23B Referral to health or family planning services in the past three months, non-project areas

	NSDP depotholder	BRAC shasthashabika	Government family planning worker	Government health worker	Other NGO worker	BPHC	Other	DK/missing
				NON-PROJECT AREAS				
Referred to a satellite or static clinic								
Yes	14.0	3.3	11.2	10.6	18.8	0.0	17.5	0.0
Visited home last three months								
Yes	47.7	30.5	39.6	33.3	38.4	100.0	23.3	38.5
Total	205	24	2,162	278	34	1	59	8
For what services								
Clinical method	43.9	0.0	32.4	25.7	43.4	-	48.3	-
Non-clinical method	8.0	100.0	23.1	27.2	0.0	-	0.0	-
Advice for side effects of treatment	0.0	0.0	2.2	0.0	0.0	-	0.0	-
Antenatal care	15.6	0.0	3.4	5.2	39.9	-	7.6	-
Postnatal care	0.0	0.0	0.3	2.6	0.0	-	0.0	-
Tetanus	10.7	0.0	12.4	10.0	0.0	-	0.0	-
EPI	7.7	0.0	14.9	25.8	21.7	-	22.1	-
Diarrhea treatment/ORS	0.0	0.0	1.9	0.0	0.0	-	0.0	-
ARI treatment	0.0	0.0	0.6	0.0	0.0	-	0.0	-
Vitamin A	3.7	0.0	11.8	15.5	0.0	-	0.0	-
Illnesses	14.1	100.0	14.1	15.2	16.7	-	0.0	-
Other child care	7.3	0.0	2.6	5.1	0.0	-	0.0	-
Other reproductive health treatment of RTI/STD	0.0	0.0	0.0	0.0	0.0	-	0.0	-
General health	15.3	0.0	4.8	6.1	16.7	-	22.1	-
Other	0.0	0.0	0.4	0.0	0.0	-	0.0	-
Number	29	1	242	29	6	0	10	0

9.19 Attendance at Community Meetings

Women were asked if they had ever attended any meetings organized by an NSDP community mobilizer or service promoter. Only 5% of respondents in NSDP areas reported attending such a meeting. They also reported that the last meeting was held on average 6.5 months earlier. The main topics discussed were family planning, pregnancy, and child health (Table 9.24).

Table 9.24 Attendance at community meetings

Percentage of women who attended a meeting by a community mobilizer/service promoter by NSDP area, 2003.

	Project Areas				
	Chittagong/ Sylhet	Khulna/Barisal	Dhaka	Rajshahi	Total
Attended a meeting by a community mobilizer					
Yes	3.9	4.9	4.2	7.4	5.0
No	96.1	95.1	95.8	92.6	95.0
What was the meeting about					
Newlywed meeting	0.2	1.4	0.7	0.9	0.7
Pregnancy care	1.9	2.5	1.9	3.3	2.3
Family planning	2.6	3.3	3.0	5.1	3.4
Child health	1.8	2.5	1.9	2.2	2.0
HIV/AIDS/STD	0.1	0.1	0.0	0.1	0.1
Nutrition	0.9	0.5	0.6	1.3	0.8
Other	0.1	0.1	0.2	0.1	0.1
When was the last meeting					
Months (mean)	7.2	3.3	6.6	7.2	6.5
Number	1,898	849	2,992	1,769	7,507

Note: Percentages for "What was the meeting about" are for all women, not just those who attended a meeting.

CHAPTER 10. COMPARISON OF COMMON CLUSTERS

Because the rural NSDP project withdrew from some areas and expanded into others from 2001 to 2003, the project population in 2003 differed by composition from that in 2001. To provide a better assessment of whether any changes that occurred from 2001 to 2003 can be attributed to the project, reflect secular trends in rural areas, or are due to changes in the composition of the sample, we analyze outcomes from a set of clusters common to both the 2001 and 2003 NSDP evaluation surveys.

In all, 205 of 237 project area clusters from 2001 were retained in 2003, while 73 of 145 were retained in non-project areas. In project areas, these common clusters contained 6,535 women in 6,910 households in 2001 and 6,560 women in 6,863 households in 2003 (Table 10.1). Non-project comparison clusters were considerably smaller, with 2,302 women in 2,460 households in 2001 and 2,192 women in 2,321 households in 2003. Analyzing these common clusters allows us to assess with greater confidence whether any changes that occurred during the interval can be attributed to the project or reflected secular trends in rural areas, independent of changes in the sample of project and non-project clusters.

Table 10.1 Sample sizes in the clusters common to the 2001 and 2003 rural NSDP surveys

	Project Areas		Non-project Areas	
	2001	2003	2001	2003
Households	6,910	6,863	2,460	2,321
Women	6,535	6,506	2,302	2,192

Overall, many of the changes were of greater magnitude in NSDP common clusters (than the non-NSDP common clusters) (Table 10.2). For example, iron supplementation in NSDP common clusters increased by 10.4 percentage points, from 38.2% of pregnant women in 2001, while in non-NSDP common clusters iron supplementation remained virtually unchanged.

With the exception of modern contraception, many of the changes in the common clusters were larger in magnitude than those observed in the full NSDP sample. For vitamin A supplementation among children aged 6-59 months, the increase was twice as large in the common clusters (9.4 percentage points) as the full sample (4.3 percentage points). For modern contraception, the situation was reversed: a 5.6 percentage point increase in the full sample versus a 2.7 percentage point increase in the common cluster sample. This would tend to indicate that the project stopped operating in higher performing areas (with the exception of modern contraception) and expanded to lower-performing ones.

Table 10.2 Percentage point changes from 2001 to 2003 in NSDP performance indicators

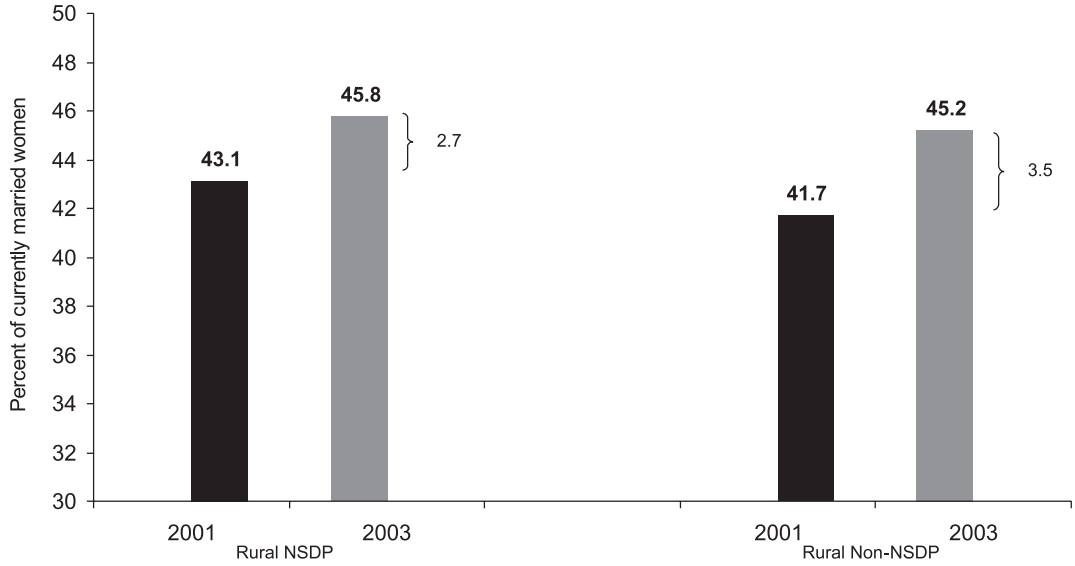
Percentage point changes in NSDP performance indicators during the period 2001-2003 for Common Clusters and Full Sample, project and non-project areas.

Indicator	Common Clusters		Full Sample	
	NSDP	Non-NSDP	NSDP	Non-NSDP
Modern CPR	2.7	3.5	5.6	5.3
Antenatal Care (last 12 mos.)	11.4	6.7	7.1	11.2
Iron Supplementation	10.4	-0.3	6.9	2.6
Full Vaccination (12-23 mos.)	3.4	3.0	3.4	6.6
Vitamin A	9.4	6.0	4.3	1.3
NSDP market share:				
Contraception	-0.5		1.5	
Antenatal Care	1.6		-7.4	
DPT3	20.3		7.3	

Family Planning

The overall increase in contraceptive prevalence rates from 2001 to 2003 was slightly greater in non-project common cluster areas than in project common cluster areas. For all methods, the contraceptive prevalence rate in project areas increased from 49.8% of currently married women in 2001 to 53.3% in 2003, an increase of 3.5 percentage points. In non-project areas, the increase was 5.2 percentage points, from 49.4% to 54.6%. For use of modern contraception, the increases were roughly similar – from 43.1% to 45.8% in rural NSDP common clusters and from 41.7% to 45.2% in rural non-NSDP common clusters (Figure 10.1). By 2003, women in project and non-project common cluster areas had similar rates of modern contraceptive prevalence.

Figure 10.1 Modern contraceptive use, rural NSDP and NSDP common cluster areas, 2001 and 2003.



