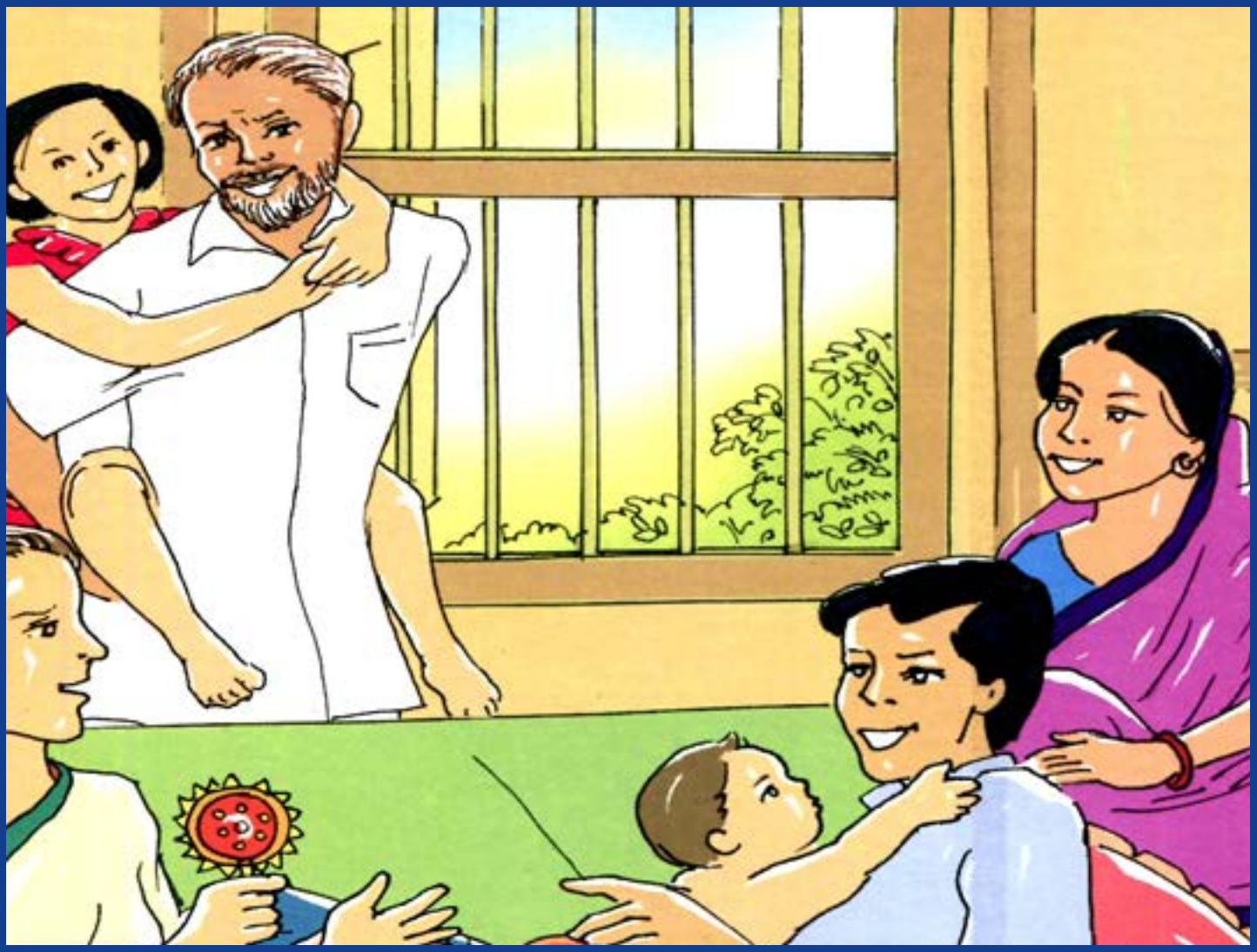
Bangladesh Marketing Innovation for Health Baseline Survey 2013-2014



MEASURE Evaluation
TECHNICAL REPORT

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Bangladesh Marketing Innovation for Health

Baseline Survey 2013-2014

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List of Abbreviations

ANC	antenatal care
ASFR	age-specific fertility rate
BCC	behavioral change communication
CBD	community-based distribution
CM	community mobilizer
CMWRA	currently married women of reproductive age
CPR	contraceptive prevalence rate
CPS	CWFD, PSTC, and Shimantik
CSA	community sales agent
CWFD	Concerned Women for Family Development
DID	difference-in-differences
DOTS	directly observed treatment, short course
ECP	emergency contraceptive pill
FP	family planning
HPNSDP	Health, Population and Nutrition Sector Development Program
HTSP	healthy timing and spacing of pregnancy
icddr,b	International Centre for Diarrhoeal Disease Research, Bangladesh
LAPM	long-acting permanent method
LARC	long-acting reversible contraceptives
MCH	maternal and child health
MDG	Millennium Development Goals
MIH	Marketing Innovation for Health
MNP	micronutrient powder
MPT	medically trained provider
MWRA	married women of reproductive age
NGO	nongovernmental organization
NHSDP	NGO Health Service Delivery Project
NSV	nonscalpel vasectomy
ORS	oral rehydration solution
ORT	oral rehydration therapy
PSTC	Population Services and Training Center
PSI	Population Services International
PSU	primary sampling unit
SES	socioeconomic status
SK	Swasthya Karmi
SMC	Social Marketing Company
SS	Swasthya Sebika
TFR	total fertility rate
TMA	total marketing approach
UPHCP	Urban Primary Health Care Project
USAID	U.S. Agency for International Development

Contents

Team Members of the Marketing Innovation for Health Baseline Survey 2013-2014 ii

Acknowledgements iii

List of Abbreviations iv

List of Tables and Figures viii

1. Introduction 1

1.1. Evaluation Purpose 1

1.2. The Country Context 1

1.3. Project Description 3

1.4. How Can the MIH Project Influence Health Care Utilization? 6

1.5. Evaluation Protocol 10

1.5.1. Baseline Survey 10

1.5.2. Sampling 12

1.5.3. Protection of Human Subjects 14

2. Key Findings: Levels, Comparability, and Implications 15

2.1. Knowledge about Reproductive and Child Health and Child Nutrition 16

2.2. Practices of Reproductive Health and Child Health and Nutrition 17

2.3. Balance between Intervention and Comparison Areas 17

2.4. Programmatic Implications of the Findings 19

3. Household Characteristics 20

3.1. Household Composition 20

3.2. Household Land Ownership 21

3.3. Housing Characteristics 21

3.4. Water and Sanitation 22

3.5. Household Possessions 22

3.6. Socio-Economic Status Index 22

4. Characteristics of Respondents 25

4.1. Demographic Characteristics 25

4.2. Educational Attainment 25

4.3. Religion 26

4.4. Access to TV 26

4.5. NGO Membership 26
4.6. Spousal Separation 26
5. Fertility 29
5.1. Current Fertility 30
5.2. Teenage Pregnancy and Motherhood 31
6. Women's Contacts with Service Providers and Exposure to BCC Activities 34
6.1. Contact with MIH Service Providers 34
6.2. Place of Contact with MIH Service Providers: *Swasthya Karmi* or Community Mobilizer 35
6.3. Place of Contact with MIH Service Providers: *Swasthya Sebika* or Community Sales Agent 36
6.4. Topics Discussed by MIH Service Providers 36
6.5. Participation in MIH Events 37
7. Knowledge and Awareness of Safe Reproductive Health 38
7.1. Risks Associated with Pregnancies before Age 20 39
7.2. Risks Associated with Pregnancies after Age 35 41
7.3. Risks Associated with Pregnancies that Occur less than Two Years after the Last Childbirth 42
7.4. Knowledge about Potential Danger Signs of Pregnancy 43
7.5. Knowledge about Health Check Up during Pregnancy 44
7.6. Knowledge about Birth Preparedness 45
7.7. Knowledge about Safe Delivery Kit 46
7.8. Knowledge about Specific Benefits of Using Safe Delivery Kit during Delivery 46
7.9. Knowledge about Emergency Contraceptive Pill (ECP) 49
8. Contraception 50
8.1. Current Use of Contraception 50
8.2. Contraceptive Methods 52
8.3. Sources of Contraceptive Methods 53
8.4. Knowledge and Use of Emergency Contraceptive Pills 55
8.5. Family Planning Field workers' Visit and Topics of Discussion 57
8.6. Intention for Use of Long-Acting and Reversible Contraception and Permanent Methods for Contraception 57
8.7. Use of SMC Contraceptive Methods 59
9. Pregnancy and Newborn Care 72
9.1. Antenatal Care 72

9.1.1. Antenatal care coverage and the number of ANC visits 72
9.1.2. Type of Antenatal Care Providers 75
9.2. Delivery Care 76
9.2.1. Place of Delivery 76
9.2.2. Assistance during Delivery 79
9.2.3. Use of Safe Delivery Kit 79
9.3. Newborn Care 81
9.3.1. Care of Umbilical Cord 81
9.3.2. Drying, Wrapping, and Bathing after Delivery 82
9.3.3. Initiation of breastfeeding 83
9.3.4. Essential Newborn Care 83
10. Child Health 84
10.1. Knowledge and Use of Micronutrient Powder 84
10.1.1.Knowledge of Micronutrient Powder 84
10.1.2.Use of Micronutrient Powder 86
10.2. Childhood Diarrhea 88
10.3.Management of Diarrhea 88
10.3.1.Zinc and ORS: Knowledge and Use 89
10.4.Breastfeeding Practices 92
11. Reproductive Hygiene 93
11.1. Use of Sanitary Napkins among MWRA Aged 15-49 93
11.2. Use of Sanitary Napkin among 10-25 Years of Age Unmarried Daughters of MWRA 95
11.3. Different Brands of Sanitary Napkins Used by MWRA (Aged 15-49), and their Unmarried Daughters (Aged 10-25) 97
References 98
Annex I. MIH Intervention and Comparison Areas, MIH Baseline Survey 2013-2014 99
Annex II. Map of MIH Intervention and Comparison Areas 101
Annex III. Tables on Balancing Test 102
For Chapter 3. Household Characteristics 102
For Chapter 4. Characteristics of Respondents 103
For Chapter 7.Knowledge on Safe Reproductive Health Practices 105
For Chapter 8. Contraception 107

For Chapter 9. Pregnancy and Newborn Care 108
For Chapter 10. Child Health 110
For Chapter 11. Reproductive Hygiene 112
Annex IV. MIH Baseline Survey Questionnaires and Forms 113
Household Listing Schedule 114
Household and Woman's Questionnaire 115
Woman's Questionnaire 123

List of Tables and Figures

Table 1.1. Target and Effective Sample Size and Response Rate, by Area, MIH Baseline Survey 2013-2014 ..... **12**
Table 1.2. Sample Size, by Survey Domain, MIH Baseline Survey 2013-2014 ..... **12**
Table 1.3. Indicators Based on Which Sample Size Was Calculated, MIH Baseline Survey 2013-2014 ..... **13**
Table 2.1. Key Indicators from the MIH Baseline Survey 2013-2014 ..... **15**
Table 2.2. Summary Statistics of the Balance Tests, MIH Baseline Survey 2013-2014 ..... **18**
Table 3.1. Household Composition and Characteristics, by Area, MIH Baseline Survey 2013-2014 ..... **20**
Table 3.2. Household Composition **21**
Table 3.3. Housing Characteristics and Land Ownership **24**
Table 4.1. Respondents' Characteristics, by Area, MIH Baseline Survey 2013-2014 ..... **25**
Table 4.2. Respondents' Background Characteristics **27**
Table 5.1. Selected Fertility Indicators, MIH Baseline Survey 2013-2014 ..... **29**
Table 5.2. Current Fertility **30**
Figure 5.1. Age specific fertility rates, by area, MIH baseline survey 2013-2014. ..... **31**
Table 5.3. Teenage Pregnancy and Motherhood **31**
Table 5.4. Children Ever Born **33**
Table 6.1. Indicators on MIH Service Providers' Contact, by Area, MIH Baseline Survey 2013-2014 ..... **34**
Table 6.2. Service providers' contact with MWRA in Intervention areas **35**
Table 6.3. Place of Contact: SK/CM **36**
Table 6.4. Place of Contact: SS/CSA **36**
Table 6.5. Topics of Discussion by Field Workers **37**

Table 6.6. Participation of MWRA in Health Events 37
Table 7.1. Knowledge and Awareness Indicators, by Area, MIH Baseline Survey 2013-2014 38
Table 7.2. Risks of Pregnancy before Age 20 40
Table 7.3. Risks of Pregnancy after Age 35 41
Table 7.4. Risks Associated with Short Pregnancy Interval 42
Table 7.5. Potential Danger Sign of Pregnancy 43
Table 7.6. Awareness about the Need of Health Check Up during Pregnancy 44
Table 7.7. Birth Preparedness 45
Table 7.8. Awareness of Safe Delivery Kit 47
Table 7.9. Knowledge about the Benefits of the Use of Safe Delivery Kit 48
Table 7.10. Knowledge about Emergency Contraceptive Pill 49
Table 8.1. Knowledge and Use of Contraception, by Area, MIH Baseline Survey 2013-2014 50
Table 8.2. Contraceptive Use 51
Table 8.3. Contraceptive Methods 52
Figure 8.1. Percent of currently married women (15-49) who are using contraceptive methods by type of method, by area, MIH baseline survey 2013-2014. 53
Table 8.4. Source of Current Method 54
Figure 8.2. Percent of contraceptive method users by sources of methods, by intervention area, MIH baseline survey 2013-2014. 55
Table 8.5. Awareness about Emergency Contraceptive Pill 56
Table 8.6. Use of ECP 56
Table 8.7. CMWRA and Provider Contact 57
Table 8.8. Intention for Use of LARC and Permanent Methods 58
Table 8.9. Use of SMC Branded Contraceptive Methods 59
Table 8.10. Current Use of Contraceptive Methods, by Background Characteristics: BRAC Intervention Area 60
Table 8.11. Current Use of Contraceptive Methods, by Background Characteristics: CPS Intervention Area 62
Table 8.12. Current Use of Contraceptive Methods, by Background Characteristics: MIH Intervention Area 64
Table 8.13. Current Use of Contraceptive Methods, by Background Characteristics: BRAC Comparison Area 66
Table 8.14. Current Use of Contraceptive Methods, by Background Characteristics: CPS Comparison 68
Table 8.15. Current Use of Contraceptive Methods, by Background Characteristics: MIH Comparison Area 70

Table 9.1. Pregnancy and Newborn Care 72
Table 9.2. Antenatal Care (at Least One Visit) from Medically Trained Provider 73
Table 9.3. Antenatal care (4 or more visits [ANC 4+]) 74
Table 9.4. Number of Antenatal Care Visits 75
Table 9.5. Types of Service Providers for Antenatal Care 75
Figure 9.1. Percent of MWRA by number of ANC visits during pregnancy related to their most recent birth in three years preceding the survey, by area, MIH baseline survey 2013-2014 76
Figure 9.2. Percent of deliveries by place of delivery for the most recent birth in last three years, MIH baseline survey 2013-2014. 77
Table 9.6. Facility Delivery 78
Table 9.7. Assistance during delivery 79
Table 9.8. Use of Safe Delivery Kit 80
Figure 9.3. Percent of newborns receiving different components of essential newborn care, by area, MIH baseline survey 2013-2014. 81
Table 9.9. Newborn Care 82
Table 9.10. Essential Newborn Care 83
Table 10.1. Knowledge on and Practice of Child Healthcare, by Area, MIH Baseline Survey 2013-2014 84
Table 10.2a. Knowledge of MNP 85
Table 10.2b. Knowledge about benefits of MNP 86
Table 10.3. Use of MNP 87
Figure 10.1. Percent of MWRA with under-five children who know about MNP; percent of 6-59 months old children who were given MNP in last six month. 88
Table 10.4. Prevalence of Diarrhea, MIH 88
Table 10.5a. Knowledge of Zinc and ORS 90
Table 10.5b. Knowledge about the Benefits of Zinc and ORS 91
Table 10.6. Use of Zinc with ORS 92
Table 10.7. Breastfeeding Practice 92
Table 11.1 Use of Sanitary Napkin, by Area, MIH Baseline Survey 2013-2014 93
Table 11.2. Use of Sanitary Napkin by MWRA 94
Figure 11.1. Percent of MWRA and unmarried daughters aged 10-25 who use(d) sanitary napkin during current or last menstrution, by area 95
Figure 11.2. Percent of unmarried daughters aged 10-25 who use(d) sanitary napkin during current/last menstration, status of school going, by area. 95
Table 11.3. Use of Sanitary Napkin among 10-25 Years Old Unmarried* Daughters of MWRA 96

Table 11.4. Brand of Sanitary Napkin **97**

Table A1. Intervention and Comparison Districts and Upazillas for MIH Project **99**

Table A3.1: Mean Test for Individual Household Characteristics between BRAC Intervention and BRAC Comparison Area (Using Population Weights) **102**

Table A3.2. Mean Test for Individual Household Characteristics between CPS Intervention and CPS Comparison Area (Using Population Weights) **102**

Table A3.3. Mean Test for Individual Household Characteristics between Overall MIH Intervention and Overall MIH Comparison Area (Using Population Weights) **103**

Table A4.1: Mean Test for Individual Characteristics of Currently Married Women of 15-49 Years between BRAC Intervention and BRAC Comparison Area (Using Population Weights) **103**

Table A4.2. Mean Test for Individual Characteristics of Currently Married Women of 15-49 Years between CPS Intervention and CPS Comparison Area (Using Population Weights) **104**

Table A4.3: Mean Test for Individual Characteristics of Currently Married Women of 15-49 Years between Overall MIH Intervention and Overall MIH Comparison Area (Using Population Weights) **104**

Table A7.1. Mean Test of Individual Variables of MWRAs' Awareness on Reproductive Health and Emergency Contraception between BRAC Intervention and BRAC Comparison (Using Population Weights) **105**

Table A7.2. Mean Test of Individual Variables of MWRAs' Awareness on Reproductive Health and Emergency Contraception between CPS Intervention and CPS Comparison (Using Population Weights) **106**

Table A7.3. Mean Test of Individual Variables of MWRAs' Awareness on Reproductive Health and Emergency Contraception between Overall MIH Intervention and Overall MIH Comparison (Using Population Weights) **106**

Table A8.1. Mean Test of Individual Variables of CMWRAs' Use of Modern Contraceptive Methods and Intention of Using LAPM between BRAC Intervention and **B**RAC Comparison (Using Population Weights) **107**

Table A8.2. Mean Test of Individual Variables of CMWRAs' Use of Modern Contraceptive Methods and Intention of Using LAPM between CPS Intervention and CPS Comparison (Using Population Weights) **107**

Table A8.3. Mean Test of Individual Variables of CMWRAs' Use of Modern Contraceptive Methods and Intention of Using LAPM between Overall MIH Intervention and Overall MIH Comparison (Using Population Weights) **108**

Table A9.1. Mean Test of Individual Variables of Maternal Health Care, Place of Delivery and Newborn Care between BRAC intervention and BRAC comparison (Using Population Weights) **108**

Table A9.2. Mean Test of Individual Variables of Maternal Health Care, Place of Delivery and Newborn Care between CPS intervention and CPS comparison (Using Population Weights) **109**

Table A9.3. Mean Test of Individual Variables of Maternal Health Care, Place of Delivery and Newborn Care between Overall MIH Intervention and overall MIH Comparison (Using Population Weights) **109**

Table A10.1. Mean Test of Individual Variables of MNP use, and 0-59 Months Children's Mothers' Awareness on MNP Use and Using Zinc with ORS during Diarrhea between BRAC Intervention and BRAC Comparison (Using Population Weights) **110**

Table A10.2. Mean Test of Individual Variables of MNP use, and 0-59 Months Children's Mothers' Awareness on MNP Use and Using Zinc with ORS during Diarrhea between CPS Intervention and CPS Comparison (Using Population Weights) **111**

Table A10.3. Mean Test of Individual Variables of MNP use, and 0-59 Months Children's Mothers' awareness on MNP Use and Using Zinc with ORS during Diarrhea between Overall MIH Intervention and Overall MIH Comparison (Using Population Weights) **111**

Table A11.1. Mean Test of Individual Variables of Reproductive Hygiene between BRAC Intervention and BRAC Comparison (Using Population Weights) **112**

Table A11.2. Mean Test of Individual Variables of Reproductive Hygiene between CPS Intervention and CPS Comparison (Using Population Weights) **112**

Table A11.3. Mean Test of Individual Variables of Reproductive Hygiene between Overall MIH Intervention and overall MIH Comparison (Using Population Weights) **112**

1. Introduction

1.1. Evaluation Purpose

MEASURE Evaluation, with support from the U.S. Agency for International Development (USAID) mission in Bangladesh, will conduct an outcome and impact evaluation of the Marketing Innovation for Health (MIH) project. USAID/Bangladesh awarded MIH to the Social Marketing Company (SMC) with an aim of improving the health status of women and children in selected priority districts of Bangladesh where healthcare utilization is relatively low. SMC, along with its six nongovernmental organization (NGO) partners, have been implementing an integrated social marketing program to provide a comprehensive range of health and family planning products and services to the target populations in geographic priority areas of Bangladesh. The project lasts for the period of July 26, 2012 to July 25, 2016.

The outcome evaluation will examine the changes taking place in key outcomes in terms of utilization of health and family planning products and services after the implementation of the interventions through the expansion of the range of products and services, community mobilization, behavioral change communication (BCC) campaign, and capacity building of private providers. The impact evaluation attempts to estimate the contribution of the MIH interventions to the observed changes in the key outcomes. Bangladesh has done well in health and family planning service delivery in the recent decades but certain geographic areas lag behind this improvement. It is expected that an integrated social marketing approach as MIH can make a significant improvement in the utilization of services in the targeted areas. The findings of these evaluations will not only have implications for the MIH project, but will add to the evidence base for integrated social marketing successes of health and family planning in developing world.

1.2. The Country Context

Bangladesh, a South Asian country with resource-scarcity and high population density, has done extremely well in terms of social and health improvements and appreciably well in economic improvement in the recent decades. The country is almost on track in achieving most of the United Nation's Millennium Development Goals (MDGs). Literacy has improved remarkably, especially among women; there are signs of steady but consistent decline of poverty; infant and child mortality and maternal mortalities have reduced significantly; and fertility has reached nearly the replacement level at 2.3 births per woman (NIPORT, Mitra Associates & ICF International, 2013). However, problems remain in many areas: absolute poverty remains high; health inequity, though declining, remains a challenge; infant, child, and maternal mortality rates are continually declining, but the levels still remain high, especially in certain geographic areas; and the level of malnutrition of children and mothers is still one of the highest in the world (World Bank, n.d.).

Although Bangladesh achieved a low level of fertility, about 40% of mothers report to have unintended births, and 12% of women report to have unmet need for contraception. A small proportion of contraceptive users (13% of users or 8% of currently married women) use long-acting and permanent methods (LAPM), like IUD, implants, and female and male sterilizations, although two-thirds of married women of reproductive age (MWRA) do not want to have any more children, i.e., want to limit childbearing (NIPORT, Mitra Associates & ICF International, 2013; Streatfield et al., 2013). LAPM are more appropriate for couples who want to limit childbearing, and are most cost-effective. Male involvement in family planning is low in Bangladesh, a male-dominant country. However, there are signs of increased acceptance of nonscalpel vasectomy (NSV), though level of acceptance is very low.

Chronic and acute malnutrition is rampant in Bangladesh; 41% of under-five children are stunted and 16% are wasted with an overall 36% of child under-nutrition. Geographical variation of almost all indicators of health, nutrition, and family planning remains an issue; certain regions of the country have remained disadvantageous in terms of key indicators. For example, every other child was stunted in Sylhet Division but it was lower in Khulna Division, where one-third of children were stunted. Under-five mortality was 45 per 1,000 in Khulna compared to 83 per 1,000 in Sylhet. Contraceptive prevalence rate was 68% in Khulna compared to just 45% in Sylhet.

Inequity in health and nutrition is another important issue; only 10% of deliveries among women in the lowest quintile took place in facilities compared to 60% among women in the highest quintile. Similarly, 54% of under-five children in the lowest quintile were stunted compared to 26% in the highest quintile.

Adolescent reproductive health remains a neglected area in Bangladesh. Adolescents are disadvantaged among the poor as well as in regions with lower level of health care utilization.

The 2011-16 Health, Population, and Nutrition Sector Development Program (HPNSDP) of Bangladesh places strong emphasis on increasing contraceptive use, especially LAPM use; reducing malnutrition; reducing health-care inequity; and improving health care utilization in geographically disadvantageous regions.

The private sector plays a vital role in health service delivery as it is usually the point of first contact for primary curative care, including the poor. Approximately 81% of the low-income population use private-sector services as their first line of curative care. Also, for preventive care, the private sector serves in parallel with the public sector. For example, just one half of the couples in the country procure family planning supplies from the private sector with a small share of NGOs. In Bangladesh, 23% of deliveries took place in facilities in 2010; 10% were in public facilities and 13% were in private-sector facilities.

SMC probably supplies most of the contraceptive commodities (especially pills and injectables) available at the private sector, oral rehydration solution (ORS), and other common health- and

hygiene-related products. SMC markets its products throughout the country, covering 64 districts.

NGOs have been vibrant in the promotion of health and family planning in Bangladesh through their community-based BCC activities and supplies of products. The distribution occurs through static and satellite clinics and in some cases through community health workers (e.g. *Shasthya Sebika* of BRAC; community support promoters of the USAID-supported NGO Health Service Delivery Program or NHSDP). Such NGOs are BRAC and others NGOs that participate in NHSDP, and those that participate in the Urban Primary Health Care Project (UPHCP) supported by the Ministry of Local Government and Rural Development. The MIH partner NGOs — Concerned Women for Family Development (CWFD), Shimantik, and Population Services and Training Center (PSTC) — also participate with NHSDP or UPHCP in delivering health and family planning services. BRAC has its own large-scale health programs for providing a range of services throughout the country.

1.3. Project Description

The United States government awarded the highly-targeted and evidence-based program, Marketing Innovation for Health, to the Social Marketing Company for four years (July 26, 2012 to July 25, 2016) through cooperative agreement AID-388-A-12-00003. Under this agreement, SMC and its partners will implement an integrated social marketing program to provide a comprehensive range of products and services to the target populations in Bangladesh. Other partners in this program include Population Services International (PSI), BRAC, Concerned Women for Family Development (CWFD), Population Services and Training Center (PSTC), Shimantik and EngenderHealth.

The goal of the Marketing Innovation for Health program is to contribute to sustained improvements in the health status of women and children in Bangladesh by increasing access to and demand for essential health products and services, through the private sector. The program objectives by components (results and sub-results) are as follows:

> ***Result 1:*** *Increase availability and reach through expanded commodity sales and distribution through private sector networks, including nongovernmental organizations (NGOs) at an affordable price to support family planning and other healthy practices, especially focused on low income populations.*
>
> *Sub Result1:* Increased distribution and sales of reproductive health products and a secured supply of contraceptive commodities.
>
> *Sub Result 2*: Increased distribution and sale of ORS and zinc to treat diarrhea and dehydration, safe delivery kit, and other maternal and child health (MCH) products for use in related services.

Sub Result 3: Increased distribution and sale of products for improving the nutritional status of children.

Sub Result 4: Increased distribution and sale of new and innovative products using social marketing techniques.

Result 2: *Improve knowledge and healthy behaviors, reduce harmful practices, and increase care-seeking practices while reaching out to new audiences (youth) through creative behavioral change communication*

Sub-Result 5: Improved health communication activities to reach new user populations

Result 3: *Improve and sustain the delivery of quality family planning, reproductive and child health services, referrals/DOTS [directly observed treatment, short course] services for TB, and referrals for higher-level clinical services, including LAPMs through capacity building of local formal and non-formal private providers.*

Sub-Result 6: Increased training and referrals for long-term and permanent family planning methods, institutional delivery, management of sick newborns, and reducing delays in diagnosing and treating Tuberculosis

Sub-Result 7: Strengthened linkages with other public and private sector partners

The MIH interventions encompass three major areas – community mobilization, BCC campaign, and capacity building of private providers:

Community Mobilization — The MWRA, caregivers of children, and adolescents will be reached through various community mobilization activities. These activities will be carried out by various field workers, which are shown in subsequent sections:

- Community mobilization through partners in the 19 priority districts
    - Group sessions/interpersonal communication with MWRA and men
    - Group sessions/interpersonal communication with caregivers
    - School health education program
    - Orientation meeting with TBAs
    - Work place intervention
    - Advocacy meeting with influential persons
- Community mobilization through SMCs own programs
- Mass media BCC

Key field workers and community mobilization activities: BRAC has two types of female health workers — *Swasthya Karmi* (SK) and *Swasthya Sebika* (SS) — for its community mobilization activities. An SK is a high school graduate with six months of training on the basics of pregnancy care, maternal health, and child health. The primary responsibilities include educating community women on pregnancy care, maternal health, and child health through interacting them in courtyard meetings (popularly known as *Uthan Boithak* in Bangla) as well as home visits to married women of reproductive age. An SK uses *Notun Diner Golpo* as a means of education tool. She also provides antenatal visits to pregnant women. An SK is a salaried worker.

An SS is a local woman with some education and three months of training on the basics of maternal and child health. She sells health products such as ORS, zinc therapy for diarrhea, micronutrients products, oral pills and condoms, sanitary napkins, safe delivery kits, and some form of basic toiletries. She promotes her sales through home visits. She also discusses some basic health issues covered in *Notun Diner Golpo* during her home visits. An SS is not a salaried worker but earns her livelihood from the profit she makes from selling her products. BRAC typically recruits an SS to serve a community consisting of around 250 households.

CPS (which refers to CWFD, PSTC, and Shimantik together) also has two types of female health workers for community mobilization activities — community mobilizer (CM) and community sales agent (CSA). CMs and CSAs are almost equivalent to SKs and SSs in terms of their skills, roles, responsibilities, and their earnings but with some exceptions. A CM does not provide antenatal visits to pregnant women, but uses an audio recording when she discusses *Notun Diner Golpo*. The catchment areas of a CSA does not necessarily limit to 250 households, it can be greater.

BCC Campaign — BCC campaign is a major part of the MIH interventions. SMC takes the lead in developing information packages. SMC has developed a set of messages to cover a series of health topics, which are printed in a booklet. SMC has also developed a two-part audio recording, in the form of stories or drama covering messages, named it *Notun Diner Golpo*. The audio is used for dissemination purposes during the community mobilization field activities. The message booklet is used by the field workers during their field activities and the audio is played when the field workers disseminate *Notun Diner Golpo*. The messages cover the following five major public health areas:

- healthy timing and spacing of pregnancies as a way to reposition family planning as a health intervention;
- first 1,000 days for caregivers of children covering the period from pregnancy to 2 years of age;
- healthy pregnancy of mothers;
- adolescent health; and
- TB prevention and management.

Capacity Building of Private Providers — Capacity building of a private provider is another important part of the MIH interventions in the following areas:

- expanding and strengthening Blue Star Program;
- creating a network of trained providers offering long-acting and reversible contraceptives;
- intensive training of community-based health providers;
- developing a referral network for permanent methods; and
- collaboration with Strengthening Health Outcomes through the Private Sector for IUD and Implant services.

The Blue Star Program will be expanded to increase coverage of injectable contraceptive services; long-acting and reversible contraceptives (LARC) service provision through the private sector will be introduced after providing training to practicing physicians selected from the communities. Referral networks will be established for both private and public-sector services for permanent methods of contraception namely, female sterilization and NSV.

Target populations and geographic areas: The MIH program covers 19 out of 64 districts of Bangladesh but mainly in rural areas. The population covered by MIH was over 40 million residing in 8.23 million households, according to the 2011 Population Census. The estimated number of women of reproductive age would be over 9 million and that of children under five would be about 4.5 million. Annex I and Annex II show the districts and Upazillas that are covered by MIH (SMC and its partners). MIH targets low- and middle-income women (aged 12-49) and men of reproductive age and mothers of newborns and under-five children. Districts that are covered by BRAC, CWFD, PSTC, and Shimantik had lower use of contraception than the national average. For example, modern contraceptive use was 46% in BRAC districts and 42% in districts covered by CWFD, PSTC, and Shimantik compared to the national rate of 54% in 2010. The MIH covered districts were also disadvantageous in terms of child mortality, child nutrition, and other health indicators.

These districts receive special MIH interventions in addition to the nationwide SMC and *BRAC* programs and regional programs of CWFD, PSTC, and Shimantik. The special interventions are comprised of the community mobilization activities and BCC campaigns organized by SMC, BRAC, and CPS in their designated districts and Upazillas. Below, they are termed as BRAC interventions and CPS interventions.

1.4. How Can the MIH Project Influence Health Care Utilization?

SMC and its partners implement an integrated social marketing program to provide a comprehensive range of products and services to the target population. As a result of the strategic investments of this project, women of reproductive age, their spouses, their family members, and other community influencers are repeatedly reached with targeted messages on FP, reproductive, maternal and child health, nutrition, and tuberculosis, both through mass media nationwide, and through community mobilization activities in the priority 19 districts. Families are being motivated to adopt promoted healthy behaviors, and are being able to access affordable products such as contraceptives, safe delivery kits, and sanitary napkins for

women, and ORS, zinc, and micronutrient Sprinkles for children through community workers (SSs and CSAs) carrying the product, or retail outlets within close proximity.

As a result of strategic partnerships with various private-sector organizations, the mothers are also reached with educational messages as well as information on where to access products and services, through mobile technology. If a woman needs the service, she is referred to a nearby trained provider for LAPMs or for the management of other diseases such as TB. She receives services or treatment from providers who have received comprehensive training on counselling and client service. Such repeated reinforcement of messages and easy access to products will allow for maximum health impact, especially in the districts with the highest unmet need for products and services, and the poorest health indicators.

SMC works in close collaboration with the government of Bangladesh to complement efforts to ensure that a total marketing approach (TMA) is implemented – free products from the government reach the poor – and SMC products reach low-income populations belonging to slightly higher wealth quintiles. To do this, SMC takes an evidence-based approach to marketing planning that uses data and information from the market to inform programmatic decisions around the "four Ps" of marketing – price, product, promotion, and place. SMC works to incorporate best practices by adopting and introducing two research tools: PSI's overarching behavior change communication planning and evaluation framework (called PERFoRM) and PSI's marketing planning tool (called DELTA).

PERFoRM uses population-based household surveys to segment target populations into those who practice a desired behavior and those who do not. The data are then analyzed to identify the underlying factors that may be driving a desired behavior, such as the use of oral contraceptive pills (OCPs). The factors that influence an individual's decision to adopt safer behaviors are categorized as "motivation" (do they want to?), "ability" (are they able to?), and "opportunity" (are there external supports for it?). Once such behavior factors have been identified, SMC pilots the use of the DELTA marketing planning process to design interventions that influence those factors. DELTA begins with a situation analysis and the identification of strategic priorities for the marketing plan. The available quantitative and qualitative research is analyzed to develop a profile of the target audience members. Then the most important and unique benefit that the product, service, or behavior stands for in the mind of the target audience is identified. This is the emotional "hook" upon which one can hang the marketing strategy. The next step is to develop marketing objectives to ensure that the marketing plan remains focused. Finally, the "four P's" of marketing – product, price, promotion, and place – are looked at to specify the activities to achieve the marketing objectives.

By applying these two tools, SMC will add more rigor to their marketing planning process to execute an overarching TMA strategy ensuring that the right products reach the right people at the right price. In doing so, the market itself will grow, providing more people with products and services, and will become sustainable over time.

An illustrative framework, figure 1.1, shows how various strategies, approaches, and inputs can influence accessibility to services, enhance knowledge about services, and improve health behavior and care-seeking practices. It also indicates how a sustainable delivery system can be developed to provide services on family planning, reproductive health, maternal and child health, other health services through capacity building of service provision. Expanded portfolio of health products and services are delivered through commercial distribution through private providers, using local NGOs and community-based distribution (CBD). Capacity of the private providers, non-formal providers and CBD providers are enhanced. Strategic pricing of products are developed to maximize affordability of the low- and middle-income clients. LAPM and injectables are being expanded through private providers; LAPM are currently delivered mostly through the public-sector. Rural markets are being the major focus. Primary emphases are on behavior change communication through community mobilization and mass media. Special efforts are being given to reaching the poor through total marketing approach TMA. The outcomes of these will lead to increased health awareness, increased knowledge of services and products, and increased utilization of nutrition, health and family planning products and services. Table 2.1 shows a set of indicators that can capture the expected outcomes of the project.

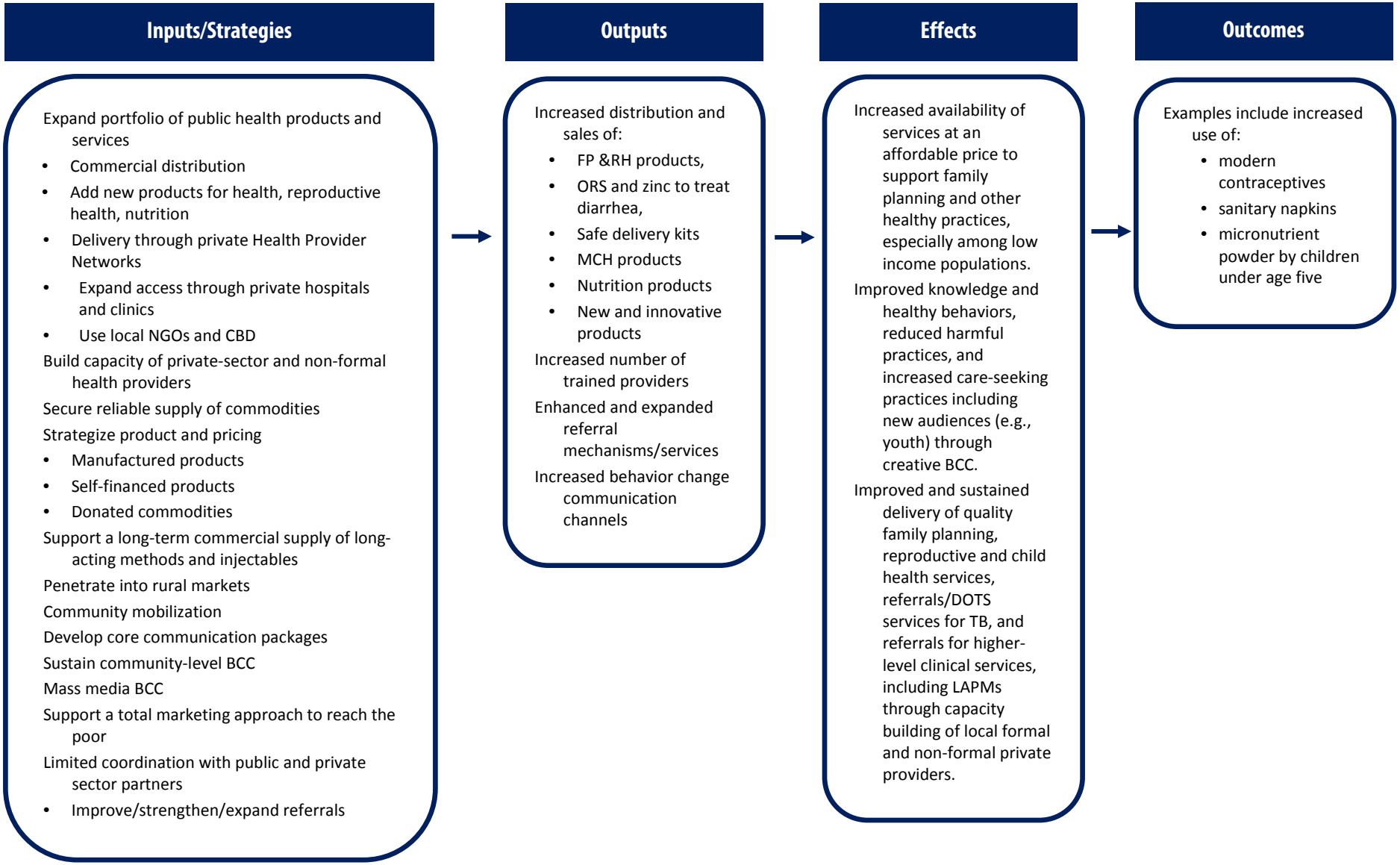

Figure 1.1: Illustrative evaluation framework: MIH Project.

1.5. Evaluation Protocol

The outcome evaluation tracks changes in key outcome indicators of the project target population over time. The impact evaluation aims to measure whether or not the project has affected health knowledge and behavior and utilization health products and services. We consider a "before-after and intervention-comparison" evaluation framework. The evaluation design will measure changes of the outcomes "before and after" the intervention in project areas relative to changes in the comparison areas. The estimation strategy will use a difference-in-differences (DID) model to quantify the impact of the program, controlling for fixed effects and other pre-existing differences between the intervention and comparison areas. Under the assumptions of the DID — basically that the comparison group provides a good estimate of the change that would have been observed in the intervention group in absence of the program — if the relative changes are significantly greater in the project areas compared to the comparison areas, it is possible to conclude that the improvement in the outcomes were associated with the project.

The main data for the evaluation come from ever-married women of reproductive age (aged 15-49) interviewed through household surveys. The ever-MWRA provide information on their own knowledge, behavior, and use of products and services. They also provide information for child (under-five) health and nutrition as caregivers. In rural Bangladesh, MRWA or mothers are the caregivers for children, in most cases.

The baseline data were collected at the beginning of the interventions, in 2013-2014. The endline data will be collected after about two years from the date of the baseline data collection. This evaluation complements monitoring activities conducted by the MIH Project. The project collects program routine data on activities and outputs and examines the range and volume of products and services over time and geographic locations.

1.5.1. Baseline Survey

The baseline data were collected from MWRA through face-to-face interviews. The questionnaire used in the MWRA survey is shown in the Annex IV. The questionnaire development process included extensive review and rigorous pretesting in the field outside the survey areas. Data collection and processing were done by an independent and local research firm, Mitra and Associates, which has its own procedures of collection and processing of quality data. The data collectors received structured and rigorous training, including extensive field practice.

Data collection tools: The main data collection tool was the *woman's questionnaire* which includes the following sections:

- respondent's background characteristics;
- reproduction;

- knowledge about service providers and community dissemination on healthy timing and spacing of pregnancy and delivery care;
- knowledge about healthy timing and spacing of pregnancy, pregnancy and delivery care, family planning, and other health;
- contraceptive use;
- nutritional care and incidence of diarrhea among under-five children;
- pregnancy and postnatal care; and
- reproductive hygiene.

A brief household questionnaire was used to collect data on household population and housing characteristics.

Pretesting of questionnaires: The woman's questionnaire was pretested two times: August 14-21, 2013 and August 28-31, 2013 in Sutipara village of Dhamrai Upazilla in Dhaka District. This village is outside of the MIH survey domain. The pretesting was done by trained male and female interviewers of Mitra and Associates under the observation of team members of Mitra Associates' research team, MEASURE Evaluation, and MIH. The questionnaire was modified in terms of wording of questions, sequence of questions, and skip patterns before its finalization.

Training of data collection staff: Carefully recruited staff underwent a rigorous training during the period September 7-16, 2013. The topics covered in the training included objectives and methodology of the survey, interviewing techniques, procedures of data gathering and recording information, and the sections of the questionnaires. The training consisted of classroom lectures, group discussions, mock interviews, and field testing. After the training, an assessment of the participants was made and only those who showed satisfactory performance were retained for the fieldwork.

Fieldwork: Fieldwork was conducted from September 24, 2013 to February 16, 2014 by 11 interview teams, a team consisting of five female interviewers, one male supervisor, one female supervisor, and field assistant. The data collection was monitored by the Mitra and Associates' quality control teams. Monitoring was also done by research members at Mitra and Associates and MEASURE Evaluation. The female supervisors checked every filled-in questionnaire for completion, accuracy, and consistency.

Data processing: Data were computerized with double entry in the headquarters of the Mitra and Associates from November 23, 2013 through April 17, 2014. Each completed form was office edited prior to the entry. The data files were then cleaned through data editing.

Response rate: Table 1.1 shows that household response rate was around 95% while women's response rate was around 92%. The response rates are very similar between the different areas.

1.5.2. Sampling

The baseline survey was conducted in 3,470 households in *BRAC* intervention areas, 3,478 households in BRAC comparison areas, 3,192 households in CPS intervention areas and 3,313 households in CPS comparison areas (table 1.2).

Table 1.1. Target and Effective Sample Size and Response Rate, by Area, MIH Baseline Survey 2013-2014

Survey Indicators	Intervention areas			Comparison areas		
	BRAC	CPS	MIH	BRAC	CPS	MIH
Household interview:						
Number of sample households	3,600	3,360	6,960	3,600	3,510	7,110
Household response rate (%)	96.4	95.0	95.7	96.6	94.4	95.5
Interview of ever-married women age 13-49 years:						
Number of eligible women	3,788	3,364	7,152	3,806	3,426	6,679
Eligible women response rate (%)	92.4	92.5	92.4	92.5	92.1	92.4

Table 1.2. Sample Size, by Survey Domain, MIH Baseline Survey 2013-2014

Domain	Number of clusters/PSU*	Households per cluster	Number of households	
			Sample target	Interviewed
BRAC intervention	120	30	3,600	3,470
BRAC comparison	120	30	3,600	3,478
CPS intervention	112	30	3,360	3,192
CPS comparison	117	30	3,510	3,313
MIH intervention	232	--	6,960	6,662
MIH comparison	237	--	7,110	6,791

Note: * PSU=primary sampling unit

The above sample sizes were based on the three indicators shown in table 1.3 (a subset of the indicators shown in table 2.1). The sample sizes are enough to detect the differences between the baseline and the target values with the following assumptions:

- at 5% significance level;
- an 80% power;
- design effect of 1.42 (NIPORT, 2013); and
- appropriate continuity correction.

Table 1.3. Indicators Based on Which Sample Size Was Calculated, MIH Baseline Survey 2013-2014

	Indicator	BRAC		CPS	
		Baseline	Target	Baseline	Target
1	Percent of MWRA who are currently using a modern contraceptive method	45.9*	50.9	41.8*	46.8
2	Percent of MWRA who use(d) sanitary napkins currently or last time	20†	25	20†	25
3	Percent of children under-five who used MNP	2.3‡	10	2.3‡	10

Notes: * Source: National Institute of Population and Training, MEASURE Evaluation & icddr,b, 2012.
† Assumed value.
‡ Source: National Institute of Population and Training, Mitra and Associates & MEASURE DHS, 2013.

Sample selection: The sample households were selected at two stages: First, 120 clusters each from BRAC intervention and comparison domains, and 112 and 117 clusters from CPS intervention and CPS comparison domains, respectively, were randomly selected. In the second stage, 30 households were randomly selected from each of the selected clusters from all the four domains. The sampling frame of the MIH baseline survey was the list of Mouzas in the intervention and comparison areas according to the 2011 Bangladesh Population Census, which was obtained from the Bangladesh Bureau of Statistics.

Survey domains: The four survey domains are described below.

BRAC intervention domain: *BRAC* interventions are implemented in selected *Mouzas*/villages of a given Upazilla — not every *Mouza*/village of the Upazilla has a BRAC intervention. Therefore, it is appropriate to divide *Mouzas* of each BRAC Upazilla into intervention and non-intervention areas. For each Upazilla a list of *Mouzas* covered by BRAC interventions was made. A sampling frame was created by combining the *Mouza* lists of all Upazillas within the BRAC program. A total of 120 clusters were selected from the BRAC intervention areas with probability proportional to size of *Mouza*.