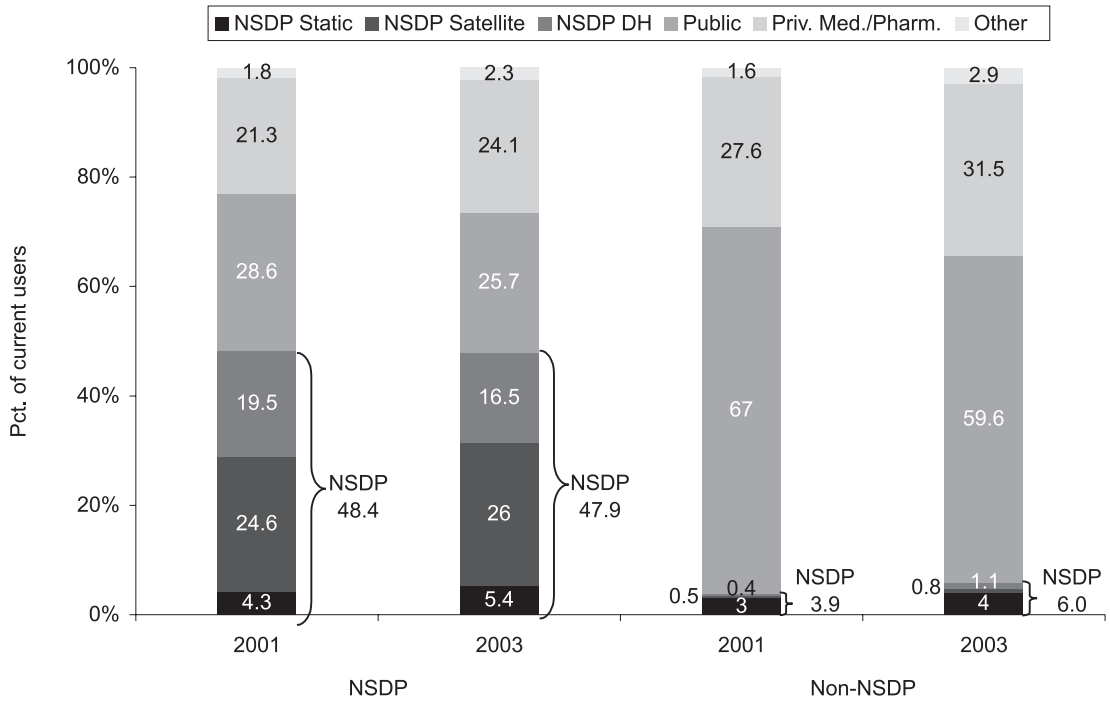
In comparison to the common cluster sample, the 2001 contraceptive prevalence rate for the full rural sample (BRAC areas included) was 40.4%, lower than for the common clusters (43.1%, as shown in Figure 10.1). This suggests that the project moved *away from* low contraceptive prevalence areas. Similarly, the 2003 contraceptive prevalence rate for the full rural sample (including new areas) was 46%, nominally higher than the contraceptive prevalence rate in common clusters in 2003 (45.8%). This suggests that the project moved *into* somewhat higher contraceptive prevalence areas.

The trends in use of specific types of modern contraception were identical in project and non-project common cluster areas. Increases were noted in pill, injection, and traditional methods. However, non-project areas registered larger increases in the use of injectable methods (2.7 percentage points) than project areas (1.5 percentage points).

Adolescents in both project and non-project common clusters were more likely to use modern contraception in 2003 than 2001. The increase was larger in project areas – from 30.8% to 35.1% – for adolescents aged 15 to 19 years. The substantial increase in non-project areas for women 10 to 14 years old was largely due to the small sample in this age group.

The share of NSDP providers in modern contraceptive use remained largely unchanged in rural NSDP areas – 48.4% of users of modern contraception received their method from NSDP providers in 2001 as compared with 47.9% of those in 2003 (Figure 10.2). This compares with a slight increase in the full NSDP sample, from a share of 44.0% to 45.5%.

Figure 10.2 Sources of modern contraception, NSDP and non-NSDP common cluster areas, 2001 and 2003.



Contraceptive discontinuation rates fell from 2001 to 2003 in project areas (by approximately 2 percentage points for oral contraceptives and 15 points for IUDs, but not at all for injectables). However, discontinuation rates in non-project areas fell by even more, by 14 to 27 percentage points for various modern methods. In the full sample, there was no significant observable change in discontinuation rates for any of these methods.

Antenatal Care

The proportion of women receiving antenatal care – both within the last year and within the last three – increased substantially in NSDP common cluster areas. More than half (54.4%) of women in project common cluster areas with a live birth in the last year made at least one antenatal care visit in 2003, as compared with 43% in 2001 (Figure 10.3). The increase in antenatal care visits in non-project common-cluster areas was approximately half that, from 37.6% in 2001 to 44.3% in 2003.

The increase in antenatal care coverage in the common cluster sample was also more than 4 percentage points greater than the increase of 7.1 percentage points in the full NSDP sample, where antenatal care coverage for births in the last year increased from 46.8% in 2001 to 53.9% in 2003. The 2001 antenatal care rate for the full rural sample (BRAC areas included) was higher than for the common clusters in 2001 (43.0%, as shown in Figure 10.3) suggesting that the project moved *away from* high antenatal care use areas. The rates for the NSDP common cluster and full sample areas were by 2003 similar – 54.4% and 53.9% respectively – suggesting that the project moved *into* somewhat lower antenatal care use areas. The overall effect of this change in the composition of the sample was to dampen the effect of the project in terms of increasing antenatal care coverage rates.

The share of women receiving antenatal care at NSDP clinics continued its upward trend, increasing to 54.1% of women in 2003 from 52.5% in 2001 (Figure 10.4). This contrasts with a decrease from 58.5% to 50.1% in the full NSDP sample during the same period. In the common clusters, the share of NSDP satellite clinics decreased slightly from 41.7% in 2001 to 39.4% in 2003. This was offset by an increase in the use of NSDP static clinics, from 10.8% in 2001 and to 14.7% in 2003. The share of satellite clinics in the full sample decreased by more than 11 percentage points, from 47.8% to 36.7%.

Figure 10.3 Antenatal care use, rural NSDP and non-NSDP common cluster areas, 2001 and 2003.

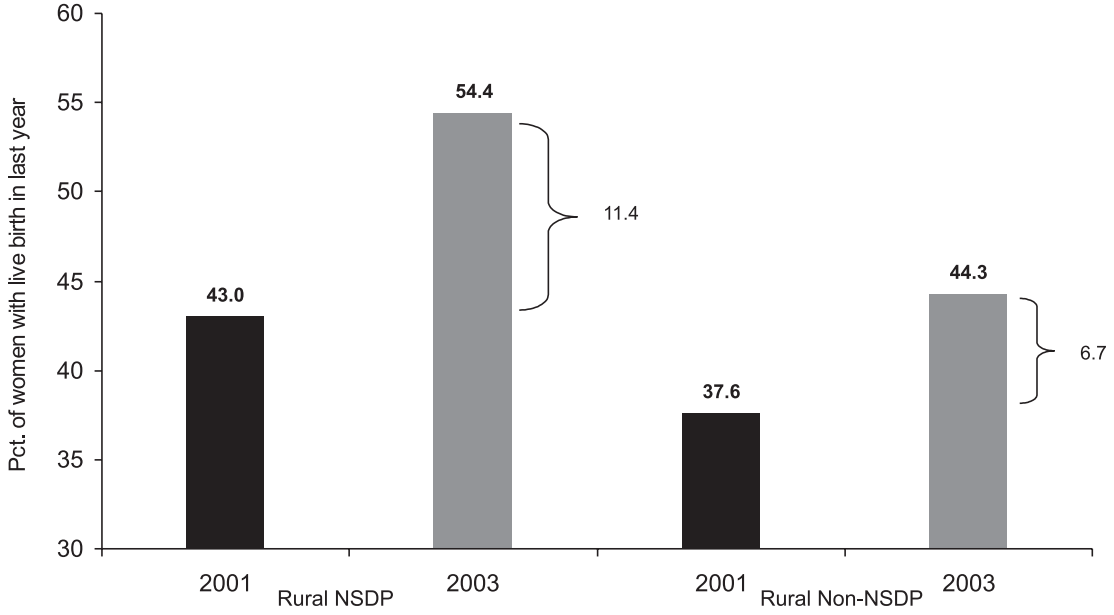
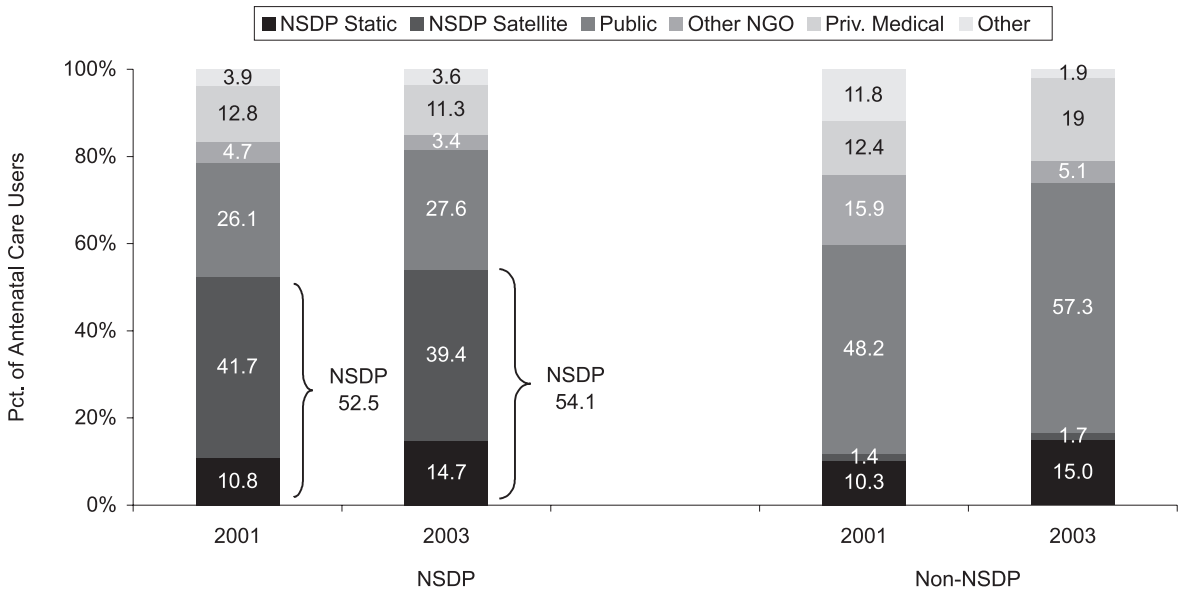


Figure 10.4 Sources of antenatal care, NSDP and non- NSDP common cluster areas, 2001 and 2003.



The large increase in antenatal care coverage appears to have been primarily attributable to increases in the use of NSDP clinics. Of the 11.4 percentage point increase in antenatal care in the common clusters, 6.8 percentage points were due to increased use of NSDP clinics (Figure 10.5). Just under four percentage points were due to increased use of government facilities.

In both 2001 and 2003, a higher percentage of the women in NSDP areas reported receiving three or more antenatal care visits than did non-NSDP area women (Figure 10.6). In addition, the increase in the percentage of women reporting three or more antenatal care visits was slightly larger in NSDP (3 percentage points) than non-NSDP areas (2.2 percentage points) between 2001 and 2003. Likewise, the percentage of women who reported making no antenatal care visits was lower, and the decrease in this percentage greater, in NSDP women relative to their rural non-NSDP counterparts.

Figure 10.5 ANC visit and place of checkup, NSDP common cluster areas, 2001 and 2003.

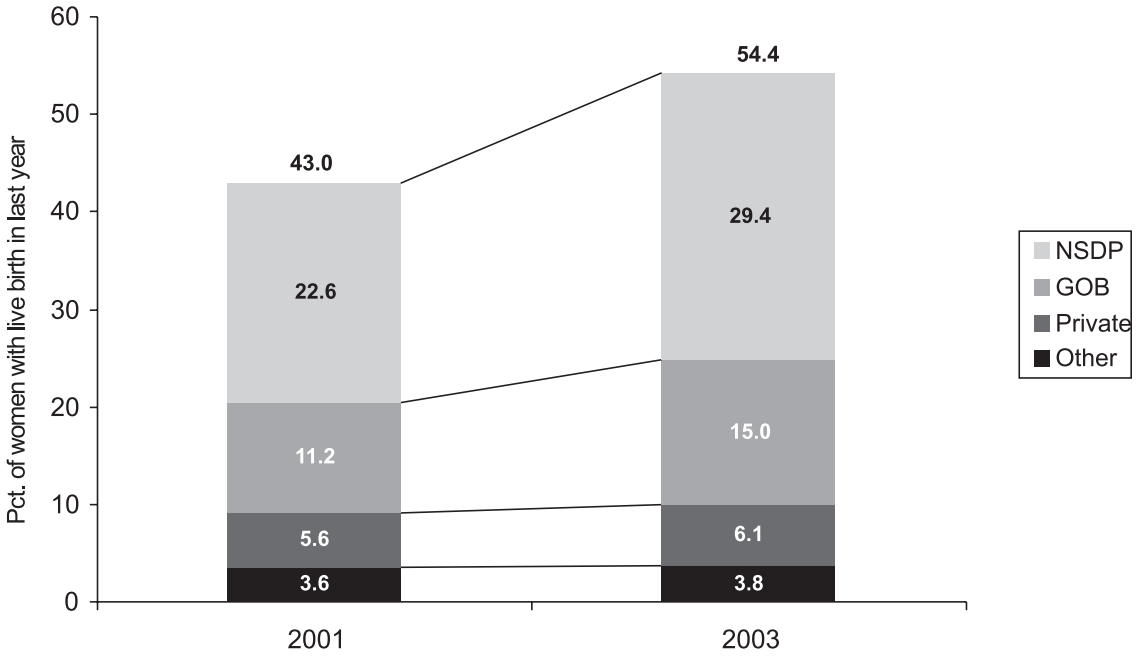
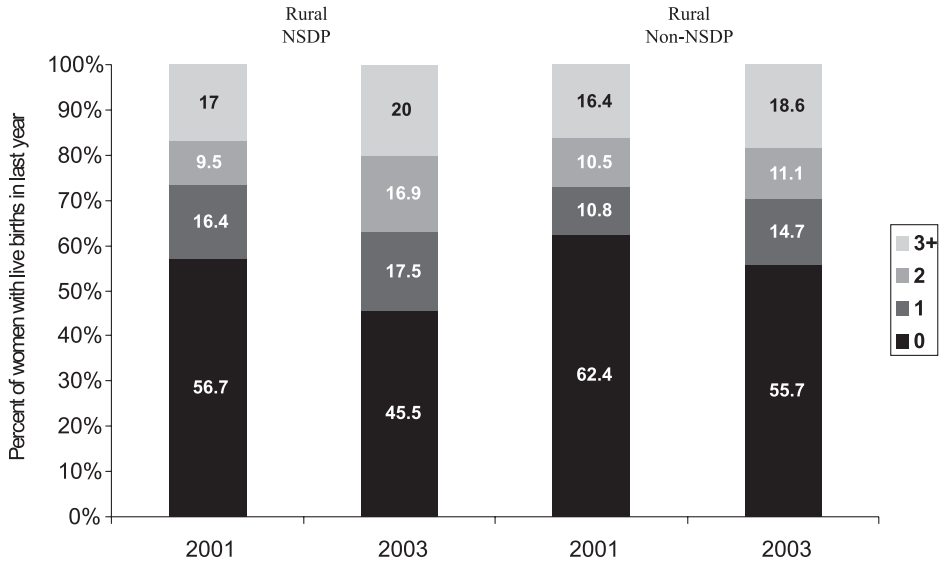


Figure 10.6 Number of ANC visits, NSDP and non-NSDP common cluster areas, 2001 and 2003.



Child Health

Virtually all of the child health indicators in common clusters showed improvements from 2001 to 2003, sometimes substantially. In project common cluster areas, the under 5 years of age mortality rate decreased from 102.5 to 93.0 deaths per 1,000 live births. However, this was matched by an identical drop in non-project areas, from 94.1 to 84.6 deaths per 1,000 live births. The decline was also the same in the full NSDP sample.

The utilization of child health services improved in project areas. For example, the proportion of children age 12 to 23 months who were fully vaccinated increased from 44.6% to 48.5%, an increase of 3.9 percentage points (Table 10.3). The increase was slightly smaller in non-project areas, from 51.2% to 54.2%. With the exception of polio, the direction of improvements for specific antigens was identical in project and non-project areas, though the increase in measles coverage in NSDP areas (from 61.3% to 70.2%) was considerably larger than in non-project areas (71.0% to 74.6%). The increases in vaccination coverage in the full NSDP sample were mirrored in direction and magnitude in the common cluster sample (Table 10.5).

The proportion of children receiving vaccinations from NSDP sources increased by approximately 20 percentage points from 2001 to 2003, from approximately 53% to 58% of vaccinations in 2001 to 72% to 75% of vaccinations in 2003 (Table 10.4). This was a considerably larger increase than in the full sample. The dropout rate for DPT vaccinations decreased slightly in both project and non-project areas but decreased for polio only in project areas.

In both the project and non-project areas, the proportion of children with diarrhea receiving packet ORS increased, from 65.8% to 72.3% in rural NSDP areas and from 60.1% to 73.9% in rural non-NSDP areas. The proportion of children receiving *laban gur* solution decreased in both areas. Overall, close to 80% of children with diarrhea in rural NSDP areas were treated with ORT. This was true as well in the full NSDP sample.

Table 10.3 Percent of children 12-23 months old vaccinated any time before the survey

Percent of children age 12-23 months old vaccinated by antigen, year and NSDP area.

Antigen	Rural NSDP Project Areas		Rural non-NSDP Areas	
	2001	2003	2001	2003
BCG	88.2%	89.7%	90.0%	92.0%
DPT 3	53.3%	59.6%	59.6%	64.8%
Polio 3	77.4%	82.0%	85.3%	82.7%
Measles	61.3%	70.2%	71.0%	74.6%
All antigens	44.6%	48.5%	51.2%	54.2%

Table 10.4 Percent of immunized children receiving vaccinations from rural NSDP facilities, 12-23 months

Percent of immunized children age 12-23 months receiving vaccinations from rural NSDP facilities, by year, antigen and NSDP area.

Antigen	Rural NSDP Project Areas		Rural non-NSDP Areas	
	2001	2003	2001	2003
BCG	53.4%	71.7%	5.7%	8.3%
DPT 3	54.5%	74.8%	4.1%	8.1%
Polio 3	58.2%	75.1%	3.6%	9.4%
Measles	55.5%	71.8%	3.3%	7.9%

Table 10.5 Vaccinations in full NSDP and common cluster samples

Percent of immunized children age 12-23 months old vaccinated by antigen, by year and full NSDP/common cluster sample.