BRAC comparison domain: The BRAC comparison areas comprised the group of *Mouzas* that are not covered by *BRAC* interventions but are neighboring or adjacent to the 120 selected intervention clusters. For each selected BRAC intervention cluster, a neighboring non-program *Mouza* was identified from the same Union or from the neighboring Union within the Upazilla. A total of 120 comparison clusters were selected in this way.

CPS intervention domain: The CPS intervention area is comprised of all *Mouzas* in 22 Upazillas in 12 priority districts. A sampling frame was constructed with all *Mouzas* covering the CPS invention Upazillas. A total of 112 *Mouzas* were selected randomly from the CPS intervention domain with probability proportional to the size of *Mouza*. Large *Mouzas* were segmented into several clusters and one cluster from each selected *Mouza* was selected.

CPS comparison domain: The 28 Upazillas (see annex I) of the CPS comparison domain are neighboring to CPS Intervention Upazillas within the same district or outside of the intervention district. A list of all *Mouzas* was made from the 28 Upazillas from 15 districts from which a total

of 117 *Mouzas* were selected with probability proportional to size of *Mouza*. Large *Mouzas* were segmented into several clusters and one cluster from each selected *Mouza* was selected.

Selection of households and women: In each of the selected clusters in four different domains (BRAC Intervention, BRAC comparison, CPS Intervention, and CPS Comparison areas), listing of households was done to prepare the sampling frame for household selection. A total of 30 households were selected by using systematic random sampling procedure from each of the clusters. The selection of households was done at the Headquarters of Mitra and Associates in Dhaka to avoid possible bias that could have been occurred if done in the field.

1.5.3. Protection of Human Subjects

Prior to data collection, human subjects review of the complete study protocol and data collection instruments were obtained from the Bangladesh Medical Research Council and from a University of North Carolina at Chapel Hill institutional review board. Data collection and processing staff were trained on human subject issues. Appropriate informed consent was obtained from the respondents prior to data collection. Data were collected through face-to-face interviews maintaining confidentiality.

2. Key Findings: Levels, Comparability, and Implications

In this chapter, based on a number of key indicators, we review the levels of knowledge and practice related to reproductive health and child health and nutrition (table 2.1). The MIH targets against indicators are shown in the last column of table 2.1.

Table 2.1. Key Indicators from the MIH Baseline Survey 2013-2014*

	Indicator	BRAC		CPS		MIH		MIH
		Int.	Comp.	Int.	Comp.	Int.	Comp.	Target
Sub Result 2.1: **Improved knowledge and healthy behaviors**								
1	% of MWRA who accurately report at least two specific risks/complications related to pregnancies before age 20	46.2	43.8	41.4	34.8	44.0	39.5	56.0
2	% of MWRA who accurately report at least two specific risks/complications related to pregnancy after the age of 35	41.8	39.4	32.9	29.6	37.6	34.8	50.0
3	% of MWRA who accurately report at least two specific risks/complications related to pregnancies that occur less than 2 years after the last childbirth	68.0	65.5	64.7	55.7	66.5	60.9	76.0
4	% of MWRA who accurately report at least three possible/potential danger signs of pregnancy	22.7	20.8	22.4	19.1	22.6	20.0	33.0
5	% of MWRA who are aware of the need of at least four visits for health checkup during pregnancy	26.8	23.9	33.2	38.9	29.8	31.0	50.0
6	% of MRWA who accurately report at least four initiatives related to birth preparedness to ensure safe delivery	19.4	16.4	15.6	14.9	17.6	15.7	28.0
7	% of MWRA who can specify correctly at least two specific benefits of using safe delivery kits	7.6	5.4	7.3	5.8	7.5	5.6	17.0
8	% of CMWRA who do not want children and not using LAPM but intend to use LARC in next 12 months	0.3	0.3	1.3	1.1	0.8	0.7	2.0
9	% of MWRA who are aware of ECP as an effective way of preventing possible unintended conception	1.7	1.2	1.9	3.0	1.8	2.1	10.0

10	% of MWRA who accurately report at least two specific benefits of giving Micronutrient powder (MNP) to children under 5	9.2	7.5	7.6	5.3	8.5	6.5	20.0
11	% of MWRA who have a under-five children and are aware of the benefits of the use of Zinc with ORS as an adjunct therapy to treat diarrhea	64.4	57.6	45.3	43.4	55.7	50.9	70.0
12	% of MWRA who accurately identify the most important symptom(s) of TB	89.9	87.7	85.6	85.4	87.9	86.6	95.0
Sub-Result 2.2: **Reduced harmful practices**								
13	% of MWRA who had a birth outcome in last three years preceding the survey delivered last time in home were assisted through safe delivery kit	10.6	7.4	14.5	10.6	12.4	8.9	20.0
14(a)	% of MWRA who use(d) sanitary napkins currently or last time	9.9	8.6	7.9	7.9	8.9	8.3	15.0
14(b)	% of unmarried women of age 10-25 years who use(d) sanitary napkins currently or last time	15.9	14.9	11.0	16.1	13.4	15.5	25.0
Sub-Result 2.3: Increased care-seeking behaviors								
15	% of MWRA who are currently using a modern contraceptive method	46.3	43.6	47.6	50.5	46.9	46.9	51.0
16	% of children under-five who used MNP	2.9	1.7	2.7	2.1	2.8	1.9	8.0

Note: * Int= intervention area; comp. = comparison area.

2.1. Knowledge about Reproductive and Child Health and Child Nutrition

There are 12 indicators related knowledge: three of them relate to healthy timing and spacing of pregnancy (HTSP), four of them relate to maternal health particularly delivery practices, one of them relates to prevention of unintended pregnancy, two of them relate to child health care or products, and one relates to tuberculosis.

The level of knowledge about the benefits of HTSP is moderate: only over two of five MWRA could report at least two risks/complications associated with pregnancies before age 20; and only about two of five MWRA could report two specific risks/complications associated with pregnancy after age 35. However; about two-thirds could report at least two risks/complications associated with pregnancies that occur less than two years after the last child birth. Awareness about the emergency contraceptive pill (ECP) was very low, less than 2% of MWRA were aware of ECP as an effective way of preventing possible unintended conception.

The maternal health knowledge was poor: only about one in five MWRA could accurately report at least three possible/potential danger signs of pregnancy; about one in four MWRA are aware of the need of at least four visits for health checkup during pregnancy; and less than one in five MWRA could accurately report at least four initiatives related to birth preparedness to ensure safe delivery. Only less than one in 10 MWRA could correctly specify at least two specific benefits of using safe delivery kit.

MWRA's knowledge about micronutrient powder (MNP) was low; less than one in 10 could accurately report at least two specific benefits of giving MNP to children under five. However, MWRA's knowledge about of the benefits of the use of zinc with ORS as an adjunct therapy to treat diarrhea was relatively high as about two in three MWRA who have an under-five child could report about it.

Intention for the Adoption of Long-Acting and Reversible Contraceptives — There is one indicator on the intention of using LARC, indicator 8. Such intention for the adoption of LARC was extremely low: less than 1% of current contraceptive users who do not want any more children (and not currently using LAPM) intended to use LARC in next 12 months.

2.2. Practices of Reproductive Health and Child Health and Nutrition

Reproductive Health — There are three indicators on reproductive health practices (indicators of the sub-result 2.2), which presented low levels of prevalence. About one in 10 MWRA who had a live birth in last three years preceding the survey delivered last time in home were assisted through safe delivery kit. Less than one in ten MWRA used sanitary napkin at their current menstruation or last time. Use of sanitary napkin was slightly higher among unmarried women of aged 13-25 than their married counterparts.

Contraception — Around 47% of current MWRA were using modern contraceptive methods at the baseline. See indicator 15 in table 2.1.

MNP — At the baseline, the use of MNP among under-five children was also very low, less than 3%. See indicator 16 in table 2.1.

2.3. Balance between Intervention and Comparison Areas

We also compare key indicators of background characteristics, knowledge, and practice between the intervention and comparison areas and perform statistical test of the difference of each indicator between areas. We call them balancing tests. These tests help examine the balance between the intervention and comparison populations. The balancing tests are shown in an annex, organized by chapter. In table 2.2, we summarize the balance tests. Tests were done for a total of 64 indicators, and 14 indicators (22%) were statistically different between the MIH intervention and MIH comparison areas at the 5% or lower level. The difference was least among the background (women and household) characteristics (three out of 32 indicators

or 9%), followed by practice indicators (three out of 18 or 17%), and the largest difference was observed for the knowledge indicators (eight out of 14 indicators or 57%).

Table 2.2. Summary Statistics of the Balance Tests, MIH Baseline Survey 2013-2014

Indicator Group	Number of Indicators Tested	Indicators That Are Significantly Different between Intervention and Comparison Areas	
		Number	Percent
Household characteristics	11	1	9%
Characteristics of women	21	2	10%
Knowledge on reproductive and child health and child nutrition	14	8	57%
Practice of reproductive and child health and child nutrition	18	3	17%
Total	**64**	**14**	**22%**

When it is compared within BRAC and CPS domains, it appears that most of the differences are explained by the differences between CPS intervention and CPS comparison areas. BRAC intervention areas and BRAC comparison areas do not differ much (tests not shown).

The degree of similarities and dissimilarities between the intervention and comparison areas lies in the selection criteria considered. For the BRAC domain, the comparison clusters were selected from the neighboring *Mouzas* within the same Upazilla. For the CPS domain, at the first selection stage, the comparison Upazillas were selected from the neighboring Upazillas within the district or from Upazillas in neighboring districts. Then, clusters were randomly selected. Therefore, the differences in healthcare knowledge and practice between BRAC intervention and BRAC comparison areas are likely to be minimal. In contrast, because the CPS intervention and CPS comparison areas come from more distant areas, the healthcare knowledge and practice may be different to some degree. It appears that the intervention areas already have had better reproductive health knowledge and practice than comparison areas, measured by some of the indicators. It is highly unlikely that the observed better knowledge and practice in the intervention than comparison areas has been due to the effect of the interventions that have been implemented prior to the baseline survey. It is most likely to be due to the pre-existing conditions of the comparison areas.

The mechanism through which the knowledge and practice can be increased in the intervention areas is through the contacts between the MWRA and MIH workers (SK and SS from BRAC and CM and CSA from CPS). The SKs and CMs are the workers who disseminate the MIH-supported health messages through their *Uthan Boithak* (courtyard meetings), and sometimes through home visits to MWRA's homes, in the intervention areas. Results (table 6.1, chapter 6) show that the level of such contacts at the time of the baseline survey was very low: only 5% of MWRA in the intervention areas and 3% in comparison areas reported that they had contacts with SK or CM in the three months prior to the survey. The SSs and CSAs are the sellers of the health products provided by MIH. The level of contacts between such workers and MWRA was

also very low, 5% in the intervention areas and 2% in the comparison areas, in the three months preceding the survey (table 6.2, chapter 6).

We will undertake the impact evaluation using a DID approach, and the pre-existing differences will be taken care of in this approach.

2.4. Programmatic Implications of the Findings

The level of knowledge was poor to moderate in both BRAC and CPS intervention and comparison areas. The level of reproductive and child healthcare utilization was also low. (For example, modern contraceptive method use was around 45%, sanitary napkin use was less than 10%, and MNP use was less than 3%.) The low level of healthcare utilization is likely to be due to both low level of knowledge about healthy behavior or about health services and lack of accessibility to health services and products. The MIH interventions implemented over the project period are likely to lead to improvement in both knowledge of and accessibility to services. Thus there is a good opportunity that there will be a significant increase in the utilization of health services and products in BRAC and CPS intervention areas.

3. Household Characteristics

This chapter provides information on households and general characteristics of the household population, as well as on selected features of dwellings of MIH intervention and comparison areas (table 3.1). The purpose of this section of the report is to compare the population and housing features of households in MIH intervention areas with those in the comparison areas. This provides some background for interpreting the results related to healthcare knowledge and practices discussed in the following chapters. Some household population characteristics (such as household size); physical characteristics of dwelling houses (including sanitation facilities); and household ownership of land and possession of assets and amenities are shown.

Table 3.1. Household Composition and Characteristics, by Area, MIH Baseline Survey 2013-2014

	Intervention Area			Comparison Area		
Indicator	**BRAC**	**CPS**	**MIH**	**BRAC**	**CPS**	**MIH**
Mean of household members	4.9	5.1	5.0	5.0	5.0	5.0
Percent of households:						
headed by male	77.8	87.3	82.3	79.4	85.9	82.6
owning only homestead land	57.4	50.9	54.3	54.3	56.2	55.2
with tin as main roof materials	90.3	93.7	91.9	90.1	92.7	91.3
with tin as main wall materials	71.6	44.6	58.6	74.5	48.2	61.7
with earth/sand as main flooring materials	78.6	80.0	79.3	81.3	82.0	81.7
with access to improved source of drinking water	99.1	98.2	98.6	99.5	94.3	97.0
with access to improved latrine	73.2	56.4	65.1	70.3	61.6	66.1
with electricity	73.7	63.8	69.0	67.2	66.8	67.0
with television	37.6	33.1	35.5	30.4	30.0	30.2
with at least one mobile phone	94.1	87.9	91.1	92.2	87.5	89.9

3.1. Household Composition

The vast majority of households were headed by men, almost equally in MIH intervention and comparison areas (82% vs. 83%). Only 18% of intervention and 17% of comparison households were headed by women (table 3.2). The mean household size was the same (4.9%) in intervention and comparison areas. The mean household size is similar to that found in the *Bangladesh Demographic and Health Survey 2011* (National Institute of Population and Training, Mitra and Associates & MEASURE DHS, 2013) estimate (4.6%).

Single-person households were rare; as it was less than 2% in different areas (table 3.2).

Table 3.2. Household Composition

Percent distribution of households by sex of household head and by household size, by area, MIH baseline survey 2013-2014

	Intervention Area			Comparison Area		
Household Characteristics	**BRAC**	**CPS**	**MIH**	**BRAC**	**CPS**	**MIH**
Household headship:						
Male	77.8	87.3	82.3	79.4	85.9	82.6
Female	22.2	12.7	17.7	20.6	14.1	17.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of usual members:						
1	1.6	2.0	1.8	1.1	1.7	1.4
2	7.1	6.6	6.8	7.0	7.1	7.0
3	14.9	13.4	14.2	13.2	13.8	13.5
4	22.1	23.3	22.7	22.0	21.4	21.7
5	22.5	20.4	21.5	22.4	21.6	22.0
6	14.2	14.0	14.1	15.2	15.6	15.4
7	8.3	8.6	8.4	9.0	8.3	8.6
8	4.2	5.1	4.6	4.5	4.2	4.3
9+	5.2	6.6	5.9	5.8	6.3	6.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Mean size of household	4.9	5.1	5.0	5.0	5.0	5.0
Total household members	17,065	16,139	33,204	17,486	16,630	34,116
Number of households	3,471	3,193	6,664	3,477	3,314	6,791

3.2. Household Land Ownership

In rural Bangladesh, ownership of homestead and other land is an important indicator of household socioeconomic conditions. About 40% of MIH intervention and comparison households had cultivable/other land including homestead land (table 3.3). Nearly 55% of MIH intervention and comparison households owned the homestead only, meaning that they did not have any land for cultivation. About 6% did not have any land, meaning that they did not even own land for their homestead. Very little differences existed between intervention and comparison households with respect to ownership of the homestead and any other land.

3.3. Housing Characteristics

Only 6-7% of households in MIH intervention and comparison areas had their houses completely made of cement or concrete (table 3.3). This is indicated by the roof materials, i.e., 6-7% of houses had roof made of cement or concrete, presumably the wall and floor materials are also cement or concrete. Tin is the most common roofing material, accounting for about 92%, almost equally, in intervention and comparison areas.

About one in five, three in five, and one in five dwellings had their wall made of bricks (which include cement or concrete), tin, and mud (or other), respectively; and almost equally in intervention and comparison areas. About one in five dwellings had their floors made of concrete or tiles and the rest had mud, with very little variation between areas.

3.4. Water and Sanitation

Almost all households (97-99%) had improved sources of water (piped into dwelling, piped into yard/plot, piped into public tap/standpipe, tube well or borehole, protected dug well, protected spring, rain water and cart with small tank). Only a tiny proportion of households depended on a non-improved source (e.g., surface water, an unprotected dug well).

Generally speaking, sanitation facilities are almost similar in intervention and comparison areas. Over 16% of MIH intervention and comparison households had flush latrines, and about half of the households had improved pit latrines. Around 30% of households had open pit latrines. However, about 4% of households still had latrines of indigenous nature. Comparing the type of latrine between BRAC and non-BRAC areas (CPS intervention or CPS comparison), it appears that households in BRAC areas had relatively higher proportion of improved pit latrine and thus lower proportion of open pit latrine than those in non-BRAC areas.

3.5. Household Possessions

In rural Bangladesh, access to electricity is another important indicator of household socioeconomic circumstances; ownership of a television is a measure of access to mass media; and mobile phone ownership measures access to communication. In general, possession of these items has a bearing on a household's access to information and health. Along with other data, this information can also be used to rank households according to socioeconomic status (SES).

About 69% of households in the MIH intervention areas and 67% of those in the MIH comparison areas had electricity (table 3.3). Higher proportion of households in BRAC intervention areas had electricity than in CPS intervention areas (74% vs. 64%, respectively).

Some differences existed with respect to television ownership between intervention (36%) and comparison (30%) areas (table 3.3).

Mobile telephones were equally present in households in intervention (91%) and comparison (90%) areas. However, there was a tendency that BRAC areas had a higher level of ownership of mobile phones than non-BRAC areas.

3.6. Socio-Economic Status Index

Households in intervention and comparison areas were ranked according to SES using an index based primarily on dwelling characteristics (e.g., the presence of electricity, type of water

source, type of toilet, floor, wall, and roof materials, and ownership of selected assets and durable goods, including an television, mobile etc.). Two indicators of land ownership (homestead and other land) were also included. The SES index was constructed using a version of the principal components method that accounts for the binary and ordinal nature of some of the measures of durable goods and dwelling characteristics. The method requires that each variable is assigned a factor score or weight. The index is then basically a weighted sum of the characteristics of the dwelling and the durable goods available in the households. Households were then categorized by quintiles using the index.

We refer to the SES classification of households as asset quintiles. The classification of households used in this report was independent of any national socioeconomic distribution that may have been used in other surveys. The SES classification was specific to the population of MIH intervention and comparison areas at that time.

Table 3.3 also presents the distribution of respondents by household asset quintile. Given that SES classification was obtained using the intervention and comparison samples combined, each quintile should contain 20% of the sample. Departures from 20% in each quintile, both in intervention and comparison areas, show inequalities in SES. About 19% of comparison and 21% of intervention households were in the highest quintile. Conversely, the share of the poorest quintile was 22% in comparison and 19% in intervention areas. The areas therefore were quite comparable. However, BRAC areas were slightly better as the distribution is slightly skewed toward higher quintile compared to CPS areas.

Table 3.3. Housing Characteristics and Land Ownership

Percent distribution of households by land ownership, housing characteristics and selected household possessions, by area, MIH baseline survey 2013-2014

	Intervention Area			Comparison Area		
Household Characteristics	**BRAC**	**CPS**	**MIH**	**BRAC**	**CPS**	**MIH**
Household owning of land:						
Cultivable land including homestead	39.7	40.5	40.1	40.6	37.1	38.9
Only homestead land	57.4	50.9	54.3	54.3	56.2	55.2
No land	2.9	8.6	5.6	5.1	6.7	5.9
Main roof materials:						
Cement/ceramic tiles/roofing shingles	8.0	5.2	6.7	7.0	4.8	5.9
Tin	90.3	93.7	91.9	90.1	92.7	91.3
Others	1.7	1.0	1.4	3.0	2.5	2.8
Main wall materials:						
Cement/stone/bricks	17.3	22.4	19.7	14.6	20.3	17.4
Tin	71.6	44.6	58.6	74.5	48.2	61.7
Mud	9.5	18.2	13.6	7.6	22.2	14.7
Flooring material:						
Cement / ceramic tiles	21.3	17.1	19.3	18.4	17.3	17.8
Earth/sand	78.6	80.0	79.3	81.3	82.0	81.7
Others	0.1	2.9	1.4	0.3	0.7	0.5
Source of drinking water:						
Improved source*	99.1	98.2	98.6	99.5	94.3	97.0
Non-improved source†	0.9	1.8	1.4	0.5	5.7	3.0
Household sanitation facility						
Flush latrine	17.6	16.3	17.0	17.2	15.4	16.3
Improved pit latrine	55.5	40.1	48.1	53.2	46.2	49.8
Open pit latrine	24.7	37.8	31.0	27.5	33.4	30.4
Bucket/hanging/bush/others latrine	2.1	5.8	3.9	2.2	5.0	3.6
Household has electricity:						
Yes	73.7	63.8	69.0	67.2	66.8	67.0
No	26.3	36.2	31.0	32.8	33.2	33.0
Household has television:						
Yes	37.6	33.1	35.5	30.4	30.0	30.2
No	62.4	66.9	64.5	69.6	70.0	69.8
Household has mobile phone:						
Yes	94.1	87.9	91.1	92.2	87.5	89.9
No	5.9	12.1	8.9	7.8	12.5	10.1
Asset quintile:						
Poorest	14.8	22.0	18.2	19.6	24.2	21.9
Poorer	17.3	23.4	20.2	20.4	18.8	19.6
Middle	20.8	19.1	20.0	19.6	20.5	20.1
Richer	23.7	17.2	20.6	20.1	19.1	19.6
Richest	23.4	18.2	20.9	20.3	17.3	18.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	**3,471**	**3,193**	**6,664**	**3,477**	**3,314**	**6,791**

* ***Improved source*** **– piped into dwelling, piped into yard/plot, piped into public tap/standpipe, tube well or borehole, protected dug well, protected spring, rain water and cart with small tank.**

† ***Non-improved source*** **– unprotected dug well, unprotected spring, surface water and others.**

4. Characteristics of Respondents

This chapter presents information on the background of individual women interviewed in the 2013-2014 MIH baseline survey. Its objective is to provide some further context for the findings presented later in the report. The MIH baseline survey interviewed 6,158 and 6,290 currently married women of reproductive age from intervention and comparison areas, respectively. Background characteristics of respondents include age, number of children, educational attainment, religion, exposure to mass media, and membership in NGOs. A summary of respondents' characteristics by area is provided in table 4.1.

Table 4.1. Respondents' Characteristics, by Area, MIH Baseline Survey 2013-2014

	Intervention Area			Comparison Area		
Characteristics of Respondents	**BRAC**	**CPS**	**MIH**	**BRAC**	**CPS**	**MIH**
Percent of currently married women:						
of reproductive age	93.9	92.6	93.3	95.1	93.5	94.3
who never gave birth	9.0	9.0	9.0	9.0	7.6	8.3
who never attended school	21.7	28.6	24.9	25.0	28.1	26.4
who had exposure to television	57.0	48.1	52.9	47.5	41.2	44.4
living with their husband	78.3	87.6	82.6	78.3	84.4	81.2
who had membership in any NGO	26.9	35.2	30.8	23.9	27.9	25.8

4.1. Demographic Characteristics

About 94% of ever-married women were currently married. The age distribution of currently married women of reproductive age (CMWRA) was similar across intervention and comparison areas. About 10%, 20%, and 20% of women in intervention and comparison areas belonged to age ranges 15-19, 20-24, and 25-29 years, respectively. About 17%, 13%, and 12% of women were in age groups 30-34, 35-39, and 40-44, respectively (table 4.2).

More than a half of women had three or more children ever born, and 36% to 38% had one or two children ever born (table 4.2). The pattern was similar for different areas shown in the table.

4.2. Educational Attainment

Educational status is comparable between overall MIH intervention and comparison domains, but it varies between BRAC and CPS areas, especially in the intervention domain. BRAC intervention areas seem to have higher level of education than CPS Intervention areas. About 25% of currently married women had no formal education. Only less than 10% of women had completed secondary or higher level education. Only 13% to 14% of women completed primary education.

4.3. Religion

About 11% of CMWRA were non-Muslim in the intervention domain compared to about 6% in the comparison domain. CPS areas tend to have higher proportion of non-Muslim population.

4.4. Access to TV

TV watching was more common in the MIH intervention area (53% watch TV) than in the comparison domain (44% watch TV). BRAC intervention areas had higher rates of TV watching than CPS intervention areas (57% vs. 48%).

4.5. NGO Membership

Respondents were asked whether they were affiliated with any nongovernmental organizations. The major NGOs engaged in development activities in Bangladesh are Grameen Bank, BRAC, BRDB, Mother's club, Proshika, ASHA. Over 30% of CMWRA in intervention areas and over 26% in comparison areas had membership in NGOs.

4.6. Spousal Separation

Overall, about one in five CMWRA reported that their husbands reside outside home for labor force participation. Among those whose husbands reside outside home, one in 10 women reported that her husband visited home 12 months or before, in both intervention and comparison domains. Husbands living outside home were relatively more in the BRAC areas than CPS areas.

Table 4.2. Respondents' Background Characteristics

Percent distribution of currently married women of reproductive age by background characteristics, by area, MIH baseline survey 2013-2014

Household Characteristics	Percent						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of women:												
15-19	10.0	9.3	9.7	9.1	8.7	8.9	328	268	596	305	256	561
20-24	19.7	17.5	18.7	20.8	19.5	20.2	645	504	1,150	695	574	1,269
25-29	19.2	20.1	19.7	20.0	19.2	19.6	631	579	1,210	669	566	1,236
30-34	16.1	17.1	16.6	15.4	17.7	16.5	529	491	1,020	515	523	1,038
35-39	12.8	13.2	13.0	12.8	12.5	12.7	420	381	801	428	369	797
40-44	11.7	12.8	12.2	11.4	12.6	12.0	382	370	752	382	372	754
45-49	10.5	9.9	10.2	10.3	9.8	10.1	343	285	628	345	290	634
Number of children ever born:												
0	9.0	9.0	9.0	9.0	7.6	8.3	295	258	553	302	223	525
1-2	37.9	37.9	37.9	35.3	37.6	36.4	1,244	1,092	2,336	1,180	1,109	2,289
3+	53.1	53.1	53.1	55.6	54.9	55.3	1,740	1,528	3,268	1,857	1,618	3,476
Education of women:												
No education	21.7	28.6	24.9	25.0	28.1	26.4	712	823	1,535	834	828	1,662
Primary incomplete	17.1	23.2	20.0	19.1	20.6	19.8	561	669	1,229	639	607	1,246
Primary complete*	14.2	13.7	14.0	13.3	12.1	12.7	465	396	860	444	357	801
Secondary incomplete	36.5	26.8	31.9	32.8	29.8	31.4	1,197	771	1,967	1,096	880	1,976
Secondary complete or higher	10.5	7.6	9.2	9.8	9.4	9.6	346	220	566	326	278	604
Religion:												
Muslim	93.2	85.1	89.4	94.6	82.6	93.7	3,055	2,450	5,505	3,159	2,733	5,892
Non-Muslim	6.8	14.9	10.6	5.4	7.4	6.3	225	428	625	180	217	398
Asset quintile:												
Lowest	12.7	18.4	15.3	17.0	20.1	18.4	416	529	945	568	592	1,159
Second	15.7	22.7	19.0	19.6	18.1	18.9	514	654	1,167	654	535	1,189
Middle	20.4	19.5	20.0	19.8	20.8	20.3	668	561	1,229	663	614	1,276
Fourth	24.7	17.7	21.4	21.0	21.1	21.0	809	508	1,317	700	623	1,323
Highest	26.6	21.8	24.3	22.6	19.9	21.3	872	627	1,499	754	587	1,341

Table 4.2. Respondents' Background Characteristics

Percent distribution of currently married women of reproductive age by background characteristics, by area, MIH baseline survey 2013-2014

Household Characteristics	Percent						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Watching television:												
Does not watch	43.0	51.9	47.2	52.6	58.8	55.5	1,412	1,493	2,905	1,756	1,736	3,491
Watch but not everyday	17.0	16.3	16.7	15.3	13.1	14.2	557	470	1,026	510	386	896
Watch almost everyday	40.0	31.8	36.2	32.2	28.1	30.2	1,311	915	2,227	1,074	829	1,902
Husband's place of living:												
With respondent†	78.3	87.6	82.6	78.3	84.4	81.2	2,576	2,528	5,103	2,619	2,501	5,119
Elsewhere but visited her:												
0-5 months ago	6.3	4.1	5.3	6.2	5.2	5.7	201	110	311	203	143	346
6-11 months ago	3.7	1.6	2.7	3.4	2.5	3.0	121	47	168	113	73	186
12+ months ago	11.7	6.7	9.3	12.1	7.9	10.1	382	193	575	405	233	638
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**3,279**	**2,878**	**6,158**	**3,340**	**2,950**	**6,290**

Notes: CPS = CWFD, PSTC, and Shimantik.

* Primary complete is defined as completing grade 5.

† Husband of the woman living elsewhere since less than one month are defined as "living elsewhere but last visited 0-5 months ago."

5. Fertility

Fertility is one of the three principal components of population dynamics that determine the size, structure, and composition of the population in any country. This chapter describes women's current fertility level as well as adolescent reproductive behavior in MIH intervention and comparison area. Table 5.1 provides a summary of selected fertility indicators.

Table 5.1. Selected Fertility Indicators, MIH Baseline Survey 2013-2014

	Intervention Area			Comparison Area		
Fertility Indicator	**BRAC**	**CPS**	**MIH**	**BRAC**	**CPS**	**MIH**
Total fertility rate for three years preceding the survey	2.6	2.7	2.6	2.6	2.7	2.6
Mean number of children ever born	-	-	2. 95	-	-	3.02
Percent of women age 15-19 who have begun childbearing	-	-	24.1	-	-	24.5

Fertility measures are based on the birth history data collected during interviews with ever-married women age 15-49. Each woman was asked a series of questions for a history of all births since April 2008 including month and year of birth and name and sex of each birth that could be used to construct a retrospective history. The interviewer asked the respondents about dates of birth (and dates of death, if any) of sons and daughters born since April 2008. Interviewers were given extensive training in probing techniques designed to help respondents report this information accurately.

The following measures of current fertility are derived from the birth history data:

- Age-specific fertility rate (ASFR) expressed as the number of births per 1,000 women in a certain age group.
- The total fertility rate (TFR) is defined as the total number of births a woman would have by the end of her childbearing period if she were to pass through those years bearing children at currently observed ASFRs. The TFR is obtained by summing the ASFRs and multiplying by five.

The various measures of current fertility are calculated for the three-year period preceding the survey, which roughly corresponds to the calendar years 2011-2013, the most recent period prior to the survey.

Despite efforts to improve data quality the MIH baseline survey is subject to the same types of errors that are inherent in all retrospective sample surveys: the possibility of omitting some births (especially births of children who died at a very young age) and the difficulty of accurately determining each child's date of birth. These errors can bias estimates of fertility

trends, which therefore have to be interpreted within the context of data quality and sample sizes.

5.1. Current Fertility

During 2011-2013, TFR was 2.6 births per woman in MIH intervention and comparison areas; it was slightly higher in CPS areas than BRAC areas (2.7 vs. 2.6) for both intervention and comparison domains (table 5.2). Childbearing is common during ages 15-19, and ages 20-24 and 25-29 are the prime times of fertility. Very few births occur among women who are in their forties. It is worth noting that MIH areas' women have a pattern of early childbearing (figure 5.1), which matches the national pattern of early childbearing.

Table 5.2. Current Fertility

Age-specific and total fertility rate in three years preceding the survey, by area, MIH baseline survey 2013-2014

	Intervention area			Comparison area		
Age of Women*	**BRAC**	**CPS**	**MIH**	**BRAC**	**CPS**	**MIH**
15-19	131	129	130	136	142	139
20-24	160	177	168	171	180	175
25-29	124	138	130	109	125	117
30-34	64	66	65	59	64	62
35-39	32	19	26	25	18	22
40-44	6	7	6	18	8	13
45-49	0	0	0	0	2	1
TFR†	**2.6**	**2.7**	**2.6**	**2.6**	**2.7**	**2.6**

Notes: *Age-specific fertility rates are per 1,000 women. Rates for age group 45-49 may be slightly biased due to truncation. Rates are for the period 1-36 months prior to interview.

†Total fertility rates are for the period three years prior to interview. All women factor by MIH area has been used here to measure TFR.

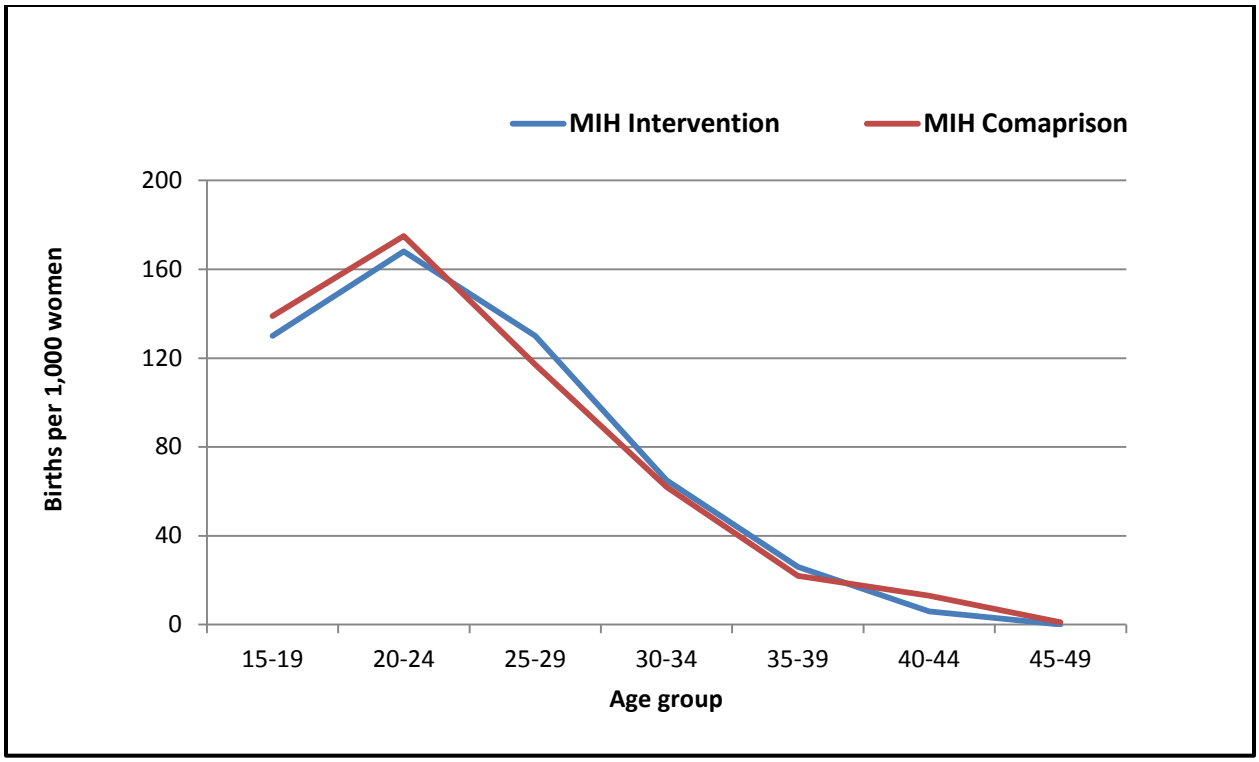

Figure 5.1. Age specific fertility rates, by area, MIH baseline survey 2013-2014.

5.2. Teenage Pregnancy and Motherhood

Teenage pregnancy is high in the survey domains; one in four teenagers began childbearing, equally, in the MIH intervention and comparison areas (table 5.3). The level of childbearing at ages 15 and 16 is low, but one in seven women of age 17, over one in three women of age 18, and three in five women of age 19 began childbearing.

Table 5.3. Teenage Pregnancy and Motherhood

Percentage of women age 15-19 who had a birth, who were pregnant with their first child, and who have begun childbearing, by age, by area, MIH baseline survey 2013-2014

	MIH Intervention Area				MIH Comparison Area			
Age	Have had a birth	Are pregnant with first child	Have begun child bearing	Number of women	Have had a birth	Are pregnant with first child	Have begun child bearing	Number of women
15	2.2	0.7	2.9	405	1.7	1.4	3.1	355
16	5.2	4.0	9.2	349	7.5	3.3	10.8	334
17	11.3	4.2	15.5	283	12.0	4.9	16.9	266
18	27.8	8.8	36.6	443	25.2	6.5	31.7	428
19	45.1	14.9	60.0	295	48.4	13.2	61.6	304
Total	**17.8**	**6.3**	**24.1**	**1,775**	**18.8**	**5.7**	**24.5**	**1,687**

Comparing the teenage motherhood data with those from the 2011 Bangladesh Demographic and health Survey, it appears that the level of teenage motherhood is slightly lower in the MIH domains than nationally (25% vs. 30%). The lower teenage motherhood in the MIH domains compared with comparison domains is mainly due to lower fertility at ages 15-16. According to the 2011 Bangladesh Demographic and health Survey, about 13% of 15-16 year old women became mothers whereas only 6-7% of their counterparts in MIH domains became mothers.

Table 5.4. Children Ever Born

Percent distribution of currently married women age 15-49 by number of children ever born and mean number of children, by age group, by area, MIH baseline survey 2013-2014

	Number of children ever born													
Age	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10+**	**Total**	**Number of women**	**Mean number of children ever born**
MIH Intervention:														
15-19	48.2	45.4	6.1	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	608	0.59
20-24	15.4	43.2	31.4	8.3	1.2	0.4	0.1	0.0	0.0	0.0	0.0	100.0	1,180	1.38
25-29	4.8	14.4	37.8	26.0	11.9	3.4	1.4	0.3	0.1	0.0	0.0	100.0	1,254	2.44
30-34	1.3	5.3	24.6	31.9	22.3	8.7	4.1	1.2	0.5	0.1	0.1	100.0	1,072	3.21
35-39	2.1	3.1	12.7	25.8	23.6	17.8	8.8	3.7	1.6	0.4	0.3	100.0	862	3.89
40-44	2.9	4.9	9.0	18.3	21.8	18.7	10.1	8.4	3.1	1.4	1.4	100.0	852	4.31
45-49	1.6	3.4	4.3	12.5	18.7	20.5	15.2	9.8	6.2	3.4	4.3	100.0	773	5.14
Total	**9.1**	**16.9**	**20.7**	**18.8**	**14.2**	**9.3**	**5.2**	**3.0**	**1.4**	**0.7**	**0.7**	**100.0**	**6,601**	**2.95**
MIH Comparison:														
15-19	44.6	45.8	8.6	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	572	0.66
20-24	16.5	40.6	31.9	9.4	1.3	0.3	0.0	0.0	0.0	0.0	0.0	100.0	1,309	1.39
25-29	3.6	12.0	38.4	29.5	12.1	3.3	0.7	0.1	0.0	0.1	0.0	100.0	1,273	2.49
30-34	0.7	5.7	18.1	34.8	22.5	10.2	4.9	1.8	0.9	0.2	0.2	100.0	1,082	3.40
35-39	1.8	3.1	11.7	24.2	24.6	17.6	7.6	6.0	1.9	0.4	1.1	100.0	851	4.05
40-44	0.9	2.4	7.9	15.7	22.2	21.9	13.4	7.6	4.1	2.6	1.3	100.0	840	4.67
45-49	1.5	2.5	5.1	14.7	18.7	18.5	15.3	11.1	7.4	2.5	2.9	100.0	741	5.06
Total	**8.4**	**16.1**	**20.3**	**19.9**	**14.2**	**9.4**	**5.3**	**3.3**	**1.7**	**0.7**	**0.7**	**100.0**	**6,667**	**3.02**

6. Women's Contacts with Service Providers and Exposure to BCC Activities

As previously mentioned, a *Swasthya Karmi* (SK) or *Community Mobilizer* (CM) disseminates health messages through courtyard meetings or home visits. A *Swasthya Sebika* (SS) or *community sales agent* (CSA) also makes home visits to sell their products. MWRAs were asked if they had a contact with an SK or CM, or with an SS or CSA; and if so, were asked where the contact occurred and what topics were discussed. Table 6.1 summarizes the percentages of MWRAs contacted by area.

Table 6.1. Indicators on MIH Service Providers' Contact, by Area, MIH Baseline Survey 2013-2014

Contact with MIH Service Providers	BRAC	CPS	BRAC	CPS
Percent of MWRA who had contact with MIH service providers in the last three months preceding the survey:				
Swasthya Karmi/community mobilizer and *Swasthya Sebika*/community sales agent	5.6	3.5	5.0	2.8
Percent of places of contact between MWRA and MIH service providers in the three months preceding the survey:				
At home individually	58.7	10.7	63.5	10.5
At *Uthan Boithak*	39.8	77.8	34.8	74.6
At provider's place/others	1.5	11.8	1.7	14.9

6.1. Contact with MIH Service Providers

The level of contact between MWRA and SK or CM and that between MWRA and SS or CSA was very low in the intervention areas during the baseline survey (table 6.2). As expected, such contacts in the comparison areas were non-existent. Only 6% and 4% of MWRA reported that they had a contact with SK or CM in the intervention areas, respectively. Similarly, 5% and 3% of MWRA reported about contact with SS or CSA. Such a low level of contact is in accordance with the expectation because community mobilization activities had just started in the intervention areas.

Table 6.2. Service providers' contact with MWRA in Intervention areas

Percent of MWRA who had contact with *Swasthya Karmi* (SK)/*community mobilizer* (CM) and *Swasthya Sebika* (SS)*/community sales agent* (CSA) in three months prior to the survey, by area, by background characteristics, MIH baseline survey 2013-2014

	***Swasthya Karmi/* Community Mobilizer**		***Swasthya Sebika/* Community Sales Agent**	
Household Characteristics	**BRAC**	**CPS**	**BRAC**	**CPS**
Age of women:				
15-19	5.4	1.4	3.3	0.7
20-24	4.4	3.8	3.8	2.7
25-29	7.4	3.3	7.4	2.4
30-34	6.2	3.0	5.3	2.8
35-39	5.0	4.4	4.3	4.0
40-44	5.8	5.2	4.7	4.5
45-49	4.4	3.0	5.2	1.9
Number of children ever born:				
0	4.8	2.1	3.8	2.1
1-2	5.6	3.2	4.9	2.2
3+	5.8	4.0	5.3	3.3
Education of women:				
No education	5.8	3.2	5.7	2.5
Primary incomplete	6.5	4.4	6.0	3.7
Primary complete*	3.9	3.8	3.5	2.9
Secondary incomplete	5.8	2.8	4.8	1.8
Secondary complete & higher	5.4	4.4	4.6	4.4
Asset quintile:				
Lowest	7.3	3.3	7.3	2.4
Second	6.4	3.8	5.5	2.8
Middle	6.0	3.4	5.4	2.9
Fourth	4.9	5.4	4.3	4.3
Highest	4.7	2.1	3.9	1.8
Total	**5.6**	**3.5**	**5.0**	**2.8**
Number of MWRA	**3,493**	**3,108**	**3,493**	**3,108**

Notes: CPS= CWFD, PSTC and Shimantik.
SK/CM and SS/CSA only work in the intervention areas, so comparison areas are not considered here.
* Primary complete is defined as completing grade 5.

There are no consistent and stable differentials of contact, and therefore, they are not discussed here.

6.2. Place of Contact with MIH Service Providers: *Swasthya Karmi* or Community Mobilizer

Results on the places of contact are shown in tables 6.3 and 6.4; BRAC workers seem to meet the MWRA individually at home and CPS workers seem to meet MWRA at *Uthan Boithak*. About 59% and 40% of SK contacts were at home individually and *Uthan Boithak*, respectively, in BRAC intervention areas. In contrast, in CPS intervention areas, 11% and 78% of CM contacts were at home individually and *Uthan Boithak,* respectively.

Table 6.3. Place of Contact: SK/CM

Percent distribution of places of contact between MWRA and SK/CM in last three months in BRAC and CPS area, MIH baseline survey 2013-2014

Place of Contact	BRAC Intervention	CPS Intervention
At home individually	58.7	10.7
At *Uthan Boithak*	39.8	77.8
At provider's place/others	1.5	11.8
Total	**100.0**	**100.0**
Number of MWRA who had contact with SS or CSA in last three months	196	110

6.3. Place of Contact with MIH Service Providers: *Swasthya Sebika* or Community Sales Agent

The patterns of place of contact of BRAC's SSs and CPS's CSAs are similar to those of BRAC's SKs and CPS's CMs; that is, SSs were more likely to meet with MWRA at home and CSAs were more likely to meet MWRA at Uthan Boithak (table 6.4).

Table 6.4. Place of Contact: SS/CSA

Percent distribution of places of contact between MWRA and SS and CSA in last three months in BRAC intervention and CPS intervention areas, MIH baseline survey 2013-2014

Place of Contact	BRAC Intervention Area	CPS Intervention Area
At home individually	63.5	10.5
At *Uthan Boithak*	34.8	74.6
At provider's place/others	1.7	14.9
Total	100.0	100.0
Number of MWRA who had contact with SS or CSA in last three months	175	87

6.4. Topics Discussed by MIH Service Providers

Among the topics that are discussed by the MIH workers during their contacts with MWRA, appropriate age of marriage are most commonly cited by women (table 6.5). About two-thirds to four-fifths of women mentioned about appropriate age of marriage. Next common topics are pregnancy spacing (around 50%) and family planning (45% or higher) followed by problems of early childbearing (about 40%) and appropriate age at which women should begin childbearing (around 40%). The next topics are child nutrition, child health, and pregnancy care/maternal health/safe delivery, ranging between about 20% and 35%. Hand washing and menstrual hygiene range between about 12% and 20%. Adolescent health is the least likely topics reported by women. About 40% women reported about tuberculosis as discussed during the contacts.

Table 6.5. Topics of Discussion by Field Workers

Percent of topics reported by MWRA as discussed during the last contact with SK/CM and with SS/CSA, by area, MIH baseline survey 2013-2014

Topics Discussed in Last Contact that Took Place in Last Three Months	*Swasthya Karmi* or Community Mobilizer			*Swasthya Sebika* or Community Sales Agent		
	BRAC	CPS	MIH	BRAC	CPS	MIH
Appropriate age of marriage	65.9	82.4	71.9	61.1	78.2	66.8
Appropriate age of the beginning of childbearing	32.5	54.3	40.3	32.3	48.4	37.6
Problems of early childbearing	36.4	45.1	39.5	37.4	44.0	39.6
Problems of late child bearing	23.4	28.0	25.1	23.9	25.3	24.4
Adequate spacing between two pregnancies	49.7	50.4	50.0	47.0	55.9	50.0
Family planning	48.6	50.4	49.2	42.9	49.6	45.1
Pregnancy care/maternal health/safe delivery	20.4	18.7	19.8	18.3	28.7	21.8
Child health	32.3	32.8	32.5	28.8	31.1	29.6
Child nutrition	41.8	25.7	36.0	41.1	24.0	35.4
Hand washing	22.4	12.1	18.7	16.0	12.1	14.7
Adolescent health	3.6	1.7	2.9	4.1	5.5	4.5
Menstrual hygiene/use of sanitary napkin	12.3	12.9	12.5	16.2	16.6	16.3
Tuberculosis	50.1	30.5	43.1	42.9	33.1	39.6
Number	**196**	**110**	**306**	**175**	**87**	**262**

6.5. Participation in MIH Events

Less than 1% of women reported that they have attended health film show or health *Mela* in the last three months in the BRAC intervention areas which is 2% in the CPS intervention areas (table 6.6).

Table 6.6. Participation of MWRA in Health Events

Indicators associated with (a) MWRA's contact with MIH providers, (b) MWRA's participation in MIH events, and (c) MWRA's knowledge about SMC's Blue Star pharmacy, by area, MIH baseline survey 2013-2014

Indicator	Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH
Percent of MWRA who:						
had contact with a SK or CM in three months prior to the survey	5.6	3.5	4.6	0.0	0.0	0.0
had contact with a SS or CSA in three months prior to the survey	5.0	2.8	4.0	0.0	0.0	0.0
attended any *Uthan Boithak* where discussion on *Natun Din* topics	3.1	3.3	3.2	0.0	0.0	0.0
ever attended an event such as health film show, "*Notun diner golpo*", or health mela	0.8	2.6	1.6	0.0	0.5	0.2
attended an event such as health film show, "*Notun diner golpo*", or health mela in last three months	0.7	1.9	1.3	0.0	0.1	0.0
heard the name of Blue Star pharmacy that provides various services of SMC	3.0	4.1	3.5	1.6	3.3	2.4
Number of MWRA	**3,493**	**3,108**	**6,601**	**3,513**	**3,154**	**6,667**

7. Knowledge and Awareness of Safe Reproductive Health

This chapter covers knowledge and awareness about the healthy timing and spacing of pregnancy, pregnancy care, maternal and newborn health and emergency contraceptive pills. A summary of findings on the knowledge and awareness by area is shown in table 7.1. Around 40% of MWRA were aware of the risks or complications associated with early childbearing or having pregnancy before age 20, and about similar proportion of MWRA were also aware about the risks or complications associated with late childbearing or having pregnancy after age 35. Risks or complications associated with short pregnancy interval were known by about two-thirds of MWRA.

Table 7.1. Knowledge and Awareness Indicators, by Area, MIH Baseline Survey 2013-2014

	Intervention area			Comparison area		
Knowledge and Awareness Indicators	**BRAC**	**CPS**	**MIH**	**BRAC**	**CPS**	**MIH**
Percent of MWRA who could accurately report at least:						
two specific risks/complications* associated with pregnancies before age 20	46.2	41.4	44.0	43.8	34.8	39.5
two specific risks/complications† associated with pregnancies after age 35	41.8	32.9	37.6	39.4	29.6	34.8
two specific MIH-conveyed risks/complications‡ related to pregnancies that occur less than 2 years after the last childbirth	68.0	64.7	66.5	65.5	55.7	60.9
three potential danger signs** of pregnancy	22.7	22.4	22.6	20.8	19.1	20.0
the need of four visits for health checkup during pregnancy	26.8	33.2	29.8	23.9	38.9	31.0
four useful initiatives related to birth preparedness†† to ensure safe delivery	19.4	15.6	17.6	16.4	14.9	15.7
Percent of MWRA who know:						
about safe delivery kit and aware of the benefits of using safe delivery kit‡‡	22.4	23.5	22.9	15.8	17.8	16.7
that the use of safe delivery kit can prevent postpartum infection of the mother	14.5	14.7	14.6	10.3	10.0	10.1
that the use of safe delivery kit can prevent neonatal sepsis of the newborn	15.4	15.7	15.5	10.9	13.4	12.1
about emergency contraceptive pills as an effective way of preventing possible unintended conception	1.7	1.9	1.8	1.2	3.0	2.1

* Risks/complications refer to delayed/prolonged labor, convulsions/eclampsia, excessive vaginal bleeding, preterm birth, or low birth weight.

† Risks/complications refer to spontaneous abortion/stillbirth, hypertension/ convulsions/eclampsia, excessive vaginal bleeding, disabled child birth, or diabetes during pregnancy.

‡ Risk/complications refer to spontaneous abortion, low birth weight, preterm birth, maternal anaemia, or the mother has not yet recuperated from the previous pregnancy.

** Danger signs refer to severe headache and blurred vision, excessive vaginal bleeding, high fever, delayed/prolonged labor, or convulsions/fits.

†† Birth preparedness refers to selecting appropriate place for delivery, selecting specific provider/person who will assist in delivery, selecting required transportation, selecting blood donor, saving money for the cost of delivery, or selecting a person who will accompany the pregnant woman to the facility.

‡‡ Potential benefits: Use of delivery kit can prevent postpartum infections and neonatal sepsis.

Only over 20% and 30% of MWRA were aware about at least three danger signs of pregnancy and about the need for at least four antenatal visits to medically trained providers during pregnancy, respectively. Only less than 30% could identify at least four useful initiatives that pregnant women should undertake in preparing for a safe delivery.

Awareness about the safe delivery kits was also low, as around 23% of MWRA know about the kit and know about the benefits that the kit provides to the mothers and the newborns. However, the proportion of MWRA who could identify the specific benefits the kit provides to the mother and the newborn was even lower, only 15%.

Around 2% of MWRA knew about the emergency contraceptive pills.

There are variations of knowledge and awareness between areas. Generally, the knowledge/awareness was somewhat higher in the MIH intervention areas than MIH comparison areas (table 7.1). The HTSP knowledge indicators were slightly greater in the BRAC areas (intervention or comparison) than in the CPS areas. Awareness about the need for at least four antenatal visits was greater in the CPS areas than BRAC areas, regardless of intervention or comparison.

The differentials of knowledge and awareness are shown in tables 7.2 through 7.10. The knowledge/ awareness was generally lower among teenagers and among older women (age 35+) than among other women. It increases with education and asset quintile, and it was higher among TV watchers than non-watchers. These differential patterns are true in BRAC and CPS areas, regardless of intervention or comparison.

7.1. Risks Associated with Pregnancies before Age 20

Table 7.2 shows that the knowledge about at least two risk factors associated with pregnancies before age 20 was 44% in the MIH intervention areas (BRAC, 46%; and CPS, 41%). The knowledge is positively associated with education, asset quintile, and TV watching. These differentials hold true in all areas.

Table 7.2. Risks of Pregnancy before Age 20

Percent and number of MWRA who could report at least two specific risks/complications* associated with pregnancies before age 20, by area, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Percent						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of women:												
15-19	43.0	36.8	40.2	41.6	27.2	35.0	337	271	608	311	261	572
20-24	47.1	43.2	45.4	45.9	36.3	41.7	658	522	1,180	724	585	1,309
25-29	48.3	46.0	47.2	48.4	38.5	43.8	651	602	1,254	686	587	1,273
30-34	49.4	42.6	46.1	44.2	37.3	40.7	556	516	1,072	528	554	1,082
35-39	44.2	38.5	41.5	44.0	34.3	39.5	452	410	862	452	399	851
40-44	44.7	41.6	43.2	42.1	31.1	36.7	433	419	852	425	415	840
45-49	43.7	36.1	40.1	34.2	32.6	33.4	405	368	773	388	353	741
Number of children ever born:												
0	43.0	33.9	38.7	41.9	33.3	38.2	318	285	603	322	237	559
1-2	48.2	44.3	46.3	48.4	39.6	44.1	1,305	1,178	2,483	1,241	1,187	2,427
3+	45.4	40.7	43.2	41.1	31.7	36.7	1,870	1,646	3,515	1,951	1,730	3,681
Education of women:												
No education	35.5	32.3	33.8	32.4	28.5	30.4	812	961	1,774	920	944	1,864
Primary incomplete	41.2	40.2	40.7	38.4	31.7	35.1	603	715	1,318	673	641	1,314
Primary complete†	39.9	44.9	42.1	43.1	33.7	38.9	489	404	893	467	376	843
Secondary incomplete	52.9	46.2	50.3	50.3	38.2	44.9	1,235	800	2,035	1,117	910	2,027
Secondary complete or higher	64.9	60.5	63.1	64.9	53.3	59.6	354	228	582	336	283	619
Asset quintile:												
Lowest	34.3	36.2	35.4	28.5	27.0	27.7	463	604	1,067	628	645	1,272
Second	35.0	39.3	37.4	38.7	30.8	35.1	560	711	1,270	687	574	1,261
Middle	44.2	43.1	43.7	46.2	32.1	39.3	711	594	1,305	688	655	1,343
Fourth	49.9	44.4	47.8	47.0	37.7	42.6	849	535	1,384	730	654	1,384
Highest	57.4	44.4	52.0	55.4	46.1	51.2	910	664	1,575	780	627	1,407
Watching television:												
Don't watch	38.3	38.9	38.6	38.3	31.5	34.9	1,531	1,641	3,172	1,869	1,869	3,738
Watch but not everyday	48.4	40.0	44.5	47.7	36.4	42.8	591	512	1,102	534	411	945
Watch almost everyday	54.1	46.5	51.0	51.1	41.1	46.7	1,372	956	2,327	1,110	875	1,985
Total	**46.2**	**41.4**	**44.0**	**43.8**	**34.8**	**39.5**	**3,493**	**3,108**	**6,601**	**3,513**	**3,154**	**6,667**

Notes: CPS=CWFD, PSTC and Shimantik;
* Risks/complications refer to delayed/prolonged labor, convulsions/eclapmsia, excessive vaginal bleeding, preterm birth, or low birth weight
† Primary complete is defined as completing grade 5.

7.2. Risks Associated with Pregnancies after Age 35

As can be seen in table 7.3, the knowledge about at least two risk factors associated with pregnancies after age 35 was 38% in the MIH intervention areas (42% in BRAC areas and 33% in CPS areas) and 35% in MIH comparison areas (39% in BRAC areas and 30% in CPS areas). The knowledge was positively associated with education, asset quintile, and TV watching.

Table 7.3. Risks of Pregnancy after Age 35

Percent of MWRA who could report at least two specific risks/complications* associated with pregnancies after age 35, by area, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Percent						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of women:												
15-19	36.4	29.1	33.1	37.8	21.8	30.5	337	271	608	311	261	572
20-24	41.9	36.0	39.3	40.9	29.7	35.9	658	522	1,180	724	585	1,309
25-29	48.4	41.7	45.2	42.9	31.5	37.7	651	602	1,254	686	587	1,273
30-34	40.2	32.0	36.3	41.4	33.9	37.6	556	516	1,072	528	554	1,082
35-39	41.4	32.3	37.1	37.4	32.8	35.3	452	410	862	452	399	851
40-44	44.2	26.9	35.7	36.4	27.2	31.9	433	419	852	425	415	840
45-49	35.7	25.3	30.7	34.7	24.6	29.9	405	368	773	388	353	741
Number of children ever born:												
0	39.4	30.4	35.2	38.7	34.2	36.8	318	285	603	322	237	559
1-2	44.1	35.2	39.9	43.4	29.6	36.7	1,305	1,178	2,483	1,241	1,187	2,427
3+	40.6	31.6	36.4	37.0	29.0	33.3	1,870	1,646	3,515	1,951	1,730	3,681
Education of women:												
No education	33.2	24.4	28.4	29.5	24.4	26.9	812	961	1,774	920	944	1,864
Primary incomplete	35.2	32.5	33.7	36.6	27.3	32.1	603	715	1,318	673	641	1,314
Primary complete†	45.1	32.2	39.3	34.4	30.5	32.7	489	404	893	467	376	843
Secondary incomplete	44.6	38.4	42.1	46.6	31.4	39.8	1,235	800	2,035	1,117	910	2,027
Secondary complete or higher	58.6	51.6	55.9	55.5	45.6	50.9	354	228	582	336	283	619
Asset quintile:												
Lowest	30.6	26.9	28.5	28.4	22.1	25.2	463	604	1,067	628	645	1,272
Second	35.4	32.4	33.7	34.8	29.1	32.2	560	711	1,270	687	574	1,261
Middle	40.1	32.1	36.5	38.4	30.5	34.5	711	594	1,305	688	655	1,343
Fourth	44.8	35.0	41.0	44.3	29.2	37.2	849	535	1,384	730	654	1,384
Highest	50.0	37.8	44.9	48.7	37.5	43.7	910	664	1,575	780	627	1,407
Watching television:												
Don't watch	37.2	30.3	33.6	34.8	28.0	31.4	1,531	1,641	3,172	1,869	1,869	3,738
Watch but not everyday	41.4	29.2	35.8	37.6	26.7	32.9	591	512	1,102	534	411	945
Watch almost everyday	47.1	39.2	43.9	48.2	34.5	42.2	1,372	956	2,327	1,110	875	1,985
Total	**41.8**	**32.9**	**37.6**	**39.4**	**29.6**	**34.8**	**3,493**	**3,108**	**6,601**	**3,513**	**3,154**	**6,667**

Note: CPS=CWFD, PSTC and Shimantik.

* Risks/complications refer to spontaneous abortion/stillbirth, hypertension/ convulsions/eclapmsia, excessive vaginal bleeding, disabled child birth, or diabetes during pregnancy.

† Primary complete is defined as completing grade 5.

7.3. Risks Associated with Pregnancies that Occur less than Two Years after the Last Childbirth

Table 7.4 shows that 67% of MWRA could mention at least two risks/complications associated with pregnancies that occur less than two years after last childbirth in MIH intervention areas (BRAC, 68%; and CPS, 65%). Such knowledge was 61% in MIH comparison areas (BRAC, 66%; and CPS, 56%). The knowledge was positively associated with education, asset quintile, and TV watching.

Table 7.4. Risks Associated with Short Pregnancy Interval

Percent and number of MWRA who could report at least two specific risks/complications* associated with pregnancies that occur less than 2 years after the last childbirth, by area, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Percent						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of women:												
15-19	63.5	58.6	61.3	52.8	50.5	51.8	337	271	608	311	261	572
20-24	67.3	66.2	66.8	68.6	57.3	63.5	658	522	1,180	724	585	1,309
25-29	70.9	69.8	70.4	69.8	58.1	64.4	651	602	1,254	686	587	1,273
30-34	71.1	66.8	69.0	66.6	59.9	63.2	556	516	1,072	528	554	1,082
35-39	69.7	65.1	67.5	62.9	53.4	58.5	452	410	862	452	399	851
40-44	68.2	62.0	65.1	66.0	54.0	60.1	433	419	852	425	415	840
45-49	62.3	58.4	60.4	63.2	51.3	57.5	405	368	773	388	353	741
Number of children ever born:												
0	62.6	60.7	61.7	53.5	52.7	53.2	318	285	603	322	237	559
1-2	69.8	65.9	68.0	71.2	58.2	64.9	1,305	1,178	2,483	1,241	1,187	2,427
3+	67.7	64.5	66.2	63.8	54.4	59.4	1,870	1,646	3,515	1,951	1,730	3,681
Education of women:												
No education	61.9	55.3	58.3	59.7	47.7	53.7	812	961	1,774	920	944	1,864
Primary incomplete	65.0	65.3	65.2	59.7	49.1	54.5	603	715	1,318	673	641	1,314
Primary complete†	68.0	66.2	67.2	64.9	59.3	62.4	489	404	893	467	376	843
Secondary incomplete	69.7	69.8	69.8	71.0	60.8	66.4	1,235	800	2,035	1,117	910	2,027
Secondary complete or higher	81.4	82.0	81.7	75.4	76.3	75.8	354	228	582	336	283	619
Asset quintile:												
Lowest	63.2	58.8	60.7	57.1	46.4	51.7	463	604	1,067	628	645	1,272
Second	64.0	62.9	63.4	61.5	55.7	58.9	560	711	1,270	687	574	1,261
Middle	67.5	62.1	65.1	65.1	53.3	59.3	711	594	1,305	688	655	1,343
Fourth	68.9	69.4	69.1	67.5	56.6	62.3	849	535	1,384	730	654	1,384
Highest	72.6	70.5	71.7	74.2	67.0	71.0	910	664	1,575	780	627	1,407
Watching television:												
Don't watch	64.4	61.3	62.8	61.5	55.4	58.5	1,531	1,641	3,172	1,869	1,869	3,738
Watch but not everyday	64.0	65.5	64.7	63.9	51.8	58.6	591	512	1,102	534	411	945
Watch almost everyday	73.8	70.1	72.3	72.9	58.3	66.5	1,372	956	2,327	1,110	875	1,985
Total	**68.0**	**64.7**	**66.5**	**65.5**	**55.7**	**60.9**	**3,493**	**3,108**	**6,601**	**3,513**	**3,154**	**6,667**

Notes: CPS=CWFD, PSTC, and Shimantik.

* Risk/complications refer to spontaneous abortion, low birth weight, preterm birth, maternal anaemia, or the mother has not recuperated yet from the previous pregnancy.

† Primary complete is defined as completing grade 5.

7.4. Knowledge about Potential Danger Signs of Pregnancy

Table 7.5 shows that only about one in five women could report about three or more potential danger signs of pregnancy in MIH intervention and comparison areas. The knowledge ranges between 19% in CPS comparison areas and 23% in BRAC intervention areas. The knowledge was positively associated with education, asset quintile, and TV watching.

Table 7.5. Potential Danger Sign of Pregnancy

Percent and number of MWRA who could report at least three potential danger signs* of pregnancy, by area, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Percent						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of women:												
15-19	20.1	22.3	21.1	15.5	13.0	14.4	337	271	608	311	261	572
20-24	22.1	23.8	22.8	22.9	19.3	21.3	658	522	1,180	724	585	1,309
25-29	25.8	24.6	25.2	21.7	22.5	22.1	651	602	1,254	686	587	1,273
30-34	26.3	27.6	26.9	21.2	22.4	21.8	556	516	1,072	528	554	1,082
35-39	22.0	20.5	21.3	19.3	20.0	19.6	452	410	862	452	399	851
40-44	20.7	19.9	20.3	21.1	15.9	18.5	433	419	852	425	415	840
45-49	18.7	14.9	16.9	20.4	14.7	17.7	405	368	773	388	353	741
Number of children ever born:												
0	19.5	16.2	17.9	19.6	16.9	18.4	318	285	603	322	237	559
1-2	24.6	25.7	25.1	24.0	21.0	22.5	1,305	1,178	2,483	1,241	1,187	2,427
3+	21.9	21.2	21.6	19.0	18.0	18.5	1,870	1,646	3,515	1,951	1,730	3,681
Education of women:												
No education	16.4	16.0	16.2	12.5	12.8	12.7	812	961	1,774	920	944	1,864
Primary incomplete	15.5	18.6	17.1	16.9	15.9	16.4	603	715	1,318	673	641	1,314
Primary complete†	22.3	24.7	23.4	22.5	20.5	21.6	489	404	893	467	376	843
Secondary incomplete	26.0	28.0	26.8	25.0	22.8	24.0	1,235	800	2,035	1,117	910	2,027
Secondary complete or higher	38.4	38.3	38.4	34.8	32.9	33.9	354	228	582	336	283	619
Asset quintile:												
Lowest	17.0	17.5	17.3	11.5	12.7	12.1	463	604	1,067	628	645	1,272
Second	16.7	20.6	18.9	14.2	17.2	15.6	560	711	1,270	687	574	1,261
Middle	21.9	21.3	21.6	19.8	17.4	18.6	711	594	1,305	688	655	1,343
Fourth	22.4	25.6	23.7	25.7	20.6	23.3	849	535	1,384	730	654	1,384
Highest	30.1	27.3	28.9	30.4	27.3	29.0	910	664	1,575	780	627	1,407
Watching television:												
Don't watch	17.9	19.3	18.6	15.4	16.1	15.7	1,531	1,641	3,172	1,869	1,869	3,738
Watch but not everyday	27.1	22.2	24.8	24.1	19.7	22.1	591	512	1,102	534	411	945
Watch almost everyday	26.1	27.9	26.8	28.3	25.2	26.9	1,372	956	2,327	1,110	875	1,985
Total	**22.7**	**22.4**	**22.6**	**20.8**	**19.1**	**20.0**	**3,493**	**3,108**	**6,601**	**3,513**	**3,154**	**6,667**

Notes: CPS= CWFD, PSTC, and Shimantik.
*Risk/complications refer to severe headache and blurred vision, excessive vaginal bleeding, high fever, delayed/prolonged labour, or convulsions/fits.
† Primary complete is defined as completing grade 5.

7.5. Knowledge about Health Check Up during Pregnancy

According to table 7.6, about 30% of MWRA reported that a pregnant woman needs at least four visits for health check up during pregnancy. Such knowledge was higher in CPS than BRAC areas of both intervention (33% vs. 27%) and comparison (39% vs. 24%) domains. The knowledge was positively associated with education, asset quintile, and TV watching.

Table 7.6. Awareness about the Need of Health Check Up during Pregnancy

Percent and number of MWRA who were aware of the need of at least four visits for health check up during pregnancy, by area, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Percent						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of women:												
15-19	29.4	31.3	30.2	22.7	41.7	31.4	337	271	608	311	261	572
20-24	31.1	38.8	34.5	29.6	47.2	37.4	658	522	1,180	724	585	1,309
25-29	27.8	39.6	33.4	28.0	44.6	35.7	651	602	1,254	686	587	1,273
30-34	26.0	35.2	30.4	24.2	38.3	31.4	556	516	1,072	528	554	1,082
35-39	26.1	29.7	27.8	20.8	36.8	28.3	452	410	862	452	399	851
40-44	20.8	26.3	23.5	20.0	30.4	25.1	433	419	852	425	415	840
45-49	24.6	25.1	24.8	14.2	26.7	20.1	405	368	773	388	353	741
Number of children ever born:												
0	29.9	29.1	29.5	25.8	43.5	33.3	318	285	603	322	237	559
1-2	30.8	39.8	35.1	29.3	44.5	36.7	1,305	1,178	2,483	1,241	1,187	2,427
3+	23.5	29.1	26.2	20.1	34.4	26.8	1,870	1,646	3,515	1,951	1,730	3,681
Education of women:												
No education	19.8	25.3	22.8	15.5	26.9	21.3	812	961	1,774	920	944	1,864
Primary incomplete	22.9	27.5	25.4	17.4	33.7	25.3	603	715	1,318	673	641	1,314
Primary complete*	20.5	35.3	27.2	23.5	35.7	28.9	489	404	893	467	376	843
Secondary incomplete	30.5	41.4	34.8	30.6	48.6	38.7	1,235	800	2,035	1,117	910	2,027
Secondary complete or higher	45.3	51.7	47.8	37.9	63.2	49.5	354	228	582	336	283	619
Asset quintile:												
Lowest	18.1	26.0	22.6	16.6	28.0	22.4	463	604	1,067	628	645	1,272
Second	23.4	28.6	26.3	20.3	36.4	27.7	560	711	1,270	687	574	1,261
Middle	24.6	31.0	27.5	21.3	36.2	28.6	711	594	1,305	688	655	1,343
Fourth	25.9	34.7	29.3	23.1	41.0	31.5	849	535	1,384	730	654	1,384
Highest	35.9	45.3	39.9	35.7	52.9	43.4	910	664	1,575	780	627	1,407
Watching television:												
Don't watch	20.9	26.5	23.8	18.6	33.1	25.9	1,531	1,641	3,172	1,869	1,869	3,738
Watch but not everyday	28.5	37.9	32.8	24.1	36.7	29.6	591	512	1,102	534	411	945
Watch almost everyday	32.6	42.2	36.5	32.5	52.1	41.2	1,372	956	2,327	1,110	875	1,985
Total	**26.8**	**33.2**	**29.8**	**23.9**	**38.9**	**31.0**	**3,493**	**3,108**	**6,601**	**3,513**	**3,154**	**6,667**

Notes: CPS=CWFD, PSTC, and Shimantik.

*Primary complete is defined as completing grade 5.

7.6. Knowledge about Birth Preparedness

MWRA were asked to report about at least four useful initiatives related to birth preparedness for ensuring safe delivery. Results show in table 7.7 that only 18% of women in MIH intervention areas (19% in BRAC and 16% in CPS) and 16% in MIH comparison areas (16% in BRAC and 15% in CPS) could mention four or more useful initiatives for ensuring safe delivery. The knowledge was positively associated with education, asset quintile, and TV watching.

Table 7.7. Birth Preparedness

Percent and number of MRWA who could report at least *four* useful initiatives related to birth preparedness* to ensure safe delivery, by area, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Percent						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of women:												
15-19	20.2	12.9	16.9	15.3	10.7	13.2	337	271	608	311	261	572
20-24	20.9	17.4	19.4	18.5	19.2	18.8	658	522	1,180	724	585	1,309
25-29	22.4	17.2	19.9	19.8	17.2	18.6	651	602	1,254	686	587	1,273
30-34	19.2	18.3	18.7	16.3	16.1	16.2	556	516	1,072	528	554	1,082
35-39	17.6	15.2	16.5	12.5	12.1	12.3	452	410	862	452	399	851
40-44	17.9	14.4	16.2	14.9	11.1	13.0	433	419	852	425	415	840
45-49	15.1	10.6	13.0	13.6	12.7	13.2	405	368	773	388	353	741
Number of children ever born:												
0	19.0	13.9	16.6	13.1	16.0	14.3	318	285	603	322	237	559
1-2	22.6	18.4	20.6	21.2	18.7	20.0	1,305	1,178	2,483	1,241	1,187	2,427
3+	17.2	13.9	15.6	13.9	12.1	13.1	1,870	1,646	3,515	1,951	1,730	3,681
Education of women:												
No education	9.6	9.9	9.8	9.5	8.4	8.9	812	961	1,774	920	944	1,864
Primary incomplete	15.3	14.2	14.7	11.4	11.4	11.4	603	715	1,318	673	641	1,314
Primary complete†	14.1	14.5	14.3	12.5	13.1	12.8	489	404	893	467	376	843
Secondary incomplete	24.7	20.0	22.9	21.0	18.2	19.8	1,235	800	2,035	1,117	910	2,027
Secondary complete or higher	37.3	30.5	34.7	35.4	36.0	35.7	354	228	582	336	283	619
Asset quintile:												
Lowest	7.2	8.4	7.9	8.5	7.6	8.0	463	604	1,067	628	645	1,272
Second	13.7	12.7	13.1	10.8	9.2	10.1	560	711	1,270	687	574	1,261
Middle	15.0	14.0	14.5	16.0	14.8	15.4	711	594	1,305	688	655	1,343
Fourth	22.5	17.6	20.6	17.6	17.4	17.5	849	535	1,384	730	654	1,384
Highest	29.5	25.2	27.7	27.0	24.9	26.0	910	664	1,575	780	627	1,407
Watching television:												
Don't watch	11.0	11.3	11.2	11.9	11.4	11.7	1,531	1,641	3,172	1,869	1,869	3,738
Watch but not everyday	21.1	14.9	18.2	19.6	13.6	17.0	591	512	1,102	534	411	945
Watch almost everyday	28.0	23.4	26.1	22.4	22.9	22.6	1,372	956	2,327	1,110	875	1,985
Total	**19.4**	**15.6**	**17.6**	**16.4**	**14.9**	**15.7**	**3,493**	**3,108**	**6,601**	**3,513**	**3,154**	**6,667**

Notes: CPS=CWFD, PSTC, and Shimantik.

* Birth preparedness refers to (a) selecting appropriate place for delivery, (b) selecting specific provider/person who will assist in delivery, (c) selecting required transportation, (d) selecting blood donor, (e) saving money for the cost of delivery, or (f) selecting a person who will accompany the pregnant woman to the facility

† Primary complete is defined as completing grade 5

7.7. Knowledge about Safe Delivery Kit

Table 7.8 shows that 23% of MWRA know about safe delivery kit in MIH intervention areas (BRAC, 22% and CPS, 24%). Such knowledge was slightly lower (17%) in the MIH comparison areas (16% in BRAC and 18% in CPS). The knowledge was positively associated with education, asset quintile, and TV watching.

7.8. Knowledge about Specific Benefits of Using Safe Delivery Kit during Delivery

Two most important use of using safe delivery kit during delivery are that the use of safe delivery kit could prevent postpartum infection of mother and neonatal sepsis of the newborn. Table 7.9 shows that only 15% and 10% of MWRA had the knowledge about the benefits of the safe delivery kit to prevent postpartum infection of mother in BRAC and CPS intervention areas and 15% and 16% know that use of safe delivery kit can prevent neonatal sepsis of the newborn. The knowledge was positively associated with education, asset quintile, and TV watching.

Table 7.8. Awareness of Safe Delivery Kit

Percent and number of MWRA (a) who knew about safe delivery kit or (b)who were aware of the benefits of using safe delivery kit, by area, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Know about Safe Delivery Kit						Aware of Benefits* of Using Safe Delivery Kit						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of women																		
15-19	20.8	23.7	22.1	14.3	17.6	15.8	6.4	7.5	6.9	6.1	4.6	5.4	337	271	608	311	261	572
20-24	24.4	27.0	25.6	22.3	21.5	22.0	8.3	7.4	7.9	8.0	8.2	8.1	658	522	1,180	724	585	1,309
25-29	24.9	25.0	24.9	18.8	17.9	18.4	7.8	8.8	8.3	5.8	6.7	6.2	651	602	1,254	686	587	1,273
30-34	24.6	28.0	26.2	14.7	21.3	18.1	8.0	9.7	8.8	5.1	6.5	5.8	556	516	1,072	528	554	1,082
35-39	21.9	20.3	21.1	14.3	15.8	15.0	6.8	5.2	6.0	4.7	5.3	5.0	452	410	862	452	399	851
40-44	22.5	19.7	21.1	10.2	15.4	12.8	8.3	5.7	7.0	3.7	4.1	3.9	433	419	852	425	415	840
45-49	13.7	17.3	15.4	8.4	11.6	9.9	6.6	5.5	6.1	2.7	3.1	2.9	405	368	773	388	353	741
Number of children ever born:																		
0	18.8	20.1	19.4	15.7	19.0	17.1	9.4	7.1	8.3	7.0	8.5	7.6	318	285	603	322	237	559
1-2	26.0	26.3	26.1	23.6	20.6	22.2	7.9	8.6	8.2	7.9	7.3	7.6	1,305	1,178	2,483	1,241	1,187	2,427
3+	20.4	22.0	21.2	10.7	15.8	13.1	7.1	6.4	6.8	3.6	4.5	4.0	1,870	1,646	3,515	1,951	1,730	3,681
Education of women:																		
No education	9.7	13.0	11.5	5.0	8.8	6.9	3.4	4.2	3.9	1.6	1.9	1.8	812	961	1,774	920	944	1,864
Primary incomplete	14.5	19.5	17.2	8.6	14.0	11.3	4.4	4.5	4.5	2.2	4.5	3.3	603	715	1,318	673	641	1,314
Primary complete†	22.0	24.4	23.1	12.5	16.2	14.2	7.5	7.6	7.5	4.1	6.9	5.4	489	404	893	467	376	843
Secondary incomplete	27.4	32.3	29.3	23.7	23.6	23.6	9.2	10.9	9.9	7.7	7.8	7.8	1,235	800	2,035	1,117	910	2,027
Secondary complete or higher	47.9	47.6	47.8	37.6	40.3	38.8	17.1	15.9	16.6	16.5	14.2	15.4	354	228	582	336	283	619
Asset quintile:																		
Lowest	11.0	12.7	11.9	5.5	8.9	7.2	3.0	4.3	3.7	1.6	2.2	1.9	463	604	1,067	628	645	1,272
Second	16.2	16.0	16.1	8.5	13.2	10.6	5.4	4.2	4.7	1.9	2.8	2.3	560	711	1,270	687	574	1,261
Middle	19.7	22.4	20.9	13.0	16.2	14.5	7.4	6.2	6.9	5.1	5.8	5.5	711	594	1,305	688	655	1,343
Fourth	22.5	29.4	25.2	19.7	19.3	19.5	8.1	8.7	8.4	5.5	5.0	5.3	849	535	1,384	730	654	1,384
Highest	34.0	37.4	35.4	29.2	31.6	30.2	10.9	13.2	11.9	11.8	13.3	12.5	910	664	1,575	780	627	1,407
Watching television:																		
Don't watch	14.2	16.6	15.5	8.8	13.0	10.9	4.0	4.5	4.2	2.5	4.0	3.2	1,531	1,641	3,172	1,869	1,869	3,738
Watch but not everyday	24.0	23.9	24.0	20.1	20.9	20.5	9.3	7.2	8.3	6.8	6.1	6.5	591	512	1,102	534	411	945
Watch almost everyday	30.7	35.0	32.5	25.4	26.7	26.0	10.9	12.3	11.5	9.6	9.7	9.7	1,372	956	2,327	1,110	875	1,985
Total	**22.4**	**23.5**	**22.9**	**15.8**	**17.8**	**16.7**	**7.6**	**7.3**	**7.5**	**5.4**	**5.8**	**5.6**	**3,493**	**3,108**	**6,601**	**3,513**	**3,154**	**6,667**

Notes: CPS+ CWFD, PSTC and Shimantik.

*Potential benefits: Use of delivery kit can prevent postpartum infections and neonatal sepsis.

†Primary complete is defined as completing grade 5.

Table 7.9. Knowledge about the Benefits of the Use of Safe Delivery Kit

Percent and number of MWRA who knew that the use of safe delivery kit can prevent postpartum infection of the mother and neonatal sepsis of the newborn, by area, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Knew that the Use of Safe Delivery Kits Can Prevent Postpartum Infection of Mother						Knew that the Use of Safe Delivery Kits Can Prevent Neonatal Sepsis of the Newborn						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of women:																		
15-19	13.3	17.2	15.0	9.6	9.2	9.4	13.9	13.7	13.8	10.9	12.7	11.7	337	271	608	311	261	572
20-24	16.1	16.4	16.2	15.0	13.3	14.3	16.4	17.7	17.0	15.3	16.3	15.7	658	522	1,180	724	585	1,309
25-29	16.3	16.4	16.3	11.7	9.9	10.9	16.4	16.5	16.5	12.8	14.3	13.5	651	602	1,254	686	587	1,273
30-34	15.7	16.9	16.3	9.8	13.0	11.4	16.8	20.8	18.7	9.9	14.5	12.2	556	516	1,072	528	554	1,082
35-39	13.9	11.3	12.7	8.7	9.3	9.0	14.6	13.7	14.2	10.3	11.6	10.9	452	410	862	452	399	851
40-44	13.8	12.5	13.2	6.8	7.7	7.3	17.0	12.4	14.7	7.1	11.6	9.3	433	419	852	425	415	840
45-49	9.9	10.7	10.3	5.5	4.2	4.9	10.4	11.6	10.9	5.5	10.5	7.9	405	368	773	388	353	741
Number of children ever born:																		
0	13.4	13.6	13.5	12.0	13.5	12.7	14.8	13.3	14.1	10.7	13.5	11.9	318	285	603	322	237	559
1-2	17.2	17.4	17.3	14.8	12.0	13.4	16.6	16.9	16.8	16.8	15.6	16.2	1,305	1,178	2,483	1,241	1,187	2,427
3+	12.8	12.9	12.8	7.1	8.1	7.6	14.6	15.2	14.9	7.2	11.9	9.4	1,870	1,646	3,515	1,951	1,730	3,681
Education of women:																		
No education	5.1	7.4	6.4	3.5	3.8	3.7	8.0	9.2	8.6	3.1	6.9	5.0	812	961	1,774	920	944	1,864
Primary incomplete	9.2	10.5	9.9	4.8	7.8	6.2	9.7	13.3	11.7	6.0	10.8	8.4	603	715	1,318	673	641	1,314
Primary complete*	14.9	15.4	15.1	8.1	10.4	9.1	14.4	15.9	15.1	8.5	12.8	10.4	489	404	893	467	376	843
Secondary incomplete	17.4	20.6	18.7	15.3	13.4	14.4	19.1	22.2	20.3	16.1	17.6	16.8	1,235	800	2,035	1,117	910	2,027
Secondary complete or higher	34.5	36.3	35.2	25.9	24.4	25.2	30.2	27.1	29.0	28.2	28.7	28.4	354	228	582	336	283	619
Asset quintile:																		
Lowest	6.9	7.3	7.1	3.9	3.9	3.9	6.9	8.9	8.0	3.3	7.1	5.2	463	604	1,067	628	645	1,272
Second	9.3	8.8	9.0	4.7	7.8	6.1	12.1	11.3	11.6	5.5	8.2	6.7	560	711	1,270	687	574	1,261
Middle	12.5	13.4	12.9	9.2	9.4	9.3	14.6	14.6	14.6	8.9	12.2	10.5	711	594	1,305	688	655	1,343
Fourth	14.6	18.7	16.2	12.2	9.6	11.0	16.0	18.9	17.1	12.9	14.5	13.7	849	535	1,384	730	654	1,384
Highest	23.1	25.7	24.2	19.3	19.3	19.3	21.7	24.9	23.1	21.7	24.8	23.0	910	664	1,575	780	627	1,407
Watching television:																		
Don't watch	8.3	9.9	9.1	5.3	7.4	6.3	9.9	10.7	10.3	6.0	9.5	7.8	1,531	1,641	3,172	1,869	1,869	3,738
Watch but not everyday	15.2	15.0	15.1	13.4	12.4	12.9	17.9	15.9	17.0	13.6	14.1	13.8	591	512	1,102	534	411	945
Watch almost everyday	21.2	22.7	21.8	17.1	14.5	16.0	20.4	24.2	21.9	17.8	21.4	19.4	1,372	956	2,327	1,110	875	1,985
Total	14.5	14.7	14.6	10.3	10.0	10.1	15.4	15.7	15.5	10.9	13.4	12.1	3,493	3,108	6,601	3,513	3,154	6,667

Note: CPS= CWFD, PSTC and Shimantik.
*Primary complete is defined as completing grade 5.

7.9. Knowledge about Emergency Contraceptive Pill (ECP)

Table 7.10 shows that the awareness on the use of emergency contraceptive pills as an effective way of preventing possible unintended conception is very low, only 1.8% and 2.1% in MIH intervention and comparison areas, respectively. The knowledge was positively associated with education, asset quintile, and TV watching.

Table 7.10. Knowledge about Emergency Contraceptive Pill

Percent and number of MWRA who were aware of emergency contraceptive pill as an effective way of preventing possible unintended conception, by area, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Percent						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of women:												
15-19	3.6	1.1	2.5	1.1	2.7	1.8	337	271	608	311	261	572
20-24	2.3	2.0	2.2	1.1	3.9	2.4	658	522	1,180	724	585	1,309
25-29	1.5	2.9	2.2	1.9	3.8	2.7	651	602	1,254	686	587	1,273
30-34	1.8	2.8	2.3	0.8	2.3	1.6	556	516	1,072	528	554	1,082
35-39	0.7	0.7	0.7	1.8	4.8	3.2	452	410	862	452	399	851
40-44	1.2	1.8	1.5	0.2	1.2	0.7	433	419	852	425	415	840
45-49	0.8	1.1	0.9	1.2	2.0	1.6	405	368	773	388	353	741
Number of children ever born:												
0	3.8	0.7	2.3	1.0	5.5	2.9	318	285	603	322	237	559
1-2	2.5	3.3	2.9	1.5	3.5	2.5	1,305	1,178	2,483	1,241	1,187	2,427
3+	0.7	1.2	0.9	1.0	2.4	1.7	1,870	1,646	3,515	1,951	1,730	3,681
Education of women:												
No education	0.2	0.2	0.2	0.0	1.5	0.8	812	961	1,774	920	944	1,864
Primary incomplete	0.2	0.4	0.3	0.8	2.5	1.6	603	715	1,318	673	641	1,314
Primary complete*	1.2	0.9	1.1	0.3	0.8	0.5	489	404	893	467	376	843
Secondary incomplete	1.5	3.5	2.3	1.9	3.0	2.4	1,235	800	2,035	1,117	910	2,027
Secondary complete or higher	8.8	10.5	9.5	4.4	12.8	8.2	354	228	582	336	283	619
Asset quintile:												
Lowest	0.6	0.3	0.5	0.3	3.4	1.9	463	604	1,067	628	645	1,272
Second	0.4	1.2	0.8	1.0	3.0	1.9	560	711	1,270	687	574	1,261
Middle	0.8	1.0	0.9	0.5	2.4	1.4	711	594	1,305	688	655	1,343
Fourth	1.5	1.8	1.7	0.6	2.1	1.3	849	535	1,384	730	654	1,384
Highest	3.7	5.2	4.3	3.4	4.3	3.8	910	664	1,575	780	627	1,407
Watching television:												
Don't watch	0.3	0.9	0.6	0.7	2.8	1.8	1,531	1,641	3,172	1,869	1,869	3,738
Watch but not everyday	2.0	1.3	1.7	1.0	3.4	2.0	591	512	1,102	534	411	945
Watch almost everyday	3.1	4.0	3.5	2.2	3.3	2.7	1,372	956	2,327	1,110	875	1,985
Total	**1.7**	**1.9**	**1.8**	**1.2**	**3.0**	**2.1**	**3,493**	**3,108**	**6,601**	**3,513**	**3,154**	**6,667**

Notes: CPS= CWFD, PSTC, and Shimantik.

*Primary complete is defined as completing grade 5.

8. Contraception

This chapter discusses fertility regulation. Currently married women interviewed in the survey were asked whether they were currently using a contraceptive method. The data are then used to indicate overall and method-specific prevalence of contraceptive use. The chapter also examines differentials in the current use of contraceptive methods, the sources of supply of modern contraceptive methods, and the market share of contraceptive methods. Table 8.1 provides a summary of knowledge and use of contraception by area.

Table 8.1. Knowledge and Use of Contraception, by Area, MIH Baseline Survey 2013-2014

	Intervention Area			Comparison Area		
Indicators	**BRAC**	**CPS**	**MIH**	**BRAC**	**CPS**	**MIH**
Percent of CMWRA who are currently using a modern contraceptive method	54.9	58.5	56.6	59.3	52.8	55.8
Percent of short-acting method users who intend to use long-acting and permanent methods in next 12 months	0.3	1.3	0.8	0.3	1.1	0.7
Percent of MWRA who are aware of ECP as an effective way of preventing possible unintended conception	1.7	1.9	1.8	1.2	3.0	2.1

8.1. Current Use of Contraception

Contraceptive use is measured by the indicator contraceptive prevalence rate (CPR) which is defined as the proportion of currently-married women using a contraceptive method at the time of interview. Table 8.2 presents CPR by area and by respondents' background characteristics such as age, number of children, education, asset quintile, husband's place of living, and exposure to television.

Overall, CPR was 57% in MIH intervention areas and 56% in MIH comparison areas. BRAC intervention areas had lower CPR than CPS intervention areas (55% vs. 59%). Within BRAC domains, intervention areas had a CPR of 55% and the comparison areas 53%. In the CPS domains, CPR was the same in the intervention and comparison areas (59%).

In the MIH intervention and comparison areas, contraceptive-use differentials related to the background characteristics are in the expected direction and similar to those found in the 2011 Demographic and Health Survey (NIPORT, Mitra and Associates & MEASURE DHS, 2013). The differentials are similar across the areas. The use was lowest in young and old ages with the highest use of around 70% during women's age 30-39. The use sharply increases with women's number of children. Unexpectedly, contraceptive use, by and large, was negatively associated with women's education and household asset quintile. The variation of contraceptive use by husband's living place is in the expected direction, i.e., the use was markedly lower among those whose husbands live outside home and visit occasionally than those whose husbands live at home. TV watchers have lower CPR than non-watchers, but this relationship is confounded by the socioeconomic conditions. TV

watching is positively associated with socioeconomic conditions, and we found above that contraceptive use is negatively associated with education and asset quintile.

Table 8.2. Contraceptive Use

Current use of contraception, by area, and by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of women:						
15-19	37.8	45.4	41.2	38.7	41.3	39.9
20-24	43.3	57.4	49.5	45.6	48.9	47.1
25-29	56.9	61.5	59.1	56.1	63.9	59.7
30-34	67.0	70.6	68.7	64.2	71.7	68.0
35-39	72.9	69.8	71.4	69.9	72.1	70.9
40-44	63.8	58.8	61.4	58.5	66.1	62.3
45-49	38.7	30.4	34.9	28.1	39.3	33.2
Number of children ever born:						
0	14.3	14.8	14.5	14.9	13.8	14.5
1-2	50.5	60.7	55.3	50.7	56.4	53.5
3+	64.9	64.4	64.6	60.2	67.6	63.6
Education of women:						
No education	61.7	57.9	59.7	58.7	63.1	60.9
Primary incomplete	60.4	61.6	61.0	59.3	61.6	60.4
Primary complete*	61.9	60.8	61.4	56.3	60.8	58.3
Secondary incomplete	49.9	56.0	52.3	45.0	55.4	49.6
Secondary complete or higher	39.6	56.4	46.1	45.9	53.6	49.4
Asset quintile:						
Lowest	60.7	61.2	61.0	62.7	65.1	64.0
Second	61.0	58.2	59.4	58.8	60.2	59.4
Middle	60.1	61.4	60.7	56.9	59.6	58.2
Fourth	54.8	59.3	56.6	49.9	63.1	56.1
Highest	44.6	53.3	48.2	39.0	48.4	43.1
Husband's place of living:						
With respondent	68.4	64.6	66.5	65.8	68.3	67.0
Elsewhere but visited her 0-5 months ago	13.9	41.9	23.5	16.6	24.8	20.0
6-11 months ago	2.5	0.0	1.8	1.0	2.7	1.7
12+ months ago	2.6	2.5	2.6	0.9	1.7	1.2
Watching television:						
Don't watch	58.1	58.0	58.0	59.2	54.7	56.9
Watch but not everyday	54.9	60.1	57.3	61.4	57.4	59.1
Watch almost everyday	51.4	58.6	54.4	58.6	47.3	52.2
Total	54.9	58.5	56.6	59.3	52.8	55.8
Number	**3,279**	**2,878**	**6,158**	**2,994**	**3,340**	**6,290**

Notes: CPS=CWFD, PSTC, and Shimantik.
*Primary complete is defined as completing grade 5.

8.2. Contraceptive Methods

In MIH intervention and comparison areas 47% of women were using a modern method and 9% were relying on traditional methods (table 8.3). Modern method use was higher in CPS intervention and comparison areas than BRAC areas. Among modern methods, pill appeared to be the most common at around 25%, followed by injectables (10-12%), female sterilization (5%), male condoms (3%), and IUDs (<1%). The usage of any modern method (46.9%) was almost identical between MIH intervention and MIH comparison areas. The use of all modern methods was higher in CPS (intervention and comparison) areas than BRAC areas, except for injectables which was higher in the BRAC areas than CPS areas.

Table 8.3. Contraceptive Methods

Percent of CMWRA who are currently using contraceptives, by method, by area, MIH baseline survey 2013-2014

Area	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	Any traditional method	Other method	No method	Total	Number of women
MIH Int.	56.6	46.9	5.3	0.7	25.8	0.4	10.1	1.5	3.2	9.4	0.3	43.4	100.0	6,158
MIH Comp.	55.8	46.9	4.7	0.4	24.1	0.7	13.1	1.0	2.9	8.8	0.2	44.2	100.0	6,290
BRAC Int.	54.9	46.3	4.6	0.4	24.3	0.4	12.7	1.4	2.5	8.4	0.2	45.1	100.0	3,279
BRAC Comp.	52.8	43.6	3.7	0.3	22.0	0.6	13.9	0.9	2.1	8.9	0.3	47.2	100.0	3,340
CPS Int.	58.5	47.6	6.1	1.0	27.5	0.4	7.1	1.6	4.0	10.6	0.3	41.5	100.0	2,878
CPS Comp.	59.3	50.5	5.7	0.6	26.4	0.7	12.1	1.1	3.8	8.6	0.2	40.7	100.0	2,950

Notes: Int.=Intervention; Comp.=Comparison
Detailed tables on CPR by survey domains are given in tables 8.10-8.15, at end of this chapter

The differentials of method use are shown in tables 8.10 through 8.15. Method-specific differentials are about similar to those for all methods together, as observed above. However, there is a tendency that short-acting methods (pill, condom) and traditional methods are more practiced among more educated than less educated and richer than poorer. These relationships can be confirmed after conducting multivariate analysis of contraceptive methods and their covariates.