	Full NSDP Sample			NSDP Common Cluster Sample		
Vaccination	2001	2003	Change	2001	2003	Change
BCG	89.0	90.7	1.7	88.2	89.7	1.5
DPT3	55.2	60.3	5.1	53.3	59.6	6.3
Polio3	78.6	82.9	4.3	77.4	82.0	4.6
Measles	62.9	70.7	7.8	61.3	70.2	8.9
All	45.8	49.2	3.4	44.6	48.5	3.9

A large improvement, though still far from adequate, was observed in project area common clusters in the treatment of ARI. Nearly one third of ARI cases were taken to health facilities in project areas, up from 12.9% in 2001. The proportions of children taken to facilities for treatment of ARI were similar in both project and non-project common cluster areas. The increase in ARI treatment was larger in the common cluster NSDP sample than the full sample, though overall rates in 2003 were similar.

Coverage of vitamin A capsules for children 6 to 59 months increased in the common NSDP clusters from 70% in 2001 to 74.1% in 2003. In contrast, vitamin A coverage fell in non-NSDP common clusters, from 77.3% to 75.7%. The improvement in vitamin A coverage in the common clusters slightly exceeded that in the full NSDP sample, where coverage improved from 70.1% to 73.9%.

Exclusive breastfeeding through the first four months of life improved in project common cluster areas, from 54.9% to 68.7% of infants exclusively breastfed at 0-1 month and from 38.2% to 54.9% of infants exclusively breastfed at 2-3 months. More than twice as many infants in project common cluster areas were breastfed at 2-3 months than non-project infants. In the full sample, exclusive breastfeeding increased by a similar degree.

Knowledge and Awareness of Health Services

In general, the awareness of health services at NSDP clinics rose from 2001 to 2003. Improvements in awareness at NSDP were largest for ANC services – from 44.7% to 64.6% of women at NSDP static clinics and from 38.7% to 62.4% of women at NSDP satellite clinics. Improvements, particularly at NSDP satellite clinics, were also seen in EPI and clinical family planning services.

Awareness of other types of health services and conditions varied. Nearly all women in both project and non-project areas and in 2001 and 2003 could name three methods of family planning. However, only 16% to 18% of women could identify when their child's next immunization was due, a substantial drop from the nearly one-third of women who could do so in 2001. There were improvements in knowledge of the importance of vitamin A. Just over 30% of women in 2003 knew that vitamin A prevents night blindness, as compared to 17.7% in 2001. A similar sized increase was observed in non-project areas. There were small improvements in the proportion of women who could not name a single complication of pregnancy requiring medical care, from 10.2% in 2001 to 6.4% in 2003. However, in project areas, there were only modest improvements in the awareness of specific complications such as convulsions/eclampsia (from 22.8% to 24.4% of women), retained placenta (from 35.5% to 39.3%), and poor positioning of the fetus (from 27.0% to 36.0%). Nearly all improvements were matched in non-project areas.

Table 10.6 Summary table of rural NSDP results framework indicators, 2001 RSDP and 2003 rural NSDP evaluation surveys

Using clusters that were in project and non-project areas in both years only - panel of clusters.

	Project Areas		Non-project Areas	
	RSDP Survey 2001	Rural NSDP Survey 2003	RSDP Survey 2001	Rural NSDP Survey 2003
SO: Fertility reduced; family health improved				
Total fertility rate 15-49 (3 year recall)	**3.5**	**3.3**	**3.4**	**3.3**
Infant Mortality Rate	**74.4**	**73.0**	**73.1**	**65.5**
Child Mortality Rate	**30.4**	**21.5**	**22.6**	**20.5**
Under 5 Mortality Rate	**102.5**	**93.0**	**94.1**	**84.6**
IR 1: Increased use of high-impact elements of an "Essential Service Package" among target populations, especially in low-performing areas.				
Contraceptive prevalence rate (modern methods) among currently married women				
Any method	**49.8**	**53.3**	**49.4**	**54.6**
Any modern method	**43.1**	**45.8**	**41.7**	**45.2**
Pill	**21.5**	**22.8**	**25.0**	**26.6**
IUD	**0.6**	**0.5**	**0.8**	**0.8**
Injection	**12.6**	**14.1**	**6.1**	**8.8**
Condom	**2.1**	**1.8**	**2.9**	**3.1**
Female Sterilization	**5.7**	**5.6**	**6.4**	**5.3**
Male Sterilization	**0.3**	**0.4**	**0.1**	**0.3**
Norplant	**0.4**	**0.6**	**0.4**	**0.4**
Any traditional	**6.1**	**7.2**	**7.4**	**9.1**
Not Using Any method	**50.2**	**46.7**	**50.6**	**45.4**
Contraceptive prevalence rate (modern methods) among married adolescents				
Age 10-14	**18.1**	**24.2**	**7.4**	**41.8**
Age 15-19	**30.8**	**35.1**	**32.8**	**33.1**
Percent of children age 12-23 months who received specific vaccines at any time before the survey (source is either vaccination card or mother's report)				
BCG	**88.2**	**89.7**	**90.0**	**92.0**
DPT3	**53.3**	**59.6**	**59.6**	**64.8**
Polio3	**77.4**	**82.0**	**85.3**	**82.7**
Measles	**61.3**	**70.2**	**71.0**	**74.6**
All	**44.6**	**48.5**	**51.2**	**54.2**
Percent of children (9-59 months) receiving vitamin-A capsules semi-annually	**70.0**	**74.1**	**77.3**	**75.7**
Percent of child diarrheal episodes treated with ORT in target populations				
Packet ORS	**65.8**	**72.3**	**60.1**	**73.9**
Laban gur saline	**25.4**	**20.1**	**28.0**	**16.2**
Oral Rehydration Therapy (ORS or *laban gur*)	**76.2**	**79.2**	**68.9**	**76.8**

Table 10.6 Summary table of rural NSDP results framework indicators, 2001 RSDP and 2003 rural NSDP evaluation surveys (continued)

Using clusters that were in project and non-project areas in both years only - panel of clusters.

	Project Areas		Non-project Areas	
	RSDP Survey 2001	Rural NSDP Survey 2003	RSDP Survey 2001	Rural NSDP Survey 2003
Percent of child ARI cases treated in target populations				
Health Facility	**12.9**	**32.7**	**24.0**	**33.6**
Percent of live births for which women in target populations made one or more ANC visits, by age				
Women with a live birth in last 1 year	**43.0**	**54.4**	**37.6**	**44.3**
Women with live birth in last 3 years	**37.5**	**51.2**	**36.6**	**43.5**
Percent of pregnant women taking iron supplementation (last 1 year)	**38.2**	**48.6**	**42.4**	**42.1**
IR 2: Increased knowledge and changed behaviors related to high-priority health problems, especially in low-performing areas.				
Percent of married women in catchment populations that can name available ESP services related to maternal health, reproductive health, child health				
Static Clinic				
Clinical FP Method	**60.0**	**62.1**	**x**	**x**
Non-clinical FP Method	**59.2**	**53.5**	**x**	**x**
Advice for side effects	**4.3**	**5.9**	**x**	**x**
ANC	**44.7**	**64.6**	**x**	**x**
PNC	**6.4**	**10.4**	**x**	**x**
EPI	**45.3**	**48.0**	**x**	**x**
Oral Saline	**16.5**	**12.9**	**x**	**x**
Satellite Clinic				
Clinical FP Method	**54.8**	**65.3**	**x**	**x**
Non-clinical FP Method	**63.7**	**59.8**	**x**	**x**
Advice for side effects of family planning use	**2.8**	**3.8**	**x**	**x**
ANC	**38.7**	**62.4**	**x**	**x**
PNC	**6.0**	**4.8**	**x**	**x**
EPI	**59.3**	**69.9**	**x**	**x**
Oral Saline	**10.1**	**10.1**	**x**	**x**
Percent of potential clients who can describe three family modern planning methods including indications for use				
Know three methods	**97.6**	**98.1**	**98.7**	**98.1**

Table 10.6 Summary table of rural NSDP results framework indicators, 2001 RSDP and 2003 rural NSDP evaluation surveys (continued)

Using clusters that were in project and non-project areas in both years only - panel of clusters.				
	Project Areas		**Non-project Areas**	
	RSDP Survey 2001	Rural NSDP Survey 2003	RSDP Survey 2001	Rural NSDP Survey 2003
Percent of mothers who know when their child's next immunization is due; the importance of vitamin-A; how to respond to childhood diarrhea and ARI; danger signs of pregnancy				
When child's next immunization due				
DPT3	**31.4**	**16.3**	**23.9**	**13.5**
Polio3	**30.4**	**17.6**	**25.3**	**13.7**
Both	**30.4**	**16.4**	**21.8**	**13.7**
Importance of vitamin A				
To prevent night blindness	**17.7**	**30.6**	**21.6**	**35.6**
To increase resistance to infections	**19.6**	**21.8**	**22.8**	**21.0**
To improve child's health	**43.7**	**48.6**	**44.2**	**50.0**
Know danger signs for pregnancy and how to react				
Tetanus	**55.3**	**57.3**	**58.0**	**57.8**
Obstructed Labor	**33.6**	**26.2**	**38.9**	**25.7**
Convulsions/Eclampsia	**22.8**	**24.4**	**26.6**	**29.1**
Retained Placenta	**35.5**	**39.3**	**37.2**	**39.7**
Poor positioning of fetus	**27.0**	**36.6**	**30.5**	**39.7**
Excessive vaginal bleeding	**17.3**	**16.9**	**19.7**	**19.0**
Don't Know	**10.2**	**6.4**	**9.0**	**6.1**
Seek medical care	**99.0**	**99.6**	**99.6**	**99.7**
Percent of married women who know the recommended number of TT vaccinations	**19.2**	**30.2**	**22.1**	**37.3**
Percent of women who exclusively breastfeed, by 2 month intervals				
0-1 month	**54.9**	**68.7**	**59.9**	**84.6**
2-3 months	**38.2**	**54.9**	**46.4**	**28.8**
4-5 months	**32.9**	**34.1**	**23.7**	**44.6**
6-7 months	**9.8**	**8.2**	**13.3**	**4.4**
8-9 months	**4.9**	**3.9**	**7.0**	**1.6**
10-11 months	**3.1**	**1.4**	**0.0**	**3.5**
IR 3: Improved quality of services at NSDP facilities				
Drop-out rates for EPI				
DPT3	**37.3**	**32.3**	**32.1**	**29.0**
Polio3	**13.3**	**6.3**	**5.7**	**7.4**
Contraceptive Method Discontinuation Rates				
Oral Contraceptives	**43.5**	**41.5**	**44.2**	**26.0**
IUDs	**47.5**	**32.0**	**42.5**	**14.1**
Injectables	**40.0**	**40.5**	**57.2**	**31.7**