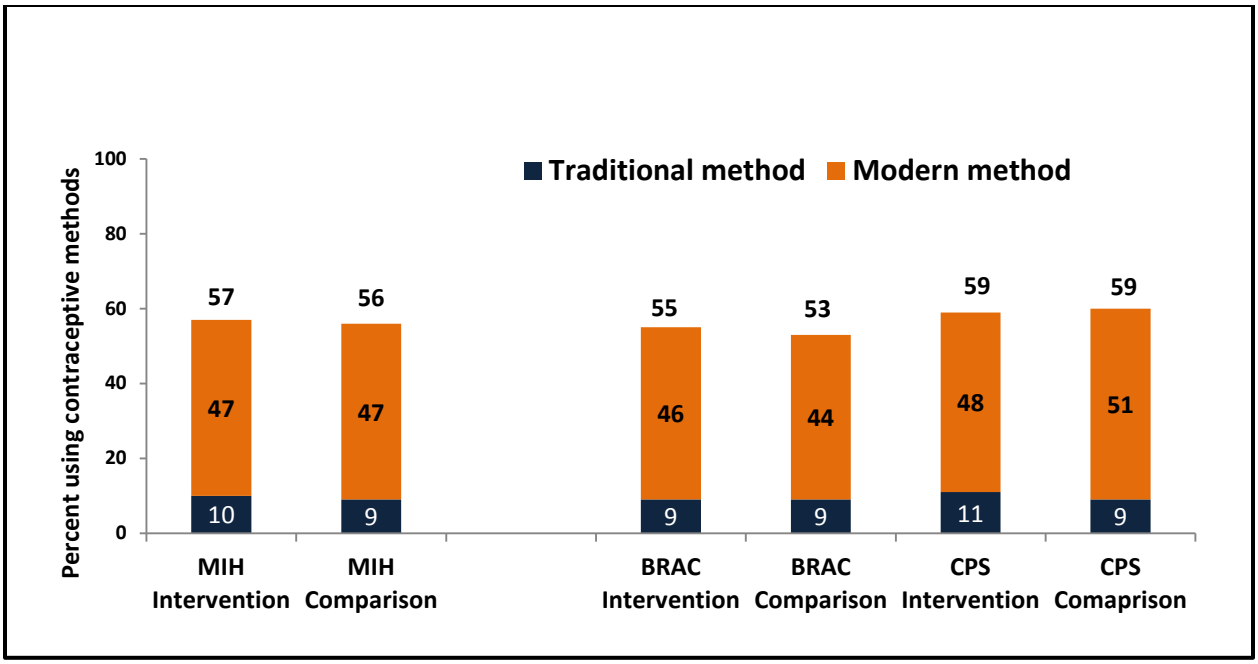

Figure 8.1. **Percent of currently married women (15-49) who are using contraceptive methods by type of method, by area, MIH baseline survey 2013-2014.**

8.3. Sources of Contraceptive Methods

The distribution of current users of modern contraceptive methods by the most recent source of supply is presented in table 8.4 and figure 8.2. Sources of contraceptive supply were classified into four major categories: public sector or government sources, private medical sources, NGO sources, and other sources. Majority of condom and pill users sought services from the private sector; and majority of users of injectables, IUD and implants received their methods from government sources, in both intervention and comparison areas. Over 80% of condom users, over 50% of pill users, and about 30% of injectables users received their method from the private sector. In both intervention and comparison areas, government providers were by far the most important source of female and male sterilization, implants, IUD, and injectables. The public sector was the common source of IUDs (87% in intervention areas and 98% in comparison areas), and implants (94% in intervention areas and 96% in comparison areas).

A small portion of the IUD and implant users received methods from the private providers (for IUD, 9% in intervention areas and 2% in comparison areas and for implants, 2% to 4%). NGOs had a smaller share than the private sector.

The SMC share is shown in table 8.9. Overall, in both intervention and comparison areas, over four in 10 pill or condom users used SMC products. However, SMC share for injectables is low (6%). SMC share seems to be higher in BRAC than CPS areas for pills and condom.

Among the users who procure their methods from the private sector or NGOs, SMC share for pills was over 70% and that of condom was 45%. These findings indicate that there are other popular brands of condoms other than SMC are widespread.

Table 8.4. Source of Current Method

Percent and number of method users by source of method, by area, MIH baseline survey 2013-2014

Source of Current Method	Intervention area			Comparison area		
	BRAC	CPS	MIH	BRAC	CPS	MIH
Condom:						
Government	9.7	14.0	12.2	6.9	15.1	12.0
Private	89.2	77.5	82.3	89.3	74.3	80.0
NGO	1.2	3.3	2.4	1.4	1.8	1.6
Others	0.0	5.2	3.0	2.3	8.8	6.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	**83**	**116**	**198**	**69**	**113**	**182**
Pill:						
Government	36.5	47.0	41.7	34.9	53.7	44.6
Private	58.9	45.2	52.1	62.0	42.6	52.0
NGO	3.1	5.5	4.3	0.7	1.9	1.3
Others	1.5	2.4	1.9	2.3	1.8	2.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of user	**798**	**790**	**1,588**	**736**	**780**	**1,516**
Injectables:						
Government	61.7	72.8	65.3	51.2	80.0	63.7
Private	31.5	13.7	25.7	46.0	13.8	32.1
NGO	5.6	13.1	8.0	2.7	3.9	3.2
Others	1.2	0.5	1.0	0.1	2.3	1.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of user	**417**	**205**	**622**	**465**	**356**	**821**
IUD:						
Government	84.1	90.9	87.2	100.0	95.5	97.6
Private	15.9	0.0	8.8	0.0	4.5	2.4
NGO	0.0	9.1	4.1	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of user	**13**	**11**	**24**	**20**	**22**	**42**
Implants:						
Government	93.4	93.6	93.5	94.3	97.0	95.7
Private	4.3	0.0	2.2	5.7	3.0	4.3
NGO	2.4	6.4	4.4	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of user	**45**	**45**	**90**	**31**	**33**	**64**

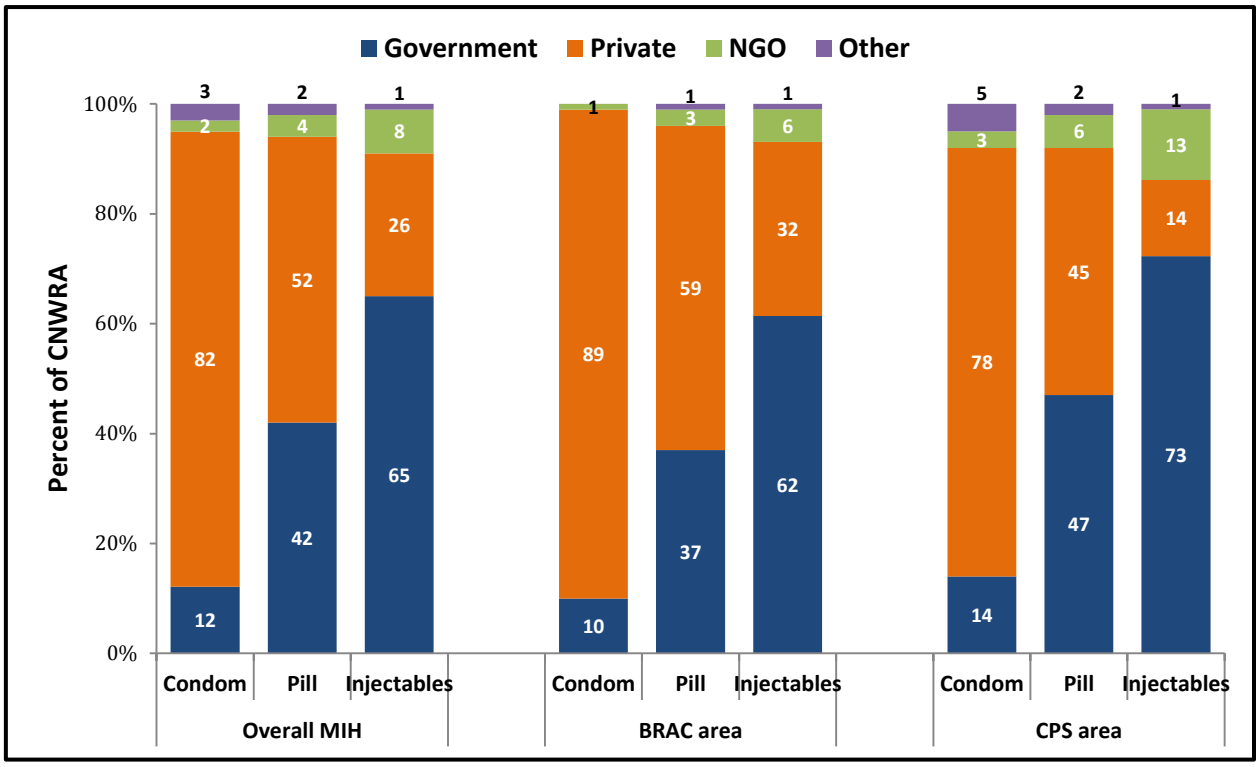

Figure 8.2. Percent of contraceptive method users by sources of methods, by intervention area, MIH baseline survey 2013-2014.

8.4. Knowledge and Use of Emergency Contraceptive Pills

Awareness of ECP was very low (2%) and of almost similar in both intervention and comparison areas. Similar level of ECP awareness was also found in BRAC and CPS intervention and comparison areas (table 8.5).

In terms of differentials, the knowledge about ECP increases with women's education, with asset quintile, and with women's TV watching. Such associations are true for both intervention and comparison areas (table 8.5). The awareness about ECP was higher among younger than older women and in small families than large families.

In the 2013-2014 MIH baseline survey, MWRA were asked about their use of ECP in three months preceding the survey. Table 8.6 shows that the use of ECP was almost non-existent (0.2%) in both intervention and comparison areas. The true use of ECP may be under-reported by women due to stigma associated with the use of ECP.

Table 8.5. Awareness about Emergency Contraceptive Pill

Percent and number of MWRA who were aware of emergency contraceptive pills as an effective way of preventing possible unintended conception, by area, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Percent						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of women:												
15-19	3.6	1.1	2.5	1.1	2.7	1.8	337	271	608	311	261	572
20-24	2.3	2.0	2.2	1.1	3.9	2.4	658	522	1,180	724	585	1,309
25-29	1.5	2.9	2.2	1.9	3.8	2.7	651	602	1,254	686	587	1,273
30-34	1.8	2.8	2.3	0.8	2.3	1.6	556	516	1,072	528	554	1,082
35-39	0.7	0.7	0.7	1.8	4.8	3.2	452	410	862	452	399	851
40-44	1.2	1.8	1.5	0.2	1.2	0.7	433	419	852	425	415	840
45-49	0.8	1.1	0.9	1.2	2.0	1.6	405	368	773	388	353	741
Number of children ever born:												
0	3.8	0.7	2.3	1.0	5.5	2.9	318	285	603	322	237	559
1-2	2.5	3.3	2.9	1.5	3.5	2.5	1,305	1,178	2,483	1,241	1,187	2,427
3+	0.7	1.2	0.9	1.0	2.4	1.7	1,870	1,646	3,515	1,951	1,730	3,681
Education of women:												
No education	0.2	0.2	0.2	0.0	1.5	0.8	812	961	1,774	920	944	1,864
Primary incomplete	0.2	0.4	0.3	0.8	2.5	1.6	603	715	1,318	673	641	1,314
Primary complete*	1.2	0.9	1.1	0.3	0.8	0.5	489	404	893	467	376	843
Secondary incomplete	1.5	3.5	2.3	1.9	3.0	2.4	1,235	800	2,035	1,117	910	2,027
Secondary complete or higher	8.8	10.5	9.5	4.4	12.8	8.2	354	228	582	336	283	619
Asset quintile:												
Lowest	0.6	0.3	0.5	0.3	3.4	1.9	463	604	1,067	628	645	1,272
Second	0.4	1.2	0.8	1.0	3.0	1.9	560	711	1,270	687	574	1,261
Middle	0.8	1.0	0.9	0.5	2.4	1.4	711	594	1,305	688	655	1,343
Fourth	1.5	1.8	1.7	0.6	2.1	1.3	849	535	1,384	730	654	1,384
Highest	3.7	5.2	4.3	3.4	4.3	3.8	910	664	1,575	780	627	1,407
Watching television:												
Don't watch	0.3	0.9	0.6	0.7	2.8	1.8	1,531	1,641	3,172	1,869	1,869	3,738
Watch but not everyday	2.0	1.3	1.7	1.0	3.4	2.0	591	512	1,102	534	411	945
Watch almost everyday	3.1	4.0	3.5	2.2	3.3	2.7	1,372	956	2,327	1,110	875	1,985
Total	**1.7**	**1.9**	**1.8**	**1.2**	**3.0**	**2.1**	**3,493**	**3,108**	**6,601**	**3,513**	**3,154**	**6,667**

Notes: CPS=CWFD, PSTC, and Shimantik.
*Primary complete is defined as completing grade 5.

Table 8.6. Use of ECP

Percent and number of CMWRA who used ECP in three months preceding the survey, by area, MIH baseline survey 2013-2014

Area	Percent of Use	Number
Intervention area:		
BRAC	0.1	3,279
CPS	0.1	2,878
MIH	0.1	6,158
Comparison area:		
BRAC	0.0	3,340
CPS	0.2	2,950
MIH	0.1	6,290

8.5. Family Planning Field workers' Visit and Topics of Discussion

In the 2013-2014 MIH baseline survey, women were asked whether a family planning fieldworker had visited them in the three months prior to the survey. Table 8.7 shows that in MIH intervention areas only 24% of currently married women said they had a contact with a fieldworker in the three months before the survey. In comparison areas it was little lower, only 19% said they had a contact with a fieldworker.

Around 17% of currently married women in both intervention and comparison areas said they had a contact with a government family planning fieldworker or other government health worker.

Table 8.7. CMWRA and Provider Contact

Percent of CMWRA who reported that they had a contact with a provider in last three months, by type of provide and area, MIH baseline survey 2013-2014

	Intervention Area			Comparison Area		
Type of Health Worker	**BRAC**	**CPS**	**MIH**	**BRAC**	**CPS**	**MIH**
Government family planning worker or other government health worker	17.5	17.1	17.3	15.9	17.1	16.5
Community mobilizer (CM)	-	0.5	0.2	-	0.0	0.0
Shasthya Karmi (SK)	5.9	1.7	3.9	0.7	1.4	1.0
Community sales agent (CSA)	-	0.5	0.2	-	0.2	0.1
Sasthya Sebika (SS)	2.0	0.9	1.5	0.1	0.6	0.3
Other NGO worker	0.9	0.9	0.9	1.0	0.4	0.7
Other health worker	0.1	0.2	0.2	0.0	0.2	0.1
Had contact with someone but could not or did not specify	0.1	0.2	0.1	0.1	0.1	0.1
Did not have contact with any health worker or could not remember any contact	73.5	78.0	75.6	82.2	80.0	81.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number	**3,117**	**2,673**	**5,790**	**3,205**	**2,764**	**5,969**

Note: Permanent method users are excluded from tabulation

8.6. Intention for Use of Long-Acting and Reversible Contraception and Permanent Methods for Contraception

In the 2013-2014 MIH baseline survey, CMWRA who do not want any more children and were using any methods other than LARC and permanent methods were asked about their intention to use such methods in next 12 months. This indicator can serve as a proxy for demand for LARC and permanent methods.

Very low demand for LARC and permanent methods was found in both intervention and comparison areas (0.8% and 0.7%, respectively, table 8.8). Even with the very low level of intention, CPS areas seem to have relatively higher intention of adopting LARC and permanent methods than BRAC area (1% vs. 0.3%), both for intervention and comparison domains.

In terms of differentials of intention, currently married women with some living children were more likely to intend to use LARC and permanent methods than those with no or

fewer children. There was no apparent pattern in the intention of use of LARC and permanent methods according to educational levels or household asset quintiles or exposure to television. In terms of age, women between 20 and 34 had relatively higher level of intention of LARC and permanent methods use than other women, especially in CPS areas regardless of intervention and comparison.

Table 8.8. Intention for Use of LARC and Permanent Methods

Percent and number of current short-acting method users who do not want any more children and intend to use LARC or permanent methods in next 12 months, by area, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Percent						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of women:												
15-19	0.0	4.0	2.2	0.3	1.8	0.9	268	274	542	305	271	576
20-24	0.4	1.6	1.0	0.1	1.6	0.8	321	305	626	338	323	661
25-29	0.0	1.7	0.8	1.0	2.4	1.7	298	295	593	288	321	609
30-34	0.4	0.0	0.2	0.2	0.0	0.1	264	199	462	260	218	478
35-39	1.0	0.0	0.5	0.0	0.0	0.0	206	164	370	194	193	387
40-44	0.0	0.0	0.0	0.0	0.0	0.0	101	65	167	77	80	157
45-49	0.0	5.6	3.2	2.5	0.0	1.4	121	122	243	113	103	216
Number of children ever born:												
0	0.0	0.0	0.0	0.0	0.0	0.0	2	1	3	4	3	7
1-2	0.0	2.2	1.2	0.3	1.3	0.8	305	349	654	293	306	598
3+	0.4	0.9	0.6	0.3	1.1	0.7	918	730	1,648	932	845	1,777
Education of women:												
No education	0.0	0.6	0.3	0.7	1.0	0.9	346	342	688	413	382	796
Primary incomplete	0.4	1.8	1.1	0.0	0.8	0.4	260	273	533	270	254	524
Primary complete*	1.0	0.7	0.9	0.1	2.0	1.0	198	146	343	169	151	320
Secondary incomplete	0.0	2.3	1.0	0.2	1.0	0.6	344	253	598	283	292	575
Secondary complete or higher	1.3	1.4	1.3	0.5	1.3	0.9	77	67	144	93	75	168
Asset quintile:												
Lowest	0.0	2.0	1.0	0.9	0.8	0.8	180	196	376	264	256	520
Second	0.4	0.4	0.4	0.3	1.0	0.6	214	257	471	274	202	476
Middle	0.4	1.6	0.9	0.2	2.4	1.2	284	234	518	265	255	520
Fourth	0.3	1.5	0.8	0.1	0.8	0.4	290	188	478	237	262	499
Highest	0.4	1.4	0.8	0.1	0.6	0.3	256	205	461	189	179	368
Watching television												
Don't watch	0.2	1.0	0.6	0.3	1.3	0.8	591	576	1,167	712	695	1,407
Watch but not everyday	0.0	1.1	0.5	0.8	1.4	1.0	197	182	379	176	147	323
Watch almost everyday	0.7	2.1	1.3	0.1	0.6	0.4	438	322	759	341	312	653
Total	**0.3**	**1.3**	**0.8**	**0.3**	**1.1**	**0.7**	**1,225**	**1,080**	**2,305**	**1,229**	**1,154**	**2,382**

Notes: CPS=CWFD, PSTC, and Shimantik.
CMWRA who are using any long-acting or permanent methods of family planning, or not using any method are not considered in this tabulation.
* Primary complete is defined as completing grade 5.

8.7. Use of SMC Contraceptive Methods

Table 8.9 shows the use of SMC contraceptive methods. SMC branded pill had the highest use, 42% in MIH intervention areas (BRAC, 46%; and CPS, 39%), followed by condoms at 41% (BRAC, 46%; and CPS, 38%). About 72% of users collect SMC branded pills from private/NGO sources (BRAC, 71%; and CPS, 72%).

Table 8.9. Use of SMC Branded Contraceptive Methods

Percent and number of CMWRA who are currently using pills/injectables/condoms and are using SMC products, MIH baseline survey 2013-2014

Method Source Indicator	Percent						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Source of FP methods— any source:												
Pill users who use SMC pills	45.5	38.9	42.3	47.5	32.3	39.7	798	790	1,588	736	780	1,516
Injectables users who use SMC injectables	6.5	4.7	5.9	6.1	3.1	4.8	417	205	622	465	356	821
Condom users who use SMC condoms	46.0	37.5	41.0	45.0	40.5	40.5	83	116	198	69	113	182
Source of FP methods — private/NGO/other sources:												
Pill users who use SMC pills	71.3	72.4	71.8	72.3	68.4	70.6	507	419	926	479	361	840
Injectables users use SMC injectables	12.6	10.3	12.0	10.3	2.8	8.6	160	56	216	227	71	298
Condom users who use SMC condoms	49.4	41.7	45.0	47.6	46.7	47.1	75	99	174	65	96	160
Source of FP methods — government sources:												
Pill users who use SMC pills	0.7	1.3	1.0	1.4	1.2	1.3	291	372	663	257	419	676
Injectables users who use SMC injectables	2.8	2.6	2.7	2.0	3.1	2.6	257	149	406	238	285	523
Condom users who use SMC condoms	13.4	11.8	12.3	10.4	5.9	6.9	8	16	24	5	17	22

Notes: CPS=CWFD, PSTC, and Shimantik.
Unmarried women refer to daughters of the respondents, not all the unmarried women of the household. There were four unmarried women whose mothers' ages were below 20 years. They are not considered in this tabulation.

Further details on modern contraceptive methods use by areas, MIH baseline survey 2013-2014, are provided in tables 8.10 throught 8.15.

Table 8.10. Current Use of Contraceptive Methods, by Background Characteristics: BRAC Intervention Area

Percent distribution of currently married women age 15-49 by contraceptive method use, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	Any traditional method	Other method	No method	Total	Number of women
Age of women:														
15-19	37.8	33.6	0.0	0.0	21.0	0.0	7.4	0.9	4.2	4.2	0.0	62.2	100.0	328
20-24	43.3	41.6	0.6	0.0	25.1	0.0	12.0	1.2	2.6	1.7	0.0	56.7	100.0	645
25-29	56.9	52.3	3.8	0.2	29.0	0.6	15.0	1.4	2.2	4.6	0.0	43.1	100.0	631
30-34	67.0	59.7	7.1	0.6	30.8	1.0	15.0	1.9	3.2	7.3	0.0	33.0	100.0	529
35-39	72.9	58.6	7.3	0.5	26.9	0.5	18.0	1.9	3.6	13.9	0.5	27.1	100.0	420
40-44	63.8	42.3	7.0	1.1	20.0	0.5	11.3	1.3	1.0	21.0	0.5	36.2	100.0	382
45-49	38.7	25.2	7.7	0.9	9.0	0.0	6.4	0.6	0.6	12.9	0.6	61.3	100.0	343
Number of children ever born:														
0	14.3	10.2	0.0	0.0	6.2	0.0	0.4	0.0	3.7	4.1	0.0	85.7	100.0	295
1-2	50.5	45.8	1.4	0.1	28.5	0.2	11.6	1.4	2.8	4.7	0.0	49.5	100.0	1,244
3+	64.9	52.8	7.6	0.7	24.4	0.6	15.6	1.6	2.1	11.8	0.3	35.1	100.0	1,740
Education of women:														
No education	61.7	48.9	6.7	0.8	22.7	0.4	16.9	1.0	0.4	12.4	0.4	38.3	100.0	712
Primary incomplete	60.4	50.3	6.6	0.4	21.9	0.4	17.3	1.8	1.9	9.7	0.4	39.6	100.0	561
Primary complete*	61.9	50.7	4.5	0.7	25.3	0.4	16.1	1.7	1.9	11.2	0.0	38.1	100.0	465
Secondary incomplete	49.9	44.6	3.2	0.1	27.6	0.4	9.3	1.2	2.8	5.2	0.1	50.1	100.0	1,197
Secondary complete or higher	39.6	34.5	1.7	0.3	18.9	0.3	4.0	1.7	7.5	5.1	0.0	60.4	100.0	346
Asset quintile:														
Lowest	60.7	53.3	4.5	0.5	25.1	0.2	20.8	1.0	1.2	7.2	0.2	39.3	100.0	416
Second	61.0	52.1	4.8	0.4	25.0	0.4	18.8	1.8	1.0	8.7	0.2	39.0	100.0	514
Middle	60.1	51.5	3.4	0.6	26.4	0.3	16.6	1.1	3.2	8.4	0.2	39.9	100.0	668
Fourth	54.8	44.6	6.0	0.4	25.5	0.8	8.7	2.0	1.3	9.8	0.4	45.2	100.0	809
Highest	44.6	37.2	4.0	0.2	20.9	0.2	6.1	1.0	4.7	7.4	0.0	55.4	100.0	872

Table 8.10. Current Use of Contraceptive Methods, by Background Characteristics: BRAC Intervention Area

Percent distribution of currently married women age 15-49 by contraceptive method use, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	Any traditional method	Other method	No method	Total	Number of women
Husband's place of living:														
With respondent	68.4	57.6	5.4	0.5	30.6	0.5	15.8	1.7	3.2	10.6	0.2	31.6	100.0	2,569
Elsewhere but visited her	13.9	12.0	1.4	0.0	5.3	0.0	4.4	0.5	0.5	1.9	0.0	86.1	100.0	208
Elsewhere but visited her 0-5 months ago	2.5	2.5	0.0	0.8	0.8	0.0	0.9	0.0	0.0	0.0	0.0	97.5	100.0	121
Elsewhere but visited her 6-11 months ago	2.6	2.6	2.1	0.0	0.0	0.0	0.3	0.3	0.0	0.0	0.0	97.4	100.0	382
Elsewhere but visited her 12+ months ago														
Watching television:														
Don't watch	58.1	48.3	4.4	0.5	23.2	0.6	16.5	1.3	1.9	9.4	0.4	41.9	100.0	1,412
Watch but not everyday	54.9	48.4	5.8	0.4	25.9	0.2	12.8	2.2	1.2	6.5	0.0	45.1	100.0	557
Watch almost everyday	51.4	43.3	4.2	0.3	24.9	0.3	8.7	1.1	3.8	8.1	0.0	48.6	100.0	1,311
Total	**54.9**	**46.3**	**4.6**	**0.4**	**24.3**	**0.4**	**12.7**	**1.4**	**2.5**	**8.4**	**0.2**	**45.1**	**100.0**	**3,279**

Notes: If more than one method is used only the most effective method is considered in the tabulation
* Primary complete is defined as completing grade 5

Table 8.11. Current Use of Contraceptive Methods, by Background Characteristics: CPS Intervention Area

Percent distribution of currently married women age 15-49 by contraceptive method use, by background characteristics, MIH baseline survey 2013-2014

Background characteristic	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	Any traditional method	Other method	No method	Total	Number of women
Age of women:														
15-19	45.4	36.3	0.0	0.0	26.3	0.0	2.1	0.0	7.9	9.1	0.0	54.6	100.0	268
20-24	57.4	50.2	0.9	0.2	34.8	0.2	6.6	1.7	5.8	7.2	0.0	42.6	100.0	504
25-29	61.5	54.8	4.0	1.5	34.3	0.5	7.8	2.8	3.8	6.0	0.7	38.5	100.0	579
30-34	70.6	58.9	7.1	1.6	34.1	0.4	10.4	1.6	3.8	11.5	0.2	29.4	100.0	491
35-39	69.8	57.1	14.4	1.8	26.0	0.5	9.5	1.0	3.9	12.5	0.3	30.2	100.0	381
40-44	58.8	38.7	10.6	1.3	16.2	0.5	5.9	2.1	2.1	19.3	0.8	41.2	100.0	370
45-49	30.4	18.6	6.9	0.0	6.7	0.3	3.7	0.3	0.7	11.5	0.3	69.6	100.0	285
Number of children ever born:														
0	14.8	10.7	0.0	0.0	5.7	0.0	0.0	0.0	5.0	4.1	0.0	85.2	100.0	258
1-2	60.7	51.4	1.3	0.3	35.2	0.3	6.8	1.2	6.1	9.3	0.0	39.3	100.0	1,092
3+	64.4	51.2	10.6	1.6	25.6	0.4	8.5	2.1	2.4	12.6	0.6	35.6	100.0	1,528
Education of women:														
No education	57.9	44.3	8.7	1.9	24.6	0.3	6.8	1.3	0.8	13.1	0.5	42.1	100.0	823
Primary incomplete	61.6	51.4	8.1	0.9	29.5	0.3	8.1	2.4	2.1	9.8	0.4	38.4	100.0	669
Primary complete[1]	60.8	50.9	4.9	1.0	26.5	1.0	9.9	2.4	5.3	9.4	0.5	39.2	100.0	396
Secondary incomplete	56.0	47.1	3.1	0.5	29.9	0.2	6.3	1.0	6.1	8.7	0.1	44.0	100.0	771
Secondary complete and higher	56.4	44.4	3.5	0.0	25.0	0.0	3.0	0.4	12.4	12.0	0.0	43.6	100.0	220
Asset quintile:														
Lowest	61.2	50.5	8.2	1.8	29.5	0.4	7.5	2.2	1.1	10.1	0.5	38.8	100.0	529
Second	58.2	47.2	4.4	1.8	27.8	0.0	8.3	2.2	2.8	11.1	0.0	41.8	100.0	654
Middle	61.4	50.9	5.8	0.9	30.4	0.9	7.7	1.5	3.8	10.0	0.5	38.6	100.0	561
Fourth	59.3	47.0	5.7	0.4	26.5	0.2	8.3	1.9	4.0	11.6	0.8	40.7	100.0	508
Highest	53.3	43.2	6.7	0.2	23.6	0.5	4.1	0.2	8.1	10.1	0.0	46.7	100.0	627

Table 8.11. Current Use of Contraceptive Methods, by Background Characteristics: CPS Intervention Area

Percent distribution of currently married women age 15-49 by contraceptive method use, by background characteristics, MIH baseline survey 2013-2014

Background characteristic	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	Any traditional method	Other method	No method	Total	Number of women
Husband's place of living:														
With respondent	64.7	52.5	6.6	1.1	30.4	0.4	8.0	1.8	4.2	11.8	0.4	35.3	100.0	2,519
Elsewhere but visited her 0-5 months ago	42.9	38.0	5.9	0.0	20.4	0.8	3.2	0.0	7.7	4.8	0.0	57.1	100.0	118
Elsewhere but visited her 6-11 months ago	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	47
Elsewhere but visited her 12+ months ago	2.5	2.0	1.0	0.5	0.5	0.0	0.0	0.0	0.0	0.5	0.0	97.5	100.0	193
Watching television:														
Don't watch	58.0	45.6	5.2	1.3	26.6	0.1	8.1	1.7	2.5	12.0	0.4	42.0	100.0	1,493
Watch but not everyday	60.1	51.8	6.8	1.0	30.4	1.0	6.5	2.2	3.8	8.1	0.2	39.9	100.0	470
Watch almost everyday	58.6	48.9	7.2	0.4	27.3	0.5	5.7	1.0	6.6	9.4	0.3	41.4	100.0	915
Total	**58.5**	**47.6**	**6.1**	**1.0**	**27.5**	**0.4**	**7.1**	**1.6**	**4.0**	**10.6**	**0.3**	**41.5**	**100.0**	**2,878**

Notes: If more than one method is used only the most effective method is considered in the tabulation
* Primary complete is defined as completing grade 5

Table 8.12. Current Use of Contraceptive Methods, by Background Characteristics: MIH Intervention Area

Percent distribution of currently married women age 15-49 by contraceptive method use, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	Any traditional method	Other method	No method	Total	Number of women
Age of women:														
15-19	41.2	34.8	0.0	0.0	23.4	0.0	5.0	0.5	5.9	6.4	0.0	58.8	100.0	596
20-24	49.5	45.4	0.8	0.1	29.4	0.1	9.7	1.4	4.0	4.1	0.0	50.5	100.0	1,150
25-29	59.1	53.5	3.9	0.8	31.6	0.6	11.6	2.1	3.0	5.3	0.3	40.9	100.0	1,210
30-34	68.7	59.3	7.1	1.0	32.4	0.7	12.8	1.8	3.5	9.4	0.1	31.3	100.0	1,020
35-39	71.4	57.9	10.7	1.1	26.5	0.5	14.0	1.5	3.7	13.2	0.4	28.6	100.0	801
40-44	61.4	40.5	8.8	1.2	18.2	0.5	8.7	1.7	1.5	20.2	0.7	38.6	100.0	752
45-49	34.9	22.2	7.3	0.5	8.0	0.2	5.2	0.5	0.6	12.3	0.5	65.1	100.0	628
Number of children ever born:														
0	14.5	10.4	0.0	0.0	5.9	0.0	0.2	0.0	4.3	4.1	0.0	85.5	100.0	553
1-2	55.3	48.4	1.3	0.2	31.6	0.3	9.4	1.3	4.3	6.9	0.0	44.7	100.0	2,336
3+	64.6	52.0	9.0	1.1	25.0	0.5	12.3	1.8	2.2	12.1	0.5	35.4	100.0	3,268
Education of women:														
No education	59.7	46.5	7.8	1.4	23.7	0.4	11.5	1.1	0.6	12.8	0.4	40.3	100.0	1,535
Primary incomplete	61.0	50.9	7.4	0.6	26.0	0.3	12.3	2.2	2.0	9.8	0.4	39.0	100.0	1,229
Primary complete[1]	61.4	50.8	4.7	0.8	25.9	0.7	13.2	2.0	3.5	10.4	0.2	38.6	100.0	860
Secondary incomplete	52.3	45.6	3.1	0.2	28.5	0.4	8.1	1.1	4.1	6.6	0.1	47.7	100.0	1,967
Secondary complete & higher	46.1	38.3	2.4	0.2	21.3	0.2	3.6	1.2	9.4	7.8	0.0	53.9	100.0	566
Asset quintile:														
Lowest	61.0	51.7	6.6	1.2	27.5	0.3	13.3	1.7	1.1	8.8	0.4	39.0	100.0	945
Second	59.4	49.3	4.6	1.1	26.6	0.2	12.9	2.0	2.0	10.0	0.1	40.6	100.0	1,167
Middle	60.7	51.3	4.5	0.7	28.2	0.6	12.6	1.3	3.4	9.1	0.3	39.3	100.0	1,229
Fourth	56.6	45.5	5.9	0.4	25.9	0.5	8.5	1.9	2.4	10.5	0.5	43.4	100.0	1,317
Highest	48.2	39.7	5.1	0.2	22.0	0.3	5.3	0.7	6.1	8.5	0.0	51.8	100.0	1,499

Table 8.12. Current Use of Contraceptive Methods, by Background Characteristics: MIH Intervention Area

Percent distribution of currently married women age 15-49 by contraceptive method use, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	Any traditional method	Other method	No method	Total	Number of women
Husband's place of living:														
With respondent†	66.6	55.1	6.0	0.8	30.5	0.4	11.9	1.7	3.7	11.2	0.3	33.4	100.0	5,088
Elsewhere but visited her 0-5 months ago	24.4	21.4	3.1	0.0	10.8	0.3	4.0	0.3	3.1	3.0	0.0	75.6	100.0	326
Elsewhere but visited her 6-11 months ago	1.8	1.8	0.0	0.6	0.6	0.0	0.6	0.0	0.0	0.0	0.0	98.2	100.0	168
Elsewhere but visited her 12+ months ago	2.6	2.4	1.7	0.2	0.2	0.0	0.2	0.2	0.0	0.2	0.0	97.4	100.0	575
Watching television:														
Don't watch	58.0	46.9	4.8	0.9	25.0	0.3	12.2	1.5	2.2	10.8	0.4	42.0	100.0	2,905
Watch but not everyday	57.3	49.9	6.2	0.7	27.9	0.6	9.9	2.2	2.4	7.2	0.1	42.7	100.0	1,026
Watch almost everyday	54.4	45.6	5.5	0.4	25.9	0.4	7.5	1.1	4.9	8.6	0.1	45.6	100.0	2,227
Total	**56.6**	**46.9**	**5.3**	**0.7**	**25.8**	**0.4**	**10.1**	**1.5**	**3.2**	**9.4**	**0.3**	**43.4**	**100.0**	**6,158**

Notes: If more than one method is used, only the most effective method is considered in the tabulation.
*Primary complete is defined as completing grade 5.
† Husband of the woman living elsewhere since less than one month are defined as "living elsewhere but last visited 0-5 months ago".

Table 8.13. Current Use of Contraceptive Methods, by Background Characteristics: BRAC Comparison Area

Percent distribution of currently married women age 15-49 by contraceptive method use, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	Any traditional method	Other method	No method	Total	Number of women
Age of women														
15-19	38.7	34.3	0.7	0.0	21.1	0.9	7.9	0.0	3.7	4.4	0.0	61.3	100.0	305
20-24	45.6	40.2	0.6	0.0	22.5	0.0	13.8	1.1	2.2	5.0	0.4	54.4	100.0	695
25-29	56.1	50.6	3.4	0.6	25.5	0.6	16.9	1.0	2.4	5.5	0.0	43.9	100.0	669
30-34	64.2	55.6	5.1	0.1	25.5	2.0	19.5	1.1	2.3	8.5	0.1	35.8	100.0	515
35-39	69.9	55.6	6.9	0.4	27.3	0.4	16.8	1.3	2.3	13.7	0.6	30.1	100.0	428
40-44	58.5	39.3	6.0	0.6	19.9	0.3	10.8	0.8	0.8	18.3	0.9	41.5	100.0	382
45-49	28.1	17.2	4.4	0.7	5.8	0.1	5.2	0.6	0.4	10.8	0.0	71.9	100.0	345
Number of children ever born														
0	14.9	10.9	0.0	0.7	6.2	0.0	1.6	0.0	2.4	4.0	0.0	85.1	100.0	302
1-2	50.7	44.7	0.9	0.2	27.2	0.4	12.2	1.0	2.7	6.0	0.0	49.3	100.0	1,180
3+	60.2	48.3	6.0	0.3	21.4	0.8	17.0	1.1	1.6	11.5	0.5	39.8	100.0	1,857
Education of women														
No education	58.7	44.3	4.4	0.2	18.4	0.3	19.5	0.3	1.3	14.3	0.1	41.3	100.0	834
Primary incomplete	59.3	49.3	4.8	0.8	19.4	1.2	21.4	1.1	0.7	9.0	0.9	40.7	100.0	639
Primary complete*	56.3	48.1	6.3	0.5	23.3	0.4	14.0	2.3	1.3	8.0	0.3	43.7	100.0	444
Secondary incomplete	45.0	39.4	2.0	0.2	24.6	0.7	8.4	0.8	2.8	5.6	0.1	55.0	100.0	1,096
Secondary complete or higher	45.9	39.0	2.2	0.0	26.6	0.2	3.4	1.0	5.5	6.9	0.0	54.1	100.0	326
Asset quintile														
Lowest	62.7	53.3	2.9	1.0	19.4	0.2	26.6	1.3	1.8	8.9	0.6	37.3	100.0	568
Second	58.8	47.9	3.7	0.3	25.4	0.8	16.0	1.1	0.6	10.2	0.7	41.2	100.0	654
Middle	56.9	44.8	4.2	0.0	22.0	1.2	15.7	0.6	1.1	12.1	0.0	43.1	100.0	663
Fourth	49.9	41.9	4.1	0.4	22.4	0.7	10.1	1.4	2.7	8.0	0.0	50.1	100.0	700
Highest	39.0	33.3	3.5	0.0	20.8	0.1	4.7	0.4	3.8	5.6	0.1	61.0	100.0	754

Table 8.13. Current Use of Contraceptive Methods, by Background Characteristics: BRAC Comparison Area

Percent distribution of currently married women age 15-49 by contraceptive method use, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	Any traditional method	Other method	No method	Total	Number of women
Husband's place of living														
With respondent†	65.9	54.4	4.5	0.4	27.6	0.8	17.4	1.2	2.5	11.2	0.3	34.1	100.0	2,615
Elsewhere but visited her 0-5 months ago	16.3	14.9	1.7	0.0	6.2	0.0	4.4	0.5	2.1	1.4	0.0	83.7	100.0	207
Elsewhere but visited her 6-11 months ago	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	99.0	100.0	113
Elsewhere but visited her 12+ months ago	0.9	0.9	0.3	0.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0	99.1	100.0	405
Watching television														
Don't watch	54.7	44.0	3.0	0.3	19.6	0.6	18.3	0.9	1.3	10.4	0.4	45.3	100.0	1,756
Watch but not everyday	57.4	49.7	5.3	1.2	25.5	1.5	12.9	1.3	2.1	7.4	0.3	42.6	100.0	510
Watch almost everyday	47.3	40.2	4.1	0.0	24.5	0.2	7.3	0.7	3.4	7.0	0.1	52.7	100.0	1,074
Total	**52.8**	**43.6**	**3.7**	**0.3**	**22.0**	**0.6**	**13.9**	**0.9**	**2.1**	**8.9**	**0.3**	**47.2**	**100.0**	**3,340**

Notes: If more than one method is used only the most effective method is considered in the tabulation
*Primary complete is defined as completing grade 5
† Husband of the woman living elsewhere since less than one month are defined as "living elsewhere but last visited 0-5 months ago"

Table 8.14. Current Use of Contraceptive Methods, by Background Characteristics: CPS Comparison

Percent distribution of currently married women age 15-49 by contraceptive method use, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	Any traditional method	Other method	No method	Total	Number of women
Age of women:														
15-19	41.3	38.6	0.0	0.4	25.8	0.4	7.4	0.4	4.3	2.7	0.0	58.7	100.0	256
20-24	48.9	44.4	1.0	0.0	27.9	0.2	9.9	0.5	4.9	4.5	0.0	51.1	100.0	574
25-29	63.9	59.3	3.5	0.5	31.8	0.7	16.9	2.1	3.7	4.6	0.0	36.1	100.0	566
30-34	71.7	65.0	8.2	0.4	31.5	0.4	17.4	1.3	5.7	6.5	0.2	28.3	100.0	523
35-39	72.1	57.7	8.1	1.9	28.7	1.6	13.2	1.4	2.7	14.4	0.0	27.9	100.0	369
40-44	66.1	48.4	10.5	1.1	22.9	1.3	8.3	1.3	3.0	17.2	0.5	33.9	100.0	372
45-49	39.3	23.1	10.7	0.0	6.2	1.0	4.4	0.0	0.7	15.5	0.7	60.7	100.0	290
Number of children ever born:														
0	13.8	10.7	0.0	0.4	7.6	0.0	0.0	0.0	2.7	3.1	0.0	86.2	100.0	223
1-2	56.4	51.6	1.9	0.1	31.1	0.5	11.3	0.7	6.0	4.8	0.1	43.6	100.0	1,109
3+	67.6	55.3	9.2	0.9	25.8	1.1	14.3	1.5	2.5	12.1	0.2	32.4	100.0	1,618
Education of women:														
No education	63.1	50.2	9.3	1.1	23.3	1.1	12.8	1.3	1.2	12.6	0.4	36.9	100.0	828
Primary incomplete	61.6	52.9	7.4	0.7	24.1	0.5	16.0	2.0	2.3	8.6	0.2	38.4	100.0	607
Primary complete*	60.8	50.7	5.3	0.3	27.5	0.6	12.6	0.0	4.5	9.8	0.3	39.2	100.0	357
Secondary incomplete	55.4	50.5	2.4	0.2	30.6	0.8	10.3	0.9	5.2	4.9	0.0	44.6	100.0	880
Secondary complete & higher	53.6	46.0	2.5	0.4	26.3	0.4	6.1	0.7	9.7	7.6	0.0	46.4	100.0	278
Asset quintile:														
Lowest	65.1	57.2	6.9	1.2	29.3	1.0	16.1	1.9	0.8	7.6	0.3	34.9	100.0	592
Second	60.2	52.7	6.9	0.6	25.1	0.9	15.3	1.1	2.8	7.5	0.0	39.8	100.0	535
Middle	59.6	49.8	4.2	0.7	27.0	0.7	12.7	1.1	3.4	9.6	0.2	40.4	100.0	614
Fourth	63.1	53.0	5.6	0.5	28.7	0.6	11.4	0.8	5.3	9.8	0.3	36.9	100.0	623
Highest	48.4	39.9	5.1	0.0	21.8	0.5	5.1	0.7	6.6	8.5	0.0	51.6	100.0	587

Table 8.14. Current Use of Contraceptive Methods, by Background Characteristics: CPS Comparison

Percent distribution of currently married women age 15-49 by contraceptive method use, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	Any traditional method	Other method	No method	Total	Number of women
Husband's place of living:														
With respondent†	68.5	58.2	6.5	0.7	30.7	0.9	14.1	1.3	4.1	10.1	0.2	31.5	100.0	2,490
Elsewhere but visited her 0-5 months ago	25.0	22.4	1.9	0.0	8.9	0.0	3.2	0.6	7.7	2.6	0.0	75.0	100.0	154
Elsewhere but visited her 6-11 months ago	2.7	2.7	2.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	97.3	100.0	73
Elsewhere but visited her 12+ months ago	1.7	1.7	1.3	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	98.3	100.0	233
Watching television:														
Don't watch	59.2	49.9	5.6	0.8	24.4	0.8	14.3	1.2	2.8	9.1	0.2	40.8	100.0	1,736
Watch but not everyday	61.4	52.8	8.0	0.3	29.0	0.8	10.3	1.0	3.3	8.6	0.0	38.6	100.0	386
Watch almost everyday	58.6	50.7	4.9	0.2	29.4	0.7	8.2	1.0	6.2	7.7	0.2	41.4	100.0	829
Total	**59.3**	**50.5**	**5.7**	**0.6**	**26.4**	**0.7**	**12.1**	**1.1**	**3.8**	**8.6**	**0.2**	**40.7**	**100.0**	**2,950**

Notes: If more than one method is used only the most effective method is considered in the tabulation.
*Primary complete is defined as completing grade 5.
† Husband of the woman living elsewhere since less than one month are defined as "living elsewhere but last visited 0-5 months ago".

Table 8.15. Current Use of Contraceptive Methods, by Background Characteristics: MIH Comparison Area

Percent distribution of currently married women age 15-49 by contraceptive method use, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	Any traditional method	Other method	No method	Total	Number of women
Age of women:														
15-19	39.9	36.3	0.4	0.2	23.2	0.6	7.7	0.2	4.0	3.6	0.0	60.1	100.0	561
20-24	47.1	42.1	0.8	0.0	24.9	0.1	12.0	0.8	3.4	4.8	0.2	52.9	100.0	1,269
25-29	59.7	54.6	3.5	0.6	28.4	0.7	16.9	1.5	3.0	5.1	0.0	40.3	100.0	1,236
30-34	68.0	60.3	6.7	0.2	28.5	1.2	18.4	1.2	4.1	7.5	0.1	32.0	100.0	1,038
35-39	70.9	56.6	7.5	1.1	28.0	0.9	15.2	1.3	2.5	14.0	0.3	29.1	100.0	797
40-44	62.3	43.8	8.2	0.8	21.4	0.8	9.6	1.1	1.9	17.8	0.7	37.7	100.0	754
45-49	33.2	19.9	7.3	0.4	6.0	0.5	4.9	0.3	0.5	13.0	0.3	66.8	100.0	634
Number of children ever born:														
0	14.5	10.8	0.0	0.6	6.8	0.0	0.9	0.0	2.5	3.6	0.0	85.5	100.0	525
1-2	53.5	48.0	1.4	0.1	29.1	0.4	11.8	0.9	4.3	5.4	0.0	46.5	100.0	2,289
3+	63.6	51.5	7.5	0.6	23.4	0.9	15.7	1.3	2.0	11.7	0.4	36.4	100.0	3,476
Education of women:														
No education	60.9	47.2	6.8	0.6	20.8	0.7	16.2	0.8	1.2	13.5	0.2	39.1	100.0	1,662
Primary incomplete	60.4	51.1	6.1	0.7	21.7	0.9	18.8	1.5	1.5	8.8	0.6	39.6	100.0	1,246
Primary complete*	58.3	49.2	5.9	0.4	25.1	0.5	13.4	1.3	2.7	8.8	0.3	41.7	100.0	801
Secondary incomplete	49.6	44.3	2.2	0.2	27.3	0.7	9.3	0.8	3.9	5.3	0.0	50.4	100.0	1,976
Secondary complete or higher	49.4	42.2	2.3	0.2	26.5	0.3	4.6	0.9	7.5	7.2	0.0	50.6	100.0	604
Asset quintile														
Lowest	64.0	55.3	5.0	1.1	24.5	0.6	21.2	1.6	1.3	8.2	0.5	36.0	100.0	1,159
Second	59.4	50.0	5.2	0.4	25.3	0.9	15.7	1.1	1.6	9.0	0.4	40.6	100.0	1,189
Middle	58.2	47.2	4.2	0.3	24.4	0.9	14.2	0.9	2.2	10.9	0.1	41.8	100.0	1,276
Fourth	56.1	47.1	4.8	0.5	25.4	0.7	10.7	1.1	3.9	8.9	0.2	43.9	100.0	1,323
Highest	43.1	36.2	4.2	0.0	21.2	0.3	4.9	0.5	5.0	6.9	0.1	56.9	100.0	1,341

Husband's place of living														
With respondent†	67.2	56.3	5.5	0.5	29.1	0.8	15.8	1.2	3.3	10.6	0.3	32.8	100.0	5,105
Elsewhere but visited her 0-5 months ago	20.0	18.1	1.8	0.0	7.3	0.0	3.9	0.6	4.5	1.9	0.0	80.0	100.0	361
Elsewhere but visited her 6-11 months ago	1.7	1.1	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.0	98.3	100.0	186
Elsewhere but visited her 12+ months ago	1.2	1.2	0.6	0.0	0.6	0.0	0.0	0.0	0.0	0.0	0.0	98.8	100.0	638
Watching television:														
Don't watch	56.9	46.9	4.3	0.5	22.0	0.7	16.3	1.1	2.0	9.7	0.3	43.1	100.0	3,491
Watch but not everyday	59.1	51.1	6.5	0.8	27.0	1.2	11.8	1.2	2.6	7.9	0.2	40.9	100.0	896
Watch almost everyday	52.2	44.8	4.5	0.1	26.6	0.4	7.7	0.8	4.6	7.3	0.2	47.8	100.0	1,902
Total	**55.8**	**46.9**	**4.7**	**0.4**	**24.1**	**0.7**	**13.1**	**1.0**	**2.9**	**8.8**	**0.2**	**44.2**	**100.0**	**6,290**

Notes: If more than one method is used only the most effective method is considered in the tabulation.
*Primary complete is defined as completing grade 5.
† Husband of the woman living elsewhere since less than one month are defined as "living elsewhere but last visited 0-5 months ago".

9. Pregnancy and Newborn Care

This chapter presents findings on maternal health and newborn care including antenatal care (ANC), place of delivery, assistance at delivery, postnatal care, and essential newborn care. The findings are based on data obtained from women of age 15-49 who had a live birth in the three years preceding the survey. For women who had two or more live births during the three-year period, data refer to the most recent birth. Table 9.1 provides a summary of selected indicators.

Table 9.1. Pregnancy and Newborn Care

Selected indicators on pregnancy and newborn care, by area, MIH baseline survey 2013-2014

	Intervention Area			Comparison Area		
Indicators	**BRAC**	**CPS**	**MIH**	**BRAC**	**CPS**	**MIH**
For the most recent pregnancy of MWRA who had live birth(s) in last three years preceding the survey, percent:						
receiving 4+ ANC from any provider	17.2	23.8	20.3	11.9	22.4	17.0
receiving at least one ANC from medically trained provider (MTP)	62.9	55.8	59.6	53.8	56.9	55.3
delivered at facility	30.6	27.5	29.2	25.9	25.5	25.7
delivered at home	69.4	72.5	70.8	74.1	74.5	74.3
receiving assistance from MTP at delivery	6.7	5.1	5.9	6.0	7.8	6.9
delivered at home and were assisted through safe delivery kit	10.6	14.5	12.4	7.4	10.6	8.9
For the most recent live birth that was delivered at home in the three year preceding the survey by percent of newborns:						
whose umbilical cord was cut by instrument (i.e., blade from delivery kit)	11.2	16.0	13.5	7.4	10.3	8.8
for whom nothing was applied to the umbilical cord after it was cut and tied	45.1	47.6	46.2	44.5	48.5	46.4
who were dried within 0-4 minutes of birth	61.4	63.7	62.5	55.6	68.0	61.6
who were wrapped within 0-4 minutes of birth	24.3	51.5	37.1	23.2	42.3	32.4
who had delayed bathing (bathed 72+ hours after delivery)	38.0	32.6	35.5	34.8	30.2	32.6
who were immediately breastfeeding (within 1 hour of birth)	44.2	48.0	46.0	47.9	45.8	46.9
who received all the essential newborn care practice (shown in the six rows above)	1.4	3.6	2.4	0.8	2.6	1.7

9.1. Antenatal Care

9.1.1. Antenatal care coverage and the number of ANC visits

Table 9.2 shows ANC (at least one visit or [ANC 1+]) coverage and differentials of ANC coverage. About 60% women in the MIH intervention areas and 55% in the MIH comparison areas

received antenatal care at least once from a medically trained service provider (MTP). In the intervention domains, BRAC areas had higher ANC coverage than CPS areas (63% vs. 56%), but the reverse is true for the comparison domains as CPS comparison areas had an ANC coverage of 57% compared to 54% in BRAC comparison areas.

Table 9.2. Antenatal Care (at Least One Visit) from Medically Trained Provider

Percent of MWRA who had live birth(s) in last three years preceding the survey and received at least one ANC visit from medically trained providers* *for their most* recent pregnancy, by area, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Percent						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of women:												
15-19	67.0	55.5	62.0	68.7	60.1	64.3	165	126	291	145	153	298
20-29	65.1	57.3	61.4	54.4	58.4	56.3	615	552	1,167	679	601	1,280
30-39	56.1	52.6	54.5	46.1	53.1	49.7	220	186	406	181	196	377
40-49	42.0	40.0	41.3	15.0	22.2	17.8	24	14	38	29	18	47
Number of children ever born:												
1-2	70.9	63.5	67.6	63.5	62.9	63.2	623	507	1,130	597	566	1,163
3+	50.5	45.3	48.0	40.7	48.5	44.4	401	373	774	437	402	839
Education of women:												
No education	27.8	36.3	32.7	18.5	27.3	22.6	129	172	301	181	161	342
Primary incomplete	46.6	44.4	45.3	30.7	39.5	35.1	153	204	357	194	190	384
Primary complete†	57.0	46.2	51.7	44.2	51.2	47.5	133	130	263	136	123	259
Secondary incomplete	71.4	69.2	70.6	74.8	71.1	73.0	475	288	763	417	381	798
Secondary complete or higher	91.1	91.1	91.1	86.6	86.7	86.7	134	86	220	106	113	219
Asset quintile:												
Lowest	30.8	35.0	33.2	25.6	34.3	30.1	154	203	357	211	227	438
Second	48.0	48.0	48.0	35.0	44.5	39.3	170	205	375	224	189	413
Middle	53.7	52.5	53.2	47.4	57.3	52.7	206	161	367	172	199	371
Fourth	74.6	63.9	70.7	72.8	70.0	71.4	232	133	365	202	193	395
Highest	88.5	85.5	87.3	86.9	87.5	87.1	262	177	439	225	160	385
Watching television:												
Don't watch	44.5	44.6	44.6	33.2	45.5	39.5	445	468	913	548	581	1,129
Watch but not everyday	69.8	59.4	65.4	69.1	63.0	66.5	179	129	308	156	119	275
Watch almost everyday	80.4	72.6	77.2	81.0	78.8	80.0	400	283	683	330	269	599
Total	**62.9**	**55.8**	**59.6**	**53.8**	**56.9**	**55.3**	**1,024**	**879**	**1,903**	**1,034**	**969**	**2,003**

Notes: CPS=CWFD, PSTC, and Shimantik.
*Medically trained providers include qualified doctor, nurse, midwife, paramedic, FWV, CSBA, and MA/SACMO.
†Primary complete is defined as completing grade 5.

The coverage of ANC 4+ was 20% in MIH intervention areas compared to 17% in the MIH comparison areas (table 9.3). The pattern of differences of ANC 4+ between BRAC and CPS areas is different from that of ANC (1+) coverage. The ANC 1+ was higher in BRAC intervention

areas than CPS intervention areas (63% vs. 56%) but ANC 4+ coverage was lower in the former (17%) than the latter (24%). Both ANC 1+ and ANC 4+ were higher in the CPS comparison areas than BRAC comparison areas; especially ANC 4+ was almost double in the former areas than the latter areas (22% vs. 12%).

Table 9.3. Antenatal care (4 or more visits [ANC 4+])

Percent and number of MWRA who had live birth(s) in last three years preceding the survey received 4+ ANC during most recent pregnancy, by area, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Percent						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of women:												
15-19	16.9	24.4	20.1	11.9	18.3	15.2	165	126	291	145	153	298
20-29	16.5	25.0	20.5	14.2	26.3	19.9	615	552	1,167	679	601	1,280
30-39	20.0	20.5	20.2	3.6	15.8	9.9	220	186	406	181	196	377
40-49	12.6	13.3	12.9	9.3	0.0	0.2	24	14	38	29	18	47
Number of children ever born:												
1-2	19.5	28.3	23.4	14.8	26.5	20.5	623	507	1,130	597	566	1,163
3+	13.7	17.7	15.6	7.9	16.7	12.1	401	373	774	437	402	839
Education of women:												
No education	5.4	14.1	10.4	3.3	6.8	4.9	129	172	301	181	161	342
Primary incomplete	16.4	15.5	15.9	6.4	7.4	6.9	153	204	357	194	190	384
Primary complete*	15.2	24.4	19.7	3.7	15.5	9.3	133	130	263	136	123	259
Secondary incomplete	15.5	28.7	20.5	16.1	30.2	22.8	475	288	763	417	381	798
Secondary complete or higher	37.7	45.3	40.7	30.4	51.2	41.1	134	86	220	106	113	219
Asset quintile:												
Lowest	4.4	10.4	7.8	5.8	11.0	8.5	154	203	357	211	227	438
Second	13.1	18.2	15.9	6.0	14.3	9.8	170	205	375	224	189	413
Middle	12.1	23.1	16.9	10.1	17.1	13.9	206	161	367	172	199	371
Fourth	17.7	24.1	20.0	6.6	26.5	16.3	232	133	365	202	193	395
Highest	31.1	45.9	37.1	29.5	50.0	38.0	262	177	439	225	160	385
Watching television:												
Don't watch	9.4	14.2	11.9	5.3	16.5	11.1	445	468	913	548	581	1,129
Watch but not everyday	19.2	25.6	21.9	14.6	19.3	16.6	179	129	308	156	119	275
Watch everyday	25.1	38.8	30.8	21.5	36.4	28.2	400	283	683	330	269	599
Total	**17.2**	**23.8**	**20.3**	**11.9**	**22.4**	**17.0**	**1,024**	**879**	**1,903**	**1,034**	**969**	**2,003**

Notes: CPS=CWFD, PSTC, and Shimantik.
* Primary complete is defined as completing grade 5.

There are marked variations of both ANC 1+ and ANC 4+ over background characteristics as seen in tables 9.2 and 9.3, and the variations are similar to those reported in other studies. Also, the variations by and large are similar for different area-categories. The likelihood of receiving ANC (ANC 1+ or ANC 4+) from a medically trained provider declines rapidly with increasing age and birth order but it increases substantially with mother's education level, with asset quintile, with ownership of mobile phone, and with TV watching.

Table 9.4 shows the number of ANC visits by area. On average, a pregnant woman received three ANC visits, almost equally in the intervention and comparison domains (median number of visits 3.0 and 2.9, respectively). Median number of visits was slightly higher in the CPS areas than BRAC areas, both in intervention and comparison domains. This higher number of ANC visits in the CPS than BRAC areas is also reflected in the results of table 9.3, where it is found that the proportion women receiving ANC 4+ was higher in the CPS areas than BRAC areas.

Table 9.4. Number of Antenatal Care Visits

Percent distribution of women age 15-49 who had live birth(s) in the three years preceding the survey by number of antenatal care visits for the most recent pregnancy, by area, MIH baseline survey 2013-2014

	Intervention Area			Comparison Area		
Number ANC Visits	**BRAC**	**CPS**	**MIH**	**BRAC**	**CPS**	**MIH**
None	28.6	33.1	30.7	40.1	34.2	37.3
1	18.9	13.2	16.3	16.8	12.6	14.7
2	20.8	12.7	17.0	18.1	15.2	16.7
3	14.4	16.9	15.6	13.1	15.3	14.2
4+	17.2	23.8	20.3	11.9	22.4	17.0
Don't know	0.0	0.3	0.2	0.0	0.3	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Median number of visits (for those with ANC and can recall number of ANC they received)	2.8	3.3	3.0	2.5	3.2	2.9
Number of women	**1,024**	**879**	**1,903**	**1,034**	**969**	**2,003**

Note: CPS=CWFD, PSTC, and Shimantik.

9.1.2. Type of Antenatal Care Providers

Women were asked to report on all persons from whom they sought antenatal care for their most recent pregnancy that ended in a live birth in the three years preceding the survey. If a woman sought care from more than one provider, only the provider with highest qualification was considered in the tabulation for antenatal care service provider. About 73% of women received care from a doctor, 13% from a nurse, midwife, or paramedic, another 12% from an FWV (table 9.5). The provider distributions are almost similar between the intervention and comparison domains. However, there are some trivial variations of provider distribution between BRAC and CPS areas. Figure 9.1 shows number of ANC visits by area.

Table 9.5. Types of Service Providers for Antenatal Care

Percent of women age 15-49 who had live birth(s) in the three years preceding the survey received ANC care for the most recent birth, by type of provider for antenatal care, by area, MIH baseline survey 2013-2014

	Intervention area			Comparison area		
Service Provider	**BRAC**	**CPS**	**MIH**	**BRAC**	**CPS**	**MIH**
Doctor	76.2	68.7	72.8	75.7	70.9	73.3
Nurse/midwife/paramedic	14.5	10.8	12.8	17.2	8.2	12.6
FWV	10.2	13.3	11.6	12.2	15.4	13.8
CSBA	0.0	0.8	0.4	0.2	0.6	0.4
MA/SACMO	0.1	0.5	0.2	0.0	0.3	0.2
Others*	20.0	26.9	23.1	16.8	24.2	20.5
Number of women who received ANC	**731**	**588**	**1,319**	**619**	**637**	**1,256**

Notes: CPS=CWFD, PSTC, and Shimantik.
*Other includes HA, FWA, Blue Star provider, TTBA, UTTBA, untrained doctor, health worker, and NGO worker.

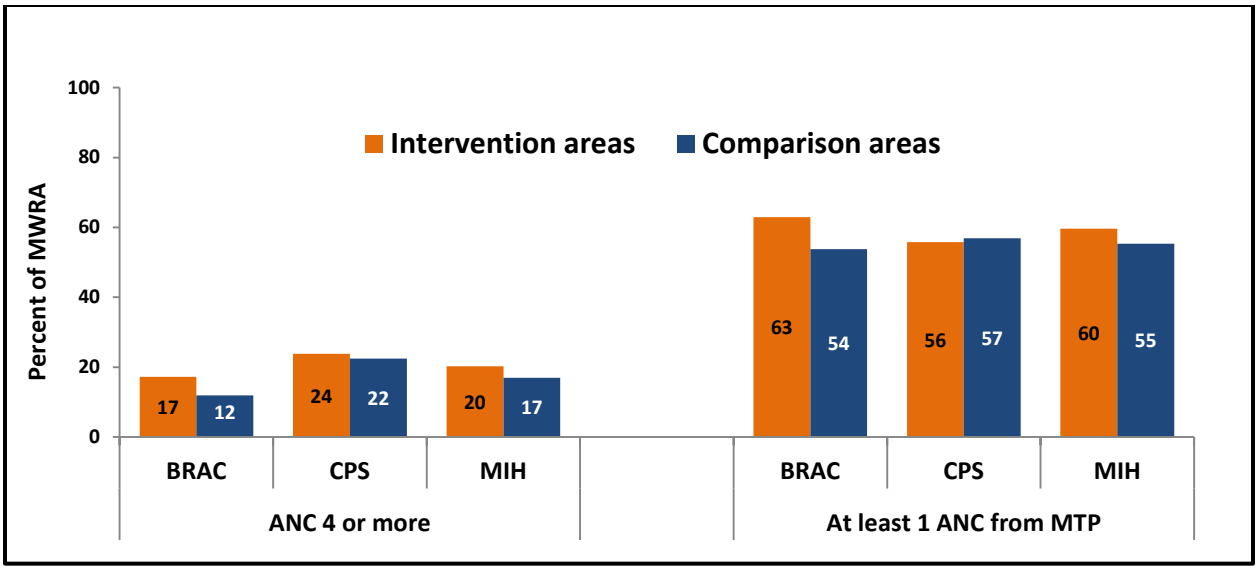

Figure 9.1. Percent of MWRA by number of ANC visits during pregnancy related to their most recent birth in three years preceding the survey, by area, MIH baseline survey 2013-2014

9.2. Delivery Care

Proper medical attention and hygiene conditions during delivery can reduce the risk of infection and facilitate management of complications that can cause death or serious illness for both mother and newborn. In this section, two topics related to delivery are discussed — place of delivery and type of assistance during delivery.

9.2.1. Place of Delivery

Figure 9.2 presents the distribution of live births, by place of delivery of the birth that occurred in the three years preceding the survey in the MIH intervention and comparison areas. About 29% of births in MIH intervention areas and 26% in MIH comparison areas took place in facilities. Facility delivery was slightly higher in BRAC intervention areas (31%) than CPS intervention areas (28%) while there was no difference of facility delivery between areas in the comparison domains.

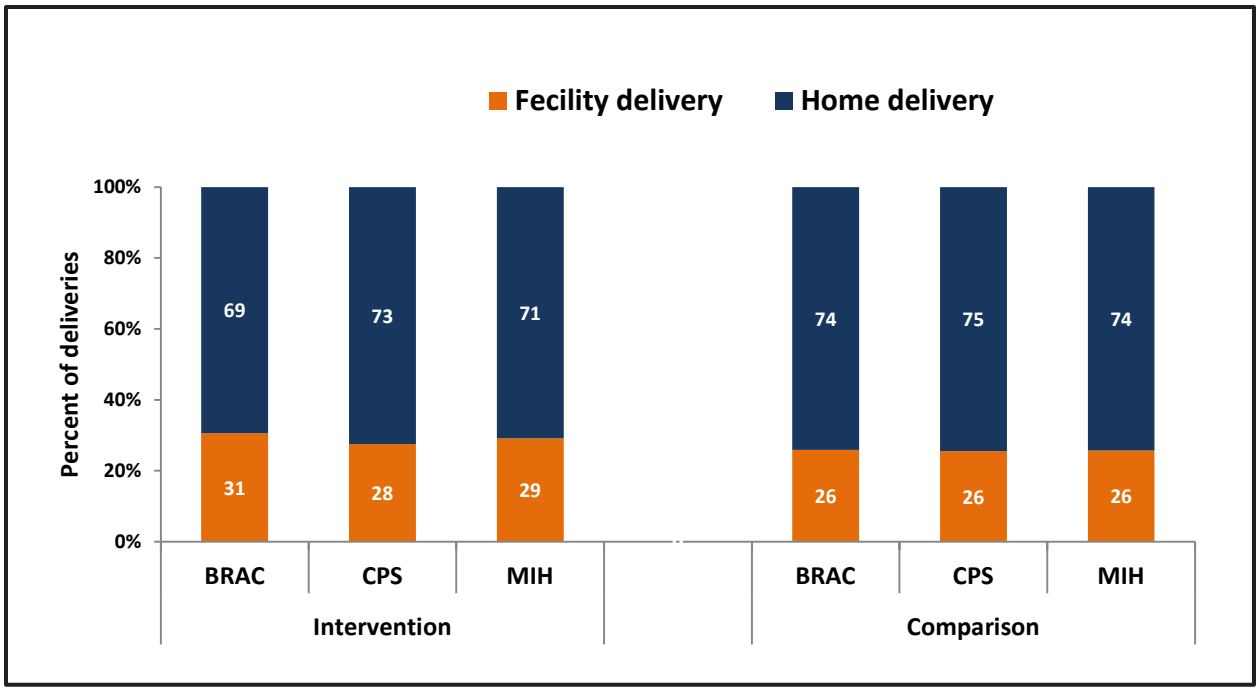

Figure 9.2. Percent of deliveries by place of delivery for the most recent birth in last three years, MIH baseline survey 2013-2014.

Table 9.6 presents results on the differentials of facility delivery, by area. The pattern of differentials by background characteristics is similar to that of ANC 1+ and ANC 4+ (shown in tables 9.2 and 9.3), except for women's age. There is no definitive variation of facility delivery with women's age but ANC is negatively associated with women's age. There is positive association of ANC with education, household quintile, and other factors. Facility delivery is also positively associated with education, asset quintile, and other factors.

Table 9.6. Facility Delivery

Percent and number of MWRA who had live birth(s) in last three years preceding the survey delivered last time in facility, by area, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Percent						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of women:												
15-19	28.3	21.1	25.2	31.6	23.5	27.4	165	126	291	145	153	298
20-24	29.8	27.2	28.7	23.6	25.4	24.5	376	292	668	397	346	743
25-29	24.2	25.3	24.8	22.4	21.9	22.2	239	260	499	282	255	537
30-34	26.6	26.8	26.7	16.5	24.3	20.9	162	137	299	126	160	286
35-39	23.6	13.7	19.1	27.5	13.9	22.1	58	49	107	55	36	91
40-44	22.0	28.6	24.4	11.5	25.0	16.1	23	13	36	23	12	35
45-49	0.0	0.0	0.0	0.0	0.0	0.0	1	1	2	6	6	12
Number of children ever born:												
1-2	33.2	31.3	32.4	27.5	29.5	28.5	623	507	1,129	597	566	1,163
3+	17.9	16.2	17.1	17.7	14.9	16.3	401	373	774	437	402	839
Education of women:												
No education	5.4	10.7	8.4	5.1	8.7	6.8	129	172	300	181	161	342
Primary incomplete	14.3	15.9	15.2	9.6	10.0	9.8	153	204	357	194	190	384
Primary complete*	24.3	19.3	21.8	20.2	18.7	19.5	133	130	263	136	123	259
Secondary incomplete	31.4	31.8	31.6	31.5	29.6	30.6	475	288	763	417	381	798
Secondary complete or higher	50.9	59.8	54.4	51.6	51.2	51.4	134	86	220	106	113	219
Asset quintile:												
Lowest	7.0	10.8	9.2	9.0	7.5	8.2	154	203	357	211	227	438
Second	16.7	15.2	15.9	13.2	13.2	13.2	170	205	375	224	189	413
Middle	16.6	17.2	16.8	13.9	17.6	15.9	206	161	367	172	199	371
Fourth	32.5	36.4	33.9	29.6	25.9	27.8	232	133	365	202	193	396
Highest	49.6	50.7	50.0	48.5	62.4	54.3	262	177	439	225	160	385
Watching television:												
Don't watch	15.7	15.8	15.7	10.1	14.8	12.5	445	468	913	548	581	1,129
Watch but not everyday	26.5	24.1	25.5	32.9	26.9	30.3	179	129	307	156	119	275
Watch almost everyday	40.3	40.3	40.3	40.8	40.5	40.7	400	283	683	330	269	599
Total	**27.2**	**24.9**	**26.1**	**23.3**	**23.4**	**23.4**	**1,024**	**879**	**1,903**	**1,034**	**969**	**2,003**

Notes: CPS=CWFD, PSTC, and Shimantik.
* Primary complete is defined as completing grade 5.

9.2.2. Assistance during Delivery

Table 9.7 shows the percent distribution of most recent live births that took place at home in the three years preceding the survey by type of provider who assisted during delivery. If the delivery was assisted by more than one provider, only the most qualified provider is considered here. Only 6% to 7% of home deliveries were attended by medically trained providers, almost equally in the categories of areas considered.

Table 9.7. Assistance during Delivery

Percent distribution of most recent live births that took place at home in the three years preceding the survey by type of provider who assisted during delivery, by area, MIH baseline survey 2013-2014

	InterventionArea			Comparison Area		
Service Provider	**BRAC**	**CPS**	**MIH**	**BRAC**	**CPS**	**MIH**
Doctor	0.8	0.9	0.8	0.7	2.8	1.7
Nurse/midwife/paramedic	5.1	3.8	4.5	4.7	4.3	4.5
FWV	0.7	0.1	0.4	0.3	0.4	0.3
CSBA	0.1	0.3	0.2	0.3	0.3	0.3
All medically trained providers	6.7	5.1	5.9	6.0	7.8	6.9
Unqualified/traditional	93.3	94.9	94.1	94.0	92.2	93.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number	**743**	**658**	**1402**	**792**	**739**	**1,530**

9.2.3. Use of Safe Delivery Kit

As we find above, delivery of about three in four births took place at home (figure 9.2). Such deliveries are likely to be under unhygienic conditions, a major factor contributing to neonatal and maternal infections. A large number of babies and mothers continue to die due to bacterial infections transmitted during unclean deliveries. SMC produced a safe delivery kit consisting of six essential elements — soap, plastic sheet, cotton, thread, clip to tie the cord, and cord cutting blade. The MIH baseline survey collected information on the use of safe delivery kit.

The safe delivery kit was used among 12% and 9% of births delivered at home in the MIH intervention and comparison areas, respectively (table 9.8). The use of the kit was slightly higher in CPS than BRAC areas, both in intervention and comparison domains. The pattern of differentials of kit use is similar to that of ANC 1+ or ANC 4+ that the use of the kit was higher among younger than older women, smaller families than larger families, educated than less educated women, and higher quintile than lower quintile.

Table 9.8. Use of Safe Delivery Kit

Percent of MWRA who had live birth(s) in last three years preceding the survey delivered last time in home and were assisted through safe delivery kit, by area, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Percent						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of women:												
15-19	13.7	15.9	14.7	7.5	9.3	8.5	117	100	217	99	117	216
20-24	11.1	15.4	13.0	9.7	13.2	11.3	264	213	476	302	258	560
25-29	8.8	12.3	10.6	6.5	9.1	7.8	180	194	374	219	197	416
30-34	14.6	13.3	14.0	5.7	8.3	7.1	119	101	219	105	120	226
35-49	0.0	18.9	8.5	2.3	10.9	5.8	63	52	115	66	46	112
Number of children ever born:												
1-2	11.5	16.5	13.8	8.2	11.1	9.6	414	346	760	432	397	829
3+	9.5	12.3	10.9	6.4	10.0	8.1	330	312	642	360	341	701
Education of women:												
No education	0.9	7.5	4.6	1.6	6.9	4.1	122	153	275	172	145	317
Primary incomplete	6.1	11.9	9.4	2.6	9.4	5.9	131	171	302	176	171	347
Primary complete*	10.0	20.3	15.3	7.0	8.0	7.5	101	105	206	109	100	209
Secondary incomplete	12.1	17.3	14.0	12.2	12.3	12.2	325	196	521	285	267	552
Secondary complete or higher	31.2	26.3	29.5	17.2	20.0	18.6	65	33	98	51	55	106
Asset quintile:												
Lowest	4.2	10.0	7.5	1.6	7.1	4.5	144	181	324	192	210	402
Second	7.1	10.2	8.8	5.4	7.9	6.6	140	174	314	194	163	357
Middle	7.1	18.7	12.2	9.2	14.1	11.8	172	133	304	148	163	311
Fourth	9.1	19.5	12.8	11.2	13.4	12.3	156	85	240	142	142	285
Highest	27.3	21.3	24.9	13.3	13.3	13.3	132	87	219	115	60	175
Watching television:												
Don't watch	5.9	12.2	9.1	5.0	9.5	7.3	373	393	766	493	494	986
Watch but not everyday	10.3	16.2	12.8	5.7	9.3	7.3	131	98	229	105	86	191
Watch almost everyday	18.0	19.0	18.4	14.4	14.4	14.4	239	168	406	194	159	353
Total	**10.6**	**14.5**	**12.4**	**7.4**	**10.6**	**8.9**	**743**	**658**	**1,402**	**792**	**739**	**1,530**

Notes: CPS=CWFD, PSTC, and Shimantik.

* Primary complete is defined as completing grade 5.

9.3. Newborn Care

Newborn primary care is a comprehensive strategy designed to improve the health of newborns through focusing on the (a) use of clean instruments to cut the umbilical cord, (b) cord care, (c) timing of wrapping the baby, (d) timing of bathing the baby, and (e) timing of breastfeeding. Women who gave birth in the past three years, but deliveries took place outside of health facilities, were asked about newborn care practices, including cord cutting, drying, and wrapping, and bathing of the newborn following birth.

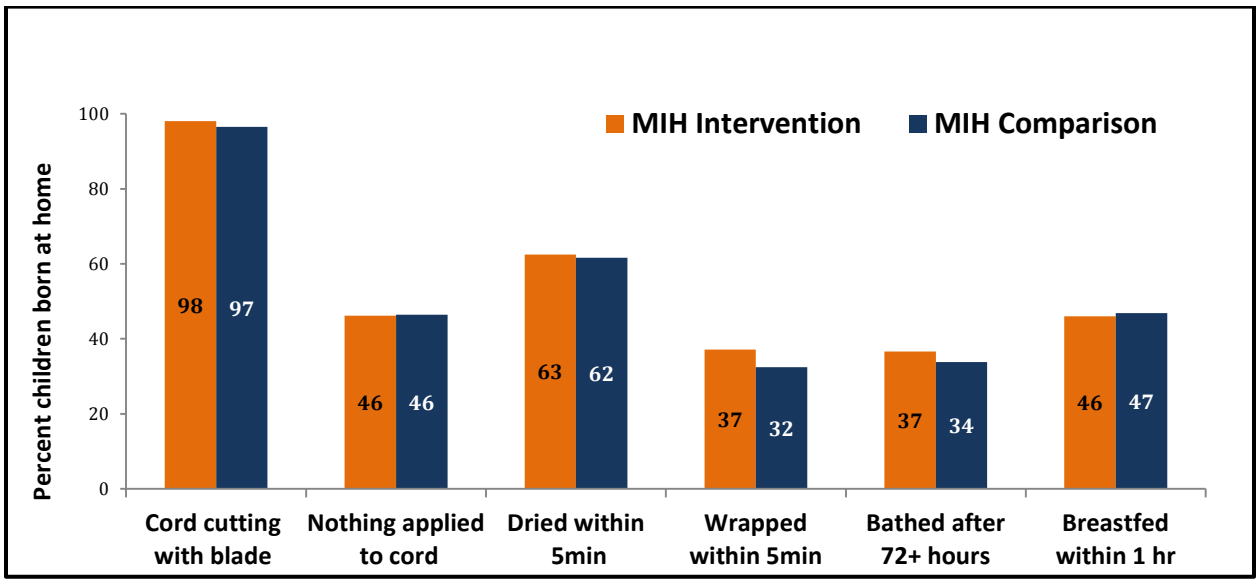

Figure 9.3. Percent of newborns receiving different components of essential newborn care, by area, MIH baseline survey 2013-2014.

9.3.1. Care of Umbilical Cord

Care of the umbilical cord focuses on the use of a boiled/sterilized instrument to cut the umbilical cord and application of no materials on the cord immediately after cutting it, which are the recommended practices.

Table 9.9 shows that the blade from the delivery kit was used for 14% in the MIH intervention areas and for 9% in the MIH comparison areas. The use of blade from the kit was relatively higher in CPS than BRAC areas, both in intervention and comparison domains.

In almost half of cases, some materials are applied to the cord after cutting, and among the rest nothing was applied to the cord. This pattern is similar in the four categories areas considered.

Table 9.9. Newborn Care

Percent distribution of most recent live births that were delivered at home in the three year preceding the survey by type of instrument use to cut the umbilical cord, timing of drying the baby, timing of wrapping, timing of bathing and timing of breastfeeding after birth, by area, MIH baseline survey 2013-2014

	Intervention area			Comparison area		
Essential Newborn Care	**BRAC**	**CPS**	**MIH**	**BRAC**	**CPS**	**MIH**
Umbilical cord cutting instrument						
Blade from delivery kit	11.2	16.0	13.5	7.4	10.3	8.8
Blade from other sources	86.9	81.8	84.5	88.9	86.5	87.7
Others	0.5	0.3	0.4	2.4	1.2	1.8
Don't know	1.4	2.0	1.6	1.3	2.0	1.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Applied anything to cord:						
Yes	48.6	48.5	48.5	51.0	46.1	48.6
No	45.1	47.6	46.2	44.5	48.5	46.4
Don't know	6.4	3.9	5.2	4.5	5.4	5.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Timing of drying after delivery						
0-4 minutes	61.4	63.7	62.5	55.6	68.0	61.6
5-9 minutes	30.4	21.2	26.1	37.3	18.7	28.3
10+ minutes	6.0	11.8	8.7	5.2	9.8	7.4
Not dried	0.8	1.5	1.1	0.9	1.4	1.1
Don't know/missing	1.3	1.9	1.6	1.1	2.2	1.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Timing of wrapping after delivery						
0-4 minutes	24.3	51.5	37.1	23.2	42.3	32.4
5-9 minutes	55.3	27.8	42.4	57.1	35.5	46.7
10+ minutes	18.5	18.5	18.5	17.6	17.5	17.5
Not dried	0.5	0.9	0.7	1.0	0.7	0.8
Don't know/missing	1.3	1.3	1.3	1.2	4.1	2.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Timing of first bath after delivery						
0-5 hours	26.8	38.4	32.2	31.7	40.9	36.2
6-11 hours	4.9	4.4	4.7	5.0	3.4	4.2
12-23 hours	1.8	1.7	1.8	2.5	1.8	2.1
24-71 hours	26.5	22.1	24.4	24.5	22.2	23.4
72+ hours	38.0	32.6	35.5	34.8	30.2	32.6
Baby not bathed	1.3	0.9	1.1	1.4	0.9	1.2
Don't know/missing	0.7	0.0	0.4	0.2	0.5	0.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Timing of breastfeeding						
Breastfed within 1 hour of birth	44.2	48.0	46.0	47.9	45.8	46.9
Breastfed after 1 hour and within 1 day of birth	50.9	46.3	48.7	49.0	49.3	49.2
Breastfed after 1 day	3.2	4.0	3.6	1.5	3.4	2.4
Never breastfed	1.6	1.7	1.7	1.6	1.5	1.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number of births	**743**	**658**	**1,402**	**792**	**739**	**1,530**

Note: CPS=CWFD, PSTC, and Shimantik.

9.3.2. Drying, Wrapping, and Bathing after Delivery

Table 9.9 shows that in both the MIH intervention and comparison domains about 62% of the newborns were dried within the recommended four minutes of birth. CPS areas seem to have relatively higher practice of drying the baby within the recommended time period than the

BRAC areas, especially in the comparison domain. Only 37% of babies in the MIH Intervention domain and 32% in MIH comparison domain were wrapped within four minutes of delivery. The practice of immediate wrapping was considerably higher in the CPS areas than BRAC areas both in the intervention (52% vs. 24%) and comparison (42% vs. 23%) domains.

About 36% of newborns in MIH intervention domain and 33% in MIH comparison domain were bathed at 72 hours or after delivery, the recommended time of bathing (Table 9.8). There is a tendency of relatively higher practice of delayed bathing in BRAC areas than CPS areas, both in the intervention and comparison domains.

9.3.3. Initiation of breastfeeding

Just less than half of newborns were breastfed within one hour of birth (46% in MIH intervention areas 47% in MIH comparison areas, table 9.9). Such a practice was almost similar in the four area-groups that are considered.

9.3.4. Essential Newborn Care

According to the National Neonatal Health Strategy and Guidelines for Bangladesh, a set of essential newborn care practices are recommended: The use of a boiled instrument to cut the cord, applying nothing to the cord, immediate (before five minutes) drying and wrapping of the newborn, delaying bathing to 72 hours after birth, and initiation of breastfeeding within one hour of delivery (Ministry of Health and Social Welfare, 2009). To assess the extent to which newborn care practices have been followed, Table 9.10 shows the percentage of non-institutional last live births in the three years preceding the survey by each of the essential newborn care practices and the percentage that receives all of the essential newborn care practices. All of the components of essential newborn practices are presented in Table 9.10. Only 2.4% of newborns receive all essential newborn care practices in MIH intervention areas (BRAC, 1.4% and CPS, 3.6%).

Table 9.10. Essential Newborn Care

Percent distribution of home births that were women's most recent birth in the three year preceding the survey by type of instrument use to cut the umbilical cord, timing of drying, timing of wrapping, timing of bathing and timing of breastfeeding after birth, by area, MIH baseline survey 2013-2014

	Intervention Area			Comparison Area		
Essential Newborn Care Indicators	**BRAC**	**CPS**	**MIH**	**BRAC**	**CPS**	**MIH**
Blade was used to cut umbilical cord*	98.1	97.8	98.0	96.3	96.8	96.5
Nothing was applied to cord after cut	45.1	47.6	46.2	44.5	48.5	46.4
Dried within 5 minutes of birth	61.4	63.7	62.5	55.6	68.0	61.6
Wrapped within 5 minutes of birth	24.3	51.5	37.1	23.2	42.3	32.4
Bathed after 72 hours of birth†	39.3	33.5	36.6	36.2	31.1	33.8
Breastfed within 1 hour of birth	44.2	48.0	46.0	47.9	45.8	46.9
Newborn received each of the above cares	1.4	3.6	2.4	0.8	2.6	1.7
Number of births	**743**	**658**	**1,402**	**792**	**739**	**1,530**

Notes: CPS=CWFD, PSTC, and Shimantik.
*Blade from delivery kit or any other sources. Whether blade from other sources were sterilised was not probed.
† Newborns who were bathed after 72 hours or not bathed are included in this group.

10. Child Health

This chapter represents findings on various issues related to child health including knowledge and use of micronutrient powder and use of zinc with ORS for diarrhea management. This information can be used to identify variation among MIH intervention and comparison areas.

In the MIH baseline survey 2013-2014, MWRA with under-five children were asked if they are aware of the availability of MNP[1] and if they were aware of at least two benefits[2] of giving MNP to 6-59 month old children.

Table 10.1. Knowledge on and Practice of Child Healthcare, by Area, MIH Baseline Survey 2013-2014

	Intervention Area			Comparison Area		
Child Healthcare Indicators	**BRAC**	**CPS**	**MIH**	**BRAC**	**CPS**	**MIH**
Percent of MWRA who have 0-59 months old children and know about Micronutrient Powder (MNP)	21.5	15.6	18.8	16.7	14.1	15.5
Percent of MWRA who have 0-59 months old children and are aware of at least two benefits of giving MNP	9.2	7.6	8.5	7.5	5.3	6.5
Percent of 6-59 months children who were given MNP in last six months	3.6	3.1	3.3	1.7	2.0	2.3
Percent of MWRA who have 0-59 months old children and are aware of using zinc with ORS as an adjunct therapy to treat diarrhea	64.8	45.6	56.0	58.3	44.3	51.7
Percent of MWRA who have under-five children and are aware of the benefit of using zinc with ORS as an adjunct therapy to treat diarrhea	64.4	45.3	55.7	57.6	43.4	50.9

10.1. Knowledge and Use of Micronutrient Powder

Micronutrient deficiency is a major contributor to childhood malnutrition and morbidity and thus mortality. Children can receive micronutrients from foods, fortified food, and direct supplementation. A product, micronutrient powder (MNP), is marketed by various agencies in different brands—Monimix, Pustikona, and Mymix. The MIH implementation partners make an effort to increase availability of micronutrient products at an affordable price for improving the nutritional status of children, especially among low income populations.

10.1.1. Knowledge of Micronutrient Powder

About 19% women in intervention and 16% in comparison areas reported that they know about MNP. In general, the likelihood of being knowledgeable about micronutrient supplements increases with women's education, with asset quintile, and with women's TV

[1] Respondents were asked about Monimix, Pustikona and Mymix, marketing names of MNP available in the market during survey.
[2] At least two of the listed benefits: reduces the chance of anemia, improves physical growth, and improves mental growth.

watching. Such associations were quite common in both intervention and comparison areas (tables 10.2a and 10.2b).

Table 10.2a. Knowledge of MNP

Percent and number of MWRA who have any 0-59 months old living children and knew about micronutrient powder (MNP), by area, by background characteristics of the respondents, MIH baseline survey 2013-2014

Background Characteristic	Percent						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of women:												
15-19	19.7	14.3	17.3	12.3	15.1	13.7	179	136	315	157	158	315
20-24	23.6	14.9	19.8	20.5	16.6	18.7	512	404	916	550	451	1,001
25-29	24.2	17.6	21.0	17.2	11.9	14.7	434	399	834	453	395	849
30-34	20.8	17.6	19.3	13.0	16.5	14.8	256	223	479	240	273	513
35-49	10.8	10.1	10.5	12.7	6.6	10.0	156	141	298	177	136	314
Number of children ever born												
1-2	24.8	18.1	21.9	19.7	16.8	18.3	899	715	1,614	871	768	1,639
3+	16.9	12.6	14.8	13.0	11.0	12.1	639	588	1,227	707	646	1,353
Education of women:												
No education	7.3	9.3	8.4	3.1	3.6	3.4	216	278	494	287	277	564
Primary incomplete	12.1	15.7	14.1	11.0	7.4	9.2	230	306	535	283	284	567
Primary complete*	13.0	11.8	12.4	9.2	10.8	10.0	218	195	413	202	176	378
Secondary incomplete	25.1	18.1	22.5	22.5	17.1	20.1	688	408	1,096	636	526	1,162
Secondary complete or higher	46.4	28.2	39.5	36.1	39.9	37.9	187	116	303	171	150	321
Asset quintile:												
Lowest	11.3	11.1	11.2	8.2	6.0	7.1	244	292	536	312	335	647
Second	15.5	12.5	13.9	8.1	7.6	7.9	254	299	553	328	263	591
Middle	16.8	14.5	15.8	12.7	14.6	13.7	306	245	551	300	302	602
Fourth	21.0	16.5	19.3	18.0	18.6	18.3	344	202	546	300	279	579
Highest	36.1	24.4	31.3	35.2	27.3	32.0	390	265	655	338	234	572
Watching television:												
Don't watch	13.4	12.5	13.0	9.0	8.4	8.7	664	698	1,362	846	849	1,695
Watch but not everyday	23.5	13.1	19.2	20.9	20.0	20.5	270	189	459	247	180	427
Watch almost everyday	29.5	22.0	26.5	28.1	24.1	26.3	604	415	1,020	485	385	870
Total	**21.5**	**15.6**	**18.8**	**16.7**	**14.1**	**15.5**	**1,538**	**1,303**	**2,841**	**1,578**	**1,414**	**2,992**

Notes: CPS=CWFD, PSTC, and Shimantik.
Respondents were asked about Monimix, Pustikona and Mymix – Marketing names of MNP which were available in the market during survey.
At least two of the listed benefits - reduces the chance of anemia, improves physical growth and improves mental growth.
*Primary complete is defined as completing grade 5.

The knowledge was higher in BRAC areas than CPS areas of both intervention and comparison domains (table 10.2a). The knowledge about at least two benefits of giving MNP to 6-59 months children was 9% in intervention areas and 7% in comparison areas. BRAC intervention and comparison areas have higher knowledge about MNP and about at least two benefits of MNP (table 10.2b).

Table 10.2b. Knowledge about benefits of MNP

Percent and number of MWRA who have any 0-59 months living children were aware of at least two benefits of giving MNP [m] to 6-59 months children, by area, by background characteristics of the respondents, MIH baseline survey 2013-2014

Background Characteristic	Percent						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of women:												
15-19	9.6	7.2	8.6	4.9	4.4	4.7	179	136	315	157	158	315
20-24	9.1	6.9	8.1	10.4	6.9	8.8	512	404	916	550	451	1,001
25-29	11.5	7.9	9.8	8.3	4.3	6.4	434	399	834	453	395	849
30-34	9.0	10.3	9.6	4.9	6.2	5.6	256	223	479	240	273	513
35-49	3.1	4.7	3.9	2.6	2.2	2.4	156	141	298	177	136	314
Number of children ever born:												
1-2	10.8	8.5	9.7	9.6	6.4	8.1	899	715	1,614	871	768	1,639
3+	7.0	6.5	6.8	5.0	4.0	4.5	639	588	1,227	707	646	1,353
Education of women:												
No education	1.4	3.1	2.4	0.1	0.4	0.2	216	278	494	287	277	564
Primary incomplete	4.3	6.9	5.8	2.6	1.8	2.2	230	306	535	283	284	567
Primary complete*	5.4	4.4	4.9	3.7	3.4	3.6	218	195	413	202	176	378
Secondary incomplete	11.6	9.7	10.9	11.2	5.9	8.8	688	408	1,096	636	526	1,162
Secondary complete or higher	19.7	18.1	19.1	19.0	21.3	20.1	187	116	303	171	150	321
Asset quintile:												
Lowest	2.0	3.3	2.7	1.6	1.8	1.7	244	292	536	312	335	647
Second	5.5	4.5	5.0	2.7	4.6	3.5	254	299	553	328	263	591
Middle	8.1	7.4	7.8	5.4	4.3	4.9	306	245	551	300	302	602
Fourth	8.7	9.5	9.0	6.5	5.4	5.9	344	202	546	300	279	579
Highest	17.4	14.5	16.2	20.6	12.4	17.2	390	265	655	338	234	572
Watching television:												
Don't watch	3.9	4.9	4.4	2.3	3.0	2.6	664	698	1,362	846	849	1,695
Watch but not everyday	12.2	6.1	9.7	7.7	8.9	8.2	270	189	459	247	180	427
Watch almost everyday	13.6	12.7	13.3	16.6	8.8	13.2	604	415	1,020	485	385	870
Total	**9.2**	**7.6**	**8.5**	**7.5**	**5.3**	**6.5**	**1,538**	**1,303**	**2,841**	**1,578**	**1,414**	**2,992**

Notes: CPS=CWFD, PSTC, and Shimantik.
Respondents were asked about Monimix, Pustikona and Mymix – Marketing names of MNP which were available in the market during survey.
At least two of the listed benefits - reduces the chance of anemia, improves physical growth and improves mental growth.
*Primary complete is defined as completing grade 5.

10.1.2. Use of Micronutrient Powder

Only about 3% and 2% of 6-59 month old children were given MNP in the intervention and comparison areas, respectively. MNP use was higher among children of younger than older mothers, younger than older children, and in smaller than larger families measured by number of living children. MNP use was positively associated with women's education, asset quintile, and TV watching. These differentials are true in almost all categories of areas. (table 10.3) Figure 10.1 shows that the levels of knowledge and use of micronutrient powder were similar in MIH intervention and comparison areas.