APPENDIX A. SAMPLING ERRORS

Table A.1 Sampling errors, rural NSDP areas, 2003

Variable	Value (R)	Standard Error (SE)	Number of Cases		Design Effect (DEFT)	Relative Error (SE/R)	Confidence Limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Total Fertility Rate last 35 months	3.279	.089				.027	3.100	3.457
Mortality Rates								
Neonatal	49.812	3.764				.076	42.284	57.341
Infant	72.854	4.548				.062	63.759	81.949
Child	19.880	2.082				.105	15.716	24.043
Under 5	91.285	4.934				.054	81.417	101.154
Post neonatal	23.042	2.351				.102	18.340	27.743
Currently using method	0.536	.008	7067	7057	1.345	.015	.520	.552
Currently using modern method	0.460	.008	7067	7057	1.286	.017	.445	.475
Currently using pills	0.231	.006	7067	7057	1.244	.027	.219	.243
Currently using IUD	0.005	.001	7067	7057	1.047	.170	.004	.007
Currently using injections	0.138	.006	7067	7057	1.377	.041	.127	.149
Currently using condom	0.018	.002	7067	7057	1.095	.097	.014	.021
Currently using female sterilization	0.058	.003	7067	7057	1.151	.055	.052	.065
Currently using male sterilization	0.004	.001	7067	7057	1.061	.202	.002	.005
Currently using norplant	0.006	.001	7067	7057	1.226	.188	.004	.008
Currently using any traditional	0.076	.004	7067	7057	1.336	.055	.068	.085
Currently not using	0.464	.008	7067	7057	1.345	.017	.448	.480
Currently using modern 10-14	0.217	.043	91	90	0.980	.196	.132	.302
Currently using modern 15-19	0.352	.015	982	976	0.984	.043	.322	.382
BCG 12-23 months	0.907	.012	888	894	1.264	.014	.883	.932
DPT3 12-23 months**	0.596	.023	761	756	1.301	.039	.550	.643
Polio3 12-23 months**	0.820	.017	761	756	1.195	.020	.786	.853
Measles 12-23 months	0.707	.017	888	894	1.119	.024	.673	.741
Full Vaccination	0.492	.020	888	894	1.180	.040	.453	.532
Vitamin A 9-59 months	0.739	.009	2954	2959	1.132	.012	.720	.757
Children ORS treatment for diarrhea** (does not correspond)	0.734	.028	326	323	1.115	.038	.678	.790
Children laban gur treatment	0.216	.029	326	323	1.217	.135	.157	.274
Children ORT for diarrhea	0.800	.026	326	323	1.147	.033	.748	.852
Children ARI Treatment in facility**	0.319	.024	350	345	0.932	.075	.271	.367
ANC received for birth last 12 months	0.539	.019	893	908	1.171	.036	.500	.578
ANC received for birth last 35 months	0.511	.013	2602	2617	1.314	.025	.485	.536
TT received for birth last 12 months	0.780	.015	893	908	1.091	.019	.750	.810
TT received for birth last 35 months	0.812	.010	2602	2617	1.249	.012	.793	.831
TT received for birth last 59 months	0.808	.009	3742	3763	1.410	.011	.789	.826
ANC medically trained last 35 mos.	0.439	.013	2602	2617	1.369	0.30	.412	.465
Knowledge of static clinic services:								
Knows clinical FP**	0.623	.022	1207	1188	1.579	.035	.579	.667
Knows non-clinical FP	0.538	.026	1207	1188	1.816	.048	.486	.591
Knows advice for side effects	0.047	.006	1207	1188	1.036	.134	.034	.060

Table A.1 Sampling errors, rural NSDP areas, 2003 (continued)

Variable	Value (R)	Standard Error (SE)	Number of Cases		Design Effect (DEFT)	Relative Error (SE/R)	Confidence Limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Knows ANC	0.652	.020	1207	1188	1.440	.030	.613	.692
Knows PNC	0.115	.012	1207	1188	1.343	.107	.091	.140
Knows EPI	0.498	.020	1207	1188	1.369	.040	.459	.538
Knows ORS	0.135	.014	1207	1188	1.439	.105	.107	.164
Knowledge of satellite clinic services:								
Knows clinical FP**	0.646	.012	5176	5187	1.829	.019	.621	.670
Knows non-clinical FP	0.596	.012	5176	5187	1.725	.020	.572	.619
Knows advice for side effects	0.040	.003	5176	5187	1.262	.086	.033	.047
Knows ANC	0.621	.013	5176	5187	1.885	.020	.596	.646
Knows PNC	0.049	.004	5176	5187	1.323	.081	.041	.057
Knows EPI	0.703	.014	5176	5187	2.217	.020	.675	.731
Knows ORS	0.101	.006	5176	5187	1.552	.065	.088	.114
Knows at least 3 FP methods	0.981	.002	7507	7507	1.184	.002	.977	.984
Knows next DPT shot	0.173	.030	209	215	1.129	.173	.113	.232
Knows next Polio shot	0.183	.031	208	214	1.136	.168	.122	.245
Knows both next DPT and polio								
Knowledge of vitamin A								
To prevent night blindness	0.309	.101	3742	3763	1.268	.031	.290	.329
To provide resistance	0.219	.009	3742	3763	1.335	.041	.201	.237
To improve child health	0.488	.010	3742	3763	1.279	.021	.468	.509
Knowledge of preg. complications								
Tetanus	0.581	.010	7507	7507	1.726	.017	.561	.600
Prolonged labor	0.261	.006	7507	7507	1.217	.024	.248	.273
Convulsions	0.242	.009	7507	7507	1.837	.037	.224	.260
Retained placenta	0.390	.008	7507	7507	1.409	.020	.374	.406
Fetus in poor position	0.366	.008	7507	7507	1.379	.021	.350	.381
Excessive vaginal bleeding	0.166	.007	7507	7507	1.613	.042	.152	.180
Don't know danger signs	0.064	.004	7507	7507	1.359	.060	.057	.072
Know to seek care for complications	0.996	.001	7017	7024	1.206	.001	.994	.998
Know recommended TT vaccinations	0.277	.010	3742	3763	1.403	.037	.256	.297
Exclusive breastfeeding								
0-1 months	0.683	.054	83	86	1.051	.079	.575	.791
2-3 months	0.504	.043	129	131	0.966	.085	.419	.590
4-5 months	0.325	.042	145	149	1.077	.129	.241	.409
6-7 months	0.072	.024	156	156	1.169	.336	.024	.121
8-9 months	0.048	.018	180	184	1.144	.381	.011	.085
10-11 months	0.020	.011	136	138	0.961	.584	-.003	.043
DPT drop out rate	0.322	.020	790	796	1.209	.063	.281	.362
Polio drop out rate	0.061	.009	785	790	1.072	.152	.043	.080