Table 10.3. Use of MNP

Percent and number of 6-59 months children who were given micronutrient powder (MNP) in last six months, by area, by the background characteristics of their mothers and by the age of the children, MIH baseline survey 2013-2014

Background Characteristic	Percent						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of mother (years):												
15-19	4.8	4.5	4.7	1.2	2.7	1.9	151	126	277	149	149	298
20-24	5.0	3.8	4.5	2.7	2.4	2.6	582	477	1,059	611	547	1,158
25-29	2.8	2.6	2.7	2.1	1.6	1.9	468	469	937	528	436	965
30-34	3.1	2.7	2.9	2.0	3.5	2.8	263	248	511	258	310	568
35-49	0.6	1.3	0.9	0.0	1.4	0.6	164	152	316	191	148	340
Age of children (months):												
6-23	4.7	4.5	4.6	1.8	2.4	2.1	529	508	1,038	534	501	1,036
24-59	3.0	2.3	2.7	2.1	2.3	2.2	1,100	963	2,063	1,203	1,090	2,293
Number of children ever born to mother:												
1-2	5.0	4.5	4.7	2.6	3.4	3.0	897	743	1,640	911	822	1,733
3+	1.9	1.6	1.7	1.4	1.2	1.3	732	728	1,460	827	769	1,595
Education of mother:												
No education	1.6	0.6	1.0	0.0	0.0	0.0	247	321	568	332	318	651
Primary incomplete	0.4	3.2	2.0	1.1	0.9	1.0	262	362	624	313	317	630
Primary complete*	3.1	2.1	2.6	0.3	1.5	0.9	231	225	455	220	195	415
Secondary incomplete	4.4	4.6	4.5	3.5	3.2	3.4	711	452	1,164	696	594	1,290
Secondary complete or higher	8.5	5.2	7.2	3.4	7.2	5.3	178	111	289	176	166	342
Asset quintile of mother:												
Lowest	1.0	1.6	1.4	0.8	1.0	0.9	274	355	630	347	392	740
Second	3.1	2.6	2.9	0.0	1.0	0.5	266	326	592	371	296	667
Middle	1.8	2.0	1.9	3.1	0.6	1.8	333	290	622	312	336	648
Fourth	3.3	4.9	3.9	1.4	3.6	2.4	364	215	579	331	303	634
Highest	7.4	5.0	6.4	4.7	6.4	5.4	392	285	677	376	263	639
Mother's watching television:												
Don't watch	1.6	1.9	1.8	0.9	1.1	1.0	740	805	1,545	954	969	1,923
Watch but not everyday	5.6	2.8	4.3	1.7	2.4	2.0	276	208	484	257	204	461
Watch almost everyday	5.1	5.2	5.1	4.1	5.0	4.5	613	458	1,071	527	418	944
Total	**3.6**	**3.1**	**3.3**	**2.0**	**2.3**	**2.2**	**1,629**	**1,471**	**3,100**	**1,737**	**1,591**	**3,328**

Notes: CPS=CWFD, PSTC, and Shimantik.
Respondents were asked about Monimix, Pustikona and Mymix – Marketing names of MNP which were available in the market during survey.
*Primary complete is defined as completing grade 5.

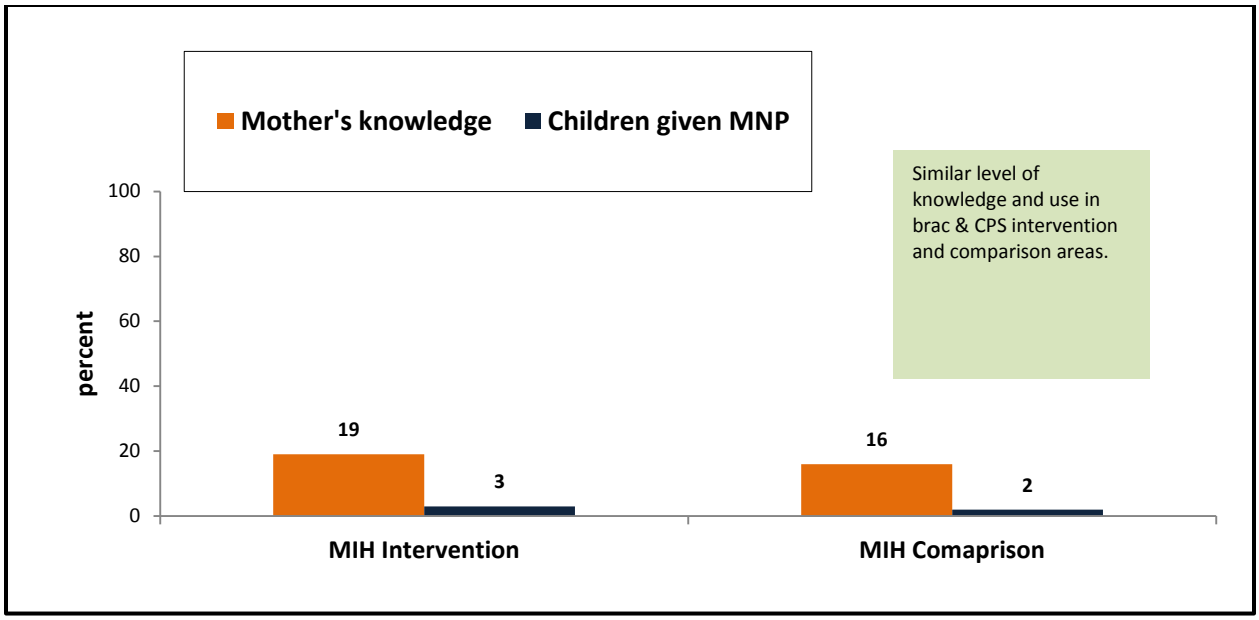

Figure 10.1. Percent of MWRA with under-five children who know about MNP; percent of 6-59 months old children who were given MNP in last six month, MIH baseline survey 2013-2014.

10.2. Childhood Diarrhea

The 2013-2014 MIH survey asked mothers of children less than five years of age if the children had suffered from diarrhea in the two weeks preceding the survey, table 10.4 shows that the two-week diarrhea prevalence was 4.7% and 5.5% in the intervention domain and comparison domain, respectively.

Table 10.4. Prevalence of Diarrhea, MIH, Baseline Survey 2013-2014

	Intervention Area			Comparison Area		
Indicators	**BRAC**	**CPS**	**MIH**	**BRAC**	**CPS**	**MIH**
Number of U5 children	1,829	1,606	3,434	1,918	1,747	3,665
Number of children suffered from diarrhea	84	79	163	99	101	200
Prevalence of diarrhea	-	-	4.75%	-	-	5.46%

10.3. Management of Diarrhea

Dehydration caused by severe diarrhea is a major cause of illness among young children, although the condition can be easily treated with oral rehydration therapy (ORT). During diarrhea, the child is given a solution that can be prepared by mixing water with a commercially prepared packet of ORS—called *khabar* or packet saline, in Bangladesh—or by making a homemade mixture of sugar, salt, and water—called *labon gur*. ORS packets are available through health facilities and at shops and pharmacies, many of which are supplied by SMC.

When taken in addition to ORT, zinc reduces the severity and duration of diarrhoea as well as the likelihood of future episodes of diarrhea among under-five children. If a child was reported to have had diarrhea in the survey, the mother was asked about the knowledge of giving zinc to the child along with ORS as adjunct therapy to treat diarrhea and mother's awareness of the benefits[3] of using zinc with ORS.

10.3.1. Zinc and ORS: Knowledge and Use

Table 10.5a shows that over half of women were aware of using zinc with ORS and similar proportion of women knew about the benefits of using zinc with ORS. The awareness of use and benefits was slightly higher in the intervention (56%) areas than comparison (51%) areas. BRAC areas had higher knowledge than CPS areas in both intervention and comparison domains. However, actual use was low; only one-third (34%) of children with diarrhea were given zinc with ORS, equally in intervention and comparison areas (table 10.6).

The awareness of using zinc with ORS and that of the benefits of zinc therapy were higher among younger than older mothers, in small than large families measured by number of living children. The awareness was positively associated with women's education, asset quintile, and TV watching. These differentials are true in almost all categories of areas.

[3] Aware of benefits is defined as knows that zinc with ORS reduces the risk of repeated diarrhoea or enhances immunity against diarrhoea and related disease or both.

Table 10.5a. Knowledge of Zinc and ORS

Percent and number of MWRA who have under-five living children were aware of using zinc with ORS as an adjunct therapy to treat diarrhea, by area, by background characteristics of the respondents, MIH baseline survey 2013-2014

Background Characteristic	Percent						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of women:												
15-19	63.5	46.1	56.0	57.0	34.2	45.5	179	136	315	157	158	315
20-24	68.3	46.9	58.9	67.1	47.2	58.1	512	404	916	550	451	1,001
25-29	68.1	47.6	58.3	58.0	49.4	54.0	434	399	834	453	395	849
30-34	62.8	47.0	55.5	54.0	45.4	49.4	256	223	479	240	273	513
35-49	48.6	33.8	41.6	39.1	29.4	34.9	156	141	298	177	136	314
Number of children ever born:												
1-2	69.0	47.9	59.7	66.6	49.4	58.5	899	715	1,614	871	768	1,639
3+	58.9	42.8	51.2	48.1	38.3	43.4	639	588	1,227	707	646	1,353
Education of women:												
No education	39.3	33.1	35.8	27.7	21.3	24.6	216	278	494	287	277	564
Primary incomplete	44.7	35.4	39.4	36.2	35.5	35.9	230	306	535	283	284	567
Primary complete*	59.8	44.5	52.6	57.9	42.1	50.5	218	195	413	202	176	378
Secondary incomplete	73.6	55.2	66.7	74.8	52.7	64.8	688	408	1,096	636	526	1,162
Secondary complete & higher	92.1	70.7	83.9	85.6	76.7	81.4	187	116	303	171	150	321
Asset quintile:												
Lowest	42.0	34.1	37.7	33.8	24.2	28.8	244	292	536	312	335	647
Second	54.3	33.7	43.2	47.3	40.7	44.3	254	299	553	328	263	591
Middle	62.3	40.2	52.5	55.5	40.4	47.9	306	245	551	300	302	602
Fourth	69.5	59.9	66.0	72.9	55.6	64.5	344	202	546	300	279	579
Highest	83.6	65.9	76.4	81.2	68.8	76.2	390	265	655	338	234	572
Watching television:												
Don't watch	50.8	35.6	43.0	46.8	35.1	41.0	664	698	1,362	846	849	1,695
Watch but not everyday	70.9	43.1	59.4	65.2	53.9	60.4	270	189	459	247	180	427
Watch almost everyday	77.4	63.6	71.8	74.9	60.0	68.3	604	415	1,020	485	385	870
Total	**64.8**	**45.6**	**56.0**	**58.3**	**44.3**	**51.7**	**1,538**	**1,303**	**2,841**	**1,578**	**1,414**	**2,992**

Notes: CPS=CWFD, PSTC, and Shimantik.
*Primary complete is defined as completing grade 5.

Table 10.5b. Knowledge about the Benefits of Zinc and ORS

Percent and number of MWRA who have under-five living children were aware of the benefits* of using zinc with ORS as an adjunct therapy to treat diarrhea, by area, by background characteristics of the respondents, MIH baseline survey 2013-2014

Background Characteristic	Percent						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of women:												
15-19	63.5	46.1	56.0	57.0	32.9	44.9	179	136	315	157	158	315
20-24	67.5	46.4	58.2	66.2	46.3	57.3	512	404	916	550	451	1,001
25-29	68.1	47.6	58.3	57.9	48.8	53.7	434	399	834	453	395	849
30-34	62.4	46.1	54.8	52.2	44.3	48.0	256	223	479	240	273	513
35-49	48.6	33.8	41.6	37.8	27.9	33.5	156	141	298	177	136	314
Number of children ever born:												
1-2	68.4	47.7	59.2	66.0	48.4	57.8	899	715	1,614	871	768	1,639
3+	58.9	42.5	51.0	47.2	37.3	42.5	639	588	1,227	707	646	1,353
Education of women:												
No education	39.3	33.1	35.8	27.1	20.6	23.9	216	278	494	287	277	564
Primary incomplete	44.7	35.1	39.2	35.4	34.5	34.9	230	306	535	283	284	567
Primary complete†	59.3	44.0	52.1	57.0	42.1	50.0	218	195	413	202	176	378
Secondary incomplete	73.3	54.7	66.4	74.0	52.3	64.2	688	408	1,096	636	526	1,162
Secondary complete or higher	91.0	70.7	83.3	85.0	72.7	79.3	187	116	303	171	150	321
Asset quintile:												
Lowest	42.0	33.8	37.5	32.4	23.0	27.5	244	292	536	312	335	647
Second	53.9	33.3	42.8	46.6	40.7	44.0	254	299	553	328	263	591
Middle	62.3	40.2	52.5	54.9	39.8	47.3	306	245	551	300	302	602
Fourth	68.9	59.9	65.6	72.7	55.2	64.3	344	202	546	300	279	579
Highest	83.0	65.2	75.8	80.3	66.3	74.6	390	265	655	338	234	572
Watching television:												
Don't watch	50.5	35.5	42.8	45.9	34.3	40.1	664	698	1,362	846	849	1,695
Watch but not everyday	70.9	42.6	59.2	64.1	53.3	59.6	270	189	459	247	180	427
Watch almost everyday	76.9	63.1	71.3	74.6	58.7	67.6	604	415	1,020	485	385	870
Total	**64.4**	**45.3**	**55.7**	**57.6**	**43.4**	**50.9**	**1,538**	**1,303**	**2,841**	**1,578**	**1,414**	**2,992**

Notes: CPS=CWFD, PSTC, and Shimantik.
* Aware of benefits is defined as knows that zinc with ORS reduces the risk of repeated diarrhea or enhances immunity against diarrhea and related disease or both.
†Primary complete is defined as completing grade 5.

Table 10.6. Use of Zinc with ORS

Percent use of zinc/ORS among under-five children who had diarrhea in last two weeks, MIH baseline survey 2013-2014

Indicators	MIH Intervention Area	MIH Comparison Area
Zinc with ORS	33.7	34.0
Only ORS	57.1	49.0
Only Zinc	4.3	4.5
None	5.5	12.5
Total	**100.0**	**100.0**
Number	**163**	**200**

10.4. Breastfeeding Practices

Table 10.7 shows the proportion of children born in the three years preceding the survey who were breastfed, and those who started breastfeeding within one hour and within one day of birth. Although nearly all (98%) the newborns were ever breastfed, only 46% in intervention and 47% in comparison areas started doing so within one hour of birth. About one-half (49% in both intervention and comparison areas) started breastfeeding within one day of birth.

Table 10.7. Breastfeeding Practice

Percent distribution of home births that were women's most recent birth in the three year preceding the survey by timing of breastfeeding after birth, by area, MIH baseline survey 2013-2014

	Percent					
	Intervention Area			Comparison Area		
Breastfeeding Indicator	**BRAC**	**CPS**	**MIH**	**BRAC**	**CPS**	**MIH**
Timing of breastfeeding:						
Breastfed within 1 hour of birth	44.2	48.0	46.0	47.9	45.8	46.9
Breastfed after 1 hour and within 1 day of birth	50.9	46.3	48.7	49.0	49.3	49.2
Breastfed after 1 day	3.2	4.0	3.6	1.5	3.4	2.4
Never breastfed	1.6	1.7	1.7	1.6	1.5	1.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number of births	**522**	**467**	**898**	**531**	**476**	**1,007**

Notes: CPS=CWFD, PSTC, and Shimantik.

11. Reproductive Hygiene

This chapter presents findings on practices related to reproductive hygiene, mainly the use of sanitary napkin. This information can be used to identify variation among MIH intervention and comparison areas.

Menstrual hygiene is a topic surrounded by taboos and superstitions, and a matter which is often avoided in rural Bangladesh. Practices such as using rags instead of sanitary napkin still take place. Adequate knowledge and proper practice during menstruation are key factors for safe reproductive health. Table 11.1 is a summary of key findings.

In the 2013-2014 MIH baseline survey, MWRA were asked about their use of napkin during the current or last menstruation. The MWRA who had one or more unmarried daughters of age 13-25 years were asked about the use of sanitary napkin by their daughters. In this case also, the use of napkins refers to current or last menstruation.

Table 11.1 Use of Sanitary Napkin, by Area, MIH Baseline Survey 2013-2014

	Intervention Area			Comparison Area		
Sanitary Napkin Use	**BRAC**	**CPS**	**MIH**	**BRAC**	**CPS**	**MIH**
Percent of MWRA (15-49) who use(d) sanitary napkins during current or last menstruation	9.9	7.9	8.9	8.6	7.9	8.3
Percent of unmarried women of age 13-25 years who use(d)sanitary napkins during current or last menstruation	15.9	11.0	13.4	14.9	16.1	15.5

11.1. Use of Sanitary Napkins among MWRA Aged 15-49

Table 11.2 shows that the use of sanitary napkin was low among MWRA of age 15-49 in both intervention and comparison areas with almost the same level of use in intervention areas (9%) and in comparison areas (8%). The differentials of sanitary-napkin use are of almost similar pattern in the intervention and comparison areas. The sanitary-napkin use was higher among younger than older women, in smaller families than larger families, among more educated than less educated women, and among richer than poorer. TV watchers had higher use of sanitary napkin than non-watchers.

Table 11.2. Use of Sanitary Napkin by MWRA

Percent and number of MWRA who use(d) sanitary napkins during current or last menstruation, by area, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Percent						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of women:												
15-19	19.7	15.2	17.7	18.9	18.0	18.5	337	271	608	311	261	572
20-24	18.7	12.6	16.0	15.3	12.5	14.0	658	522	1,180	724	585	1,309
25-29	11.2	10.5	10.9	10.6	11.2	10.9	651	602	1,254	686	587	1,273
30-34	8.7	9.2	8.9	4.7	7.6	6.2	556	516	1,072	528	554	1,082
35-39	4.4	2.4	3.5	5.0	2.7	4.0	452	410	862	452	399	851
40-44	2.8	2.5	2.7	1.8	1.7	1.7	433	419	852	425	415	840
45-49	0.5	1.9	1.2	1.0	1.1	1.1	405	368	773	388	353	741
Number of children ever born:												
0	26.5	19.0	23.0	21.2	25.8	23.2	318	285	603	322	237	559
1-2	14.6	12.3	13.5	14.1	12.0	13.1	1,305	1,178	2,483	1,241	1,187	2,427
3+	3.8	2.8	3.3	2.9	2.7	2.8	1,870	1,646	3,515	1,951	1,730	3,681
Education of women:												
No education	0.1	1.0	0.6	0.3	1.0	0.6	812	961	1,774	920	944	1,864
Primary incomplete	1.5	2.0	1.8	1.1	2.2	1.6	603	715	1,318	673	641	1,314
Primary complete*	3.7	5.1	4.3	1.9	2.4	2.1	489	404	893	467	376	843
Secondary incomplete	15.2	14.0	14.7	15.3	12.3	14.0	1,235	800	2,035	1,117	910	2,027
Secondary complete & higher	36.5	38.7	37.3	33.0	37.4	35.0	354	228	582	336	283	619
Asset quintile:												
Lowest	0.9	1.3	1.1	0.5	1.4	1.0	463	604	1,067	628	645	1,272
Second	1.4	2.4	2.0	1.0	2.4	1.6	560	711	1,270	687	574	1,261
Middle	5.5	3.3	4.5	4.1	3.5	3.8	711	594	1,305	688	655	1,343
Fourth	10.3	7.9	9.3	9.3	7.9	8.7	849	535	1,384	730	654	1,384
Highest	22.7	23.9	23.2	25.0	24.3	24.7	910	664	1,575	780	627	1,407
Watching television:												
Don't watch	3.2	3.2	3.2	3.3	4.1	3.7	1,531	1,641	3,172	1,869	1,869	3,738
Watch but not everyday	8.1	6.9	7.5	6.5	7.3	6.9	591	512	1,102	534	411	945
Watch almost everyday	18.1	16.5	17.4	18.4	16.4	17.5	1,372	956	2,327	1,110	875	1,985
Total	**9.9**	**7.9**	**8.9**	**8.6**	**7.9**	**8.3**	**3,493**	**3,108**	**6,601**	**3,513**	**3,154**	**6,667**

Notes: CPS=CWFD, PSTC, and Shimantik.
* Primary complete is defined as completing grade 5.

11.2. Use of Sanitary Napkin among 10-25 Years of Age Unmarried Daughters of MWRA

Table 11.3 shows that the use of sanitary napkin was also low (13% to 16%) among unmarried women of 13-25 years age in intervention and comparison areas. However, figure 11.1 shows that the use of sanitary napkin was relatively higher among unmarried than married women in both BRAC and CPS intervention and comparison areas. The napkin-use differentials of unmarried women are similar to those of the married women as shown above. Figure 11.2 shows that the use of sanitary napkin was higher among school-going women than others in both MIH intervention and comparison areas.

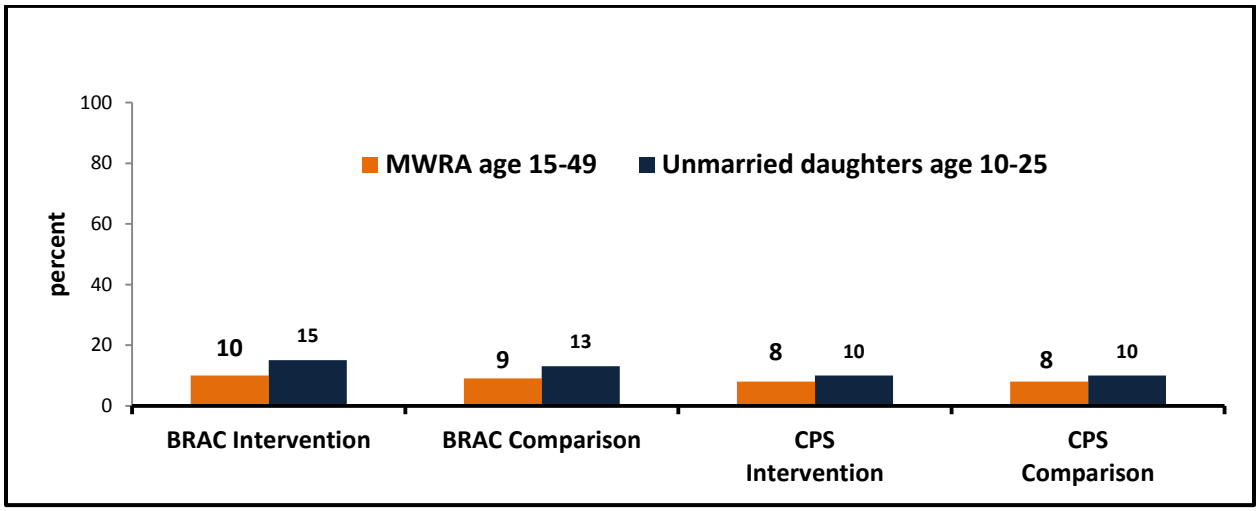

Figure 11.1. Percent of MWRA and unmarried daughters aged 10-25 who use(d) sanitary napkin during current or last menstruation, by area, MIH baseline survey 2013-2014.

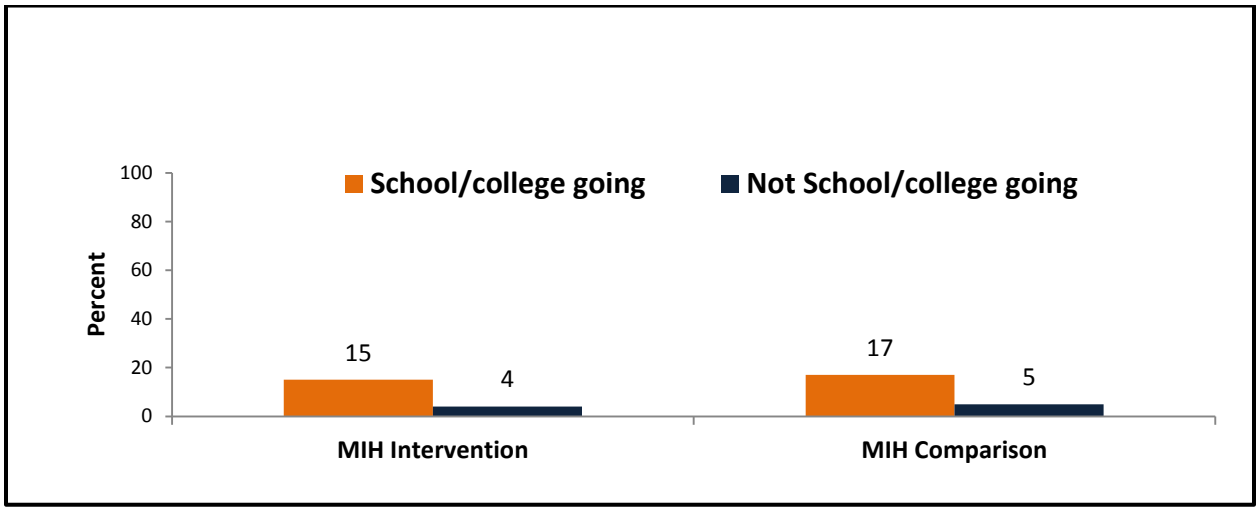

Figure 11.2. Percent of unmarried daughters aged 10-25 who use(d) sanitary napkin during current/last menstruation, status of school going, by area, MIH baseline survey 2013-2014.

Table 11.3. Use of Sanitary Napkin among 10-25 Years Old Unmarried* Daughters of MWRA

Percent of unmarried women of age 13-25 who use(d) sanitary napkin during current or last menstruation, by area, by background characteristics, MIH baseline survey 2013-2014

Background Characteristic	Percent						Number					
	Intervention Area			Comparison Area			Intervention Area			Comparison Area		
	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH	BRAC	CPS	MIH
Age of mother:												
25-39	19.5	10.4	14.8	11.8	18.1	15.0	205	220	425	198	210	408
40-49	14.8	11.2	12.9	15.8	15.5	15.7	676	701	1,377	661	734	1,395
Education of women:												
No education	3.9	5.9	5.0	4.9	8.7	7.1	330	432	762	346	436	782
Primary incomplete	8.3	6.8	7.5	10.6	10.9	10.7	196	225	421	216	211	427
Primary complete†	20.8	13.0	17.4	15.8	19.3	17.6	134	102	237	104	109	213
Secondary incomplete	33.7	25.4	30.2	35.3	33.1	34.2	182	135	317	157	157	313
Secondary complete or higher	54.9	47.2	51.8	44.4	56.4	49.9	39	26	66	37	32	69
Asset quintile:												
Lowest	1.0	1.4	1.2	1.7	4.2	3.2	101	135	236	108	167	275
Second	2.8	4.5	3.8	5.0	5.9	5.4	144	224	367	198	171	369
Middle	8.7	9.2	9.0	7.1	7.7	7.4	194	190	384	173	182	355
Fourth	14.2	8.0	11.6	17.6	20.4	19.0	254	178	432	206	206	412
Highest	43.3	29.5	36.3	38.7	36.2	37.3	189	194	383	175	218	392
Mothers' television watching:												
Don't watch	7.4	6.3	6.8	9.0	9.0	9.0	420	497	918	476	566	1,042
Watch but not everyday	15.4	10.6	12.9	7.9	17.3	12.5	170	181	351	131	128	258
Watch almost everyday	28.4	20.9	25.0	29.6	31.6	30.6	291	243	534	253	250	503
Daughter goes to school:												
Yes	18.6	13.9	16.4	17.9	18.8	18.4	719	662	1,381	669	744	1,413
No	3.8	3.4	3.6	4.3	6.0	5.2	162	260	421	190	200	390
Total	15.9	11.0	13.4	14.9	16.1	15.5	881	921	1,802	859	944	1,803

Note: CPS= CWFD, PSTC, and Shimantik.

* Unmarried women is defined as the women who are daughters of the respondents, not all the unmarried women of the household; 10-25 years old daughters whose mothers' ages were less than 25 years are excluded from this tabulation.

† Primary complete is defined as completing grade 5.

11.3. Different Brands of Sanitary Napkins Used by MWRA (Aged 15-49), and their Unmarried Daughters (Aged 10-25)

Only 0.2-0.7% of MWRA used Joya, the SMC-brand sanitary napkins, in intervention and comparison areas and it was only 0.8% to 1.7% among unmarried women of age 10-25 (table 11.4). The share of the brand Senora was highest among both MWRA (15-49) and unmarried women (10-25). Over 80% of MWRA and over 75% of unmarried women aged 10-25 used Senora in MIH intervention and comparison areas.

Table 11.4. Brand of Sanitary Napkin

Percent of sanitary napkin users, by brand of napkin, by area, MIH baseline survey 2013-2014

	MWRA Age 15-49		MWRAs' Unmarried* Daughters Age 10-25	
Brand	**MIH Intervention**	**MIH Comparison**	**MIH Intervention**	**MIH Comparison**
Monalisa	3.1	2.3	8.4	4.7
Senora	80.1	83.9	76.1	86.9
Modex	1.5	1.7	0.4	0.0
Low cost sanitary napkin	2.4	1.8	2.9	0.6
Whisper	3.1	2.3	5.2	2.0
Freedom	1.2	2.2	0.4	0.9
Nirapod	5.7	3.3	2.5	2.1
Joya	0.7	0.2	1.7	0.8
Others	2.2	2.4	2.4	1.9
Number of MWRA who used sanitary napkin during current/last menstruation	**590**	**551**	**280**	**241**

Notes: CPS=CWFD, PSTC, and Shimantik.
* "Unmarried" refers only to daughters of the respondents, not all unmarried women of the household. There were four unmarried women whose mothers' ages were below 20 years. They are not considered in this tabulation.

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Annex I. MIH Intervention and Comparison Areas, MIH Baseline Survey 2013-2014

Table A1. Intervention and Comparison Districts and Upazillas for MIH Project

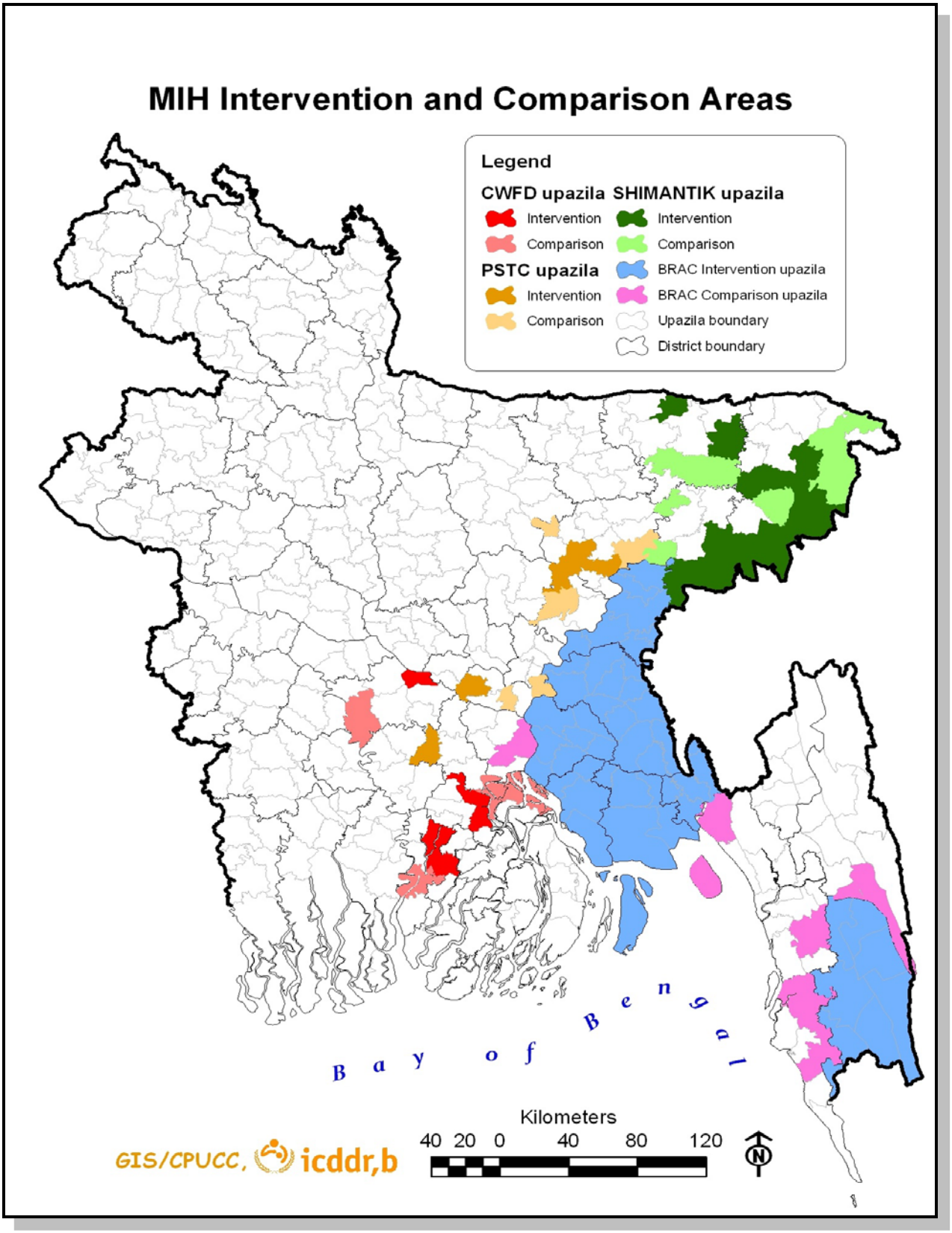
Partner NGO	Districts	Upazillas		District Population*	District Households*
		Intervention	Comparison		
CWFD	**Barisal**	Gournadi	Babugonj Hizla Muladi	**23,24,310**	**5,13,673**
	Jhalokati	Rajapur Kathalia	-	**6,82,669**	**1,58,139**
	Pirojpur	Kawkhali Nesarabad Bhanga	Bandaria Zianagar Charbadrasan	**11,13,257**	**2,56,002**
	Faridpur	-	Boalmari Alfadanga	**19,12,969**	**4,20,174**
PSTC	Kishoregonj	Katiadi Bajitpur	Astagram Hosenpur	**29,11,907**	**6,27,322**
	Narsingdhi	Monohordi -	Polash Shibpur	**22,24,944**	**4,77,976**
	Munshigonj	Sreenagar -	Gazaria Tungibari	**14,45,660**	**3,13,258**
	Madaripur	Rajoir	-	**11,65,952**	**2,52,149**
SHIMANTIK	Sylhet	Golapgonj Fenchugonj Balagonj	Bianibazar Kanaighat -	**34,34,188**	**5,96,081**
	Sunamgonj	Bishambarpur Chattak	Deerai Jagannathpur	**24,67,968**	**4,40,332**
	Hobigonj	Madhabpur Bahubol Chunarughat	Azmiriganj Lakhai -	**20,89,001**	**3,93,302**
	Moulvibazar	Sreemongal Kamalgonj Kulaurra	Rajnagar Juri -	**19,19,062**	**3,61,177**
BRAC	Comilla	Adorsho Sadar Sadar Dakshin Barura Brahmanpara Burichong Chandina Chauddagram Daudkandi Debidwar Homna Laksam Meghna Muradnagar Nangalkot Monoharganj Titas	- - - - - - - - - - - - - - - -	**53,87,288**	**10,53,572**
	Chandpur	Sadar Faridganj Haimchar Haziganj Kachua Matlab Uttar Matlab	- - - - - - -	**24,16,018**	**5,06,521**

Table A1. Intervention and Comparison Districts and Upazillas for MIH Project

Partner NGO	Districts	Upazillas		District Population*	District Households*
		Intervention	Comparison		
		Shahrasti	-		
	Brahmanbaria	Sadar	-	**28,40,498**	**5,38,937**
		Akhaura	-		
		Ashuganj	-		
		Bancharampur	-		
		Kasba	-		
		Nabinagar	-		
		Nasirnagar	-		
		Sarail	-		
		Bijoynagar	-		
	Noakhali	Sadar	-	**31,08,083**	**5,93,918**
		Begumganj	-		
		Chatkhil	-		
		Companyganj	-		
		Hatiya	-		
		Senbagh	-		
		Sonaimuri	-		
		Subarnachar	-		
		Kabirhat	-		
	Laxmipur	Sadar	-	**17,29,188**	**3,65,339**
		Raipur	-		
		Ramganj	-		
		Ramgati	-		
	Feni	Sadar	-	**14,37,371**	**2,77,665**
		Chhagalnaiya	-		
		Daganbhuiyan	-		
		Parshurampur	-		
		Sonagazi	-		
		Fulgazi	-		
	Bandarban	Sadar	-	**3,88,335**	**80,102**
		Ali Kadam	-		
		Lama	-		
		Naikhong	-		
		Chhari			
		Rowang Chhari	-		
		Ruma	-		
		Thanchi	-		
		-	Damudya		
	Chittagang (adjacent to Feni District)	-	Mirsharai	-	-
		-	Sandip	-	-
	Chittagang (adjacent to Bandarban District)	-	Satkania	-	-
		-	Chandanaish	-	-
	Cox's Bazar (adjacent to Bandarban District)	-	Ramu	-	-
		-	Chakaria	-	-
	Rangamati (adjacent to Bandarban District)	-	Rajshathia	-	-
		-	Belaichari	-	-
Total (Intervention areas)				**40,998,668**	**8,225,639**

* Data source: Bangladesh Population Census 2011.

Annex II. Map of MIH Intervention and Comparison Areas



Annex III. Tables on Balancing Test

For Chapter 3. Household Characteristics

Table A3.1: Mean Test for Individual Household Characteristics between BRAC Intervention and BRAC Comparison Area (Using Population Weights)

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
Mean of household members	5.03	3,477	4.92	3,471	-0.11	0.08	0.14
Proportion of households -							
Headed by male	0.79	3,477	0.78	3,471	-0.02	0.02	0.34
Owning only homestead land	0.54	3,477	0.57	3,471	0.03	0.02	0.18
With “tin” as main roof materials	0.90	3,477	0.90	3,471	0.00	0.02	0.88
With “tin” as main wall materials	0.74	3,477	0.72	3,471	-0.03	0.03	0.30
With “earth/sand” as main flooring materials	0.81	3,477	0.79	3,471	-0.03	0.02	0.19
Having access to improved source of drinking water	1.00	3,477	0.99	3,471	-0.00	0.01	0.46
Having access to improved latrine	0.70	3,477	0.73	3,470	0.03	0.03	0.34
Having electricity	0.67	3,477	0.74	3,471	0.06	0.03	0.05
Having television	***0.30***	***3,477***	***0.38***	***3,471***	***0.07***	***0.03***	***0.01***
Having at least one mobile phone	0.92	3,477	0.94	3,471	0.02	0.01	0.06

Table A3.2. Mean Test for Individual Household Characteristics between CPS Intervention and CPS Comparison Area (Using Population Weights)

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
Mean of household members	5.02	3,314	5.05	3,193	0.04	0.09	0.69
Proportion of households -							
Headed by male	0.86	3,314	0.87	3,193	0.01	0.01	0.28
Owning only homestead land	***0.56***	***3,314***	***0.51***	***3,193***	***-0.05***	***0.02***	***0.03***
With “tin” as main roof materials	0.93	3,313	0.94	3,193	0.01	0.01	0.39
With “tin” as main wall materials	0.48	3,314	0.45	3,193	-0.04	0.05	0.43
With “earth/sand” as main flooring materials	0.82	3,314	0.80	3,193	-0.02	0.02	0.39
Having access to improved source of drinking water	***0.94***	***3,314***	***0.98***	***3,193***	***0.04***	***0.02***	***0.03***
Having access to improved latrine	0.62	3,314	0.56	3,191	-0.05	0.03	0.10
Having electricity	0.67	3,314	0.64	3,193	-0.03	0.03	0.32
Having television	0.30	3,314	0.33	3,193	0.03	0.03	0.27
Having at least one mobile phone	0.87	3,314	0.88	3,193	0.00	0.01	0.75

Table A3.3. Mean Test for Individual Household Characteristics between Overall MIH Intervention and Overall MIH Comparison Area (Using Population Weights)

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
Mean of household members	5.02	6,791	4.98	6,664	-0.04	0.06	0.49
Proportion of households -							
Headed by male	0.83	6,791	0.82	6,664	-0.00	0.01	0.83
Owning only homestead land	0.55	6,791	0.54	6,664	-0.01	0.02	0.57
With "tin" as main roof materials	0.91	6,790	0.92	6,664	0.01	0.01	0.57
With "tin" as main wall materials	0.62	6,791	0.59	6,664	-0.03	0.03	0.31
With "earth/sand" as main flooring materials	0.82	6,791	0.79	6,664	-0.02	0.02	0.13
Having access to improved source of drinking water	0.97	6,791	0.99	6,664	0.02	0.01	0.08
Having access to improved latrine	0.66	6,791	0.65	6,661	-0.01	0.02	0.68
Having electricity	0.67	6,791	0.69	6,664	0.02	0.02	0.38
Having television	***0.30***	***6,791***	***0.35***	***6,664***	***0.05***	***0.02***	***0.01***
Having at least one mobile phone	0.90	6,791	0.91	6,664	0.01	0.01	0.16

For Chapter 4. Characteristics of Respondents

Table A4.1: Mean Test for Individual Characteristics of Currently Married Women of 15-49 Years between BRAC Intervention and BRAC Comparison Area (Using Population Weights)

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
Proportion of CMWRA -							
Who are pregnant	0.07	3,336	0.06	3,279	-0.00	0.01	0.64
Of age 15-19	0.09	3,336	0.10	3,279	0.01	0.01	0.33
Of age 20-24	0.21	3,336	0.20	3,279	-0.01	0.01	0.30
Of age 25-29	0.20	3,336	0.19	3,279	-0.01	0.01	0.48
Of age 30-34	0.15	3,336	0.16	3,279	0.01	0.01	0.46
Of age 35-39	0.13	3,336	0.13	3,279	-0.00	0.01	1.00
Of age 40-44	0.11	3,336	0.12	3,279	0.00	0.01	0.81
Of age 45-49	0.10	3,336	0.10	3,279	0.00	0.01	0.86
Who never gave birth	0.09	3,336	0.09	3,279	-0.00	0.01	0.97
Who gave birth of 1-2 children	0.35	3,336	0.38	3,279	0.03	0.02	0.09
Who completed all primary education	0.13	3,336	0.14	3,279	0.01	0.01	0.38
Who completed some secondary education	0.33	3,336	0.36	3,279	0.04	0.02	0.13
Who completed all secondary education	0.10	3,336	0.11	3,279	0.01	0.01	0.50
Who are Muslim	0.95	3,336	0.93	3,279	-0.01	0.02	0.52
Who are from lowest quintile	0.17	3,336	0.13	3,279	-0.04	0.02	0.07
Who are from Second quintile	***0.20***	***3,336***	***0.16***	***3,279***	***-0.04***	***0.02***	***0.02***
Who are from Middle quintile	0.20	3,336	0.20	3,279	0.01	0.01	0.72
Who are from Fourth quintile	0.21	3,336	0.25	3,279	0.04	0.02	0.05
Who are from Highest quintile	0.23	3,336	0.27	3,279	0.04	0.03	0.12
Who had exposure to television	***0.47***	***3,336***	***0.57***	***3,279***	***0.10***	***0.04***	***0.01***
Are living with their husband	0.78	3,336	0.78	3,279	0.00	0.02	0.99

Table A4.2. Mean Test for Individual Characteristics of Currently Married Women of 15-49 Years between CPS Intervention and CPS Comparison Area (Using Population Weights)

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
Proportion of CMWRA -							
Who are pregnant	0.06	2,950	0.06	2,876	-0.01	0.01	0.30
Of age 15-19	0.09	2,950	0.09	2,876	0.01	0.01	0.44
Of age 20-24	0.19	2,950	0.18	2,876	-0.02	0.01	0.07
Of age 25-29	0.19	2,950	0.20	2,876	0.01	0.01	0.41
Of age 30-34	0.18	2,950	0.17	2,876	-0.01	0.01	0.50
Of age 35-39	0.13	2,950	0.13	2,876	0.01	0.01	0.37
Of age 40-44	0.13	2,950	0.13	2,876	0.00	0.01	0.79
Of age 45-49	0.10	2,950	0.10	2,876	0.00	0.01	0.92
Who never gave birth	0.08	2,950	0.09	2,876	0.01	0.01	0.06
Who gave birth of 1-2 children	0.38	2,950	0.38	2,876	0.00	0.02	0.82
Who completed all primary education	0.12	2,950	0.14	2,876	0.02	0.01	0.13
Who completed some secondary education	0.30	2,950	0.27	2,876	-0.03	0.02	0.11
Who completed all secondary education	0.09	2,950	0.08	2,876	-0.02	0.01	0.11
Who are Muslim	***0.93***	***2,950***	***0.85***	***2,876***	***-0.08***	***0.03***	***0.03***
Who are from lowest quintile	0.20	2,950	0.18	2,876	-0.02	0.02	0.44
Who are from Second quintile	***0.18***	***2,950***	***0.23***	***2,876***	***0.05***	***0.02***	***0.00***
Who are from Middle quintile	0.21	2,950	0.19	2,876	-0.01	0.02	0.40
Who are from Fourth quintile	***0.21***	***2,950***	***0.18***	***2,876***	***-0.03***	***0.02***	***0.03***
Who are from Highest quintile	0.20	2,950	0.22	2,876	0.02	0.03	0.45
Who had exposure to television	***0.41***	***2,950***	***0.48***	***2,876***	***0.07***	***0.03***	***0.03***
Are living with their husband	***0.84***	***2,950***	***0.88***	***2,875***	***0.03***	***0.02***	***0.04***

Table A4.3: Mean Test for Individual Characteristics of Currently Married Women of 15-49 Years between Overall MIH Intervention and Overall MIH Comparison Area (Using Population Weights)

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
Proportion of CMWRA -							
Who are pregnant	0.07	6,286	0.06	6,155	-0.01	0.01	0.32
Of age 15-19	0.09	6,286	0.10	6,155	0.01	0.01	0.22
Of age 20-24	0.20	6,286	0.19	6,155	-0.02	0.01	0.05
Of age 25-29	0.20	6,286	0.20	6,155	0.00	0.01	0.99
Of age 30-34	0.17	6,286	0.17	6,155	0.00	0.01	0.93
Of age 35-39	0.13	6,286	0.13	6,155	0.00	0.01	0.61
Of age 40-44	0.12	6,286	0.12	6,155	0.00	0.01	0.73
Of age 45-49	0.10	6,286	0.10	6,155	0.00	0.01	0.84
Who never gave birth	0.08	6,286	0.09	6,155	0.01	0.01	0.28
Who gave birth of 1-2 children	0.36	6,286	0.38	6,155	0.02	0.01	0.16
Who completed all primary education	0.13	6,286	0.14	6,155	0.01	0.01	0.09
Who completed some secondary education	0.31	6,286	0.32	6,155	0.01	0.02	0.74
Who completed all secondary education	0.10	6,286	0.09	6,155	-0.00	0.01	0.61
Who are Muslim	***0.94***	***6,286***	***0.89***	***6,155***	***-0.04***	***0.02***	***0.03***
Who are from lowest quintile	0.18	6,286	0.15	6,155	-0.03	0.02	0.06
Who are from Second quintile	0.19	6,286	0.19	6,155	0.00	0.01	0.97
Who are from Middle quintile	0.20	6,286	0.20	6,155	-0.00	0.01	0.75

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
Who are from Fourth quintile	0.21	6,286	0.21	6,155	0.00	0.01	0.78
Who are from Highest quintile	0.21	6,286	0.24	6,155	0.03	0.02	0.10
Who had exposure to television	***0.44***	***6,286***	***0.53***	***6,155***	***0.08***	***0.03***	***0.00***
Are living with their husband	0.81	6,286	0.83	6,154	0.01	0.01	0.28

For Chapter 7. Knowledge on Safe Reproductive Health Practices

Table A7.1. Mean Test of Individual Variables of MWRAs' Awareness on Reproductive Health and Emergency Contraception between BRAC Intervention and BRAC Comparison (Using Population Weights)

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
Proportion of MWRA -							
Are aware of at least two specific risks/complications a associated with pregnancies before age 20	0.44	3,513	0.46	3,493	0.02	0.02	0.28
Are aware of at least two specific risks/complications associated with pregnancies after age 35	0.39	3,513	0.42	3,493	0.02	0.02	0.34
Are aware of at least two specific risks/ complications c related to pregnancies that occur less than 2 years after the last childbirth	0.65	3,513	0.68	3,493	0.03	0.02	0.27
Are aware of at least three potential danger signs of pregnancy	0.21	3,513	0.23	3,493	0.02	0.02	0.40
Are aware of the need of four visits for health check up during pregnancy	0.72	3,513	0.80	3,493	0.09	0.05	0.09
Are aware of at least four useful initiatives related to birth preparedness e to ensure safe delivery	0.16	3,513	0.19	3,493	0.03	0.02	0.11
Are aware of safe delivery kit	***0.16***	***3,513***	***0.22***	***3,493***	***0.07***	***0.02***	***0.00***
Know that the use of safe delivery kit can prevent postpartum infection of the mother	***0.10***	***3,513***	***0.15***	***3,493***	***0.04***	***0.01***	***0.00***
Know that the use of safe delivery kit can prevent neonatal sepsis of the newborn	***0.11***	***3,513***	***0.15***	***3,493***	***0.04***	***0.01***	***0.00***
Know emergency contraceptive pills as an effective way of preventing possible unintended conception	0.01	3,513	0.02	3,493	0.00	0.00	0.32

Table A7.2. Mean Test of Individual Variables of MWRAs' Awareness on Reproductive Health and Emergency Contraception between CPS Intervention and CPS Comparison (Using Population Weights)

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
Proportion of MWRA -							
Are aware of at least two specific risks/complications a associated with pregnancies before age 20	***0.35***	***3,154***	***0.41***	***3,108***	***0.07***	***0.03***	***0.01***
Are aware of at least two specific risks/complications b associated with pregnancies after age 35	0.30	3,154	0.33	3,108	0.03	0.02	0.19
Are aware of at least two specific risks/ complications c related to pregnancies that occur less than 2 years after the last childbirth	***0.56***	***3,154***	***0.65***	***3,108***	***0.09***	***0.03***	***0.00***
Are aware of at least three potential danger signs d of pregnancy	0.19	3,154	0.22	3,108	0.03	0.02	0.11
Are aware of the need of four visits for health check up during pregnancy	***1.17***	***3,154***	***1.00***	***3,108***	***-0.17***	***0.06***	***0.01***
Are aware of at least four useful initiatives related to birth preparedness e to ensure safe delivery	0.15	3,154	0.16	3,108	0.01	0.02	0.63
Are aware of safe delivery kit	***0.18***	***3,154***	***0.23***	***3,108***	***0.06***	***0.02***	***0.02***
Know that the use of safe delivery kit can prevent postpartum infection of the mother	***0.10***	***3,154***	***0.15***	***3,108***	***0.05***	***0.02***	***0.01***
Know that the use of safe delivery kit can prevent neonatal sepsis of the newborn	0.13	3,154	0.16	3,108	0.02	0.02	0.28
Know emergency contraceptive pills as an effective way of preventing possible unintended conception	0.03	3,154	0.02	3,108	-0.01	0.01	0.09

Table A7.3. Mean Test of Individual Variables of MWRAs' Awareness on Reproductive Health and Emergency Contraception between Overall MIH Intervention and Overall MIH Comparison (Using Population Weights)

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
Proportion of MWRA -							
Are aware of at least two specific risks/complications a associated with pregnancies before age 20	***0.40***	***6,667***	***0.44***	***6,601***	***0.04***	***0.02***	***0.01***
Are aware of at least two specific risks/complications b associated with pregnancies after age 35	0.35	6,667	0.38	6,601	0.03	0.02	0.13
Are aware of at least two specific risks/ complications c related to pregnancies that occur less than 2 years after the last childbirth	***0.61***	***6,667***	***0.66***	***6,601***	***0.06***	***0.02***	***0.00***
Are aware of at least three potential	0.20	6,667	0.23	6,601	0.03	0.02	0.09

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
danger signs d of pregnancy							
Are aware of the need of four visits for health check up during pregnancy	0.93	6,667	0.89	6,601	-0.03	0.04	0.44
Are aware of at least four useful initiatives related to birth preparedness e to ensure safe delivery	0.16	6,667	0.18	6,601	0.02	0.01	0.11
Are aware of safe delivery kit	***0.17***	***6,667***	***0.23***	***6,601***	***0.06***	***0.01***	***0.00***
Know that the use of safe delivery kit can prevent postpartum infection of the mother	***0.10***	***6,667***	***0.15***	***6,601***	***0.04***	***0.01***	***0.00***
Know that the use of safe delivery kit can prevent neonatal sepsis of the newborn	***0.12***	***6,667***	***0.16***	***6,601***	***0.03***	***0.01***	***0.01***
Know emergency contraceptive pills as an effective way of preventing possible unintended conception	0.02	6,667	0.02	6,601	-0.00	0.00	0.47

For Chapter 8. Contraception

Table A8.1. Mean Test of Individual Variables of CMWRAs' Use of Modern Contraceptive Methods and Intention of Using LAPM between BRAC Intervention and BRAC Comparison (Using Population Weights)

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
Proportion of CMWRA who are currently using a modern contraceptive method	0.44	3,336	0.46	3,279	0.03	0.02	0.18
Proportion of short-acting method users who intend to use long-acting and permanent methods in next 12 months	0.003	1,259	0.003	1,225	-0.00	0.00	0.96

Table A8.2. Mean Test of Individual Variables of CMWRAs' Use of Modern Contraceptive Methods and Intention of Using LAPM between CPS Intervention and CPS Comparison (Using Population Weights)

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
Proportion of CMWRA who are currently using a modern contraceptive method	0.50	2,950	0.48	2,876	-0.03	0.02	0.11
Proportion of short-acting method users who intend to use long-acting and permanent methods in next 12 months	0.011	1,154	0.013	1,082	0.00	0.01	0.70

Table A8.3. Mean Test of Individual Variables of CMWRAs' Use of Modern Contraceptive Methods and Intention of Using LAPM between Overall MIH Intervention and Overall MIH Comparison (Using Population Weights)

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
Proportion of CMWRA who are currently using a modern contraceptive method	0.47	6,286	0.47	6,155	0.00	0.01	0.96
Proportion of short-acting method users who intend to use long-acting and permanent methods in next 12 months	0.007	2,413	0.008	2,307	0.00	0.00	0.80

For Chapter 9. Pregnancy and Newborn Care

Table A9.1. Mean Test of Individual Variables of Maternal Health Care, Place of Delivery and Newborn Care between BRAC intervention and BRAC comparison (Using Population Weights)

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
Proportion of MWRA who had a live birth in three years preceding the survey -							
Received 4+ ANC from any provider	***0.12***	***1,070***	***0.17***	***1,024***	***0.05***	***0.02***	***0.01***
Received at least one ANC from medically trained provider (MTP)	***0.54***	***1,070***	***0.63***	***1,024***	***0.09***	***0.04***	***0.04***
Delivered last time at facility	0.23	1,070	0.27	1,024	0.04	0.03	0.21
Delivered last time at home	0.77	1,070	0.73	1,024	-0.04	0.03	0.21
Receiving assistance from MTP at delivery	0.06	805	0.07	742	0.01	0.02	0.65
Delivered at home and were assisted through safe delivery kit	0.07	805	0.11	742	0.03	0.02	0.07
Proportion of newborn (that were women's most recent live birth and were delivered at home) -							
Whose umbilical cord was cut by instrument (i.e., blade from delivery kit)	***0.07***	***805***	***0.11***	***742***	***0.04***	***0.02***	***0.04***
For whom nothing was applied to the umbilical cord after it was cut and tied	0.44	805	0.45	742	0.01	0.04	0.89
Who were dried within 0-4 minutes of birth	0.56	805	0.61	742	0.06	0.04	0.13
Who were wrapped within 0-4 minutes of birth	0.23	805	0.24	742	0.01	0.04	0.75
Who had delayed bathing (bathed 72+ hours after delivery)	0.35	805	0.38	742	0.03	0.04	0.40
Who were immediately breastfeeding (within 1 hour of birth)	0.48	805	0.44	742	-0.04	0.04	0.31
Who received all the essential newborn care (shown in the last six rows above)	0.01	805	0.01	742	0.01	0.01	0.39

Table A9.2. Mean Test of Individual Variables of Maternal Health Care, Place of Delivery and Newborn Care between CPS intervention and CPS comparison (Using Population Weights)

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
Proportion of MWRA who had a live birth in three years preceding the survey -							
Received 4+ ANC from any provider	0.22	968	0.24	881	0.01	0.03	0.65
Received at least one ANC from medically trained provider (MTP)	0.57	968	0.56	881	-0.01	0.03	0.74
Delivered last time at facility	0.23	968	0.25	881	0.01	0.03	0.61
Delivered last time at home	0.76	968	0.75	881	-0.01	0.03	0.64
Receiving assistance from MTP at delivery	0.08	738	0.05	665	-0.03	0.01	0.05
Delivered at home and were assisted through safe delivery kit	0.11	738	0.15	665	0.04	0.03	0.12
Proportion of newborn (that were women's most recent live birth and were delivered at home) -							
Whose umbilical cord was cut by instrument (i.e., blade from delivery kit)	***0.10***	***738***	***0.16***	***665***	***0.06***	***0.03***	***0.03***
For whom nothing was applied to the umbilical cord after it was cut and tied	0.49	738	0.48	665	-0.01	0.03	0.78
Who were dried within 0-4 minutes of birth	0.68	738	0.64	665	-0.04	0.04	0.24
Who were wrapped within 0-4 minutes of birth	***0.42***	***738***	***0.52***	***665***	***0.09***	***0.04***	***0.03***
Who had delayed bathing (bathed 72+ hours after delivery)	0.30	738	0.33	665	0.02	0.03	0.48
Who were immediately breastfeeding (within 1 hour of birth)	0.46	738	0.48	665	0.02	0.04	0.54
Who received all the essential newborn care (shown in the last six rows above)	0.03	738	0.04	665	0.01	0.01	0.31

Table A9.3. Mean Test of Individual Variables of Maternal Health Care, Place of Delivery and Newborn Care between Overall MIH Intervention and overall MIH Comparison (Using Population Weights)

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
Proportion of MWRA who had a live birth in three years preceding the survey -							
Received 4+ ANC from any provider	0.17	2,038	0.20	1,905	0.03	0.02	0.08
Received at least one ANC from medically trained provider (MTP)	0.55	2,038	0.60	1,905	0.04	0.03	0.13
Delivered last time at facility	0.23	2,038	0.26	1,905	0.03	0.02	0.20
Delivered last time at home	0.76	2,038	0.74	1,905	-0.03	0.02	0.20
Receiving assistance from MTP at delivery	0.07	1,543	0.06	1,407	-0.01	0.01	0.40
Delivered at home and were assisted through safe delivery kit	***0.09***	***1,543***	***0.12***	***1,407***	***0.04***	***0.02***	***0.02***

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
Proportion of newborn (that were women's most recent live birth and were delivered at home) -							
Whose umbilical cord was cut by instrument (i.e., blade from delivery kit)	***0.09***	***1,543***	***0.13***	***1,407***	***0.05***	***0.02***	***0.00***
For whom nothing was applied to the umbilical cord after it was cut and tied	0.46	1,543	0.46	1,407	-0.00	0.03	0.95
Who were dried within 0-4 minutes of birth	0.62	1,543	0.62	1,407	0.01	0.03	0.74
Who were wrapped within 0-4 minutes of birth	0.32	1,543	0.37	1,407	0.05	0.03	0.13
Who had delayed bathing (bathed 72+ hours after delivery)	0.33	1,543	0.35	1,407	0.03	0.03	0.26
Who were immediately breastfeeding (within 1 hour of birth)	0.47	1,543	0.46	1,407	-0.01	0.03	0.74
Who received all the essential newborn care (shown in the last six rows above)	0.02	1,543	0.02	1,407	0.01	0.01	0.21

For Chapter 10. Child Health

Table A10.1. Mean Test of Individual Variables of MNP use, and 0-59 Months Children's Mothers' Awareness on MNP Use and Using Zinc with ORS during Diarrhea between BRAC Intervention and BRAC Comparison (Using Population Weights)

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
Proportion of 6-59 months children who were given MNP in last six months	***0.02***	***1,762***	***0.04***	***1,630***	***0.02***	***0.01***	***0.02***
Proportion of MWRA -							
Who have 0-59 months old children and know about Micronutrient Powder (MNP)	***0.17***	***1,612***	***0.22***	***1,538***	***0.05***	***0.02***	***0.03***
Who have 0-59 months old children and are aware of at least two benefits of giving MNP	0.08	1,612	0.09	1,538	0.02	0.01	0.23
Who have 0-59 months old children and are aware of using zinc with ORS as an adjunct therapy to treat diarrhea	0.58	1,612	0.65	1,538	0.06	0.03	0.07
Who have under-five children and are aware of the benefit of using zinc with ORS as an adjunct therapy to treat diarrhea	0.58	1,612	0.64	1,538	0.07	0.03	0.05

Table A10.2. Mean Test of Individual Variables of MNP use, and 0-59 Months Children's Mothers' Awareness on MNP Use and Using Zinc with ORS during Diarrhea between CPS Intervention and CPS Comparison (Using Population Weights)

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
Proportion of 6-59 months children who were given MNP in last six months	0.02	1,590	0.03	1,489	0.01	0.01	0.27
Proportion of MWRA -							
Who have 0-59 months old children and know about Micronutrient Powder (MNP)	0.14	1,413	0.16	1,310	0.01	0.02	0.42
Who have 0-59 months old children and are aware of at least two benefits of giving MNP	0.05	1,413	0.08	1,310	0.02	0.01	0.06
Who have 0-59 months old children and are aware of using zinc with ORS as an adjunct therapy to treat diarrhea	0.44	1,413	0.46	1,310	0.01	0.03	0.62
Who have under-five children and are aware of the benefit of using zinc with ORS as an adjunct therapy to treat diarrhea	0.43	1,413	0.45	1,310	0.02	0.03	0.47

Table A10.3. Mean Test of Individual Variables of MNP use, and 0-59 Months Children's Mothers' awareness on MNP Use and Using Zinc with ORS during Diarrhea between Overall MIH Intervention and Overall MIH Comparison (Using Population Weights)

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
Proportion of 6-59 months children who were given MNP in last six months	***0.02***	***3,352***	***0.03***	***3,119***	***0.01***	***0.00***	***0.01***
Proportion of MWRA -							
Who have 0-59 months old children and know about Micronutrient Powder (MNP)	***0.15***	***3,025***	***0.19***	***2,848***	***0.03***	***0.01***	***0.02***
Who have 0-59 months old children and are aware of at least two benefits of giving MNP	***0.06***	***3,025***	***0.08***	***2,848***	***0.02***	***0.01***	***0.03***
Who have 0-59 months old children and are aware of using zinc with ORS as an adjunct therapy to treat diarrhea	0.52	3,025	0.56	2,848	0.04	0.02	0.07
Who have under-five children and are aware of the benefit of using zinc with ORS as an adjunct therapy to treat diarrhea	***0.51***	***3,025***	***0.56***	***2,848***	***0.05***	***0.02***	***0.04***

For Chapter 11. Reproductive Hygiene

Table A11.1. Mean Test of Individual Variables of Reproductive Hygiene between BRAC Intervention and BRAC Comparison (Using Population Weights)

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
Proportion of MWRA who use(d) sanitary napkins during current or last menstruation	0.09	3,513	0.10	3,493	0.01	0.01	0.29
Proportion of unmarried women of age 13-25 years who use(d)sanitary napkins during current or last menstruation	0.15	858	0.16	880	0.01	0.02	0.69

Table A11.2. Mean Test of Individual Variables of Reproductive Hygiene between CPS Intervention and CPS Comparison (Using Population Weights)

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
Proportion of MWRA who use(d) sanitary napkins during current or last menstruation	0.08	3,154	0.08	3,108	-0.00	0.01	0.97
Proportion of unmarried women of age 13-25 years who use(d)sanitary napkins during current or last menstruation	***0.16***	***944***	***0.11***	***930***	***-0.05***	***0.02***	***0.02***

Table A11.3. Mean Test of Individual Variables of Reproductive Hygiene between Overall MIH Intervention and overall MIH Comparison (Using Population Weights)

Variables	Comparison		Intervention		Mean Diff	Diff SE	p-value
	Mean	N	Mean	N			
Proportion of MWRA who use(d) sanitary napkins during current or last menstruation	0.08	6,667	0.09	6,601	0.01	0.01	0.40
Proportion of unmarried women of age 13-25 years who use(d)sanitary napkins during current or last menstruation	0.16	1,802	0.13	1,810	-0.02	0.02	0.20

Annex IV. MIH Baseline Survey Questionnaires and Forms

MITRA AND ASSOCIATES

2/17 Iqbal Road, Mohammadpur, Dhaka-1207

Marketing Innovations for Health Baseline Survey-2013

Household Listing Schedule

NAME OF DIVISION: _____☐ NAME OF DISTRICT: _____☐☐ NAME OF THANA/UPAZILA:----------☐☐

NAME OF UNION/WARD:_____☐☐ NAME OF VILLAGE/MOHALLAH._____☐☐☐ CLUSTER_____☐☐☐

HH Sl #	Map Location #	Name of HH head	Occupation	Father's/husband's name	Location & Landmark of HH/name of Bari	HH Size	Remarks

Marketing Innovations for Health (MIH)

Baseline Survey- 2013

Household and Woman's Questionnaire

(English)

Mitra and Associates

(Centre for Research and Consultancy)

2/17 Iqbal Road, Mohammadpur

Dhaka-1207, Tel: 8118065, 9115503, Fax:9126806

And

MEASURE Evaluation

Carolina Population Center

University of North Carolina at Chapel Hill

USA

HOUSEHOLD QUESTIONNAIRE

Face Sheet

IDENTIFICATION	
DIVISION:.....	
DISTRICT:.....	
UPAZILA:	
UNION:.....	
MOUZA:	
VILLAGE: _____	
SEGMENT NUMBER	
CLUSTER NUMBER	
HOUSEHOLD NUMBER	
NAME OF THE HOUSEHOLD HEAD_____	
NAME OF THE RESPONDENT _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR
INTERVIEWER'S NAME				INTV. CODE RESULT
RESULT*				
NEXT VISIT: DATE				TOTAL NO. OF VISITS
TIME				

*RESULT CODES:
1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER_____
(SPECIFY)

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

Form 1

INFORMED CONSENTFOR HOUSEHOLD QUESTIONNAIRE

Title of Research: Marketing Innovations for Health (MIH) Baseline Survey 2013

Principal Investigator: S. N. Mitra

Participating Institute: Mitra and Associates

Introductory statement:

My name is _____. I have come from Mitra and Associates, a private research organization, located in Dhaka. To assist in the implementation of socio-development programs in the country, we conduct different types of surveys. We are now conducting a survey about the knowledge and utilization of health care in selected rural areas of Bangladesh. The survey is paid for by the United States Agency for International Development (USAID). The survey is being coordinated by the University of North Carolina in Chapel Hill, North Carolina, USA. The data will be examined by Mitra and Associates and by researchers at the University of North Carolina in Chapel Hill, North Carolina, USA. I would very much appreciate your participation in this survey.

Why the study being done?

The study will help understand the state and determinants of health in rural Bangladesh

What is involved in the study?

You have been selected as a respondent in this study. The study will collect information from the household.

I would like to ask you about your household.

What will you have to do if you agree to participate?

Since, you have been selected as respondents in this study. I shall be thankful if you provide your valuable response on certain issues. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them. The survey usually takes between 20 and 30 minutes to complete.

What are the risks and benefits of this study?

By providing information you will not have any risk what so ever, rather this will help the government and policy planners to formulate policy plan and develop programs.

Confidentiality:

Whatever information you provide will be kept strictly confidential. It will be used for research purposes only and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study?

Your participation in the study is voluntary and promises no financial benefit.

Right to refuse or withdraw:

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

Who do I contact if I have questions or problems?

If you wish to know more about your rights as a participant in this study you may contact the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka (Phone: 8819311, 8828396) or the Institutional Review Board (IRB) at the School of Public Health, CB # 7400, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7400, U.S.A. or call collect if necessary, 001-919-966-3012, or call UNC MEASURE Evaluation Advisor (Phone: 02-8810115). If you have further questions regarding the nature of this study you may also contact Mitra Associates2/17, Iqbal R[illegible], Block-A, Mohammadpur, Dhaka-1207 or (phone 02-9115053).At this time, do you want to ask me anything about the survey? 1 →

May I begin the interview now? Yes 2 END

Participant's Name: _____ Signature (or thumb print): _____ Date: _____

Name of witness: _____ Signature: _____ Date: _____

Name of person obtaining consent: _____ Signature: _____ Date: _____

(Must be study investigator or individual who has been designated to obtain consent)

RECORD THE TIME STARTED.	Hour ..... ☐☐ Min---------- ☐☐

LIST OF ALL HOUSEHOLD MEMBERS

Now we would like some information about the members who usually live in your household.

LINE NO.	USUAL RESIDENTS	RELATION-SHIP TO HEAD OF HOUSEHOLD	SEX	AGE	MARITAL STATUS (If age 10 years or older)	ELIGIBILITY [Ever married women of age 13-49 years]	ELIGIBILITY [Never married women of age 10-35 years]
	Please give me the names of the members who usually live in your household, starting with the head of the household	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	How old is (NAME)? (IF LESS THAN 1 YEAR WRITE 00)	What is the current marital status of (NAME)?	Circle if Q4=2 & Q5=Age 13-49 & Q6= (1OR 2)	Circle if Q4=2 &(Q5= Age 10-35& Q6=3)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1		☐☐	Male .....1 Female.... 2	In years ☐☐	Currently married ..... 1 Separated/Deserted/ Widowed//Divorced ..... 2 Never married 3	1	1
2		☐☐	Male .....1 Female.....2	In years ☐☐	Currently married ..... 1 Separated/Deserted/ Widowed//Divorced ..... 2 Never married 3	2	2
3		☐☐	Male .....1 Female.....2	In years ☐☐	Currently married ..... 1 Separated/Deserted/ Widowed//Divorced ..... 2 Never married 3	3	3
4		☐☐	Male .....1 Female.....2	In years ☐☐	Currently married ..... 1 Separated/Deserted/ Widowed//Divorced ..... 2 Never married 3	4	4
5		☐☐	Male .....1 Female.....2	In years ☐☐	Currently married ..... 1 Separated/Deserted/ Widowed//Divorced ..... 2 Never married 3	5	5
6		☐☐	Male .....1 Female.....2	In years ☐☐	Currently married ..... 1 Separated/Deserted/ Widowed//Divorced ..... 2 Never married 3	6	6
7		☐☐	Male .....1 Female.....2	In years ☐☐	Currently married ..... 1 Separated/Deserted/ Widowed//Divorced ..... 2 Never married 3	7	7
8		☐☐	Male .....1 Female.... 2	In years ☐☐	Currently married ..... 1 Separated/Deserted/ Widowed//Divorced ..... 2 Never married 3	8	8
9		☐☐	Male .....1 Female.....2	In years ☐☐	Currently married ..... 1 Separated/Deserted/ Widowed//Divorced ..... 2 Never married 3	9	9
10		☐☐	Male .....1 Female.....2	In years ☐☐	Currently married ..... 1 Separated/Deserted/ Widowed//Divorced ..... 2 Never married 3	10	10
11		☐☐	Male .....1 Female.....2	In years ☐☐	Currently married ..... 1 Separated/Deserted/ Widowed//Divorced ..... 2 Never married 3	11	11
12		☐☐	Male .....1 Female.....2	In years ☐☐	Currently married ..... 1 Separated/Deserted/ Widowed//Divorced ..... 2 Never married 3	12	12

*** CODES FOR Q3 (RELATIONSHIP TO HEAD OF HOUSEHOLD)**

01	HEAD	07	PARENT-IN-LAW
02	WIFE OR HUSBAND	08	BROTHER OR SISTER
03	SON OR DAUGHTER	09	OTHER RELATIVE
04	SON-IN-LAW OR DAUGHTER-IN-LAW	10	ADOPTED /FOSTER/STEPCHILD
05	GRANDCHILD	11	NOT RELATED
06	PARENT	98	DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
9	What is the main source of drinking water for members of your household?	**PIPED WATER** Piped into dwelling ..... 11 Piped to yard/plot ..... 12 Public tap/standpipe ..... 13 Tube well or borehole ..... 21 **DUG WELL** Protected well ..... 31 Unprotected well ..... 32 **WATER FROM SPRING** Protected spring ..... 41 Unprotected spring ..... 42 Rainwater ..... 51 Tanker truck ..... 61 Cart with small tank ..... 71 Surface water (river/dam/lake/pond/stream/canal/ irrigation channel) ..... 81 Bottled water ..... 91 Other _____ 96 Specify	
10	What kind of toilet facility do members of your household usually use?	**FLUSH OR POUR FLUSH TOILET** Flush to piped sewer system ..... 11 Flush to septic tank ..... 12 Flush to pit latrine ..... 13 Flush to somewhere else ..... 14 Flush, donot know where ..... 15 **PIT LATRINE** Ventilated improved pit latrine ..... 21 Pit latrine with slab ..... 22 Pit latrine without slab/open pit ..... 23 composting toilet ..... 24 Bucket toilet ..... 31 Hanging toilet/latrine ..... 41 No facility/bush/field ..... 51 → Other _____ 96 Specify	**12**
11	Do you share this toilet facility with other households?	Yes ..... 1 No 2	
12	Does your household (or any member of your household) have: Electricity? A radio? A television? A mobile telephone? A non-mobile telephone? A refrigerator/fridge? An almirah/wardrobe? A table? A chair? An electric fan? A bicycle? A motorcycle/motor scooter/ tempo/CNG? An animal drawn cart? A car/truck/bus/microbus? A boat with a motor/troller? A ricksha/van? A DVD/VCD player? A water pump?	Yes No Electricity ..... 1 2 Radio ..... 1 2 Television ..... 1 2 Mobile phone ..... 1 2 Non-mobile phone ..... 1 2 Refrigerator/fridge ..... 1 2 Almirah/wardrobe ..... 1 2 Table ..... 1 2 Chair ..... 1 2 Electric fan ..... 1 2 Bicycle ..... 1 2 Motorcycle/motor scooter/ tempo/ CNG ..... 1 2 Animal-drawn cart ..... 1 2 Car/truck/bus/microbus ..... 1 2 Boat with motor/troller ..... 1 2 Rickshaw/van ..... 1 2 DVD/VCD player ..... 1 2 Water pump 1 2	
13	Main material of the floor. *[RECORD OBSERVATION.]*	**NATURAL FLOOR** Earth/sand ..... 11 **RUDIMENTARY FLOOR** Wood planks ..... 21 Palm/bamboo ..... 22 **FINISHED FLOOR** Parquet or polished wood ..... 31 Ceramic tiles ..... 32 Cement ..... 33 Carpet ..... 34 Other _____ 96 Specify	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
14	Main material of the roof. *[RECORD OBSERVATION.]*	**NATURAL ROOFING** No roof ..... 11 Thatch/palm leaf ..... 12 **RUDIMENTARY ROOFING** Bamboo ..... 21 Wood planks ..... 22 Cardboard ..... 23 **FINISHED ROOFING** Tin ..... 31 Wood ..... 32 Ceramic tiles ..... 33 Cement ..... 34 Roofing shingles ..... 35 Other _____ 96 (Specify)	
15	Main Material Of The Exterior Walls *[RECORD OBSERVATION.]*	**NATURAL WALLS** No walls ..... 11 Cane/palm/trunks ..... 12 Dirt/mud/bamboo ..... 13 **RUDIMENTARY WALLS** Bamboo with mud ..... 21 Stone with mud ..... 22 Plywood ..... 23 Cardboard ..... 24 **FINISHED WALLS** Tin ..... 31 Cement/plaster ..... 32 Stone with lime/cement ..... 33 Bricks ..... 34 Wood planks ..... 35 Other _____ 96 (Specify)	
16	Does this household own any livestock, herd, other farm animals, or poultry?	Yes ..... 1 No ..... 2 →	18
17	How many of the following animal does this household own? [IF NONE, ENTER '00' IF MORE THAN 95, ENTER '95' IF UNKNOWN, ENTER '98'.] Cows or bulls or buffalos? Goats or sheep? Chickens or ducks?	Cows/bulls/buffalos ..... ☐☐ Goats/sheep ..... ☐☐ Chicken/ducks ..... ☐☐	
18	Does your household own any homestead? IF 'NO', PROBE: Does your household own homestead any other places?	Yes ..... 1 No 2	
19	Does your household own any land (other than the homestead land)?	Yes ..... 1 No ..... 2 →	**Woman's Quest.**
20	How much land does your household own (other than the homestead land)? AMOUNT _____ SPECIFY UNIT_____	Acres ..... ☐☐ Decimals ..... ☐☐	

INTERVIEWER: THANK YOU VERY MUCH FOR PARTICIPATING IN THE SURVEY.

RECORD THE TIME FINISHED.	Hour ..... ☐☐ Min---------- ☐☐

MIH Baseline Survey 2013

Woman's Questionnaire

Face Sheet

IDENTIFICATION	
DIVISION _____	
DISTRICT.....	
UPAZILA	
UNION.....	
MOUZA	
VILLAGE	
SEGMENT NUMBER	
CLUSTER NUMBER	
HOUSEHOLD NUMBER.....	
NAME OF THE HOUSEHOLD HEAD _____	
NAME OF THE RESPONDENT _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY ☐☐ MONTH* ☐☐
INTERVIEWER'S NAME	_____	_____	_____	YEAR ☐☐☐☐
RESULT*				CODE ☐☐ RESULT* ☐
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS ☐
TIME	_____	_____		

*RESULT CODES:

1	COMPLETED	4	REFUSED	7	OTHER_____ SPECIFY
2	NOT AT HOME	5	PARTLY COMPLETED		
3	POSTPONED	6	RESPONDENT INCAPACITATED		

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ ☐☐ DATE _____	NAME _____ ☐☐ DATE _____	☐☐	☐☐

Form 2

INFORMED CONSENT FOR WOMAN'S QUESTIONNAIRE

Title of Research: Marketing Innovations for Health (MIH) Baseline Survey 2013

Principal Investigator: S. N. Mitra

Participating Institute: Mitra and Associates

Introductory statement:

My name is _____. I have come from Mitra and Associates, a private research organization, located in Dhaka. To assist in the implementation of socio-development programs in the country, we conduct different types of surveys. We are now conducting a survey about the knowledge and utilization of health care in selected rural areas of Bangladesh. The survey is paid for by the United States Agency for International Development (USAID). The survey is being coordinated by the University of North Carolina in Chapel Hill, North Carolina, USA. The data will be examined by Mitra and Associates and by researchers at the University of North Carolina in Chapel Hill, North Carolina, USA. I would very much appreciate your participation in this survey.

Why the study being done?

The study will help understand the state and determinants of health in rural Bangladesh

What is involved in the study?

You have been selected as respondents in this study. I would like to ask you some questions about yourself, including about your health.

What will you have to do if you agree to participate?

Since, you have been selected as respondents in this study. I shall be thankful if you provide your valuable response on certain issues. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them. The survey usually takes between 30 and 45 minutes to complete.

What are the risks and benefits of this study?

By providing information you will not have any risk what so ever, rather this will help the government and policy planners to formulate policy plan and development programs.

Confidentiality:

Whatever information you provide will be kept strictly confidential. It will be used for research purposes and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study?

Your participation in the study is voluntary and promises no financial benefit.

Right to refuse or withdraw:

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

Who do I contact if I have questions or problems?

If you wish to know more about your rights as a participant in this study you may contact the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka (Phone: 8819311, 8828396) or the Institutional Review Board (IRB) at the School of Public Health, CB # 7400, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7400, U.S.A. or call collect if necessary, 001-919-966-3012, or call UNC MEASURE Evaluation Advisor (Phone: 02-8810115). If you have further questions regarding the nature of this study you may also contact Mitra Associates2/17, Iqbal Road, Block-A, Mohammadpur, Dhaka-1207 or (phone 02-9115053).At this time, do you want to ask me anything about the survey?

May I begin the interview now? Yes [1] ↓ No [2] → END

Participant's Name: _____ Signature (or thumb print): _____ Date: _____

Name of witness: _____ Signature: _____ Date: _____

Name of person obtaining consent: _____ Signature: _____ Date: _____

(Must be study investigator or individual who has been designated to obtain consent)

Form 3

INFORMED CONSENT OF HUSBAND/IN-LAWS/LEGAL GUARDIAN FOR

INTERVIEW OF WOMAN AGE 13-17 YEARS

FOR WOMAN'S QUESTIONNAIRE

Title of Research: Marketing Innovations for Health (MIH) Baseline Survey 2013

Principal Investigator: S. N. Mitra

Participating Institute: Mitra and Associates

Introductory statement:

My name is _____. I have come from Mitra and Associates, a private research organization, located in Dhaka. To assist in the implementation of socio-development programs in the country, we conduct different types of surveys. We are now conducting a survey about the knowledge and utilization of health care in selected rural areas of Bangladesh. The survey is paid for by the United States Agency for International Development (USAID). The survey is being coordinated by the University of North Carolina in Chapel Hill, North Carolina, USA. The data will be examined by Mitra and Associates and by researchers at the University of North Carolina in Chapel Hill, North Carolina, USA. I would very much appreciate your wife's/daughter-in-law's/daughter's participation in this survey.

Why the study being done?

The study will help understand the state and determinants of health in rural Bangladesh

What is involved in the study?

Your wife/daughter-in-law/daughter has been selected as respondents in this study. I would like to ask her some questions about herself, including about her health.

What will you have to do if you agree to let her participate?

Since, your wife/daughter-in-law/daughter has been selected as respondents in this study. I shall be thankful if she provide her valuable response on certain issues. If some questions cause her embarrassment or make her feel uncomfortable, she can refuse to answer them. The survey usually takes between 30 and 45 minutes to complete.

What are the risks and benefits of this study?

By providing information you and your wife/daughter-in-law/daughter will not have any risk what so ever, rather this will help the government and policy planners to formulate policy plan and development programs.

Confidentiality:

Whatever information your wife/daughter-in-law/daughter provide will be kept strictly confidential. It will be used for research purposes and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study?

your wife's/daughter-in-law's/daughter's participation in the study is voluntary and promises no financial benefit.

Right to refuse or withdraw:

Participation in this survey is voluntary and your wife/daughter-in-law/daughter can choose not to answer any individual question or all of the questions. However, we hope that your wife/daughter-in-law/daughter will participate in this survey since her views are important.

Who do I contact if I have questions or problems?

If you wish to know more about your wife's/daughter-in-law's/daughter's rights as a participant in this study you may contact the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka (Phone: 8819311, 8828396) or the Institutional Review Board (IRB) at the School of Public Health, CB # 7400, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7400, U.S.A. or call collect if necessary, 001-919-966-3012, or call UNC MEASURE Evaluation Advisor (Phone: 02-8810115). If you have further questions regarding the nature of this study you may also contact Mitra Associates2/17, Iqbal Road, Block-A, Mohammadpur, Dhaka-1207 or (phone 02-9115053).At this time, do you want to ask me anything about the survey?

May I begin the interview now? Yes [1] No [2] → END

Husband's/In-law's/Legal Guardian's Name: _____Signature (or thumb print): _____ Date: ___

Name of witness: _____ Signature: _____ Date: _____

Name of person obtaining consent: _____ Signature: _____ Date: _____

(Must be study investigator or individual who has been designated to obtain consent)

Form 4

ASSENT FORM FOR WOMAN AGE 13-17 YEARS FOR WOMAN'S QUESTIONNAIRE

Title of Research: Marketing Innovations for Health (MIH) Baseline Survey 2013

Principal Investigator: S. N. Mitra

Participating Institute: Mitra and Associates

Introductory statement:

My name is _____. I have come from Mitra and Associates, a private research organization, located in Dhaka. To assist in the implementation of socio-development programs in the country, we conduct different types of surveys. We are now conducting a survey about the knowledge and utilization of health care in selected rural areas of Bangladesh. The survey is paid for by the United States Agency for International Development (USAID). The survey is being coordinated by the University of North Carolina in Chapel Hill, North Carolina, USA. The data will be examined by Mitra and Associates and by researchers at the University of North Carolina in Chapel Hill, North Carolina, USA. I would very much appreciate your participation in this survey.

Why the study being done?

The study will help understand the state and determinants of health in rural Bangladesh

What is involved in the study?

You have been selected as respondents in this study. I would like to ask you some questions about yourself, including about your health.

We have discussed this research with your Husband/In-laws/Legal Guardian and they know that we are also asking you for your agreement. If you are going to participate in the research, your Husband/In-laws/Legal Guardian also have to agree. But if you do not wish to take part in the research, you do not have to, even if your Husband/In-laws/Legal Guardian have agreed.

You may discuss anything in this form with your Husband/In-laws/Legal Guardian or friends or anyone else you feel comfortable talking to. You can decide whether to participate or not after you have talked it over. You do not have to decide immediately.

What will you have to do if you agree to participate?

Since, you have been selected as respondents in this study. I shall be thankful if you provide your valuable response on certain issues. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them. The survey usually takes between 30 and 45 minutes to complete.

What are the risks and benefits of this study?

By providing information you will not have any risk what so ever, rather this will help the government and policy planners to formulate policy plan and development programs.

Confidentiality:

Whatever information you provide will be kept strictly confidential. It will be used for research purposes and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study?

Your participation in the study is voluntary and promises no financial benefit.

Right to refuse or withdraw:

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

Who do I contact if I have questions or problems?

If you wish to know more about your rights as a participant in this study you may contact the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka (Phone: 8819311, 8828396) or the Institutional Review Board (IRB) at the School of Public Health, CB # 7400, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7400, U.S.A. or call collect if necessary, 001-919-966-3012, or call UNC MEASURE Evaluation Advisor (Phone: 02-8810115). If you have further questions regarding the nature of this study you may also contact Mitra Associates2/17, Iqbal Road, Block-A, Mohammadpur, Dhaka-1207 or (phone 02-9115053).At this time, do you want to ask me anything about the survey?

May I begin the interview now? Yes [1] ↓ No [2] → END

Participant's Name: _____ Signature (or thumb print): _____ Date: _____

Name of witness: _____ Signature: _____ Date: _____

Name of person obtaining consent: _____ Signature: _____ Date: _____

(Must be study investigator or individual who has been designated to obtain consent)

Section 1: Respondent's Background

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME STARTED.	Hour ☐☐ Min ☐☐	
102	In what month and year were you born?	Months ☐☐ Don't know months....98 Year ☐☐☐☐ Don't know year 9998	
103	How old were you at your last birthday? *[COMPARE AND CORRECT 102 AND /OR 103 IF INCONSISTENT]*	Age in completed years ☐☐	
104	Are you currently married, separated, deserted, divorced or widowed?	Currently Married ....1 Separated ....2 Deserted ....3 Divorced....4 Widowed....5	
105	Have you ever attended school /madrasha?	Yes ....1 No....2 →	**107**
106	What is the highest class you completed (including madrasha) last? *[WRITE '00' IF NOT COMPLETED ANY CLASS]*	Class ☐☐	
107	Do you watch television?	Yes ....1 No....2 →	**109**
108	Do you watch television every day, once a week or more or less than once a week ?	Every day....1 Once a week or more....2 Less than once a week 3	
109	Do you personally have a mobile phone?	Yes ....1 → No....2	**111**
110	Do you have access to a mobile phone?	Yes ....1 No....2	
111	Can you read SMS/text message in a mobile phone?	Yes ....1 No....2	
112	Do you belong to any of the following organizations: Grameen Bank? BRAC? BRDB? ASHA? PROSHIKA? Mother's Club? Others (Spcify)?	**Yes No** Grameen Bank.... 1 2 BRAC.... 1 2 BRDB.... 1 2 ASHA.... 1 2 PROSHIKA .... 1 2 Mother's Club.... 1 2 Others_____1 2 (Specify)	
113	What is your religion?	Islam....1 Hinduism....2 Buddhism....3 Christianity....4 Other_____ 6 (Specify)	
113a	**CHECK 104 :** **CODE 1 CIRCLED** ☐ **CODE 2 OR 3 OR 4 OR 5 CIRCLED** ☐ →		**201**
114	Is your husband staying with you now or is he staying elsewhere?	Staying with me.... 1 → Staying elsewhere 2	**201**
115	How long has your husband been staying away from home? (IF LESS THAN 1MONTH WRITE 00, IF MORE THAN 95 MONTHS OR MORE WRITE 95 MONTHS)	Month..... ☐☐	

116	When was the last time did you see your husband? IF LESS THAN ONE MONTH WRITE '00'	Month ago ..... ☐☐	

Section 2: Reproduction

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	Now I would like to ask you some questions about childbearing		
201	Have you ever given birth?	Yes .....1 No ..... 2 →	**Section:3a**
201a	How many children have you ever given birth to whether still alive living with you or living outside or died? How many such boys? How many such girls?	Boys..... ☐☐ Girls ..... ☐☐ Total..... ☐☐ **Interviewer: Skip to Section:3a if the total number of children is 00.**	
Now I would like to record the names of all your children you have given birth to whether alive living with you or dead or living outside of your home, starting with the youngest one **INTERVIEWER: RECORD NAMES OF THE YOUNGEST TO OLDEST BIRTH IN 203. IF NO NAME WAS GIVEN, RECORD 'NO NAME' IN 203. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.**			

202	203	204	205	206	207	208	209
Line no.	What name is/was given to your (youngest/ next) baby?	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? **RECORD AGE IN COMPLETED YEARS. (IF LESS THAN 1**YEAR **RECORD 0****0)**	Does (NAME) live with you or outside?
1	Name:_____	Yes...1 No 2	Boy...1 Girl ...2	Month ..... ☐☐ Year.... ☐☐☐☐ If month and year of birth is before April 2008, skip to 210	Yes..... 1 No ..... 2 ↓ Next Row	Age in years.... ☐☐	Home .... 1 Outside.. 2
2	Name:_____	Yes...1 No 2	Boy...1 Girl ...2	Month ..... ☐☐ Year.... ☐☐☐☐ If month and year of birth is before April 2008, skip to 210	Yes..... 1 No ..... 2 ↓ Next Row	Age in years.... ☐☐	Home .... 1 Outside.. 2
3	Name:_____	Yes...1 No 2	Boy...1 Girl ...2	Month ..... ☐☐ Year.... ☐☐☐☐ If month and year of birth is before April 2008, skip to 210	Yes..... 1 No ..... 2 ↓ Next Row	Age in years.... ☐☐	Home .... 1 Outside.. 2]

210	TOTAL NUMBER OF LIVE BIRTHS RECORDED IN BIRTH HISTORY SINCE APRIL 2008. IF NONE, RECORD '00'	Birth since April 2008 ..... ☐☐	
211	TOTAL NUMBER OF LIVE BIRTHS RECORDED IN BIRTH HISTORY SINCE APRIL 2010. IF NONE, RECORD '00'	Birth since April 2010 ..... ☐☐	

Section 3a: Knowledge about Service Providers and Community Dissemination on Healthy Timing and Spacing of Pregnancy, and Pregnancy and Delivery Care

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP

	INTERVIEWER: FOR *BRAC* AREA: YOU WILL OBTAIN A LIST OF *SASTHYA KARMI* OR *SASTHYA SEBIKA* FROM THE COMMUNITY SURVEY MODULE. MATCH THE NAMES OF THESE PROVIDERS GIVEN BY THE RESPONDENT WITH THOSE OBTAINED FROM THE COMMUNITY SURVEY. FOR OTHER-NGO AREA: YOU WILL OBTAIN A LIST OF *COMMUNITY MOBILIZER(S)* AND *COMMUNITY SALES AGENT(S)* FROM THE COMMUNITY SURVEY MODULE. MATCH THE NAMES OF THE PROVIDERS GIVEN BY THE RESPONDENT WITH THOSE OBTAINED FROM THE COMMUNITY SURVEY.		
	For *brac* areas: In your community BRAC helps in providing health care and their health providers are known as "**Sasthya** *Karmi" and "Sasthya Sebika".* In your community, the *Sasthya Karmi [NAME_____]* discusses about "*Natun Din"* on topics like healthy timing and spacing of pregnancy, family planning, pregnancy and maternal health, and neonatal and child health or about other health problems such as TB. She provides counseling and checkup to pregnant women. You may meet/know her. *Sasthya Sebika [NAME_____]* sells some health and family planning products. For other-NGO areas: SMC and another NGO (_____) are implementing a health awareness program naming *"Natun Din". One of their workers is known as* "*Community Mobilizer*". The Community Mobilizer*[NAME_____]* disseminates information about *Natun Din* on topics like healthy timing and spacing of pregnancy, family planning, pregnancy and maternal health, and neonatal and child health or about other health problems such as TB. The SMC Community Sales Agent *[NAME_____]* sells family planning, pregnancy and maternal health, and child health or about other health products, some health products known as SMC products.		
302	BRAC AREAS: Have you ever been in contact with a *Sasthya karmi* who discussed about *Natun Din* on topics like healthy timing and spacing of pregnancy, family planning, pregnancy and maternal health, and neonatal and child health or about other health problems such as TB? NON-BRAC NGO AREAS: Have you ever been in contact with a *Community Mobilizer* who discussed about *Natun Din* on topics like healthy timing and spacing of pregnancy, family planning, pregnancy and maternal health, and child health or about other health problems such as TB?	Yes .....1 No .....2 →	305
302a	When was the last time you had a contact with a worker? IF LESS THAN ONE MONTH WRITE '00'	Month ago----------☐ ☐ Don't know----------98	
303	Where did the (last) discussion take place?	At my home, individually .....1 At *Uthan boithak* .....2 At the provider's office/center.....3 At the provider's place .....4 Others_____ 6 (Specify)	
304	What was/were the topic(s) of discussion?	Appropriate age of marriage ..... A Appropriate age of conception ..... B Problems of early child bearing..... C Problems of late child bearing..... D Adequate spacing between two pregnancies..... E Family planning.....F Pregnancy/maternal health/safe delivery... G Child health..... H Child nutrition.....I Hand washing.....J Adolescent health ..... K Menstrual hygiene/use of sanitary napkin .L TB.....M Others_____ X (Specify) Can't remember about the topic(s) ..... Z	
NO	**QUESTIONS AND FILTER**	**CODING CATEGORIES**	**SKIP**
305	BRAC AREAS: Have you ever been in contact with a *Sasthya Sebika* who discussed about *Natun Din* on topics like healthy timing and spacing of pregnancy, family planning,	Yes.....1 No .....2 →	**308**

	pregnancy and maternal health, and neonatal and child health or about other health problems such as TB? NON-BRAC NGO AREAS: Have you ever been in contact with a *Community Sales Agent* who discussed about *Natun Din* on topics like healthy timing and spacing of pregnancy, family planning, pregnancy and maternal health, and child health or about other health problems such as TB?		
305a	When was the last time you had a contact with a worker? IF LESS THAN ONE MONTH WRITE '00'	Month ago----------☐☐ Don't know----------98	
306	Where did the (last) discussion take place?	At my home, individually .....1 At *Uthan boithak* .....2 At the provider's office/center.....3 At the provider's place .....4 Others _____ 6 (Specify)	
307	What was/were the topic(s) of discussion?	Appropriate age of marriage .....A Appropriate age of conception .....B Problems of early child bearing..... C Problems of late child bearing..... D Adequate spacing between two pregnancies.....E Family planning .....F Pregnancy/maternal health/safe delivery .. G Child health..... H Child nutrition.....I Hand washing.....J Adolescent health .....K Menstrual hygiene/use of sanitary napkin .L TB.....M Others _____X (Specify) Can't remember about the topic(s).....Z	
308	Did you purchase any products from the *Sasthya Sebika* or *Community Sales Agent*?	Yes.....1 No 2	
309	Have you ever attended any *Uthan boithak* where discussion on *Natun Din* on topics like healthy timing and spacing of pregnancy, family planning, pregnancy and maternal health, and neonatal and child health or about other health problems such as TB took place?	Yes.....1 No .....2 →	312
309a	When was the last time you attended any *Uthan boithak*? IF LESS THAN ONE MONTH WRITE '00'	Month ago----------☐☐ Don't know----------98	
310	What was/were the topic(s) of discussion?	Appropriate age of marriage .....A Appropriate age of conception .....B Problems of early child bearing..... C Problems of late child bearing..... D Adequate spacing between two pregnancies.....E Family planning .....F Pregnancy/maternal health/safe delivery .. G Child health..... H Child nutrition.....I Hand washing.....J Adolescent health .....K Menstrual hygiene/use of sanitary napkin .L TB.....M Others _____X (Specify) Can't remember about the topic(s) ..... Z	
312	**Now I would like to know about your attendance/participation at community events such as health film show (sometimes known as SMC film show), interactive theater (*Jatra*) on health, or *Notun diner golpo* or health *mela*.** Have you ever attended an event such as health film show, "*Notun diner golpo*", or health *mela*?	Yes.....1 No .....2 →	313a