Table A.2 Sampling errors, rural non-NSDP, 2003

Variable	Value (R)	Standard Error (SE)	Number of Cases		Design Effect (DEFT)	Relative Error (SE/R)	Confidence Limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Total Fertility Rate last 35 months	3.161	.108				.034	2.946	3.377
Mortality Rates								
Neonatal	43.236	4.799				.111	33.638	52.833
Infant	63.737	6.020				.094	51.697	75.776
Child	21.773	4.231				.194	13.312	30.234
Under 5	84.122	6.269				.075	71.583	96.661
Post neonatal	20.501	2.803				.137	14.895	26.107
Currently using method	0.558	.012	4122	4134	1.492	.021	.535	.581
Currently using modern method	0.469	.013	4122	4134	1.698	.028	.442	.495
Currently using pills	0.267	.013	4122	4134	1.957	.051	.240	.294
Currently using IUD	0.006	.001	4122	4134	1.134	.220	.004	.009
Currently using injections	0.099	.006	4122	4134	1.321	.062	.087	.112
Currently using condom	0.030	.004	4122	4134	1.368	.122	.022	.037
Currently using female sterilization	0.058	.006	4122	4134	1.536	.097	.046	.069
Currently using male sterilization	0.004	.001	4122	4134	1.268	.310	.002	.007
Currently using norplant	0.005	.002	4122	4134	1.399	.309	.002	.008
Currently using any traditional	0.089	.005	4122	4134	1.120	.056	.079	.099
Currently not using	0.442	.012	4122	4134	1.492	.026	.419	.465
Currently using modern 10-14	0.294	.066	49	43	1.010	.226	.161	.427
Currently using modern 15-19	0.369	.022	501	491	1.005	.059	.326	.413
BCG 12-23 months	0.937	.014	484	485	1.286	.015	.909	.966
DPT3 12-23 months**	0.648	.054	261	276	1.795	.083	.541	.755
Polio3 12-23 months**	0.827	.032	261	276	1.373	.039	.762	.891
Measles 12-23 months	0.779	.025	484	485	1.320	.032	.728	.829
Full Vaccination	0.584	.032	484	485	1.408	.054	.521	.647
Vitamin A 9 -59 months	0.759	.013	1703	1793	1.223	.017	.733	.784
Children ORS treatment for diarrhea** (does not correspond)	0.737	.045	188	183	1.341	.062	.646	.828
Children laban gur treatment	0.142	.025	188	183	0.930	.176	.092	.192
Children ORT for diarrhea	0.762	.046	188	183	1.385	.060	.670	.853
Children ARI Treatment in facility**	0.305	.045	174	171	1.262	.147	.216	.395
ANC received for birth last 12 months	0.503	.022	522	559	1.055	.044	.459	.548
ANC received for birth last 35 months	0.461	.016	1483	1516	1.241	.034	.429	.493
ANC received for birth last 59 months	0.437	.015	2181	2202	1.394	.034	.408	.467
TT received for birth last 12 months	0.790	.020	522	559	1.159	.025	.750	.830
TT received for birth last 35 months	0.827	.017	1483	1516	1.783	.021	.792	.862
TT received for birth last 59 months	0.832	.014	2140	2162	1.769	.017	.804	.861
ANC medically trained last 35 mos.	0.377	.017	1483	1516	1.336	.044	.344	.411
Knows at least 3 FP methods	0.984	.003	4372	4372	1.451	.003	.978	.989
Knows next DPT shot	0.189	.064	111	123	1.816	.339	.061	.317
Knows next Polio shot	0.191	.065	110	122	1.822	.340	.061	.320
Knows both next DPT and polio								
Knowledge of vitamin A								
To prevent night blindness	0.341	.015	2140	2162	1.429	.043	.311	.370
To provide resistance	0.216	.011	2140	2162	1.189	.049	.195	.237
To improve child health	0.493	.013	2140	2162	1.226	.027	.466	.519

Table A.2 Sampling errors, rural non-NSDP, 2003 (continued)

Variable	Value (R)	Standard Error (SE)	Number of Cases		Design Effect (DEFT)	Relative Error (SE/R)	Confidence Limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Knowledge of preg. complications								
Tetanus	0.570	.011	4372	4372	1.527	.020	.547	.593
Prolonged labor	0.256	.008	4372	4372	1.234	.032	.239	.272
Convulsions	0.278	.013	4372	4372	1.864	.045	.253	.303
Retained placenta	0.405	.013	4372	4372	1.750	.032	.379	.431
Fetus in poor position	0.378	.010	4372	4372	1.384	.027	.357	.398
Excessive vaginal bleeding	0.185	.010	4372	4372	1.734	.055	.165	.206
Don't know danger signs	0.059	.004	4372	4372	1.251	.076	.050	.068
Know to seek care for complications	0.996	.001	4099	4114	1.042	.001	.995	.998
Know recommended TT vaccinations	0.274	.015	2140	2162	1.505	.053	.245	.303
Exclusive breastfeeding								
0-1 months	0.784	.055	56	58	0.986	.070	.674	.893
2-3 months	0.346	.095	76	87	1.737	.276	.155	.537
4-5 months	0.329	.132	70	82	2.331	.401	.065	.593
6-7 months	0.078	.030	96	94	1.074	.378	.019	.137
8-9 months	0.029	.017	103	114	1.037	.592	-.005	.064
10-11 months	0.034	.020	91	94	1.030	.583	-.006	.073
DPT drop out rate	0.287	.034	453	453	1.592	.119	.219	.355
Polio drop out rate	0.078	.011	448	445	0.887	.145	.055	.100

APPENDIX B. ANTENATAL CARE RESULTS IN YEAR PRECEDING SURVEY

Table B.1 Antenatal care

Percent distribution of last births in the year preceding the survey by source of antenatal care during pregnancy, according to selected background characteristics, NSDP/Non-NSDP Areas, Bangladesh 2003.

Background characteristic	Received any ANC	Medically Trained			Non-Medically Trained			Antenatal care provider				
	ANC	Qualified Doctor	Nurse, midwife or Paramedic	HA or FWA	Trained Birth Attendants	Untrained Birth Attendants	Unqualified Doctor	Other	No one	Missing	Total	Number
PROJECT AREAS												
Mother's age at birth												
10-14	79.9	8.2	71.8	0.0	0.0	0.0	0.0	0.0	20.1	0.0	100.0	20
15-19	63.7	16.8	37.9	8.2	0.0	0.0	0.6	0.2	36.3	0.0	100.0	263
20-34	50.3	16.7	27.9	4.2	0.0	0.2	0.5	0.9	49.7	0.0	100.0	565
35-49	35.9	10.7	18.0	7.2	0.0	0.0	0.0	0.0	62.3	1.8	100.0	60
Birth order												
1	69.8	23.1	39.8	5.8	0.0	0.4	0.6	0.0	30.2	0.0	100.0	250
2-3	51.5	17.5	27.3	5.8	0.0	0.0	0.4	0.5	48.5	0.0	100.0	363
4-5	47.8	9.7	31.3	4.7	0.0	0.0	0.6	1.4	51.6	0.6	100.0	194
6+	34.9	6.3	22.8	4.8	0.0	0.0	0.0	1.1	65.1	0.0	100.0	101
Domains												
Rural - Chittagong	51.5	20.4	24.3	5.7	0.0	0.4	0.7	0.0	48.1	0.4	100.0	302
Rural - Khulna/Barisal	55.3	8.7	36.3	7.7	0.0	0.0	1.3	1.3	44.7	0.0	100.0	84
Rural - Dhaka	51.8	13.0	32.5	5.6	0.0	0.0	0.3	0.3	48.2	0.0	100.0	361
Rural - Rajshahi	62.2	18.9	37.8	3.5	0.0	0.0	0.0	2.1	37.8	0.0	100.0	162
Highest educational level												
No education	40.8	9.3	26.2	4.6	0.0	0.2	0.2	0.1	59.2	0.0	100.0	441
Primary	55.8	13.2	33.1	7.1	0.0	0.0	1.3	1.1	43.7	0.4	100.0	243
Secondary	77.0	30.7	39.6	5.7	0.0	0.0	0.0	1.1	23.0	0.0	100.0	212
Higher secondary	91.8	57.4	34.5	0.0	0.0	0.0	0.0	0.0	8.2	0.0	100.0	7
College/University	79.6	79.6	0.0	0.0	0.0	0.0	0.0	0.0	20.4	0.0	100.0	6
Household asset quintile												
Poorest	33.3	4.1	24.5	3.8	0.0	0.0	0.7	0.2	66.7	0.0	100.0	241
2	47.4	9.6	32.1	5.4	0.0	0.0	0.3	0.0	52.0	0.6	100.0	190
3	56.4	14.8	31.6	8.0	0.0	0.8	0.0	1.2	43.6	0.0	100.0	135
4	68.3	20.5	38.2	7.7	0.0	0.0	0.6	1.3	31.7	0.0	100.0	175
Richest	73.8	37.4	31.5	3.6	0.0	0.0	0.7	0.7	26.2	0.0	100.0	166
Total	53.9	16.1	31.1	5.5	0.0	0.1	0.5	0.6	46.0	0.1	100.0	908

Table B.1 Antenatal care (continued)

Percent distribution of last births in the ye ar preceding the survey by source of antenatal care during pregnancy, according to selected background characteristics, NSDP/Non-NSDP Areas, Bangladesh 2003 .

Background characteristic	Received any ANC	Medically Trained			Non-Medically Trained			Antenatal care provider				
	ANC	Qualified Doctor	Nurse, midwife or Paramedic	HA or FWA	Trained Birth Attendants	Untrained Birth Attendants	Unqualified Doctor	Other	No one	Missing	Total	Number
NON-PROJECT AREAS												
Mother's age at birth												
10-14	73.5	34.7	38.9	0.0	0.0	0.0	0.0	0.0	26.5	0.0	100.0	10
15-19	63.3	22.9	28.4	9.8	0.7	0.0	1.4	0.0	36.7	0.0	100.0	140
20-34	46.0	17.1	19.3	7.9	0.0	0.0	0.7	0.9	54.0	0.0	100.0	360
35-49	40.6	22.0	14.3	4.3	0.0	0.0	0.0	0.0	59.4	0.0	100.0	49
Birth order												
1	71.0	27.9	30.9	11.0	0.7	0.0	0.5	0.0	29.0	0.0	100.0	145
2-3	50.6	17.5	23.0	7.5	0.0	0.0	1.6	0.9	49.4	0.0	100.0	235
4-5	34.4	14.0	12.0	7.3	0.0	0.0	0.0	1.0	65.6	0.0	100.0	110
6+	31.4	16.0	11.8	3.6	0.0	0.0	0.0	0.0	68.6	0.0	100.0	69
Domains												
Rural - Chittagong	-	-	-	-	-	-	-	-	-	-	0.0	0
Rural - Khulna/Barisal	-	-	-	-	-	-	-	-	-	-	0.0	0
Rural - Dhaka	-	-	-	-	-	-	-	-	-	-	0.0	0
Rural - Rajshahi	-	-	-	-	-	-	-	-	-	-	0.0	0
Highest educational level												
No education	35.7	8.5	21.0	6.3	0.0	0.0	0.0	0.0	64.3	0.0	100.0	225
Primary	50.9	17.6	19.8	9.6	0.6	0.0	2.1	1.3	49.1	0.0	100.0	175
Secondary	69.5	35.5	23.7	9.0	0.0	0.0	0.5	0.8	30.5	0.0	100.0	150
Higher secondary	79.3	38.8	40.4	0.0	0.0	0.0	0.0	0.0	20.7	0.0	100.0	8
College/University	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	2
Household asset quintile												
Poorest	33.6	8.5	18.4	5.7	0.0	0.0	1.1	0.0	66.4	0.0	100.0	106
2	39.8	8.8	23.6	6.8	0.0	0.0	0.5	0.0	60.2	0.0	100.0	139
3	38.4	8.8	19.0	8.4	0.0	0.0	0.0	2.2	61.6	0.0	100.0	101
4	69.7	32.7	20.6	13.0	0.0	0.0	2.4	1.1	30.3	0.0	100.0	108
Richest	72.7	40.4	25.4	5.9	1.0	0.0	0.0	0.0	27.3	0.0	100.0	106
Total	50.3	19.3	21.5	7.9	0.2	0.0	0.8	0.6	49.7	0.0	100.0	559