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP
312a	When was the last time you attended an event such as health film show, "*Notun diner golpo*", or health *mela*? IF LESS THAN ONE MONTH WRITE '00'	Month ago----------☐☐ Don't know----------98	
313	What was/were the topic(s) of the event?	Appropriate age of marriage ..... A Appropriate age of conception ..... B Problems of early child bearing ..... C Problems of late child bearing ..... D Adequate spacing between two pregnancies ..... E Family planning ..... F Pregnancy/maternal health/safe delivery ... G Child health ..... H Child nutrition ..... I Hand washing ..... J Adolescent health ..... K Menstrual hygiene/use of sanitary napkin . L TB ..... M Others_____ X (Specify) Can't remember about the topic(s) ..... Z	
313a	**CHECK 104 :** **CODE 1 CIRCLED** ☐ **CODE 2 OR 3 OR 4 OR 5 CIRCLED** ☐ →		**315a**
314	Has your husband ever attended an event such as health film show "*Notun diner golpo*", *Health Mela, Hatbaithak* or any other meetings of men on health topics?	Yes ..... 1 No ..... 2 → **315a** Don't know 8	
314a	When was the last time your husband attended an event such as health film show "*Notun diner golpo*", *Health Mela, Hatbaithak* or any other meetings of men on health topics? IF LESS THAN ONE MONTH WRITE '00'	Month ago----------☐☐ Don't know----------98	
315	What was/were the topic(s) of the event or meeting?	Appropriate age of marriage ..... A Appropriate age of conception ..... B Problems of early child bearing ..... C Problems of late child bearing ..... D Adequate spacing between two pregnancies ..... E Family planning ..... F Pregnancy/maternal health/safe delivery ... G Child health ..... H Child nutrition ..... I Hand washing ..... J Adolescent health ..... K Menstrual hygiene/use of sanitary napkin . L TB ..... M Others_____ X (Specify) Can't remember about the topic(s)/ Don't know ..... Z	
315a	CHECK: 107 CODE '1' CIRCLED ☐	CODE '2' CIRCLED ☐ →	**316**
I would like to know about the messages that you may heard/seen on the television			
315b	Have you seen any messages through the "Notun Din" airing by SMC and USAID on TV?	Yes ..... 1 No ..... 2 →	**316**
315c	What was/were the topic(s) you saw?	Appropriate age of marriage ..... A Appropriate age of conception ..... B Problems of early child bearing ..... C Problems of late child bearing ..... D Adequate spacing between two pregnancies ..... E Family planning ..... F Pregnancy/maternal health/safe delivery ... G Child health ..... H	

		Child nutrition.....I Hand washing.....J Adolescent health ..... K Menstrual hygiene/use of sanitary napkin ..L TB.....M Others _____X (Specify) Can't remember about the topic(s) ..... Z	
NO	**QUESTIONS AND FILTER**	**CODING CATEGORIES**	**SKIP**
316	Do you hear the name of Blue star pharmacy that provides various services of SMC?	Yes .....1 No .....2 →	**Sec:3b**
316a	Do you know what types of services are available at blue star pharmacy?	Counseling on family planning methods .... A Counseling on TB ..... B Antenatal and post natal care/counseling.. C Referral service for long acting and permanent family planning method ..... D Referral service for TB patients..... E Family planning injectables ..... F Others _____X (Specify) Can't say..... Z	

Section 3b: Knowledge on Healthy Timing and Spacing pregnancy, Pregnancy and Delivery Care, Family Planning, and Other Health

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP
	Now I would like to know about health problems associated with maternal age and timing of pregnancy. A pregnant woman (or the coming baby or both) may experience health problems when she becomes pregnant at young or old ages or after short interval between two pregnancies.		
317	Do you know what health problems a woman (or the coming baby) may have when she is pregnant at young age, i.e., below 20 years of age?	Yes .....1 No.....2 →	319
318	What may be the health problems?	Spontaneous abortion/stillbirth..... A Delayed/prolonged labor..... B Convulsions/Eclapmsia..... C Fits..... D Excessive vaginal bleeding..... E Maternal anemia..... F Preterm birth.....G Low birth weight.....H Others_____ X (Specify)	
319	Do you know what health problems a woman (or the coming baby) may have when she is pregnant at older ages, i.e., 35 years or over?	Yes .....1 No.....2 →	321
320	What may be the health problems?	Spontaneous abortion/stillbirth..... A Delayed/prolonged labor..... B Convulsions/Eclapmsia..... C Fits..... D Excessive vaginal bleeding..... E Maternal anemia..... F Preterm birth.....G Low birth weight.....H Others_____ X (Specify)	
321	Do you know what health problems a woman (or the coming baby) may have when she is pregnant at an interval of 2 years or shorter between two pregnancies?	Yes .....1 No.....2 →	]
322	What may be the health problems?	Spontaneous abortion/stillbirth..... A Maternal anemia..... B Preterm birth..... C Low birth weight..... D Mother has not recuperated..... E Others_____ X (Specify)	

324	**Now I want to know about family planning and associated health issues.** Now I would like to talk to you about family planning -- the various ways or methods that a couple can use to delay or avoid a pregnancy. Do you know any method to delay/avoid getting pregnant?	Yes .....1 No .....2 →	328
325	Which method do you know about? [CIRCLE ALL MENTIONED.]	Female sterilization ..... A Male sterilization ..... B IUD ..... C Injectables ..... D Implants ..... E Pill/Mini pill ..... F Condom ..... G Safe period/periodic abstinence ..... L Withdrawal ..... M Other _____ X Specify	
NO	**QUESTIONS AND FILTER**	**CODING CATEGORIES**	**SKIP**
328	**In some cases it may happen that a woman have an unplanned sex, or she or her husband was not using any particular contraceptive method, or she or her husband thinks that the method did not work.** Do you know any method in this situation to avoid unintended pregnancy?	Yes .....1 No .....2 →	331
329	Which method? [RESPONDENT MAY NOT SAY "ECP", BUT MAY SAY "EMERGENCY PILL" OR LIKE THAT]	Emergency Contraceptive Pill / ECP ..... A Norix ..... B Emcon ..... C Norpill ..... D Ipill ..... E Postinor-2 ..... F Others_____ X Specify	
330	When this method is to be used?	Within 1 day .....1 Within 2 days .....2 Within 3 days .....3 Others_____ 6 Specify	
Pregnancy and Safe Motherhood (Complications)			
331	During or after pregnancy a woman can experience some kind of complications which are quite common. Some complications may be dangerous and can threaten the life of the pregnant woman. Can you tell me which the danger signs are?	Severe Headache ..... A Blurred Vision ..... B High fever ..... C Delayed/Prolonged lab ..... D Convulsions/fits ..... E Excessive vaginal bleeding ..... F Others_____ X (Specify)	
ANC			
332	Do you know or can you say whether a woman needs checkup during pregnancy even if she does not fell ill?	Yes .....1 No .....2 →	**334**
332a	From whom a pregnant woman can get this checkup? If `D' mentioned write the name of the CSBA. Name_____ Name_____	**HEALTH PROF** Qualified doctor ..... A Nurse/midwife/paramedic ..... B FWV ..... C CSBA ..... D MA/SACMO ..... E HA ..... F FWA ..... G Blue Star service provider ..... H **OTHER PERSON** TTBA ..... I UTTBA ..... J Unqualified doctor ..... K *Sasthya Karmi* ..... L NGO worker ..... M	

		Other _____ X (Specify)	
NO	**QUESTIONS AND FILTER**	**CODING CATEGORIES**	**SKIP**
333	From where a pregnant woman can get this checkup?	**PUBLIC SECTOR** Medical college hospital....A Specialized govt. hospital_____B (Specify) District hospital....C MCWC....D UHC....E H & FWC....F Satellite clinic/EPI outreach....G Community clinic....H Other _____ I (Specify) **NGOSECTOR** NGO static clinic....J NGO satellite clinic....K Other _____L (Specify) **PRIVATE MEDICAL SECTOR** Pvt. hospital/clinic....M Qualified doctor's chamber _____ N (Specify) Untrained doctor's chamber....O Pharmacy....P Blue-Star Pharmacy....Q Pvt. medical college hospital....R Others _____X (Specify)	
333a	Do you know how many such checkups are recommended for maintaining a healthy pregnancy?	Number .... ☐☐ Don't know/unsure 98	
Delivery preparedness			
334	While pregnant a woman or her family should plan for a healthy delivery which requires certain preparations. Which preparedness a woman or the family should have for delivery?	Select the appropriate place for delivery ... A Select provider/person to assist in delivery B Select the required transport....C Select blood donor....D Save money....E Select a person to accompany the pregnant woman to the facility....F Select person to take care the newborn ....G Collect delivery kits/ n-kits/ bag....H Collect medicine to prevent excess bleeding....I Others_____ X Specify	
335	The hygienic products or material which can be used for making delivery safe are found in a packet which is known as safe delivery kit or safety kit. Do you know about this?	Yes....1 No....2 →	**337**
336	What are benefits of using safe delivery kit?	Prevents maternal infection....A Prevent neonatal infection/sepsis....B Others_____ X Specify	
Tuberculosis			
337	Have you ever heard about the disease TB?	Yes....1 No....2 →	**Sec: 4**
338	Can you say when a person can be a suspect of having TB?	Cough at least for 3 weeks....A Fever with cough....B Chest pain....C Loss of Body weight....D Fatigue....E Anorexia....F Blood with cough....G Others_____ X (Please specify)	
339	Do you know any places or providers from where/whom one can obtain the diagnosis and treatment of TB?	Yes....1 No....2 →	**Sec: 4**
NO	**QUESTIONS AND FILTER**	**CODING CATEGORIES**	**SKIP**
340	From where a pregnant woman can get this checkup?	**PUBLIC SECTOR** Medical college hospital....A	

		Specialized govt. hospital _____ B (such as: TB hospital) (Specify) District hospital ..... C MCWC ..... D UHC ..... E H & FWC ..... F Satellite clinic/EPI outreach ..... G Community clinic ..... H Other _____ I (Specify) **NGOSECTOR** NGO static clinic ..... J NGO satellite clinic ..... K Other _____ L (Specify) **PRIVATE MEDICAL SECTOR** Pvt. hospital/clinic ..... M Qualified doctor's chamber _____ N (Specify) Untrained doctor's chamber ..... O Pharmacy ..... P Blue-Star Pharmacy ..... Q Pvt. medical college hospital ..... R Others _____ X (Specify)	

Section 4: Contraception

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP
401	CHECK 104: *[IF CODE 1 IS CIRCLED IN 104, CIRCLE 1 HERE AND CIRCLE 2 OTHERWISE]*	CURRENTLY MARRIED ..... 1 NOT CURRENTLY MARRIED ..... 2 →	**Sec: 5**
402	Are you pregnant now?	Yes ..... 1 No ..... 2 Unsure 8	**408**
403	When you got this pregnancy, did you want to get pregnant at that time?	Yes ..... 1 → No ..... 2 Unsure 8	**406**
404	Did you want to have this pregnancy later on, or did you not want any (more) children?	Later ..... 1 No more ..... 2 →	**406**
405	How much longer did you want to wait?	Months ..... 1 ☐☐ Years ..... 2 ☐☐ Don't know/unsure 998	
406	Do you want to have any more children after delivering this pregnancy?	Yes ..... 1 No ..... 2 Unsure 8	**411a**
407	How many years and months you want to wait to have that child?	Months ..... 1 ☐☐ Years ..... 2 ☐☐ Don't know/unsure 998	**411a**
408	**CHECK: 201 AND 201a;** ***IF '1' IS CIRCLED IN 201 OR NUMBER OF TOTAL CHILDREN IS* ONE OR MORE *IN 201a*** ☐ →		**410**
409	Do you want any children?	Yes ..... 1 → No ..... 2 → Don't know/Unsure 8	**411** **412**
410	Do you want to have any more children?	Yes ..... 1 No ..... 2 Don't know/Unsure 8	**412**
411	How many years and months do you want to wait to have that child?	Now ..... 000 Months ..... 1 ☐☐ Years ..... 2 ☐☐ Don't know/unsure 998	
411a	**CHECK 402:** **CODE 2 OR 8 *CIRCLED*** ☐ ↓ ***CODE 1 CIRCLED*** ☐ →		**424b**

412	Are you or your husband currently doing something or using any family planning method to delay or avoid getting pregnant?	Yes .....1 No .....2 →	**424a**
413	Which method are you using? [CIRCLE ALL MENTIONED.]	Female sterilization ..... A Male sterilization ..... B IUD ..... C Implants ..... D Injectables ..... E Pill/Mini pill ..... F Condom ..... G Safe period/periodic abstinence ..... L Withdrawal ..... M Other _____ X Specify	**Sec:5** **421** **417** **416** **419**
415	May I see the package of the pill/ mini pill you are using? [IF PACKAGE IS SHOWN, WRITE DOWN THE BRAND NAME FROM THE PACKAGE; IF PACKAGE IS NOT SEEN ASK THE BAND NAME AND WRITE DOWN. CIRCLE 98 OTHERWISE.]	Yes No Package/chart seen .....1 2 Brand name-_____ ☐☐ Don't know 98	**419**
416	May I see the package of the condom you are using? [IF PACKAGE IS SHOWN, WRITE DOWN THE BRAND NAME FROM THE PACKAGE; IF PACKAGE IS NOT SEEN ASK THE BAND NAME AND WRITE DOWN. CIRCLE 98 OTHERWISE.]	Yes No Package/chart seen .....1 2 Brand name_____ ☐☐ Don't know 98	**419**

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP
417	In what facility did you take the injectables? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF THE PLACE)	**PUBLIC SECTOR** Medical college hospital .....11 Specialized govt. hospital _____ 12 (Specify) District hospital .....13 MCWC .....14 UHC .....15 Other public sector _____ 16 (Specify) **NGO SECTOR** NGO static clinic .....21 Other NGO sector _____ 26 (Specify) **PRIVATE MEDICAL SECTOR** Private hospital/clinic .....31 Qualified doctor's chamber .....32 Private medical college hospital _____ 33 (Specify) Other private medical sector _____ 36 (Specify) **PHARMACY** Blue star .....41 Other pharmacy_____ 46 (Specify) **HOME** At home by health provider .....51 Other _____ 96 (Specify) Don't know 98	
418	Can you tell me the brand name of injectables?	Depoprovera .....1 SOMA-JECT .....2 Others_____ 6 (Specify) Don't know 8	
419	Do you or your husband want to use any of the long-acting method (IUD/Implants) in the next 12 months?	Yes .....1 No .....2 Not sure 8	**421**
420	Which long-acting method (IUD/Implants) do you or your husband want to use in the next 12 months?	IUD ..... C Implants ..... E	**422**
421	Do you or your husband want to use any of the permanent method (Female/male sterilization) in the next 12 months?	Yes .....1 No .....2 Not sure 8	**422**
421a	Which permanent method do you or your husband want to use in the next 12 months?	Female sterilization ..... A Male sterilization ..... B	

422	In the last three months have you discussed with your husband regarding continuing use or switch to a different method?	Yes .....1 No.....2 →	**423a**
423	What did you discuss?	Discomfort/side effects of current method . A Switching to a different method..... B Continuing the current method..... C Others_____ X (Specify)	
423a	CHECK **413:** CODE A-G CIRCLED ☐ ↓ CODE 'L' OR 'M' OR 'X' CIRCLED ☐ →		**424a**
NO	**QUESTIONS AND FILTER**	**CODING CATEGORIES**	**SKIP**
424	From where did you obtain the method you are currently using?	**PUBLIC SECTOR** Medical college hospital .....11 Specialized govt. hospital _____ 12 (Specify) District hospital .....13 MCWC.....14 UHC.....15 H & FWC .....17 Satellite clinic/EPI outreach.....18 Community clinic.....19 FWA .....20 Other public sector _____ 16 (Specify) **NGO SECTOR** NGO static clinic .....21 NGO satellite clinic.....22 NGO depo holder.....23 NGO field worker .....24 *BRAC Sasthya Sebika*.....25 *Community Sales Agent*.....27 Other NGO sector _____ 26 (Specify) **PRIVATE MEDICAL SECTOR** Private hospital/clinic.....31 Qualified doctor's chamber.....32 Non-qualified doctor's chamber.....33 Pharmacy .....34 Blue star pharmacy.....35 Private medical college hospital _____ 37 (Specify) Other private medical sector_____ 36 (Specify) **OTHER SOURCE** Shop .....41 Friends/relatives.....42 Others _____ 96 (Specify)	424b →
424a	In the last three months have you discussed with your husband regarding the future use of IUD, Implants, Female sterilization or Male sterilization within next 12 months?	Yes .....1 No.....2	
424b	CHECK 328: CODE 1 CIRCLED ☐ ↓ CODE 2 CIRCLED ☐ →		430
426	**Now I would like to know about the use of emergency contraceptive pill (ECP)** Have you ever used ECP?	Yes .....1 No.....2 →	430
427	When was the last time you used an ECP?	Months ago..... ☐☐	
427a	Which brand of ECP did you use at that time? [IF PACKAGE IS SHOWN, CIRCLE THE CODE OF BRAND NAME FROM THE PACKAGE; IF PACKAGE IS NOT SEEN ASK THE BAND NAME AND CIRCLE	Emergency Contraceptive Pill / ECP ..... A Norix..... B Emcon ..... C Norpill ..... D Ipill..... E	

	THE CODE. CIRCLE Z OTHERWISE.]	Postinor-2 ..... F Others_____ X Specify Don't know.....Z	
428	Why did you use last time?	Did not use any method .....01 Forgot to take pill for 3 consecutive day ...02 Term over for injectables.....03 Full or partial exit of IUD.....04 Failure of withdrawl method .....05 Condom breakage/leakage/misplaced .....06 Unwilling/forced coitus .....07 Others_____ 96 (Specify)	
NO	**QUESTIONS AND FILTER**	**CODING CATEGORIES**	**SKIP**
429	From where did you collect ECP?	**PUBLIC SECTOR** Medical college hospital .....11 Specialized govt. hospital _____ 12 (Specify) District hospital .....13 MCWC .....14 UHC.....15 H & FWC .....17 Satellite clinic/EPI outreach.....18 Community clinic.....19 FWA .....20 Other public sector _____ 16 (Specify) **NGO SECTOR** NGO static clinic .....21 NGO satellite clinic.....22 NGO depo holder.....23 NGO field worker .....24 *BRAC Sasthya Sebika*.....25 *Community Sales Agent*.....27 Other NGO sector _____ 26 (Specify) **PRIVATE MEDICAL SECTOR** Private hospital/clinic.....31 Qualified doctor's chamber.....32 Non-qualified doctor's chamber.....33 Pharmacy .....34 Blue star pharmacy .....35 Private medical college hospital _____ 37 (Specify) Other private medical sector _____ 36 (Specify) **OTHER SOURCE** Shop .....41 Friends/relatives.....42 Others_____ 96 (Specify)	
430	In the last 3 months, were you in contact with a community/field health worker such as *Community Sales Agent or Sasthya Sebika* who talked to you about family planning or gave you a family planning method?	Yes .....1 No.....2 Never.....3 Can't remember/Unsure/Don't know 8	→ Section: 5
431	Do you know with whom you had the last contact? Name _____ Anyone else? Name _____	Govt. FP worker.....01 Govt. health worker.....02 Community mobilizer .....03 Other NGO worker.....04 Health worker (BRAC).....05 Sasthya Sebika.....06 Community Sales Agent.....07 Others_____ 96 (Specify) Don't know.....98	
432	Did you receive any information or products?	Only FP information .....1 Received family planning method.....2 Information and family planning method.....3 Nothing 4	
433	During the last 3 months, how many times were you in contact with a community/field health worker or	Number of times ..... ☐☐	

	workers who talked about family planning or gave you family planning methods?	Don't know.....98	
434	When was the last time you had a contact with a worker who talked to you about family planning? IF MORE THAN ONE WORKER VISITED: When did the last worker visit you? IF LESS THAN ONE MONTH AGO WRITE '00'	Months ago..... ☐☐ Don't know.....98	

Section 5: Nutritional Care and Incidence of Diarrhea among Under-five Children

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP
500	CHECK: 210 ONE OR MORE BIRTH SINCE APRIL 2008 ☐	NO BIRTH SINCE APRIL 2008 ☐ → Section 7: Reproductive Hygiene	
	A packet of vitamin, known as Monimix or Pustikona or Mymix, can be given to children between 6 months and two years (it can be given up to 5 years of age) for improved growth of children.		
500a	Do you know about "Monimix" or "Pustikona" or "Mymix"?	Yes, Monimix..... A Yes, Pustikona ..... B Yes, Mymix..... C No/unsure..... Z → 500e	
500b	What are the benefits of "Monimix" or "Pustikona" or "Mymix"?	Reduces the chance of anemia ... A Improves physical growth ..... B Improves mental growth ..... C Other_____ X (Specify)	
500c	What is the course of Monimix / Pustikona/ Mymix? [Do you know how many packets of Monimix or Pustikona or Monimix is required to be given to child, for how many days, and how many per day?]	One mini packet per day for two months ..... A Next course to be given after four months ..... B One course is required each 6 months ..... C Other_____ X (Specify)	
500d	How Monimix /Pustikona/Mymix is given to children?	Mixed with semi solid food..... A Mixed food is taken within 30 minutesof mixing..... B Other_____ X (Specify)	
500e	Now I would like to know from you about the treatment of childhood diarrhea. Do you know anything which can be given to children when they have diarrhea?	Yes No DK a) ORS packet.....1 2 8 b) LUBAN gur.....1 2 8 c) Zinc syrup/ tablet ..1 2 8 → 501	
500f	What are the benefits of zinc syrup/ tablet given to a child along with ORS?	Reduces the risk of repeated diarrhoea..... A Enhances immunity against diarrhea and related disease ..... B Others_____ X (Specify)	
501	CHECK 203: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTHSINCE APRIL 2008. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)		
502	BIRTH HISTORY NUMBER FROM 202 IN BIRTH HISTORY	Last birth Birth history number ..... ☐☐	Next-to-Last birth Birth history number..... ☐☐
503	FROM 203 AND 207	Name _____ Living ☐ Dead ☐ GO TO 503 IN NEXT	Name _____ Living ☐ Dead ☐ GO TO 503 IN NEXT

		COLUMN OR, IF NO MORE BIRTH, GO TO SEC: 6	COLUMN OR, IF NO MORE BIRTH, GO TO SEC: 6
504	Has _____ (Name) had diarrhea in the last 2 weeks?	Yes.....1 No .....2 512a ← Don't know 8	Yes .....1 No.....2 512a ← Don't know.....8
505	Was there any blood in the stools?	Yes.....1 No .....2 Don't know 8	Yes .....1 No.....2 Don't know.....8
506	Now I would like to know how much _____ (Name) was given to drink during the diarrhea (including breast milk). How much _____ (Name) was given to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	Much less .....1 Somewhat less .....2 About the same .....3 More .....4 Nothing to drink .....5 Don't know.....8	Much less .....1 Somewhat less .....2 About the same .....3 More .....4 Nothing to drink .....5 Don't know.....8
507	How much (NAME) was given to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	Much less .....1 Somewhat less .....2 About the same .....3 More .....4 Stopped food .....5 Never gave food .....6 Don't know.....8	Much less .....1 Somewhat less .....2 About the same .....3 More .....4 Stopped food .....5 Never gave food .....6 Don't know.....8
508	Did you seek advice or treatment for the diarrhea from any source?	Yes.....1 No .....2 510 ←	Yes .....1 No.....2 510 ←
509	Where did you seek advice or or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ NAME OF PLACE	**PUBLIC SECTOR** Medical college hospital..... A Specialized govt. hospital ____B (Specify) District hospital ..... C MCWC..... D UHC ..... E H & FWC ..... F Satellite clinic/EPI outreach ..... G Community clinic ..... H FWA ..... I Other _____J (Specify) **NGO SECTOR** NGO static clinic..... K NGO satellite clinic ..... L NGO field worker..... M *Sasthya Sebika*.....N *Community Sales Agent* .....O Others _____ P (Specify) **PRIVATE MEDICAL SECTOR** Pvt. hospital/clinic..... Q Qualified doctor ..... R Untrained doctor ..... S Pharmacy..... T Blue star Pharmacy _____U Pvt. med. col. hospital _____V (Specify) Other pvt. sector_____W (Specify) Others_____X (Specify)	**PUBLIC SECTOR** Medical college hospital .....A Specialized govt. hospital____ B (Specify) District hospital.....C MCWC .....D UHC.....E H & FWC.....F Satellite clinic/EPI outreach.....G Community clinic.....H FWA.....I Other_____ J (Specify) **NGO SECTOR** NGO static clinic .....K NGO satellite clinic.....L NGO field worker .....M *Sasthya Sebika*..... N *Community Sales Agent*..... O Others_____P (Specify) **PRIVATE MEDICAL SECTOR** Pvt. Hospital/clinic.....Q Qualified doctor .....R Untrained doctor .....S Pharmacy.....T Blue star Pharmacy _____ U Pvt. Med. Col. Hospital_____ V (Specify) Other pvt. Sector _____ W (Specify) Others _____ X (Specify)
510	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special saline packet called OR Saline PACKET? b) A homemade sugar-salt-water solution (laban gur)? c) Zinc syrup/ tablets	Yes No Dk a) ORS packet.....1 2 8 b) LUBAN gur.....1 2 8 c) Zinc syrup/ tablet ..1 2 8	Yes No Dk a) ORS packet ..... 1 2 8 b) LUBAN gur ..... 1 2 8 c) Zinc syrup/ tablet.. 1 2 8
511	If yes in 510a, which brand?	SMC ORS/Saline.....1 Tasty saline 2	SMC ORS/Saline.....1 Tasty saline 2

		EDCL saline.....3 Other _____6 (Specify) Don't know.....8	EDCL saline.....3 Other_____ 6 (Specify) Don't know.....8
511a	If yes in 510c, which brand of zinc tablet?	Baby zinc .....1 SMC zinc .....2 Square zinc.....3 Other _____6 (Specify) Zinc syrup.....NA	Baby zinc .....1 SMC zinc .....2 Square zinc.....3 Other_____ 6 (Specify) Zinc syrup.....NA
512a	CHECK: 500a	CODE Z CIRCLED → Sec:6 CODE A OR B OR C CIRCLED	CODE Z CIRCLED → Sec:6 CODE A OR B OR C CIRCLED
	INTERVIEWER: CHECK THE AGE OF THE CHILDREN BELOW.		
513	CHECK: 208. IF THE AGE IS RECORDED '00', PROBE FOR MONTH.	IF LESS THAN 6 MONTHS → **517** 6 MONTHS OR MORE	IF LESS THAN 6 MONTHS → **517** 6 MONTHS OR MORE
	As you may know a packet of vitamin, known as Monimix or Pustikona or Mymix, can be given to children between 6 months and 2 years (it can be given up to 5 years of age) for improved growth of children.		
515	Have you ever given Monimix/Pustikona/Mymix to (NAME)?	Yes.....1 No .....2 GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO SEC: 6).	Yes .....1 No.....2 GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO SEC: 6).
516	When was the last time you gave Monimix/Pustikona/Mymix to your child?	Currently.....000 Months ..... 1 Weeks 2	Currently ..... 000 Months.....1 Weeks.....2
516a	Last time how many sachets/small packs of Monimix/Pustikona/Mymix were given to your child?	Sachets	Sachets.....
516b	Which brand of iron/vitamin did you give?	Monimix..... A Pustikona ..... B Mymix..... C Unsure..... Z	Monimix .....A Pustikona.....B Mymix .....C Unsure .....Z
517		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO SECTION: 6).	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO SECTION: 6).

Section 6: Pregnancy and Postnatal Care

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP
601	CHECK: 211 ONE OR MORE BIRTH SINCE APRIL 2010 ↓ NO BIRTH SINCE APRIL 2010 →		Section 7: Reproductive Hygiene
602	CHECK 206: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE APRIL 2010. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. Now I would like to ask some questions about your children born in the last three years. (We will talk about each separately.)		
603	BIRTH HISTORY NUMBER FROM 202 IN BIRTH HISTORY	Last birth Birth history number	Next-to-Last birth Birth history number
604	FROM 203 AND 207	Name _____ Living ↓ Dead ↓	Name _____ Living ↓ Dead ↓
605	When you got pregnant with (NAME), did you want to get pregnant at that time?	Yes.....1 → 608 No 2	Yes.....1 → 612 No 2
606	Did you want to have a baby later on, or did you not want any (more) children?	Later.....1 No more .....2 → 608	Later.....1 No more .....2 → 612

607	How many month/year did you want to wait?	Month.....1 ☐☐ Year .....2 ☐☐ Don't know 998	Month.....1 ☐☐ Year .....2 ☐☐ Don't know 998
608	Did you see anyone for antenatal care for this pregnancy?	Yes.....1 No .....2 → 612	
609	Whom did you see? Anyone else? [Probe to identify each type of person and record all mentioned.] If `D' mentioned write the name of the CSBA. Name_____ Name_____	**HEALTH PROF** Qualified doctor. ..... A Nurse/midwife/paramedic ..... B FWV..... C CSBA. ..... D MA/SACMO..... E HA.....F FWA.....G Blue star Service Provider ..... H **OTHER PERSON** TTBA.....I UTTBA .....J Unqualified doctor. ..... K *Sasthya Karmi*.....L NGO worker .....M Other _____X (Specify)	
610	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE _____ NAME OF THE PLACE.	**HOME** Home ..... A **PUBLIC SECTOR** Hospital/Medical college..... B Specialized govt. hospital_____C (Specify) District hospital. ..... D MCWC ..... E UHC .....F H & FWC.....G Satelite clinic/EPI outreach ..... H CC.....I Other_____ J (Specify) **NGO SECTOR** NGO static clinic..... K NGO satelite clinic.....L *Sasthya Karmi*.....M Other_____N (Specify) **PVT. MEDICAL SECTOR** Pvt. Hosp/clinic.....O Qualified doctor ..... P Traditional doctor.....Q Pharmacy..... R Blue star Pharmacy ..... S Pvt. medical collehe hospital _____T (Specify) Other _____X (Specify)	
611	How many times did you receive antenatal care during this pregnancy?	Number of times..... ☐☐ Don't know 98	
612	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WEREPRESENT AT THE DELIVERY. IF 'D' MENTIONED WRITE THE NAME OF THE CSBA.	**HEALTH PROFESSIONAL** Qualified doctor. ..... A Nurse/midwife /paramedic. ..... B FWV..... C CSBA. ..... D MA/SACMO..... E HA.....F FWA.....G **OTHER PERSON** TTBA.....H UTTBA. .....I Unqualified doctor. .....J Relatives. ..... K Neighbor/friend.....L NGO worker. .....M Others _____X	**HEALTH PROFESSIONAL** Qualified doctor. ..... A Nurse/midwife /paramedic. ..... B FWV..... C CSBA. ..... D MA/SACMO..... E HA.....F FWA.....G **OTHER PERSON** TTBA.....H UTTBA. .....I Unqualified doctor. .....J Relatives. ..... K Neighbor/friend.....L NGO worker. .....M Others _____X

	NAME_____ NAME_____	(Specify) No one. ..... Y	(Specify) No one. ..... Y
613	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (Name of place)	**HOME** Home .....11 **PUBLIC SECTOR** Hospital/medical college.....21 Specialized govt. hospital____ 22 Specify District hospital.....23 MCWC .....24 UHC.....25 H & FWC.....26 **NGO SECTOR** NGO Static Clinic .....31 Other.....36 **PRIVATE MEDICAL SECTOR** Pvt. Hospital/ clinic .....41 Pvt. Medical college hosp._____42 Specify Other _____96 Specify	**HOME** Home .....11 **PUBLIC SECTOR** Hospital/medical college.....21 Specialized govt. hospital ___ 22 Specify District hospital.....23 MCWC .....24 UHC.....25 H & FWC.....26 **NGO SECTOR** NGO Static Clinic .....31 Other.....36 **PRIVATE MEDICAL SECTOR** Pvt. Hospital/ clinic .....41 Pvt. Medical college hosp. _____ 42 Specify Other _____ 96 Specify
615	**A pregnant woman and her family needs to have some preparations for having a safe delivery?** Which preparedness did you take for this delivery?	Selected a place for delivery..... A Selected a provider/person to assist delivery..... B Identified a transport for taking me to facility..... C Identified a blood donor..... D Saved money ..... E Identified a person to take care of the newborn .....F Collected delivery kits/ Kallayani/n-kits/ bag..... G Collected medicine to prevent excess bleeding at/after delivery..... H Others _____X (Specify)	
616	CHECK 613:	DELIVERED AT HEALTH FACILITY (CIRCLED ANY CODE 21 TO 96)..... ☐ 620 DELIVERED AT HOME..... ☐ (CODE 11 CIRCLED)	
618	**Now I would like to ask you some specific questions about what was done with (NAME) during and immediately following delivery.** Was a Safe Delivery Kit / Kallyani/n-kit used during the delivery of (NAME)?	Yes.....1 No .....2 620 Don't know 8	
618a	Which brand of safe delivery kit was used?	Kallyani .....1 Safety kit .....2 Others _____6 (Specify) Don't know 8	
619	Who brought the Delivery Kit?	Herself.....1 Provider brought.....2 *Sasthya Sebika* .....3 *Community Sales Agent*.....4 Others _____6 (Specify) Don't know 8	
620	What was used to cut the cord?	Blade from delivery kit .....1 Blade from other source .....2 Bamboo strips .....3 Scissor .....4 Cord was not cut .....5 623 Others _____6 (Specify) Don't know 8	

621	Was anything applied to the cord immediately after cutting and tying it?	Yes.....1 No .....2 623 Don't know 8	
622	What was applied to the cord after it was cut and tied? Anything else?	Antibiotics (powder/ointment) ..... A Antiseptic (Detol/Savlon/Hexasol) B Sprit/Alcohol ..... C Mustered oil with garlic ..... D Chewed rice ..... E Turmeric juice/powder .....F Ginger juice ..... G Shindur..... H Boric powder .....I Gentian violet (blue ink)..... J Talcum powder..... K Other _____X (Specify) Don't know .....Z	
623	How long after delivery was (NAME) bathed for the first time? IF LESS THAN ONE DAY, RECORD IN HOURS IF LESS THAN ONE WEEK, RECORD IN DAYS	Hours .....1 ☐☐ Days.....2 ☐☐ Weeks.....3 ☐☐ Not bathed .....995 Don't know 998	
624	How long after birth was (NAME) dried?	<5 minutes..... 1 5-9 minutes..... 2 10+ minutes..... 3 Not dried..... 4 Don't know..... 8	
625	How long after birth was (NAME) wrapped?	<5 minutes..... 1 5-9 minutes..... 2 10+ minutes..... 3 Not wrapped ..... 4 Don't know..... 8	
626	In the first six weeks after delivery, did you receive for your use a vitamin A dose like(this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	Yes.....1 No .....2 Don't know 8	
627	Did you ever breastfeed (NAME)?	Yes.....1 No 2 629	Yes.....1 No 2 631
628	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	Immediately.....000 Hours .....1 ☐☐ Days.....2 ☐☐	
629	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	Yes.....1 No 2 631	
630	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	Milk (other than breast milk) ..... A Plain water ..... B Sugar/glucose water..... C Gripe water ..... D Sugar-salt-water solution..... E Fruit juice .....F Infant formula .....G Tea/infusions..... H Coffee .....I Honey .....J Other..... X (Specify)	
631	CHECK 604: IS CHILD LIVING?	Dead ..... (GO BACK TO 604 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO SEC:7) Living ..... ☐	Dead ..... (GO BACK TO 604 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO SEC:7) Living ..... ☐
632	Are you still breastfeeding (NAME)?	Yes.....1	

		634 No 2	
633	For how many months did you breastfeed (NAME)?	Months ..... ☐☐ Don't know 98	
634	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	Yes.....1 No .....2 Don't know 8	Yes.....1 No .....2 Don't know 8
635		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO SECTION: 7).	GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO SECTION: 7).

Section 7: Reproductive Hygiene

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to know about your practice of sanitary napkin or sanitary pad during your menstrual period. What do you usually use during your menstrual period?	None .....1 Cloth .....2 Napkin .....3 Cloth and napkin (both).....4 Others _____ 6 (Specify)	702 702
701a	Which brand of napkin do you usually use?	Monalisa .....01 Senora .....02 Modex.....03 Low cost sanitary napkin.....04 Whisper .....05 Freedom .....06 Nirapod .....07 Joya.....08 Others _____ 96 (Specify)	
702	What did you use last time during your last menstrual period?	None .....1 Cloth .....2 Napkin .....3 Cloth and napkin (both).....4 Others _____ 6 (Specify)	703a 703a
702a	Which brand of napkin did you use last time during your last menstrual period?	Monalisa .....01 Senora .....02 Modex.....03 Low cost sanitary napkin.....04 Whisper .....05 Freedom .....06 Nirapod .....07 Joya.....08 Others _____ 96 (Specify)	
702b	Though sanitary napkin of many brands/companies available in the market, why do you use (brand name) sanitary napkin?	Available at every store..... A Convenient to use..... B Low cost ..... C High cost..... D Aromatic ..... E Better quality..... F Don't know about other brand .....G Others _____X (Specify)	

INTERVIEWER: CHECK HH QUESTION NO. 8 AND FIND THAT/THOSE PERSON(S) WHO ARE CIRCLED. WRITE THE LINE NUMBER(S), NAME(S), AND RELATIONSHIP OF THE PERSON(S) IN THE COLUMNS BELOW. THEN ASK THE FOLLOWING QUESTIONS:

		A	B	C
703		Name : _____ HHLine# ..... ☐☐ Relationship with HH ..... ☐☐	Name : _____ HHLine# ..... ☐☐ Relationship with HH ..... ☐☐	Name : _____ HHLine#..... ☐☐ Relationship with HH ..... ☐☐
703a	Is (NAME) your daughter?	Yes.....1 No.....2 → B	Yes.....1 No.....2 → C	Yes.....1 No.....2 → D
703b	Do you know what does your daughter	Sanitary Napkins .....A Clothes .....B	Sanitary Napkins..... A Clothes ..... B	Sanitary Napkins..... A Clothes ..... B

	(NAME) use during her menstrual period?	Nothing .... C Mense not yet started .... D Others ________ X (Specify) 707	Nothing .... C Mense not yet started .... D Others________ X (Specify) 707	Nothing .... C Mense not yet started .... D Others ________X (Specify) 707
704	Which brand of napkin did she use the last time?	Monalisa .... 01 Senora .... 02 Modex .... 03 Low cost sanitary Napkin .... 04 Whisper .... 05 Freedom .... 06 Nirapad .... 07 Joya............ 08 Others ________ 96 (Specify)	Monalisa .... 01 Senora .... 02 Modex............ 03 Low cost sanitary Napkin .... 04 Whisper .... 05 Freedom .... 06 Nirapad .... 07 Joya............ 08 Others________ 96 (Specify)	Monalisa .... 01 Senora .... 02 Modex............ 03 Low cost sanitary Napkin .... 04 Whisper .... 05 Freedom .... 06 Nirapad .... 07 Joya............ 08 Others ________96 (Specify)
705	Did you or the head of the household provide funds for buying sanitary napkin?	Yes .... 1 No............ 2 Unsure/Don't know 8	Yes .... 1 No............ 2 Unsure/Don't know 8	Yes .... 1 No............ 2 Unsure/Don't know............ 8
706	When was the last time the napkin was bought? (IF LESS THAN 1 MONTH RECORD '00')	Months ago............ ☐☐	Months ago............ ☐☐	Months ago............ ☐☐
707	Is (NAME) going to school/college/ university?	Yes .... 1 No............ 2 710	Yes .... 1 No............ 2 710	Yes .... 1 No............ 2 710
708	In last 6 months, did your daughter participate in any event on "*Notun diner golpo*", or health *mela through school session*?	Yes .... 1 No............ 2 B I don't know about her participation 8	Yes .... 1 No............ 2 C I don't know about her participation 8	Yes .... 1 No............ 2 D I don't know about her participation 8
709	What was/were the topic(s) of *"Notun diner golpo",* or *health mela*?	Appropriate age of marriage .... A Appropriate age of conception .... B Problems of early child bearing .... C Problems of late child bearing .... D Adequate spacing between two pregnancies .... E Family planning .... F Pregnancy/maternal health /safe delivery .... G Child health .... H Child nutrition............ I Hand washing............ J Adolescent health .... K Menstrual hygiene/use of sanitary napkin .... L TB............ M Others ________ X Specify Can't remember the topic .. Z	Appropriate age of marriage .... A Appropriate age of conception .... B Problems of early child bearing .... C Problems of late child bearing .... D Adequate spacing between two pregnancies............ E Family planning............ F Pregnancy/maternal health /safe delivery .... G Child health............ H Child nutrition............ I Hand washing............ J Adolescent health .... K Menstrual hygiene/use of sanitary napkin............ L TB............ M Others________ X Specify Can't remember the topic...Z	Appropriate age of marriage .... A Appropriate age of conception .... B Problems of early child bearing .... C Problems of late child bearing .... D Adequate spacing between two pregnancies............ E Family planning............ F Pregnancy/maternal health /safe delivery............ G Child health............ H Child nutrition............ I Hand washing............ J Adolescent health .... K Menstrual hygiene/use of sanitary napkin............ L TB............ M Others ________X Specify Can't remember the topic...Z
710		GO BACK TO 703A IN NEXT COLUMN; OTHERWISE END THE INTERVIEW).	GO BACK TO 703A IN NEXT COLUMN; OTHERWISE END THE INTERVIEW).	GO BACK TO 703A IN NEXT COLUMN; OTHERWISE END THE INTERVIEW).

703		D Name : ________ HHLine# .... ☐☐ Relationship with HH .... ☐☐	E Name : ________ HHLine# .... ☐☐ Relationship with HH .... ☐☐	F Name : ________ HHLine#............ ☐☐ Relationship with HH .... ☐☐
703a	Is (NAME) your daughter?	Yes .... 1 No............ 2 E	Yes .... 1 No............ 2 F	Yes .... 1 No............ 2 G

703b	Do you know what does your daughter (NAME) use during her last menstrual period?	Sanitary Napkins .....A Clothes .....B Nothing .....C Mense not yet started .....D Others _____ X (Specify) 707 ◄	Sanitary Napkins..... A Clothes ..... B Nothing ..... C Mense not yet started ..... D Others_____ X (Specify) 707 ◄	Sanitary Napkins..... A Clothes ..... B Nothing ..... C Mense not yet started ..... D Others _____X (Specify) 707 ◄
704	Which brand of napkin did she use the last time?	Monalisa.....01 Senora .....02 Modex .....03 Low cost sanitary Napkin .....04 Whisper .....05 Freedom .....06 Nirapad.....07 Joya.....08 Others _____ 96 (Specify)	Monalisa .....01 Senora .....02 Modex.....03 Low cost sanitary Napkin .....04 Whisper .....05 Freedom .....06 Nirapad.....07 Joya.....08 Others_____ 96 (Specify)	Monalisa .....01 Senora .....02 Modex.....03 Low cost sanitary Napkin .....04 Whisper .....05 Freedom .....06 Nirapad.....07 Joya.....08 Others _____96 (Specify)
705	Did you or the head of the household provide funds for buying sanitary napkin?	Yes.....1 No.....2 Unsure/Don't know 8	Yes.....1 No.....2 Unsure/Don't know 8	Yes.....1 No.....2 Unsure/Don't know.....8
706	When was the last time the napkin was bought? (IF LESS THAN 1 MONTH RECORD '00')	Months ago..... ☐☐	Months ago..... ☐☐	Months ago..... ☐☐
707	Is (NAME) going to school/college/ university?	Yes.....1 No.....2 710 ◄	Yes.....1 No.....2 710 ◄	Yes.....1 No.....2 710 ◄
708	In last 6 months, did your daughter participate in any event on "*Notun diner golpo*", or health *mela through school session*?	Yes.....1 No.....2 E ◄ I don't know about her participation 8	Yes.....1 No.....2 E ◄ I don't know about her participation 8	Yes.....1 No.....2 E ◄ I don't know about her participation 8
709	What was/were the topic(s) of "Notun diner golpo", or health mela?	Appropriate age of marriage .....A Appropriate age of conception .....B Problems of early child bearing ..... C Problems of late child bearing ..... D Adequate spacing between two pregnancies .....E Family planning .....F Pregnancy/maternal health /safe delivery ..... G Child health ..... H Child nutrition.....I Hand washing.....J Adolescent health .....K Menstrual hygiene/use of sanitary napkin .....L TB.....M Others _____ X Specify Can't remember the topic ..Z	Appropriate age of marriage ..... A Appropriate age of conception ..... B Problems of early child bearing ..... C Problems of late child bearing ..... D Adequate spacing between two pregnancies..... E Family planning.....F Pregnancy/maternal health /safe delivery ..... G Child health..... H Child nutrition.....I Hand washing.....J Adolescent health ..... K Menstrual hygiene/use of sanitary napkin.....L TB.....M Others_____ X Specify Can't remember the topic...Z	Appropriate age of marriage ..... A Appropriate age of conception ..... B Problems of early child bearing ..... C Problems of late child bearing ..... D Adequate spacing between two pregnancies..... E Family planning.....F Pregnancy/maternal health /safe delivery.....G Child health..... H Child nutrition.....I Hand washing.....J Adolescent health ..... K Menstrual hygiene/use of sanitary napkin.....L TB.....M Others _____X Specify Can't remember the topic...Z
710		GO BACK TO 703A IN NEXT COLUMN; OTHERWISE END THE INTERVIEW).	GO BACK TO 703A IN NEXT COLUMN; OTHERWISE END THE INTERVIEW).	GO BACK TO 703A IN NEXT COLUMN; OTHERWISE END THE INTERVIEW).
INTERVIEWER: THANK YOU VERY MUCH FOR PARTICIPATING IN THE SURVEY.				
711	RECORD THE TIME COMPLETED		Hour ..... ☐☐ Min ..... ☐☐	

MEASURE Evaluation

Carolina Population Center
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Chapel Hill, NC 27517

http://www.cpc.unc.edu/measure/