Table B.2A Number of antenatal care visits and stage of pregnancy, last 12 months

Percent distribution of women with a live birth in the 12 months preceding the survey by number of antenatal care (ANC) visits during the last pregnancy by the stage of pregnancy at the time of the first visit, Rural 2003.

Number and timing of ANC visits	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Project areas	Non-project areas
Number of ANC visits						
None	48.1	44.7	48.2	37.8	46.0	49.7
1	15.4	22.8	16.6	15.4	16.5	15.9
2	14.7	14.5	18.0	18.2	16.6	13.7
3	12.2	10.3	10.1	16.8	12.0	10.1
4+	9.3	7.7	7.1	11.9	8.7	10.6
Don't know/missing	0.4	0.0	0.0	0.0	0.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Median number of visits (for those with ANC)	1.7	1.3	1.5	1.9	1.6	1.7
Number of months pregnant at the time of the first ANC visit						
No antenatal care	48.5	44.7	48.2	37.8	46.1	49.7
<4 months	11.8	10.0	13.0	12.6	12.3	12.0
4-5 months	21.1	21.5	17.5	25.2	20.4	18.3
6-7 months	12.1	14.1	13.9	19.6	14.4	13.1
8+ months	6.4	9.6	7.4	4.9	6.8	6.8
Don't know/missing	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Median months pregnant at first visit (for those with ANC)	5.5	5.8	5.6	5.7	5.6	5.6
Total	302.0	84.0	361.0	162.0	908.0	559.0

Table B.2B Use of antenatal care, rural NSDP and rural non-NSDP, last one year

Percentage of women with a live birth in the year preceding the survey by whether they had at least one antenatal care (ANC) visit during the last pregnancy by household asset quintile, 2003.

Household asset quintile	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Project Areas	Non-project Areas
Poorest	36.9	30.6	30.5	36.8	33.3	33.6
2	29.3	56.9	51.2	54.8	47.4	39.8
3	48.9	62.9	60.4	57.1	56.4	38.4
4	60.3	72.0	64.2	87.9	68.3	69.7
Richest	68.0	81.2	77.1	85.0	73.8	72.7
Total	51.5	55.3	51.8	62.2	53.9	50.3
Number	302	84	361	162	908	559

Table B.3 Source of antenatal care, last one year

Percentage of women with a live birth in the year preceding the survey by whether they had at least one antenatal care (ANC) visit during the last pregnancy by source of care for project/non project area, 2003.

	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Project Areas	Non-project Areas
Received antenatal care						
Percentage received ANC	51.5	55.3	51.8	62.2	53.9	50.3
Women with at least one birth in the reference period	302	84	361	162	908	559
Place for antenatal checkup						
HOME	1.4	2.3	2.9	3.4	2.4	1.7
Medical person at home	1.4	2.3	2.3	3.4	2.2	1.7
Non-medical person at home	0.0	0.0	0.6	0.0	0.2	0.0
PUBLIC SECTOR	32.0	34.3	27.4	32.6	30.6	56.0
Hospital/Medical college	0.7	1.2	8.0	3.4	4.1	6.8
Family welfare centre	9.0	9.3	5.7	14.6	8.9	15.0
Thana health complex	18.7	15.8	9.7	6.7	12.5	20.9
MCWC	0.7	5.8	2.3	4.5	2.6	0.7
Rural Dispensary/Community Clinic	1.4	0.0	0.0	1.1	0.7	4.2
Satellite/EPI clinic	1.4	2.3	1.7	1.1	1.5	5.5
FWA	0.0	0.0	0.0	1.1	0.2	2.9
NSDP NGO	36.8	54.1	60.6	49.4	50.1	19.4
Static clinic	6.9	8.1	18.3	16.9	13.4	16.4
Satellite clinic	29.8	45.9	42.3	32.6	36.7	3.0
OTHER NGO	4.1	2.3	3.4	4.5	3.8	4.1
Hospital	1.4	0.0	0.6	1.1	0.9	2.0
NGO clinic	2.7	1.2	1.7	0.0	1.6	1.4
Satellite clinic	0.0	0.0	1.1	0.0	0.4	0.3
Fieldworker	0.0	1.2	0.0	3.4	0.8	0.4
PRIVATE MEDICAL SECTOR	25.0	5.8	4.6	7.9	11.9	18.2
Private clinic/doctor	23.7	3.5	4.6	7.9	11.2	14.7
Traditional doctor	1.4	1.2	0.0	0.0	0.5	1.3
Pharmacy	0.0	1.2	0.0	0.0	0.1	2.1
BPHC NGO	0.0	1.2	0.0	0.0	0.1	0.3
Static clinic	0.0	0.0	0.0	0.0	0.0	0.3
Satellite clinic	0.0	1.2	0.0	0.0	0.1	0.0
Other	0.7	0.0	0.6	2.2	0.9	0.0
DK	0.0	0.0	0.6	0.0	0.2	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	155	46	187	101	489	282

Table B.4 Source of antenatal care by asset quintile, last one year

Pct distribution of sources of antenatal care for women having a live birth in the year preceding the survey by asset quintile, project and non-project areas, 2003.

	Project Areas						Non-project Areas					
	Poorest	2	3	4	Richest	Total	Poorest	2	3	4	Richest	Total
Place for antenatal checkup												
HOME	2.0	3.6	1.5	2.8	2.2	2.4	0.0	5.6	0.0	1.0	1.4	1.7
Medical person at home	2.0	3.6	1.5	1.9	2.2	2.2	0.0	5.6	0.0	1.0	1.4	1.7
Non-medical person at home	0.0	0.0	0.0	0.9	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0
PUBLIC SECTOR	27.3	30.5	24.1	30.4	37.0	30.6	70.3	56.9	62.0	49.9	51.8	56.0
Hospital/Medical college	2.7	1.2	4.2	5.5	5.7	4.1	6.1	5.6	9.8	4.6	8.8	6.8
Family welfare centre	12.4	13.4	4.3	7.7	7.5	8.9	22.1	10.8	30.0	12.7	9.5	15.0
Thana health complex	9.4	9.9	10.0	12.2	18.5	12.5	19.0	15.3	19.3	23.8	23.7	20.9
MCWC	0.0	3.6	2.8	1.4	4.5	2.6	0.0	1.4	0.0	0.0	1.4	0.7
Rural Dispensary/ Community Clinic	0.0	0.0	1.4	0.9	0.9	0.7	5.3	3.5	3.0	4.1	5.0	4.2
Satellite/EPI clinic	2.7	2.4	1.4	1.8	0.0	1.5	12.5	13.3	0.0	1.4	3.4	5.5
FWA	0.0	0.0	0.0	0.9	0.0	0.2	5.3	6.9	0.0	3.3	0.0	2.9
NSDP NGO	64.6	61.8	61.5	46.8	28.2	50.1	21.1	25.5	29.5	19.7	8.9	19.4
Static clinic	16.8	12.1	11.3	18.2	8.9	13.4	18.1	20.1	23.6	18.3	7.5	16.4
Satellite clinic	47.8	49.7	50.2	28.6	19.3	36.7	2.9	5.4	5.9	1.4	1.4	3.0
OTHER NGO	0.0	1.2	4.4	7.3	4.3	3.8	2.2	0.0	3.0	5.1	7.6	4.1
Hospital	0.0	1.2	0.0	1.9	0.9	0.9	0.0	0.0	0.0	3.0	4.3	2.0
NGO clinic	0.0	0.0	0.7	3.6	2.6	1.6	0.0	0.0	0.0	2.0	3.3	1.4
Satellite clinic	0.0	0.0	0.0	0.9	0.9	0.4	2.2	0.0	0.0	0.0	0.0	0.3
Fieldworker	0.0	0.0	3.7	0.9	0.0	0.8	0.0	0.0	3.0	0.0	0.0	0.4
PRIVATE MEDICAL SECTOR	6.1	1.8	7.1	12.3	25.6	11.9	6.4	12.0	5.5	22.3	30.3	18.2
Private clinic/ doctor	4.1	1.8	5.6	11.9	25.6	11.2	3.2	10.7	5.5	13.0	29.3	14.7
Traditional doctor	2.0	0.0	1.4	0.0	0.0	0.5	3.2	1.4	0.0	2.4	0.0	1.3
Pharmacy	0.0	0.0	0.0	0.4	0.0	0.1	0.0	0.0	0.0	6.8	1.0	2.1
BPHC NGO	0.0	0.0	0.0	0.4	0.0	0.1	0.0	0.0	0.0	1.0	0.0	0.3
Static clinic	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.3
Satellite clinic	0.0	0.0	0.0	0.4	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	1.4	0.0	2.7	0.9	0.0	0.0	0.0	0.0	0.0	0.0
DK	0.0	1.2	0.0	0.0	0.0	0.2	0.0	0.0	0.0	1.0	0.0	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	80	90	76	120	123	489	36	55	39	75	77	282

APPENDIX C. ACPR PERSONNEL WHO IMPLEMENTED THE 2003 RURAL NSDP SURVEY

Project Director
Dr. M. Sekander Hayat Khan

Deputy Project Director
Mr. A. P. M. Shafiur Rahman
Mr. Nitai Chakraborty
Ms. Tauhida Nasrin

Quality Control Officer
Ms. Sadikunnahar Shima
Ms. Farzana Rahman
Ms. Rahana Begum
Ms. Shelleyna Akhter Shelley
Ms. Mahmuda Shirin

Male Supervisor
Mr. Sharifullah Riaz
Mr. Saiful Islam Palash
Mr. Rezaul Karim
Mr. Abu Naser Shiblee
Mr. Md. Moniruzzaman
Mr. Md. Delowar Hossain
Mr. Monjurul Islam
Mr. Md. Taufiq Hasan Mithul
Mr. Md. Jafor Hossain
Mr. Nazim Uddin Ahmed
Mr. Zahid Hossain
Mr. Md. Mizanur Rahman
Ms. Towhid Al Faruk
Mr. Moynul Islam Chowdhury
Mr. Golam Mohammad Salauddin Baqui
Mr. Khan Mohammad Asfaq
Mr. Mizanur Rahman Akand
Mr. Iftekhar Arefin Sumon
Mr. Mohammad Rashid Mollah
Mr. Mizanur Rahman Khamaru
Mr. Nazmul Wahid
Mr. Md. Nazmul Wahid

Female Supervisor
Ms. Shamima Islam Mina
Ms. Dilara Begum
Ms. Khunshid Jahan
Ms. Lily Afroz Baby

Female Supervisor (Contd.)
Ms. Easmin Akhter
Ms. Syoda Shilpe Sultana
Ms. Lucky Akhter
Ms. Laila Afroza
Ms. Najmun Nahar
Ms. Najneen Sultana
Ms. Kakoli Biswas
Ms. Rabeca Sultana
Ms. Sultana Akter (Lata)
Ms. Morsheda Yesmin
Ms. Mousami Hussain
Ms. Kanchan Mala
Ms. Munira Islam
Ms. Monira Islam
Ms. Kamrun Naher Ahmed (Sweety)
Ms. Nigar Sultana
Ms. Shangha Mitra Chakma
Ms. Purabi Sarker

Female Interviewer
Ms. Mahbuba Lotus
Ms. Arefa Islam Chowdhury
Ms. Fatema Mallick
Ms. Fatema Mallik
Ms. Alpana Bhoumik
Ms. Shamsun Nahar
Ms. Kabita Biswas
Ms. Junnatal Ferdous
Ms. Asrafun Nahar
Ms. Tanjina Mujid (Munny)
Ms. Most. Aleya Akter (Alo)
Ms. Papia Sultana (Pani)
Ms. Morsheda Akhter
Ms. Mallika Das
Ms. Atithy Chakma
Ms. Sultana Begum
Ms. Sabita Rani Halder
Ms. Shahjadi Ruma
Ms. Suraya Parvin Trishna
Ms. Rehana Akhter
Ms. Shahnaj Begum
Ms. Marzina Khanom
Ms. Mahenur Begum Akhi

Female Interviewer (Contd.)
Ms. Chandana Falguni
Ms. Rubina Akhter
Ms. Hosne Ara Ripa
Ms. Hosneara Akter
Ms. Nasrin Akhter
Ms. Renu Akhter
Ms. Ranu Akhter
Ms. Nasrin Sultana
Ms. Roushan Ara
Ms. Shyamali Rani Halder
Ms. Runa Akhter
Ms. Nasrin Jahan
Ms. Sima Parvin (Sumi)
Ms. Asma Begum
Ms. Most. Nazma Sultana
Ms. Masoda Akter
Ms. Kanon Mujumder
Ms. Indra Debi Chakma
Ms. Mamata Bala
Ms. Dipa Begum
Ms. Salena Yesmin (Provati)
Ms. Shiuly Akhter
Ms. Jharna Bepary
Ms. Salina Easmin (Shimma)
Ms. Shefali Pervin
Ms. Shahnaj Parvin
Ms. Maksuda Khanom
Ms. Lutfa Begum
Ms. Mahmuda Akter
Ms. Umme Kulsum
Ms. Roksana Yasmin
Ms. Nahida Akhter (2)
Ms. Rebeya Jesmin Chowdhury
Ms. Shahina Akhter
Ms. Tahmina Ahmed
Ms. Shahana Pervin
Ms. Evana Maksud
Ms. Johora Yesmin
Ms. Mir Sebika Sultana Shikha
Ms. Jannatul Ferdous
Ms. Sukla Mistry
Ms. Alo Rani Shil
Ms. Farhana Akhter
Ms. Saida Parvin
Ms. Sayda Parvin

Female Interviewer (Contd.)
Ms. Rebeca Sultana Moli
Ms. Suparna Dewan
Ms. Airin Khatun
Ms. Naznin Akhter Nisha
Ms. Shamoli Pervin
Ms. Sabina Afroza
Ms. Sayeda Dil Firoza
Ms. Nazma Khanom
Ms. Susama Halder
Ms. Homaira Gul Banu
Ms. Nazma Khanom
Ms. Parvin Akhter
Ms. Taslima Khatun
Ms. Ruma Rani Shil
Ms. Rina Biswas
Ms. Mahbuba Rahman
Ms. Jotsna Rani Biswas
Ms. Ruma Rani Shil
Ms. Afroza Akter
Ms. Reshma Akhter

Listing Supervisor
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Mr. Md. Asaduzzaman
Mr. Hussain Shahid
Mr. Md. Rabiul Awal
Mr. Biddut Sarker
Mr. Khandaker Mazharul Islam
Mr. Md. Gahangir Kabir
Mr. Mohammed Khairul Kabir Mollah

Lister
Mr. Mohammed Tofazzal Hossain (1)
Mr.Md. Abdus Samad
Mr. Md. Tofazzal Hossain
Mr. Borhan uddin
Mr. Md. Atiqur Rahman
Mr. Md. Mostafizur Rahman
Mr. Md. Harun – Or – Rashid Mollah
Mr. Md. Noora Alam
Mr. Md. Sohel Ahmed
Mr. A. R. M. Azri Mohammed Kabirul Haque
Mr. Md. Shahi Emran
Mr. Md. Mahfuzur Rahman
Mr. Md. Nasir Uddin (Tapu)

Lister (Contd.)
Mr. Mohammed Shah Alam
Mr. Md. Sayed Hasan
Mr. Reaz Mohammed Khan
Mr. Md. Akimul Hasan
Mr. Md. Samiul Islam
Mr. Md. Kamal Hossain
Mr. Md. Parvez Alam
Mr. Md. Asaduzzaman (2)
Mr. Mirza Shariful Islam
Mr. Md. Masud Rana
Mr. Biduut Kumar Das
Mr. Md. Mir Rashed Kabir
Mr. Nazmul Islam
Mr. Syed Farhad Ali
Mr. Md. Abdul Wadud
Mr. Md. Shah Alam
Mr. Md. Azharul Islam
Mr. Mortaza Ali
Mr. Md. Rezaul Islam
Mr. Md. Amirul Islam
Mr. Munshi Sadiqur Rahman
Mr. Kazi Hafiz Mohammed Salauddin
Mr. Md. Ahsanul Kabir
Mr. Md. Kamrujjaman
Mr. Md. Abul Khair
Mr. Md. Abdul Wahed
Mr. Md. Manjurul Alam
Mr. Mohammed Ali
Mr. Mr. Shahbaz Hssain
Mr. Md. Anwar Hossain
Mr. Mozahidul Islam
Mr. Md. Shahin Alam
Mr. Md. Abdul Mannan Khan
Mr. Ahommed Ali Siddique
Mr. Khokon Bala
Mr. Md. Shidul Islam
Mr. Ujjal Majumder
Mr. Md. Golam Hossain
Mr. Md. Saiduz-Zaman
Mr. Sultanul Arefin
Mr. Md. Emran Hossain
Mr. Sarker Kamruzzaman
Mr. Md. Mahbubur Rahman
Mr. Rafiqul Islam Sarder (Babul)
Mr. Md. Towhid Ahamed Shamim

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Mr. S. M. Saiful Islam
Mr. Md. Shaheen Uddin
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Mr. Mohammed Hossain
Mr. Abdus Sattar
Mr. Abu Rafa Naim
Mr. Sarwae Uddin
Mr. A. K. M. Azad
Mr. Jamal Uddin
Mr. Lokman Hossain
Mr. Mahmudul Hasan
Mr. Md. Emanur
Mr. Monir Hossain
Mr. Rajib Arefin (Leon)
Mr. Dulal Uddin
Mr. Sayful Islam (2)
Mr. Tohidul Islam
Ms. Balaka Das
Ms. Farida Rahman